

strengthen the collaborative intervention model involving primary healthcare professionals, secondary-level healthcare providers, and patients to enhance self-management of chronic pain in Guaraçuva SUS users.

Implications: The implementation of *EducaDor* in the SUS of Guaraçuva city may provide information to discuss about pain neuroscience education inclusion in other cities, the best strategies and mode of delivery, and will support the expansion of the implementation science in public health.

Keywords: Chronic pain, Health education, Public health

Conflict of interest: The authors declare no conflict of interest.

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EVIDENCE BASED PRACTICE'S RELEVANCE IN OBSTETRICS' TEACHING

Marina Porto Kasper¹, Patrícia da Rosa Viana¹,
Raphael Maciel da Silva Caballero¹, Gabriela Tomedi Leites¹

¹ Department of Physical Therapy, Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA), Porto Alegre, Rio Grande do Sul, Brazil

Background: Considering the abusive and inadequate use of interventions in the present Brazilian obstetrics scenario and this field's relevance for human and social development, a technically proficient, humanized and updated health assistance is essential. Evidence Based Practice (EBP) becomes a relevant tool in Obstetrics having in mind its capability of promoting individualization and care quality improvement. EBP incorporation in graduation studies can be a determinant in care's quality, clinic results improvement, health practice safety and efficiency during professional life.

Objectives: To evaluate health graduate students' perception about Obstetrics' teaching, taking into consideration EBP presentation during classes. From that assumption, their ability to identify evidence-based interventions within the field.

Methods: Survey like research, applied remotely through Google Forms, with graduate students from a health university. The questionnaire is compound of 12 multiple choice questions aiming to draw participants' academic profile, their EBP in Obstetrics' perception and their ability to identify, within 11 interventions common to Obstetrics (offering non-pharmacological pain relief methods, food intake denial, water intake, encouraging the adoption of mobility and an upright position, adoption of a birth position of the individual woman's choice, lumbar massage, routine use of episiotomy, application of manual fundal pressure, water immersion, skin-to-skin contact with their mothers during the first hour after birth, incentive and orientation to breastfeeding in the first hour of life). From this, 3 interventions are not recommended by the World Health Organization - food intake denial, routine use of episiotomy and application of manual fundal pressure. A descriptive analysis of data was conducted.

Results: 58 students participated in the study, 86,2% were female, with 23,37 average age (19-45 minimum and maximum), from 8 courses (Biomedicine, Nursing, Pharmacy, Physiotherapy, Fonoaudiology, Medicine, Nutrition and Psychology). 37 students (63,8%) answered that during graduation classes EBP theoretical and practical concepts were presented in Obstetrics. 10 participants (17,24%)

marked at least one of the 3 options not recommended by WHO. 27 participants (46,55%) marked all correct alternatives.

Conclusion: By analyzing available data, a great percentage of graduate health students didn't have contact with EBP in Obstetrics (36,2%). 17,24% from participants wrongly identified interventions not recommended by lack of scientific evidence. Less than half (46,6%) of participants were able to correctly identify all evidence-based interventions proposed.

Implications: With the important growth of obstetrics' field for physical therapy professionals, an academic graduation targeted to offer the best quality care, having as principle EBP and humanized care should be of interest in this professional category.

Keywords: Obstetrics, Evidence Based Practice, Teaching

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DO SEX AND AGE MODERATE THE RELATIONSHIP BETWEEN BELIEFS ABOUT PAIN AND CLINICAL OUTCOMES IN INDIVIDUALS WITH CHRONIC SHOULDER PAIN?

Mario L R Sacomano¹, Lucas A Almeida¹, Cerqueira A¹,
Melina N Haik¹

¹ Department of Physical Therapy, Federal University of São Carlos (UFSCar). São Carlos, São Paulo, Brazil

Background: Shoulder pain is one of the most prevalent musculoskeletal conditions in the general population. Beliefs about pain seem to significantly influence the variability of symptoms in this population, however, it is not yet clear how personal, gender, and age variables can influence this relationship between beliefs and pain.

Objectives: Verify whether the personal aspects of gender and age moderate the relationship between pain beliefs and clinical outcomes in individuals with chronic shoulder pain.

Methods: Sixty-seven individuals aged between 18 and 80 years who complained of shoulder pain were evaluated. Age was divided into 3 groups: young adults (18-29 years old), middle-aged adults (30-49 years old), and adults (50-80 years old), and gender was divided into male and female. Pain beliefs, such as pain catastrophizing, kinesiphobia, fear-avoidance beliefs, and self-efficacy, were assessed using the Brazilian version of the Pain Catastrophizing Scale, Tampa Kinesiphobia Scale, Fear-Avoidance Beliefs Questionnaire and Chronic Pain Self-Efficacy Scale experiments, respectively. Clinical symptoms included frequent pain intensity, measured by the Numerical Pain Scale, and upper limb disability, assessed by the Brazilian version of the Disabilities of the Arm, Shoulder and Hand Questionnaire. Moderation analyzes verify the impact of gender and age moderation on the relationship between pain beliefs and clinical outcomes. The significance criterion used was $p < 0.05$.

Results: Gender does not significantly moderate the relationship between pain beliefs and clinical outcomes ($p > 0.05$), so that men and women had the same pain and disability outcomes in view of variations in pain beliefs. Age moderates the relationship between kinesiphobia and clinical outcomes, so that the positive correlation between pain intensity and kinesiphobia is stronger in middle-aged adults ($p = 0.04$) and the positive correlation between disability and