

Letter to the editor on "Education on pain disciplines in physical therapy in Chile: In need of change"

Carta a la editora sobre "Educación sobre disciplinas específicas de dolor en las carreras de kinesiología: La necesidad de un cambio"

José Órdenes-Mora^{a, b*} , Laiza Moura Almeida-Terassi^b , Manuel Ahumada Wartemberg^b , Felipe J J Reis^{c, d, e} 

^aPrograma de Mestrado e Doutorado em Desenvolvimento Humano e Tecnologias, Universidade Estadual Paulista (UNESP), Rio Claro, Brasil; ^bInstituto Latinoamericano de Rehabilitación Física (ILARF), Santiago, Chile; ^cPhysical Therapy Department, Instituto Federal do Rio de Janeiro (IFRJ), Rio de Janeiro, Brazil; ^dPain in Motion Research Group, Department of Physiotherapy, Human Physiology and Anatomy, Faculty of Physical Education & Physiotherapy, Vrije Universiteit Brussel, Brussels, Belgium; ^eSchool of Physical and Occupational Therapy, Faculty of Medicine, McGill University, Montreal, Canada

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Madam editor,

We thank Felipe Ponce-Fuentes and colleagues for their interest in our article 'Education on pain disciplines in kinesiology careers in Chile: need for a change [1] and their interest in pain training for kinesiologists in Chile. However, we would like to clarify some important points about their arguments.

In their first argument, Felipe Ponce-Fuentes and colleagues highlight the recommendation of the International Association for the Study of Pain (IASP) that the pain curriculum for kinesiologists should be taught as a distinct unit, with horizontally and vertically aligned content and competencies. We would like to emphasize that horizontal alignment refers to integrating pain content with other disciplines at the same level of training. Vertical alignment means the content should be progressively deepened and expanded at different levels throughout the career. It is important to note that the authors did not mention that, in this recommendation, the IASP stresses

that the discipline of pain should be aligned with other units of study, such as physiology, anatomy, kinesiotherapy, orthopedics, manual therapy or physical agents. This possibility was presented in our discussion based on the recommendation of Venturine et al. [2].

It is important to note that the discipline is horizontally and vertically aligned with other curricular components and should not be interpreted as distributing pain-related content across different disciplines. The experience of vertical and horizontal alignment of pain content has already been reported in a kinesiology program at Macquarie University (Australia) in which each of the elements of the IASP-recommended pain curriculum for kinesiologists was prospectively and explicitly incorporated over a three-year program [3]. Other programs have applied a similar approach to the vertical integration of the pain curriculum, for example, in medical training in the United States [4]. Thus, this IASP recommendation should not be considered as a micro-curriculum for the following reasons: (I) the micro-curriculum does not guarantee coverage of all internationally recommended content (as outlined in Table 1[5] presented by the authors), (II) the micro-curriculum does not guarantee vertical and horizontal alignment, (III) the micro-curriculum is often not explicitly public, which makes it challenging to identify content, and (IV) the topics and content addressed in micro-curricula may vary according to the disciplines of the universities. These characteristics of the micro-curriculum represent a significant challenge for analyzing different curricula and content.

* **Corresponding author** jordenesmora@gmail.com

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Postal address José Bertonha 103Jardim Tangará Marília, São Paulo, Brasil

Concerning the argument that our search for specific pain disciplines on university websites may be reductionist, we want to clarify our methodology. Initially, we searched for kinesiology degrees at registered universities in Chile. Then, we searched for the complete curricula on the universities' websites. When the curricula were not available online, we made three contact attempts with 15-day intervals in between. Our method sought to identify the formal presence of pain disciplines in the official documents of educational institutions. When we could not obtain detailed descriptions of each discipline, we hypothesized that these contents were not addressed because they were not explicitly described [2]. We acknowledge the possibility that pain contents are distributed in other disciplines. This limitation was highlighted in the discussion of our study in the fragment: 'Our result may be affected, as we did not manage to obtain the detailed description of each discipline, so that a pain program may be included within another discipline, such as orthopedics, physiotherapy, physiology, neurology, pediatrics, etc.' In addition, we would like to emphasize that the analysis conducted by Felipe Ponce-Fuentes and colleagues and presented in Table 1 [5] was based on a convenience sample, as it was not possible to obtain a detailed description of each discipline.

Our study aimed to provide an overview and identify opportunities for improvement in pain teaching in Chile. As the results show a significant gap in teaching pain in kinesiology courses in Chile or the explicit dissemination of this information, our recommendations in the discussion involved a set of general measures and a call to action to change this reality. The large deficits in knowledge, attitudes, and competencies of health professionals regarding the mechanisms and management of pain reflect insufficient training during education. They are one of the reasons why pain management is inadequate worldwide [6–8]. Continuing education and training of professionals are internationally recognized strategies [9,10]. Thus, we believe that a change in reality would only be possible when the profession's representative bodies, universities, and professors are included.

We hope to have clarified the issues raised by Felipe Ponce-Fuentes and colleagues. Although it is possible to integrate pain concepts across disciplines, universities must explicitly implement the internationally recommended content in curricula and make it publicly accessible. Such transparency and comprehensiveness are crucial not only to ensure robust and consistent training of future kinesiologists in Chile but also to foster a deeper and more informed debate on teaching pain in the kinesiology field. Systematic inclusion of this content will contribute significantly to raising educational standards and improving knowledge of pain management.

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