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Decision making by physiotherapists in assessing and treating fibromyalgia patients: qualitative interview analysis study

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ABSTRACT

Introduction: Fibromyalgia (FM) is a multifactorial disease characterized by chronic pain, associated with patient and professional dissatisfaction with the available treatment. Objective: to evaluate perceptions about decision-making for assessment and treatment. Methods: Qualitative study in accordance with the Consolidated Criteria for Reporting Qualitative Research and Standards for Reporting Qualitative Research. The full interview script contains 43 questions lasting 60 minutes, 2 sections with 7 questions were used in this study. Results: 27 physiotherapists were interviewed, and 7 subcategories were identified. The assessment procedures were physical examination and use of scales and questionnaires. Barriers to treatment were beliefs and adherence, and facilities involved the patient's level of knowledge and time since diagnosis. Conclusion: Physiotherapists face difficulties in assessments related to clinical picture and diagnosis. Physiotherapy treatment can be made difficult or facilitated by biopsychosocial aspects, and the treatment objectives are the management of pain and symptoms of the disease.

INTRODUCTION

Fibromyalgia (FM) is a chronic condition marked by widespread pain, persistent fatigue, and sleep disturbances (Favretti et al., 2023). In addition, individuals with FM may present with neuropsychiatric, somatic, and autonomic dysfunctions, such as cognitive impairments and mood disorders (Favretti et al., 2023; Alfeo et al., 2022). The estimated global prevalence of FM is around 2.7%, with reported values ranging between 0.4% and 9.3% (Marques et al., 2017; Moore et al., 2025).

FM is recognized as a nociplastic pain condition (Hladkykh et al., 2026; Kosek et al., 2016; Raja et al., 2020). Although its exact etiology is not fully established, proposed pathophysiological mechanisms include environmental stressors, as well as genetic and psychosocial factors, alterations in the neuroendocrine and autonomic systems, altered functioning of the hypothalamic–pituitary–adrenal (HPA) axis and changes in muscle structure and function (García-Domínguez et al., 2025; Jurado-Priego et al., 2024; Siracusa et al., 2021; Sluka & Clauw, 2016; Valencia et al., 2022)

Given its complexity, management requires multidisciplinary strategies involving both pharmacological and non-pharmacological approaches (Rodríguez-Almagro et al., 2023). Physical exercise is the most strongly recommended non-pharmacological intervention (Araújo & DeSantana, 2019), supported by recent systematic reviews (Bidonde et al., 2017; Casanova-Rodríguez et al., 2025; Couto et al., 2022; Geneen et al., 2017; Li et al., 2025; Macfarlane et al., 2017; Rodríguez-Almagro et al., 2023; Rodríguez-Domínguez et al., 2025) and is widely used by physiotherapists in chronic pain management. In this context, physiotherapists play a key role within the interdisciplinary team, and adequate training in pain mechanisms and treatment is essential for effective assessment and management (Bareiss et al., 2019).

Despite this, the lack of formal pain education for students and healthcare professionals may contribute to inadequate pain management (Springer et al., 2018) highlighting the need to integrate the perspectives of people who experience pain into physiotherapy training to improve clinical competence and patient-centered care (Thompson et al., 2022).

Few studies have investigated physiotherapists' perceptions involving fibromyalgia, one study (Roitenberg & Shoshana, 2021) suggests that physiotherapists consider FM a syndrome with an uncertain diagnosis, influenced by psychological factors, which challenges them as professionals due to limited resources for pain management. Another study (Alodiabi et al., 2020) identified that physiotherapists demonstrate limited knowledge on the topic.

Despite this, perceptions involving assessment and treatment procedures remain unclear in the literature. Due to the complex nature of the disease, it is essential to understand the perspective of physiotherapists regarding the evaluation and treatment of patients with FM, particularly due to the need to explore effective evaluation and treatment strategies used by physiotherapists in the care service for individuals with FM, especially to enable the professional training of physiotherapists in a more assertive manner. Therefore, the general objective of the study is to evaluate the perceptions and experiences of physiotherapists regarding decision-making for the evaluation and treatment of patients with FM.

METHODS

Research design

This study adopts a qualitative research design using content analysis (Bengtsson, 2016), as proposed by Bardin, based on interviews to collect in-depth data in an individualized context. The study followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) and the Standards for Reporting Qualitative Research (SRQR) (Dossett et al., 2021). It was approved by the Human Research Ethics Committee of the Federal University of Sergipe (CEP/UFS) under approval number 5,531,931 and CAAE number 57965922.5.0000.5546. Participants were informed about all study procedures and subsequently provided written informed consent, as well as authorization for the use of image and voice.

Structured, standardized interviews were conducted between September and December 2022 to explore physiotherapists' experiences in FM assessment and treatment. Participants were recruited via email or telephone and interviewed via Google Meet®, with prior consent for recording. Sessions lasted up to one hour on average and included only the evaluator, participant, and observer, with participants responding freely without interviewer influence. Interviews were conducted by a LAPENE physiotherapist with qualitative research experience, assisted by a trained observer, with neither having prior contact with participants or disclosing personal objectives.

Informant selection

Participants were selected using criterion sampling based on predefined eligibility criteria (Moser & Korstjens, 2018). Recruitment occurred via public calls through social media, email, and national physiotherapy associations and scientific societies. Interested participants registered via a Google Forms® form providing contact information and relevant sample details.

The inclusion criteria comprised physiotherapists of any gender with experience in the clinical management of fibromyalgia, while the exclusion criteria included physiotherapists without active professional registration.

The sample consisted of 27 physiotherapists experienced in the clinical management of fibromyalgia, with no gender restrictions and diverse professional backgrounds. Sample size was guided by data saturation following Turner-Bowker et al. (2018), who report that approximately 85% of concepts are identified after 10 interviews, over 90% after 15, over 95% after 20, and nearly 100% after 25 interviews. Full conceptual representation was achieved, and one participant withdrew due to health conditions.

Data collection

The full structure of the interview contains 43 questions subdivided into 10 sections. For this study, specifically, two sections containing seven questions were selected, as follows below. Section 1: Decision-making in clinical practice for evaluating patients with fibromyalgia. Question 1) In your clinical practice, what strategies do you use to evaluate patients with FM? Question 2) In your

clinical practice, do you observe facilities or difficulties in evaluating patients with fibromyalgia? What would they be? Section 2: prescription of interventions in the clinical practice of physiotherapists. Question 1) What do you think of the current approach to physical therapy in fibromyalgia? Question 2) What do you think patients know about their own illness? Question 3) What do you think patients know about physical therapy for fibromyalgia? Question 4) Could you talk about your strategies and goals for treating pain in FM patients? Question 5) In your opinion, what are the difficulties or advantages when treating patients with fibromyalgia?

To enhance the reliability of the interview script, a pilot test was conducted under the supervision of the principal researcher. Two experienced qualitative researchers reviewed the process to confirm content scope and relevance, refine interview questions, estimate interview duration, and test the selected platform.

Three pain experts reviewed the interview structure to assess content scope, relevance, and the need for item revision. The evaluation was conducted via a Google Forms® instrument containing the interview script, allowing experts to provide feedback and suggested revisions.

Audio recordings were transcribed verbatim using RESHAPE® software, with subsequent review by evaluator 1 to correct errors. Content validation was performed by evaluator 2 through repeated reading of transcripts alongside active listening to recordings. Participant verification (member checking) was conducted later by returning transcripts for participant feedback.

The categories were defined a priori, and subcategories were identified following the data analysis process. The category “Decision making to evaluate patients with FM” included the subcategories: physiotherapeutic approach, assessment instruments, and barriers and facilitators for physiotherapeutic assessment. The category “Prescription of interventions in clinical practice” comprised the subcategories: perception of the current physiotherapy approach to fibromyalgia in Brazil, perception of patient knowledge, strategies and treatment goals, and barriers and facilitators for treatment. These categories and subcategories were developed based on the analysis of the interview transcripts.

Data analysis

The MAXQDA software version 22® was used for data analysis and identification of coded themes and their respective subcategories, identified through the frequency and characteristics of the themes. This allowed for the analysis of the content of the participants' reports. To minimize bias, data triangulation and investigator triangulation (Moser & Korstjens, 2017) were applied, with two experienced researchers independently performing the coding and analysis. In this way, the data were systematically organized into categories and subcategories.

The content analysis process was conducted with a blind review process to ensure independent analysis by the responsible researchers. Peer review was used to increase the reliability and credibility of the data. Data saturation was assessed throughout the analysis and discussed by both researchers (Hennink et al., 2017). To guarantee the anonymity of the participants' reports, personal identification information was replaced with numerical codes in ascending order.

RESULTS AND DISCUSSION

This sample was composed of 27 physiotherapists of both sexes (77.7% female and 22.2% male), aged between 25 and 53 years (37.6 ± 8.6 years), with clinical experience in the physiotherapeutic management of fibromyalgia (8.2 ± 6.5 years), with an average estimate of more than 18 cases treated per year (18.6 ± 31.7 cases). Among the participants, 70.3% did not take any discipline on pain during undergraduate studies and 77.5% had contact with a discipline on pain during postgraduate studies.

Decision-making for assessment in FM

The following report: “(...) the physiotherapist’s own physical assessment, an orthopedic evaluation—so, beyond fibromyalgia, I try to see whether the patient has any other dysfunction or difficulty, in addition to or alongside fibromyalgia; basically, that’s it: questionnaire and physical assessment.” (P26) may suggest that patients with FM are assessed using procedures commonly applied in physiotherapeutic evaluations of patients with other orthopedic conditions. According to (Bernhardsson et al., 2023), physiotherapeutic assessment typically comprises several components, including observation, postural

examination, gait analysis, joint range of motion testing, palpation, and other clinical examinations and tests, which vary according to the location of pain and the suspected diagnosis. The assessment is based on the patient's history, and all findings are interpreted by the physiotherapist to inform diagnostic and management decisions (Bernhardsson et al., 2023). As physiotherapists, the assessment and treatment of the movement system are key components of patient care for individuals with pain (Chimenti et al., 2018). The literature highlights that integrating physiotherapists' expertise in the movement system with other pain mechanisms has the potential to enhance the quality of care in evaluating and treating pain conditions more effectively (Chimenti et al., 2018). Furthermore, the assessment of pain mechanisms can support the individualization of care for each patient (Chimenti et al., 2018).

Despite this, in our study, we identified that physiotherapists emphasize patient reports, general physical examination, complementary tests, and the use of questionnaires during assessment, as evidenced by the following statements: "(...) so, we already use some questionnaires, but the first approach we take is just the patient's assessment to see whether the characteristics are consistent with fibromyalgia, and then, if we find that the entire history is compatible, we proceed with the questionnaires" (P25).

In our findings, some professionals reported using open-ended questions during assessment and guiding physiotherapeutic evaluation through the biopsychosocial model. The following report highlights the value of biopsychosocial contextualization in the assessment of patients with FM, as well as the importance of active listening during physiotherapeutic evaluation: "(...) today, I really focus on the patient, on listening to the patient. I collect their entire history; I usually let them tell their whole story, and within that, I gather everything I find relevant, considering the aspects of the biopsychosocial model, which is what we work with nowadays. So, all the physical complaints they have and their entire context—how they are dealing with this physical complaint, how they relate to it, how they relate to the people around them, what their emotional state is in the face of this pain, and how they react" (P21).

Despite recommendations supporting assessment through the biopsychosocial model and pain mechanisms (Chimenti et al., 2018; Pontes-Silva, 2024), the following reports indicate that the evaluation of tender points in FM is commonly performed by physiotherapists: "(...) we look at those trigger point regions, the areas where they feel pain. What I usually do, in addition to their complaints, is to assess the regions where they typically have pain, which is usually the back" (P17).

FM tender points are areas of hyperalgesia/allodynia where pressure (~4 kg) elicits pain, originally included in the 1990 ACR criteria to objectify symptoms but later shown to be difficult to apply in clinical practice (Siracusa et al., 2021; Wolfe et al., 2016). Due to these limitations, the 2010 criteria replaced tender points with 19 painful regions and symptom-based assessment. Overall, while biomedical measures are valuable for objective outcomes, they fail to capture subjective aspects such as quality of life (Wolfe et al., 2016).

In the assessment of fibromyalgia, key domains are commonly explored through patient history and physical examination. The following report illustrates how these aspects are addressed in clinical practice: "(...) generally, it is during the physical examination and the anamnesis that we assess the patient, and based on the physician's referral and the anamnesis, we begin by asking about the patient's main complaint. Often, in addition to pain, they also report muscle weakness and reduced ability to perform activities of daily living" (P2).

Overall, the findings indicate that physiotherapeutic assessment is primarily based on anamnesis and physical examination. Participants reported using both structured and open-ended approaches, sometimes considering life stages such as childhood, adolescence, and adulthood. Key domains assessed included disease history, hormonal changes, time since diagnosis, medication use, sleep, psychological and psychiatric comorbidities, pain, and disability. Some physiotherapists also reported using functional tests, sociodemographic assessment, review of biochemical tests, and exploration of previous treatments and patient expectations.

Assessment tools

The following report: "(...) I always use two types of questionnaires: the Brief Pain Inventory and the Fibromyalgia Impact Questionnaire." (P5) highlights the instruments specifically used to assess patients with FM. A previous study (Pontes-Silva et al., 2023) explored symptom patterns in individuals with fibromyalgia, encompassing aspects such as pain at rest and during movement, fatigue, pain intensity and its consequences, functional capacity, and overall disease burden. The findings indicate that the Generalized Pain Index and the Symptom Severity Scale are appropriate instruments for the assessment of fibromyalgia.

In the present study, some physiotherapists reported using pain assessment scales, including the Brief Pain Inventory and the Fibromyalgia Impact Questionnaire (FIQ), as illustrated in the following statements: "(...) the Brief Pain Inventory may also reveal catastrophizing, and the Tampa Scale [can indicate] kinesiophobia." (P6)

The statement highlights the use of quantitative sensory testing (QST), particularly algometry, in FM assessment: "(...) I have been using QST tests [...], with algometry—I have an algometer—and I think that is basically what I have been doing." (P17). It enables the assessment of altered nociceptive processing through the application of painful stimuli across different body regions, allowing for a more comprehensive evaluation of pain (de la Coba et al., 2022). Furthermore, algometry-based pain responses have been associated with clinical pain in fibromyalgia and with improved outcomes following interventions (de la Coba et al., 2022).

Finally, some professionals highlighted the use of structured anamnesis protocols specifically directed toward FM assessment in their clinical practice, as illustrated by the following reports: "(...) the classic anamnesis examination protocol" (P1).

In summary, physiotherapists reported using instruments such as pain maps and diagrams, pain scales, catastrophizing measures, the Brief Pain Inventory, central sensitization questionnaires, the Fibromyalgia Impact Questionnaire, kinesiophobia questionnaires, quantitative sensory testing, and pressure algometry.

Barriers and facilitators for physiotherapy assessment

We identified that the barriers faced during physiotherapeutic assessment include clinical presentation, diagnostic accuracy, patient engagement, health literacy, psychoemotional comorbidities, previous experiences, and pain flare periods. Some participants reported no difficulties in the assessment process.

The following report: "(...) I think there is still no single tool that covers everything, so you have to use one questionnaire for the social aspect, another for the physical aspect, and another for the cognitive aspect—there isn't a single questionnaire that encompasses everything." (P26) highlights challenges related to limitations of available assessment tools. Given the complexity of the condition, multiple instruments are often used in combination to support evaluation. According to (Bidari et al., 2018), the Fibromyalgia Impact Questionnaire-Revised has been used to monitor various symptoms and the impact of FM over time.

Despite this, the following reports: "(...) it is somewhat complicated because there is no way to measure it or any specific questionnaire designed for fibromyalgia. Even after four years of clinical practice treating fibromyalgia, I have not been able to find a database or develop something related to it." (P24) and "(...) it is somewhat difficult because we know that fibromyalgia is a psychosomatic condition, so pain is very subjective—it is not something you can measure, like in a respiratory or cardiological assessment." (P12) may highlight limitations in the training of some physiotherapists, which can hinder their knowledge and autonomy in seeking appropriate assessment tools for FM.

In addition, the following statement: "(...) these patients are difficult to assess because of their own history they already arrive believing that everything hurts, that everything will get worse, and that nothing will help; so, it is quite difficult even to approach them." (P17) reinforces the impact of FM symptoms during physiotherapeutic assessment.

In a cross-sectional study (Alodiabi et al. 2020) found that lack of confidence in managing musculoskeletal symptoms was associated with performance on general musculoskeletal knowledge tests, with 75% of physiotherapists reporting insufficient confidence in managing FM symptoms. Similarly, in our study, FM symptoms were

perceived as a barrier to physiotherapeutic assessment, as illustrated by the following report: "(...) because these patients also present many bodily changes. They have other issues, so to speak, integrated with their physical problems" (P20).

Although pain is a central symptom of FM, (Bidari et al., 2018) emphasize that being "well" with fibromyalgia extends beyond pain relief. They propose six assessment domains: pain, comorbidities, affective vulnerability, beliefs and attitudes, behavior, and environmental/social factors (Bidari et al., 2018). In our study, psychosocial aspects within these domains were identified by physiotherapists as barriers to assessment, as illustrated below: "(...) it's like pain is something influenced by many other factors involving the emotional, psychological, and social aspects—this whole context of pain. So, understanding pain is very complex for them, you know? That's something I really try to address, and that is the difficulty I face" (P21).

Due to variability in symptom presentation and severity over time, patients with FM may receive different diagnostic labels across the disease course, such as chronic low back pain, headache, temporomandibular disorder, or IBS (Bidari et al., 2018). Some core symptoms may decrease, disappear, or be underreported, leading to limited clinical recognition (Bidari et al., 2018). This intra- and inter-individual variability, along with etiological heterogeneity, contributes to significant diagnostic challenges, even among specialists (Bidari et al., 2018).

In this context, the following statement: "(...) there are not many facilitators, because it is a difficult diagnosis; if the patient already comes with a confirmed diagnosis, it helps a bit because it gives me some direction." (P22) highlights the role of an established diagnosis as a facilitator for physiotherapeutic assessment.

Despite recognition of central sensitization mechanisms (Favretti et al., 2023) and recommendations for pain mechanism–based assessment (Chimenti et al., 2018), our study found that some professionals still identified biomechanical factors as barriers in FM assessment, as illustrated by the following report: "(...) when the patient has reduced mobility, we need to be more cautious and supportive; we have to help the patient position themselves and perform the tests in a slower and gentler way, so as not to increase central nervous system sensitization, which could worsen their pain. It is mainly an issue of mobility that requires caution" (P4). In our study, facilitators in physiotherapeutic assessment included professional training, a confirmed diagnosis, and the clinical presentation.

Prescription of interventions in clinical practice

Perception of the current approach to physiotherapy in fibromyalgia in Brazil

Physiotherapists have an important role in rehabilitation, health promotion, and functional improvement (Sampaio et al., 2019). In this study, participants reported that fibromyalgia management in Brazil is limited by gaps in undergraduate education and insufficient professional development, as illustrated by the statement: "(...) there is a lack of knowledge in physiotherapy education; chronic pain is not widely addressed during undergraduate training, so overall there is a lack of preparation for managing fibromyalgia." (P6).

Inadequate pain management has been associated with limited formal education in pain among healthcare professionals (Springer et al., 2018; Wassinger, 2021). This was also reflected in another report emphasizing the importance of updated pain concepts: "(...) when you learn new concepts, it changes the way you treat... However, I have contact with students and postgraduate residents who still have very basic doubts about chronic conditions, and that concerns me." (P27). The literature further shows that physiotherapists' understanding of pain is strongly influenced by undergraduate training, with biomedical-oriented beliefs associated with more activity restriction and conservative management, whereas biopsychosocial approaches promote more adaptive care (Springer et al., 2018). Thus, updating pain-related knowledge is essential for improving practice (Springer et al., 2018).

Finally, one participant highlighted a more positive view of available interventions, while noting contextual limitations: "(...) within what we have available, I think the approach is quite comprehensive based on what I know. However, I am aware that my reality is not the same as that of many healthcare centers across Brazil" (P1).

Physiotherapists and other healthcare professionals have faced challenges in

implementing evidence-based pain management in clinical practice (Etheridge et al., 2022). In this context, the following statement: "(...) that's a complex question, but at least in my environment, among the people I interact with, I see a lot of progress. At the same time, I also feel that I live in a bubble of people who are constantly seeking knowledge, but this does not represent a large number of professionals." (P21) highlights the limited pursuit of skill development for chronic pain management, particularly in fibromyalgia. Although there have been important advances in identifying and managing psychological risk factors, some physiotherapists still do not routinely assess these factors, which may delay patients' access to appropriate treatment (Etheridge et al., 2022).

According to Roitenberg & Shoshana (2021), some physiotherapists questioned their professional role and felt that the treatment of fibromyalgia was incompatible with their traditional skill set. In our study, participants also reflected on their professional skills and current knowledge regarding fibromyalgia, as illustrated by the following report: "(...) you take guidelines that are not even from Brazil, for example from Europe, and try to implement them. Then you try to apply them here, based on those questionnaires, but it didn't work for my population. I also tried using an algometer, and that didn't work either. What worked for me were functional tests and basic physiotherapy assessment. Interestingly, the basics worked—really well. And understanding the patient's biopsychosocial context. I even used a biopsychosocial framework, but I adapted it in my own way." (P4).

Despite this, a few participants (n = 2/27) considered the physiotherapeutic approach to fibromyalgia to be adequate, highlighting positive aspects such as the multidisciplinary approach and the role of physiotherapists in patient care. As one participant noted: "(...) we often see a multidisciplinary approach, which, in my view, is a positive point. This is not a patient who should be managed by a physiotherapist alone—they need follow-up from other healthcare professionals" (P20).

Perception of patients' knowledge

Physiotherapists reported that patients generally have limited knowledge about fibromyalgia, with some expressing confusion about the condition (3/27) or the physiotherapist's role (7/27). While many patients primarily seek physiotherapy for pain relief (5/27), a few actively seek information. This perception is illustrated by the following report: "(...) each doctor suggests something different, each explains it in a different way, so patients end up feeling somewhat lost throughout the whole process." (P3).

Previous research (Chen & Swaminathan, 2020) suggests that patients with FM may shift from active information seeking to more passive monitoring with occasional focused searches. In contrast, our findings indicate variability in how patients seek and interpret information, as illustrated by the following report: "(...) it depends on the region and the patient profile. Some patients search on Google and come with incorrect information from unreliable sources, while others look for scientific articles and arrive with more accurate information" (P27).

Another participant highlighted: "(...) the lack of an accurate diagnosis leaves the patient very confused and lost, you know?" (P13). (Chen & Swaminathan, 2020) note that patients with fibromyalgia often experience a period of confusion during diagnosis, as they seek information but struggle to find clear answers. Similarly, the report "(...) access to information is vast, but the process of understanding and processing that information is very complicated" (P1) underscores the challenges patients face in interpreting available information. Evidence also suggests that information seeking is largely symptom-driven and tends to decrease as patients gain better control over their condition (Chen & Swaminathan, 2020).

Another statement highlights differences in how patients seek information: "(...) I think the pandemic and increased digital access have allowed more people to access information, but even so, we still hear patients seeking second or third opinions, saying things like: 'a physiotherapist told me that because I have fibromyalgia, I cannot exercise or do certain activities.'" (P7).

Despite this, in our study, the following report: "(...) they only learn based on what doctors tell them, and I think they learn more when they see a rheumatologist, who is the professional that talks to them the most about this" (P2) suggests that some patients are well informed by other healthcare professionals.

A previous study (Mendoza-Muñoz et al., 2021) found that patients' knowledge about FM ranged from moderate (49%) to high (41%), although knowledge about medication and energy-related aspects was lower. In our study, however, some physiotherapists emphasized that patients often have limited knowledge about the condition, as illustrated by the following report: "(...) my God, very little. Misinformation is a limitation—you asked about limitations, and misinformation from the patient is one of them" (P4).

Finally, the following report highlights gaps in healthcare professionals' knowledge and their impact on patient understanding: "(...) this part is even more difficult, because if we ourselves do not fully know how to manage fibromyalgia, how can patients be expected to understand what would be good or bad for them?" (P25).

Strategies and objectives for treatment

Current recommendations emphasize that first-line management of fibromyalgia should include patient education and non-pharmacological interventions (Antunes & Marques, 2022), which contribute to improvements in pain, physical function, and quality of life. In physiotherapy, commonly used approaches for this population include therapeutic massage, kinesiotherapy, electrotherapy, hydrotherapy, and therapeutic exercise (Sosa-Reina et al., 2017).

While previous research (Roitenberg & Shoshana, 2021) suggested that pain management is often considered a secondary goal due to limited outcomes, our findings indicate that Brazilian physiotherapists prioritize pain-related goals in clinical practice. Participants reported focusing on pain management, pain reduction, and even reducing central nervous system reactivity, as illustrated by the following reports: "(...) the first objective, I think, is to reduce pain" (P10). "(...) my main focus is on pain management, pain education, and managing this pain" (P3).

Similarly, Roitenberg & Shoshana (2021) report that physiotherapists view patient cooperation and proactivity as essential for successful management, while lack of engagement is considered a barrier to outcomes. The study also describes some patients as having low participation and passive behavior, sometimes characterized as "stubborn," "skeptical," "unmotivated," and "reluctant" to take responsibility for their care.

Barriers and facilitators to treatment

Barriers to physiotherapeutic treatment included patient beliefs, adherence, catastrophizing, psychoemotional factors, kinesiophobia, cultural and educational issues, assessment tools, multidisciplinary follow-up, discharge processes, patient engagement, and professional knowledge. This is illustrated by the statement: "(...) there are many inadequate beliefs and misinformation, which make it difficult for patients to engage in treatment." (P23), highlighting the influence of patient beliefs as perceived by physiotherapists.

According to (Caneiro et al., 2021), beliefs are "something accepted as true or real; a firmly held opinion," and pain-related beliefs about identity, cause, consequences, controllability, and timeline influence behavior and emotional responses. Healthcare interactions can reinforce these beliefs, particularly when activity avoidance is advised due to fear of harm, strengthening perceptions of bodily vulnerability (Caneiro et al., 2021).

The following report: "(...) we see that sometimes lack of information, as well as cultural and educational factors, can be a barrier to patient adherence, but they can also be facilitators—for example, when patients seek information, change their diet, and combine physiotherapy with other physical activities. So, educational and mental aspects strongly influence whether treatment becomes easier or more difficult." (P10) reinforces a biopsychosocial perspective. Similarly, another participant noted: "(...) as a difficulty, we have catastrophizing" (P5).

Catastrophizing is a cognitive and emotional response to pain characterized by the amplification of pain perception (Meints & Edwards, 2018). Beyond being a predictor of treatment outcomes, the effects of analgesic therapies may be partly mediated by changes in cognitive-emotional processes such as catastrophizing. Importantly, reductions in catastrophizing and negative affect often precede improvements in clinical pain (Meints & Edwards, 2018).

The following statement may guide the discussion toward patients' previous experiences with FM and their impact on physiotherapeutic treatment: "(...) the difficulties are the previous experiences they had, usually unsuccessful, their willingness to engage in physical exercise, and their

disposition toward therapies that were not very positive in their daily lives" (P3).

Another participant emphasized the challenge of building trust: "(...) the difficulty is gaining the patient's trust, because they have usually already seen several professionals and still experience the same pain" (P2).

The following reports highlight challenges related to treatment adherence among patients with fibromyalgia:"(...) adherence is a difficulty—adherence, trust, you know, the interpersonal relationship, since you need to establish trust with the patient" (P4).

Consistent with these findings, previous research (Roitenberg & Shoshana, 2021) suggests that optimal management of fibromyalgia depends on patient cooperation and proactivity, including being informed, engaging in exercise, practicing self-care, and maintaining functional capacity in occupational and social contexts. Lack of commitment to treatment is considered a key barrier to successful disease management.

Although patients with fibromyalgia tend to show limited long-term improvement (Chen & Swaminathan, 2020), knowledge about the condition is considered an important factor in pain acceptance. Pain acceptance, in turn, is associated with reduced pain and disability, fewer symptoms and mood disturbances, as well as better overall health, functioning, and well-being (Chen & Swaminathan, 2020).

In summary, physiotherapists report challenges in assessment related to the clinical presentation and diagnostic limitations of fibromyalgia. Physiotherapeutic management may be facilitated or hindered by patient-related biopsychosocial factors, with treatment primarily focused on pain management and associated symptoms.

CONCLUSION

Physiotherapists face challenges in assessing factors related to the clinical presentation of fibromyalgia, particularly due to diagnostic limitations and the complexity of symptom interpretation. Physiotherapeutic management may be influenced by biopsychosocial factors inherent to patients, with treatment primarily focused on pain control and associated symptoms.

This study's strengths include open-ended questions that enabled an in-depth exploration of physiotherapeutic practices in FM, web-based interviews that broadened participant diversity, and the inclusion of clinicians with prior FM experience, enhancing relevance. Methodological rigor was reinforced through a carefully refined interview guide. However, variability in participants' professional experience and training may have influenced responses, suggesting future studies should stratify samples to improve comparability and reduce bias.

In terms of future directions, this study may contribute to the development of continuing education programs and structured training protocols for physiotherapists, aiming to improve both assessment and treatment strategies for patients with fibromyalgia. Future research should also explore comparative analyses across different clinical settings and levels of professional expertise, as well as evaluate the impact of standardized training interventions on clinical decision-making and patient outcomes in fibromyalgia management.

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