

Interview with Ney Armando de Mello Meziat Filho

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In this edition of Conexão Ciência, we are honored to interview Professor Ney Armando de Mello Meziat Filho, a physical therapist and renowned researcher in the field of musculoskeletal rehabilitation, internationally recognized for his studies on the association between excessive mobile device use, known as "text neck," and the

development of cervical pain. With an impressive academic and practical background, Professor Ney is currently a visiting professor at the School of Rehabilitation Science at McMaster University in Canada and also teaches in the Master's and Ph.D. Programs in Rehabilitation Sciences at Centro Universitário Augusto Motta - UNISUAM. He holds a Ph.D. and Master's degree in Public Health with a focus on Epidemiology from UERJ, a highly esteemed institution recognized by CAPES, and has solid training in Clinical Research and Osteopathy. His research line covers the clinical and epidemiological aspects of low back and neck pain, employing a biopsychosocial perspective to promote a humanized and effective approach to pain treatment. Currently, he coordinates two clinical trials on Cognitive Functional Therapy in Brazil, underscoring his pioneering role in the field. In this interview, Professor Ney shares his experiences, insights, and vision for the future of rehabilitation, offering a unique perspective for professionals and students alike.

1. You have a long and established career in physical therapy. What led you to choose physical therapy as your field of study?

Physical therapy was my first career choice from the start. In my teenage years, I experienced recurrent ankle sprains and eventually developed persistent pain and disability after one of these episodes. At that time, I recall that conventional treatment with ice and ultrasound did not help me regain confidence in my ankle. Without any formal training, I began gradually and instinctively engaging in proprioception exercises until I regained confidence in my ankle. This not only resolved my chronic issue but also stopped the recurrence of ankle sprains. I believe this personal experience sparked my interest in physical therapy.

2. How did your undergraduate studies shape your interest in the clinical and epidemiological aspects of low back and neck pain, which later became central to your research focus?

At the beginning of my final undergraduate year in 1999, my main interest was in neurology,

particularly in rehabilitation for patients post-stroke. This was my primary focus of study. At that time, orthopedics was very much centered on the biomedical model, which somewhat distanced me from that area. I believe that my interest in osteopathy after graduation brought me back to orthopedics and to the treatment of spinal pain. I was still far from envisioning a career specializing in chronic spinal pain. It was only during my Master's in Public Health/Epidemiology at UERJ (2008/2009), and later in my Doctorate (2010/2013) in the same program, that I realized the public health impact of spinal pain and how poorly it was managed. During this time, I began shifting from a biomedical approach to a biopsychosocial perspective.

3. What has been the most gratifying moment in your career as a researcher and professor?

I'm currently fulfilling an old dream of mine—having an international experience. I am spending a year as a visiting professor at the School of Rehabilitation Science at McMaster University in Hamilton, Ontario,

Canada. This was a missing piece in my career as a researcher and professor. I believe this opportunity arose from a prize I won for presenting one of our clinical trials on CFT (Cognitive Functional Therapy) at the International Forum on Low Back and Neck Pain in the Netherlands, as well as an editorial I published on CFT in The Lancet the previous year.

4. What advice would you give to young physical therapists and researchers aspiring to great achievements in their careers?

Lifelong learning is essential a constant pursuit of knowledge and improvement in both academic and clinical spheres, as well as in personal life. This remains my goal. It is also crucial to maintain a balance between personal and professional life. Remember, a healthy lifestyle is priceless.

5. What is your opinion on the state of physical therapy in Brazil compared to the international scene?

Despite the challenges of a developing country, I think Brazil's

academic reputation in physical therapy is at a positive peak internationally. We have the Brazilian Journal of Physical Therapy, one of the most prominent international scientific journals in the field. However, we still need to improve significantly in terms of turning new knowledge into social impact. Professionally, we seem far from achieving the level of recognition that physical therapists enjoy in developed countries. Unfortunately, many physical therapists in Brazil abandon the profession due to low starting salaries, which don't provide a decent standard of living. For instance, in Canada, the average starting salary for a physical therapist is around CAD\$4,800 per month, approximately BRL\$20,000 after taxes, compared to around BRL\$6,200 in Brazil. Considering that the cost of living in Canada is about twice as high as in Brazil, the starting salary for physical therapists in Brazil should be around BRL\$10,000 to be equivalent.

6. How can the biopsychosocial approach impact clinical decision-

making in treating chronic musculoskeletal pain?

An approach grounded in the biopsychosocial model is fundamentally evidence-based. Today, it's inconceivable to assess and treat patients with chronic musculoskeletal pain unidimensionally without considering the interaction of cognitive (e.g., negative beliefs, catastrophizing, self-efficacy, and hypervigilance), emotional (e.g., anxiety, depression, and fear), social (e.g., social isolation, family and work relationships, financial health), lifestyle (e.g., sleep quality, physical inactivity, smoking, and obesity), and physical (e.g., maladaptive functional behavior, pathophysiological and biomechanical aspects) factors.

7. What have been the main challenges in conducting large clinical trials with patients experiencing chronic neck or low back pain in Brazil?

The biggest challenge has been, unlike in most developed countries, the inability to use our limited research funding to compensate the physical therapists and patients

participating in our studies. Most of our clinical trials relied on the hard work of master's and doctoral students, as well as volunteer data collectors.

8. How do you see the evolution of Cognitive Functional Therapy (CFT) in treating chronic pain in various clinical contexts?

I believe Cognitive Functional Therapy will not be restricted to chronic spinal pain alone. We already have ongoing projects testing the effectiveness of this intervention for other chronic musculoskeletal pain, such as shoulder pain and plantar fasciitis. In women's health, we are conducting a clinical trial to evaluate CFT for women with vaginismus.

9. The term "text neck" is becoming increasingly common due to the growing use of mobile devices. What are the key findings from your research regarding the association between "text neck" and cervical pain?

In all our studies, including both cross-sectional designs and a

longitudinal study that is yet to be published, we found no association between text neck and the presence or frequency of cervical pain. I believe the likelihood of new studies finding different results is increasingly low.

10. What are the biggest challenges and most rewarding experiences you've encountered as a visiting professor at McMaster University in Canada?

So far, the most rewarding experience has been participating in an event called MIRA (McMaster for Research on Aging) & Labarge Knowledge Exchange, where scientists from various university fields, including business, presented their research. What struck me most was the strong interdisciplinary collaboration and community engagement. At McMaster, research appears to be centered on community needs, with a strong link between research and clinical practice. Topics at the event ranged from dementia and Alzheimer's to chronic musculoskeletal pain. I was surprised to see all the presenters thanking Suzane Labarge, who was

present at the event and the poster session. She has donated over CAD\$42 million to aging and cognitive health research. She seemed to be there to ensure her donation was well-spent with strong social impact. When invited to speak at the event's closing, she took a dig at the Canadian government, saying, "If it depended on the government alone, none of this would be possible."