

DIRECT ACCESS TO PHYSIOTHERAPY FOR ACUTE LOW BACK PAIN IN BELGIUM: PROTOCOL FOR A PRAGMATIC PILOT TRIAL

DIRECT-PHYSIO TRIAL

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Introduction:

- Low back pain (LBP) is the number-one cause of disability worldwide
- Early or direct access to physiotherapy (PT):
 - Positive impact on clinical outcome, health care usage and costs
 - Has never been investigated in Belgium



Aim/purpose:

To investigate the **added value of direct PT access** in terms of pain, disability and cost-effectiveness compared to usual care by the general practitioner (GP) for acute LBP.

Materials and methods:

600 patients with acute LBP
300 Dutch-/300 French-speaking



Experimental group

= direct PT access

n=300

At baseline
First 6 weeks
After intervention
At 3 months
At 1 year
At 2 years



Control group

= usual care through GP

n=300

Primary outcomes:

- Pain intensity (NRS)
- Pain location (pain drawing)
- Disability (ODI)

Statistics:

- Linear mixed models
- Multiple linear regression

Trial status:

- Ethical approval submitted (CME2021/066)
- Start data collection: January 2022

Secondary outcomes:

- Cost-effectiveness for patient and society
- Beliefs and cognitions on LBP
- Quality of life
- Work disability
- Amount of flare ups
- Global perceived effect of change

Implications:

Towards an optimized Belgian care pathway for acute LBP in terms of improvements in pain, disability and cost-effectiveness.



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