

DIRECT ACCESS TO PHYSIOTHERAPY FOR ACUTE LOW BACK PAIN IN BELGIUM: PROTOCOL FOR A PRAGMATIC PILOT TRIAL (THE DIRECT-PHYSIO TRIAL)

Severijns P^{1,*}, Denis C^{1,*}, Dankaerts W², Roussel N³, Pitance L⁴, Timmermans A¹, Marneffe W⁵, Luyten J⁵, Fourré A^{3,6}, Goossens N¹, Janssens L¹

¹REVAL Rehabilitation Research Center, UHasselt, Diepenbeek, Belgium; ²Department of Rehabilitation Sciences, KU Leuven, Leuven, Belgium; ³Department of Rehabilitation Sciences and Physiotherapy, University of Antwerp, Antwerp, Belgium ; ⁴Institut de recherche expérimentale et Clinique, Neuro-Musculo-Skeletal Lab, Université Catholique de Louvain, Brussels, Belgium ; ⁵Faculty of Business Economics, UHasselt, Diepenbeek, Belgium; ⁶Department of Neurosciences, Research Institute for Biosciences, University of Mons, Mons, Belgium. * Shared first authorship

Introduction

In several countries¹, direct access to physiotherapy (PT) for acute low back pain (aLBP) had a positive impact on clinical outcomes² and health-care usage and costs³. The aim of this study is to investigate the effect of direct PT access on pain, disability and costs compared to usual care by the general practitioner (GP) for aLBP within the Belgian care system.

Methods

Six hundred adults (French-speaking: n=300; Dutch-speaking: n=300) with aLBP (>24 hours and <6 weeks) will be recruited and semi-randomly allocated to the usual care or the direct PT pathway in this ethically approved study (CME2021/066). Primary outcomes include pain intensity, pain location and disability. Secondary, a cost-effectiveness analysis will evaluate the patient- and societal costs associated with aLBP and its treatment. Other secondary outcomes include beliefs and cognitions related to LBP, quality of life, work disability, amount of flare ups and perceived effect of change. All outcomes will be evaluated through validated questionnaires at baseline, during and at the end of intervention and at 3 months, 1 and 2 years following enrolment. Effects and relations will be investigated using, respectively, linear mixed models and multiple linear regression.

Results

It is hypothesized that direct PT access will result in higher reductions in pain and disability and lower costs compared to usual care for aLBP.

Discussion

The study results will be used to optimize the Belgian care pathway for aLBP.

Process evaluation

Challenges to this trial include an unbiased organization within the Belgian care and political system and patient recruitment in the direct PT pathway.

References

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Keywords

Direct access, physiotherapy, acute low back pain, disability, cost-effectiveness

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