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Background

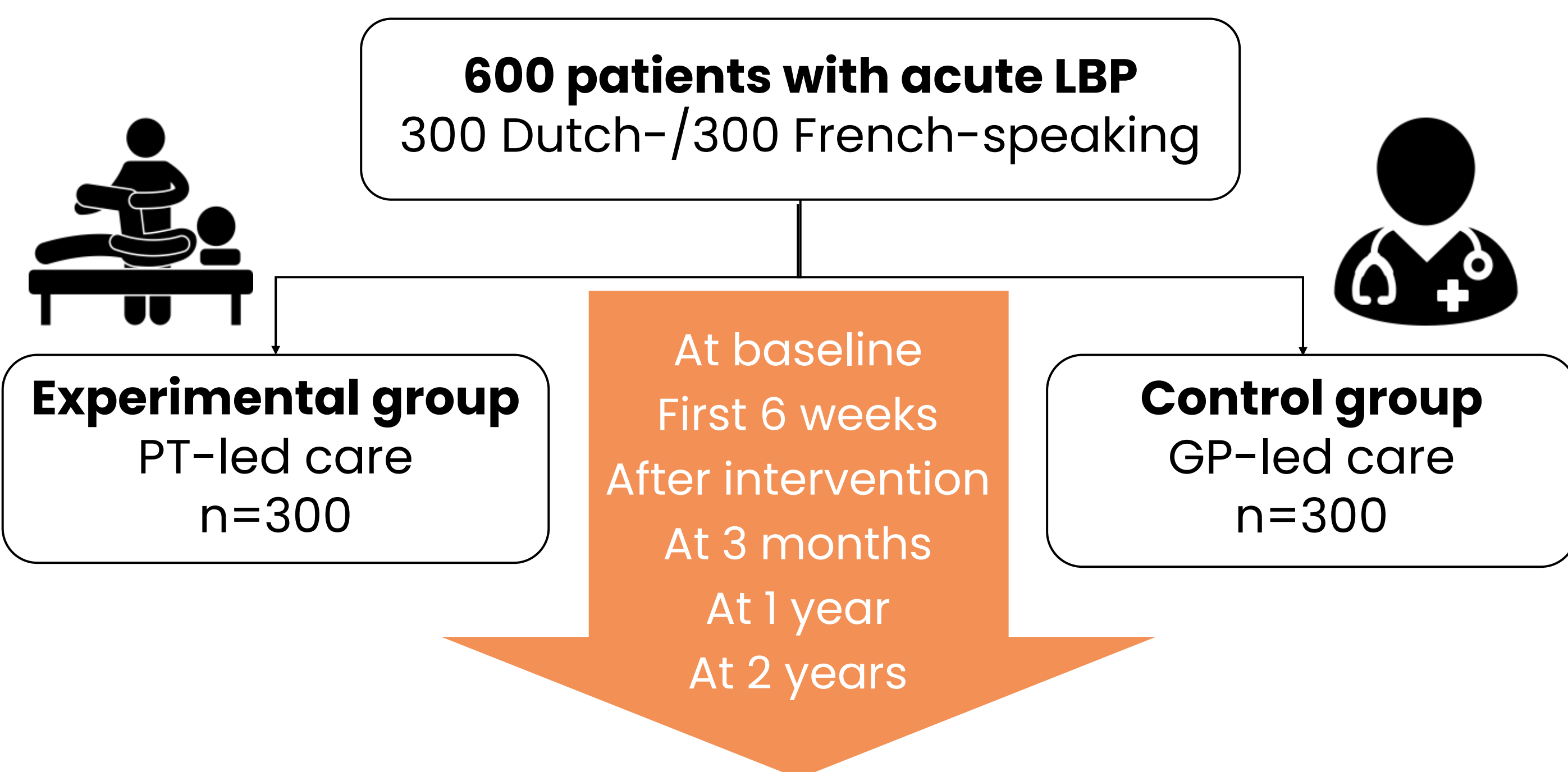
- Low back pain (LBP) is the number-one cause of disability worldwide
- Early or direct access to physiotherapy (PT):
 - Positive impact on clinical outcome, health care use, costs
 - Never investigated in Belgium



Purpose

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

Methods



Primary outcomes

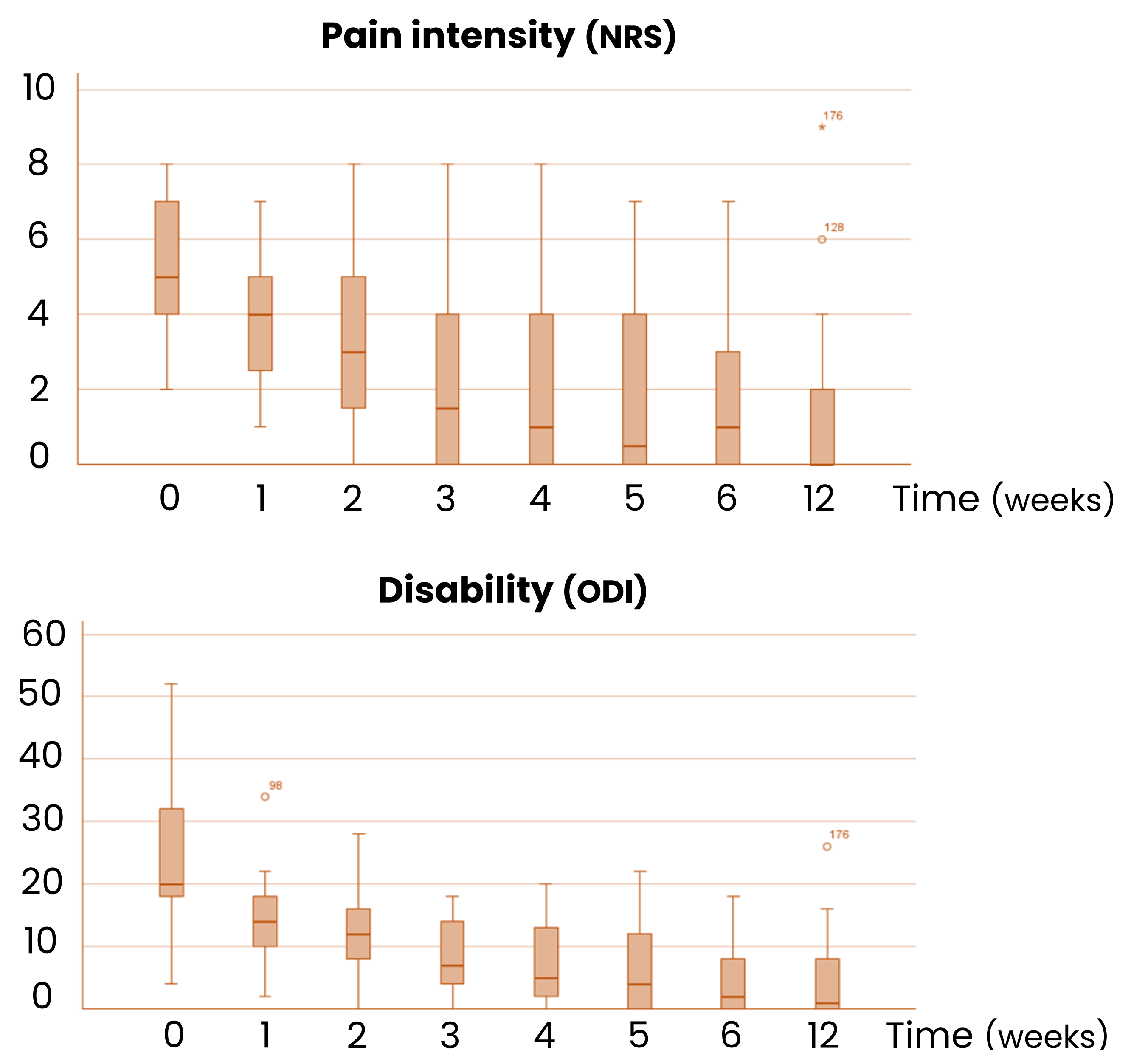
- Pain intensity: Numeric Pain Rating Scale [NRS]
- Disability: Oswestry Disability Index [ODI]
- Cost-effectiveness for patient and society
 - Health effect: Quality-Adjusted Life Years [QALYs]
 - Costs: healthcare utilization, productivity loss [€]

Secondary outcomes

- Risk of chronicity: Start Back Tool [SBT]
- Pain extent: Pain Drawing [PD]
- Beliefs and cognitions on LBP: Fear-Avoidance Beliefs Questionnaire [FABQ], Back Pain Attitudes Questionnaire [Back-PAQ]
- Self-efficacy: General Self-Efficacy Scale [GSES]
- Satisfaction: Global Perceived Effect of Change [GPEC]
- Functional impact: Patient Specific Functional Scale [PSFS]
- Work disability (days)
- Recurrence

Preliminary results

- In Oct 2023, 26 participants were included and directly allocated to PT-led care (French-speaking: n= 14, Dutch-speaking: n= 12)
- Within-group improvements were found at 3 months for pain intensity (-3.9, SD = 2.7, p < 0.01) and disability (-19.9, SD = 15.6, p < 0.01), with a prominent improvement in the first week (p < 0.001).
- Improvement in NRS was associated with baseline pain extent (p < 0.001), beliefs (p < 0.001) and self-efficacy (p < 0.001)
- Improvement in disability was associated with the risk of chronicity (p = 0.032), pain extent (p = 0.002) and beliefs (p = 0.002)



Conclusion

Preliminary pilot results indicate PT-led care is effective for acute low back pain in reducing pain and disability and seems a promising and feasible pathway, deserving further investigation in Belgium.

