

Appendix S1: Details of the screening tool used to stratify patients, and the content of the study interventions

The STarT Back tool

The STarT Back screening tool consists of nine screening items, each dichotomously-scored and drawn from several full-length questionnaires measuring eight important constructs that are predictive of persistent disabling back pain. These include physical factors such as the presence of leg pain or widespread symptoms, and psychosocial factors such as pain-related fear, pain catastrophising, depression and anxiety.¹ The tool takes approximately two minutes to complete and can be easily scored in clinic to stratify patients into one of three risk-defined groups – low, medium, and high risk. Previous research demonstrates that the STarT Back tool has good predictive and external validity and is a reliable measure within primary care settings.¹⁻³ The tool is freely available online in a number of languages at www.keele.ac.uk/sbt.

STarT Back Trial Interventions

The STarT Back trial interventions included an initial 30-minute physiotherapy evaluation with individualised education and advice for all patients. Further physiotherapy treatments were dependent on patients' randomised allocation. Decisions about additional treatments for the control group patients were left to the discretion of their physiotherapists, whereas those patients randomised to the stratified primary care management intervention were provided care according to their baseline risk stratification, using the STarT Back tool. Low-risk patients were not provided with any additional care beyond the initial 30-minute session; medium-risk patients were provided with physiotherapy to address their pain-related symptoms and physical function; and high-risk patients were referred for psychologically-informed physiotherapy interventions, which addressed both physical and psychosocial barriers to recovery.⁴⁻⁵

References

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