



A consortium to improve low back pain care

How low back pain is managed—a mixed methods study in 32 countries. Part 2 of Low Back Pain in Low- and Middle-Income Countries Series

Supplemental File 1: Reflexivity statement

The two data analysts (SS and AP) are physiotherapists from Nepal, a lower-middle-income country, researchers studying pain, and with lived experiences of health care consumption for their LBP in Nepal. Both the data analysts approached the data with mindset to explore and report the richness of the data presented. Other research team members include authors with diverse backgrounds of clinical, research, and lived LBP experiences from the target LMICs. Only four authors (JHM, AMB, CLA, KMK), who served as international advisors on the project, did not come from an LMIC.

Supplemental File 2: Questions related to the two study aims

Questions	Question type
Aim 1: what care is delivered.	
1. How do most people with low back pain manage their immediate onset (acute) low back pain in your country?	Open-ended question
2. What are the <u>three most common treatments</u> that patients with acute non-serious low back pain receive from health professionals in your country?	Multiple choice question where only three responses could be selected
3. Select common treatments health professionals provide for <i>acute non-serious low back pain</i> in your country.	Multiple choice question with option to select all that apply
4. How do most people with low back pain manage their ongoing (or chronic) low back pain in your country?	Open-ended question
5. What are the <u>three most common treatments</u> that patients with chronic non-serious low back pain typically receive from health professionals in your country?	Multiple choice question where only three responses could be selected
6. Select common treatments health professionals provide for <i>chronic non-serious low back pain</i> in your country.	Multiple choice question with option to select all that apply
Aim 2: How care is delivered for LBP (care pathways)	Closed-ended question
1. In your country, in which setting(s) are most acute low back pain presentations typically managed?	
2. In your country, in which setting(s) are most chronic low back pain presentations typically managed?	Closed-ended question
3. Elaborate when someone experiences their first episode of moderate to severe low back pain in your country, what typically happens to them (that is what they do with their pain, where they go for treatment) and how they navigate through the health system (this includes where people prefer to go for treatment as the first choice and where they are referred to by a clinician). Here explain what happens in your country (reality) rather than what (you think) should happen.	Open-ended question
4. Who are the first contact health professionals who manage/treat low back pain in your country?	Closed-ended question
5. Which clinicians do the first contact health professionals commonly refer a person with low back pain to?	Closed-ended question



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Supplemental File 3: Frequency of all available treatments prescribed for non-serious low back pain in LMICs.

Treatment class	Treatment	Acute LBP n (%)	Chronic LBP n (%)
Pharmacotherapy	Simple analgesics (Paracetamol)	41 (87.2)	29 (61.7)
	NSAIDs	41 (87.2)	37 (78.7)
	Weak opioids*	19 (40.4)	24 (51.1)
	Muscle relaxants	29 (61.7)	26 (55.3)
	Gabapentinoids	8 (17.0)	20 (42.6)
	Antidepressants	5 (10.6)	21 (44.7)
	Strong opioids (Morphine)	3 (6.4)	5 (10.6)
	Sedatives (Benzodiazepines)	2 (4.3)	8 (17.0)
	Other pharmacological agents	4 (8.5)	4 (8.5)
	Vitamin B supplement	1 (2.1)	1 (2.1)
Electrotherapy	Electrophysiological agents	32 (68.1)	37 (78.7)
	Traction	15 (31.9)	22 (46.8)
Education, advice and exercise	Physical activity and exercise	32 (68.1)	37 (78.7)
	Manual therapy	30 (63.8)	36 (76.6)
	Bed rest	25 (53.2)	15 (31.9)
	Education about body mechanics	18 (38.3)	22 (46.8)
	Self-management strategies	18 (38.3)	20 (42.6)
	Reassurance and education to remain active	14 (29.8)	19 (40.4)
Traditional therapies	Hydrotherapy	0 (0.0)	1 (2.1)
	Cupping therapy	10 (21.3)	8 (17.0)
	Herbal remedies	9 (19.1)	6 (12.8)
	Other traditional healing approaches	12 (25.5)	17 (36.2)
Invasive approaches	Dry-needling and acupuncture	15 (31.9)	23 (48.9)
	Interventional therapies	7 (14.9)	21 (44.7)
	Surgery	2 (4.3)	17 (36.2)
Braces and support	Taping	8 (17.0)	6 (12.8)
	Orthosis and lumbosacral support	1 (2.1)	1 (2.1)

Abbreviations: NSAIDs, Non-steroidal anti-inflammatory drugs.

Note: The total does not add to 100% because participants could select multiple responses.

*Weak opioids include codeine and tramadol.