

Research questions

- 1) How low back pain (LBP) care is currently provided in low and middle-income countries (LMICs)?
- 2) What care is provided for LBP in LMICs?

Methods

Design: Online mixed-methods study.

Participants: 47 clinicians, researchers, and people with lived LBP experience from 32 LMICs.

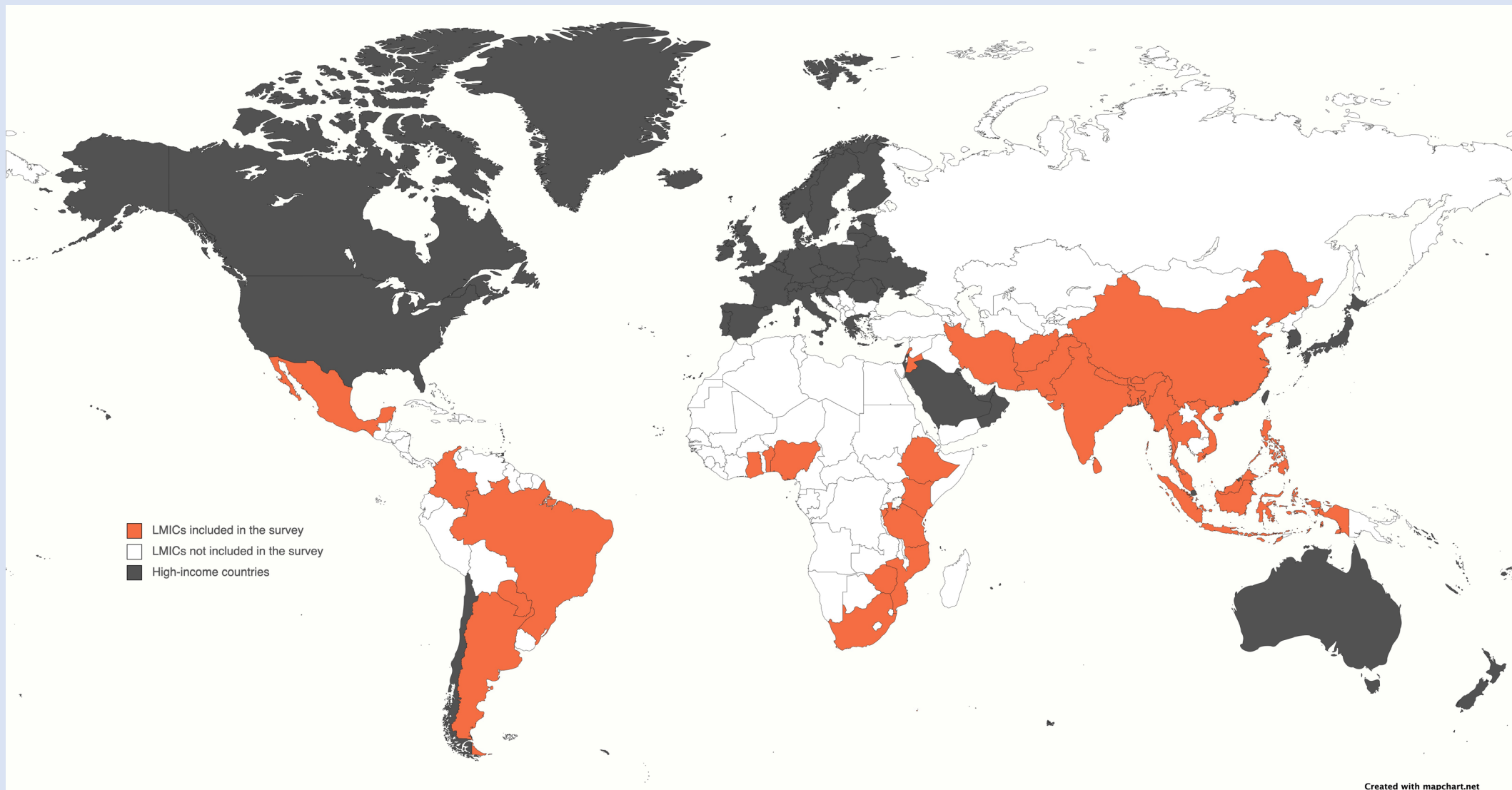


Figure 1. Countries represented in the study

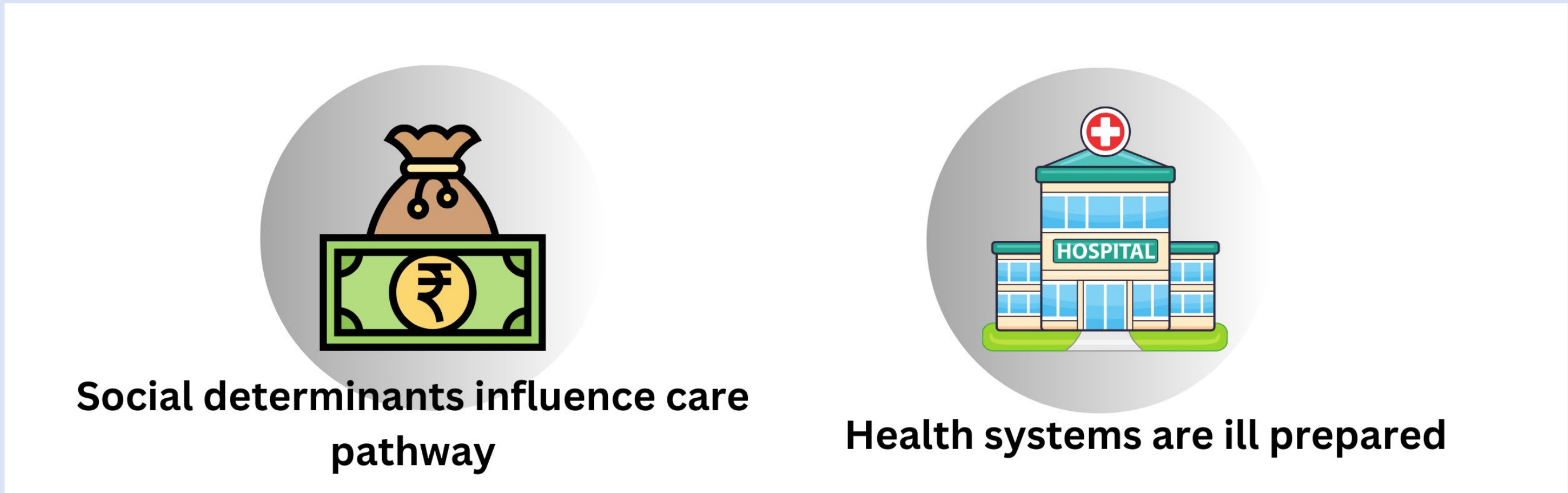
Results (quantitative)

- **Settings:** Acute LBP is typically treated in primary care and chronic LBP in tertiary care.
- **Common care providers:** General physicians, orthopaedic surgeons, physiotherapists and traditional healers.

Top treatments prescribed for LBP in LMICs

Interventions	Acute LBP N (%)	Chronic LBP N (%)
Pharmacotherapy	45 (97.7)	38 (80.9)
Electrotherapy	23 (48.9)	25 (53.2)
Thermotherapy	21 (44.7)	12 (25.5)
Manual therapy	15 (31.9)	9 (19.1)
Exercise, Physical activity	12 (25.5)	19 (40.4)
Traditional healing	8 (17.0)	5 (10.6)
Education, self-management	8 (17.0)	5 (10.6)
Interventional Rx & surgeries	3 (6.4)	17 (36.2)

Results (qualitative)



“They usually go to neighbouring countries if they can afford.”
- Afghanistan



“The first and foremost advice they seek are from friends, peers.” - Nepal

“Some go to traditional healers where they get cuts on the painful sites” - Zimbabwe

“Sometime patients visit a diagnostic facility themselves for radiographs” - Pakistan

Figure 2. Themes with example illustrative quotes

Conclusions and directions

- Findings inform
- (1) LBP research agenda,
 - (2) the development of clinical pathways, and
 - (3) testing of evidence-based locally appropriate treatments for LBP in LMICs.

Interested in a PhD? Questions?

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