Additional File 4 – Description of the included studies

MoC design ation	Study	Population	Sample Size	Outcome Domains (Follow-ups)	Outcomes (outcome measures)
START BACK – Subgroups for Targeted Treatment	Hill et al. (2011)(1)	- Inclusion: LBP of any duration, ≥18 years-old, with or without radiculopathy. - Exclusion: serious illness or spinal pathology, serious comorbidity (including mental disorders), surgery in the last 6 months, pregnancy, currently receiving back treatment.	N=851 patients - Intervention: n=568 - Control: n=283	Patient (4 and 12 mo)	**4 and 12 months** - Primary outcome: Disability [Roland Morris Disability Questionnaire (RMDQ)] at 12 months; Back pain intensity (NRS); Catastrophizing [Pain Catastrophizing Scale (PCS)]; Fear-avoidance beliefs [Tampa Scale of Kinesiophobia (TSK)]; Anxiety and depression [Hospital Anxiety and Depression Scale (HADS)]; Health-related quality of life [EuroQol EQ-5D; Short Form 12 (SF-12)]; Risk subgroup reduction [STarT Back Screening Tool (SBST)]; Global change (single question); Adverse events **12 Months** - Work loss (one question)
				Organizational (4 and 12 mo)	**Process of care [Case Report Forms (CRFs)]** - Referral for further PT; Number of PT sessions; Attendance at initial PT **4 months** - Patient satisfaction (self-reported questionnaire) **12 months** - Healthcare resource use (self-reported questionnaire); cost-utility (QALYs estimates using the EuroQol EQ-5D)
	Whitehurst et al. (2012)(2)			Patient (4 and 12 mo)	**4 and 12 months** - Health-related quality of life [EQ-5D] **12 months** - Work-related outcomes - Employment status (self-reported questionnaire)
				Organizational (4 and 12 mo)	**12 months** - Number of PT sessions (CRF); Healthcare resource use (self-reported questionnaire) – PHC consultations (GPs and practice nurses), consultations with other healthcare professionals (NHS and private), hospital-based procedures (diagnostic tests, epidural injections, inpatient episodes) and prescribed medication; Healthcare costs - Out of pocket expenditures on treatments and/or aids (self-reported questionnaire) and QALYs estimates (EuroQol EQ-5D)
	Foster et al. (2014)(3)	- Inclusion: ≥18 years-old, LBP patients of any duration, with or without leg pain, identified through diagnostic codes.	N=922 patients - Phase 1 (usual care): n=368 - Phase 3 (stratified care): n=554	Patient (2 and 6 mo)	**2 and 6 months** - Primary outcome: Disability (RMDQ) at 6 months; Back pain intensity (NRS); Catastrophizing [Coping Strategies Questionnaire – Catastrophizing subscale (CSQ-CAT)]; Pain self-efficacy [Pain Self-efficacy Questionnaire (PSEQ)]; Health-related quality of life (SF-12); Global change (single question) **6 months** - Fear-avoidance beliefs (TSK); Anxiety and depression (HADS); Pain self-efficacy (PSEQ); Risk group (STarT Back Screening Tool); Work loss (one question); Adverse events
				Organizational (2 and 6 mo)	**Process of care (medical records and CRF)** - Numbers of referrals to PT or other services; Ordered diagnostic tests (radiographs, magnetic resonance Imaging and computed tomography scans, blood tests); Prescribed medications; Reconsultations with the physician; Sickness certifications; Risk-appropriate use of PT (CRF). **2 and 6 months** - Patient satisfaction (self-reported questionnaire) **6 months** - Healthcare resource use (self-reported questionnaire) – Inpatient stays, outpatient visits, other health care appointments including those in private practice and over-the-counter medications and treatments; Healthcare costs (QALYs estimates)

	Whitehurst et al. (2015)(4)			Patient (2 and 6 mo)	**2 and 6 months** - Disability (RMDQ); Health-related quality of life (EQ-5D-3L) **6 Months** - Work-related – Employment status (self-reported questionnaire) and work loss (self-reported questionnaire)
				Organizational (2 and 6 mo)	**6 months** - Healthcare resource use (self-reported questionnaire) – PHC consultations (GPs and practice nurses), consultations with other healthcare professionals (NHS and private), hospital-based procedures (diagnostic tests, epidural injections, inpatient episodes), prescribed medication and out of pocket expenditure on treatments and/or aids; Cost-utility (QALYs estimates using the EQ-5D-3L).
	Murphy et al. (2016)(5)	- Inclusion: ≥18 years old, LBP > 3 months, with or without leg symptoms. - Exclusion: serious illness or spinal pathology, surgery, pregnancy.	N=583 - Intervention: n=251 - Control: n=332	Patient (3 mo)	**3 months** - Primary outcome: Disability (RMDQ); LBP intensity [Visual Analog Scale (VAS)]; Back beliefs [Back Beliefs Questionnaire (BBQ)]; Distress [Distress and Risk Assessment Method (DRAM)]; Depression (Modified Zung Depression Index); Anxiety [Modified Somatic Perception Questionnaire (MSPQ)]; Benefit (6-point self-rated scale).
	Morsø et al. (2021)(6)	- Inclusion: ≥18 years, non-specific LBP of any duration, with or without leg pain, referred to PT by the GP. - Exclusion: serious illness or spinal pathology, psychiatric illness, spinal surgery in the last 6 months, pregnancy, currently receiving PT.	N=333 - Intervention: n=169 - Control: n=164	Patient (3 and 12 mo)	**3 and 12 months** - Primary outcome: Disability (RMDQ); Primary outcome: Time off work (days/weeks) [patient self-report and Danish National Register of Public Transfer Payments (DREAM)]; Primary outcome: Patient reported global change (7-point Likert scale); Pain intensity (NRS); Well-being [World Health Organization Well-Being Index (WHO5)]
				Organizational (3 and 12 mo)	**3 and 12 months** - Satisfaction with improvement (single-item rating) **12 months** - Healthcare resource use (Danish Nationwide Patient Registry - DNPR) – Number of PT sessions, PHC consultations, secondary care (imaging and other contacts) and medication; Healthcare costs use (Danish Nationwide Patient Registry - DNPR) – PHC consultations, secondary care (imaging and other contacts), medication and total costs; QALYs estimates (EQ-5D-5L).
SCOPiC – SCiatica Outcomes in Primary Care	Konstantinou et al. (2020)(7)	- Inclusion: ≥18 years, with mobile phone or landline, consulted in GP with back and/or leg symptoms, with diagnosis of sciatica confirmed with at least 70% diagnostic confidence by a PT. - Exclusion: serious spinal pathology or red flags, previous lumbar spine surgery, receiving ongoing care from or had been in consultation with a secondary care doctor or PT for the same problem in the previous 3 months, serious physical or mental comorbidities, pregnancy, taking part simultaneously in another study related to sciatica.	RCT: N=476 - Intervention: n=238 - Control: n=238 Qualitative study: N=40 - 20 patients - 7 spinal PTs - 9 GPs - 4 spinal surgeons	Patient (Weekly for the first 4 mo, 4 and 12 mo)	**Weekly for the first 4 months, 4 weeks between 4 and 12 months, or until "stable resolution" of symptoms** - Primary outcome: time to first resolution of sciatica symptoms (6-point ordinal scale) **4 and 12 months** - Global Perceived Change (6-point ordinal scale); Physical Function (Modified RMDQ); Impact of sciatica symptoms [Sciatica Bothersomeness Index (SBI)]; Back and leg pain intensity (NRS); Sleep disturbance [Jenkins Sleep Questionnaire (JSQ)]; Fear of movement (TSK); Anxiety and depression (HADS); Health-related quality of life (EQ-5D-5L); General health [Short-form 1 (SF1)]; Neuropathic pain symptoms [Self-report Leeds Assessment of Neuropathic Symptoms and Signs (S-LANSS)]; Work and productivity loss (self-reported questionnaire); Serious adverse events.
				Organizational (4 and 12 mo)	**12 months** - Healthcare resource use (self-reported questionnaire and medical records) – Number of PT sessions, duration of PT treatments, timing of referral and treatment, spinal injections and spinal surgery; Healthcare costs (self-reported questionnaire and medical records) – Total costs and QALYs estimates (EQ-5D-5L)
	Fost			Patient	**Weekly for the first 4 months, 4 weeks between 4 and 12 months, or until "stable resolution" of symptoms**

				(Weekly for the first 4 mo, 4 and 12 mo)	- Primary outcome: time to first resolution of sciatica symptoms (6-point ordinal scale) **4 and 12 months** - Global Perceived Change (6-point ordinal scale); Physical Function (Modified RMDQ); Impact of sciatica symptoms (SBI); Back and leg pain intensity (NRS); Sleep disturbance (JSQ); Fear of movement (TSK); Anxiety and depression (HADS); Risk of poor outcome (SBST); Health-related quality of life (EQ-5D-5L); General health (SF1); Neuropathic pain symptoms (S-LANSS); Employment status (self-reported questionnaire); Work loss (self-reported questionnaire); Presenteeism/productivity [single question with NRS response (0–10 scale); Work Production Index]; Adverse events
				Organizational (4 and 12 mo)	**Process of care (CRFs)** - Number of referrals to PT services; Number of PT sessions; Number of referrals to specialist spinal services and/or secondary care; Treatments provided; Timing of referral and treatment **4 and 12 months** - Patient satisfaction (5-point scale) **12 months** - Healthcare resource use (self-reported questionnaire and medical records) – PHC consultations (GPs, nurses and PTs), secondary care consultations, prescriptions, hospital-based tests and procedures, spinal injections and spinal surgery, nature and length of inpatient stays; Healthcare costs (self-reported questionnaire and medical records) – Over-the-counter purchases, out-of-pocket expenses, total costs and QALYs estimates (EQ-5D-5L).
	Saunders et al. (2020)(	- Inclusion: Patients on the 'fast-track' pathway in the stratified care arm of the SCOPiC trial and clinicians		Implementation (4 mo after the follow-up of the RCT and at the end of recruitment)	**4 months after the follow up of the RCT (patients, PTs and surgeons) and at the end of RCT recruitment (GPs)** - Acceptability of the 'fast-track' pathway for patients with severe sciatica symptoms (interviews)
MATCH – Matching Appropriate Treatment to Consumers' Healthcare needs	Cherkin et al. (2018)(10)	- Inclusion: Adults receiving primary care, ≥ 18 years, identified in the EHR with a primary diagnosis of non-specific LBP - Exclusion: Specific causes of pain (e.g., pregnancy, disc herniation, vertebral fracture, spinal stenosis) or job injuries.	N=1901 - Intervention: n=756 - Control: n=945	Patient (2 and 6 mo)	**2 and 6 months** - Primary outcome: Physical function (modified RMDQ); Primary outcome: LBP severity in previous week (NRS); Anxiety [Generalized Anxiety Disorder (GAD-7)]; Depression [Patient Health Questionnaire (PHQ-9)]; Self-efficacy (PSEQ); Fear of movement (TSK); Work loss and productivity [2 items of the Work Productivity and Activity Impairment (WPAI)]; Global improvement [Patient Global Impression of Change (PGIC)]
				Organizational (2 and 6 mo)	**2 and 6 months** - Patient satisfaction (10-item instrument) **6 months** - Healthcare resource use (EHR) – Lumbar spine imaging, additional PHC visits, emergency department visits, narcotic analgesics, PT visits, CAM visits, behavioural health visits, spine surgeon visits, injections of lumbar spine and back-related hospitalizations.
	Hsu et al. (2019)(11)	- Inclusion: PTs and PCPs (medical doctors, osteopathic doctors, nurses, physician assistants)	- Questionnaire: N=402 - Interviews: N=22 (PTs and PCPs)	Implementation (post-training)	**Post-training** - Attendance at training sessions (not reported); Perspectives and experiences regarding implementation strategies and experiences using the stratified care model (Ethnography and interviews with PHC team members and PTs)

TARGET – Targeted Interventions to Prevent Chronic Low Back Pain in High-Risk Patients	Benecіuk et al. (2019)(12)	- Inclusion: Outpatient PTs	N=471	Implementation (post-training and 4 mo)	**Post-training and 4 months** - PTs' attitudes and beliefs about biomedical and biopsychosocial treatment orientations [Pain Attitudes and Beliefs Scale for Physical Therapists (PABS-PT)] **Post-training** - PTs' confidence in implementing PIPT (11-point Likert scale)
	Middleton et al. (2020)(13)	- Inclusion: Adult primary care patients with evidence of acute LBP management in the EHR.	- Quantitative study: N=23,913 (9030 patients stratified by risk) - Qualitative study: N=13 clinics	Organizational (24 mo)	**24 months** (EHR) - Risk stratification rates; Rates of referral of acute high-risk patients; Relationship between risk stratification and referral rates within clinics
				Implementation (24 mo)	**24 months** (ethnography and interviews with clinical staff) - Barriers and facilitators of the risk stratification and referral processes
	Delitto et al. (2021)(14)	- Inclusion: ≥18 years with a primary complaint of LBP. - Exclusion: Chronic symptoms based on a 2-item LBP Questionnaire derived from the NIH Chronic LBP task force; serious spinal pathology.	N=2300 - Intervention: n=1207 - Control: n=1093	Patient (6 mo)	**6 months** - Primary outcome: transition to chronic LBP [2-item questionnaire adapted from the NIH Task Force]; Primary outcome: back-related disability [Oswestry Disability Index (ODI)]
				Organizational (12 mo)	**12 months** - Process of care (EHR) – Referral to PT or PIPT, referral to medical specialists, diagnostic imaging and orders for opioid prescriptions and other LBP-related pain medications; Healthcare resource use (EHR) – Outpatient visits (PHC and specialists), receipt of diagnostic imaging, interventional pain procedures (e.g., epidural injections), electrodiagnostic tests (e.g., nerve conduction velocity), surgeries, hospitalizations and emergency department visits.
BETTERBACK©	Schröder et al. (2020)(15)	- Inclusion: PTs working with LBP patients who attended the BetterBack© workshop	N=116	Implementation (after, 3 and 12 mo)	**After, 3 and 12 months** - Primary outcome: Self-confidence in managing LBP patients [Practitioner Self-Confidence Scale (PCS)]; Determinants of PT's behaviour [Determinants of Implementation Behaviour Questionnaire (DIBQ)]. **3 and 12 months** - PTs' attitudes and beliefs about biomedical and biopsychosocial treatment orientations (PABS-PT).
	Enthoven et al. (2021)(	- Inclusion: Participants previously treated according to the BetterBack MoC for a first-time or recurrent episode of benign LBP with or without radiculopathy.	N=15	Implementation (4-14 mo)	**4-14 months** - Patients' experiences of receiving care according to the MoC (interviews)
	Schröder et al. (2021)(17)	Patients: - Inclusion: 18–65 years, accessing public primary care due to a first-time or recurrent episode of acute, subacute, or chronic-phase benign LBP, with or without radiculopathy. - Exclusion: current or previous malignancy in the last 5 years, serious spinal pathology, spinal surgery the last 2 years, current or previous pregnancy in the last 3	N=467 - Intervention: n=264 - Control: n=203 PTs: N=104	Patient (3, 6 and 12 mo)	**3, 6 and 12 months** - Primary outcome: Pain intensity (NRS-LBP); Primary outcome: Function and activity limitations (ODI); Risk stratification (SBST); Health-related quality of life (EQ-5D); Cognitive and emotional representations of illness [Brief Illness Perception Questionnaire (BIPQ)]; Ability to understand and cope with LBP [Pain Enablement Instrument (PEI)]; Perceived change (PGIC)
				Organizational (3, 6 and 12 mo)	**Process of care** - Clinical Practice Quality Index – Guideline adherence [(Clinical Reasoning and Process Evaluation tool - CRPE)], number of PT treatments [((Public Healthcare Regional Registry - PHRR)], referral to specialist consultation (PHRR) and medical imaging (PHRR) **3, 6 and 12 months** - Patient satisfaction [Patient Satisfaction (PS)]

	Schröder et al. (2022)(18)	months, participants who fulfil the criteria for multimodal/multiprofessional rehabilitation for complex long-standing pain and severe psychiatric diagnosis. PTs: - Inclusion: PTs who worked regularly with patients with LBP.	Register cohort - PTs: N=105 - LBP patients: N=500 (intervention n=278; control n=222) CRPE- smaller cohort: - PTs: N=98 (intervention n=44; control n=54) - LBP patients: N=388 (intervention n=223; control n=165)	Organizational	**Process of care** - Adherence to clinical practice guidelines recommendations - Clinical Practice Quality Index (PHRR and CRPE): • Primary outcome: Proportion of patients receiving referral to specialist consultation (PHRR), Proportion of patients receiving medical imaging (PHRR), Proportion of patients receiving stratified number of PT visits (PHRR), Proportion of patients receiving educational interventions (CRPE), Proportion of patients receiving exercise interventions (CRPE), Proportion of patients receiving manual therapy (CRPE), Proportion of patients receiving acupuncture (CRPE) and Proportion of patients receiving non-evidence-based treatments (CRPE).
Low Back and Radicular Pain Pathway	Greenough (2017)(19)	- Inclusion: Patients with LBP with or without leg pain.	Not reported	Patient (discharge)	**Discharge** - Pain intensity (NRS); Disability (ODI); Health-related quality of life (EQ-5D); Anxiety (GAD-7); Depression (PHQ-9); Readiness to self-manage (0–10-point scale).
				Organizational (discharge)	**Process of care** - Percentage of discharges from treatments (pathway database) **Discharge** - Patient satisfaction [Friends and Family Test (FFT)]
	Ryan et al. (2020)(20)	- Inclusion: ≥18 years, with sciatica, who were under the care of a specialist PT, undergone investigations and received the results within the previous 6 weeks. - Exclusion criteria: previous spinal surgery, cauda equina syndrome or sinister pathology, patients unable to communicate or provide consent; or the researcher had treated them in a previous episode of LBP.	N=14	Implementation (6 weeks)	**6 weeks** - Patients' experiences within the NHS pathway (interviews)
	Martin et al. (2018)(21)	- Quantitative study: All patients attending during the evaluation period. No exclusion criteria. - Qualitative study: People engaged in the development, implementation, delivery, or patient of the NERBPP (key decision makers, triage and treat practitioners, healthcare professionals, GPs, patients)	- Quantitative study: N=3834 - Qualitative study: N=35	Patient (Discharge, 6 and 12 mo)	**Discharge, 6 and 12 months** - Pain intensity (NRS); Function (ODI); Health status/quality of life (EQ-5D-5L); Anxiety (GAD-7); Depression (PHQ-9) **Discharge** - Global Subjective Outcome Scale (GSOS); Readiness to self-manage (0–10-point scale)
				Organizational (6 weeks)	**Discharge** - Patient satisfaction (FFT)
				Implementation	**Before, during and after implementation** - Opinions of clinicians, commissioners and patients regarding the implementation of the pathway (interviews and focus groups)
	Jess et al. (2018)(22)	- Inclusion: ≥18 years, patients referred onto the NERBPP by their GP due to acute, new onset, LBP episode or a flare-up of LBP with at least 6 months since their last attack.	N=3834 - Standard discharge: n=2071 - Same-day discharge: n=1147 - Non-Attender: n=616	Patient (discharge)	**Discharge** - Pain intensity (NRS); Functional disability (ODI); Health-related quality of life (EQ-5D-5L); Anxiety (GAD-7); Depression (Patient Health Questionnaire -PHQ-9); Perception of improvement (GSOS); Readiness to self-manage (0–10-point scale).
				Organizational (discharge)	**Discharge** - Patient satisfaction (FFT)
	J e s			Patient	**6 and 12 months**

			- 6-month follow-up: N=786 - 6-month follow-up: N=552	(6 and 12 mo)	- Pain intensity (NRS); Functional disability (ODI); Health-related quality of life (EQ-5D-5L); Anxiety (GAD-7); Depression (Patient Health Questionnaire -PHQ-9); Perception of improvement (GSOS)
				Organizational (6 and 12 mo)	**6 and 12 months** - Patient satisfaction (FFT)
Beating Back Pain Service	Cheshire et al. (2013)(24)	- Inclusion criteria: non-specific LBP, >6 weeks duration, ≥18 years. - Exclusion: presence of red flags, inability to communicate in English, mental health problems and substance abuse.	N=80	Patient (discharge and 3 mo)	**Discharge and 3 months** - Musculoskeletal pain [Bournemouth Questionnaire (BQ)]; Health-related quality of life (EQ-5D); Self-efficacy (PSEQ); Positive well-being [5 questions on a 0–10-point scale]; Physical activity levels (0–10-point scale); Analgesic use (single question); Work status (single question).
				Implementation (post-treatment)	**Post-treatment** - Benefits, improvements, comments or suggestions regarding the service [open-ended questions at the end of the self-reported questionnaire]
NE Essex PCT service	Gurden et al. (2012)(25)	- Inclusion: Adults, consulting GP for at least 4 weeks for back or neck pain, suitable for manual therapy. - Exclusion: serious pathology or red flags and serious comorbidity.	N=696	Patient (discharge)	**Discharge** - Back and neck pain (BQ); Impact of symptoms (Bothersomeness Questionnaire); Global improvement scale (7-point scale); Work status (self-reported questionnaire); Medication use (self-reported questionnaire)
				Organizational (discharge)	**Discharge** - Patient satisfaction (5-point scale); Healthcare resource use (self-reported questionnaire) – Number of treatments, referrals to secondary care, referrals to GP/other health professionals and discharges.
ISAEC	Zarrabian et al. (2017)(26)	- Inclusion: Potential surgical candidates with unmanageable, persistent LBP for more than 6 weeks but less than 52 weeks or recurrent LBP. - Exclusion criteria: pain disorder, narcotic dependency, pregnancy or postpartum less than a year, red flags.	N=422	Patient (after assessment)	**At the initial assessment and after the surgeons' assessment** - Presenting pain pattern (medical records)
				Organizational (after assessment)	**At the initial assessment and after the surgeons' assessment** - Number and type of imaging (medical records); Referral appropriateness for surgery (medical records); Wait time from PCP referral to assessment at ISAEC (medical records).
Saskatchewan Spine Pathway	Kindrachuk & Fourney (2014)(27)	- Inclusion: Nonemergency referrals of LBP and leg pain. - Exclusion: option of refusing the SSP visit.	N=87 - Group A: n=62 - Group B: n=25	Patient (7 mo)	**7 months (May 2011 – November 2011)** - Disability (ODI); Back and leg pain (VAS); Health-related quality of life (EQ-5D); Presence of clinical "red flags" (not reported); SSP clinical classification (not reported).
				Organizational (7 mo)	**7 months (May 2011 – November 2011)** - Surgery rate (not reported); MRI utilization (not reported).
	Wilgenbusch et al. (2014)(28)	- Inclusion; New elective outpatient surgeon referrals for LBP and leg pain seen by 2 neurosurgeons. - Exclusion: red flags.	N= 215 - Group A: n=66 - Group B: n=149	Patient (12 mo)	**1 year (June 2011 – May 2012)** - Disability (ODI); Back and leg pain (VAS); Number of patients with SSPc patterns; Health-related quality of life (EQ-5D-5L).
				Organizational (12 mo)	**1 year (June 2011 – May 2012)** - Number of referrals to surgery; Wait time for surgeon assessment; Wait time for MRI.
Back pain Assessment Clinic	Moi et al. (2018)(29)	- **Inclusion:** ≥18 years, referrals for neck or LBP, with or without limb symptoms, already on outpatient spinal surgical waiting lists, triaged as 'non-urgent' or assigned a 'next available' appointment by neurosurgery and orthopaedic spinal units. Low likelihood of surgical intervention. - **Exclusion:** red flags, spinal surgery within the last 2 years, radiculopathy	N=522 - Qualitative study: N=94 (Patients n=54; Health professionals and managers n=14; and referrers n=26)	Patient (12 weeks)	**After a 12-week rehabilitation programme** - Pain [Brief Pain Inventory (BPI) short form]; Disability [(ODI) or Neck Disability Index (NDI)]; Overall well-being [Global Improvement Scale].
				Organizational (12 weeks)	**After a 12-week rehabilitation programme** - Patient satisfaction (survey); Waiting times (survey) - time from referral to initial consultation, patients redirected from neurosurgery waiting lists, patients redirected from orthopaedic waiting lists; Appropriate and safe care (survey) – medication adjustments, spinal injections, MRI utilization, referrals to community-based spinal rehabilitation, referrals to specialist services, discharges, GP satisfaction; Efficiency and sustainability (survey) – Costs/patient, cost-savings.
				Implementation	**1 year (July 2014 – June 2015)**

		accompanied by limb weakness, moderate-to-severe scoliosis, peripheral entrapment neuropathies, high likelihood of need for surgical intervention, comorbidities, referred for medicolegal opinions or compensable claims.		(12 mo)	- Victorian Innovation Reform Impact Assessment Framework domains (BAC activity audit, patient surveys and stakeholders' interviews) – Access to care, Appropriate and safe care, Workforce optimization and integration and Efficiency and sustainability.

Abbreviatures:
BAC – Back pain Assessment Clinic; CAM - Complementary and Alternative Medicine; CRPE - Clinical Reasoning and Process Evaluation; EHR – Electronic Health Record; GP – General Practitioner; ISAEC – Inter-professional Spine Assessment and Education Clinics; LBP – Low Back Pain; MoC – Model of Care; MRI – Magnetic Resonance Imaging; NERBPP – North East Low Back and Radicular Pain Pathway; NHS – National Health System; PCP – Primary Care Provider; PHC – Primary Healthcare; PHRR - Public Healthcare Regional Registry; PIPT - Psychologically Informed Physical Therapy; PT – Physiotherapy; PTs – Physiotherapists; QALYs – quality-adjusted life years; RCT – Randomized controlled trial; SBST – Start Back Screening Tool; SSP – Saskatchewan Spine Pathway;