The following feedback is a summary and consensus of my physiotherapy seniors, colleagues, classmates and friends. To ensure people with lower back pain (LBP) receive best practice treatment, our overall feedback is that the treatments have to be appropriate, safe and evidence based. As registered physiotherapists in Australia (NSW), we have realized a subtle but significant change in the draft guidelines - The "primary care team members", previously listed as the general practitioner (GP), nurse and physiotherapist, are now listed as the GP, Nurse and "treating allied health providers".

Under this current change, patients with acute LBP and deemed medium or high risk of poor prognosis could be first referred to an exercise physiologist instead of physiotherapist, within two weeks of the claim or injury. This means that the drafted model no longer specifies physiotherapists in the primary care team and the first referral point away from the GP in acute low back pain pathway.

However, based on our knowledge, current evidence, and patients' preferences, we strongly believe that physiotherapists should still be specified in the primary care team and should be the priority over exercise physiologists in treating patients with LBP for the following two main reasons.

Physiotherapists can provide both active and passive treatments to patients with LBP in addition to pure exercise training provided by exercise physiologists. This is especially important for the early stage of acute LBP in "at risk" patients where pain would be primary complaints according to most of the Workcover patients that I have seen. Some of them have reported to us that they did not find it helpful to receive exercise physiology treatment for their lower back pain because it was hard for them to participate in any sort of exercises when they were in severe pain. On the other hand, when this happened to a physiotherapist, we can opt for passive treatments such as manual therapies, ultrasound, and shockwave therapy etc. to help reduce their pain before progressing to more active strategies such as exercises. The effectiveness of these passive treatments is supported by recent two systematic reviews (Haile et al., 2021; Ma et al., 2022). This can ensure that the treatments are not delayed, and they have continual progress in their conditions. On the other hand, if they find it difficult to adhere to the exercise program

from exercise physiologists, they may lose confidence in exercises and it would be difficult to motivate them for further active treatments in the future, hindering their overall recovery.

Moreover, physiotherapists can provide more comprehensive assessments regarding the condition while exercise physiologists would be mainly assessing the health-related fitness such as strength and endurance. However, it is important to provide a formal scope of assessments to differentially diagnose, screen for serious and specific pathology and assess patients biopsychosocially to ensure the patients understand their own condition better before moving on to any exercise training. It is believed that if the patients have a better understanding of their condition, it can enhance their compliance and adherence to the interventions provided, be it active or passive. However, if exercise physiologists are referred to see the patients with LBP the first time, the patients may lose the opportunity to get a proper diagnosis on their LBP, making it hard to collaborate goals and improve their adherence to the exercise programs.

While we completely agree that exercises are found to be the first line interventions for patients with lower back pain (Cashin et al., 2021) and that exercise physiologists also play a very important role in treating patients with LBP, the application of evidence always considers additional factors such as patients' preference and therapists' theoretical knowledge. We therefore absolutely agree that exercise physiologists should be part of the treating team for people with LBP; however, physiotherapists should still be the priority and should be specified under the model of care. This is because physiotherapists are able to provide more holistic management and therefore should be the first referral point compared to exercise physiologists which are more like specialists in exercise training. Yet not every one is suitable for just exercise treatments.

In conclusion, it is believed that physiotherapists should still be recommended and specified in the model to be seen first line and should not be blended into the group of allied health professionals. This is going to provide better care for the specific patient concerned and therefore we sincerely hope that the change under this category in the drafted guidelines can be reconsidered.

References:

Cashin, A. G., Booth, J., McAuley, J. H., Jones, M. D., Hübscher, M., Traeger, A. C., ... & Moseley, G. L. (2022). Making exercise count: Considerations for the role of exercise in back pain treatment. *Musculoskeletal Care*, 20(2), 259-270.

Haile, G., Hailemariam, T. T., & Haile, T. G. (2021). Effectiveness of ultrasound therapy on the management of chronic non-specific low back pain: a systematic review. *Journal of Pain Research*, 1251-1257.

Ma, J., Yan, Y., Wang, B., Sun, W., Yue, D., & Wang, W. (2022). Effectiveness and safety of extracorporeal shock wave treatment for low back pain: a systematic review and meta-analysis of RCTs. *International Journal of Osteopathic Medicine*, *43*, 39-48.