

# INPLASY

## Quality Assessment of Clinical Guidelines on Low Back Pain and Their Recommendations for Physical Therapy

INPLASY202640030

doi: 10.37766/inplasy2026.4.0030

Received: 8 April 2026

Published: 8 April 2026

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### ADMINISTRATIVE INFORMATION

**Support** - No.

**Review Stage at time of this submission** - The review has not yet started.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202640030

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 8 April 2026 and was last updated on 8 April 2026.

### INTRODUCTION

**Study aim** Evaluate the quality of available clinical practice guidelines (CPGs) for the management of Low back pain (LBP) and to summarize physical therapy recommendations by LBP type.

**Background** Low back pain (LBP) is one of the leading reasons for seeking medical care, associated with high economic costs due to high rates of work absenteeism, disability, and use of healthcare services.

In 2020, LBP affected 619 million people worldwide, and the number of cases is estimated to rise to 843 million by 2050, largely due to population growth and aging<sup>1</sup>, affecting high- and low-income countries alike.

LBP is a symptom characterized by the location of the pain, typically between the lower edges of the ribs and the gluteal folds. It may be accompanied by pain in one or both legs, and some people may experience neurological symptoms in the lower extremities. LBP can be classified as acute,

subacute, or chronic, and its treatment may involve both pharmacological and non-pharmacological measures, including education, psychotherapy, and physical therapy. Physical therapy encompasses therapeutic exercise in all its forms, electro-physical agents, traction, manual therapy, and multimodal approaches.

Given its significant impact and high prevalence, there is a growing number of clinical practice guidelines (CPGs) that offer recommendations for the diagnosis and treatment of LBP. These guidelines are documents developed by a panel of experts who, through comprehensive reviews of the evidence, evaluate the benefits and risks of alternative care options to formulate key recommendations for clinical, public health, and health policy decision-making.

Although CPGs on LBP have been developed, they are scattered, have varying focuses, and employ different methodologies in their development. This can raise doubts about their quality and applicability. Furthermore, it is unclear to what extent the recommendations contained in these clinical guidelines reflect the diversity of diagnostic

and therapeutic interventions that may be effective, safe, and accepted for this condition. Physical therapy is a common type of intervention in clinical practice, but it is unclear to what extent it is recommended in various settings, how strong the supporting evidence is, and, above all, there is a lack of clarity or consensus regarding which type of physical therapy intervention is best for different presentations of low back pain, and at what intensity or frequency. This makes it difficult to apply evidence-based clinical practice for various types or presentations of LBP.

Therefore, our objective is to evaluate the quality of available CPGs for the management of LBP and to summarize physical therapy recommendations by LBP type.

## METHODS

**Search strategy** For MEDLINE/PubMed, the following search strategy will be used, combining MeSH terms, free-text terms, Boolean operators, truncations, and quotation marks. ("Low Back Pain"[Mesh] OR "low back pain"[tiab] OR lumbago[tiab] OR "lumbar pain"[tiab] OR "lumbar spine pain"[tiab]) AND ("Practice Guideline"[Publication Type] OR "Guidelines as Topic"[Mesh] OR guideline\*[tiab] OR "clinical practice guideline\*" [tiab] OR recommendation\*[tiab] OR consensus[tiab] OR "position statement\*" [tiab]). This strategy will be adapted for Embase, CINAHL, TRIP Database, and Scopus, as well as for guideline repositories and the search for gray literature.

**Eligibility criteria** CPGs will be included for adult patients with LBP of any type (acute, subacute, chronic, or radiating) for which the quality of evidence has been assessed using a specific tool. These CPGs must include at least one recommendation for physical therapy, defined as a set of therapeutic interventions based on movement, exercise, physical agents, manual techniques, education, and other physical interventions, aimed at restoring function, reducing pain, and improving quality of life.<sup>4</sup> They will not be excluded based on language and must have been published within the last 10 years.

**Data extraction** This will be performed independently by two researchers using an Excel spreadsheet. Data such as the country and year of publication, the organization that published the CPGs, the duration of the LBP, the classification of the LBP in the guideline, and recommendations regarding treatment using some form of physical therapy will be collected, organized by type of intervention.

## Strategy of data synthesis / Statistical analysis

A qualitative synthesis will be conducted using graphs and tables, along with a descriptive analysis of the clinical guidelines, with information presented narratively, including the country of origin, the group that developed them, and the year of publication. Tables will be used for this purpose

Score obtained – minimum possible score × 100  
Maximum possible – minimum possible.

To rate the quality of the guideline, each of the 23 items is scored on a scale from 1 (strongly disagree) to 7 (strongly agree). The scores for each domain are standardized and expressed as a percentage, in accordance with the recommendations of the AGREE Trust. The formula used to obtain the percentage for each domain is:

AGREE II does not propose explicit thresholds for evaluating quality as “high” or “low,” so the interpretation will be qualitative and comparative across guidelines.

The recommendations for physical therapy will be organized and presented, identifying the clinical condition and the type of intervention, the latter according to modality, intensity, frequency, and duration. The certainty of the evidence, the strength of the recommendation, and the direction of the recommendation will also be reported.

The agreement among the evaluators will also be assessed using an intraclass correlation coefficient and its 95% confidence interval.

**Country(ies) involved** Chile.

**Other relevant information** The Appraisal of Guidelines for Research and Evaluation (AGREE II) instrument will be used to assess the overall methodological rigor quality of the guidelines.

**Keywords** clinical practice guidelines, low back pain.

## Contributions of each author

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Author 3 - Ricardo Solano-Lopez - Data extraction and quality assessment of clinical guidelines. Email: ricardo.solano@ufrontera.cl

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