

## OP42.4

### Can we improve our low back pain tackling in our surgery?

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**Introduction:** Low Back pain (LBP) is, after respiratory infections, the most frequent cause of consultation in primary health care. It is also one of the most common diseases of Family Doctors (FD) since computerisation.

Multidisciplinary and multinational evidence-based Guidelines (G) for the prevention and treatment of acute and chronic LBP were issued by a European project launched in 1999 by the European-Commission (COST B13 Action). In Spain and other countries, multidisciplinary national Working Groups adapted COST B13 guidelines to their own setting.

Since 2013 we are implementing the G we produced in our (Sub-Regional) Cartagena-Health-Area (CHA) (250.000 patients registered). Our Working Group is chaired by a Family Doctor (FD) and composed of specialists in Traumatology-Rheumatology-Rehabilitation-Anaesthesiology-Radiology-Internal Medicine and Family Medicine as well as Physiotherapists-Informatics and Health Authorities.

Prevention and treatment of chronic LBP should be multidisciplinary and include exercise and health education focusing on active management. The doctor could produce either placebo or nocebo effect.

Some related procedures have been included in the Choosing wisely initiative

Since 1995 we have run more than 60 Back-School Workshops in National and Regional Spanish Conferences. We would like to share with you our experience.

**Goals:** FD should (1) acquaint with COST B13 LBP guidelines and our CHAG; (2) learn the possibilities of prescribing therapeutical exercises (TE) and postural hygiene (PH) to their patients with LBP; (3) acquaint with the abilities to help the patient to learn and carry out TE-PH as part of his treatment; (4) Change attitudes about TE-PH prescription in their daily work; (5) learn exercises to be carried out during their surgery and at home.

**Methodology:** Interactive. Each FD will have a facilitator. Role-playing followed by group discussion of LBP tackling in daily consultation. G will be discussed. All TE-PH recommended for the patient will performed by FD supervised by their facilitator.