CENTRO UNIVERSITÁRIO AUGUSTO MOTTA
Programa de Pós-Graduação *Stricto Sensu* em Ciências da Reabilitação – PPGCR
Mestrado Acadêmico em Ciências da Reabilitação

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DEFININDO O CONSELHO DE MANTER-SE ATIVO NA DOR LOMBAR OU DOR NA PERNA RELACIONADA À COLUNA – UMA REVISÃO DE ESCOPO

RIO DE JANEIRO
2025

DEFININDO O CONSELHO DE MANTER-SE ATIVO NA DOR LOMBAR OU DOR NA PERNA RELACIONADA À COLUNA – UMA REVISÃO DE ESCOPO

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Linha de Pesquisa: Avaliação Funcional em Reabilitação.

Orientador: Profº Dr. Ney Armando de Mello Meziat Filho

Coorientadora: Profª Dra. Tatiana Grasser

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Dedicatória

Dedico este trabalho a todos os profissionais e pessoas que lidam com pessoas com dor lombar e que esta pesquisa possa, dentro de suas limitações, contribuir de alguma forma na melhora da qualidade da informação para a sociedade.

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Às pessoas com dor lombar que tive e tenho a oportunidade de tentar contribuir na diminuição de suas queixas e ajudar na retomada da autonomia, prejudicada pela presença da dor.

Resumo

Introdução: A dor lombar, com ou sem dor irradiada para as pernas, é uma das principais causas de incapacidade. 'Conselho para manter-se ativo' é uma intervenção recomendada por diretrizes, mas muitas vezes é vagamente definida, criando uma lacuna de conhecimento na saúde musculoesquelética.

Objetivo: Mapear, caracterizar e definir intervenções de 'conselho para manter-se ativo' para dor lombar ou dor irradiada para as pernas.

Métodos: Uma revisão de escopo foi conduzida utilizando o modelo JBI pesquisando nas bases Cochrane, PEDro, PubMed, Scopus e Web of Science. Não foram aplicadas restrições de idioma. Os desenhos de estudo elegíveis foram ensaios clínicos randomizados, protocolos de estudo, revisões sistemáticas e diretrizes. A extração de dados incluiu autor, ano, desenho do estudo, objetivos, definição de "manter-se ativo", descrições dos braços de intervenção e controle, onde o "conselho para manter-se ativo" está no braço de intervenção, amostra e país.

Resultados: 52 artigos foram incluídos, revelando variabilidade na apresentação do 'conselho para manter-se ativo'. Os componentes mais frequentes foram agrupados em quatro categorias: bom prognóstico (n=18; 34,62%), realizar atividades diárias (n=17; 32,69%), lidar com a dor (n=11; 21,25%) e retorno gradual (n=9; 17,31%).

Discussão: Vinte e sete estudos forneceram definições incompletas ou omitiram componentes-chave identificados nesta pesquisa. Os quatro principais componentes identificados foram: bom prognóstico, realização de atividades diárias, lidar com a dor e retorno gradual podem facilitar a mudança de comportamento, promover autoeficácia e apoiar a recuperação.

Conclusão: Os domínios mais comuns do “conselho para manter-se ativo” na literatura acadêmica são bom prognóstico, realizar atividades diárias, movimentar-se apesar da dor e retorno gradual.

Palavras-chave: Manter-se ativo; dor lombar; ciática.

Abstract

Background: Low back pain with or without back-related leg pain is a major cause of disability. ‘Advice to stay active’ is a guideline-recommended intervention but is often vaguely defined, creating a knowledge gap in musculoskeletal health.

Objective: To map, characterize, and define ‘advice to stay active’ interventions for low back pain or back-related leg pain.

Methods: A scoping review was conducted using JBI model searching Cochrane, PEDro, PubMed, Scopus, and Web of Science. No language restrictions were applied. Eligible study designs were randomized clinical trials, study protocols, systematic reviews, and guidelines. Data extraction was including author, year, study design, aims, definition of “stay active”, arms of intervention and control description, where's "advice to stay active" in arm of intervention, sample and country.

Results: Fifty-two studies were included, revealing variability in how ‘advice to stay active’ was presented. The most frequent components were grouped into four categories: good prognosis (n=18; 34.62%), performing daily activities (n=17; 32.69%), coping despite the pain (n=11; 21.25%), and gradual return (n=9; 17.31%).

Discussion: Most studies provided incomplete definitions or omitted key components identified in this research. The four main components: good prognosis, daily activity performance, coping despite the pain, and gradual return can facilitate behavior change, promote self-efficacy, and support recovery.

Conclusion: The most common elements of ‘advice to stay active’ in academic literature are good prognosis, performing daily activities, coping despite pain, and gradual return.

Key words: “Advice to stay active”, “low back pain”, “sciatica”.

LISTA DE SIGLAS E ABREVIATURAS

CID-11	Classificação Internacional das Doenças-11
DL	Dor Lombar
DLA	Dor Lombar Aguda
DLC	Dor Lombar. Cronica
INSS	Instituto Nacional do Seguro Social
JBI	Joanna Brigs Institute
ODS	Objetivos de Desenvolvimento Sustentável
OSF	Open Science Framework
PPGCR	Programa de Pós-Graduação *Stricto Sensu* em Ciências da Reabilitação
RCT's	Ensaios clínicos randomizados
WHO	World Health Organization

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PARTE I – PROJETO DE PESQUISA

Capítulo 1 Revisão de Literatura

1.1 Introdução

A dor lombar (DL) pode ser definida como a presença de dor na região inferior da coluna vertebral, entre as últimas costelas e a linha glútea superior", podendo cronologicamente ser aguda (DLA) ou crônica (DLC), quando os sintomas persistem por até 6 semanas ou acima de 3 meses, respectivamente (1).

A DL pode ser específica ou não específica. DL específica é quando a dor pode ser causada por fraturas, câncer, infecção ou alterações neurológicas. DL não específica é quando não é possível identificar uma causa específica ou razão estrutural para explicar a dor. Em cerca de 90% dos casos a dor é classificada como não específica (2).

A dor lombar inespecífica é codificada sob ME84.1, dentro da Classificação Internacional das Doenças-11 (CID-11), que permite maior precisão o tipo e a duração da dor, facilitando o manejo adequado para esta condição (3).

Estima-se que em 2050 serão quase 800 milhões de casos de pessoas no mundo com a presença de DL (4), "sendo uma condição com alta prevalência e com grande impacto sobre a saúde e qualidade de vida dos indivíduos, da família e da sociedade como um todo, sendo considerada um oneroso problema de saúde" (5).

Segundo revisão sistemática apresentada por Foster et al. (2018), em 12 países, a população acometida pela DL procura serviços de emergência, sendo: 4 países em desenvolvimento e 8 desenvolvidos, sendo dados similares à falta de ar, febre e calafrios.

A dor lombar no Brasil possui impactos significativos, sendo considerada uma das condições de dor crônica mais prevalentes. É uma das principais causas de incapacidade, afetando significativamente a funcionalidade e a qualidade de vida das pessoas (7).

Em decorrência disso, estas perdem produtividade e aumentam os custos com saúde, pois acabam recorrendo aos serviços médicos com maior frequência. A dor lombar também está associada a distúrbios do sono, além de aumentar a dependência para realizar atividades diárias (8). Grande parte dos custos sociais e econômicos relacionados à DL está ligada a indivíduos que enfrentam incapacidade prolongada em episódios recorrentes. (9).

A DL, os distúrbios de cefaleia e os distúrbios depressivos prevaleceram como três das quatro principais doenças/condições que levaram as pessoas a viver com incapacidade (Collaborators, G.B.D., 2018).

A DL inespecífica constitui-se importante causa de invalidez no Brasil, devido ao alto número de dias de trabalho perdidos, conforme citado por (11), sendo uma condição que pode findar em absenteísmo, afastamento do trabalho e aposentadoria prematura (12).

As diretrizes de tratamento para DL sugerem a utilização do modelo biopsicossocial para informar sobre avaliação e manejo, em vista das associações entre fatores comportamentais, psicológicos e sociais na persistência da dor e incapacidade (13).

A dor lombar aguda (DLA) possui um prognóstico médio de 6 semanas para regressão espontânea (Costa et al., 2012), não havendo em boa parte dos casos a necessidade de realização de exames de imagem ou procedimentos de alto custo (6). Dessa forma, se reforça a importância de respeitar a história natural, sendo um fator que auxilia na regressão espontânea da DL.

Uma das recomendações de primeira linha até o presente momento no manejo da DLA inclui conselhos para manter-se ativo e educação (6). A educação e/ou aconselhamento estruturado e padronizado visa melhorar a compreensão da experiência da dor em indivíduos com DL e orientá-los na sua autogestão e bem-estar (WHO, 2023).

Orientar pessoas com dor lombar para manter-se ativo é considerada recomendação de primeira linha, mesmo que esta resulte em pequenos efeitos benéficos para pacientes com DLA.

Até o momento, não há evidências robustas de que o conselho para manter-se ativo seja prejudicial para dor lombar aguda ou dor na perna relacionada à coluna. Assim como não há, por enquanto, consenso na literatura sobre a definição de manter-se ativo na dor lombar aguda ou dor na perna relacionada à coluna.

Stochkendahl et al., (2018) apresentam manter-se ativo como a manutenção dos níveis de atividades diária, incluindo laborais, apesar da dor, incluindo informações sobre benefícios, dano potencial da inatividade e informações sobre o aumento gradual nos níveis de atividade".

Na pesquisa de Stochkendahl et al., (2018), foram incluídos estudos que compararam conselhos para manter-se ativo com repouso no leito, atividades dentro do limite da dor e nenhum conselho. Apesar da falta de efeito relevante, risco de viés e imprecisão na estimativa de efeito nos estudos comparados, o grupo de pesquisadores recomenda os conselhos de manter-se ativo pois, os efeitos positivos gerais de se manter ativo superam os efeitos negativos.

Corrêa et. al., (2022) divide manter-se ativo na dor lombar e/ou dor na perna relacionada à coluna em dois pontos: potenciais efeitos nocivos da dor e efeitos benéficos. Sobre os potenciais efeitos nocivos da dor, apresenta os efeitos da evitação de atividades da vida diária, do repouso prolongado, além do estilo de vida sedentário e realização de exames de imagem. Sobre os efeitos benéficos, discute como evitar o repouso no leito e os aspectos positivos de retornar ao trabalho o mais rápido possível, da prática de atividade física, compreensão da dor na perna relacionada à coluna, tolerância à dor e prognóstico favorável.

A definição de "manter-se ativo", de acordo com (Wand et. al., 2004) inclui, além de fornecer somente orientações sobre retorno gradativo às atividades, enfatiza o benefício terapêutico do movimento e das atividades de lazer. Os autores concluem que, embora exista uma grande probabilidade de resolução de DLA, isso não deve ser tomado como motivo para inatividade ou uma conduta de apenas aguardar por parte dos profissionais de saúde.

Dada a falta de clareza em torno deste termo, uma síntese abrangente de quais orientações para se manter ativo na dor lombar aguda podem auxiliar a responder esta lacuna de conhecimento na literatura científica.

Conforme explicitado, as definições sobre a terminologia do termo manter-se ativo na dor lombar aguda ou dor na perna relacionada à coluna são apresentadas de forma superficial e aberta.

Sendo assim, o objetivo desta pesquisa será definir a orientação de manter-se ativo na dor lombar aguda e/ou dor na perna relacionada à coluna.

1.2 Justificativas

Apesar de algumas orientações para se manter ativo na dor lombar aguda serem apresentadas pela literatura, este estudo se justifica pelas definições serem apresentadas de forma superficiais e pouco claras, representando, assim, uma lacuna no conhecimento científico.

1.2.1 Relevância para as Ciências da Reabilitação

A incapacidade da dor lombar afeta consideravelmente a qualidade de vida dos indivíduos, gerando custos diretos como testes diagnósticos, tratamentos e custos indiretos (18).

Esta pesquisa torna-se relevante pois, poderá favorecer maior clareza à sociedade ao definir o termo manter-se ativo na dor lombar aguda, proporcionando maior clareza sobre esta recomendação para este perfil de participantes.

1.2.2 Relevância para a Agenda de Prioridades do Ministério da Saúde[1]

A incapacidade pode promover sofrimento físico e psíquico, com impacto deletério na produtividade, absenteísmo frente às atividades laborais, gerando ônus significativo no sistema de Previdência Social e de Saúde (Salvetti et al., 2012).

De acordo com os dados do Instituto Nacional do Seguro Social (INSS), as doenças da coluna correspondem à primeira causa de pagamento de auxílio doença e à terceira causa de aposentadoria por invalidez, onde mais de 116 mil pessoas receberam auxílio doença por esse motivo entre janeiro e novembro de 2012 (Da Silva, 2016).

Este estudo está de acordo com a Agenda de Prioridades do Ministério da Saúde Eixo 5 - Doenças crônicas não transmissíveis.

[1] https://bvsms.saude.gov.br/bvs/publicacoes/agenda_prioridades_pesquisa_ms.pdf

1.2.3 Relevância para o Desenvolvimento Sustentável[2]

Como exposto previamente, a compreensão da definição do termo manter-se ativo na DLA pode contribuir com maior clareza para que políticas públicas possam ser direcionadas na otimização de recursos, além da criação de estratégias de prevenção e de diagnósticos mais precisos, minimizando a realização de exames de média e alta complexidade para casos de DLA, uma vez que esta apresenta regressão espontânea em média de 6 semanas.

A realização de atividades físicas e exercícios físicos como primeira linha de tratamento podem auxiliar na redução no nível da dor de pacientes, contribuir na redução da prevalência da dor lombar, minimizar o uso desnecessário de recursos proporcionando, como preconiza o objetivo 3 dentro dos Objetivos de Desenvolvimento Sustentável (ODS), assegurando uma vida mais saudável e promover o bem-estar para todas as pessoas em todas as idades.

1.3 Objetivo

Mapear, caracterizar e definir a definição de “conselhos para permanecer ativo” na dor lombar ou dor nas pernas relacionada às costas.

1.4 Hipótese

Há uma definição de manter-se ativo na dor lombar aguda e/ou dor na perna relacionada à coluna referente à educação em dor e continuar as atividades de vida diária apesar da dor.

1.5 Perguntas de Pesquisa

Qual é a definição na orientação de manter-se ativo na dor lombar aguda e/ou na dor na perna relacionada à coluna na literatura científica?

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[2] https://odsbrasil.gov.br/objetivo/objetivo?n=3

Capítulo 2 Participantes e Métodos

2.1.1 Delineamento do estudo

Propõe-se uma revisão de escopo utilizando o modelo JBI, modelo que auxilia na síntese de evidências em revisões sistemáticas e pesquisas na área da saúde. Combina dados quantitativos, qualitativos e econômicos, embasando decisões clínicas, oferecendo maior rigor metodológico e aplicabilidade prática. elegendo todos os ensaios clínicos e revisões sistemáticas revisados por pares sobre o tema, desde a primeira publicação registrada utilizando as bases de dados Cochrane, PEDro, PubMed, Scopus e Web of Science.

A revisão de escopo é caracterizada como um tipo de pesquisa que procura explorar os conceitos fundamentais do tema estudado, avaliando a extensão, amplitude e natureza do estudo. Isso implica na síntese e divulgação dos dados, bem como destacar lacunas na pesquisa (Sanches; Rabin; Teixeira, 2018).

2.1.2 Seleção dos estudos e critérios de elegibilidade

Serão incluídos ensaios clínicos randomizados (RCT's) revisados por pares, protocolos de ensaios clínicos, revisões sistemáticas e guidelines escritos em qualquer idioma, que contivessem textos sobre o termo manter-se ativo em pessoas com dor lombar aguda e/ou dor na perna relacionada à coluna com idade superior a 18 anos, sem limitação de sexo em ambiente clínico em qualquer localização geográfica.

2.1.3 Estratégia de busca

Os estudos incluídos serão pesquisados através das bases de dados Cochrane, PEDro, PubMed, Scopus e Web of Science desde a primeira publicação, utilizando estratégias de busca específicas para cada uma destas bases (Tabela 1). A busca será realizada utilizando as palavras-chave: "low back pain", "sciatica", "stay

active” e os respectivos descritores, disponíveis nos Descritores em Ciências da Saúde (DeCs) e Medical Subjects Headings (MeSH).

A estratégia de busca para dor lombar será utilizada a partir do modelo proposto por George et al. (2021) e para as outras duas palavras-chave, foram utilizados os booleanos OR para o termo ciática e AND para manter-se ativo.

Apesar da recomendação de substituir o uso do termo ciática pelo termo dor na coluna relacionada à perna (23), para esta pesquisa, será usado na busca e seleção dos estudos o termo ciática, em virtude da necessidade de maior expansão nos resultados de busca.

Para esta pesquisa, será adotado o conceito de definição citado por John Bonica, onde: o “desenvolvimento e a adoção generalizada de definições universalmente aceitas de termos” assegura que todos tenham acesso a um entendimento comum (24).

2.1.4 Local de realização do estudo

O estudo será realizado dentro do Estado do Rio de Janeiro.

2.1.5 Pré-registro do protocolo

A pesquisa foi registrada na Open Science Framework (OSF), sob o número de registro DOI:10.17605/OSF.IO/PWA2R.

2.2 Procedimentos/Metodologia proposta

Esta revisão foi elaborada de acordo com o modelo JBI para revisões de escopo, composta por 5 fases, sendo: 1) Identificar a questão de pesquisa. 2) Realizar a busca nas bases de dados. 3) Selecionar os estudos. 4) Mapear os dados. 5) Agrupar/resumir/relatar os achados.

Após a aplicação dos critérios de elegibilidade, seleção dos estudos e leitura dos resumos dos estudos que contenham as palavras-chave, os estudos foram incluídos para a leitura completa e compuseram a presente pesquisa. A questão de

pesquisa usou o mnemônico PCC (P - População, C - Conceito e C - Contexto), sendo P (pessoas com dor lombar aguda com idade superior a 18 anos), C (conselho de manter-se ativo usado na pesquisa) e C (ambiente clínico de qualquer localização geográfica).

As definições de manter-se ativo na dor lombar aguda ou dor na perna relacionada à coluna foram identificadas e relatadas através de textos, tabelas e figuras. As listas de referência dos estudos incluídos foram revisadas para identificar novos estudos e aparecem no fluxograma descritas como busca manual.

2.3 Análise dos dados

A extração de dados seguirá o modelo do Instituto Joanna Briggs (JBI), especialmente projetado para revisões de escopo, que permitiu a obtenção de dados para esta dissertação. A disposição dos artigos será realizada por meio do software Mendeley®, objetivando aprimorar a organização dos estudos e eliminar duplicatas.

Em seguida, os artigos serão selecionados por dois pesquisadores independentes (P.G. e L.R.) com base na leitura do título ou resumo, utilizando o software Covidence. Os artigos potencialmente elegíveis serão lidos completamente e extrairão os seguintes dados: título, autor, país, ano de publicação, definição do termo (se aplicável), objetivos, braço de intervenção e 4 possíveis categorias para auxiliar na definição: realização das atividades diárias, bom prognóstico, lidando apesar da dor e retorno gradual às atividades. Após essa etapa, as anotações serão analisadas e discutidas por 2 pesquisadores cegos e, em caso de dúvidas, um pesquisador sênior poderia ser consultado, onde sugestões de modificações poderiam ser implementadas.

2.3.1 Disponibilidade e acesso aos dados

Os resultados serão apresentados usando tabelas descritivas e resumos interpretativos para cada definição. Por se tratar de uma revisão de escopo, a avaliação do risco de viés e qualidade dos estudos incluídos não será realizada, pois a presente pesquisa direcionará em mapear, categorizar e definir o termo manter-se ativo na dor lombar aguda e/ou dor na perna relacionada à coluna nos trabalhos publicados previamente.

2.4 Orçamento e apoio financeiro

Este estudo será financiado pela Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Código Financeiro 001, No. 88881.708719/2022-01, e No. 88887.708718/2022-00).

Quadro 1: Apoio financeiro.

CNPJ	Nome	Tipo de Apoio financeiro	E-mail	Telefone
00889834/0001-08	CAPES	Bolsa	prosup@capes.gov.br	(061) 2022-6250

2.5 Cronograma

Quadro 3: Cronograma de execução.

	ETAPA	INÍCIO	FIM
Projeto de Pesquisa	Elaboração do projeto de pesquisa	03/2023	05/2025
	Exame de Qualificação	10/2023	12/2023
	Registro do protocolo de pesquisa	02/2024	04/2024
	Elaboração de manuscrito (protocolo e/ou revisão)	01/2024	12/2024
	Submissão de manuscrito	10/2024	12/2024
Coleta de Dados	Coleta e tabulação de dados		
	Análise dos dados	01/2024	
	Elaboração de manuscrito		
	Depósito do banco de dados em repositório		
	Elaboração do trabalho de conclusão	01/2024	12/2024
	Exame de Defesa	01/2025	02/2025
	Submissão de manuscrito (resultados)	01/2025	02/2025
	Entrega da versão final do trabalho de conclusão	02/2025	02/2025

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Contextualização da Produção

Quadro 1: Declaração de desvios de projeto original.

Declaração dos Autores	**Sim**	**Não**
A produção intelectual contém desvios substantivos do <u>tema proposto</u> no projeto de pesquisa?		x
Justificativas e Modificações		
A produção intelectual contém desvios substantivos do <u>delineamento do projeto</u> de pesquisa?		x
Justificativas e Modificações		
A produção intelectual contém desvios substantivos dos <u>procedimentos de coleta</u> e análise de dados do projeto de pesquisa?		x
Justificativas e Modificações		

PARTE II – PRODUÇÃO INTELECTUAL

Defining advice to stay active in low back pain or back-related leg pain – A scoping review

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Background: Low back pain with or without back-related leg pain is a major cause of disability. 'Advice to stay active' is a guideline-recommended intervention, but it is often vaguely defined, creating a knowledge gap in musculoskeletal health.

Objective: To map, categorize, and define 'advice to stay active' interventions for low back pain or back-related leg pain.

Methods: A scoping review was conducted using JBI model searching Cochrane, PEDro, PubMed, Scopus, and Web of Science. No language restrictions were applied. Eligible study designs were randomized clinical trials, study protocols, systematic reviews, and guidelines. Data extraction included author, year, study design, aims, definition of " advice to stay active", intervention arms, control description, sample and country.

Results: Twenty-seven (51.92%) of fifty-two studies provided incomplete definitions or omitted domains identified in this research. Fifty-two studies were included, revealing variability in how 'advice to stay active' was presented. The most frequent components were grouped into four domains: good prognosis (n=18; 34.62%), performing daily activities (n=17; 32.69%), coping despite pain (n=11; 21.25%), and gradual return (n=9; 17.31%). Twenty-five (48.08%) of fifty-two studies don't provided any definition or domains identified in this research.

The four domains: good prognosis, performing daily activities, coping despite the pain, and gradual return presented in this research can facilitate behavior change, promote self-efficacy, and support recovery.

Conclusion: The most common domains of 'advice to stay active' in academic literature are good prognosis, performing daily activities, moving despite pain, and gradual return.

BACKGROUND

Low back pain (LBP) can be defined as the presence of pain in the lower region of the spine, between the last ribs and the upper gluteal line, and can be chronologically acute or chronic, when symptoms persist for up to 6 weeks or more than 3 months, respectively [(1)]. In 12 countries, people with LBP seek emergency services at rates comparable to those for shortness of breath, fever and chills [(25)]. In Brazil, idiopathic LBP (without a specific cause) was considered one of the causes of disability retirement, contributing to absenteeism, work leave and premature retirement, in addition to generating additional costs for the social security system and the country's economy [(26)].

LBP usually resolves within 6 weeks, with most cases not requiring imaging or costly procedures [(25,27)]. This emphasizes the importance of respecting the natural course of the condition. An important recommendation for the management of acute

low back pain is to stay active and receive information about the good prognosis and natural history [25].

Guidelines for the treatment of LBP recommend a biopsychosocial approach to assessment and management, given the role of behavioral, psychological, and social factors in pain persistence and disability [28]. Structured and standardized education and/or counseling aim to improve understanding of the pain experience in individuals with LBP and guide them in their self-management and well-being [3]. Most of the social and economic costs related to LBP are linked to individuals experiencing prolonged disability during recurrent episodes [29].

Currently, there is a lack of objective categorization and definition of advice to stay active in low back pain or spine-related leg pain, with concepts presented in unclear ways, representing a knowledge gap in the literature. Thus, this scoping review aims to map, categorize and define advice to stay active in acute low back pain and/or spine-related leg pain.

METHODS

Study design and data sources

This scoping review was conducted according with JBI model. The data sources Cochrane, PEDro, PubMed, Scopus and Web of Science were researched since the first publication until April 18, 2024. A search strategy with terms “stay active”, “low back pain”, “sciatica” and your respective descriptors to every data source was applied. No one limitation was applied for language and sex or gender. The reference lists of included studies were researched to identify other studies. Some studies were included by hand search.

Eligibility Criteria

Randomized clinical trials, published study protocols, systematic reviews and guidelines that contained texts referring the terms “stay active”, “low back pain” and “sciatica” were included.

Study selection

After removing duplicates, two authors independently conducted a full-text screening with Covidence Software. To ensure that all studies addressing “stay active” were included, a comprehensive screening process was chosen that started with full texts rather than abstracts. Any disagreements were resolved through discussion. The reference list of included studies was consulted to identify new studies.

Extraction and data synthesis

Data extraction was made by independently two authors. The following data were extracted from each study: author, year, study design, aims, definition of “stay active”, arms of intervention and control description, where's "advice to stay active" in arm of intervention, sample and country.

Disagreements was resolved through discussion. To synthetize the founded data, two authors independently classified the definitions of “stay active” in domains using the advice that appeared most frequently. The results were displayed for the definitions of “stay active” through descriptive texts and interpretative summaries to each domain.

The results were classified as “Yes 4” if the research presented all four domains; “Yes 3” if the research presented three domains; “Yes 2” if the research presented two domains; “Yes 1” if the research presented one domain; “No” if the research did not present any definitional domain. We present the results for the definitions of staying active using descriptive tables and interpretative summaries for each domain.

Disagreements in data extraction and synthesis were resolved through discussion and, when necessary, a third senior author was consulted. No risk of bias (quality) assessment was performed as this scoping review focused on mapping, categorizing and defining the term “staying active” found in the study designs cited above.

RESULTS

Database searches yielded 268 studies. Of these, 27 duplicates were manually identified and 135 duplicates were identified by Covidence. Of the 106 studies

selected, 57 studies did not meet the inclusion criteria. Of the 49 full-text studies assessed for eligibility, 7 studies were excluded (6 due to study design differing from the inclusion criteria and 1 study due to incompleteness). After a full-text review, 42 studies met the inclusion criteria. In addition, 10 studies were included by manual search, totaling 52 studies in total (Figure 1). The year of publication of the included studies ranged from 1997 to 2023.

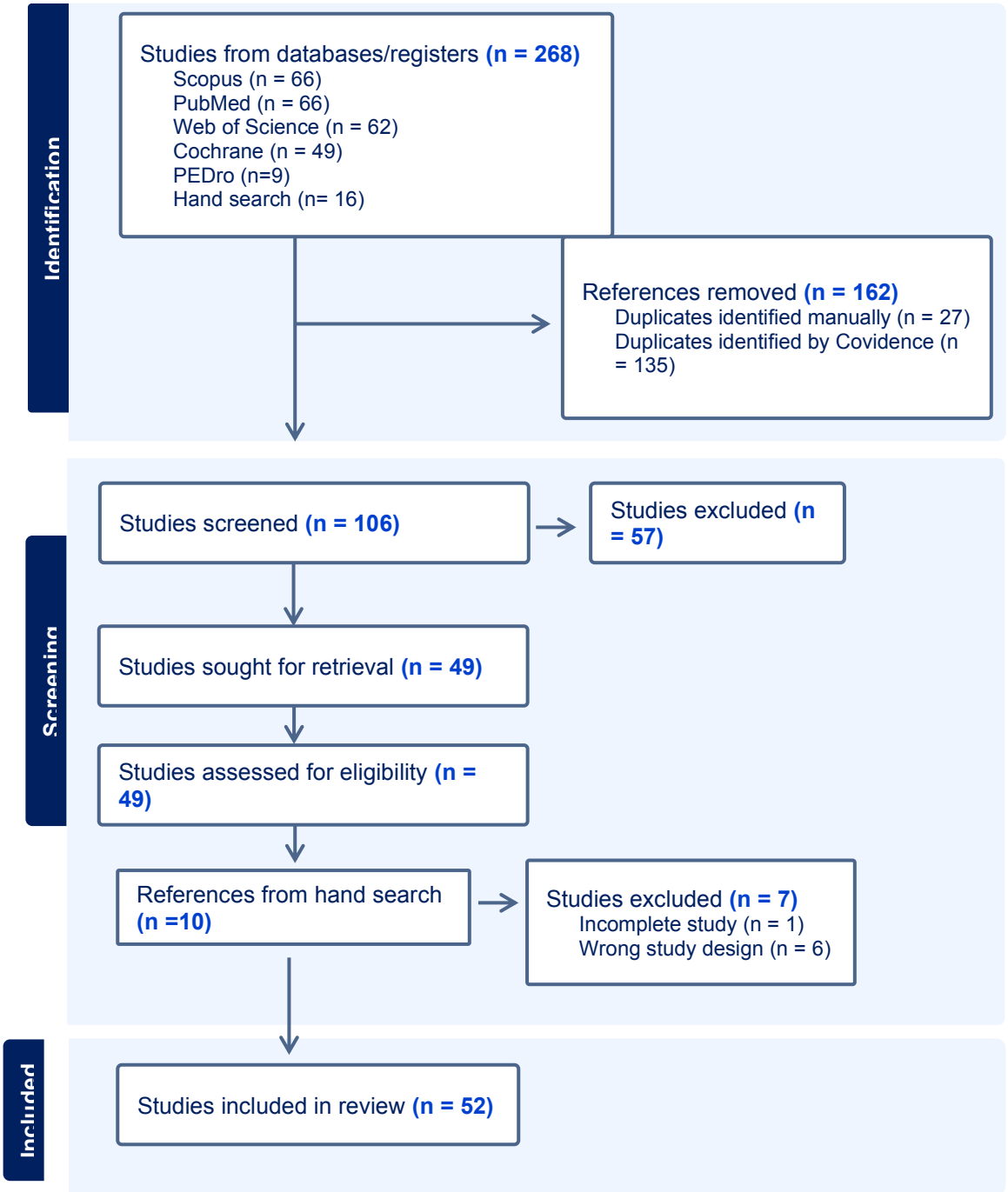

Figure 1. Flowchart of included studies

One clinical trial protocol was included [30] (1.92%) Twenty-three randomized clinical trials [29,31–52] (44.23%), nineteen systematic reviews [53–71] (36.54%) and nine guidelines [72–80] (17.31%). The table with the data extraction is available in Appendix 1. The data presented were collected in various countries from all continents highlighted in Table 1.

Table 1 Number of studies by country

Country	n=52	%
Australia	6	11.54%
Brazil	2	32.69%
Canada	7	13.46%
Denmark	4	7.69%
Egypt	1	1.92%
France	1	1.92%
Germany	1	1.92%
Netherlands	7	13.46%
New Zealand	2	3.85%
Norway	7	13.46%
South Africa	1	1.92%
Sweden	5	9.62%
United Kingdom	8	15.48%

** n: number of studies*

Advice to stay active definition

It was identified throughout this review four individual domains as the domains that appear in combination or alone in definitions of “advice to stay active”. (Table 2): 1 Good Prognosis [30,36,42–48,50,52,55,71,72,74,77,79,80] (n=18 34.62%). 2. Perform daily activities [42–48,52,54,58,64,66,71,72,76,79,80] (n=17 32.69%); 3. Coping despite the pain [32,36,42,43,47,48,52,72,73,77,80] (n=11 21.15%); 4. Gradual return [30,34,46,52,72,74,77,78,80] (n=9 17.31%); Some studies did not mention any of the four domains, while others mentioned between 1 and 4 domains.

Table 2 Domains related to definitions of “stay active”

Domains	n	%
Good prognosis	18	34.62%
Perform daily activities	17	32.69%
Coping despite the pain	11	21.25%
Gradual return	9	17.31%

** n: number of studies*

Good Prognosis

This scoping review shows that the most common domain in the current literature was good prognosis, mentioned by 18 studies [30,36,42–48,50,52,55,71,72,74,77,79,80] (34.62%). This can be characterized as one of the components of the advice to “stay active” and, which is also found, according to the literature, as one of the pillars of pain education, supported by guidelines [72,74,77,80].

Perform daily activities

This domain was mentioned by 17 studies [42–48,52,54,58,64,66,71,72,76,80] (32.69%), being the second most frequent among the studies analyzed. The literature describes this domain as the execution of activities, including: work activities, physical exercises and activities of daily living. The use of the terminology performance of daily activities allows the advice to be centered on the patient, considering the usual activities normally performed before the onset of pain and disability.

Coping despite the pain

Eleven studies [32,36,42,43,47,48,52,72,73,77,80] (21.15%) reported the importance of coping despite pain in managing low back pain, with part of the advice being to “stay active”. This domain is related to the concept of antifragility and conditioning in the context of tolerance and coping with pain for the recovery of functional capacity.

Gradual return

Nine studies [30,34,46,52,72,74,77,78,80] (17.31%) address the gradual return to activities as a component of the advice to “stay active”. This domain relates to the concept of adaptability, and is not necessarily a linear progression, and may undergo adjustments, considering the individuality of each person. It differs from an abrupt return or avoidance of daily activities.

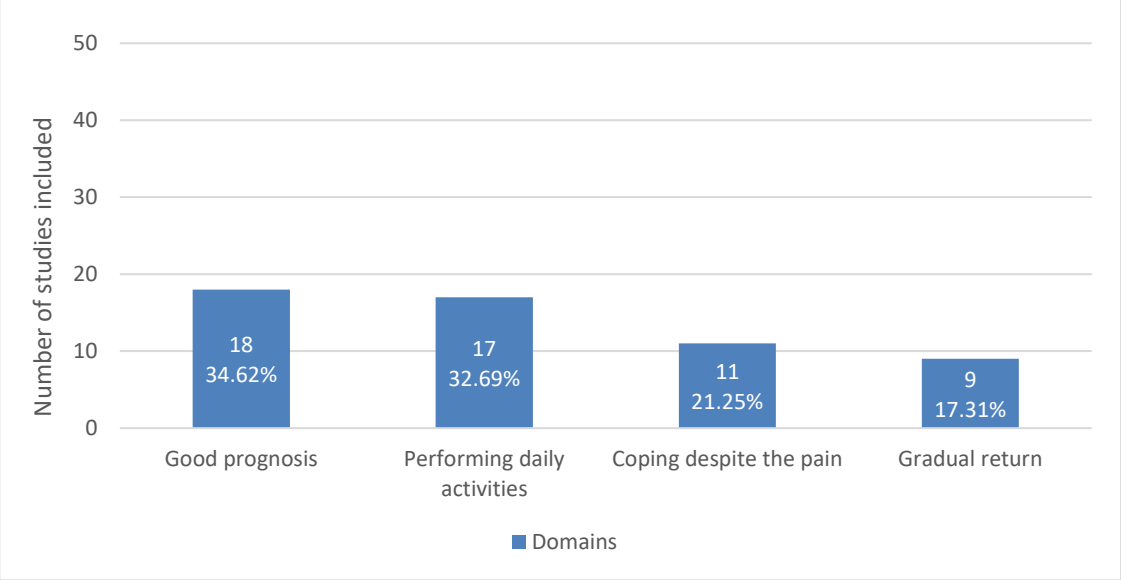

Figure 2. Presence of domains in the included studies

Table 3 Combination of domains found in the studies

Domains	**n=(27)**	**%**
Gradual return	2	7.41%
Perform daily activities	5	18.52%
Coping despite the pain	2	7.41%
Good prognosis	2	7.41%
Gradual return; Good prognosis	2	7.41%
Perform daily activities; Good prognosis	4	14.81%
Coping despite the pain; Good prognosis	1	3.70%
Gradual return; Perform daily activities; Good prognosis	1	3.70%
Gradual return; Coping despite the pain; Good prognosis	1	3.70%
Perform daily activities; Coping despite the pain; Good prognosis	4	14.81%
Gradual return; Perform daily activities; Coping despite the pain; Good prognosis	3	11.11%

** n: number of studies*

This scoping review showed that “good prognosis” was the most common domain found in the literature that used the recommendation to “stay active” in low back pain or spine-related leg pain. The domain “good prognosis” appeared in 18 (34.62%), of the 52 studies. However, the difference was subtle, as the second most common domain was “performance of daily activities”, appearing in 17 (32.69%) of the 52 studies. The third most common domain was “coping despite pain”, with 11 studies (21.25%) and the fourth, “gradual return to activities”, present in 9 (17.31%) studies.

The only clinical trial protocol with a definition presented 2 domains. Among the 23 randomized controlled trials (RCTs), 11 included some domain, of which 2 had one

domain, 3 had two domains, 5 had three domains, and 1 had all four domains. Of the 19 systematic reviews, only 6 offered some domain, with 5 presenting only one domain and 1 presenting two domains. Finally, of the 9 guidelines, 8 presented at least one domain, distributed as follows: 3 guidelines with one domain, 2 with two domains, 1 with three domains, and 2 with four domains (Table 4). Only one guideline (80) explicitly provided a definition for the advice to stay active.

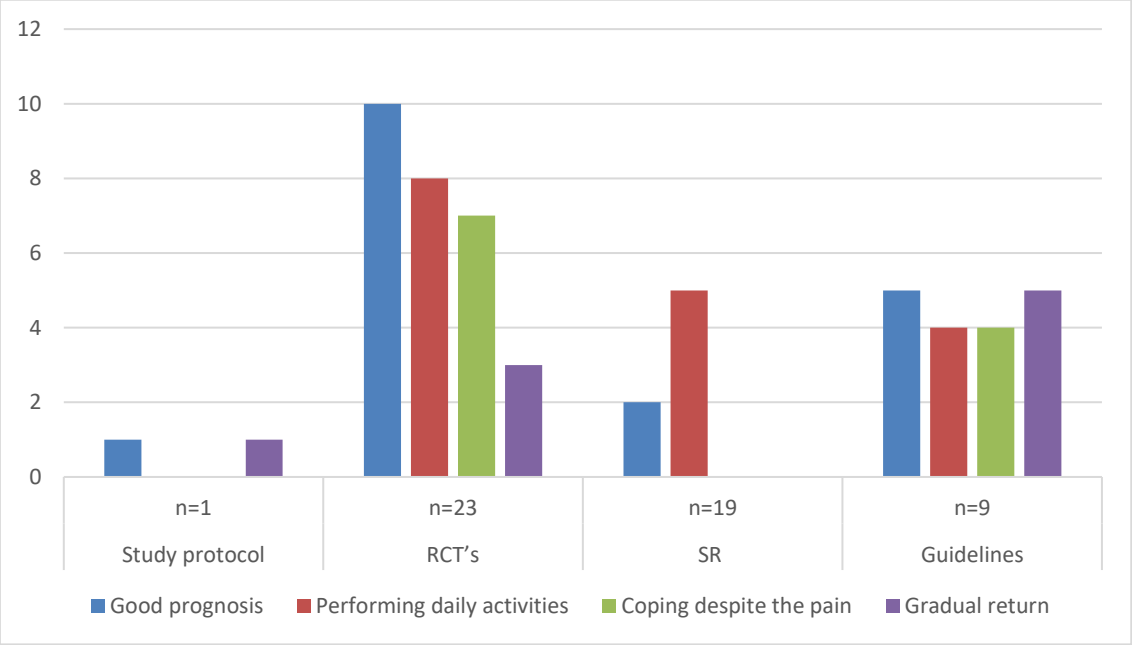

Figure 3. Number of times the domain was mentioned in the studies

Table 4 Number of times the domains were mentioned

Domain	Study protocol n=1	RCT's n=23	SR n=19	Guidelines n=9
Good prognosis	1	10	2	5
Performing daily activities	0	8	5	4
Coping despite the pain	0	7	0	4
Gradual return	1	3	0	5

** n: number of studies*

Discussion

The objective of the current research was to map, categorize and define the intervention “staying active” in low back pain, due to the need for greater clarity about this intervention so that decision-making in clinical practice can be more assertive. Most studies presented incomplete definitions, not including the main domains of the definition or did not present any of the four domains suggested by the current research.

Only one research [80] presented a definition of advice to stay active: "Staying active was defined as maintaining usual levels of daily activity, including work, despite pain. Advice should include information regarding benefits of staying active (including continued work participation), the potential harm of inactivity, and information regarding gradual increase in levels of activity. Advice should be given individually and in dialogue with the patient".

The concept of advice to stay active encompasses four main domains: performance of daily activities, good prognosis, coping despite pain, and gradual return to activity. According to our scoping review, the most appropriate definition for advice to stay active would be “progressive return to daily activities as possible with pain tolerance and knowledge about good prognosis”.

Although these domains collectively support the orientation for advice to stay active, it is important to note that the domains of “good prognosis” and “coping despite pain” can also be viewed as domains of a pain education program, rather than isolated elements of the “advice to stay active” intervention itself.

Only 27 studies presented some domains (51.92%) of the 52 included in this research and with 11 different combinations between the four domains demonstrating that the definition of staying active needs greater clarity and standardization, in order to minimize multiple interpretations, whether by clinicians, people with low back pain or researchers.

A clear and comprehensive definition of advice to “stay active” can help clinicians reassure patients with evidence-based information. This information can contribute to a good prognosis by facilitating behavior change and returning to daily activities, as well as encouraging self-efficacy for coping with pain and gradual return to activities.

One of the strengths of this review is that it is the first scoping review to map, categorize, and define the advice to stay active, a first-line recommendation used and recommended in the literature as part of the treatment of low back pain and/or back-related leg pain. All included studies used this recommendation as an intervention and/or comparator in randomized trials, which are adequately designed to investigate efficacy/effectiveness.

Some limitations of this scoping review were: The included studies were not specifically designed to define “stay active” in low back pain. Therefore, some studies may not have clearly reported the definitions or criteria that were used by the authors in a specific study. Scoping reviews have inherent limitations, as the focus is on providing an overview rather than depth of information on a specific topic. Therefore, a meta-analysis is not usually conducted in a scoping review.

Conclusion

This study showed that most studies do not provide a complete definition of advice to stay active. Advice to stay active in low back pain or spine-related leg pain can be defined as progressively returning to daily activities as far as possible with pain tolerance and knowledge of good prognosis.

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Statements

Conflict of interest

The authors have no conflicts of interest to declare. The submitted manuscript does not contain information about medical device(s)/drug(s).

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APPENDIX 1 – Table with data extraction from included studies

Autor Year	Study Design	Objectives	"Advice to stay active" is defined?	Text clippings	Intervention	Comparator	Arm of intervention	Sample	Country
Corrêa et. al 2022	Study Protocol	to compare the effects of adding neural management to advice to stay active versus advice to stay active alone in improving pain intensity and functional limitation. Secondarily, to compare the effects of the experimental intervention in the sciatic neurodynamic, pain modulation, and psychosocial factors.	Yes 2	Participants will receive advice to stay active in their daily living activities, information on physical activity, imaging tests, and sciatica for 5 biweekly sessions that will be performed in person and individually, lasting 25-30 minutes. Advice to stay active will focus on two themes: potential harmful effects of pain and beneficial effects on pain.	will receive advice to stay active associated with neural management	will receive advice to stay active alone	Intervention and Comparator	210	Brazil
French et. al 2022	Clinical Trial	To estimate the effectiveness of a theory-based, systematically developed intervention that aimed to increase chiropractors' and physiotherapists' adherence to recommendations from a clinical practice guideline for acute low back pain, compared with passive dissemination of the guideline.	No	We demonstrated no important difference between the groups despite patients in the intervention group being more likely to have received advice to stay active from their treating clinician than patients in the comparator group. This may be due to inadequacies in the advice given, different ways of delivering the advice, or patients not following the advice	Interactive workshops, written educational materials, DVDs and individualized telephone support	received a printed copy of the summary of the guideline and a written reminder of how to access the guideline electronic version	Intervention and Comparator	210	Australia
Aboagye et. al 2022	Clinical Trial	To evaluate the cost effectiveness of MT (Manual Therapy) compared with evidence-based care from a general practitioner; advice to stay active (ASA), for persons of working age with nonspecific back and/or neck pain.	Yes 1	Information on the importance to stay active and on how to cope with pain, according to the best scientific evidence available (control group). The advice on staying active was general.	manipulation/ mobilization, massage and stretching (index group), and ASA (advice to stay active)	information on the importance to stay active and on how to cope with pain, according to the best scientific evidence available	Intervention and Comparator	409	Sweden

		Importance to stay active and on how to cope with pain, according to evidence-based advice							
Hartvigsen et al 2010	Clinical Trial	To investigate whether supervised Nordic Walking can reduce pain and improve function in a population of chronic low back pain patients when compared to unsupervised Nordic Walking and advice to stay active.	No	The improvement in the advice to remain active group could possibly be a delayed effect of the four weeks of treatment and training at the back center and would thus account for some of the observed improvement also in the supervised NW group	A) Nordic walking supervised bya specially trained instructor twice a week for eight weeks B) One-hour instruction in Nordic walking by a speciallytrained instructor followed by advice to perform Nordic walking at home as much as they liked for eight weeks or	C) Individual oral information consisting of advice to remain active and about maintaining the daily function level that they had achieved during their stay at the backcenter	Comparator	151	Denmark
Amorim et. al 2019	Clinical Trial	to investigate the feasibility and preliminary efficacy of a patient-centred physical activity intervention, supported by health coaching and mobile health, to reduce care-seeking, pain and disability in patients with chronic low back pain after treatment discharge	No	The control group received the 'Make your move – Sit less, be active for life!' booklet and brief advice to stay active which was delivered right after baseline completion and before randomization by a study investigator	physical activity information booklet, plus one face-to-face and 12 telephone-based health coaching sessions.	physical activity information booklet and advice to stay active.	Comparator	68	Australia
Olaya-Contreras et. al 2015	Clinical Trial	In the present study, the two treatment advices "Stay as active as possible in spite of the back pain" or "Adjust activity to pain" were implemented early after onset of acute severe LBP. The aims were to evaluate their effect on objectively measured physical activity and on the course of ALBP	Yes 1	Stay active or adjust your activity according to the pain are probably the most common clinical advices. However, the definition and implementation of the stay active advice may vary between clinics and investigators.	"Stay active in spite of pain" (stay active group)	Adjust activity to the pain" (adjust activity group	Intervention and comparator	99	Sweden

French SD et al. 2013	Clinical Trial	Decrease x-ray referrals and increase giving advice to stay active for people with acute low back pain (LBP) in general practice. Test the effectiveness and cost-effectiveness of a theory-informed intervention for implementing two behaviours recommended in a clinical practice guideline for acute LBP in general medical practice in Victoria, Australia. In this study we were unable to recruit sufficient patients to measure our original primary outcomes so we introduced other outcomes measured at the general practitioner	No	Activity adherence was defined as ''Advise the patient to continue with their normal daily activities'' regardless of other interventions selected (see Questionnaire S1 for other options available). Bed rest adherence was defined as either not recommending bed rest, or recommending bed rest for 2 days or less.	GPs in the intervention group participated in two interactive, facilitated workshops, each lasting three hours.	Access to the guideline as per the guideline's existing dissemination strategy, a printed copy of the guideline and a written reminder of how to access the electronicversion of the guideline	Intervention and comparator	112	Australia
Paatelma et. al 2008	Clinical Trial	To examine the effects of 2 manual therapy methods compared with one counselling session with a physiotherapist with "advice-only to stay active" for treating low back pain/leg pain and disability.	Yes 2	Subjects in the advice-only group received 45–60 min counseling from a physiotherapist concerning the good prognosis for LBP and concerning pain tolerance, medication, and early return to work.	A) an orthopaedic manual therapy group B) a McKenzie method group	C) "advice only to be active" group (advice-only)	Comparator	134	Finland

Scheel et. al 2002	Clinical Trial	To evaluate the effectiveness of two strategies to improve the use of active sick leave (ASL) for patients with low back pain.	No	Recommendations to advise patients to stay active, prominent encouragement to use ALS by the Norwegian Medical Association and other organizations, and the fact that GPs have little else to offer these patients, it is not clear why the GPs did not respond to the intervention in either the passive or the proactive municipalities. More than 75% of the GPs failed to check the box on the sick leave form that indicates that ASL was considered, and there were no referrals of patients from GPs to the resource people during the entire intervention period.	Passive: included reminders about ASL on the sick leave form thatGPs must complete, a standard agreement to facilitate ASL, targeted information, and a desktop summary for GPs of clinical practice guidelines for low back pain, emphasizing the importance of advice to stay active. Proactive: these elements plus a resource person to facilitate the use of ASL and a continuingeducation workshop for GPs.	Not applicable	Intervention and comparator	6176	Norway
Rossignol et. al 2005	Clinical Trial	To study the effect of the guidelines', advise to remain active, alone and with the addition of the drug adenosine triphosphate (ATP), in patients with subacute low-back pain	No	Reinforcement of the guidelines' advice to stay active was given to patients by their physician at 7 and 30 days. In addition to the guidelines' advice to stay active, half of the patients were randomised to receive the active study drug ATP to be taken in a similar fashion as in the drug efficacy trial	Guidelines: Advice to patients to remain active even if pain persists	Guidelines: Advice to patients to remain active even if pain persists + ATP (experimental drug Atepadene)	Intervention and comparator	132	France
Wand et. al 2004	Clinical Trial	To compare two research-based models of care for acute low back pain and investigate the effect of the timing of physical intervention.	No	Direct comparisons between advice on staying active and more active approaches to managing acute low back pain are lacking in the literature. There is some evidence from studies on subacute low back pain that more intensive treatments produce better outcomes	Assess/advise/ treat: biopsychosocial education, manual therapy, and exercise	Assess/advise /wait	Intervention and comparator	102	United Kingdom

Lindbäck 2017	Clinical Trial	to study if presurgery physiotherapy improves function, pain, and health in patients with degenerative lumbar spine disorder scheduled for surgery.	No	Patients will receive standardized information about surgery from an orthopedic surgeon, post-surgery rehabilitation and advice to stay active.	pre-surgery physiotherapy group will receive physiotherapy 2 times per week, consisting of a stratified classification treatment, based on assessment findings	waiting-list group will receive standardized information about surgery, post-surgical rehabilitation and advice to stay active. Comparator	Comparator	197	Sweden
Niemistö et. al 2005	Clinical Trial	To examine long-term effects and costs of combined manipulative treatment, stabilizing exercises, and physician consultation compared with physician consultation alone for chronic low back pain (cLBP).	No	All patients were clinically examined, informed about their back pain, and encouraged to stay active and exercise according to specific instructions based on clinical evaluation	Combined manipulation/ Exercises/information group (combination group).	Physician Consultation Alone Group (consultation group). Each patient received an educational booklet, and individual instructions regarding posture and 34 exercises aimed at increasing spinal mobility, muscle stretch, and/or trunk muscle stability based on the clinical evaluation to encourage patients to be active instead of undergoing passive treatments.	Intervention and comparator	204	Finland
Hagen et. al 2000	Clinical Trial	To investigate the effect of a light mobilization program on the duration of sick leave for patients with subacute low back pain	Yes 3	The intervention group was examined at a spine clinic and given information and advice to stay active. The control group was not examined at the clinic but was treated within the primary health care.	examined at a spine clinic and given information and advice to stay active	not examined at the clinic, but was treated with conventional primary health care.	Intervention	457	Norway
Hagen 2003	Clinical Trial	To evaluate long-term clinical and economical effects of a light mobilization program on the duration of sick leave for patients with subacute low back pain.	Yes 3	The intervention group was examined at a spine clinic and given information and advice to stay active. The control group was not examined at the clinic but was treated within the primary health care.	examined at a spine clinic and given information and advice to stay active	not examined at the clinic but was treated within the primary health care.	Intervention	457	Norway

Albert et. al 2012	Clinical Trial	To evaluate the effi cacy of active conservative treatment and to compare 2 active conservative treatment programs for patients with severe sciatica	Yes 1	The advice included encouragement to stay as active as possible but to reduce activity if leg pain increased.	symptom-guided exercises + information + advice to stay active	sham exercises + information + advice to stay active	Intervention and comparator	181	Denmark
Shoukry et. al 2023	Clinical Trial	To study the effect of the advice of staying active on the Visual Analogue Scale (VAS) pain score and Oswestry disability index (ODI) in patients with low-risk non-specific low back pain (NSLBP). Investigating the effect of the Stay active advice on the level of perceived pain and functional disability in patients with low-risk nonspecific low back pain (NSLBP) (with a total score of three or less based on the STarT Back Tool score).	Yes 2	The patients were advised to stay as physically active as possible and continue their everyday activities as normally as possible.	Stay active advice	not given any advice at all and were asked to come after six weeks for re-assessment as the advice group.	Intervention	35	Egypt
Lang et. al 2021	Clinical Trial	To evaluate a clinician guided, pedometer-driven, walking intervention for increasing and sustaining physical activity as a potential treatment for the management of CLBP	Yes 3	Following successful completion of screening, all participants recorded baseline outcome measures (described below) and met individually with the research physiotherapist for education and advice regarding selfmanagement and the benefits of staying active	Received the standard package of education and advice were then followed up at 12 weeks, 6 and 12 months to record outcome measures for comparison to baseline	Following randomizatio n, the WG undertook a physiotherapi st guided pedometer-driven walking program for 12 weeks.	Intervention and Comparator	138 comple ted the study	Canada
Kilpikosk et. al 2009	Clinical Trial	To fulfil these criteria focussing on pain management in a homogenous group, i.e. patients who display	Yes 3	The treatments evaluated were OMT, the McKenzie method and ‘‘advice only to stay active’’.	orthopaedic manual therapy (OMT; n=42), the McKenzie (n=48)	advice only to stay active’’ (Advice-only; n=29)	Comparator	136	Finland

		centralization phenomenon.							
Hagen 2006	Clinical Trial	To investigate whether early intervention at a back clinic withinformation, advice, reassurance and encouragement to be physically active could reduce sick leave for patients with back problems.	Yes 3	They were given practical advice in how to resume normal activity, and they were encouraged to stay active despite the pain. The control group was treated within the primary health care	were examined at a back outpatient clinic. They received information about the cause of the pain, advice and guidance on coping withthe pain and how they could resume normal activity, and they were encouraged to be as physically active as possible even if theirback hurt	Received usual treatment in the primary healthcare service.	Intervention	457	Norway
Burton 1999	Clinical Trial	To test the impact of a novel educational booklet on patients' beliefs about back pain and functional outcome.	Yes 4	The Back Book: There is no sign of any serious disease. The spine is strong. There is no suggestion of any permanent damage. Even when it is very painful, that does not mean there is any serious damage to your back: hurt does not mean harm. Back pain is a symptom that your back is simply not moving and working quite as it should. It is unfit or out of condition There are a number of treatments that can help to control the pain, but lasting relief then depends on your own effort. Recovery depends on getting your back moving and working again and restoring normal function and fitness. The sooner you get active, the sooner your back will feel better Positive attitudes are important. Do not let your back take over your life. "Copers"	Handy Hints (Control Booklet)	The Back Book (Experimental Intervention)	Intervention	162	United Kingdom

				suffer less at the time, get better quicker and have less trouble in the long term.					
Aboagye et. al 2015	Clinical Trial	To evaluate the cost-effectiveness of medical yoga as an early intervention compared with evidence-based exercise therapy and self-care advice for non-specific low back pain	No	In the evidenced based self-care advice group, individuals received brief oral recommendation from a back specialist to stay active and a booklet containing self-care advice. Brief advice to staying active has been shown to have positive effects on pain and improvement in physical function among individuals with LBP	Allocated to yoga Intervention (n=52);	Allocated to exercise Intervention (n=52); Allocated to self-care Advice (n=55)	Allocated to self-care Advice	159	Sweden
Williams et. al 2013	Clinical Trial	to establish if taking paracetamol results in more rapid recovery from acute low back pain than placebo.	Yes 1	The study enrolled 1,650 people seeking care for acute low back pain. All participants received advice to stay active and reassurance of a favorable prognosis	Eligible patients were randomized to one of three groups:time-contingent paracetamol dose regimen (plus placebo'as required' paracetamol); 'as required' paracetamol (plus		Intervention and Comparator	1650	Australia
Jones et. al 2022	Clinical Trial	to investigate differences in pain severity at 6 weeks between participants randomised to the opioid arm and those randomised to placebo.	No	Both groups also receive guideline care (reassurance of a positive prognosis, advice to stay active and avoid bed rest and, if required, other guideline-recommended treatments)	Participants will be recruited from general practice and randomised to receive the opioid analgesic (controlled release oxycodone plus naloxone up to 20 mg per day)	placebo in addition to guideline-based care (eg, reassurance and advice of staying active) for up to 6 weeks.	Intervention and Comparator	346	Australia
Karlsson et. al 2022	Systematic Review	to assess the overall certainty of evidence for the effects of exercise therapy, compared with other interventions, on pain, disability, recurrence, and adverse effects in adult patients with acute low back pain.	Yes 1	Our findings imply that physiotherapists and general practitioners should be more reluctant in providing exercise therapy for acute LBP, and instead more strongly stress the good prognosis and provide reassurance and advice to stay active.	NA	NA	NA	2685	Sweden

Jo Jordan et. al 2011	Systematic Review	To relieve pain; increase mobility and function; improve quality of life; and minimise adverse effects of treatments	No	We found insufficient RCT evidence about advice to stay active, acupuncture, massage, exercise, heat, or ice to judge their efficacy in treating people with herniated disc. Advice to stay active: We found one systematic review (search date 1998) of conservative treatments for sciatica caused by disc herniation, which found no RCTs of advice to stay active. We found no subsequent RCTs.	NA	NA	NA	37 systematic reviews	United Kingdom
Jo Jordan et. al 2009	Systematic Review	To relieve pain; increase mobility and function; improve quality of life; and minimise adverse effects of treatments	No	We found insufficient RCT evidence about advice to stay active, acupuncture, massage, exercise, heat, or ice to judge their efficacy in treating people with herniated disc. Advice to stay active: We found one systematic review (search date 1998) of conservative treatments for sciatica caused by disc herniation, which found no RCTs of advice to stay active. We found no subsequent RCTs.	NA	NA	NA	49 systematic reviews	United Kingdom
Greg McIntosh and Hamilton Hall 2011	Systematic Review	What are the effects of oral drug treatments for acute low back pain? What are the effects of local injections for acute low back pain? What are the effects of non-drug treatments for acute low back pain?	No	With regard to non-drug treatments, advice to stay active (be it as a single treatment or in combination with other interventions such as back schools, a graded activity programme, or behavioural counselling) may be effective	NA	NA	NA	49 systematic reviews	Canada
Greg McIntosh and Hamilton Hall 2008	Systematic Review	What are the effects of local injections for low back pain? What are the effects of non-drug treatments for low back pain?	No	With regard to non-drug treatments, advice to stay active (be it as a single treatment or in combination with other interventions such as back schools, a graded activity programme, or behavioural counselling) seems the most effective.	NA	NA	NA	34 systematic reviews	Canada
Hagen et. al 2002	Systematic Review	To determine the effects of advice to stay active as a single treatment for patients with	Yes 1	Trials in which at least one comparison group received advice to stay active (instructions to stay as active as possible and continue normal daily activities) were included.	NA	NA	NA	4 trials	Norway and London

		LBP with or without sciatica							
Liddle, 2007	Systematic Review	to examine the evidence pertaining to the use of advice in the management of LBP, focussing on the relevance of advice content and frequency to the clinical effectiveness of advice in the management of LBP. Secondary objectives included assessment of the effectiveness of interventions in relation to LBP phase, the influence of supplementary information and followup advice on results, and the relevance of instruments used for outcome assessment.	No	Advice to stay active is sufficient for acute LBP; however, it appears that RCTs do not commonly reflect these recommendations. No conclusions could be drawn as to the content and frequency of advice that is most effective for subacute LBP, due to the limited number and poor quality of RCTs in this area	NA	NA	NA	7347 partici pants	New Zealand
Machado et. al 2006	Systematic Review	to evaluate the effectiveness of the McKenzie method for low back pain (LBP).	Yes 1	Advice to stay active showed larger effects on disability at 12 weeks when compared with McKenzie for the same population. It is difficult to explain the superior effect of advice to stay active over the McKenzie method because both interventions are similar when it comes to advising patients to avoid bed rest and return to normal activities. The difference between these two approaches might lie on the importance of the structural damage (e.g., disc disease) in McKenzie's educational program.	NA	NA	NA	1245 partici pants	Brazil
Waddell et. al 1997	Systematic Review	to review all randomized controlled trials of bed rest and of medical advice to stay active	No	There is confusion about what constitutes effective advice. The Intervention or control intervention consisted of bed rest for one review and specific	NA	NA	NA	10 trials	United Kingdom

		for acute back pain.		medical advice on maintaining normal activity levels for the other. Formal exercise programmes, back schools, and educational leaflets were excluded.					
Van Tulder et. al 2000	Systematic Review	To gain an overview of the effectiveness of conservative treatments for acute low back pain. To inventory the current state of the art regarding the effectiveness of conservative treatment of acute low back pain	No	There was strong evidence that advice to stay active, nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants were effective in acute low back pain. There was also strong evidence that bed rest and specific exercises were not effective in acute low back pain. Strong evidence for effectiveness of many other commonly used interventions was lacking.	NA	NA	NA	NA	Netherlands
Fernandez et. al 2015	Systematic Review	To evaluate the evidence on comparative effectiveness of advice to stay active versus supervised structured exercise in the management of sciatica.	Yes 2	Advice to stay active included general advice to stay active or education sessions on the benefits of continuing to engage in physical activity or activities of daily living and could be delivered by any health care provider. Interventions that comprised education sessions on explanations of the patients' symptoms, reassurance of a favorable prognosis of their condition, and instruction on correct lifting techniques were accepted provided that they included advice for patients to remain as active as possible or to engage in physical activity	NA	NA	NA	742	Australia
van Tulder et. al 2006	Systematic Review	To determine the effectiveness of non-invasive (pharmaceutical and non-pharmaceutical) interventions compared to placebo (or sham treatment, no intervention and waiting list control) or other interventions for acute,	No	----------	NA	NA	NA	NA	Netherlands and Finland

		subacute, and chronic non-specific LBP.							
Schroeder et. al. 2015	Systematic Review	to give an umbrella overview covering the evidence of exercise therapy in the general population.	No	An important recommendation was the change of LBP management away from rest due to pain and towards a more active restoration of function pointing out the advice to stay active, whereas it is important not to confuse active restoration or physical activity with exercise treatment approaches.	NA	NA	NA	NA	Germany
Engers et. al 2008	Systematic Review	To determine whether individual patient education is eJective in the treatment of non-specific low-back pain and which type is most effective.	Yes 1	However, an earlier review concluded that intervention programs that included advice to stay active and to continue ordinary activities resulted in a faster return to work, less chronic disability, and fewer recurrent problems	NA	NA	NA	6843	Netherlands
McGregor et. al 2013	Systematic Review	To determine whether active rehabilitation programmes following primary surgery for lumbar spinal stenosis have an impact on functional outcomes and whether such programmes are superior to 'usual postoperative care'.	No	The control groups in all trials were comparable, insofar as they did not include specific postoperative interventions and were treated with either "usual care" or "self-management" and were given either advice postoperatively to “stay active” or a brief general programme of exercises with the primary aim of preventing deep vein thrombosis, or both.	NA	NA	NA	373	London
Marin et. al 2017	Systematic Review	To examine the effectiveness of MBR for subacute LBP among adults, with a focus on pain, back-specific disability status, and work status.	No	The participant received group or individual counselling targeting his or her cognitions, emotions, behaviours, beliefs, and/ or motives. Cognitive-behavioral interventions, fear-avoidance treatment, and motivational interviewing were included here. We expected clinicians to include psychologists, counsellors, and social workers. We excluded any purely educational interventions described in terms of training,	NA	NA	NA	981	Canada

				advice, skills acquisition, or education (e.g. postural re-education, advice to stay active).					
Dahm et. al 2010	Systematic Review	To determine the elects of advice to rest in bed or stay active for patients with acute low-back pain or sciatica.	Yes 1	Low quality evidence suggests little or no difference between those who received advice to stay active, exercises or physiotherapy. Different ways to deliver advice to stay active (e.g. 'avoid bedrest' versus 'stay active'); Advised to stay active (instructions to stay as active as possible and continue normal daily activities) and at least one group was not; No studies compared dilerent ways of delivering advice to stay active.	NA	NA	NA	1923	Norway
Louw et. al 2007	Systematic Review	To identify the current evidence for acute low back pain (LBP) treatment techniques and to amalgamate this information into a clinically applicable algorithm for South African physiotherapists	No	It is suggested that a patient with simple LBP be advised to stay active during the acute phase of LBP due to the possible harmful effects of bed rest. Should the patient with confirmed nerve root involvement qualify for bed rest instead of staying active, bed rest should not be longer than 2-3 days.	NA	NA	NA	21 SR; 4 RCT e 11 guidelines	South Africa
Hagen et. al 2005	Systematic Review	To report the main results from the updated version of the Cochrane Review on bed rest for low back pain	No	Advice to rest in bed is clearly less effective than advice to stay active for people with acute simple low back pain. For patients with confirmed nerve root involvement, there are few or no differences between advice to rest in bed and advice to stay active.	NA	NA	NA	13 RCTs	Norway and Canada
LuitesJWH 2022	Guideline	to stimulate prevention and enhance work participation in patients with low back pain (LBP) and lumbosacral radicular syndrome	Yes 4	The GDG considered education, consisting of anatomy of the back, information about biomechanical principles, pathology and pain mechanisms, supportive to the explanation of the importance of staying active despite experiencing pain; OH professionals should facilitate work	NA	NA	NA	NA	Netherlands

				participation by advising specific interventions to reduce present work-related risk factors and prognostic factors, such as eliminating manual lifting when lifting is a risk factor or explaining the positive effect of being active in case of fear avoidance behavior. – Advice to keep working as much as possible, if necessary, through temporary modification of workload, first in intensity, or else in tasks or duration.					
Bussières et. al 2017	Guideline	To synthesize and disseminate the best available evidence on the initial assessment and monitoring of people with LBP and the use of SMT alone or in combination with other conservative treatments for adults (≥18 years of age) and elderly patients with acute (0-3 months) and chronic (N3 months) back pain and back-related leg pain	Yes 1	For recent-onset lumbar radiculopathy, the DNGs (Stochkendahl) recommend advising patients to stay active within pain tolerance (eg, walking, working, participating in leisure-time activities, exercises), offering supervised exercise therapy, directional exercise or motor control exercise, and spinal manual therapy (any mobilization or spinal manipulation technique) as an add-on to the usual treatment. The course of care should be chosen based on a collaborative process including clinician expertise and patient preference, and it should be modified based on changes in clinical presentation over time.	NA	NA	NA	NA	Canada
Bekkering 2003	Guideline	To improve the efficiency and effectiveness of physiotherapeutic care for patients with low back pain.	Yes 2	For patients with a normal course, where activities and participation gradually increase, reassurance, adequate information and advice to stay active are the most important recommendations	NA	NA	NA	NA	Netherlands
Airaksinen et. al. 2006	Guideline	To provide a set of recommendations that can support existing and future national and international guidelines or	No	Another high quality RCT (N=1334) that included primary care patients with subacute and chronic back pain showed that “stay active GP care” together with general exercise therapy (as used in previous studies	NA	NA	NA	NA	Finland

		future updates of existing back pain guidelines.		(Frost et al 1995, Klaber Moffett et al 1999)) resulted in significantly greater improvements in disability after 3 months, but not 12 months, compared with "stay active GP care" alone (the GPs had been previously trained in the active management of CLBP). However, the compliance with the exercise programme was quite poor.					
VanTulder et. al 2006	Guideline	To provide a set of recommendations that can support existing and future national and international guidelines or future updates of existing guidelines.	No	Guidelines in the Netherlands, New Zealand, Finland, Norway, United Kingdom, Australia, Germany, Switzerland and Sweden all recommend advice to stay active. Other guidelines made no explicit statement regarding advice to stay active	NA	NA	NA	NA	Netherlands
Koes et. al. 2010	Guideline	to present and compare the content of (inter)national clinical guidelines for the management of low back pain	No	There is now relatively large consensus across the various guidelines that specific back exercises (as opposed to the advice to stay active, including for example walking, cycling) are not recommended for patients with acute low back pain.	NA	NA	NA	NA	Netherlands
ACC New Zealand Guidelines Group 2004	Guideline	to: 1 Provide recommendations on managing low back pain to clinicians involved in first contact care. 2 Promote a multidisciplinary approach to back pain management through the development and review process and through local implementation.It is not a rigid, prescriptive document. Its advice is flexible, so that treatment providers can make clinical judgements	Yes 3	Key points: Increase activity according to a plan; Modify activities if necessary and use pain relief, but stay active; Avoid bed rest; Continue usual daily activities and resume work as soon as possible; Pain does not equate to damage. Staying active and continuing usual activities, within tolerable pain limits, helps recovery.	NA	NA	NA	NA	New Zealand

		according to individual patient circumstances. To promote better management of acute low back pain to reduce chronicity.							
Stochkendahl 2018	Guideline	To summarize recommendations about 20 nonsurgical interventions for recent onset (\12 weeks) nonspecific low back pain (LBP) and lumbar radiculopathy (LR) based on two guidelines from the Danish Health Authority.	Yes 4	Definition: Staying active was defined as maintaining usual levels of daily activity, including work, despite pain. Advice should include information regarding benefits of staying active (including continued work participation), the potential harm of inactivity, and information regarding gradual increase in levels of activity. Advice should be given individually and in dialogue with the patient.	NA	NA	NA	NA	Denmark
Oliveira et. al 2018	Guideline	to provide an overview of the recommendations regarding the diagnosis and treatment contained in current clinical practice guidelines for patients with non-specific low back pain in primary care	Yes 2	For treatment of patients with acute LBP, most guidelines endorse recommendations for patient education, reassurance about a favorable prognosis and advice on returning to normal activities, avoiding bed rest, the use of NSAIDs and weak opioids for short periods when there is contraindication or lack of improvement with NSAIDs.	NA	NA	NA	NA	Denmark

APPENDIX 2 – Search strategies for databases – The terms of research were adjusted to search model in other databases

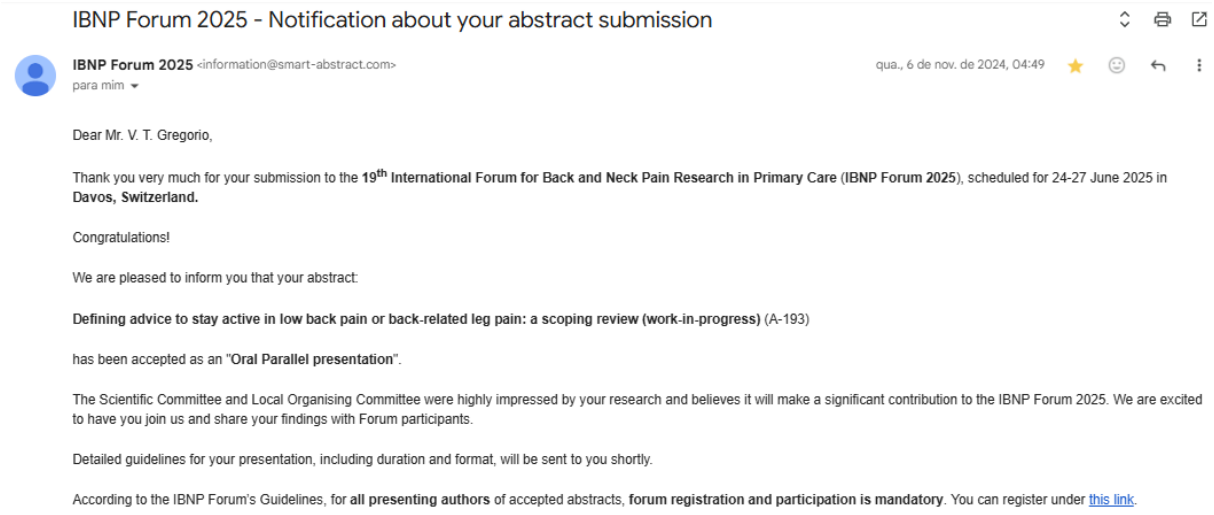
PCC	Mesh	Entry Terms
P	**Low Back Pain**	• Back Pain, Low • Back Pains, Low • Low Back Pains • Pain, Low Back • Pains, Low Back • Lumbago • Lower Back Pain • Back Pain, Lower • Back Pains, Lower • Lower Back Pains • Pain, Lower Back • Pains, Lower Back • Low Back Ache • Ache, Low Back • Aches, Low Back • Back Ache, Low • Back Aches, Low • Low Back Aches • Low Backache • Backache, Low • Backaches, Low • Low Backaches • Low Back Pain, Postural • Postural Low Back Pain • Low Back Pain, Posterior Compartment • Low Back Pain, Recurrent • Recurrent Low Back Pain • Low Back Pain, Mechanical • Mechanical Low Back Pain • Sciatic Neuralgia • Neuralgia, Sciatic • Neuralgias, Sciatic • Sciatic Neuralgias • Sciatica, Bilateral • Bilateral Sciatica • Bilateral Sciaticas
	Sciatica	
C	**Stay Active**	• No entry terms were found
C	**Adults**	• Aged • Aged, 80 and over + • Frail Elderly • Middle Aged • Young Adult

APPENDIX 3 – Search results

Database	Descriptors used (Title/Abstract)	Results	Search date
Cochrane	"Stay Active" AND Low Back Ache OR Low Back Pain, Mechanical OR Low Back Pain, Posterior Compartment OR Low Back Pain, Postural OR Low Back Pain, Recurrent OR Low Backache OR Lower Back Pain OR Lumbago OR Mechanical Low Back Pain OR Postural Low Back Pain OR Recurrent Low Back Pain OR Sciatic Neuralgia OR Neuralgia, Sciatic OR Neuralgias, Sciatic OR Sciatic Neuralgias OR Sciatica, Bilateral OR Bilateral Sciatica OR Bilateral Sciaticas	49	08/10/2023
PEDro	Stay active Low Back Pain	9	22/10/2023
PubMed	"Stay Active"[Title/Abstract] AND "Low Back Ache"[Title/Abstract] OR "Low Back Pain, Mechanical"[Title/Abstract] OR "Low Back Pain, Posterior Compartment"[Title/Abstract] OR "Low Back Pain, Postural"[Title/Abstract] OR "Low Back Pain, Recurrent"[Title/Abstract] OR "Low Backache"[Title/Abstract] OR "Lower Back Pain"[Title/Abstract] OR "Lumbago"[Title/Abstract] OR "Mechanical Low Back Pain"[Title/Abstract] OR "Postural Low Back Pain"[Title/Abstract] OR "Recurrent Low Back Pain"[Title/Abstract] OR "Sciatic Neuralgia"[Title/Abstract] OR "Neuralgia, Sciatic"[Title/Abstract] OR "Neuralgias, Sciatic"[Title/Abstract] OR "Sciatic Neuralgias"[Title/Abstract] OR "Sciatica, Bilateral"[Title/Abstract] OR "Bilateral Sciatica"[Title/Abstract] OR "Bilateral Sciaticas"[Title/Abstract]	66	08/10/2023
Scopus	“Stay active” AND “low back pain” OR “Sciatica”	66	22/10/2023
Web of Science	“Stay Active” AND Low Back Ache OR Low Back Pain, Mechanical OR Low Back Pain, Posterior Compartment OR Low Back Pain, Postural OR Low Back Pain, Recurrent OR Low Backache OR Lower Back Pain OR Lumbago OR Mechanical Low Back Pain OR Postural	62	02/04/2024

	Low Back Pain OR Recurrent Low Back Pain AND Sciatic Neuralgia OR Neuralgia, Sciatic OR Neuralgias, Sciatic OR Sciatic Neuralgias OR Sciatica, Bilateral OR Bilateral Sciatica OR Bilateral sciatica		

APPENDIX 4 – Accepted for presentation in IBNP Forum scheduled for 24-27 June 2025 in Davos, Switzerland



IBNP Forum 2025 - Notification about your abstract submission

IBNP Forum 2025 <information@smart-abstract.com> qua., 6 de nov. de 2024, 04:49

para mim

Dear Mr. V. T. Gregorio,

Thank you very much for your submission to the **19th International Forum for Back and Neck Pain Research in Primary Care** (**IBNP Forum 2025**), scheduled for 24-27 June 2025 in **Davos, Switzerland.**

Congratulations!

We are pleased to inform you that your abstract:

Defining advice to stay active in low back pain or back-related leg pain: a scoping review (work-in-progress) (A-193)

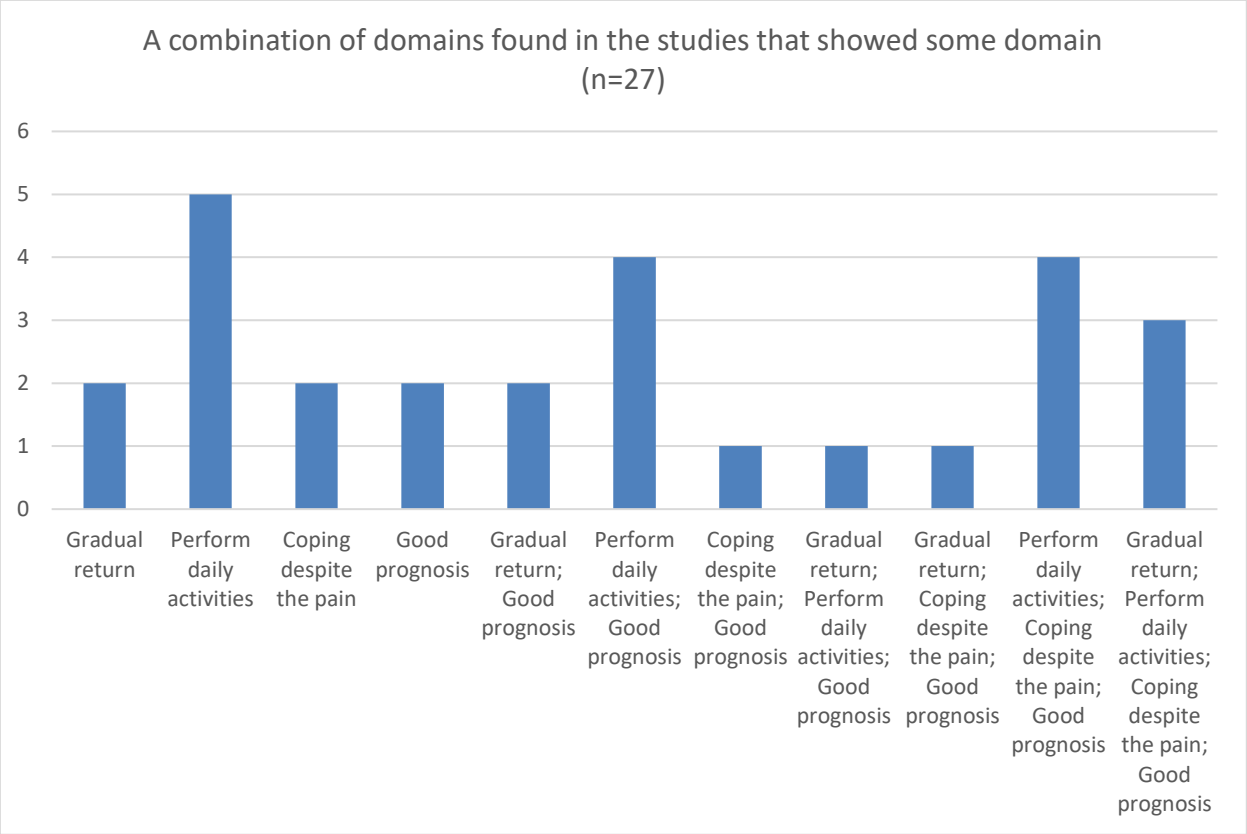
has been accepted as an "**Oral Parallel presentation**".

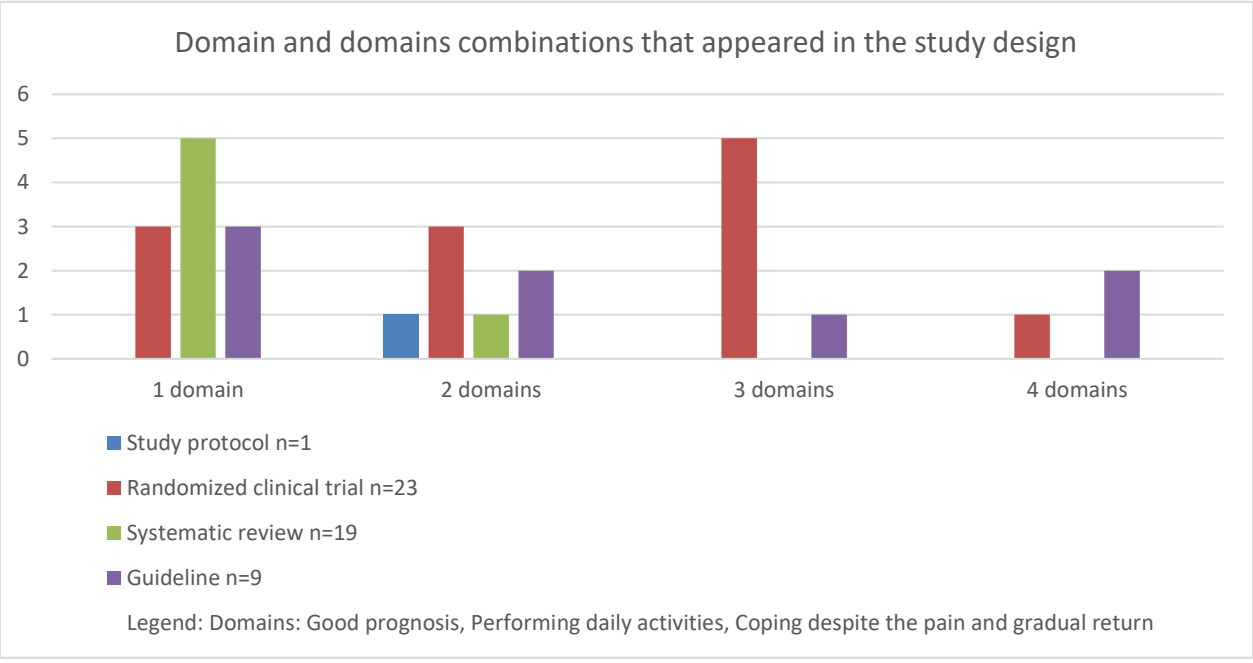
The Scientific Committee and Local Organising Committee were highly impressed by your research and believes it will make a significant contribution to the IBNP Forum 2025. We are excited to have you join us and share your findings with Forum participants.

Detailed guidelines for your presentation, including duration and format, will be sent to you shortly.

According to the IBNP Forum's Guidelines, for **all presenting authors** of accepted abstracts, **forum registration and participation is mandatory**. You can register under this link.

Supplementary files





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COMPROMISSO PARA A VIDA TODA