Conclusões dos estudos:

• 45 of 48 studies assessed sample sizes <1000 people, 19

• 19 of 48 studies used ≤5 parameters in models

• 13 of 48 studies applied multiple models and attained high accuracy

• 25 of 48 studies assessed the binary classification of LBP versus no- LBP only

Conclusão:

For AI/ML methods to contribute to the refinement of LBP (sub-)classification and guide treatment allocation, large data sets containing known and exploratory clinical features should be examined.

Comparação dos modelos de IA com os já existentes

To illustrate the current status, and potential future direction, of AI/ML approaches to LBP, we contrasted this to two commonly implemented clinical classification approaches (McKenzie and STarT Back). The McKenzie method has been extensively studied in randomised clinical trials (RCTs) and subsequent meta-analyses of LBP treatment, while the STarT Back tool is currently recommended in national guidelines.

McKenzie is a classification method of diagnosing movement preferences (e.g. spinal extension versus flexion) based on symptom response (e.g. centralisation versus peripheralization of symptoms),