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## **CONTRIBUTORS TO ADHERENCE TO EXERCISE THERAPY IN CHRONIC LOW BACK PAIN: A SYSTEMATIC REVIEW OF QUALITATIVE AND QUANTITATIVE RESEARCH**

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### **Background and aims**

Chronic low back pain (CLBP) is the leading global cause of disability, with a rising prevalence and significant socioeconomic impact. Despite strong evidence supporting exercise therapy as a primary treatment, adherence remains low, affecting outcomes and increasing healthcare costs. Limited research exists on adherence factors, especially from an integrative perspective. This review aims to reconceptualize adherence barriers and facilitators using a conceptual framework and mixed-method synthesis to explore their interrelations and complexity.

### **Methods**

PubMed and Web of Science were searched, followed by a two-phase screening process. Risk of Bias (RoB), certainty assessment and level of evidence of the included studies were assessed double-blind, followed by data extraction.

### **Results**

Seven qualitative and nine quantitative studies were included, the latter divided in seven RCT's and two cohorts. Overall, seven included studies showed low RoB, five showed some concerns, and four presented with high RoB. The synthesis identified internal, external, and intervention-related factors that both favour and hamper adherence to exercise therapy in CLBP, highlighting the multifaceted nature of adherence to exercise therapy in individuals with non-specific CLBP.

### **Conclusions**

Adherence should not be viewed as a binary concept but rather as a dynamic behaviour influenced by interrelated factors. Moderate-certainty evidence supports the role of psychosocial factors, healthcare provider characteristics, environmental and time-related factors, program design, progression, and follow-up. Preliminary evidence suggests beliefs, pain, patient characteristics, and treatment setting also impact adherence. While qualitative findings offer moderate confidence, quantitative evidence remains limited and inconsistent. These findings underscore the need for tailored, multidimensional approaches to improve adherence and inform future interventions in CLBP management.