**Online Supplemental Data**

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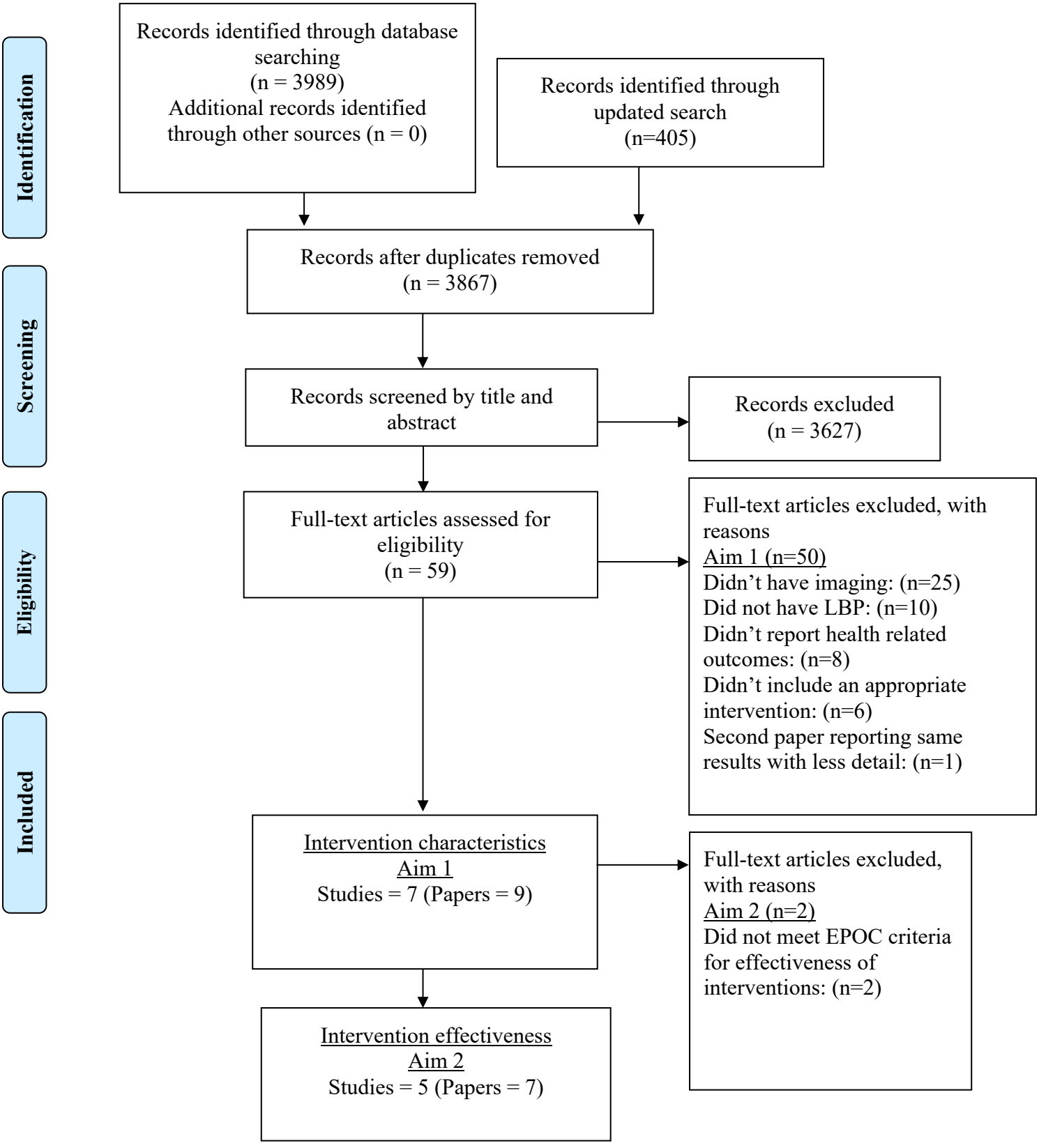


**Figure 1.** PRISMA flow diagram showing the number of studies screened and included in the synthesis.

**Appendix 1.** Summary of the characteristics of included studies.

| First Author, yr. | Intervention Vs. Comparator | No. Participants | Imaging modality | Population/Setting | Timing of intervention |
|---|---|---|---|---|---|
| **1. Ash 2008** | Patients and Physicians were blinded to MRI results for 6 months unless critical to care vs. standard care (results received within 48 hours). | 246 | MRI | Acute presentation of LBP and/or radiculopathy <3 weeks. Patients recruited from a Spine Centre, primary care units, regional satellites and an emergency department in the United States. | Imaging results withheld for 6 months. |
| **2. Fried 2018** | Inserting prevalence information into MRI report vs. standard report | 375 | MRI | Patients with uncomplicated LBP and/or radiculopathy with only degenerative changes described on their imaging report. Referred by primary care clinicians in the United States. | Insertion into imaging report. |

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|---|---|---|---|---|---|
| **3. Jarvik 2020, (Marcum, 2021 & Suri 2021).** | Inserting prevalence information into imaging report vs. standard report. | Jarvik, 2020 & Suri, 2021 N=238,886 Marcum, 2021 N= 170,680 | X-Ray, CT or MRI | Patients who received lumbar spine imaging and were referred from primary care clinicians in the United States. Patients were excluded if they had received lumbar imaging in the 12 months prior. | |
| **4. Karran 2018** | Educational intervention vs standard spinal clinic consultation. | 31 | CT or MRI | Patients with LBP who did not require surgical intervention or further imaging. Patients referred to a spinal assessment clinic in Australia. | Within 6 months post imaging. |
| **5.McCullough 2012** | Inserting prevalence information into MRI report vs. standard report | 237 | MRI | Patients with uncomplicated LBP and/or radiculopathy with only degenerative changes described on their imaging report. Referred for imaging by primary care clinicians in the United States. | Insertion into imaging report. |
| **6.Rajasekaran 2021** | Reassurance that MRI findings are normal with | 44 | MRI | Patients with chronic non-specific, mechanical LBP of minimum 12 weeks, | On receipt of imaging report. |

| | | | | | |
|---|---|---|---|---|---|
| | only age-related and incidental findings vs. factual explanation of MRI findings. | | | with no red flags and GHQ-12 score of <10. Excluded: patients with significant pathologies such as tumor, infection, severe stenosis, instability, sacroiliitis and disc extrusion. | |
| **7. Weeks 2020** | Inserting prevalence information into MRI report vs. standard report | 6,904 | MRI | Patients with spinal pain who had received a lumbar spine MRI for the first time in at least two years and had not had spine surgery in the past two years. Patients referred from clinicians in counties surrounding New York, United States. | Insertion into imaging report. |

**Appendix 2.** Descriptive summary of intervention characteristics using the TIDieR checklist as a framework.

| ***First Author, year*** | ***Brief Name? Why?*** | ***What? Who provided? How? Where? When and how much?*** | ***Tailoring or modifications?*** | ***How well?*** |
|---|---|---|---|---|
| Ash, 2008 | *Blinded to imaging results for 6 months unless critical to care.* There may be a measurable psychologically mediated effect on patients from the knowledge of imaging findings. | Both the patient and the physician were blinded to MRI results unless the information was critical to patient management. All of the blinded patients and physicians were told their MRI report findings 6 months following the scan. Primary care setting, United States. | Not described | Intervention fidelity was not assessed. |
| Fried, 2018 | *Inclusion of epidemiologic information in lumbar spine MRI reports.* | An automated insertion of an epidemiologic statement regarding the prevalence of | Not described | Not described |

| | | | | |
|---|---|---|---|---|
| | Inclusion of an epidemiologic statement may support clinical decision making for primary care providers and substantially affect health care utilisation rates and health care spending. | common findings in asymptomatic patients was included in lumbar MR imaging reports. Primary care setting, United States. | | |
| Karran, 2018 | *Green light imaging interpretation to enhance recovery (GLITtER) consultation.* The intervention aims to deliver a 'positive' interpretation of imaging findings to reassure patients that movement is safe and is necessary for recovery. Key messages are:<br>• Surgical intervention is not indicated, and further scans are not required.<br>• Scan findings should not cause worry; it is safe to be active. | A psychoeducation intervention delivered by an experienced physiotherapist to the patient in a 1:1 delivery format. Duration of intervention clinician training was 2-2.5hrs but was not formalised.<br>The intervention involved:<br>• Explanation of 'normal' imaging findings and interpretation of the patient's images (visual aids). | Imaging interpretation was tailored according to imaging findings.<br>Exercise advice was tailored according to the patient's age, physical | Intervention fidelity was not assessed. |

• Pain is complex (chronic pain often has little to do with damage).

• Activity and exercise are important for recovery and have many benefits

The intervention was developed in accordance with a contemporary, conceptual change theory and stakeholder feedback.

- Provision of take-home information (series of 4 posters designed to be introduced one week at a time).
- Weekly follow-up SMS messages for 4 weeks with links to online resources about pain, recovery and exercise.
- Provision of a practical tool to facilitate increased activity/exercise (TICK list)
- Short survey following intervention to assess patient understanding of the intervention
- Letter to general practitioner summarising the intervention

condition, and practical considerations.

A visual aid developed for use during the consultation was considered to be unnecessary.

| | | | | |
|---|---|---|---|---|
| | | Intervention delivered in addition to a standard consultation (~10 mins duration).<br>Secondary care setting, Australia. | | |
| Jarvik, 2020 (Marcum, 2021 & Suri 2021). | *Lumbar Imaging with Reporting of Epidemiology (LIRE).*<br>Lumbar spine imaging frequently reveals findings that may seem alarming but are likely unrelated to pain. Inserting data on the prevalence of imaging findings among asymptomatic individuals into spine imaging reports may reassure both patients and physicians, resulting in fewer downstream interventions. | Intervention text regarding prevalence of common findings in asymptomatic patients was included in lumbar spine imaging reports.<br>The intervention text was inserted with an automated approach through either the radiology information system or the Electronic medical record.<br>Primary care setting, Unites States. | The intervention text consisted of age-specific and modality-specific epidemiological benchmarks. | Text matching verified that the reports contained the correct intervention text. |

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|---|---|---|---|---|
| McCullough, 2012 | *Reporting Epidemiology in Lumbar MRI*<br>Expanding the scope of information included in imaging reports may better assist the non-spine provider in understanding imaging results and thereby influence subsequent clinical management and resource utilisation. | Insertion of an epidemiologic statement of common findings in asymptomatic adults into lumbar spine MRI reports.<br>Primary care setting, United States. | Not described. | Not described. |
| Rajasekaran, 2021 | *Factual explanation of MRI report vs. reassurance that MRI findings were normal with only incidental and age-related changes.*<br>The MRI report may have a nocebo or harmful effect leading to catastrophizing and fear avoidance in patients, subsequent poor functional outcomes and conviction that | One, face-to-face, 10-minute discussion between the patient and the senior-most spine surgeon where the MRI report was issued to patients. Patients were reassured that no serious pathology was detected and that the findings were part of the natural ageing process and need not be given | None of the treatments were tailored or modified (unpublished data). | Measuring the fidelity of the discussion was not described. (unpublished data). |

| | | | | |
|---|---|---|---|---|
| | intervention is required to get the spine back to normal. | significance. The intervention was delivered face to face.<br>Tertiary spine care centre, India.<br>(Unpublished data). | | |
| Weeks, 2020 | *Integrating Epidemiology information into MRI reports.*<br>A low-cost addition to standard lumbar MRI reports could inform patients and reduce wasteful retesting, thereby potentially avoiding patient harm. | Insertion of a statement including epidemiologic data within lumbar MRI reports.<br>Primary care setting, United states. | Not described. | Not described. |

**Appendix 3. Supplementary outcomes from included studies**

| **Author, yr, No. Participants** | **Follow-up period** | **GRADE rating** | **Outcome** | **Outcome measure** | **Effect size**<br>**Diff = Median difference (95%CI)**<br>**OR = odds ratio (95%CI)**<br>**IRR= incidence rate ratio (95%CI)** |
|---|---|---|---|---|---|
| Jarvik, 2020 | 12 | Moderate | Healthcare | Spine-related Relative Value Units- Subset % | |
| **N=238,886** [a] | months | | utilization | *Participants who had X-ray as the index modality (N=192,43).* | Diff = 0.1 (-2.0, 2.3)* |
| | | | | *Participants who had CT as the index modality (N= 943).* | Diff = -29.3(-42.1,-13.5)* |
| | | | | *Participants who had MRI as the index modality (N=45,508).* | Diff = -3.4 (-8.3, 1.8)* |
| | | | | Emergency department visit within 90 days | OR = 0.98 (0.94, 1.01) * |
| Marcum, | 90 days | Moderate | Healthcare | Prescription of non-opioid by subclass | |
| 2021 | | | utilization | *Skeletal muscles relaxant* | OR = 1.01 (0.94-1.07) * |
| **N=170,680** [a] | | | | *NSAID* | OR = 1.04 (0.95 - 1.13) * |

| | | | | | |
|---|---|---|---|---|---|
| | | | | *gabapentinoids* | OR = 1.01 (0.93-1.11) * |
| | | | | *tricyclic antidepressants* | OR = 1.04 (0.94-1.15) * |
| | | | | *benzodiazepines* | OR = 1.02 (0.93-1.12) * |
| | | | | Total number of new non-opioid pain-related prescriptions | IRR= 1.02 (0.99-1.04) * |
| | | | | Number of new non-opioid pain related prescriptions by sub class | |
| | | | | *Skeletal muscle relaxant* | IRR = 0.97 (0.94-1.00) * |
| | | | | *NSAID* | IRR = 1.12 (1.07-1.18) * |
| | | | | *Gabapentinoids* | IRR = 1.06 (0.99-1.12) * |
| | | | | *Tricyclic antidepressants* | IRR = 1.11(1.03-1.20) * |
| | | | | *Benzodiazepines* | IRR = 0.98 (0.91-1.05) * |
| Suri, 2021 | 18 | Moderate | Healthcare | Occurrence of procedures | |
| **N= 238,886** [a] | months | | utilization | *ESI* | OR = 1.03 (0.95 to 1.12)* |
| | | | | *Facet joint injection* | OR = 0.89 (0.78 to 1.02)* |
| | | | | *Radiofrequency ablation* | OR = 0.99 (0.81-1.2)* |

| | |
|---|---|
| *SIJ injection* | OR = 1.13 (0.93- 1.37)* |
| Frequency of procedures | |
| *ESI* | IRR = 1.02 (0.93-1.11 )* |
| *Facet joint injection* | IRR = 0.94 (0.80 - 1.10)* |
| *Radiofrequency ablation* | IRR = 1.03 (0.80-1.34)* |
| *SIJ injection* | IRR = 1.08 (0.87-1.34)* |
| Occurrence of surgery | |
| *Spine fusion surgery* | OR = 1.01(0.89-1.14)* |
| *Decompression surgery* | OR = 0.97 (0.88 - 1.06)* |

Footnotes

Negative values of the median difference estimate represent an effect in favor of the intervention group. An odds or incidence rate ratio of <1 represents an outcome in favor of the intervention group.

[a] Papers reporting outcomes from the same study.

* Adjusted for health system, clinic size, age range, gender, imaging modality, Charlson comorbidity index category, seasonality and health specific trends. Results of opioid prescription additionally adjust for prior opioid use. Results of non-surgical procedures additionally adjust for non-surgical utilization in the year preceding index imaging.

**Appendix 4.** Domain based judgements for risk of bias in randomized studies.

| *First Author, yr.* | *Randomization process* | *Deviations from the intended interventions* | *Missing outcome data* | *Measurement of the outcome* | *Selection of the reported result* |
|---|---|---|---|---|---|
| ***Ash, 2008*** | Low | Some concerns | High | Some concerns | High |
| ***Jarvik, 2020*** | Low | Low | Low | Low | Low |
| ***Karran, 2018*** | Some concerns | High | High | Low | Low |
| ***Marcum, 2021*** | Low | Low | Low | Low | Some concerns |
| ***Rajasekaran*** | Some concerns | Some concerns | Some concerns | Low | Low |
| ***Suri, 2021*** | Low | Low | Low | Low | Low |

**Appendix 5.** Domain based judgements for Risk of bias in non-randomized studies.

| *First Author, yr.* | *Bias due to confounding* | *Bias in selection of participants into the study* | *Bias in classification of interventions* | *Bias due to deviations from intended interventions* | *Bias due to missing data* | *Bias in measurement of outcomes* | *Bias in selection of the reported result* |
|---|---|---|---|---|---|---|---|
| ***Weeks, 2020*** | Serious | Low | Moderate | No information | No information | Low | No information |

**Search Strategies**

Medline via Ovid search

| | |
|---|---|
| 1 | backache/ or low back pain/ |
| 2 | backache.ti,ab. |
| 3 | (lumbar adj pain).ti,ab. |
| 4 | lumbago.ti,ab. |
| 5 | low back pain.mp. |
| 6 | back disorder$.ti,ab. |
| 7 | back pain.mp. |
| 8 | lumbar.mp. |
| 9 | lumbosacral.mp. |
| 10 | 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 |
| 11 | Magnetic Resonance Imaging/ or Diagnostic Imaging/ or Tomography, X-Ray Computed/ |
| 12 | image interpretation, computer-assisted/ or radiographic image interpretation, computer-assisted/ or diagnostic errors/ or incidental findings/ |
| 13 | CT.mp. |
| 14 | x-ray.mp. |
| 15 | MRI.mp. |
| 16 | radiograph*.mp. |
| 17 | imaging.mp. |
| 18 | radiology.mp. |
| 19 | imaging utili?ation.mp. |

20 diagnostic imaging.mp.

21 diagnostic x-ray.mp.

22 imaging report.mp.

23 MRI report.mp.

24 radiology report.mp.

25 imaging findings.mp.

26 radiological findings.mp.

27 computed tomography.mp.

28 magnetic resonance imaging.mp.

29 11 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28

30 Patient Education as Topic/ or Health Promotion/ or Health Education/ or Education, Continuing/ or Health Education/ or Education, Medical/ or Interdisciplinary Communication/

31 Communication/

32 Internet-Based Intervention/

33 reporting strategies.mp.

34 (epidemiologic* adj2 (data or information)).mp.

35 prevalence information.mp.

36 pain education.mp.

37 psychoeducational.mp.

38 (behavio?r adj2 intervention*).mp.

39 non-threatening language.mp.

40 (communicating* adj2 (results* or findings*)).mp.

41 pain neurobiology.mp.

42 non-pathoanatomical contributors.mp.

43 ((written or printed or oral) adj information).mp.

44 theory-informed.mp.

45 overdiagnosis.mp.

46 overtreatment.mp.

47 ((radiology report or MRI or CT or XR) adj interpretation).mp.

48 reassur*.mp.

49 contextualisation.mp.

50 (quality adj2 information).mp.

51 diagnostic information.mp.

52 (intervention* adj5 low back pain*).ti,ab.

53 (intervention* adj5 (imaging findings* or imaging results* or MRI report* or X-ray report* or CT report* or radiography* or radiological findings*)).ti,ab.

54 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53

55 10 and 29 and 54

Embase via Ovid

| | |
|---|---|
| 1 | backache/ or low back pain/ |
| 2 | backache.ti,ab. |
| 3 | (lumbar adj pain).ti,ab. |
| 4 | lumbago.ti,ab. |
| 5 | low back pain.mp. |
| 6 | back disorder$.ti,ab. |
| 7 | back pain.mp. |
| 8 | lumbar.mp. |
| 9 | lumbosacral.mp. |
| 10 | 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 |
| 11 | computer assisted tomography/ or nuclear magnetic resonance imaging/ or diagnostic imaging/ or radiography/ |
| 12 | computer assisted diagnosis/ or incidental finding/ or image analysis/ or "imaging and display"/ |
| 13 | CT.mp. |
| 14 | x-ray.mp. |
| 15 | MRI.mp. |
| 16 | radiograph*.mp. |
| 17 | imaging.mp. |
| 18 | radiology.mp. |
| 19 | imaging utili?ation.mp. |
| 20 | diagnostic imaging.mp. |

21 diagnostic x-ray.mp.

22 Magnetic resonance imaging.mp.

23 imaging report.mp.

24 MRI report.mp.

25 radiology report.mp.

26 imaging findings.mp.

27 radiological findings.mp.

28 computed tomography.mp.

29 11 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28

30 "outcome of education"/ or patient education/ or allied health education/ or continuing education/ or health education/ or clinical education/ or physical therapy education/ or chiropractic education/ or interdisciplinary education/ or medical education/

31 interpersonal communication/

32 web-based intervention/

33 reporting strategies.mp.

34 (epidemiologic* adj2 (data or information)).mp.

35 prevalence information.mp.

36 pain education.mp.

37 psychoeducational.mp.

38 (behavio?r adj2 intervention*).mp.

39 non-threatening language.mp.

40 (communicating* adj2 (results* or findings*)).mp.

41 pain neurobiology.mp.

42 non-pathoanatomical contributors.mp.

43 ((written or printed or oral) adj information).mp.

44 theory-informed.mp.

45 overdiagnosis.mp.

46 overtreatment.mp.

47 ((radiology report or MRI or CT or X-ray) adj interpretation).mp.

48 reassur*.mp.

49 contextualisation.mp.

50 (quality adj2 information).mp.

51 diagnostic information.mp.

52 (intervention* adj5 low back pain*).ti,ab.

53 (intervention* adj5 (imaging findings* or imaging results* or MRI report* or X-ray report* or CT report* or radiography* or radiological findings*)).ti,ab.

54 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53

55 10 and 29 and 54

PsycINFO via Ovid

1 exp Back Pain/

2 backache.ti,ab.

3 (lumbar adj pain).ti,ab.

4 lumbago.ti,ab.

5 low back pain.mp.

6 back disorder$.ti,ab.

7 back pain.mp.

8 lumbar.mp.

9 lumbosacral.mp.

10 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8

11 Magnetic Resonance Imaging/ or roentgenography/ or tomography/

12 Image Analysis/ or Diagnosis/ or Computer Assisted Diagnosis/

13 CT.mp.

14 x-ray.mp.

15 MRI.mp.

16 radiograph*.mp.

17 imaging.mp.

18 radiology.mp.

19 imaging utili?ation.mp.

20 diagnostic imaging.mp.

21 diagnostic x-ray.mp.

22 Magnetic resonance imaging.mp.

23 imaging report.mp.

24 MRI report.mp.

25 radiology report.mp.

26 imaging findings.mp.

27 radiological findings.mp.

28 computed tomography.mp.

29 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or computed tomography/

30 Individual Education Programs/ or Medical Education/ or Psychology Education/ or Rehabilitation Education/ or Education/ or Health Education/

31 Communication Skills/ or Verbal Communication/ or Persuasive Communication/ or Written Communication/ or Communication/ or Interpersonal Communication/ or Communication Barriers/ or Nonverbal Communication/ or Scientific Communication/

32 reporting strategies.mp.

33 (epidemiologic* adj2 (data or information)).mp.

34 prevalence information.mp.

35 pain education.mp.

36 psychoeducational.mp.

37 (behavio?r adj2 intervention*).mp.

38 non-threatening language.mp.

39 (communicating* adj2 (results* or findings*)).mp.

40 pain neurobiology.mp.

41 non-pathoanatomical contributors.mp.

42 ((written or printed or oral) adj information).mp.

43 theory-informed.mp.

44 overdiagnosis.mp.

45 overtreatment.mp.

46 ((radiology report or MRI or CT or X-ray) adj interpretation).mp.

47 reassur*.mp.

48 contextualisation.mp.

49 (quality adj2 information).mp.

50 diagnostic information.mp.

51 digital interventions/

52 (intervention* adj5 low back pain*).ti,ab.

53 (intervention* adj5 (imaging findings* or imaging results* or MRI report* or X-ray report* or CT report* or radiography* or radiological findings*)).ti,ab.

54 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 52 or 53

55 10 and 29 and 54

Cochrane library

#1 MeSH descriptor: [Low Back Pain] explode all trees

#2 "lumbago" OR "back disorder?" OR "backache" OR "(lumbar adj pain)"

#3 "back pain" OR "lumbar " OR "lumbosacral" OR "low back pain"

#4 #1 OR #2 OR #3

#5 MeSH descriptor: [Radiography] explode all trees

#6 MeSH descriptor: [Image Interpretation, Computer-Assisted] explode all trees

#7 ("CT" OR "x-ray" OR "MRI" OR "radiograph*" OR "imaging" OR "radiology" OR "imaging utili?ation" OR "diagnostic imaging" OR "diagnostic x-ray" OR "magnetic resonance imaging" OR "imaging report" OR "MRI report" OR "radiology report" OR "imaging findings" OR "radiological findings" OR "computed tomography"):ti,ab,kw

#8 #5 OR #6 OR #7

#9 MeSH descriptor: [Education] explode all trees

#10 MeSH descriptor: [Communication] this term only

#11 ("epidemiological information" OR "prevalence" OR "reporting strategies" OR "epidemiologic information*" OR "prevalence information" OR "pain education" OR "psychoeducational" OR "behavioural intervention" OR "non-threatening language" OR "communicating findings" OR "pain neurobiology" OR "pathoanatomical contributors" OR "written information" OR "theory-informed" OR "overdiagnosis" OR overtreatment" OR "radiology report* OR "image interpretation" OR "reassuring" OR "contextualisation" OR "quality information" OR "diagnostic information"):kw

#12 MeSH descriptor: [Internet-Based Intervention] explode all trees

#13 (intervention NEAR/5 low back pain):ti,ab,kw

#14 (intervention NEAR/5 imaging findings OR imaging results OR MRI report OR X-ray report OR CT report* OR radiography OR radiological findings):ab

#15 #9 OR #10 OR #11 OR #12 OR #13 OR #14

#16 #9 OR #10 OR #15

#17 #4 AND #8 AND #16

CINAHL via EBSCO

(MM "Back Pain+")

(MM "Low Back Pain")

TI ("backache" OR "lumbar pain" OR "lumbago" OR "back disorder*") OR AB

"back pain" OR "low back pain" OR "lumbar" OR "lumbosacral"

S1 OR S2 OR S3

(MH "Diagnostic Imaging") OR (MH "Tomography, X-Ray") OR (MH "Radiography, Computed") OR (MH "Radiography")

(MH "Radiographic Image Interpretation, Computer-Assisted") OR (MH "Image Interpretation, Computer Assisted") OR (MH "Diagnostic Imaging")

"CT" OR "x-ray" OR "MRI" OR "radiograph*" OR "imaging" OR "radiology" OR "imaging utili?ation" OR "diagnostic imaging" OR "diagnostic x-ray" OR "magnetic resonance imaging" OR "imaging report" OR "MRI report" OR "radiology report" OR "imaging findings" OR "radiological findings" OR "computed tomography"

S5 OR S6 OR S7

(MH "Outcomes of Education") OR (MH "Education") OR (MH "Education, Emergency Medical Services") OR (MH "Education, Interdisciplinary") OR (MH "Adult Education") OR (MH "Patient Education") OR (MH "Patient Discharge Education")

(MH "Communication+")

(T1 "reporting strategies") OR (TI “epidemiologic* N2 (data or information)”) OR (T1 "prevalence information" OR (T1 "pain education") OR (T1 "psychoeducational") OR (T1 "behavio#r N2 intervention*") OR (T1 "non-threatening language") OR (T1 “communicating* N2 (results* or findings*)”) OR (T1 "pain neurobiology") OR (T1 "non-pathoanatomical contributors") OR (" T1 information N1(written OR printed OR oral") OR (T1 "theory-informed") OR (T1 "overdiagnosis") OR (T1 “overtreatment") OR (T1 "report interpretation N1 (radiology OR MRI OR CT OR XR)”) OR (T1 "reassur*") OR (T1 "contextualisation") OR (T1 "quality information") OR (T1 "diagnostic information")

(MH "Internet-Based Intervention")

TI ("intervention N5 "low back pain") OR ("intervention" N5 ("imaging findings" OR "imaging results" OR "MRI report" OR "X-ray report" OR "CT report" OR "radiography" OR "radiological findings")) OR AB

S9 OR S10 OR S11 OR S12 OR S13

S4 AND S8 AND S14