Personalised Care Pathway for Chronic Low Back Pain Treatment

Global Burden
23% prevalence
65–80% lifetime

Occupational &
Lifestyle Factors

Higher in Women
Working Age Peak

Psychological
Determinants

Muscular &
Postural Factors

Radiofrequency (RF) and pulsed radiofrequency (PRF) routinely used for facet and radicular pain

(2° line treatment)

Our current practice based on isolated procedures rather than structured pathways

Lack of standardized RF/PRF paradigms limits scalability and outcome comparability

MAGNONI SANDRA

Anesthesiology and Pain Medicine Service, Department of Medicine, Surgery and Pharmacy, University of Sassari, Sassari, Italy

Twinning-receiver Objective and Transferibility

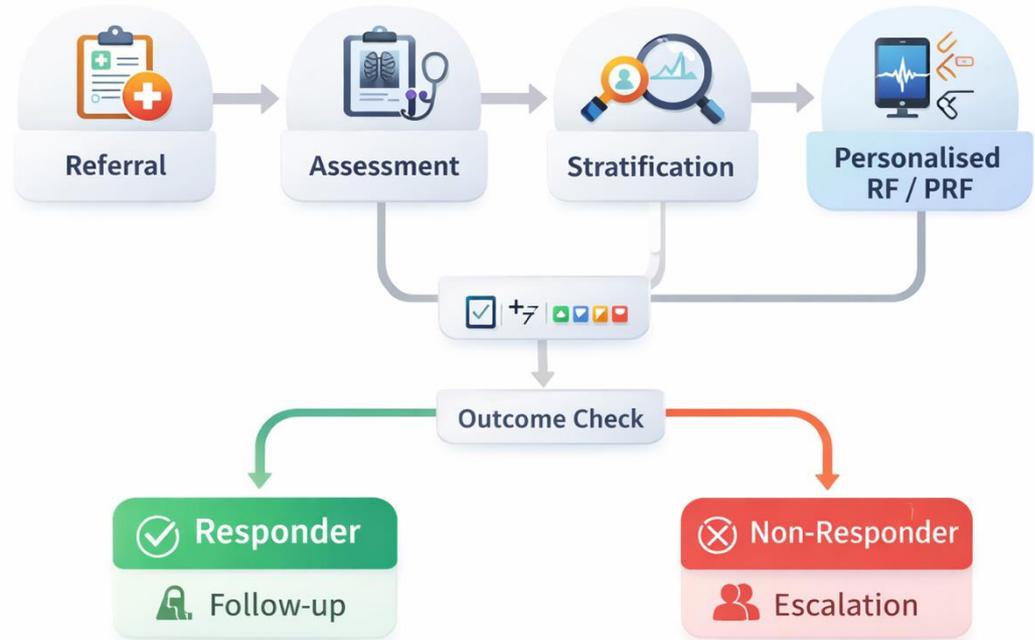Adopt a transferable Personalised Medicine (PM) model for

- Patient stratification and individualized RF/PRF treatment selection
- Standardized yet flexible referral and selection criteria
- Phenotype-driven treatment algorithms
- Outcome monitoring of real-world effectiveness

MAGNONI SANDRA

Anesthesiology and Pain Medicine Service, Department of Medicine, Surgery and Pharmacy, University of Sassari, Sassari, Italy

Personalised RF / PRF Pathway Responders vs Non-Responders

MAGNONI SANDRA

Anesthesiology and Pain Medicine Service, Department of Medicine, Surgery and Pharmacy, University of Sassari, Sassari, Italy