

Supplementary Table S1: PRISMA checklist

Section and Topic	Item #	Checklist item	Location where item is reported
<b>TITLE</b>			
Title	1	Identify the report as a systematic review.	Title page
<b>ABSTRACT</b>			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Line 18-35
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Line 38-66
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Line 67-69
<b>METHODS</b>			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Line 97-109 Line 121-124
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Line 83-95
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Supplementary Table S2
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Line 71-75
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Line 73-75
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Line 115-121
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Line 111-114
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Line 139-148 Line 74
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Line 154-155 Line 124-127
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Line 73-74
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Line 128-137
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Line 150-151
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Line 163-169
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Line 166-169
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	N/A
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	N/A
<b>RESULTS</b>			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Figure
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Line 175-176
Study characteristics	17	Cite each included study and present its characteristics.	Table 1

Section and Topic	Item #	Checklist item	Location where item is reported
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Supplementary Table 7
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Table 2
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Line 233-285
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Table 3
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Table 2 Supplementary Table S9
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	N/A
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	N/A
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	N/A
<b>DISCUSSION</b>			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Line 287-372
	23b	Discuss any limitations of the evidence included in the review.	Line 381-388
	23c	Discuss any limitations of the review processes used.	Line 388-394
	23d	Discuss implications of the results for practice, policy, and future research.	Line 395-413
<b>OTHER INFORMATION</b>			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Line 80
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Line 79-80
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Line 384-388
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Line 436
Competing interests	26	Declare any competing interests of review authors.	Line 439
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Line 424-430

Supplementary Table S2: Search strategy for PubMed

#1	Search <b>dorsalgia</b> [Title/Abstract]	92
#2	Search <b>"Back Pain"</b> [Mesh]	38358
#3	Search <b>backache</b> [Title/Abstract]	3667
#4	Search <b>"Low Back Pain"</b> [Mesh]	21412
#5	Search <b>"lumbar pain"</b> [Title/Abstract]	1476
#6	Search <b>coccyx</b> [Title/Abstract]	833
#7	Search <b>coccydynia</b> [Title/Abstract]	136
#8	Search <b>sciatica</b> [Title/Abstract]	4739
#9	Search <b>"Sciatic Neuropathy"</b> [Mesh:NoExp]	2008
#10	Search <b>spondylosis</b> [Title/Abstract]	3423
#11	Search <b>lumbago</b> [Title/Abstract]	1347
#12	Search <b>back disorder</b> \$(Title/Abstract]	137
#13	Search (((((((((dorsalgia[Title/Abstract]) OR "Back Pain"[Mesh]) OR backache[Title/Abstract]) OR "Low Back Pain"[Mesh]) OR "lumbar pain"[Title/Abstract]) OR coccyx[Title/Abstract]) OR coccydynia[Title/Abstract]) OR sciatica[Title/Abstract]) OR "Sciatic Neuropathy"[Mesh:NoExp]) OR spondylosis[Title/Abstract]) OR lumbago[Title/Abstract]) OR back disorder\$(Title/Abstract]	50764
#14	Search <b>"Cohort Studies"</b> [Mesh:NoExp]	257229
#15	Search <b>incidence</b> [Text Word]	835714
#16	Search <b>"Mortality"</b> [Mesh:NoExp]	43314
#17	Search <b>"Follow-Up Studies"</b> [Mesh:NoExp]	636101
#18	Search <b>prognos*</b> [Text Word]	847092
#19	Search <b>predict*</b> [Text Word]	1618941
#20	Search <b>course</b> [Text Word]	545336
#21	Search <b>"Survival Analysis"</b> [Mesh:NoExp]	133063
#22	Search (((((((("Cohort Studies"[Mesh:NoExp]) OR incidence[Text Word]) OR "Mortality"[Mesh:NoExp]) OR "Follow-Up Studies"[Mesh:NoExp]) OR prognos*[Text Word]) OR predict*[Text Word]) OR course[Text Word]) OR "Survival Analysis"[Mesh:NoExp]	4016575
#23	Search <b>"Meta-Analysis"</b> [Publication Type]	112164
#24	Search <b>systematic review</b> [Text Word]	170908
#25	Search <b>("Meta-Analysis"</b> [Publication Type]) OR systematic review[Text Word]	230609
#26	Search (((((((((((dorsalgia[Title/Abstract]) OR "Back Pain"[Mesh]) OR backache[Title/Abstract]) OR "Low Back Pain"[Mesh]) OR "lumbar pain"[Title/Abstract]) OR coccyx[Title/Abstract]) OR coccydynia[Title/Abstract]) OR sciatica[Title/Abstract]) OR "Sciatic Neuropathy"[Mesh:NoExp]) OR spondylosis[Title/Abstract]) OR lumbago[Title/Abstract]) OR back disorder\$(Title/Abstract))) AND (((((((("Cohort Studies"[Mesh:NoExp]) OR incidence[Text Word]) OR "Mortality"[Mesh:NoExp]) OR "Follow-Up Studies"[Mesh:NoExp]) OR prognos*[Text Word]) OR predict*[Text Word]) OR course[Text Word]) OR "Survival Analysis"[Mesh:NoExp])) AND (("Meta-Analysis" [Publication Type]) OR systematic review[Text Word])	280
#27	Search (((((((((((dorsalgia[Title/Abstract]) OR "Back Pain"[Mesh]) OR backache[Title/Abstract]) OR "Low Back Pain"[Mesh]) OR "lumbar pain"[Title/Abstract]) OR coccyx[Title/Abstract]) OR coccydynia[Title/Abstract]) OR sciatica[Title/Abstract]) OR "Sciatic Neuropathy"[Mesh:NoExp]) OR spondylosis[Title/Abstract]) OR	269

	<b>lumbago[Title/Abstract]) OR back disorder\$[Title/Abstract])) AND (((((((("Cohort Studies"[Mesh:NoExp]) OR incidence[Text Word]) OR "Mortality"[Mesh:NoExp]) OR "Follow-Up Studies"[Mesh:NoExp]) OR prognos*[Text Word]) OR predict*[Text Word]) OR course[Text Word]) OR "Survival Analysis"[Mesh:NoExp])) AND (("Meta-Analysis" [Publication Type]) OR systematic review[Text Word]) Filters: Humans</b>	
#28	<b>Search (((((((((((dorsalgia[Title/Abstract]) OR "Back Pain"[Mesh]) OR backache[Title/Abstract]) OR "Low Back Pain"[Mesh]) OR "lumbar pain"[Title/Abstract]) OR coccyx[Title/Abstract]) OR coccydynia[Title/Abstract]) OR sciatica[Title/Abstract]) OR "Sciatic Neuropathy"[Mesh:NoExp]) OR spondylosis[Title/Abstract]) OR lumbago[Title/Abstract]) OR back disorder\$[Title/Abstract])) AND (((((((("Cohort Studies"[Mesh:NoExp]) OR incidence[Text Word]) OR "Mortality"[Mesh:NoExp]) OR "Follow-Up Studies"[Mesh:NoExp]) OR prognos*[Text Word]) OR predict*[Text Word]) OR course[Text Word]) OR "Survival Analysis"[Mesh:NoExp])) AND (("Meta-Analysis" [Publication Type]) OR systematic review[Text Word]) Sort by: Author Filters: Publication date from 2008/01/01 to 2020/03/20; Humans</b>	208

Supplementary Table S3: Reference from excluded full-text citations

1.	Alhowimel, A.; AlOtaibi, M.; Radford, K.; Coulson, N. Psychosocial Factors Associated with Change in Pain and Disability Outcomes in Chronic Low Back Pain Patients Treated by Physiotherapist: A Systematic Review. <i>SAGE open Med.</i> <b>2018</b> , <i>6</i> , doi:10.1177/2050312118757387.
2.	Alzahrani, H.; Mackey, M.; Stamatakis, E.; Zadro, J.R.; Shirley, D. The Association between Physical Activity and Low Back Pain: A Systematic Review and Meta-Analysis of Observational Studies. <i>Sci. Rep.</i> <b>2019</b> , <i>9</i> , 1–10, doi:10.1038/s41598-019-44664-8.
3.	Baumeister, H.; Knecht, A.; Hutter, N. Direct and Indirect Costs in Persons with Chronic Back Pain and Comorbid Mental Disorders--a Systematic Review. <i>J. Psychosom. Res.</i> <b>2012</b> , <i>73</i> , 79–85, doi:10.1016/j.jpsychores.2012.05.008.
4.	Buruck, G.; Tomaschek, A.; Wendsche, J.; Ochsmann, E.; Dörfel, D. Psychosocial Areas of Worklife and Chronic Low Back Pain: A Systematic Review and Meta-Analysis. <i>BMC Musculoskelet. Disord.</i> <b>2019</b> , <i>20</i> , 1–16, doi:10.1186/s12891-019-2826-3.
5.	da Costa, B.R.; Vieira, E.R. Risk Factors for Work-Related Musculoskeletal Disorders: A Systematic Review of Recent Longitudinal Studies. <i>Am. J. Ind. Med.</i> <b>2010</b> , <i>53</i> , 285–323, doi:10.1002/ajim.20750.
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20.	Dekkers-Sanchez, P.M.; Hoving, J.L.; Sluiter, J.K.; Frings-Dresen, M.H. Factors Associated with Long-Term Sick Leave in Sick-Listed Employees: A Systematic Review. <i>Occup. Environ. Med.</i> <b>2008</b> , <i>65</i> , 153–157, doi:10.1136/oem.2007.034983.
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43.	Valentin, G.H.; Pilegaard, M.S.; Vaegter, H.B.; Rosendal, M.; Ørtenblad, L.; Væggemose, U.; Christensen, R. Prognostic Factors for Disability and Sick Leave in Patients with Subacute Non-Malignant Pain: A Systematic Review of Cohort Studies. <i>BMJ Open</i> <b>2016</b> , <i>6</i> , e007616, doi:10.1136/bmjopen-2015-007616.
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Supplementary Table S4: Conflicts of interest of included studies

First Author, year	Conflict of interest
Kent PM, 2008	Not reported
Chou R, 2010	Financial Disclosures: None reported.
Steenstra IA, 2011	This new systematic review, updated from the previous one published in 2005, was funded by the Workers Compensation Board of Manitoba (WCB) and undertaken by a research team at the Institute for Work & Health.
Agnello A, 2010	No conflict of interest
Campbell P, 2013	No conflict of interest
Iles RA, 2009	Mr. Ross Iles is supported by an Australian Postgraduate Award and is a participant in the Work Disability Prevention CIHR Strategic Training Programme at the Universite de Sherbrooke, Canada.
Hallegraeff JM, 2012	Not reported
Hayden JA, 2019	No conflict of interest
Wertli & Rasmussen-Barr, 2014	No conflict of interest
Wertli & Eugster, 2014	No conflict of interest
Wertli & Burgstaller, 2014	No conflict of interest
Pinheiro MB, 2016	This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. MBP holds the International Post-graduate Research Scholarship/Post-graduate Award from the Australian Government. CGM's research fellowship is funded by Australia's National Health and Medical Research Council. MLF holds a Sydney Medical Foundation Fellowship, The University of Sydney.
Hendrick P, 2011	Not reported
Oliveira CB, 2019	Not reported
Wong AY, 2013	No conflict of interest

Supplementary Table S5: Primary studies (referenced in tables)

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Supplementary Table S6: Other statistics (RR, RP, HR, LR+LR- and p values)

Supplementary Table S6.1 Prognostic factors for acute, subacute, chronic and mixed-duration LBP outcomes at short- and long-term using RR/PR								
Prognostic factor domain	Prognostic factor	Factor definition	Author, year [Ref]	Nº primary studies included (N)	Outcome	Follow-up	Ajusted RR/RP	Crude RR/RP
Acute LBP (<6 weeks)								
Occupational	Work psychosocial factors	Workplace psychosocial factors (greater psychosocial stress)	Steenstra IA, 2011 [28]	1 study (N=433)	WP	NR	RR ranged from 0.85, 95%CI= 0.65-1.13 to 1.04, 95%CI= 0.77-1.41	
Socio-occupational	Work social support	Supervisor support (Low)	Steenstra IA, 2011 [28]	1 study (N=433)	WP	NR	Unclear	
Acute and subacute LBP (≤3 months)								
Psychological-cognitive	Pain catastrophism	Pan catastrophism (High) (PCS, CSQ, PRSS)	Wertli MM, 2014 [36]	1 study (N=253)	WP	ST		PR= 1.01, 95%CI= 0.98–1.04
						LT		PR= 1.01, 95%CI= 0.95–1.07
Chronic LBP (>3 months)								
General health	Physical activity	High self-reported physical activity	Oliveira CB, 2019 [40]	1 study (N=1,836)	Ra	LT	RR women= <b>1.66, 95% CI= 1.07-2.55</b> RR men= 1.06 (95% CI= 0.66 to 1.71)	
Acute to chronic LBP								
Psychological-cognitive	Fear avoidance beliefs	High fear avoidance beliefs (TSK)	Wertli MM, 2014 [35]	1 study (N=389)	Ra	LT	RR= 0.46, p >0,05	
	Pain catastrophism	Pan catastrophism (High) (CSQ)	Wertli MM, 2014 [36]	1 study (N=389)	FS	LT	RR= 1.46, 95%CI= 0.83–2.54	
Socio-occupational	Co-worker social support	Co-worker support (high)	Campbell P, 2013 [30]	1 study (ND)	Rd*	ST	RR= <b>1.55, 95%CI= 1.04- 2.34</b>	
	Supervisor social suppor	Supervisor support (high)	Campbell P, 2013 [30]	1 study (ND)	Rd*	ST	RR= 0.71, 95%CI= 0.34-1.48	

LBP= Low back pain; N= sample size; RR= Risk ratio; PR= Prevalence ratio; LT= Long-term follow up (≥ 3 months); ST= Sort-term follow-up (<3 months); NR= non reported  
Outcome: FS= Functional status; WP= Work participation; R (a-d): Recovery a= recovery of pain or disability, d= recovery and/or return to work

\*Associated with good outcomes  
Bold results are statistically significant

Supplementary Table S6.2 Prognostic factors for acute, subacute, chronic and mixed-duration LBP outcomes at short- and long-term using HR

Prognostic factor domain	Prognostic factor	Factor definition	Author, year [Ref]	Nº primary studies included (N)	Outcome	Adjusted HR	Crude HR
Acute LBP (<6 weeks)							
Individual related factots	Presence of language barriers	Presence of language barriers (yes/no)	Steenstra IA, 2011 [27]	1 study (N= 494)	WP	HR= 1.54, 95% CI= 1.05-2.27	
Treatment related factors	Type of treatment	Treatment related factor- content (provider)	Steenstra IA, 2011 [27]	1 study (N= 615)	WP		Treatment GP or medical specialist, HR= 1.95, 95% CI= 1.59- 2.38. Seeking Occupational care, HR= 1.83, 95% CI= 1.32-2.50
Pain	Pain intensity	Pain intensity (high)	Steenstra IA, 2011 [27]	3 studies (N= 1,795)	WP	HR ranged from 1.17, 95% CI= 1.05–1.29 to 1.09, 95% CI= 0.68-1.75	HR ranged from 0.94, 95% CI= 0.90–0.98 to 1.12, 95% CI= 1.04-1.20
Functional limitation	Disability	High self-reported disability (RMDQ, ODI, others)	Steenstra IA, 2011 [27]	3 studies (N= 984)	WP	HR ranged from 1.22, 95% CI= 1.11-1.37 to 1.97, 95% CI= 1.45-2.70	
Psychological-cognitive	Fear avoidance beliefs	High fear avoidance beliefs	Steenstra IA, 2011 [27]	1 study (N= 628)	WP		HR= 0.98, 95% CI= 0.97–1.00
	Recovery expectations	Low recovery expectations (How likely it is they will return to work/how long it will be before they are able to return)	Steenstra IA, 2011 [27]	3 studies (N= 1,180)	WP	HR ranged from 0.95, 95% CI= 0.91-1.00 to 2.32, 95% CI= 1.29-3.33	HR= 0.95, 95% CI= 0.91–1.00
Socio-occupational	Claim related factors	Claim related factors (presence/absence) (compensation, health insurance, lawyer involved)	Steenstra IA, 2011 [27]	1 study (N= 494)	WP	Delayed nurse case manager referral, HR= <b>0.64, 95% CI= 0.42-0.98</b>	
	Job satisfaction	Job satisfaction (low) (All in all, were you satisfied with your job?)	Steenstra IA, 2011 [27]	2 studies (N= 927)	WP		HR ranged from 0.93, 95% CI= 0.79- 1.07 to 1.70, 95% CI= 1.06-2.70
Acute and subacute LBP (≤3 months)							
Psychological-emotional	Emotional distress	Symptoms of depression (high)	Pinheiro MB, 2016 [36]	1 study (N= 973)	Ra		HR= 0.94, 95% CI= 0.91–0.97
Psychological-cognitive	Recovery expectations	Recovery expectations (low)	Iles RA, 2009 [30]	1 study (N= 596)	WP		HR ranged from 2.83, 95%CI= 2.04–4.00 to 3.50, 95% CI= 2.27–3.03
Chronic LBP (>3 months)							
Psychological-cognitive	Fear avoidance beliefs	High fear avoidance beliefs (FABQ y TSK)	Wertli MM, 2014 [33]	1 study (N= 628)	WP	HR= 0.98, 95% CI= 0.97–1.0	
Acute to chronic LBP							
Socio-occupational	General work support	General work support (low)	Campbell P, 2013 [29]	9 studies (ND)	Rd	HR ranged from 1.04, 95% CI= 1.0-1.08 to 1.05, 95% CI= 0.86–1.28	

LBP= Low back pain; N= sample size; HR= Hazard ratio

Outcome: P= Pain; FS= Functional status; WP= Work participation; R (a b c d): Recovery a= recovery of pain or disability, b= self-reported recovery, c= slightly better" or "worse" score on two or more follow-up measurements, d= recovery and/or return to work

Bold results are statistically significant

Supplementary Table S6.3 Prognostic factors for acute LBP outcomes at short- and long- term using LR+/LR-

Prognostic factor domain	Prognostic factor	Factor definition	Author, year [Ref]	Nº primary studies included (N)	Outcome	Follow-up	LR+ / LR-
Acute LBP (<8 weeks)							
Individual related factots	Age	Age (≤40, <45, or <46 years vs older)	Chou R, 2010 [26]	6 studies (N=3,746)	Rd	ST	LR positive= median 0.94 (range 0.74-1.1)/ LR negative= median 1.1 (range 0.81-2.0)
				6 studies (N=4,541)	Rd	LT	LR positive= median 0.93 (range 0.62-1.0)/ LR negative= median 1.1 (range 0.99-1.8)
	Gender	Sex (Female vs male)	Chou R, 2010 [26]	9 studies (N=4,709)	Rd	ST	LR positive= median 1.1 (range 0.72-1.4)/ LR negative= median 0.94 (range 0.66-1.3)
				8 studies (N=4,384)	Rd	LT	LR positive= median 1.3 (range 1.0-1.7)/ LR negative= median 0.73 (range 0.58-1.0)***
	Education	Education (no college or graduate education vs. more education)	Chou R, 2010 [26]	7 studies (N=4,150)	Rd	ST	LR positive= median 1.0 (range 0.97-1.3)/ LR negative= median 0.76 (range 0.52-1.1)
				4 studies (N=3,858)	Rd	LT	LR positive = median 1.1 (range 1.1-1.2)/ LR negative = median 0.65 (range 0.46-0.85)
General health	BMI	Overweight (BMI >25 o ≥27 vs low BMI)	Chou R, 2010 [26]	3 studies (N=2,237)	Rd	ST	LR positive: median 0.91 (range 0.72-1.2)/ LR negative: median 1.0 (range 0.76-1.2)
				2 studies (N=1,383)	Rd	LT	LR positive: median 0.84 (range 0.73-0.97)/ LR negative: median 1.1 (range 1.0-1.2)
	General health	General health status or activity level before the onset of the low back pain (lower vs. better)	Chou R, 2010 [26]	3 studies (N=2,174)	Rd	ST	LR positive : median <b>1.6 (range 1.1-1.7)</b> / LR negative: median <b>0.73 (range 0.66-0.88)</b>
				5 studies (N=4,137)	Rd	LT	LR positive: median <b>1.8 (range 1.1-2.0)</b> / LR negative: median <b>0.85 (range 0.56-0.99)</b>
	Mental health	Psychiatric comorbidities (major vs. minor)	Chou R, 2010 [26]	4 studies (N=3,123)	Rd	ST	LR positive: median <b>1.9 (range 1.4-2.1)</b> / LR negative: median <b>0.69 (range 0.55-0.85)</b>
				4 studies (N=3,957)	Rd	LT	LR positive: median <b>2.2 (range 1.9-2.3)</b> / LR negative: median <b>0.85 (range 0.55-0.93)</b>
	Smoking	Smoking status (current smoker vs. current non-smoker)	Chou R, 2010 [26]	3 studies (N=1,854)	Rd	ST	LR positive: median 1.2 (range 1.0-1.6)/ LR negative: median 0.88 (range 0.71-0.97)
Episode related factors	Previous history of low back pain	Previous episodes of low back pain (more episodes vs less or none)	Chou R, 2010 [26]	6 studies (N=2,629)	Rd	ST	LR positive: median 1.0 (range 0.90-1.2)/ LR negative: median 0.88 (range 0.53-1.1)***
				5 studies (N=2,405)	Rd	LT	LR positive: median 1.1 (range 0.95-1.2)/ LR negative: median 0.81 (range 0.32-1.1)***
Pain	Pain radiating to the leg	Radiculopathy or leg pain (Y/N)	Chou R, 2010 [26]	5 studies (N=2,824)	Rd	ST	LR positive: median <b>1.4 (range 1.1-1.7)</b> / LR negative: median <b>0.63 (range 0.52-0.93)</b>
				7 studies (N=4,760)	Rd	LT	LR positive: median <b>1.4 (range 1.2-2.4)</b> / LR negative: median <b>0.82 (range 0.54-0.94)</b>
	Pain intensity	Basal Pain (High-Middle-Low Pain Intensity)	Chou R, 2010 [26]	6 studies (N=3,402)	Rd	ST	LR positive: median <b>1.7 (range 1.1-3.7)</b> / LR negative: median <b>0.70 (range 0.07-0.86)</b> ***
3 studies (N=3,110)				Rd	LT	LR positive : median <b>1.3 (range 1.2-2.0)</b> / LR negative: median <b>0.33 (range 0.08-0.97)</b> ***	
Functional limitation	Disability	Basal function (high-medium-low functional impairment category: RMDQ, ODI and other ordinal scales)	Chou R, 2010 [26]	6 studies (N=4,030)	Rd	ST	LR positive: median <b>1.4 (range 1.3-3.5)</b> / LR negative: median <b>0.53 (range 0.18-1.1)</b>
				3 studies (N=3,738)	Rd	LT	LR positive: median <b>2.1 (range 1.2-2.7)</b> / LR negative: median <b>0.40 (range 0.10-0.52)</b>
Psychological-emotional	Somatization	Waddell's non-organic signs (somatization) (more vs. less)	Chou R, 2010 [26]	1 study (N=880)	Rd	ST	LR positive: <b>2.5 (IC 95% 1.8-3.4)</b> / LR negative: <b>0.81 (IC 95% 0.74-0.89)</b>
				3 studies (N=2,945)	Rd	LT	LR positive: median <b>3.0 (range 1.7-4.6)</b> / LR negative: median <b>0.71 (range 0.31-0.76)</b>
Psychological-cognitive	Fear avoidance behaviors/coping	Fear-avoidance/ coping behaviors (high-medium-low category: FABQ and others)	Chou R, 2010 [26]	4 studies (N=2,736)	Rd	ST	LR positive: median <b>2.2 (range 1.5-4.9)</b> / LR negative: median <b>0.46 (range 0.30-0.73)</b>
				2 studies (N=2,765)	Rd	LT	LR positive: median <b>2.5 (range 2.2-2.8)</b> / LR negative: median <b>0.39 (range 0.38-0.40)</b>
Occupational	Work physical demands	Work physical demands (higher vs. lower)	Chou R, 2010 [26]	3 studies (N=2,174)	Rd	ST	LR positive: median 1.2 (range 1.1-1.6)/ LR negative: median 0.87 (range 0.85-0.89)
				2 studies (N=2,765)	Rd	LT	LR positive: median <b>1.4 (range 1.2-1.7)</b> / LR negative: median <b>0.84 (range 0.83-0.85)</b>
	Compensation	Receive compensation at the basal level (sick leave, out of work, case of compensation of workers yes/no)	Chou R, 2010 [26]	4 studies (N=1,970)	Rd	ST	LR positive: median 1.3 (range 0.97-2.7)/ LR negative: median0.88 (range 0.78-1.0)
				5 studies (N=2,980)	Rd	LT	LR positive: median <b>1.4 (range 1.2-1.8)</b> / LR negative: median <b>0.86 (range 0.37-0.93)</b> ***
	Job satisfaction	Job satisfaction (lower vs. higher)	Chou R, 2010 [26]	3 studies (N=1,854)	Rd	ST	LR positive: median 1.1 (range 0.64-1.8)/ LR negative: median 0.98 (range 0.94-1.2)
				3 studies (N=1,180)	Rd	LT	LR positive: median <b>1.5 (range 1.3-1.8)</b> / LR negative: median <b>0.88 (range 0.62-0.94)</b>
Acute and subacute LBP (≤3 months)							
Psychological-cognitive	Fear avoidance beliefs	High fear avoidance beliefs (FABQ y TSK)	Wertli MM, 2014 [33]	2 studies (N=331)	FS	LT	Unclear

LBP= Low back pain; N= sample size; LR= Likelihood ratio; LT= Long-term follow up (≥ 3 months); ST= Sort-term follow-up (<3 months)

Outcome: FS= Functional status; Rd= Recovery d (recovery and/or return to work)

\*\*\* Meta-analysis combining adjusted and adjusted data

Bold results are statistically significant

Supplementary Table S6.4 Prognostic factors for acute, subacute, chronic and mixed-duration LBP outcomes (p values)

Prognostic factor domain	Prognostic factor	Factor definition	Author, year [Ref]	N° primary studies included (N)	Outcome	p value
Acute LBP (<6 weeks)						
Pain	Pain radiationg to the leg	Pain radiating to the leg	Steenstra IA, 2011 [27]	6 studies (N=4,245)	WP	p= 0.0010
	Higher pain intensity	Hiher pain intensity	Steenstra IA, 2011 [27]	9 studies (N=6,238)	WP	p= 0.0010 Unclear
	Pain medication	Pain medication (opioid use)	Steenstra IA, 2011 [27]	1 study (N=8,443)	WP	
Psychological-cognitive	Recovery expectations	Lower recovery expectations (How likely it is they will return to work and/or how long it will be before they are able to return)	Steenstra IA, 2011 [27]	1 study (N=300)	WP	p< 0.001
Occupational	Alternative duties available	Alternative duties available	Steenstra IA, 2011 [27]	3 studies (N=2,586)	WP	Unclear
Acute and subacute LBP (≤3 months)						
General health	Physical activity	High physical activity (any type)	Oliveira CB, 2019 [38]	1 study (N=106)	Ra	p= 0,58
Psychological-emotional	Depression	High basal symptoms of depression	Pinheiro MB, 2016 [36]	1 study (N=91)	FS	p= 0.57
				3 studies (N=428)	Ra	Unclear
Chronic LBP						
General health	Physical activity	High physical activity (any type)	Oliveira CB, 2019 [38]	1 study (N=211)	FS	p= 0,76
Acute to chronic LBP						
General health	Physical activity	Perform daily physical activity - occupational, sports and leisure activities	Hendrick P, 2011 [36]	4 studies (N=3,002)	P	p= 0.14
				3 studies (N=1,714)	FS	Unclear
				1 study (N=352)	NT	p= 0.064
		High physical activity (any type)	Oliveira CB, 2019 [38]	2 studies (N=505)	P	p values ranged from 0.38 to 0.29 p values ranged from 0.28 to 0.96
				3 studies (N=1,060)	FS	
Psychological-cognitive	Pain catastrophism (CSQ, PRSS, PCC)	High pain catastrophism(CSQ, PRSS, PCC)	Wertli MM, 2014 [35]	2 studies (N=335)	P	p < 0.05
				2 studies (N=335)	FS	p < 0.05
				1 study (N=165)	TS	p > 0.05

LBP= Low back pain; N= sample size

Outcome: P= Pain; FS= Functional status; WP= Work participation; Ra: Recovery a= recovery pain or disability; NT= N° Medical Treatments for Low Back Pain; TS= Treatment satisfaction

Bold results are statistically significant

Supplementary Table S7: Reliability of included reviews

Review	A. Identification, selection and critical appraisal of studies <sup>1</sup>						B. Analysis <sup>2</sup>						C. Overall <sup>3</sup>	
	1. Selection criteria	2. Search	3. Up-to-date	4. Study selection	5. Risk of bias	6. Overall	1. Study characteristic s	2. Analytic methods	3. Heterogeneity	4. Appropriate synthesis	5. Exploratory factors	6. Overall	1. Other considerations	2. Reliability of the review
Kent PM, 2008	(+)	?	(+)	?	(+)	(+)	?	(+)	(+)	(+)	(+)	(+)	?	(+)
Chou R, 2010	(+)	?	(+)	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	?	(+)
Steenstra IA, 2011	(+)	?	(+)	?	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	?	(+)
Agnello A, 2010	?	?	?	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
Campbell P, 2013	(+)	?	?	?	(+)	(+)	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)
Hallegraeff JM, 2012	(+)	?	(-)	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	?	(+)
Iles RA, 2009	(+)	?	?	?	(+)	(+)	?	(+)	(+)	(+)	(+)	(+)	?	(+)
Wertli & Rasmussen-Barr, 2014	(+)	?	?	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
Wertli & Eugster, 2014	(+)	?	?	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
Wertli & Burgstaller, 2014	(+)	?	?	?	(+)	(+)	(+)	(+)	(+)	(+)	?	(+)	?	(+)
Pinheiro MB, 2016	(+)	?	?	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
Hendrick P, 2011	(+)	?	?	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
Oliveira CB, 2019	(+)	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	?	(+)
Wong AY, 2013	(+)	(+)	(+)	?	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	?	(+)
Hayden JA, 2019	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)	(+)
Total (+)	14	2	6	2	14	15	12	15	15	15	14	15	7	15
Total (-)	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Total NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total ?	1	13	8	13	1	0	3	0	0	0	1	0	8	0
<sup>1</sup> A. Identification, selection and critical appraisal of studies														
1. <b>Selection criteria:</b> were the criteria used for deciding which studies to include in the review reported? (+ yes; ? can’t tell/partially; – no)														
2. <b>Search:</b> was the search for evidence reasonably comprehensive? (+ yes; ? can’t tell/partially; – no)														
3. <b>Up-to-date:</b> is the review reasonably up-to-date? (+ yes; ? can’t tell/partially; – no)														
4. <b>Study selection:</b> was bias in the selection of articles avoided? (+ yes; ? can’t tell/partially; – no)														
5. <b>Risk of bias:</b> did the authors use appropriate criteria to assess the risk for bias in analysing the studies that are included? (+ yes; ? can’t tell/partially; – no)														
6. <b>Overall:</b> how would you rate the methods used to identify, include and critically appraise studies? (+ only minor limitations, – important limitations)														
<sup>2</sup> B. Analysis														
1. <b>Study characteristics:</b> were the characteristics and results of the included studies reliably reported? (+ yes; ? can’t tell/partially;– no, NA not applicable; e.g. no studies or data)														
2. <b>Analytic methods:</b> were the methods used by the review authors to analyse the findings of the included studies reported? (+ yes; ? can’t tell/partially; – no, NA not applicable; e.g. no studies or data)														
3. <b>Heterogeneity:</b> did the review describe the extent of heterogeneity? (+ yes; ? can’t tell/partially; – no, NA not applicable; e.g. no studies or data)														
4. <b>Appropriate synthesis:</b> were the findings of the relevant studies combined (or not combined) appropriately relative to the primary question the review addresses and the available data? (+ yes; ? can’t tell/partially; – no, NA not applicable; e.g. no studies or data)														
5. <b>Exploratory factors:</b> did the review examine the extent to which specific factors might explain differences in the results of the included studies? (+ yes; ? can’t tell/partially; – no, NA not applicable; e.g. no studies or data)														

6. <b>Overall:</b> how would you rate the methods used to analyse the findings relative to the primary question addressed in the review? (+ only minor limitations, – important limitations)	
<b>3C. Overall</b>	
1. <b>Other considerations:</b> are there any other aspects of the review not mentioned before which lead you to question the results? (+ yes; ? can't tell/partially; – no)	
2. <b>Reliability of the review:</b> based on the above assessments of the methods how would you rate the reliability of the review? (+ only minor limitations, – important limitations)	



Supplementary Table S8: Prognostic factors reported by only one review

Table S8. Prognostic factors for acute and subacute LBP outcomes reported by a single systematic review using OR/Beta Coefficients								
Prognostic factor domain	Prognostic factor	Factor definition	Author, year [Ref]	Nº primary studies included (N) <sup>Ref</sup>	Outcome	Follow-up	Ajusted	Crude
Acute and subacute LBP (≤3 months)								
Individual related factors	Age	Older age	Kent PM, 2008 [26]	2 studies (N=818) <sup>9, 10</sup> 2 studies (N=1,034) <sup>11, 19</sup>	FS WP	LT LT	Pooled OR= 2.23, 95% CI= 0.35-14.07 <b>Pooled OR= 1.56, 95% CI= 1.05-2.30</b>	
	Marital status	Marital status (married/other)	Kent PM, 2008 [26]	3 studies (N=9,436) <sup>13, 14, 97</sup>	WP	LT		Largest significant OR= <b>0.31, 95% CI= 0.15–0.65</b>
	Being a parent	Being a parent	Kent PM, 2008 [26]	2 studies (N=8,912) <sup>13, 14</sup>	WP	LT		Largest significant OR= <b>2.69, 95% CI= 1.09–6.66</b>
General health	BMI	Higher BMI	Kent PM, 2008 [26]	2 studies (N=1,378) <sup>11, 9</sup>	WP	LT	Largest significant OR= <b>1.85, 95% CI= 1.17–2.90 a</b>	
	General health	Worst general health (self-reported)	Kent PM, 2008 [26]	1 study (N=219) <sup>7</sup>	P	LT	Largest significant OR= <b>2.22, 95% CI= 1.14–4.34</b>	
				2 studies (N=414) <sup>10, 15</sup>	FS	LT	Largest significant OR= <b>4.56, 95% CI= 2.19–9.49</b>	
		Worse General Health Questionnaire Score		1 study (N=294) <sup>10</sup>	FS	LT	Largest significant OR= <b>3.34, 95% CI= 1.50–7.20</b>	
				1 study (N=854) <sup>11</sup>	WP	LT	Largest significant OR= <b>2.78, 95% CI= 2.00–3.87</b>	
	Mental health	Mental Health (Worse than average population)	Steenstra IA, 2011 [28]*	4 studies (N=3,114) <sup>5, 12, 37, 98</sup>	WP	LT	OR ranged from 1.11, 95%CI= 0.66-1.87 to 1.84, 95%CI= 0.99-3.42.	Odds ratio ranged from 1.03 (0.99-1.07) to 1.03 (NR)
	Physical activity	Physical activity (any type) (more active)	Oliveira CB, 2019 [40]	1 study (N=101) <sup>99</sup>	FS	ST	β=0.00, 95% CI=–0.00- 0.00, p=0.20	
	Treatment related factors	Previous therapy	Previous therapy (yes/no)	Kent PM, 2008 [26]	1 study (N=524) <sup>9</sup>	FS	LT	Largest significant OR= <b>2.12, 95% CI= 1.30–3.50</b>
Previous Rx		Previous Rx (yes/no)	1 study (N=524) <sup>9</sup>		FS	LT	Largest significant OR= <b>2.53, 95% CI= 1.60–4.10</b>	
Diagnosis		Diagnosis exists (yes/no)	1 study (N=524) <sup>9</sup>		FS	LT	Largest significant OR= <b>11.6, 95% CI= 2.90–46.90</b>	
Type of treatment		Type of treatment (type of health care provider)	Steenstra IA, 2011 [28]*	2 studies (N=2,001) <sup>12, 15</sup>	WP	LT	OR ranged from <b>0.41, 95%CI= 0.24-0.70</b> to <b>1.93, 95%CI= 1.31-2.84</b>	
Clinical exam findings		Clinical exam findings (Abnormal heel walk)		1 studies (N=162) <sup>21</sup>	WP	NR	OR= <b>2.53, 95%CI= 1.18-5.41, p=0.02</b>	
Pain observation		Observation of pain (protection against pain, non-organic Waddell's signs, symptoms inconsistent with clinical findings)		2 studies (N=259) <sup>37, 100</sup>	WP	LT		Odds ratio ranged from <b>1.14, p=0.01</b> to <b>1.69, 95%CI= 1.15-2.23</b>
Pain		Longer pain duration	Longer pain duration	Kent PM, 2008 [26]	4 studies (N=1,123) <sup>9, 10, 101, 102</sup>	FS	LT	Pooled OR= 2.27, 95% CI= 0.53-9.65
	Unilateral pain	Unilateral pain (yes/no)	Kent PM, 2008 [26]	1 study (N= 78) <sup>103</sup>	FS	LT		Largest significant OR= <b>4.91, 95% CI= 1.62–14.83</b>
	Widespread pain	Widespread pain (si/no)	Kent PM, 2008 [26]	1 study (N=294) <sup>10</sup>	FS	LT	Largest significant OR= <b>6.42, 95% CI= 2.70–15.00</b>	
	Pain medication	Pain medication (nº of opioid prescriptions in 6 wk)	Steenstra IA, 2011 [28]*	3 studies (N=2,683) <sup>20, 104, 105</sup>	WP	LT	OR= <b>2.5, 95%CI= 1.4–4.3</b>	Unclear
Physical impairment	Spine flexion	Limited spine flexion	Kent PM, 2008 [26]	1 study (N=294) <sup>10</sup>	FS	LT	Largest significant OR= <b>4.49, 95% CI= 2.10–9.50</b>	
	Knee ROM	Limited knee extension	Kent PM, 2008 [26]	1 study (N=294) <sup>10</sup>	FS	LT	Largest significant OR= <b>2.39, 95% CI= 1.10–5.10</b>	
	SLR	SLR positivo	Kent PM, 2008 [26]	3 studies (N=832) <sup>9, 102, 103</sup>	FS	LT		Pooled OR= 4.24, 95% CI= 0.40–44.84
	Aerobic capacity	Greater aerobic capacity	Kent PM, 2008 [26]	1 study (N=294) <sup>10</sup>	FS	LT	Largest significant OR= <b>2.80, 95% CI= 1.40–5.60</b>	

	Cranio-sacral axial compression	Centralisation	Kent PM, 2008 [26]	1 study (N=300) <sup>6</sup>	WP	LT	Largest significant OR= <b>8.83, 95% CI= 1.94–40.11</b> a
<b>Emotion psychological</b>	Somatization	Somatic anxiety (somatization)	Kent PM, 2008 [26]	2 studies (N=1,154) <sup>6, 11</sup>	WP	LT	Pooled OR= 1.41, 95% CI= 0.82–2.44

Table S8 (continued)

<b>Cognitive psychological</b>	Pain catastrophism	Pan catastrophism (High) (PCS, CSQ, PRSS)	Wertli MM, 2014 [36]*	1 study (N=171) <sup>33</sup>	P	LT	OR= <b>2.45, 95%CI= 1.09–5.5</b>
				1 study (N=171) <sup>33</sup>	FS	LT	OR= 3.31, 95%CI= 0.93–44.9
				1 study (N=314) <sup>106</sup>	Rc	LT	OR= 1.04, 95%CI= 0.99–1.09, p=0.09
		Pan catastrophism (High) (PCS, CSQ, PRSS)	Wertli MM, 2014 [36]	1 study (N=108) <sup>107</sup>	P	LT	Beta= <b>0.31 (95% CI NR), p=0.004</b>
				2 studies (N=366) <sup>24, 107</sup>	FS	LT	Beta coefficients ranged from <b>0.43, p=0.001</b> to <b>1.68, 95%CI= 0.01–3.36, p=0.051</b>
				2 studies (N=2,231) <sup>12, 20</sup>	WP	LT	OR= 1.33, 95%CI= 0.71–2.48
<b>Mixed psychological</b>	Coping strategies	Poor coping strategies	Kent PM, 2008 [26]	2 studies (N=644) <sup>9, 15</sup>	FS	LT	Pooled OR= <b>3.24, 95% CI= 1.46–7.22</b>
	Locus of control	Locus of control (external)	Kent PM, 2008 [26]	1 study (N=120) <sup>15</sup>	FS	LT	Largest significant OR= <b>4.30, 95% CI= 1.60–12.00</b>
<b>Occupational</b>	Work status	Increased time away from work	Kent PM, 2008 [26]	4 studies (N=3,112) <sup>30, 103, 108, 109</sup>	FS	LT	Largest significant OR= <b>15.1, 95% CI= 4.64–49.17</b>
		Currently unemployed		2 studies (N=480) <sup>6, 19</sup>	WP	LT	Pooled OR= 1.47, 95% CI= 0.74–2.92
				1 study (N=294) <sup>10</sup>	FS	LT	Largest significant OR= <b>2.37, 95% CI= 1.30–4.40</b>
	Job satisfaction	Job insatisfaction	Kent PM, 2008 [26]	2 studies (N=414) <sup>10, 15</sup>	FS	LT	Pooled OR= <b>2.65, 95% CI= 1.27–5.50</b>
				2 studies (N=480) <sup>6, 19</sup>	WP	LT	Pooled OR=0.82, 95% CI= 0.42-1.62
	Driving time	Increased driving time	Kent PM, 2008 [26]	1 study (N= 854) <sup>11</sup>	WP	LT	Largest significant OR= <b>1.82, 95% CI= 1.03–3.22</b>
	Job control	Less control of work	Kent PM, 2008 [26]	1 study (N= 854) <sup>11</sup>	WP	LT	Largest significant OR= <b>1.95, 95% CI= 1.02–3.72 a</b>
	Work psychosocal factors	Increased psychosocial stress at work (hectic work, skill discretion...)	Steenstra IA, 2011 [28]*	2 studies (N=1,996) <sup>12, 36</sup>	WP	LT	OR= <b>2.16, 95%CI= 1.32–3.54</b> OR=0.91, 95%CI= 0.81-1.01
	Work-related/derived injuries	Work-related/derived injuries (yes/no)	Steenstra IA, 2011 [28]*	2 studies (N=1,230) <sup>5, 21</sup>	WP	LT	OR= 1.54, 95%CI= 0.49–4.84
	Alternative duties available	Modified duties not available	Steenstra IA, 2011 [28]*	2 studies (N=2,739) <sup>11, 12</sup>	WP	LT	OR ranged from <b>1.66, 95%CI= 1.22-2.46</b> to <b>1.91, 95%CI= 1.31–2.76</b>
			Kent PM, 2008 [26]****	1 study (N=854) <sup>11</sup>	WP	LT	Largest significant OR= <b>1.99, 95% CI= 1.39–2.86</b>
<b>Socio-occupational</b>	Claim related factors	Claim related factors (presence)(compensation, insurance, attorney involved)	Steenstra IA, 2011 [28]*	2 studies (N=2,001) <sup>12, 18</sup>	WP	LT	OR ranged from 0.66, 95%CI= 0.44–0.99 to 1.32, 95%CI=0.54-3.27
<b>Social factors</b>	Social activity	Less social activity	Kent PM, 2008 [26]	2 studies (N=414) <sup>10, 15</sup>	FS	LT	Pooled OR= <b>2.31, 95% CI= 1.12–4.76</b>
				1 study (N= 854) <sup>11</sup>	WP	LT	Largest significant OR= <b>2.79, 95% CI= 1.98–3.93</b>

LBP= Low back pain; N= Sample size; <sup>Ref</sup> = References provided in Supplementary Table S5; OR= Odd ratio; NR= Not reported; LT: Long-term follow up (≥ 3 months); S/T: Sort-term follow-up (<3 months)

Outcome: P: Pain; FS: Functional status; WP: Work participation; R (c): Recovery c= slightly better" or "worse" score on two or more follow-up measurements

\* Sample of individuals in acute phase of low back pain

\*\*\*\* Duplicate finding

Supplementary Table S9: Prognostic factors in Chronic LBP

Table S8. Prognostic factors for chronic LBP outcomes at long term (OR/Beta Coefficients)

Prognostic factor domain	Prognostic factor	Factor definition	Author, year [Ref]	Nº primary studies included (N) <sup>Ref</sup>	Outcome	Adjusted OR/Beta
Chronic LBP (>3 meses)						
General health	Physical activity	High self-reported physical activity	Oliveira CB, 2019 [40]	1 study (N=793) <sup>52</sup>	P	Unstandardized β= -0.2 (95% CI= -1.1 to -0.3), p=0.49
				2 studies (N=877) <sup>53, 54</sup>	FS	Unclear
Physical impairment	Abdominal muscle function	Worse Función de la musculatura abdominal (Basal dynamic morphometric measurements Transverse Abdomen)	Wong AY, 2013 [32]	1 studies (N=87) <sup>55</sup>	P	Unclear
Psychological-cognitive	Fear avoidance beliefs	High fear avoidance beliefs (FABQ y TSK)	Wertli MM, 2014 [35]	1 studies (N=681) <sup>56</sup>	P	OR= 1.20, 5%CI= 0.79–1.82
				1 studies (N=50) <sup>31</sup>	FS	Standardized β= 0.25, p= ns
				1 studies (N=822) <sup>57</sup>	WP	OR= <b>0.95, 95%CI= 0.91–0.99</b>
	Pain catastrophism	High pain catastrophism (PCS, CSQ, PRSS)	Wertli MM, 2014 [36]	3 studies (N=1,201) <sup>24, 58, 59</sup>	FS	Standardized β ranged from <b>0.35, p≤0.0001</b> to <b>0,11, p=0.001</b>

LBP= Low back pain; N= Sample size; <sup>Ref</sup> = References provided in Supplementary Table S5; OR= Odd ratio

Outcome: P: Pain; FS: Functional status; WP: Work participation

Bold results are statistically significant

Supplementary Table S10: Prognostic factors in Mixed-duration LBP

Table S10. Prognostic factors for mixed duration of LBP outcomes at long term (OR/Beta Coefficients)										
Prognostic factor domain	Prognostic factor	Factor definition	Author, year [Ref]	Nº primary studies included (N) Ref	Outcome	Adjusted OR/Beta	Heterogeneity I² (p)	Crude OR/Beta	Heterogeneity I² (p)	Publication bias
Acute to chronic LBP										
General health	Physical activity	Higher self-reported physical activity	Oliveira CB, 2019 [40]	1 study (N=4,074) <sup>60</sup>	P	OR women= 0.97, 95% CI= 0.74-1.26, p= 0.83 OR men= 1.24, 95% CI= 0.93-1.67, p= 0.15	NA		NA	NA
				1 study (N=4,074) <sup>60</sup>	FS	OR women= 1.15, 95% CI= 0.9-1.47, p= 0.26 OR men= 1.19, 95% CI= 0.85-1.65), p= 0.31	NA		NA	NA
Psychological-cognitive	Fear avoidance beliefs	High fear avoidance beliefs (FABQ y TSK)	Wertli MM, 2014 [35]	1 study (N=165) <sup>61</sup>	WP	OR= <b>1.077, 95%CI= 1.05–1.11</b>	NA		NA	NA
				4 studies (N=2,449) <sup>51, 62, 63</sup>	FS	Ranged from OR= <b>0.91, 95%CI= 0.87–0.96</b> (for decrease RMQ≥ 30%) to Beta= <b>0.84, 95%CI= 0.25–1.44</b> ).	NA		NA	NA
Socio-occupational	Work social support	Co-worker social support (low)	Campbell P, 2013 [30]	3 studies (ND) <sup>36, 62, 64</sup>	Rd	OR= <b>4.08, 95%CI= 1.59–10.05</b>	NA	Values ranged from Beta 0.2, p = 0.079 and OR 0.88, 95%CI= 0.64-1.21	NA	NA
		Supervisor social support (low)		2 studies (ND) <sup>62, 64</sup>	Rd	OR ranged from 1.07, 95%CI= 0.82-1.09 to 2.69, 95%CI= 0.85–8.44	NA		NA	NA
		General social support (low)		6 studies (ND) <sup>35, 65-67, 68, 69</sup>	Rd	Unclear	NA	OR= 1.16, 95%CI= 1.03-1.30	NA	NA
Subacute/chronic LBP										
Psychological-cognitive	Expectativas de recuperación	Positive recovery expectations (general expectations related to a future low back pain outcome)	Hayden JA, 2019 [34]	4 studies (N=1,820) <sup>70-72a-b</sup>	P*		NA	OR= 2.51, 95%CI= 0.81-7.82 (dichotomous measure) (only one study)	NA	NA
						Pooled OR= <b>1.15, 95%CI= 1.08-1.23</b> (continuous measure)(only two studies)	I² = 0% (p= 0,52)	Pooled OR= 1.13, 95%CI= 0.48-2.67 (continuous measure) (only two studies)	I² = 77% (p= 0.01)	NR
				8 studies (N=3,038) <sup>70-76</sup>	FS*	Pooled OR= 1.66, 95%CI= 0.66-4.22 (dichotomous measure) (only two studies)	I² = 0% (p= 0.72)	OR= <b>3.03, 95%CI= 1.14-8.08</b> (dichotomous measure) (only one study)	NA	NA
						Pooled OR= 1.40, 95%CI= 0.85-2.31 (continuous measure)	I² = 81% (p= 0)	Pooled OR= 1.56, 95%CI= 0.72-3.41 (continuous measure)	I² = 72% (p= 0.01)	NR
				15 studies (N=5,365) <sup>12, 16, 38, 41, 45, 77-84</sup>	WP*	Pooled OR= <b>2.43, 95%CI= 1.64-3.62</b> (dichotomous measure)	I² = 89% (p<0.0001)	Pooled OR= <b>4.11, 95%CI= 3.46-4.89</b> (dichotomous measure)	I² = 6% (p= 0.39)	Egger's test bias coefficiente= 2.79; p <0.001
						Pooled OR= 1.14, 95%CI= 0.95-1.37 (continuous measure) (only two studies)	I² = 54% (p= 0.14)	Pooled OR= 1.84, 95%CI= 0.53-6.37 (continuous measure)	I² = 90% (p= 0)	
		10 studies (N=7,766) <sup>83, 85-93</sup>	Re*	Pooled OR= <b>1.89, 95%CI= 1.49-2.41</b> (dichotomous measure)	I² = 0% (p= 0.78)	Pooled OR= <b>2.40, 95%CI= 1.32-4.37</b> (dichotomous measure)	I² = 49% (p= 0.14)	NR		
				Pooled OR= <b>1.15, 95%CI= 1.07-1.24</b> (continuous measure)	I² = 81% (p= 0)	OR= <b>1.13, 95%CI= 1.11-1.15</b> (continuous measure) (only one study)	NA	NR		
		Positive self-efficacy expectations (ability to execute behaviours to achieve a future outcome)	Hayden JA, 2019 [34]	1 study (N=107) <sup>94</sup>	P*	Beta= <b>9.44, SE= 3.94</b>	NA			
				2 studies (N=1,058) <sup>70, 74</sup>	FS*	Unclear	NA			
1 study (N=135) <sup>95</sup>	Re*			OR= -0.34, p= 0.20	NA					
		Positive treatment expectations (future low back pain outcomes specifically related to ongoing treatment)	Hayden JA, 2019 [34]	2 studies (N=811) <sup>76, 96</sup>	FS*	Unclear	NA			

LBP= Low back pain; N= Sample size; <sup>Ref</sup> = References provided in Supplementary Table S5; OR= Odd ratio; NR= Not reported; NA= Not assessable

Outcome: P: Pain; FS: Functional status; WP: Work participation; R (d, e): Recovery d= recovery and/or return to work; e= important functional, pain or work participation recovery

NA: Not assessable

\*Associated with good outcomes

Bold results are statistically significant