Low back pain (LBP) is a major health problem1, considered the leading cause of years lived with disability1 and of absenteeism. Although the impact on productivity varies in the literature2, one systematic review estimated the direct medical costs as \$300 billion in the United States (U.S.) alone3. Unsatisfactory LBP management may lead to overutilization of imaging4, surgeries5,6, and medication, including opioids7,8. Current guidelines for chronic LBP (CLBP) management recommend physiotherapy as a first-line intervention, alongside education and behavioral interventions9,10. Moderate-certainty evidence from randomized controlled trials (RCTs) supports the effectiveness of exercise-based physiotherapy in reducing pain and disability in LBP treatment 11, and these interventions have often yielded better outcomes for disability and return to work than surgical interventions 2,12. However, access to in-person physiotherapy faces several barriers: a scarcity of healthcare resources (including therapists and facilities), time-, travel-, and costs-constraints (work time off, childcare costs), insufficient health literacy, and, more recently, the perceived risk of contracting infections 13. All these also affect engagement, resulting in high percentages of unattended or incomplete treatments 14. Digital interventions have great potential in overcoming such challenges, being more accessible and affordable than in-person physiotherapy 15, 16, and increasing patient adherence and empow erment 17. Within LBP management, research has focused on the effectiveness and safety of digital interventions, both as adjuncts to in-person care 18, 19 and as stand-alone through video conference-based 19 or asynchronous telerehabilitation 20,21. The latter has the potential to scale care delivery, addressing the growing prevalence of CLBP1. However, the few trials comparing exercise-based asynchronous interventions with standard in person physiotherapy considered cohorts with diverse acuity levels20,21 or were non-randomized studies 20, compromising the certainty of evidence on the subject. Thus, further research is needed on the effectiveness of these solutions as an alternative to in-person physiotherapy for CLBP. Previously, we demonstrated the effectiveness of tailored digital care programs (DCP) integrating exercise, education, and cogni tive behavioral therapy (CBT) in several musculoskeletal condi tions22,23, including acute and chronic LBP24,25. The present RCT aims to compare the clinical outcomes of patients with CLBP following a DCP versus conventional in-person physiotherapy. We hypothesize that outcomes are comparable to those obtained with conventional physiotherapy