Low back pain (LBP) is a major health problem[1], considered the leading cause of years lived with disability[1] and of absenteeism. Although the impact on productivity varies in the literature[2], one systematic review estimated the direct medical costs as $300 billion in the United States (U.S.) alone[3]. Unsatisfactory LBP management may lead to overutilization of imaging[4], surgeries[5,6], and medication, including opioids[7,8]. Current guidelines for chronic LBP (CLBP) management recommend physiotherapy as a first-line intervention, alongside education and behavioral interventions[9,10]. 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 CLBP[1]. However, the few trials comparing exercise-based asynchronous interventions with standard in person physiotherapy considered cohorts with diverse acuity levels[20,21] 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 tions[22,23], including acute and chronic LBP[24,25]. 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.