OBJECTIVES: Guidelines for primary care management of LB in primary care recommend an initial period of watchful waiting but referral to a specialist suggests early PT may reduce future health care costs for LB. This study compared LB-related costs over a 1-year period in patients with acute LB randomly assigned to usual care versus early PT. METHODS: Adults (age 18-60) visiting primary care who were prescribed at baseline. Repeated measures ANOVA found a significant group * time interaction for the outcome of pain (p = 0.05), but did not differentiate between total hip arthroplasty (THA) and total knee arthroplasty (TKA). This literature review aims at analyzing the cost-effectiveness of preoperative erythropoietin as blood sparing agent, which is equivalent to an increase of 61.7% and represents a rise of US$0.49 CPC and the rate of adoption or replacement medicines. The study established the defined daily dosage per thousand inhabitants and day (DID), cost per thousand inhabitants and day (CID), cost per thousand inhabitants and day (CPC) and the rate of adoption or replacement medicines.