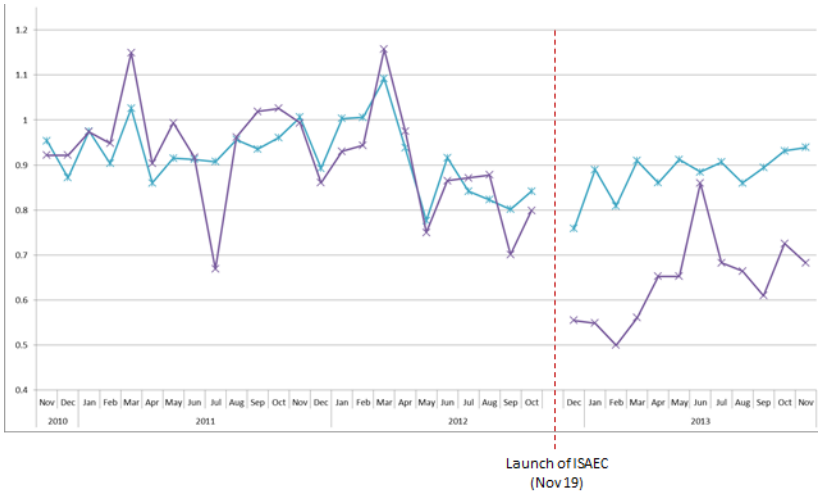
# ISAEC

## Inter-professional Spine Assessment and Education Clinics (ISAEC) Pilot

***ISAEC Quick Stats…***

Pilot days remaining: **? (see below)**
Patient referrals to date: **1,810**
Average wait time: **5.8 days**
Patients needing Imaging/Specialist: **118**

**The Institute for Clinical Evaluative Sciences (ICES)** is providing third party evaluation of the ISAEC pilot. They recently examined MRI-lumbar spine ordering by ISAEC's primary care providers (164 MDs with ISAEC referring privileges - purple) in aggregate and compared it to a control group of primary care providers (~8000 MDs without ISAEC referring privileges - blue). The results are very promising: the month following ISAEC's launch (December 2012), there is an immediate disparity observed in the average number of MRI orders per month. With one exception (June), the delta appears to sustain itself over the 12 month period following ISAEC's launch. Through your support, ISAEC is driving home the point that X-rays, CT scans and MRIs are not useful and can even be detrimental in treating low back pain, unless there are specific signs of a serious underlying cause (examples).




Sources: ICES (April 2014)

## *This Month's Case Study…*

By Ben Morton, DC
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*Questions?*
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**This 75-year-old retired physician** presented to ISAEC with a 10 year history of intermittent low back pain and new onset severe leg pain with radiation into the right anterior thigh that was aggravated by walking, standing, coughing and sneezing. It was relieved by lying supine, sitting, flexion as well as Tramadol. He indicated that his thigh pain began insidiously approximately 3 months ago. Past medical history was significant for a 20-year history of hereditary spastic paraplegia that was being followed and managed by a neurologist and more recently a physiatrist. His hereditary spastic paraplegia was associated with lower limb weakness, painful frequent leg spasms, diffuse paraesthesiae of the lower extremities, bladder dysfunction that required self-catheterization several times daily, and loss of anal sphincter tone. Additionally, he was dependent on a rollator for ambulation. Aside from his leg dominant complaint, he reported a recent onset of bilateral hand clumsiness, fine motor control difficulty and upper limb paraesthesiae that was worse on the right (glove like). ISAEC Assessment revealed that he was at high risk for chronicity and coping poorly; however, he was at low risk for opioid abuse and inflammatory arthritis.

Physical examination was limited as the patient was only able to lie in a supine position. Nonetheless, a thorough upper and lower neurological examination was performed due to his presentation. Motor strength testing of the upper and lower extremities revealed 5/5 strength bilaterally aside from his right hip flexion and right knee extension which was graded 4/5. Sensation in the upper extremity was normal; however, testing of the lower extremity revealed diffuse paraesthesiae bilaterally in the L4 – S1 distributions. His Babinski was upgoing bilaterally and he had two beats of clonus in each foot. Additionally, he was found to be hyperreflexive bilaterally in both the upper and lower extremities. His SLRs were negative bilaterally while his Hoffman's reflex revealed clawing of the fingers and thumb bilaterally (positive).

Consequently, he was referred for surgical consultation with a diagnosis of intermittent leg dominant pain (right L3 radiculopathy – claudicant likely due to an L2/L3 disc) and query cervical spondylotic myelopathy. He was provided with extensive amounts of education on his conditions as well as self-management advice. He was advised to follow-up with his Primary Care Provider (PCP) for referral to counselling to address his high risk of chronicity and with his ISAEC Advanced Practice Clinician (APC) following his ISAEC Surgical Consultation. A clinical note was sent to his PCP outlining the patient's treatment plan as well as recommendations for ongoing management. Results of the surgical consultation to follow in a future newsletter.

## *You Asked, ISAEC Answered…*

Ministry funding announcement should be soon…

Please keep those patient referrals coming!