



ISAEC Quick Stats...

Pilot days remaining: ? (see below)

Patient referrals to date: **1,478**

Average wait time: **6.3 days**

Patients needing Imaging/Specialist: **93**

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

After a one month hiatus for the holidays, the ISAEC Pilot Newsletter is back, and we have some potentially exciting news to share with you. The Ministry and ISAEC are currently involved in discussions regarding ISAEC's future. Discussions have been very positive. While ISAEC has yet to receive the green light from the Ministry, we remain confident that ISAEC will be granted yet another extension for 2014-15. Thanks to your ongoing support, we are revolutionizing the way low back pain patients are cared for in Ontario. All the hard work is paying off: ISAEC patient satisfaction results are extraordinarily positive—over 99% of ISAEC patients are satisfied with their ISAEC consultation (n=1,145); preliminary evaluation results suggest that ISAEC is making a significant impact to health outcomes by improving chronicity risk, disability and negative symptom perception above and beyond “usual care”; and primary care providers remain highly satisfied with ISAEC—early results from the 12-month Primary Care Provider Participation survey indicate that 92% of you believe ISAEC is a valuable resource for managing Low Back Pain (n=141). We will keep you updated on developments as they unfold. In the meantime, please continue to send us your low back pain patients!



Keep sending us
your ISAEC referrals!

This Month's Case Study...



By Brian Rosina, PT
APC – Thunder Bay
Questions?
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This pleasant 30 year old male was referred to ISAEC with an 11 month complaint of constant back dominant pain that was caused by a lifting injury. He reported initially experiencing a brief episode of right leg pain but this resolved with a short course of physiotherapy. Nonetheless, his low back pain had continued. He denied any prior history of low back pain. At the time of his assessment, the patient was working as a farmer but reported difficulty tolerating the labour intensive work. Consequently, he decided to upgrade his education and become a certified welder. Additionally, he had stopped all recreational activities because of his pain and was gaining weight. Based on the ISAEC risk stratification tools he was determined to be at low risk for inflammatory arthritis, chronicity, and opioid abuse. No imaging had been requisitioned to date.

Physical examination revealed right sided low back pain that was reproduced with flexion. Heel walking, toe walking and tandem gait did not reveal any functional abnormalities and no deficits were noted with neurological testing. His right hip mobility was decreased, but did not produce any pain. Fitness testing revealed poor core strength and a BMI of 37 which categorized him as obese. He was diagnosed with

back dominant pain aggravated by flexion and was provided with a comprehensive personalised ISAEC self-management program. Specifically, he was given an extension-based exercise program as this eliminated his pain completely during his ISAEC assessment. Additionally, he was provided with postural and lifting advice, weight management strategies, and core stabilization exercises. He was instructed to follow up with his ISAEC Advanced Practice Clinician (APC) in six months' time. A detailed ISAEC Consult Note was forwarded to his Primary Care Provider (PCP) describing the recommended course of action.

The patient returned for follow-up 10 months later reporting successful resolution of his low back pain. He noted several mild recurrent episodes of back pain between his initial and follow-up but indicated that he managed these easily with his self-management strategies. Additionally, he had lost 30 pounds and showed marked improvement in his core strength. Furthermore, he had successfully resumed all his recreational activities and was now tolerating the physical demands of both farming and welding. He was further educated on his condition and his core exercises were progressed. He felt confident that he would be able to continue with his self-management program and reported that he “knew what to do to fix it” if his symptoms returned. A detailed follow-up ISAEC consult was sent to the PCP and was discharged from ISAEC.

You Asked, ISAEC Answered...

The 12-month Primary Care Provider Participation Survey closes this Sunday (Feb. 2nd, 2014)

If you haven't already, please respond to the survey. Your feedback is important to us!