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

ISAEC Quick Stats…

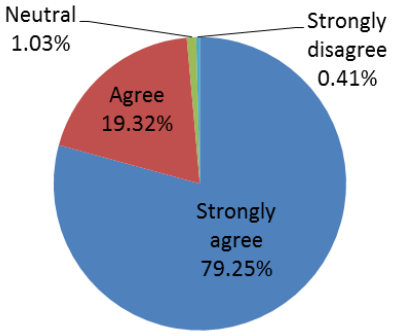
Pilot days remaining: **212**
Patient referrals to date: **2,235**
Average wait time: **7.6 days**
Patients needing Imaging/Specialist: **164**

Patient Satisfaction is an important component of measuring the success of ISAEC. Back in February 2013 we provided early results on our monitoring of care quality and patient experience, which is done by asking patients to complete an anonymous satisfaction questionnaire after their first ISAEC Assessment. Here is an update on our results:

- The [ISAEC] clinician told me everything I wanted to know about my condition?
  >>98% of patients Strongly Agree or Agree
- I understand my condition much better after seeing this [ISAEC] clinician?
  >>94% of patients Strongly Agree or Agree
- Would you have preferred to be seen directly by a spine surgeon?
  >>94% of patients said, "No"

Patients are asked to rate their consultation through a total of 13 questions. In addition, space is provided to encourage patients to submit written feedback. All questions and feedback is utilized by the ISAEC team to ensure ISAEC is satisfying the patients' needs.

Overall, I am satisfied with my ISAEC consultation?



(n=1460 ISAEC patients)

This Month's Case Study…

By Ben Morton, DC
APC - Toronto
Questions?
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Continued from the April 2014 ISAEC Newsletter…This 75-year-old retired physician initially presented to ISAEC in April 2014 with a long-standing history of low back pain and a chief complaint of right anterior thigh pain that was recent in onset. After careful assessment he was diagnosed with a right L3 claudicant radiculopathy likely due to an L2/L3 disc, query Cervical Spondylomyelopathy as his presentation was complicated with weakness, paresthesia and upper motor neuron findings. Based on his presentation he was referred for ISAEC Surgical Consultation. He was seen in Surgical Consultation in May 2014 where the diagnosis of a right L3 claudicant radiculopathy due to and L2/L3 disc was confirmed. At the time of his consultation his leg dominant symptoms had started to resolve. He was extensively educated on his condition and encouraged to continue managing his condition conservatively with a flexion based program. Numerous exercises were demonstrated to him while in clinic and he was advised to follow up with his ISAEC Advanced Practice Clinician in 12 weeks' time. With regards to his weakness, leg parathesia and upper motor neuron findings, it was revealed that he was under the care of a physiatrist and a neurologist and that his aberrant neurological findings were related to his Hereditary Spastic Paraplegia and not due to a Cervical Spondylomyelopathy.

Upon follow-up with his ISAEC APC his risk of chronicity had dropped from high to low (STarT Back score of 3 compared to 8 at initial visit). He reported significant improvement in his right thigh symptoms, along with increased function and mobility. Physical examination revealed similar upper motor neuron lesion findings as they were associated with his Hereditary Spastic Paraplegia (hyperreflexia in arms and legs, upgoing plantar reflexes, positive Hoffman's bilaterally). Though, these were not expected to change as HSP is a progressive condition. Based on his clinical examination he was diagnosed with back dominant pain aggravated by extension. He was provided with an individualized self-management program consisting of education, positions of comfort, stretches and exercises which included core strengthening. The time was taken to demonstrate the proper execution of each exercise in order to maximize patient compliance and reduce the risk of exacerbating his symptoms. Additionally, he was asked to continue with his self-directed aquatic exercise program two times per week. A detailed ISAEC Consult Note was sent to his Primary Care Provider outlining the patient's treatment plan as well as recommendations for ongoing management. The patient was instructed to follow up with his ISAEC Advanced Practice Clinician in 12 weeks' time to evaluate his progress.

You Asked, ISAEC Answered…

Toronto Chronicity Prevention Clinic is now open
for patients meeting the chronicity referral criteria