



Pilot days remaining: ? (see below)

Patient referrals to date: 1,693

Average wait time: 5.9 days

Patients needing Imaging/Specialist: 109

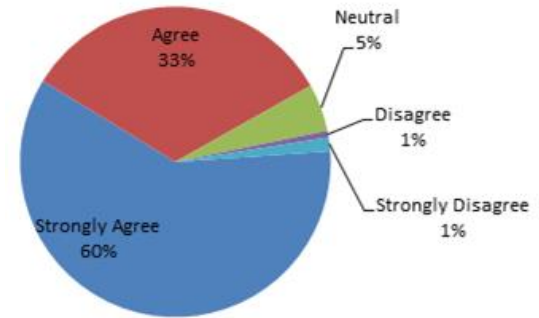
Inter-professional Spine Assessment and Education Clinics (ISAEC) Pilot

Many thanks to those who completed ISAEC's 12-month Pilot Participation Survey. Nearly 63 per cent of you responded to the survey, which is equivalent to the impressive response rate of the last survey. The results of the survey have been tabulated—here are some of the highlights:

- I am likely to refer Low Back Pain patients to ISAEC:
92% of respondents Strongly Agreed or Agreed
- ISAEC has improved the support that my patient received for their Low Back Pain:
89% of respondents Strongly Agreed or Agreed
- I am satisfied with the ISAEC model:
87% of respondents Strongly Agreed or Agreed
- ISAEC is a valuable resource for managing Low Back Pain:
92% of respondents Strongly Agreed or Agreed

We received lots of great recommendations on how to improve ISAEC's services. The *You Asked, ISAEC Answered...* section will keep you updated as we implement some of your recommendations. Thank you all for your continued support!

ISAEC services would be useful to all primary care providers.



(n=142 ISAEC primary care providers)

This Month's Case Study...



By Tony Asaro, DC
APC – Hamilton
Questions?
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This pleasant, active and fit 37 year old male healthcare worker was referred to ISAEC with an eight month complaint of back dominant pain that was insidious in onset. He indicated that his low back pain had become a greater concern recently as it was affecting his work duties. To date, he had only tried passive physiotherapy, which he reported provided him with temporary relief. Based on his ISAEC risk assessment tools, he was stratified as low risk for inflammatory arthritis, low risk for chronicity and low risk for opioid abuse. Additionally, he did not present with any yellow flags. He was very keen to return to his active lifestyle and to his normal work duties.

Based on his history as well as 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 that included core strengthening. His ISAEC Advanced Practice Clinician (APC) demonstrated the proper execution of each exercise in order to maximize patient compliance and reduce the risk of exacerbating his symptoms. A referral for specialist consultation

or surgical consultation and imaging was not required as his condition was back dominant and responded to self-management. A detailed ISAEC Consult Note and Treatment Plan were forwarded to his Primary Care Provider (PCP) describing the recommended plan of action. The patient was instructed to arrange a follow-up visit within 12 weeks to evaluate his progress and to potentially advance his self-management program to ensure continued recovery.

The patient presented to his ISAEC APC 12 weeks later and was happy to report that his low back pain was resolving. He indicated that he was pleased with his progress and had already started reintroducing activities as tolerated. Additionally, he reported that he had returned to his normal work duties. His self-management program was progressed. No follow-up was required and the patient was discharged from ISAEC. He felt that he had a better understanding of his condition and was happy to continue on with his self-management program. He was informed that should his condition become unmanageable, his ISAEC APC would be happy to reassess him.

You Asked, ISAEC Answered...

Ministry funding announcement imminent...

Please keep those patient referrals coming!