



ISAEC Quick Stats...

Pilot days remaining: **273**

Patient referrals to date: **1,957**

Average wait time: **5.9 days**

Patients needing Imaging/Specialist: **138**

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

We have exciting news to share! The Ministry has given ISAEC the green light to continue operating until the end of February 2015. We will be devoting the next issue of the ISAEC Pilot Newsletter to describing what ISAEC has in store for this year. While we are two months into the fiscal year, the ISAEC team has remained focused on implementing ISAEC's plan for 2014-15. We intend to increase the number of primary care providers (PCPs) with referring privileges to ISAEC. Are you aware of any primary care providers interested in attaining ISAEC referring privileges? If so, please direct them to isaec.org later this month as we will be activating the Expression of Interest form. Our goal is to grant referring privileges to an additional 50 to 70 primary care providers by the end of the Summer. Also for 2014-15, ISAEC will be initiating and evaluating the impact of a chronicity prevention clinic within the ISAEC model of care for patients with a high risk of chronicity. The chronicity prevention clinic pilot will be based in Toronto for now but we hope to trial a telemedicine clinic for patients in Thunder Bay by September, 2014.



Green light from the Ministry to keep ISAEC going!

This Month's Case Study...



By Barry Young, DC
Practice Leader Hamilton
Questions?
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This 94 year old woman presented to ISAEC with a one year history of increasing low back and left leg pain. She described her groin and anterior thigh pain as intermittent and her posterolateral leg pain as constant with pain travelling to the dorsum of the left foot. Until recently she considered herself to be very active and independent. However, she is now forced to use a rollator due to intense leg pain. At this time, she is managing her condition pharmacologically with Tylenol #3 as well as Gabapentin with minimal relief. Previous surgical procedures include L4/L5 discectomy (29 years ago). Based on the ISAEC Risk Assessment Tools she was deemed to be a low risk for opioid abuse as well as inflammatory arthritis and a moderate risk for chronicity.

Physical examination revealed an antalgic gait and a significant loss of ROM of the left hip. Additionally, internal rotation of her left hip elicited extreme pain reproducing her typical anterior thigh and groin pain. With regards to her low back and left posterolateral leg pain it was determined that her symptoms were aggravated by flexion. Neurological examination did not reveal any deficits. However, she did have a positive left SLR which reproduced her characteristic left posterolateral leg symptoms. She was diagnosed with:

1. Constant leg dominant pain (left L5 radiculopathy likely due an L4/L5 disc) and 2. Query left hip osteoarthritis. Considering the patient's increasing level pain and disability she was referred for an ISAEC Surgical Consultation. Additionally, she was provided with a self-management program which included positions of comfort and pain relieving exercises to help manage her symptoms. A detailed ISAEC Consult Note outlining her plan of management as well as her diagnoses was sent to her Primary Care Provider. She was asked to follow-up with her ISAEC Advanced Practice Clinician (APC) after her surgical consultation.

The patient was seen for her ISAEC Surgical Consultation approximately 4 weeks later with no improvement in her symptoms. Her clinical presentation and physical examination were in keeping with the ISAEC APC's diagnosis. Consequently, the surgeon felt the patient's clinical findings supported further investigation in the form of a lumbar spine MRI as well as a plain radiograph of the left hip to asses for OA. It was the opinion of the surgeon that these investigations would likely provide evidence to support surgical intervention of both her lumbar spine and left hip. The patient was very pleased with the outcome of her ISAEC Consultations and was relieved that there were options to help her regain her function and independence.

You Asked, ISAEC Answered...

Patient information brochures for patients referred to ISAEC will be ready soon

They will be available for download at isaec.org in early July.