



ISAEC Quick Stats...

Pilot days remaining: **244**

Patient referrals to date: **479**

Average wait time: **<2 weeks**

Patients needing Imaging/Specialist: **16**

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

ISAEC's 3-month Pilot Participation Survey will be sent to you next week via email. This is the first of three online surveys (i.e., 3-month, 6-month and 12-month) that you can expect to receive as a primary care provider taking part in the ISAEC pilot.

These surveys are crucial to the pilot's evaluation process. Your feedback will allow us to better understand ISAEC's impact and opportunities for improvement as we look forward. The 3-month Pilot Participation Survey is particularly important as your survey responses will enable us to make improvements to ISAEC at this early stage of the pilot.

What can you expect? A link to an online survey will be sent to your email during the week of April 8th. The survey will take about 10 minutes to complete. The first set of survey questions will gauge changes in your overall comfort in assessing and in how you manage low back pain patients. The second set of questions will be focused on identifying process enablers and barriers as well as improvement opportunities to ISAEC. There are no wrong answers—we just want your honest feedback!



What do you think of ISAEC?
Let us know in ISAEC's
3-month Pilot Participation Survey

This Month's Case Study...



By Barry Young, DC
Practice Leader Hamilton
Questions?
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This pleasant morbidly obese 66 year old retired female was referred to ISAEC with a predominant complaint of leg dominant pain of six months' duration. She reported a previous history of low back pain in her 30's which resolved completely until recently. Current interventions included biweekly chiropractic treatments that were helpful for her back pain but did not improve her leg symptoms. She reported that due to her leg symptoms she is unable to perform her household duties and has stopped all recreational activities, specifically her walking regimen. Previous diagnostic studies include a May, 2012 Nerve Conduction Study that was read as normal but did recommend MR imaging to rule out spinal stenosis. Her MRI (July, 2012) revealed multilevel degenerative changes with areas of stenosis ranging from mild to severe.

During the patient's ISAEC Assessment, she was determined to have a low risk for inflammatory arthritis, low risk for chronicity and low risk for opioid abuse. On physical examination her leg dominant pain was reproduced with walking and eased by sitting. She was neurologically intact with no evidence of

myotomal weakness, sensory loss, nerve root irritation or abnormal reflexes. Fitness testing revealed poor core strength with limited iliopsoas and rectus femoris flexibility bilaterally. She was diagnosed with intermittent leg dominant pain and was provided with an individualized self-management program consisting of positions of relief, stretches, exercises as well as weight management. Additionally, she was provided with an extensive amount of education, activity limitations, and an ISAEC Surgical Consultation referral. The patient was instructed to arrange a follow up with her ISAEC Advanced Practice Clinician (APC) after her ISAEC Surgical Consultation. A detailed ISAEC Consult Note was forwarded to her Primary Care Provider (PCP) describing the recommended plan of action.

The patient had her ISAEC Surgical Consultation approximately 4 weeks after her initial ISAEC Assessment. During her consultation the patient reported complete resolution of her leg dominant symptoms with some residual low back pain. She was provided with a new diagnosis of back dominant pain aggravated by extension. It was determined that the patient was non-surgical despite her MRI findings as she had responded to her self-management program. She was further educated about the type of symptoms that would warrant surgical intervention and was asked to follow-up with her ISAEC APC to further progress her self-management program. A surgical consult note was sent to her PCP summarizing the consultation.

You Asked, ISAEC Answered...

Patient demonstration videos of ISAEC positions of relief, stretches and exercises visit our improved website www.isaec.org (password to access restricted pages: <removed>)