

Pilot days remaining: **114**Patient referrals to date: **961**Average wait time: **<2 weeks**Patients needing Imaging/Specialist: **47**

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

We shared the primary assessment results of 606 random ISAEC patients last month. ISAEC's secondary assessment utilizes several evidence-based tools to screen for Yellow Flags and other risk factors. The tools include the STarT Back, Opioid Risk and [other tools](#). This process enables us to further tailor patient self-management programs and make the best possible referral recommendations to you and your patients. The secondary assessments of 606 random ISAEC patients indicate that :

- 10.7% presented with High or Medium Risk of Inflammatory Arthritis\*
  - 51.4% presented with High or Medium Risk of Chronicity\*
  - 18.5% presented with High or Medium Risk of Opioid Dependence\*
- \*Non-mutually exclusive: patients may exhibit multiple risks

These statistics give us an even clearer profile of the patients that you and other participating PCPs are referring to ISAEC. It highlights the high prevalence of chronicity risk in ISAEC patients and the importance of motivational interviewing and other cognitive behavioral approaches in the ongoing management of patients with low back pain.



How prevalent is chronicity risk in ISAEC patients?

### This Month's Case Study...



By Vince Pacifici, PT  
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Questions?  
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**This physically active 22 year-old female** was referred to ISAEC with a 4 month history of low back pain and left leg weakness that began insidiously. She reported a previous episode of back pain in 2008 which resolved completely. Unfortunately, this current episode has not improved and is now significantly impacting her ability to exercise and continue with her weight loss program. Her past medical history was remarkable for severe asthma as a child which required prolonged prednisone therapy as well as pain and swelling at multiple joints in recent years. No new imaging had been requisitioned. Based on her ISAEC risk assessment tools she was stratified as low risk for chronicity and opioid abuse but high risk for having an inflammatory arthropathy.

Physical examination revealed generalized joint hypermobility and complaints of pain and swelling at multiple joints. Her symptoms were reproduced with lumbar spine extension and sacroiliac joint stress testing.

Neurological testing was unremarkable aside from a mild left L4 myotomal weakness which affected heel walking and tandem gait. Fitness testing revealed poor core strength and excessive range in her hip flexors, quadriceps and hamstring muscle groups. Despite her left leg weakness, she indicated her low back pain was the most functionally limiting. Accordingly, she was diagnosed with back dominant pain aggravated by extension. She was extensively educated on her condition and was provided with an ISAEC Self-Management Program which consisted of positions of comfort, core strengthening exercises and condition specific stretches to help manage her symptoms. Additionally, given her history and high inflammatory risk score, a referral to a rheumatologist for further investigation was recommended. She was advised to follow-up with her Primary Care Provider (PCP) within one week's time and with her ISAEC Advanced Practice Clinician (APC) in 6 weeks' time. A detailed ISAEC Consult Note was sent to her PCP outlining her ISAEC Treatment Plan as well as recommendations for ongoing management and suggested referrals.

At the patient's 6 week ISAEC follow-up, she reported a significant decrease in her symptoms with marked functional improvement. She was able to resume her cardiovascular training without pain and noted a significant improvement in her core stability which allowed her to increase the intensity of her strength training exercises. Additionally, she reported that her PCP had ordered blood work and initiated a rheumatologist referral for assessment of her pauciarticular joint stiffness and swelling. With her mechanical back pain symptoms under control her ISAEC Self-Management Program was progressed. She was asked to remain active as tolerated and to follow-up with her ISAEC APC after her rheumatology consultation.

### You Asked, ISAEC Answered...

More detailed comments from our APCs in your ISAEC Consult Note  
...and more improvements to the ISAEC Consult Note yet to come!