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

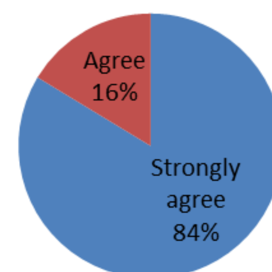
ISAEC Quick Stats…

Pilot days remaining: **299**
Patient referrals to date: **272**
Average wait time: **<2 weeks**
Patients needing Imaging/Surgery: **10**

Patient Satisfaction results are ready! To inform our ongoing improvements to care quality and patient experience, we ask patients to complete an anonymous satisfaction questionnaire after each ISAEC Assessment. We have been open for business for two months now, and we could not resist taking a peek at the questionnaires to see what patients think of ISAEC. The results are very encouraging—here are some of the highlights:

- The [ISAEC] clinician told me everything I wanted to know about my condition?
  >> **100% of patients Strongly Agreed or Agreed**
- I understand my condition much better after seeing this [ISAEC] clinician.
  >> 92% of patients Strongly Agreed or Agreed
- Would you have preferred to be seen directly by a spine surgeon?
  >> 95% of patients said, "No".

Overall, I am satisfied with my ISAEC consultation?



(n=104 ISAEC patients)

Some patients expressed discontent as they did not expect that their ISAEC consultations would be as long as it was. We have asked the ISAEC Provincial Intake Office to inform patients of the consultation length (75 min.) and to remind patients during any follow-up interactions.

This Month's Case Study…

By Andrew Bidos, DC
Practice Leader Toronto
Questions?
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This pleasant 45 year old male was referred to ISAEC with a complaint of constant leg dominant pain of three months duration. He reported experiencing a similar episode of leg pain approximately 10 years ago that resolved completely with physiotherapy. Unfortunately, with this current episode both physiotherapy and acupuncture have been of no benefit. He continues to work at a labour intensive job with modifications but has given up recreational activities. No recent imaging had been requisitioned. Based on the patient's risk assessment tool scores he was stratified as low risk for chronicity with low inflammatory and opioid abuse risk.

Upon physical examination he had a positive right straight leg raise, diminished right S1 reflex, mild weakness with right L5 motor testing and altered sensation in the right L5 distribution. Consequently, he was referred for ISAEC Surgical Consultation with a diagnosis of constant leg dominant pain and was provided with a specific self-management exercise program that emphasized extension-type exercises and core stability. Additionally, he was provided with extensive amounts of education along with activity limitations and postural advice. He was advised to follow-up with his Primary Care Provider (PCP) within one week's time of his ISAEC Assessment and with his ISAEC Advanced Practice Clinician (APC) following his ISAEC Surgical Consultation. A clinical note was sent to his PCP outlining the patient's treatment plan as well as recommendations for ongoing management.

The patient underwent his ISAEC Surgical Consultation approximately 4 weeks after his initial ISAEC Assessment. At the time of the consultation he reported complete resolution of his leg dominant symptoms and that his chief complaint was now back dominant aggravated by flexion, which was due to his resolving disc herniation. However, he indicated ongoing improvement of these symptoms with the prescribed exercises. Additionally, he reported he was functioning normally and had returned to all his regular activities. Physical examination was unremarkable. No evidence of motor strength or sensory deficits was noted. The patient was further educated about his condition and the importance of managing his condition through core stability exercise was emphasized. Had his symptoms persisted, worsened or if surgical intervention was warranted, then imaging would have been requisitioned. He was referred back to his APC, with a diagnosis of back dominant pain aggravated by flexion, to progress his self-management program. No follow-up with the surgeon was required. A surgical consult note was sent to his PCP summarizing the consultation along with recommendations for ongoing management.

You Asked, ISAEC Answered…

You can now send us your low back pain-related questions!

Practice Leaders can be reached via email: *<removed>*