



*ISAEC Quick Stats...*

Pilot days remaining: **151**

Patient referrals to date: **834**

Average wait time: **<2 weeks**

Patients needing Imaging/Specialist: **37**

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

**ISEAC goes to great lengths** to collect data on all aspects of our services. The statistics gleaned from these data help us assess ISAEC's impact and inform our continuous improvement efforts. This week, we completed the chart review of 606 random ISAEC patients. The statistics give us a clearer profile of the patients that you and other participating primary care providers refer to ISAEC for assessment. Here is a look at ISAEC patients by presenting condition:

- 39% presented with back dominant aggravated by flexion
- 28% presented with back dominant pain aggravated by extension
- 17% presented with constant leg dominant pain
- 10% presented with intermittent leg dominant pain
- 3% presented with non-mechanical pain (e.g., inflammatory condition)
- 3% presented with non-spine related pain (e.g., referred hip pain)

The results are similar to our forecasts; however, we did expect a slightly higher proportion of back dominant aggravated by flexion patients. Next, we will be looking at the proportion of patients exhibiting Yellow flags and other risk factors identified by ISAEC assessment.



What is the most common presenting condition of ISAEC patients?

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



By Sheri Robertson, DC  
APC Thunder Bay  
Questions?  
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**This active 70 year old** male was referred to ISAEC with a complaint of low back and anterior thigh pain. He reported a long history of symptoms that had worsened over the last year, decreasing his ability to stand and walk for 10 minutes. Despite this, he continued his volunteer work with seniors but had to recently decrease his volunteer hours due to his symptoms. No treatment to date was reported. On examination, his symptoms were reproduced with standing and lumbar spine extension. He was neurologically intact with no evidence of myotomal weakness or sensory loss. Additionally, toe walking, heel walking and tandem gait did not reveal any functional abnormalities. However, fitness testing revealed poor core strength and limited flexibility in his bilateral hamstrings, iliopsoas and rectus femori. Although the patient had a complaint of leg pain, he was functionally limited by his back pain. The ISAEC risk assessment tools determined that he was at low risk for chronicity, low risk for inflammatory arthritis and at moderate risk for opioid abuse.

Consequently, he was diagnosed with back dominant pain aggravated by extension and was provided with a self-management program consisting of positions of comfort, stretches, core strengthening and pelvic tilt exercises. Additionally, he was provided with education on his condition and encouraged to engage in activity as tolerated while using his ISAEC Treatment Plan strategies to help relieve his discomfort. No new imaging or ISAEC Surgical Consultation referral was required. He was advised to follow up with his Primary Care Provider (PCP) as needed and with his ISAEC Advanced Practice Clinician (APC) in 12 weeks' time. A detailed ISAEC Consult Note was sent to his PCP outlining the patient's treatment plan as well as recommendations for ongoing management.

The patient presented to his ISAEC follow-up appointment 12 weeks later with a significant decrease in his symptoms. He reported that he was able to utilize the strategies provided to him in his ISAEC self-management program and substantially increase his level of function. At the time of follow-up, he no longer complained of anterior thigh pain and indicated that his low back pain had become manageable. He was extremely pleased with the outcome and with the fact that he would not have to give up his volunteering duties. His ISAEC self-management program was progressed to facilitate further recovery. He indicated that he was confident to continue on his own. As such, he was discharged from care and advised that should his condition worsen or his leg symptoms become functionally limiting he should be referred back to ISAEC.

### *You Asked, ISAEC Answered...*

Access the primary care provider section of [www.isaec.org](http://www.isaec.org) **without** a password!

Visit [www.isaec.org](http://www.isaec.org)