ISAEC

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

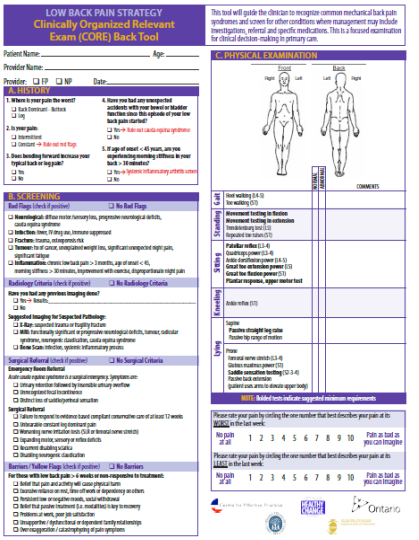
ISAEC Quick Stats…

Pilot days remaining: **272**
Patient referrals to date: **377**
Average wait time: **<2 weeks**
Patients needing Imaging/Specialist: **12**

The Provincial Low Back Pain Toolkit is launching this month! As part of the Provincial Low Back Pain Strategy, a provider toolkit has been compiled to support you in assessing and managing your low back pain patients in your practice.

The Toolkit includes a new tool created by and for primary care providers: the Clinically Oriented Relevant Exam (CORE) Low Back Pain Tool was developed in response to the needs identified by primary care providers to integrate multiple existing tools and evidence into a comprehensive single tool for use in practice.

The tool includes sections on: high yield history, red flags, yellow flags, radiology and surgical referral criteria, physical assessment, patient education and management. In addition to the CORE Tool, the toolkit will include a CORE Guide as well as tools on patient self management, opioid risk and assessing chronicity/yellow flags. The toolkit will be launched, in both french and english, through the Government of Ontario's website: **www.ontario.ca/lowbackpain** by the end of this month. Primary care providers can also expect to receive a hard copy of the toolkit by mail.


LOW BACK PAIN STRATEGY
Clinically Organized Relevant Exam (CORE) Back Tool

This Month's Case Study…

By Caroline Fanti, PT
Practice Leader Thunder Bay
Questions?
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This normally active 51 year old female was referred to ISAEC with low back pain of one year's duration. She reports no prior history of low back pain and indicates that chiropractic and massage therapy have been of no benefit in relieving her symptoms. She works full time at her sedentary job but has stopped all fitness activities, including horseback riding, due to her pain. No recent imaging had been arranged. Based on the patient's risk assessment tool scores, she was stratified as high risk for chronicity, moderate risk of inflammatory disease and moderate risk of opioid abuse.

On physical examination, her back dominant pain was aggravated with extension based movements and significantly eased with flexion. She was neurologically intact with no evidence of myotomal weakness or nerve root irritation. She had normal sensation and reflexes bilaterally. Fitness testing revealed poor core strength, and poor flexibility of lower extremity musculature. She was diagnosed with back dominant pain aggravated by extension. A detailed self-management program consisting of education, positions of comfort and exercises was provided. Exercises were thoroughly reviewed to ensure they were performed correctly without exacerbating symptoms. Due to her moderate risk of inflammatory disease, recommendations were made to her Primary Care Provider (PCP) to consider an inflammatory work-up. She was asked to follow up with her PCP within 2 weeks' time and was scheduled for follow up with her ISAEC Advanced Practice Clinician in 6 weeks' time. A detailed consult note was sent to the PCP outlining the treatment plan and recommendations for ongoing management.

At the six week follow up, she had made remarkable improvements in function with marked decreases in pain. She had resumed going to the gym 5 days per week for cardiovascular exercise and performing 30 minutes of stretching and core strengthening exercises daily. She repeatedly commented that she felt "she had gotten her life back". The only remaining limitation was returning to horseback riding—a key activity for her quality of life. Quantitative re-assessment revealed increases in core strength and flexibility as well as marked improvements in her risk assessment tools. Her chronicity risk was now low and she had marked decreases (4 points) on her pain scale. Further progression of her treatment plan was initiated along with a detailed guide for a graduated return to horseback riding. Follow-up with her Advanced Practice Clinician in six weeks' time was arranged to ensure continued progress. A detailed consult note was once again provided to the PCP summarizing the new management recommendations as well as the patient's progress.

You Asked, ISAEC Answered…

ISAEC clinician bios, clinic locations, training videos and much more!
Visit our improved website www.isaec.org (password to access restricted pages: <removed>)