ISAEC

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

ISAEC Quick Stats…

Pilot days remaining: **209**
Patient referrals to date: **598**
Average wait time: **<2 weeks**
Patients needing Imaging/Specialist: **24**

A big thank you to all who completed ISAEC's Pilot Participation Survey. We are pleased to report a 63 per cent response rate to the survey—an impressive outcome, especially when one considers how busy primary care providers are. If you did not have an opportunity to complete the survey, note that the survey will remain open until Wednesday. This is the first of three online surveys that you can expect to receive as a primary care provider taking part in the ISAEC pilot. Our goal is to achieve a 100% response rate. Your continued support is essential to reaching our goal.

Over the coming weeks, we will be tabulating the responses to the Pilot Participation Survey. We intend to share some of the more interesting findings with you through this newsletter. For instance, we now know that 43 per cent of respondents feel more comfortable assessing a patient with new onset of Low Back Pain than before ISAEC. The survey was also an opportunity to get your recommendations as to how to improve ISEAC services. We will review your recommendations and put as many as possible into practice. Keep an eye on the *You Asked, ISAEC Answered…* section for changes.

ISAEC's
Pilot Participation Survey received
a 63% response rate!

This Month's Case Study…

By Adam Brown, PT
APC Toronto
Questions?
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This 44 year old female was referred to ISAEC with an 8 week complaint of right leg dominant pain. She reported a history of recurrent low back pain once per year for the previous five years, which was managed with massage therapy. Regrettably, her current pain had not responded to massage. She continued to work at her labour-intensive job but was concerned that her productivity was poor due to her condition. No imaging had been requisitioned to date. Upon risk assessment, she was determined to be at low risk for inflammatory back pain as well as opioid dependence but high risk for chronicity.

The physical examination revealed a right positive straight leg raise, right sided L5 myotomal weakness, constant numbness in the L5 distribution of the right foot and a diminished right Achilles reflex. Toe walking and tandem gait were normal but heel walking showed a functional loss of dorsi-flexion strength on the right. She was diagnosed with Constant Right Leg Dominant Pain and was referred for an ISAEC Surgical Consultation. Additionally, she was provided with advice on work pacing, proper sitting and lifting, use of positions of comfort as well as extensive information on hurt vs. harm in the context of her condition. She was asked to follow up with her Primary Care Provider (PCP) as needed and to return to her ISAEC Advanced Practice Clinician (APC) after her surgical consultation. An ISAEC Consult Note was sent to her PCP outlining her treatment plan as well as recommendations for ongoing management.

The patient was seen for her ISAEC Surgical Consultation two weeks after her initial ISAEC visit. At the time of her appointment, she reported that the intensity of her leg symptoms had decreased significantly and had become intermittent. Additionally, she reported a substantial improvement in her L5 myotomal strength and was now able to sustain heel walking for a short duration. Furthermore, her right straight leg raise was now negative. Given that her symptoms were resolving she was encouraged to continue on with conservative management. No imaging was required. She was asked to follow up with her ISAEC APC for progression of her self-management program. She returned to her ISAEC APC approximately three weeks later. Examination revealed that her leg pain and strength deficits had completely resolved. She was left with low-grade low back pain that occurred after two hours of work. Consequently, she was diagnosed with Back Dominant Pain Aggravated by Flexion and was provided with a comprehensive core strengthening program and further advice on work modifications. She was discharged from care and advised that if her condition worsened she should be referred back to ISAEC.

You Asked, ISAEC Answered…

We've partnered with the *Centre for Effective Practice* and *mdBriefCase* to bring ISAEC training on-line!
Launching this June—tell your colleagues to submit an EOI (via www.isaec.org) by May 26 for access