



Pilot days remaining: 92

Patient referrals to date: 1,318

Average wait time: 6.5 days

Patients needing Imaging/Specialist: 76

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

In last month's newsletter, it was mentioned that preliminary evaluation results indicate that ISAEC is helping to improve patient health outcomes. We check-in with all our patients six months post their initial ISAEC consultation to assess their progression over the period. We already have responses from about 200 patients—here are the highlights:

- ISAEC patients show an average 10 point improvement in ODI score (n=196)
- 54% of patients reported a perceived improvement in their symptoms while 16% of patients perceive that their symptoms are getting worse (n=180)—this compared to 26% and 36%, respectively, at the time of their initial consultation
- 24%, 33% and 43% of patients were assessed (as measured by STarTBack) to be at high, moderate and low risk of chronicity, respectively (n=193)—we are pleased to report that 20%, 18% and 62% of these patients indicated high, moderate and low risk of chronicity, respectively, six months post ISAEC consultation.

We have begun to compare these results to data from peer reviewed research articles and research databases to determine how these outcomes stack-up to “usual” LBP care.



54% of ISAEC patients report a perceived improvement in their symptoms!

This Month's Case Study...



By Tracy Kish, DC
APC - Toronto
Questions?
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This anxious 60 year old female presented to ISAEC with a two year history of recurrent low back pain. She reported that she was managing her pain unsuccessfully with 3g Tylenol daily and had given up most physical and social activities. Her sitting and standing/walking tolerances were limited to 10 and 30 minutes, respectively. Previous treatments included Physiatry as well as an extension-based rehabilitation program that worsened her symptoms. The referring Primary Care Provider (PCP) requested help in clarifying the diagnosis, whether imaging or specialist referral was required as well as identification of activity restrictions. Based on the ISAEC risk tools, she was stratified as low risk for inflammatory arthritis and opioid abuse but moderate risk for chronicity. Additionally, she presented with numerous yellow flags.

During the physical examination, the patient refused to flex or extend her lumbar spine due to fear of pain as both directions aggravated her symptoms. She had no neurological deficits or positive nerve root irritative tests. Palpation revealed significant tenderness in her low back with evidence of hyperalgesia. Fitness testing was not performed due to the patient's fear of pain. She was diagnosed with back dominant pain aggravated by flexion. 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. Additionally, given her significant yellow flags, a referral for counselling was recommended. She was advised to follow-up with her 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.

On follow up, the patient continued to be very pain focused with low mood and fear avoidance behaviours. She indicated that she had not started her self-management program. Consequently, motivational interviewing was undertaken during her ISAEC follow-up and a new plan was agreed upon with follow-up to occur in six weeks. The PCP was notified and in discussion with the PCP it was decided that the patient would require pharmacological management of her pain. She was prescribed Lyrica and Celebrex. Additionally, she was to begin mindfulness based meditation and tai chi as discussed with her APC. On her second follow-up, her chronicity and pain scores dropped dramatically while her function improved significantly. She was now confident that she could return to work. She now had a better understanding of what was required to do to help her restore core endurance and increase function gradually. Her final ISAEC follow-up will take place in the coming weeks.

You Asked, ISAEC Answered...

The 12-month Primary Care Provider Participation survey launches December 13

Your ongoing feedback is very important to ISAEC... please take the time to complete the survey!