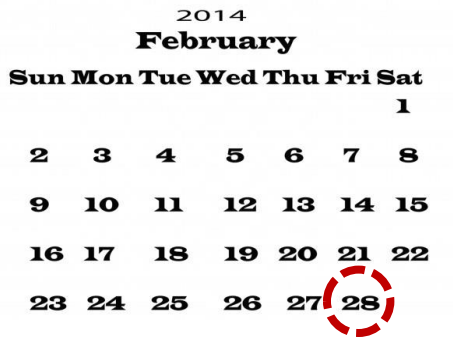
ISAEC

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

ISAEC Quick Stats…

Pilot days remaining: **130**
Patient referrals to date: **1,189**
Average wait time: **5.9 days**
Patients needing Imaging/Specialist: **61**

Last week, we received notice from the Ministry that ISAEC's mandate will be extended until February 28, 2014. This is an important decision by the Ministry as it is a recognition of the extraordinary results ISAEC has generated (and anticipates generating) since its inception. Thanks to your support, ISAEC has provided LBP assessment and education services to well over 1,000 Ontarians—with 98.9% of patients (n=841) indicating overall satisfaction with their ISAEC consultation. Most importantly, preliminary results show that ISAEC is helping to improve health outcomes for patients with LBP (…we will be sharing details with you in future Newsletters.). We also have strong reason to believe that ISAEC is changing diagnostic imaging (DI) ordering behaviors amongst participating primary care providers. Improved patient outcomes and the reduction of unnecessary DI referrals are key outcomes for the Ministry and will help to make the case for ISAEC's expansion throughout the province. While these remain early days, I want to thank each and every one of you for your support over the year. The results of this program to date (and to come) would not be possible if it were not for your commitment to the ISAEC model of care.



ISAEC gets extension until February 28, 2014!

This Month's Case Study…

By Caroline Fanti, PT
Practice Leader Thunder Bay
Questions?
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This pleasant, slightly overweight, 28 year old male was referred to ISAEC with a three year history of low back pain that had worsened over the last six months. He denied any leg pain but indicated dysaesthesia of his left proximolateral thigh. At the time of his consultation, he reported that he was managing his symptoms pharmacologically with four to eight Percocet daily. Additionally, he indicated low mood and social withdrawal as well as a recent rheumatological diagnosis of Sjogren's syndrome. Previous treatment for his low back pain included manipulation, which did not provide any symptom relief. With regards to his employment, he continues to work full time stocking shelves but reported poor job satisfaction. Based on the ISAEC risk assessment tool scores, he was stratified as high risk for chronicity, inflammatory disease and opioid abuse. No red flags were present.

On examination, he presented with a noticeable limp and his back dominant symptoms were reproduced with extension based movements. Heel walking, toe walking and tandem gait were abnormal. Strength testing of the lower extremity revealed global left sided lower extremity weakness that was not myotomal in origin. Nonetheless, his Babinski was downgoing and there was no evidence of clonus or nerve root irritation signs. Furthermore, his lower extremity sensation and reflexes were normal bilaterally. He was diagnosed with back dominant pain aggravated by extension and was provided with a self-management program focusing on core strengthening as well as lower extremity and cardiovascular conditioning. He was encouraged to remain active as tolerated while using his treatment plan strategies to help relieve his discomfort. Compounding factors included significant de-conditioning, depression, narcotic use as well as high risk for chronicity, opioid addiction and inflammatory disease. A dedicated attempt at conservative treatment was recommended along with physiotherapy and a referral for counselling. A detailed ISAEC Consult Note was forwarded to his primary care provider outlining the plan of management. Surgical consultation was not indicated as there was an absence of leg pain and neurological findings.

Due to his recent rheumatologic diagnosis, numerous investigations were available at his initial ISAEC consultation (x-ray, CT and MRI of the lumbar spine). Review of the CT revealed a unilateral right sided L5 pars defect. However, there was no evidence of listhesis or any significant compromise of the central canal or foramen. All other imaging was unremarkable. As a result of the complexity of the case, it was reviewed with the orthopaedic surgeon. No concerns were found. The above noted plan of management was agreed upon with follow-up in six weeks' time with the patient's ISAEC APC.

You Asked, ISAEC Answered…

Now offering Saturday appointments to ISAEC patients (Toronto only)

… and more exciting improvements yet to come!