

Patient referrals to date: **3,392**Average wait time: **12 days**Patients needing Imaging/Specialist: **260**

Inter-professional Spine Assessment and Education Clinics (ISAEC)

ISAEC News: Three Year Extension!

We are excited to learn of the Ministry's plans to grant ISAEC a three year extension. While the official announcement is pending Minister's approval, the ISAEC team has remained steadfast in executing its development plan for 2015-16. The plan will see us introduce a number of quality innovations that will improve upon ISAEC's successful model of care. Additionally, in 2015-16, ISAEC will be increasing the number of Primary Care Providers (PCPs) with referring privileges in our existing pilot regions (i.e., Toronto, Hamilton and Thunder Bay) while continuing to honour our commitment of an average 2 week wait time for referred patients. Are you aware of any PCPs interested in attaining ISAEC referring privileges? If so, please keep an eye out for next month's program newsletter, which will provide registration details.

We look forward to continuing to provide you and your patients with the high quality service that you have come to expect from ISAEC—and thank you for making ISAEC a success!



Lumbar Spinal Stenosis and Neurogenic Claudication...

Like other joints of the body, the spine undergoes a degenerative process that is a normal part of aging. It is this process (degenerative disc disease (DDD) and spine osteoarthritis (OA)) that is the most common cause of lumbar spinal stenosis and neurogenic claudication. Other causes can include tumours, infections and metabolic bone disorders. However, these are rare. As the spine degenerates it can cause narrowing of either the spinal canal or one or more of the vertebral foramina. With substantial narrowing, compression of the spinal nerves within these two regions can occur causing painful symptoms that can include low back pain, buttock pain, leg pain and/or numbness (neurogenic claudication) that is made worse with walking/standing and is relieved by flexion/sitting. Additionally, positions that cause extension of the lumbar spine can exacerbate symptoms. Patients are often unable to walk for long distances and frequently require the support of a walker or shopping cart while walking. These symptoms progress gradually, but commonly worsen with time. This is due to the fact that degenerative arthritis is a progressive condition that gradually becomes more severe with time. If left untreated, neurogenic claudication from lumbar spinal stenosis can lead to increasing functional limitations – progressive weak-

ness and loss of leg function with walking and standing. The key to identifying neurogenic claudication in your office is a precise history. When assessing your patient, important questions to ask include: Where is your pain the worst – Back dominant or leg dominant? Is your pain constant or intermittent? Has there been a change in your bowel/bladder function since the onset of your symptoms? What aggravates or relieves your symptoms – Standing/walking or sitting/flexion? Additionally, ensure that you screen for other disorders that can mimic neurogenic claudication (i.e. diabetic neuropathy, vascular claudication, hip and knee OA). Your physical examination should be designed to support the patient's history and contains elements that either verify or refute the patient's story. Patients suffering from neurogenic claudication will have intermittent leg dominant pain that is worse with standing/walking and better with sitting/flexion. Their nerve root irritation tests will be negative but they may have a possible conduction loss (decreased reflexes, motor strength weakness or loss of sensation). The treatment of neurogenic claudication from lumbar spinal stenosis begins with conservative (non-operative) management. Many patients can manage their symptoms with a flexion-based self-management program. Additionally, conservative management can include pain medication and/or cortisone (steroid) injections in the lumbar spine. Surgery may be indicated for those who do not improve and find their condition functionally limiting.



By Andrew Bidos, DC
Practice Leader – Toronto
Questions?
<removed>

Did you know?

A new wave of PCP recruiting begins next month!