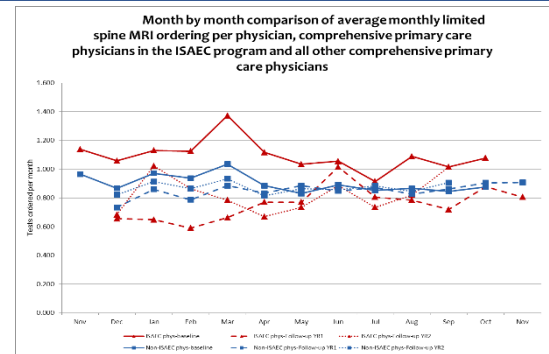


Patient referrals to date: **4,109**Average wait time: **13 days**Patients needing Imaging/Specialist: **310**

Inter-professional Spine Assessment and Education Clinics

Impact of ISAEC on Imaging

Updated results. In May, 2015, The Institute for Clinical Evaluative Sciences (ICES) released an update to its August, 2014 preliminary report on MRI-lumbar spine ordering practices. These results represent MRI-lumbar spine ordering by ISAEC's primary care providers (164 MDs with ISAEC referring privileges - red) in aggregate and compared it to a control group of primary care providers (~8000 MDs without ISAEC referring privileges - blue). The results continue to be very promising. Overall annual costs for LBP-related MR imaging ordered by ISAEC physicians fell 27% in year 1 and by an additional 5% in year 2 compared to their pre-ISAEC baseline.



Case Study: Pre-conceived Expectations Regarding Medical Management of LBP



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This pleasant 37-year-old female pharmacist was referred to ISAEC with a predominant complaint of left leg and buttock pain that began approximately 3 – 6 months ago. She reported a previous history of low back pain (LBP) which she described as “pulling” out her back a few times over the years. However, during this most recent episode she reported minimal back pain but rated her leg pain a 2/10 while at rest and a 9/10 with activity. She indicated that her symptoms were aggravated with sitting, standing for long periods and housekeeping tasks. With regards to pain management, she reported that she was managing her condition pharmacologically with Naproxen. Her past medical history was unremarkable. However, numerous yellow flags were noted at her initial presentation and she was deemed a high risk for chronicity based on the ISAEC Risk Stratification Tools.

Physical examination revealed that her symptoms were aggravated by flexion and relieved by extension. Her left SLR was positive reproducing her typical leg dominant symptoms (into her left S1 distribution) and she was noted to have slight weakness (+4/5) in her left Flexor Hallucis Longus (FHL). Consequently, she was diagnosed with left Constant Leg Dominant Pain (left S1 radiculopathy). She was provided a comprehensive ISAEC self-management program focusing on extension exercises to address her leg dominant symptoms. The patient reluctantly agreed to perform her exercise program as she was advised by work colleagues at the hospital that she required a referral to an orthopaedic surgeon. Nonetheless, over the course of her care, she reported performing her prescribed exercises diligently under the supervision of her treating therapist. Upon follow-up, she reported significant improvement in both her back and leg pain and she no longer required pain medication. Physical examination revealed that her pain continued to be exacerbated with flexion and relieved with extension. However, it was noted that she had a significant improvement in her left SLR (only slight neural tension remained) and that her left FHL weakness had resolved. Additionally, her chronicity risk had been reduced to low and she was no longer interested in seeing a spine specialist as she very pleased with her recovery. As such, her self-management program was further progressed to include core strengthening exercises and she was advised to start transitioning back to her regular activities of daily living. She was provided further education on how to pace herself during this transition to avoid flares.

This case study exhibits the benefits of an evidence based, condition specific, graduated low back self-management program. The alternative, referral to a spine specialist, would have likely resulted in a 6 month wait or longer. This would have most likely increased the patient's risk of chronicity as well as her morbidity resulting in a significant economic costs. Instead, through ISAEC, she was able to receive evidence based management of her condition in a timely manner that eliminated her risk of developing chronicity and returned her to her pre-injury function.

Did you know?

ISAEC is adding more Advanced Practice Clinicians in Hamilton, Toronto and Thunder Bay