ISAEC

Inter-professional Spine Assessment and Education Clinics

ISAEC Quick Stats…

Patient referrals to date: **5,536**

Average wait time: **12 days**

Patients needing Imaging/Specialist: **364**

ISAEC is Expanding

ISAEC is expanding to Mississauga and Oakville as well as increasing its current compliment of Primary Care Providers (PCPs) in Hamilton! We are excited to share this news with you and need your help to spread the word. We ask that you please share this information with any colleagues that are interested in participating in the ISAEC program. They can register online by using the following link: _<removed>_.

Case Study: Managing Low Back Related Leg Symptoms and Functional Limitations

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Questions?
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This physically active 20-year-old male was referred to ISAEC with a 6-month history of constant back dominant pain aggravated by flexion with associated intermittent sharp pain along the posterior aspect of the right lower extremity and with radiation to the plantar aspect of the right foot. He denied any previous episodes of low back pain and reported no improvement in his symptoms with manual therapy and rehabilitation. His past medical history was unremarkable. Based on his ISAEC risk assessment, he was stratified as high risk of chronicity, low risk of opioid misuse, and low risk for inflammatory arthritis.

Physical examination revealed that his symptoms were reproduced with lumbar flexion. Neurological examination was unremarkable with the exception of right sided S1 myotomal weakness and a positive right passive straight leg raise. Despite noted lower extremity weakness, the patient reported that his back pain continued to be most functionally limiting, with his leg pain/weakness occurring intermittently after periods of prolonged sitting and forward bending.

As a result, it was determined that the patient had symptoms consistent with back dominant pain aggravated by lumbar flexion. His associated right S1 radiculopathy symptoms were secondary in terms of significance to him. As a full-time student, the patient was educated on the importance of scheduling micro-breaks into his day. He was encouraged to limit his sitting to no greater than 20 minutes as well as utilize his positions of relief and exercises such a standing back extensions to manage his symptoms. Additionally, he was provided with a self-management program which consisted of core strengthening and lumbar extension exercises. A detailed ISAEC Consult Note was sent to his PCP which outlined the patient's ISAEC treatment plan.

The patient was followed up at both six and 12 week intervals. He reported a significant improvement in his symptoms and demonstrated centralization of his leg pain as well as improved function, particularly with regards to sitting. Additionally, the patient presented with marked improvement in his right S1 myotomal strength as well as decreased neural tension as indicated by a negative right passive straight leg raise. As such, his self-management program was progressed. The patient had already returned to the gym and swimming on a weekly basis by the 12-week point and was encouraged to return to his other hobbies as tolerated. Also, he was educated on the recurrent nature of his condition and advised to continue with a self-management maintenance program. No further follow-ups were scheduled with the ISAEC APC as he was confident that he could manage his condition with the tools he was provided.

This case report highlights the importance of listening to the patient and providing specific interventions that will address both their concerns, as well as yours. ISAEC often receives referrals for patients with radicular symptoms requesting expedited imaging and surgical referral. However, as demonstrated by this case and the available evidence, with an appropriate history, physical examination, clinical impression, stratification, and self-management program, most radicular symptoms resolve and centralize.

Did you know?

80-90% of patients with back related leg symptoms can manage their condition conservatively