



*ISAEC Quick Stats...*

Patient referrals to date: **4,747**

Average wait time: **12 days**

Patients needing Imaging/Specialist: **350**

## Inter-professional Spine Assessment and Education Clinics

### *New IT Advancements*

**We are excited** to report that ISAEC is improving our patient intake process. Currently, our patients fill out traditional paper and pencil intake forms. However, our new intake process will allow the patient to complete their intake online through a secure portal. This will allow the ISAEC Advanced Practice Clinician to spend more time with the patient instead of ensuring that all the necessary paperwork is in order. Upon completion of the consultation, a consult note will automatically be generated and faxed directly to the referring Primary Care Practitioner reducing delay in communication and ensuring optimal continuity of care. Look out for these changes in the coming months!



### *The Importance of Self-Cueing in Self-Management*



By Ivan Koh, DC  
APC - Toronto  
Questions?  
<removed>

**Be it to prescribed medications or exercises**, one of the biggest challenges faced by health professionals is patient adherence to recommendations. This is primarily related to the nature of the field we are in as we attempt to encourage changes in human behavior. This is particularly important within the context of the ISAEC program. Ensuring patient adherence to their exercise prescription is paramount to the success of the program, and most importantly, to successful patient outcomes. Our patients, like others in similar settings, become frustrated by their inability to replicate their exercises at home after being taught in clinic. While diagrams and videos are helpful, patients with coordination issues often require more assistance to improve kinesthetic awareness. While our goal is not to 'police perfection', proper form is essential for patients to get the most out of their exercise intervention. This can be achieved by 'self-cueing' strategies, and can be verbal or physical.

With verbal cues, patients are often asked to visualize a common item and/or a motion they can relate to. For

example, rather than say "lift your pelvis up" you can verbally cue a patient by saying "lift your belt buckle to the sky". Physical cues are similar in that they give the patient a physical reference point. One such example is the Dead Bug exercise as there are numerous moving parts to coordinate (arms, legs, abdominal bracing). If the patient is having difficulty coordinating their movements, have the patient brace their arms overhead against the wall while flexing both legs in the 'saddle' position as in the adjacent picture. Next have the patient push against the wall with their hands. This will physically cause the patient to activate their abdomen resulting in an 'abdominal brace'. Finally, have the patient heel tap with a smooth perpetual motion. Using the wall as a physical cue results in the patient successfully performing the exercise they may have otherwise avoided or ignored because of difficulty with coordination due to an under developed kinesthetic sense.



Success in performing their exercises breeds better patient adherence through improved confidence. Consider self-cueing strategies when speaking to your patients regarding challenges reported with performing their exercise prescriptions at home. A short conversation can 'switch on the lightbulb' and improve adherence to the prescribed ISAEC, and other, self-management strategies!

### *Did you know?*

The annual diagnostic imaging cost avoidance per ISAEC PCP is \$4175.00.