# ISAEC Inter-professional Spine Assessment and Education Clinics

## *Case Study – A patient at high risk chronicity*

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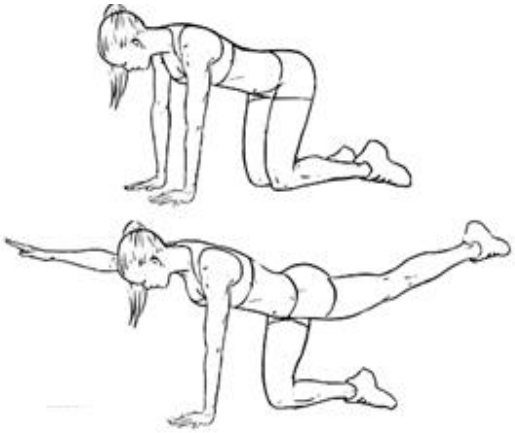
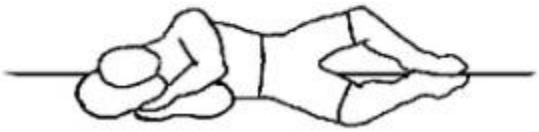
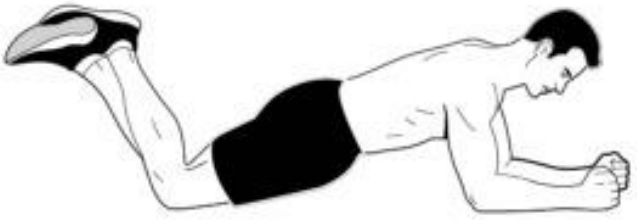
**This retired 67 year old male** was referred to ISAEC with a 6 month history of low back pain (LBP) with no reported leg symptoms. He indicated previous bouts of low back pain, however, this recurrence was not resolving as previous ones had. Treatments to date included chiropractic, physiotherapy, massage and acupuncture which only provided short term relief. Physical examination revealed LBP that was aggravated by both extension and flexion. Specifically, his condition was exacerbated with loading (sitting and standing) and relieved with unloading (lying). Neurological examination was unremarkable. However, he was extremely anxious, apprehensive and guarded. Review of his risk tool scores revealed that he was at high risk for chronicity.





He was provided with reassurance, education and a personalized self-management plan. A detailed consult note outlining his findings, plan of management and follow-up instructions was faxed to his Primary Care Provider (PCP). Upon follow-up, the patient reported significant improvement in his symptoms initially. However, he experienced a flare which left him extremely anxious. Nonetheless, his exam remained unremarkable. He was reassured that flares are a normal part of recovery and that there were no sinister findings or indications for surgical consultation. He was asked to continue with his ISAEC self-management plan and to return for follow-up in 6 weeks' time. At his next follow up, even with the reassurance and advice he received, he indicated that he presented to the Emergency Department. Nevertheless, he was provided with the same messaging by the orthopaedic surgeon on call as he received from his ISAEC APC. Review of his risk tool scores revealed that he continued to be at high risk of chronicity. Despite, fairly upstream interventions, it was evident by his unwillingness to engage in his self-management, his activities of daily living and his increasing hypersensitivity to his symptoms that he would likely go on to develop chronic pain. Out of concern for his risk of chronicity, recommendations for counseling and active exercise therapy in the community were made. Additionally, a detailed letter was sent to his PCP highlighting the concern about the patient's depression and anxiety contributing to the chronicity of his low back pain.

Despite the recommendations, at follow-up the patient indicated he wished to navigate his own care. He continues to seek additional testing regardless of the fact that numerous healthcare practitioners have informed him that there is no role for further investigation. His physical examination remained unchanged. He was again encouraged to seek counselling and active rehabilitation to avoid further de-conditioning and to follow up with his PCP.



*Patients who present as a high risk of chronicity for two consecutive appointments are recommended to be referred for counselling, cognitive behavioural therapy or to a pain management clinic.*