

Attention Primary Care Provider: _____

Your patient with low back related symptoms may be eligible for the OHIP-funded Rapid Access Clinics for Low Back Pain (RAC LBP) program.

The RAC-LBP program is a MOH funded initiative for **Family Doctors, Nurse Practitioners and Sports Medicine Physicians** to improve low back pain management. The focus of the shared-care model is to provide standardized assessments, including multidimensional stratification, and best-evidence education and management recommendations for patients with low back related symptoms.

Register to refer below:

www.lowbackrac.ca/rac-lbp-registration.html

You will be emailed a link to complete a 10 minute online learning module. Upon completion of the module you will receive the RAC LBP referral form within 3 business days.

Patients referred to the RAC-LBP Program:

- Are seen within approximately 4 weeks by a nearby community based Advanced Practice Provider (APP) – a physiotherapist or chiropractor at a local clinic trained to do a standardized comprehensive spine assessment.
- Receive education, resources, and an exercise-based self-management plan to help co-manage the patient with yourself.
 - Note there is no manual treatment provided.
- Are assessed for the need for further specialist consultation including imaging, spine injections, and/or surgical consult.
 - These patients will be forwarded to a Practice Lead within approximately 6 weeks for a triage assessment and streamlined to first available surgeon specialist as indicated.

For more information, please contact your local RAC LBP Central Intake Office:

<https://www.lowbackrac.ca/contact-us.html>

Patient for Referral to RAC-LBP Program:

Reason for Referral to RAC-LBP Program:

REGISTER TO REFER

www.lowbackrac.ca/rac-lbp-registration.html

Patient Information			
*Name: MRS. LUMBAGO		OHIP#: 1234-567-890	VC#: AB
Female Male	Age: 50	*Date of Birth: 01/01/1972	*Daytime Phone#: (416) - 789 - 1234
*Address: 123 POSTERIOR DRIVE		*City: TORONTO	*Postal Code: A1B 2C3
<p>Patient is eligible for Rapid Access Clinic - Low Back Pain (RAC - LBP) referral if over 18 years of age with: Persistent LBP and/or related symptoms (e.g., sciatica, neurogenic claudication) that is not improving 6 wks. to 12 mos. from onset OR Unmanageable recurrent episodic LBP and/or related symptoms of <12 mos. duration post-recurrence.</p>			
<p>IMPORTANT: Patient is ineligible for RAC - LBP referral if one or more of the conditions apply:</p>			
<ul style="list-style-type: none"> ▪ Patient with RED FLAGS ▪ Initial low back related symptoms <6 weeks post onset ▪ Constant/persistent LBP-related symptoms >12 months post onset ▪ <18 years of age ▪ Unmanaged established chronic multisite pain disorder 		<ul style="list-style-type: none"> ▪ Unmanaged established narcotic dependency ▪ Active LBP-related WSIB claim ▪ Active LBP-related motor vehicle accident claim ▪ Active LBP-related legal claim ▪ Pregnant/post-partum patients (<1 year) 	
Reason for referral: (check all that apply)			
<input type="checkbox"/> Clarify diagnosis <input type="checkbox"/> Recommend appropriate imaging		<input type="checkbox"/> Clarify need for specialist referral <input type="checkbox"/> Other, please specify: _____	
		<p>PLEASE COMPLETE REASON FOR REFERRAL</p>	
Back Specific History			
<p>1. Where has the pain / symptoms been the worst? (Check one) PLEASE COMPLETE</p> <p><input type="checkbox"/> Back Dominant <input type="checkbox"/> Leg Dominant</p>		<p>2. *Are emergent RED FLAGS present?</p> <ul style="list-style-type: none"> ▪ Possible Cauda Equina Syndrome: <ul style="list-style-type: none"> ▪ Loss of anal sphincter tone/ fecalincontinence ▪ Saddle anaesthesia about anus, perineum, or genitals ▪ Urinary retention with overflowincontinence 	
<p>Does the patient have any YELLOW FLAGS?</p> <p><input type="checkbox"/> Belief that pain is harmful or severely disabling</p> <p><input type="checkbox"/> Fear avoidance behaviour (avoiding activity because of fear of pain) PLEASE COMPLETE</p> <p><input type="checkbox"/> Low mood and social withdrawal</p> <p><input type="checkbox"/> Expectation that passive treatment rather than active treatment will help</p>		<p>Progressive neurologic deficit</p> <p><input type="radio"/> No PLEASE COMPLETE</p> <p><input type="radio"/> Yes</p> <p>Significant trauma</p> <p><input type="radio"/> No PLEASE COMPLETE</p> <p><input type="radio"/> Yes. Please refer patient <u>directly</u> to the closest Emergency.</p>	
*Practitioner Name: FAMILY PHYSICIAN, NURSE PRACTITIONER, OR SPORTS MEDICINE PHYSICIAN		*Telephone #: (416) - 456 - 0123	
*Practitioner Address: 465 VERTEBRAE DRIVE		*Fax #: (416) - 098 - 7654	
Practitioner Signature: <i>Signature</i>		*Date: 01/01/2022	

If your patient meets the referral criteria we would recommend referral to help optimize education and self management prior to initiation of opioids or consideration for advanced imaging (eg. CT or MRI).

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