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Program Referrals and Patient Targets

The Low Back Pain Program sets out to provide access to low back pain services that a select group of patients wouldn't normally have. The **target population is those with low back pain that do not have extended health benefits** for Physiotherapy/Chiropractic/Kinesiology services, whether through private insurance, WSIB, or motor vehicle insurance.

Patients that visit their Primary Care Provider with the complaint of low back pain can be referred to the program with the provider completing the CORE Back tool. If the patient is cleared of Red/Yellow flag characteristics (see below for examples), they will then be sent on to the program.

Both, acute and chronic pain patients are seen through the program.

Our program goals, include reducing unnecessary imaging, decreasing medication reliance for pain relief, and promotion of self-management for low back pain. The greatest asset is utilizing services that already exist in the community!

Red Flags

- Neurological: Diffuse motor/sensory loss, Progressive neurological deficits, Cauda Equina Syndrome
- Infection: fever, IV drug use, Immune suppressed
- Fracture: Trauma, Osteoporosis
- Tumour: History of cancer, Unexplained weight loss, Significant night pain, Significant fatigue
- Inflammation: Chronic LBP >3 months, age of onset <45, morning stiffness >30 min, improvement with exercise, disproportionate night pain

Yellow Flags

- Belief that pain and activity will cause physical harm
- Excessive reliance on rest, time off work or dependency on others
- Persistent low or negative mood
- Belief that passive treatment is key to recovery
- Problems at work, poor job satisfaction
- Unsupportive/dysfunctional or dependent family relationships
- Over exaggeration/catastrophizing of pain symptoms

QUICK FACTS:

- 18.4% of Orillia's population is identified as low-income
- 19.3% of the community's population is supported through government transfer payments
- Combined this represents 37.7% of Orillia's population
- These people do not typically have private coverage for PT or DC treatment

Statistics Canada 2011, Simcoe Muskoka HealthSTATS 2014

Treatment Techniques and Strategies

Active Therapies and Self Management

Every patient that enters the program will receive self management strategies for pain relief and a home exercise program. Common strategies and exercises include:

- Walking programs or minimum activity guidelines
- Breathing and relaxations techniques
- Mobility exercises of hips and trunk
- Core strengthening exercises
- Postural education and training



Water Therapy for Low Back Pain

The local YMCA, is a secondary community partner in our program, allowing access to the pool for water therapy. Patients that are recommended for Water Therapy are seen at the YMCA in a group setting, once per week. In the pool, patients are led through a series of range of motion, strength and balance exercises with the Registered Kinesiologist for a one hour session of exercise.

This portion of the program is a great option for patients with Stenosis of the spine, compounding limitations of the hips/knees, and patients with balance issues.



Passive Therapies

These services are provided by our community partner's service providers. These therapies are offered for individuals without access from other means.

For patients with ACUTE pain, they are sent for combined services after their first visit, and are seen within 72 hours of their first visit.

For Patient with CHRONIC pain, these services are not offered until several weeks of compliance to active care has been demonstrated and is not improving symptoms.

Passive therapies can be received from a Chiropractor or a Physiotherapist and may include:

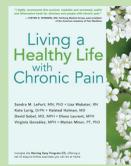
- Active Release Technique (ART) and other soft tissue techniques
- McKenzie protocol
- Medical Acupuncture
- Spinal adjustment
- Laser/Ultrasound Therapy



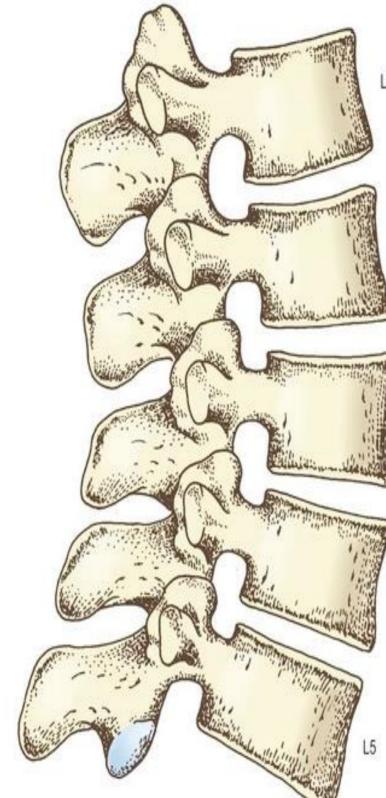
Referrals For Further Programming

Patients may receive referrals to see other Allied Health Professionals, or to other programs offered through the community as part of their care through the program. These referrals could be to:

- Registered Dietician
- Health Educator
- Single Session Mental Health Services
- Relaxation and Stress Relief Workshops Hosted by Mental Health Professionals
- Stanford Self Management Program for Chronic Pain



Program Structure



L1 – Primary Care Provider: Patient sees their PCP for low back pain concern. If the PCP feels the patient is suitable for the program, they are assessed using the CORE back tool. This will help to identify Red/Yellow Flags, and whether they are a good candidate for the program, as well as appropriateness of imaging/testing.

L2 – Registered Kinesiologist: Initial visit with the Low Back Pain Program, is with a Registered Kinesiologist. In this visit the patient history is taken, along with a movement assessment. The patient is then provided with information/education on low back pain, and is started into self-management strategies. Referrals to other allied healthcare professionals/programs as needed

L3 – Plan of Care: Chronic patients are generally seen by the Kinesiologist for 2-4 visits of self-management and a home exercise program, after which a referral for further care is made or the patient continues with the Kinesiologist.

Acute patients are seen by a Chiropractor/Physiotherapist within 72 hours of their initial visit. Patients are seen by a Chiropractor/Physiotherapist weekly for 10 weeks. A number of patients will also partake in water based therapy supervised by the Kinesiologist.

L4 - Community Partners: Chiropractors and Physiotherapists are at Back to Function, a private health care clinic, within the community. Patient's of the program are receiving the same care as someone attending the clinic with extended health benefits, however at no cost to the patient, promoting equal access to service.

Partnership with the YMCA, allows use of the pool for water therapy; encouraging patients to make use of the local facility after completion of the program.

L5 – Review of Progress + Discharge: Once the patient has completed care with the allied health provider, they return to the Kinesiologist for a discharge survey completed on the Ocean Tablet Program. Further referral is recommended if needed, whether for surgical consult, Chronic Pain Management course, or continued exercise programming with the Kinesiologist.

Current Outcomes

Patients entering the program are required to complete a brief survey both at their initial visit, and then again upon full completion of the program. We have utilized a selection of data from a 6 month time frame, from January to June 2017. There are 113 participants that completed the pre-treatment survey and 49 completing the discharge survey in this time frame.

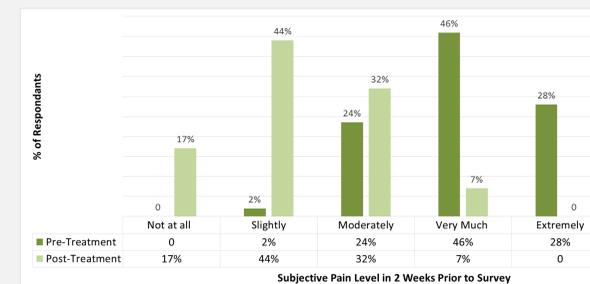


Table 1. Patient reported scale of how bothersome back pain has been in the previous two weeks

