

Common Challenges in Primary Care: Managing Back Pain & the New Healthy Spine Service

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Brisbane North PHN
Metro North Hospital & Health Service

Program

- 6.00 – 6.30 pm Arrival, dinner and networking
- 6.30 – 6.45 pm Welcome and GP liaison update: The Viewer, back pain HealthPathways and more - *Dr Mike Hamilton and Dr Fabian Jaramillo, GP Liaison Officers, Brisbane North PHN and Metro North Hospital and Health Service (MNHHS)*
- 6.45 – 7.15 pm GP management of back pain and the new Healthy Spine Service - *Dr Scott Masters, GP with Special Interest, Healthy Spine Service, MNHHS*
- 7.15 – 7.35 pm Case based: Guided rehabilitation for low back pain and the role of physiotherapy screening clinics - *Jennie Wong, Advanced Physiotherapist, Healthy Spine Service, MNHHS*
- 7.35 – 8.20 pm The role of the spinal surgeon in back pain - *Dr Dennis Hartig, Spinal Surgeon (Orthopaedics), RBWH*
- 8.20 – 8.30 pm Q&A: Panel of experts

The GP and Spinal Pain



Healthy Spine Hub

Categorise

See Cat2 and 3's

Healthy Spine education program - starts this month

Tips

If referred pain:

- need neurological history and examn
- usually need MRI (cervical rebatable)
- CT other option

Tips

Usually good long term outcome if:

- Patients understand their condition
- Manage mood/sleep
- Stay active
- Healthcare providers advocate for them

Jon - 38

Niggly back few years

Cleaning pool last weekend

Sudden pain, spasm

Slow to settle rest and paracetamol/nurofen

IT industry

Pain deep aching L>R

Refers into left buttock posterior thigh

No weakness numbness

Bladder bowel ok

Examination

- Limited flexion
- Tender segmentally low lumbar bilaterally
- Tight bands left gluteals
- SLR L 50, R 80
- No neurological abn limbs or perineum

Nil significant FHx

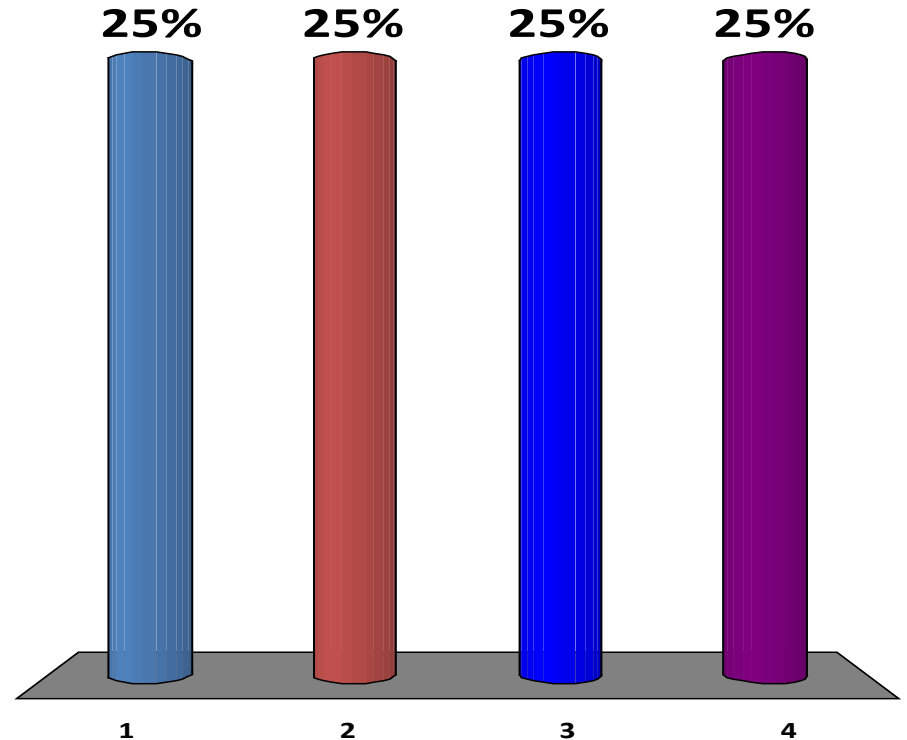
Married with 2 children

Well otherwise

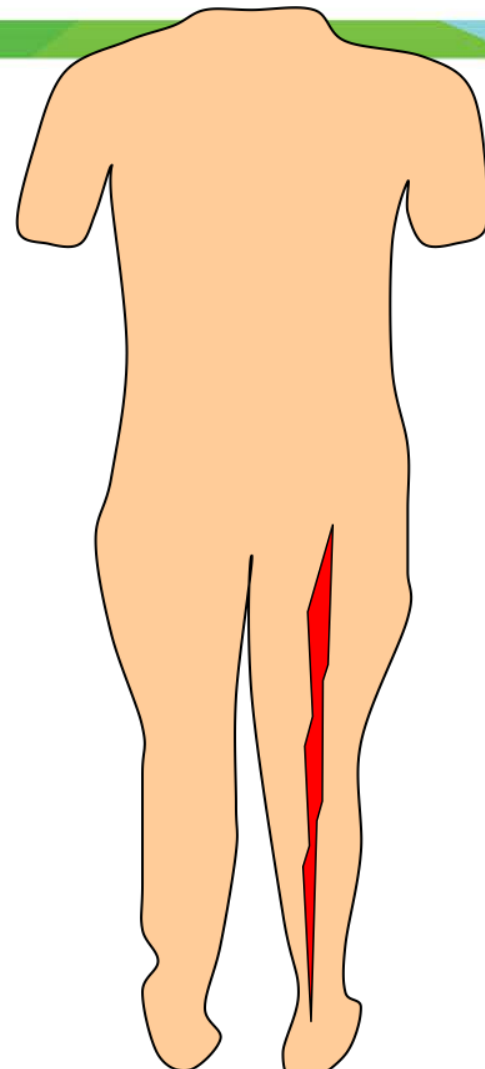
Drinks socially, non-smoker

Is the pain?: Press Keypad

1. Somatic/nociceptive
2. Somatic referred
3. None of the above
4. 1 and 2

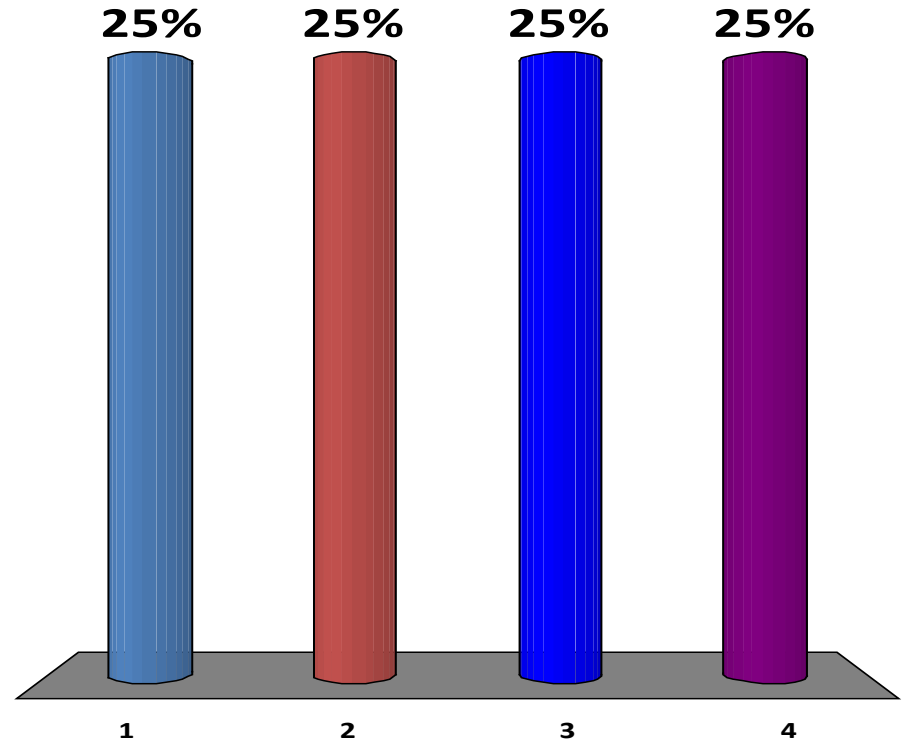


- Shooting,
electric, travelling
May only be thigh
Can't differentiate
L4,5,S1



What else do we need to consider?- Keypads

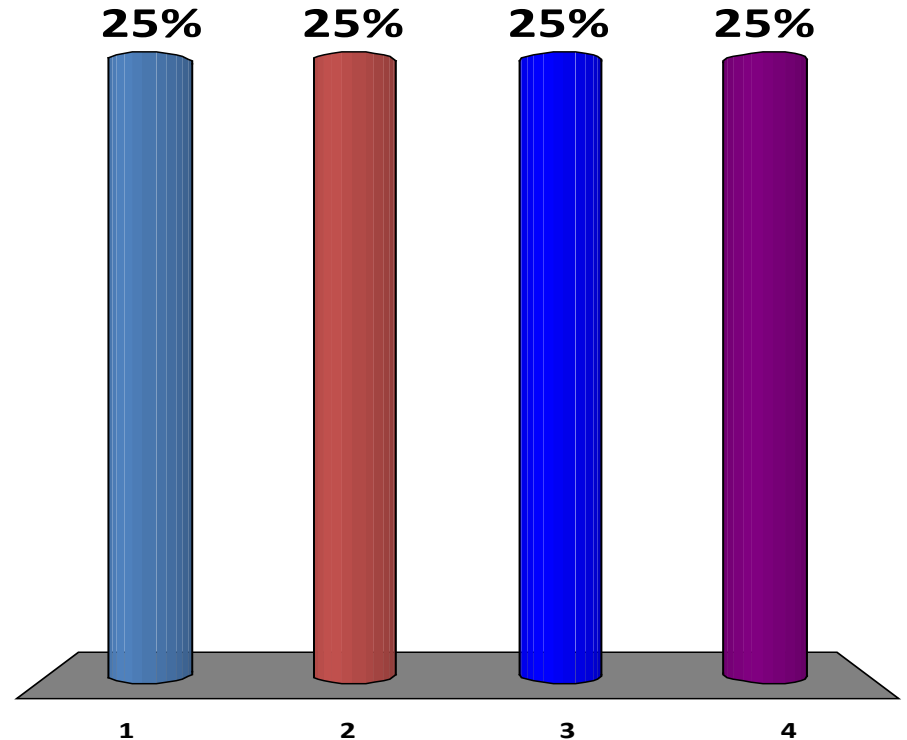
1. Yellow flags
2. Blue flags
3. Black flags
4. The next patient



- **Spinal pain is harmful**
- **Fear-avoidance behaviour**
- **Low mood, withdrawal**
- **Preferring passive interventions**
 - **Toxic workplace**

What is the most likely diagnosis? Keypads

1. Malingering
2. Back strain
3. Facet joint sprain
4. Lumbar somatic dysfunction



MS Quartet

- I hurt
- I can't move properly
- I can't work
- I'm scared (diagnosis, future etc)

Jon back to work

E and A

HEP

Jon returns

Jon improved well for a few months - pain never fully went

Played soccer kids in back yard

Next day shooting electric shocks down left leg into calf

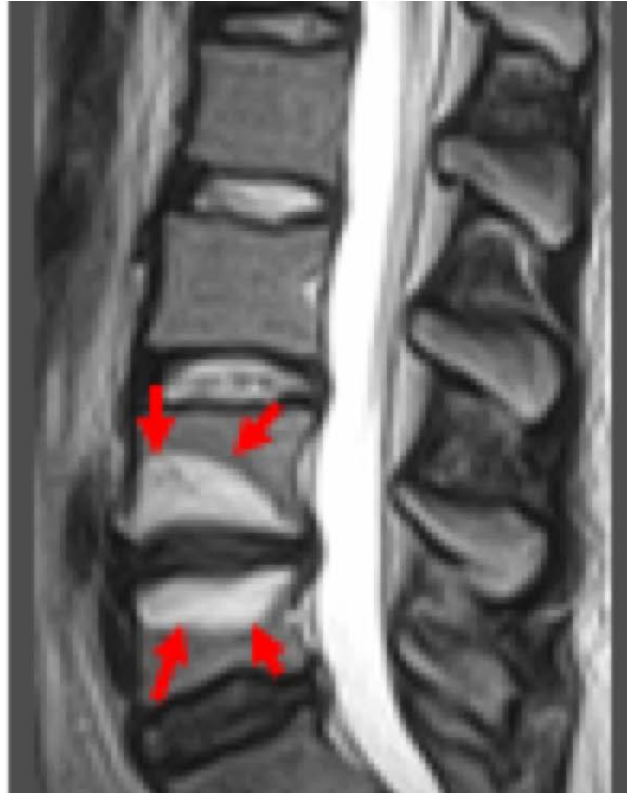
- He has taken time off work
- No red flag symptoms
- Some decreased sensation left L5 dermatome
- No motor weakness
- SLR 30 left, SLR right increases pain left leg
- Reflexes, babinski - nad

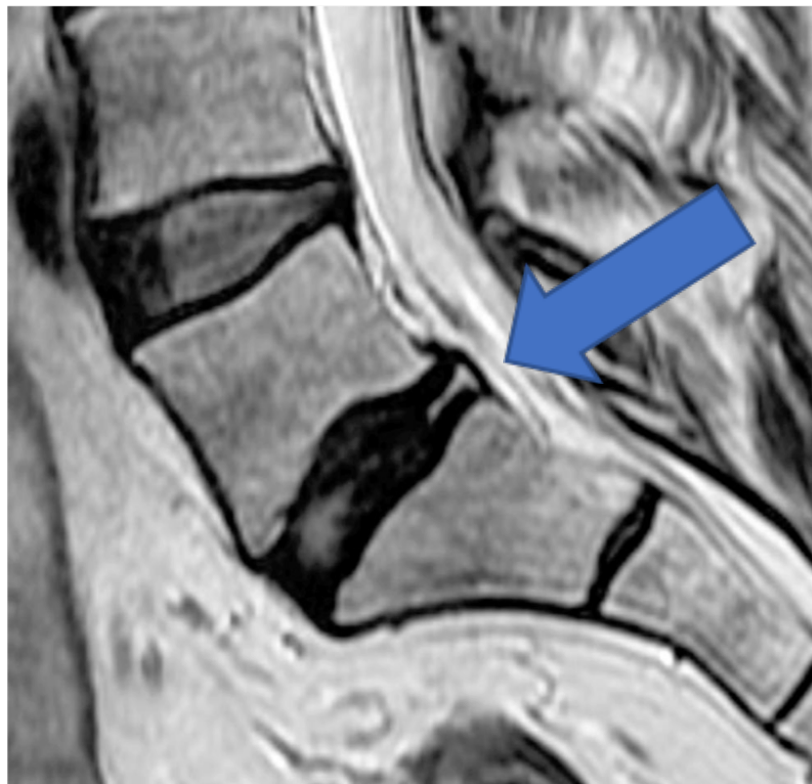
Jon most likely needs

1. MRI stat
2. Surgical opinion
3. Spinal manipulation
4. Education and Assurance



Modic type 1





Latest EBM

Diagnosis and management of low-back pain in primary care

Adrian Traeger PhD, Rachelle Buchbinder PhD, Ian Harris PhD, Chris Maher PhD

CMA 2017 Nov 13;189:E1386-95

Recommendations for persistent LBP

1. NSAIDS (mean decrease of 11.1 pts)
2. Muscle relaxants
3. Facet joint steroid injection
4. Epidural steroid injection

Recommendations for persistent LBP

1. Opioids
2. Paracetamol
3. RFN if +ve MBB
4. Fusion surgery

Rehabilitation for Low Back Pain -The non-surgical option

Jennie Wong
Musculoskeletal Physiotherapist

Case study

Initial assessment

- Cleared red flags
- Contribution of yellow flags
- Pain presentation- nociceptive/ neuropathic/ central sensitisation

Initial advice

- Relative rest but staying active
- Medications + use of ice/ heat/ gels
- REASSURANCE

Giving a diagnosis

- Patho-anatomical vs psycho-social diagnosis
- Choice of language
- Over-reliance on radiology reports





Generic back exercises?

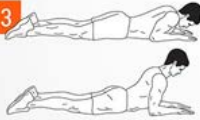
back exercises


HELPS REDUCE LOWER BACK PAIN, TENSION, STIFFNESS AND SORENESS


neilarey.com


1  **10** bottom to heels stretch

2  **10** opposite arm / leg raises

3  **10** back extensions

4  **10** bridges

5  **10** knee rolls



NHS choices more info: goo.gl/CeM6Tu

Physiotherapy Screening Clinic (SPSC, OPSC)

- Assessment
- Education/ Case Management
- Referrals for multi-disciplinary care
 - Physiotherapy, Psychology, Dietetics, Pharmacy, OT
 - Hydrotherapy, Group classes
- Case conference with Neurosurgeon/ Orthopaedic surgeon
- Out-of-district patients, Telehealth service

Physiotherapy

- Improve strength- specific vs general conditioning
- Improve mobility- exercises + manual therapy
- Retraining movement patterns and postures
- Guidance on pacing, returning to work/ sports
- Pain education
- Adjunct therapies



Rehab expectations

- Timeframes
- Goal setting (SMART goals)
 - Improving function, reducing pain
- Flare-ups
- Assessing readiness to change; motivating factors
 - Addressing health beliefs
 - Changing habits long-term

Empowering the patient for self-management

SYSTEMATIC REVIEW

Clinical practice guidelines for the noninvasive management of low back pain: A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMA) Collaboration

J.J. Wong^{1,2}, P. Côté^{1,3,4}, D.A. Sutton^{1,2}, K. Randhawa^{1,2,5}, H. Yu^{1,2,5}, S. Varatharajan^{1,2,5}, R. Goldgrub⁶, M. Nordin⁷, D.P. Gross^{8,9}, H.M. Shearer^{1,2}, L.J. Carroll¹⁰, P.J. Stern¹¹, A. Ameis¹², D. Southerst^{1,13}, S. Mior^{2,4}, M. Stupar¹, T. Varatharajan^{1,14}, A. Taylor-Vaisey¹

- Advice / education/ reassurance - staying active, self-management
- **Acute LBP** –encourage return to activity and may benefit from paracetamol, NSAIDs, or manual therapy
- **Chronic LBP**- exercise, paracetamol or NSAIDs, multi-modal rehab for those with high levels of disability/ distress
- Exercise - though the type is not clear

Review Article

Manipulation and mobilization for treating chronic low back pain: a systematic review and meta-analysis

Ian D. Coulter, PhD^{a,b,c,*}, Cindy Crawford, BA^a, Eric L. Hurwitz, DC, PhD^{a,d},
Howard Vernon, DC, PhD^{a,c}, Raheleh Khorsan, PhD^f, Marika Suttorp Booth, MS^a,
Patricia M. Herman, ND, PhD^a

- Moderate-quality evidence that manual therapy is likely to reduce pain and improve function for patients with chronic low back pain
- Manual therapy is safe
- Multimodal programs should be considered



Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2018;99:338-47



ORIGINAL RESEARCH

Pain Neurophysiology Education and Therapeutic Exercise for Patients With Chronic Low Back Pain: A Single-Blind Randomized Controlled Trial



Gema Bodes Pardo, PhD,^a Enrique Lluch Girbés, PhD,^{b,c,d} Nathalie A. Roussel, PhD,^{d,e,f} Tomás Gallego Izquierdo, PhD,^g Virginia Jiménez Penick, MSc,^a Daniel Pecos Martín, PhD^g

- Combining pain neurophysiology education with exercise is better than exercise alone for
 - Pain
 - Disability
 - Pain catastrophizing

Options of active rehabilitation

Community Services

- Day Therapy Centres – group exercise class
- The Green Apple Wellness Centre
- Walking programmes



Options of active rehabilitation

- Pilates
- Yoga
- Tai Chi
- Local gym
- Hydrotherapy
- Walking




Options of active rehabilitation

Queensland Health

Pine Rivers Community Health Centre

Community health services in one location



The Pine Rivers Community Health Centre provides a range of services for people living in the Pine Rivers Shire and some suburbs in the surrounding area.

Queensland Health

Caboolture Community Health Centre

Community health services in one location



The Caboolture Community Health Centre provides a range of services for people living in the suburbs north of Brisbane.

Queensland Health

Redcliffe Community Health Centre

Community health services in one location




The Redcliffe Community Health Centre provides a range of services for people living on the Redcliffe Peninsula and surrounding areas.

Queensland Health

North Lakes Health Precinct

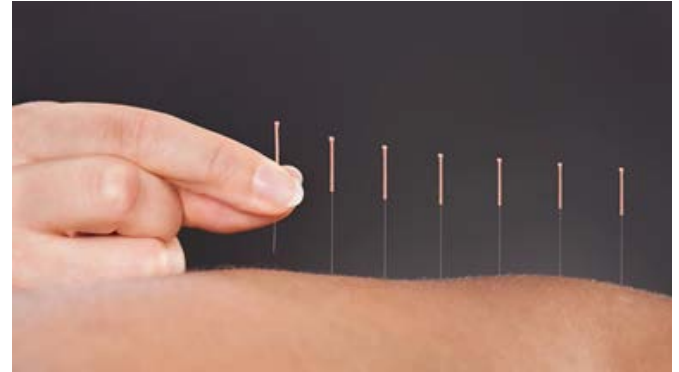
Community health services in one location



The North Lakes Health Precinct provides a range of services for people living in the suburbs of Burpengary, Dakabin, Deception Bay, Griffin, Kallangur, Lawnton, Mango Hill, Murrumba Downs, Narangba, North Lakes and Petrie.

Alternative Therapies

- Mind-body techniques
- Relaxation and meditation
- Counselling
- Aromatherapy
- Reflexology
- Acupuncture
- Herbal medicine, naturopathy



Useful resources

Accessibility options ▾

Pain Management Network

Search...

Home For Everyone For Youth: PainBytes Spinal Cord Injury Pain Health Professionals Our Mob

Welcome to the ACI Pain Management Network

This website is designed to help you gain a better understanding of your pain. The site contains information to enable you to develop skills and knowledge in the self management of your pain in partnership with your healthcare providers.

You will hear from other people, just like you and learn how they too have lived with chronic pain. The website has a number of episodes which should be viewed over several days to weeks. If anyone has concerns viewing or reading the material they should consult their doctor or health professional.

If you are a young person with chronic pain, there's a youth channel with episodes for you to work through with a range of exercises and useful tips throughout.

DR CHRIS HAYES
PAIN SPECIALIST

02:53

Video 1 | Video 2 | Video 3

View video transcript

Useful resources

Successful management of chronic pain can be facilitated via a range of **active strategies** - sleep and mood management, as well as via the promotion of a **healthy lifestyle**

1 2 3 4 5 6 7 8 || Pause

For Everyone

- ④ Introduction to Pain
- ④ Getting help from your Healthcare Team
- ④ Pain and Physical Activity
- ④ Pain: Lifestyle and Nutrition
- ④ Pain and Role of Medications
- ④ Pain and Thoughts
- ④ Pain and Sleep

For Youth: PainBytes

- ④ Introduction to Pain
- ④ Pain and Physical Activity
- ④ Pain and Feelings
- ④ Pain and Mind-Body Connection
- ④ Pain and School
- ④ Pain and Family
- ④ Staying on Track

Health Professionals

- ④ Assessment
- ④ Assessment
- ④ Management of Chronic Pain
- ④ Resources for Chronic Pain
- ④ Quick Steps to Manage Chronic Pain in Primary Care

Useful resources

PAIN LINK 1300 340 357

PAIN SUPPORT GROUPS

JOIN US

APMA SHOP

APMA has partnered with Shopnate, so that you could raise hundreds of dollars for APMA for FREE by online shopping with 500+ popular online stores!

Start shopping now!



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phn
BRISBANE NORTH
An Australian Government Initiative



APMA - Australian Pain Management Assoc.

Neuropathic Pain Information

APMA has partnered with NPS MedicineWise to produce these best practice information sheets for people suffering nerve pain and their GPs treating neuropathic pain.

Nerve pain (also called neuropathic pain) is caused by damage or injury to nerves from conditions like shingles, diabetes, stroke and HIV. Nerve pain is different from other types of pain and simple pain medicines have little effect.

[Read more ...](#)

Sleep and Back Pain Study

Do you have or know someone with back pain and trouble sleeping?

Join a six week online program to improve sleep quality and reduce back pain!

This study is open to twin and non-twin participants. Please see the corresponding Participant Information Form by clicking Read more.

[Read more ...](#)

<https://www.painmanagement.org.au/>

Useful resources

