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

Kindly Sponsored by:

Brisbane North PHN
Metro North Hospital & Health Service
### Program

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

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.

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.

Caboolture Community Health Centre
Community health services in one location

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

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 Dc Narangba, North Lakes and Petrie.
Alternative Therapies

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

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**.

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

### For Youth: PainBytes
- Introduction to Pain
- Pain and Physical Activity
- Pain and Feelings
- Pain and Mind-Body Connection
- Pain and School
- Pain and Family
- Staying on Track

### Health Professionals
- Assessment
- Assessment
- Management of Chronic Pain
- Resources for Chronic Pain
- Quick Steps to Manage Chronic Pain in Primary Care
Useful resources

https://www.painmanagement.org.au/
Useful resources
I DON'T ALWAYS GO TO PHYSICAL THERAPY,

BUT WHEN I DO, I EXPECT TO BE HEALED AFTER THE FIRST SESSION.