



Freeport Physicians' Education Days

Mark Kubert, DC
RAC Low Back Practice Lead
Grand River Hospital
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Freeport Physicians' Education Days

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Presenter COI Disclosure

- Faculty: Dr. Mark Kubert
- Relationships with financial sponsors: None
- Affiliation with a not-for-profit organization: None
- Freeport Physicians' Education Fund Honorarium

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Disclosure of Financial Support

- This program has received financial support from the following organizations in the form of unrestricted educational grants: Bayer, Boehringer-Ingelheim, Dexcom, GSK, Janssen, Merck, Novartis, Novo Nordisk, Pfizer
- This program has received financial support from Grand River Hospital Foundation in the form of speaker honoraria. This program has received in-kind support from Grand River Hospital in the form of logistical support.
- Potential for conflict(s) of interest: Dr. Mark Kubert is receiving payment from the Freeport Physicians' Education Fund for this presentation

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Mitigating Potential Bias

- Recommendations for Drug Therapy will be based on peer reviewed journal articles and published guidelines

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ISAEC Inter-professional Spine Assessment
and Education Clinics



RAC LBP **RAPID**
ACCESS CLINICS
FOR LOW BACK PAIN

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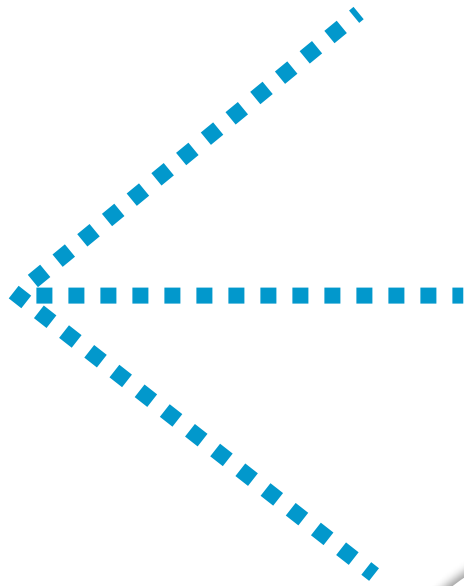
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Title: The Rapid Access Clinic—Low Back Pain

Goal: To understand the rationale for and function of the RAC LBP program

At the conclusion of this activity, participants will be able to:

- Describe the services offered by the RAC program
- Identify appropriate patients to refer to the RAC program
- Indicate the rationale for non-surgical treatment of low back pain
- Identify the indications for surgical management of low back pain







- ✓ Patient education about back pain
- ✓ Shorter wait times
- ✓ Access to imaging and specialist care



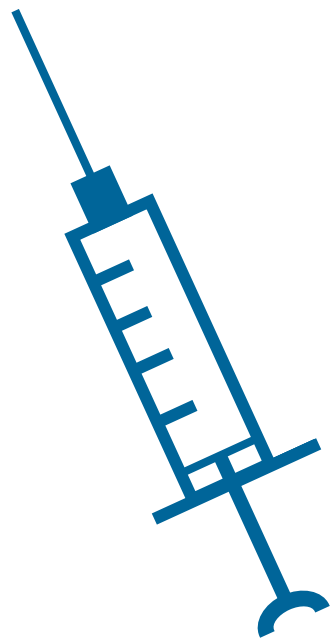
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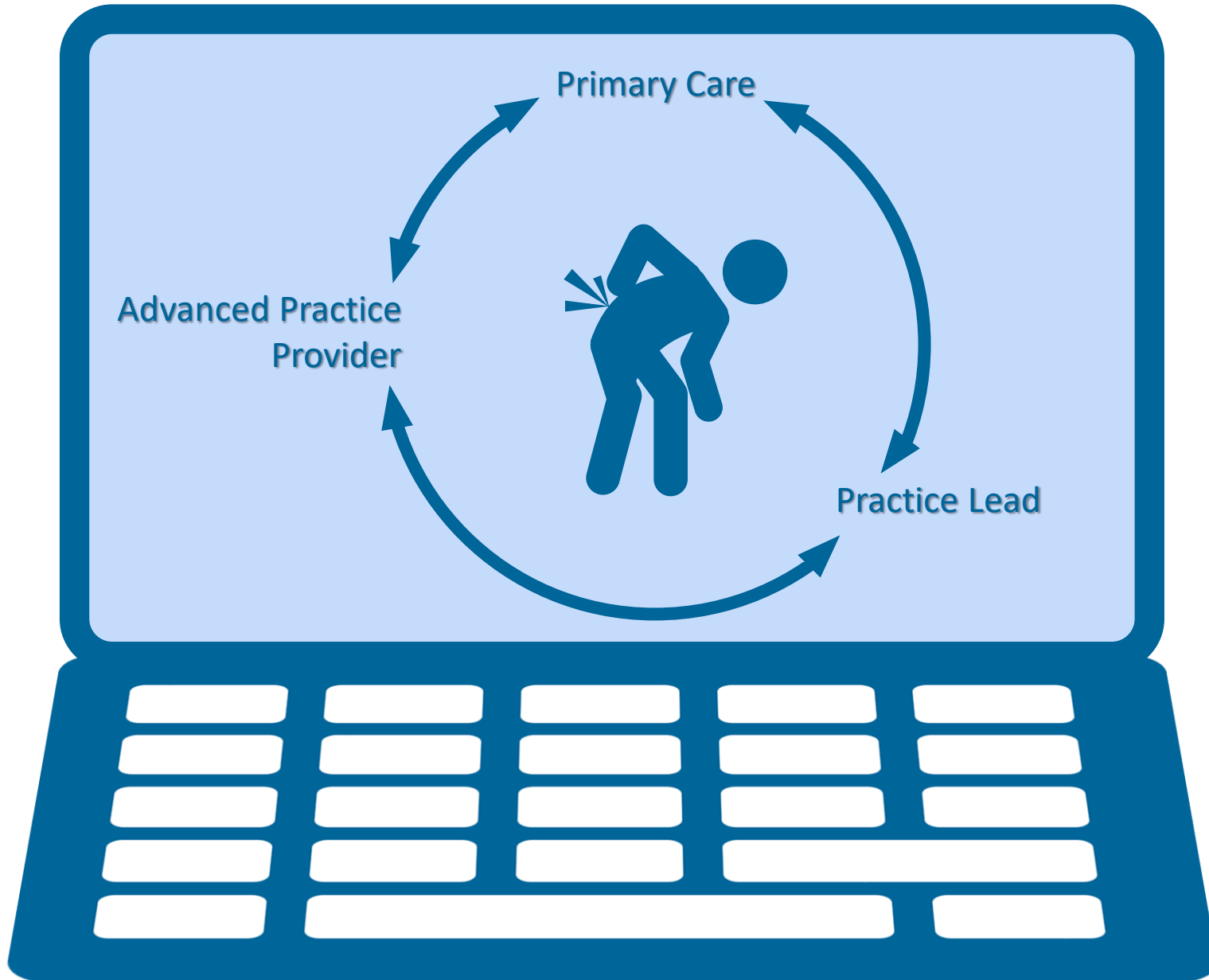






- ✓ Answer questions, provide information
- ✓ Exercise prescription
- ✓ A plan going forward





RAC Low Back Pilot Success:

✓ Average wait time for initial assessment = 12 days, and surgical assessment <6 weeks

✓ Greater than 96% of patients referred for consultation with a surgeon were surgically appropriate

✓ Significant reduction in chronicity risk six months following treatment in the project

✓ Less than 4% proceed with specialist intervention

Inclusion Criteria:

- Persistent low back pain and/or related symptoms (e.g., sciatica, claudication) 6 weeks to 12 months post onset;
- Unmanageable, recurrent episodic low back pain symptoms.

Exclusion Criteria:

- Red flags
- Under 18
- WSIB/MVA/Litigation
- Pregnancy

Most Common Conditions/Presentations

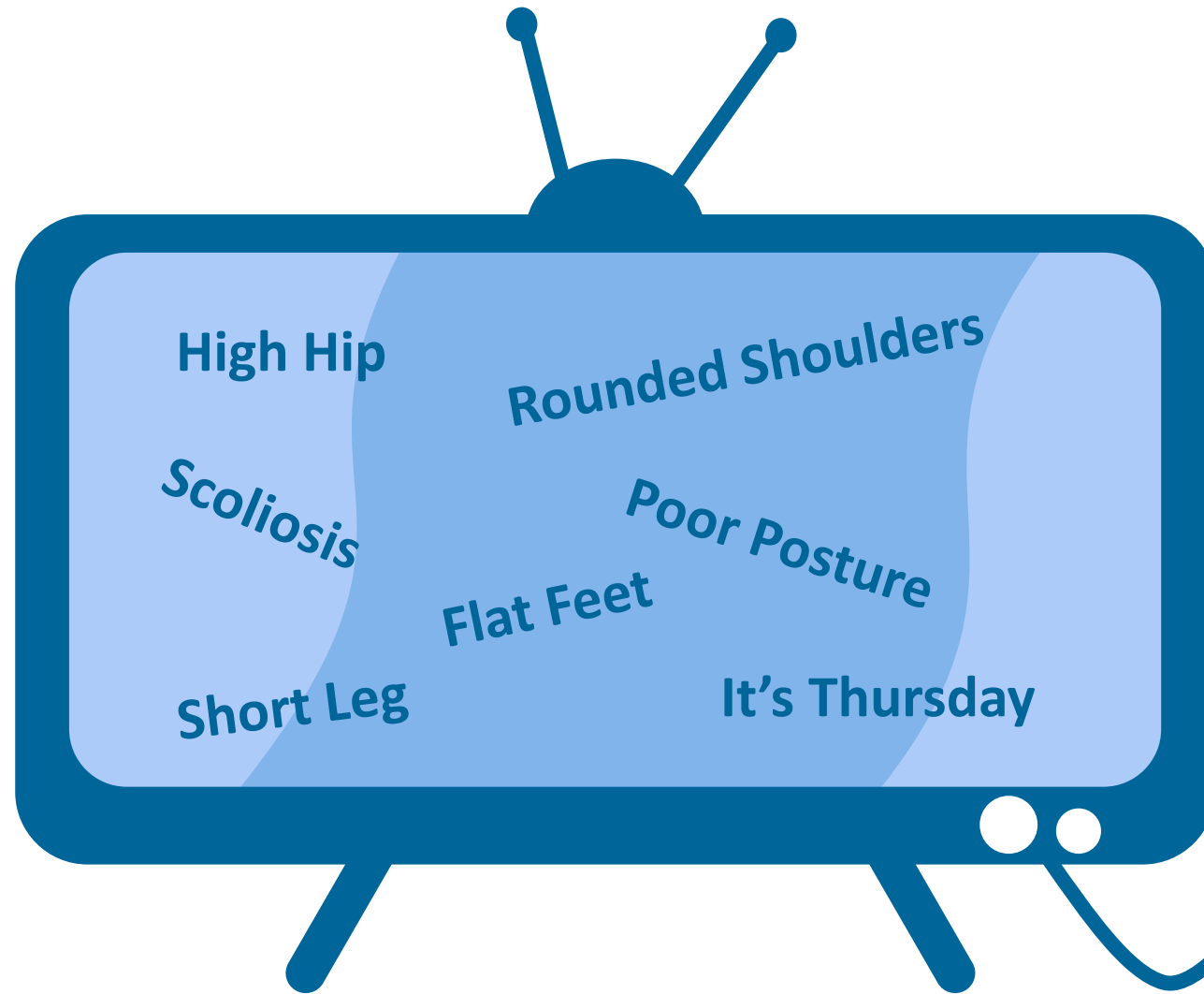
- Non-specific mechanical low back pain (85-95%)
- Lumbar discogenic pain – tear/bulge/herniation
- Lumbar spinal stenosis



Who makes a good surgical candidate?

- Failure to respond to 12 week trial of evidence-based conservative care
- Unbearable, constant leg dominant pain
- Worsening nerve root irritation tests (SLR, femoral nerve stretch)
- Expanding motor/sensory/reflex deficits (including drop foot)
- Recurrent, disabling sciatica
- Recurrent, disabling claudication





High Hip

Rounded Shoulders

Scoliosis

Poor Posture

Flat Feet

Short Leg

It's Thursday

Degenerative
Disc Disease

Narrowing

Arthritis

Facet

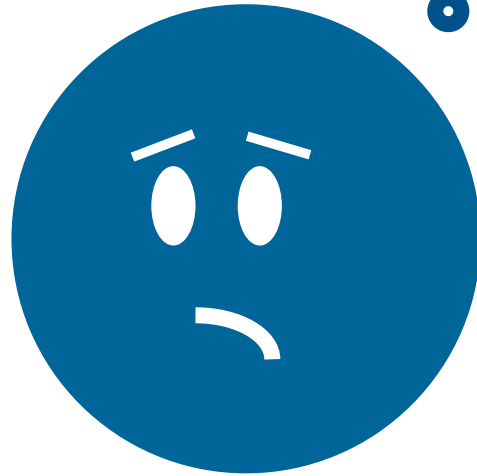
Degeneration

Nerve

Impingement

Severe

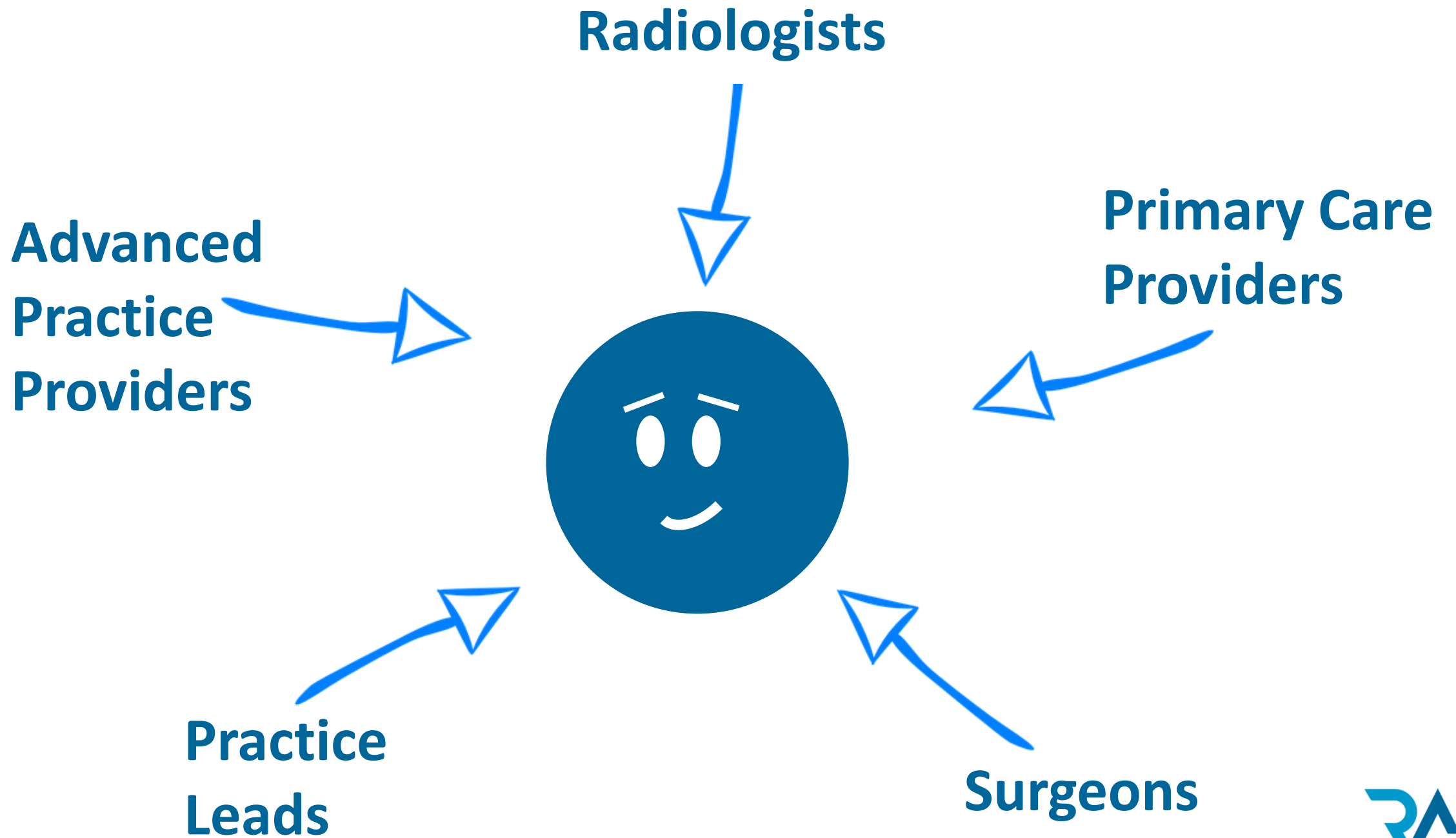
Scoliosis



I have a disease

I shouldn't move

My body is fragile



Thank you.

www.lowbackrac.ca

Mark Kubert, DC

RAC Low Back Pain Practice Lead | Grand River Hospital

mark.kubert@grhosp.on.ca

519.749.4300 ext. 7862

