World Spine Care

Concluding Statements
Mahalapye Spine Care Conference
Mahalapye, Botswana. April 5, 2013
The World Spine Care Model of Care

• The importance of a well trained core or primary spine care clinician
Decision Steps for the Management of Spine Pain

Step 1 - Assessment

Detailed History and Examination

– Look for red flags for serious pathology (Grade 4)
– Determine whether there are spine related neurological deficits (Grade 3)
– Determine whether the pain is disabling (Grade 2)
– Determine whether the pain is non disabling but disturbing and requiring treatment (Grade 1)
Decision Steps for the Management of Spine Pain

Step 2 - Management

• Grade 4 – Referral for advanced diagnostic services and specialist or surgical care
• Grade 3 – Non-surgical symptomatic care
  Progressive or severe neurological deficits - surgery
• Grade 2 – Manual and manipulative treatment, NSAIDs, exercise, education
• Grade 1 – Mostly education and exercise to prevent chronicity and avoid risk factors.
  Limited symptomatic care
Decision Steps for the Management of Spine Pain

Step 3 - Prevention

- Screening for scoliosis, deformity and serious pathology
- Education of first responders, ER and clinic nurses and physicians
- Education of the community through teachers, nurses, traditional practitioners and the general public on risk factors and treatment options for avoiding disability from spine pain
Primary spine care clinician

• Must have the following skills:
  – History (e.g. identify red flags, categorize spine pain into one of 5 grades or categories)
  – Physical examination
  – Neurologic examination (e.g. identify neurologic deficits)
  – Manual therapy
  – Exercise therapy
  – Understanding of healthy living, wellness, education
Primary spine care clinician

• Expected to:
  – Refer for testing according to evidence based guidelines
  – Understand the indications, benefits and risks of spine surgery
  – Refer for surgery when indicated
  – Be able to identify systemic/inflammatory joint diseases
  – Work with rheumatologists and internists
  – Be able to identify psychosocial issues and make appropriate referrals
The WSC Model

Core or primary spine care clinician

- Detailed history
- Clinical examination
- Non-surgical treatment
- Patient education

- Education of primary contact clinician
- Referral for testing and medical care
- Coordinating surgical care
- Post surgical care

Doctor of chiropractic
Doctor of physical therapy
The WSC Model

Community resources

- Scoliosis and spinal deformity screening
- Simple screening for red flags for serious pathology
- Basic spinal first aid
- Advise and education
- Community education

Traditional healers
Nurse practitioners
Local community Clinics and ERs
Teachers and community leaders
The WSC Model

Tertiary care
Management of serious spinal disorders

- Advanced imaging
- Advanced laboratory testing
- Hospitalization
- Surgery
- Hospitalization
- Advanced medical management of serious diseases
- Rehabilitation

Orthopedic surgeon and neurosurgeon
Neurologist, Physiatrist, Rheumatologist, Psychiatrist
The WSC Model

Rehabilitation Management of chronic disability

- Education and support
- Exercise training
- Behavior modification
- Work modification
- Home support and family counseling

Physiotherapists
Occupational therapists
Psychologists
The WSC Model
A multidisciplinary approach to spinal disorders

Primary or Core Spine Care Clinician

- Community Resources
  - Clinics, ERs
  - Nurse practitioners
  - Police and ambulance
  - Traditional healers

- Tertiary Care
  - Surgery
  - Rheumatology
  - Neurology
  - Psychiatry

- Rehabilitation
  - PT
  - OT
  - Psych
Appreciation

• **Speakers**
  - Prof. Margareta Nordin
  - Prof. Lindsay Rowe
  - Dr. Christian Etter
  - Dr. Emre Acaroglu
  - Dr. Norman Fisher-Jeffes
  - Joan Haldeman and Sally Valentine
  - Dr. Maria Hondras and Dr. Deborah Kopansky-Giles

• **Sponsoring organizations**
  - The North American Spine Society
  - The International Society for the Study of the Lumbar Spine
  - Eurospine, The European Spine Society
  - The South African Spine Society
  - The Chiropractic Association of South Africa
  - The Swiss Spine Institute
Appreciation

- Canadian Memorial Chiropractic College for Lunch
- Cresta Hotel for conference room
- The Mahalapye District Hospital for their assistance in the WSC program
- Botswana Ministry of Health for their support of the goals of WSC
The Future of Spine Care in Botswana

- Continue with current model clinics in Mahalapye and Shoshong
- Establish a spine surgery mentorship program
- Train, through scholarships, primary spine care clinicians who can take over the clinics
- Open World Spine Care clinics in other communities
- Regular spine care conferences and training programs in Botswana
Re a Leboga!