

April 2013

# World Spine Care



## Concluding Statements

Mahalapye Spine Care Conference

Mahalapye, Botswana. April 5, 2013



# The World Spine Care Model of Care

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- The importance of a well trained core or primary spine care clinician

# Decision Steps for the Management of Spine Pain

## Step 1 - Assessment

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### 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

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- Grade 4 – Referral for advanced diagnostic services and specialist r 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

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- 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

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- 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

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- 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

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## 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

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## 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

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## 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

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## Rehabilitation

### Management of chronic disability

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

Physiotherapists

Occupational therapists

Psychologists

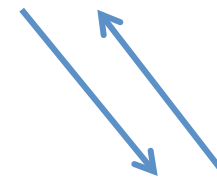
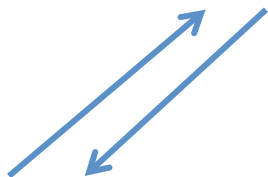
# The WSC Model

A multidisciplinary approach to spinal disorders

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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

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- **Speakers**
  - Prof. Margareta Nordin
  - Prof. Lindsay Rowe
  - Dr. Christian Etter
  - Dr. EmreAcaroglu
  - 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

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- 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

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- 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!

