

Attention Primary Care Provider: _____

Your patient with low back-related symptoms may be eligible for the Rapid Access Clinics for Low Back Pain (RAC LBP) program.

The RAC-LBP program is a MOH-funded initiative that currently **only** accepts referrals from **Family Doctors, Nurse Practitioners and Sports Medicine Physicians** to support patients with low back pain management. This is a shared-care model between the Primary Care Provider (PCP) and the Advanced Practice Providers (APPs) in the community. APPs offer consultation-based assessments (no ongoing treatment) with limited follow-ups requiring shared care management with a PCP to support the patients' ongoing needs (i.e., referral for counselling, smoking cessation, etc.).

To refer your patients to the RAC-LBP Program enabled by a central intake referral management system, please register using this simple process:

1. Complete the **one-time** registration which must be completed in one session

Click on the link below to register:

<https://isaec.thinkific.com/courses/rac-lbp-primary-care-provider-registration>

2. Your referrals will be accepted within 2-3 business days once your profile has been activated in the RAC-LBP central intake management system. You will be notified via email.

Patients referred to the RAC-LBP Program:

- Are seen within approximately 4 weeks by a nearby community based Advanced Practice Provider (APP) – a physiotherapist or chiropractor at a local clinic trained to do a standardized comprehensive spine assessment.
- Receive education, resources, and an exercise-based self-management plan to help co-manage the patient with yourself.
 - Note there is no manual treatment provided.
- Are assessed for the need for further specialist consultation including imaging, spine injections, and/or surgical consult.
 - These patients will be forwarded to a Practice Lead within approximately 6 weeks for a triage assessment and streamlined to first available surgeon specialist as indicated.

For more information, please visit the RAC-LBP website:

<https://lowbackrac.technainstitute.ca/primary-care-providers/#>

Patient Name and Contacts for Referral to RAC-LBP Program:

Reason for Referral to RAC-LBP Program:

SAMPLE RAC-LBP Referral Form

(once registration is complete)

Patient Information			
*Name: MRS. LUMBAGO		OHIP# 1234-567-890 VC#:	
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: 50	*Date of Birth: 01/01/1972	
*Address: 123 POSTERIOR DRIVE		*City: RONTO	*Postal Code: A1B 2C3
Patient is eligible for Rapid Access Clinic - Low Back Pain (RAC - LBP) referral if over 18 years of age with: Persistent LBP and/or related symptoms (e.g., sciatica, neurogenic claudication) that is not improving 6 wks. to 12 mos. from onset OR Unmanageable recurrent episodic LBP and/or related symptoms of <12 mos. duration post-recurrence.			
IMPORTANT: Patient is ineligible for RAC - LBP referral if one or more of the conditions apply:			
<ul style="list-style-type: none"> ▪ Patient with RED FLAGS ▪ Initial low back related symptoms <6 weeks post onset ▪ Constant/persistent LBP-related symptoms >12 months post onset ▪ <18 years of age ▪ Unmanaged established chronic multisite pain disorder 		<ul style="list-style-type: none"> ▪ Unmanaged established narcotic dependency ▪ Active LBP-related WSIB claim ▪ Active LBP-related motor vehicle accident claim ▪ Active LBP-related legal claim ▪ Pregnant/post-partum patients (<1 year) 	
Reason for referral: (check all that apply)			
<input type="checkbox"/> Clarify diagnosis		<input type="checkbox"/> Clarify need for specialist referral PLEASE COMPLETE	
<input type="checkbox"/> Recommend appropriate imaging		<input type="checkbox"/> Other, please specify: _____ REASON FOR REFERRAL	
Back Specific History			
1. Where has the pain / symptoms been the worst? (Check one) PLEASE COMPLETE <input type="checkbox"/> Back Dominant <input type="checkbox"/> Leg Dominant		2. *Are emergent RED FLAGS present? <ul style="list-style-type: none"> ▪ Possible Cauda Equina Syndrome: <ul style="list-style-type: none"> ▪ Loss of anal sphincter tone/ fecalincontinence ▪ Saddle anaesthesia about anus, perineum, or genitals ▪ Urinary retention with overflowincontinence 	
Does the patient have any YELLOW FLAGS? <input type="checkbox"/> Belief that pain is harmful or severely disabling <input type="checkbox"/> Fear avoidance behaviour (avoiding activity because of fear of pain) PLEASE COMPLETE <input type="checkbox"/> Low mood and social withdrawal <input type="checkbox"/> Expectation that passive treatment rather than active treatment will help		Progressive neurologic deficit <input type="radio"/> No PLEASE COMPLETE <input type="radio"/> Yes Significant trauma <input type="radio"/> No PLEASE COMPLETE <input type="radio"/> Yes. Please refer patient <u>directly</u> to the closest Emergency.	
*Practitioner Name: FAMILY PHYSICIAN, NURSE PRACTITIONER, OR SPORTS MEDICINE PHYSICIAN		*Telephone #: (416) - 456 - 0123	
*Practitioner Address: 465 VERTEBRAE DRIVE		*Fax #: (416) - 098 - 7654	
Practitioner Signature: _____ Signature		*Date: 01/01/2022	

If your patient meets the referral criteria, we would recommend referral to help optimize education and self-management prior to initiation of opioids or consideration for advanced imaging (e.g., CT or MRI).