

ISSLS 2015 Focus Group – Dr Drew Bednar – Spine Education Core Clinical Lecture

A common clinical problem that I encounter regularly in my Canadian clinical practice and hear of from colleague clinicians around the world is the delayed recognition and referral of common spine care syndromes such as sciatica, neuroclaudication and even cauda equina syndrome, particularly those cases where pain may not be a major issue in primary presentation. These come from a wide spectrum of referral sources, not just walk-in clinics and ERs seeing patients often not well engaged to the health care system but even from the practices of established family physicians, internists, physiatrists, and pain clinic interventionalists. This not only leads to extended patient suffering and disability before referral but may compromise outcome by bringing unnecessarily debilitated and decompensated patients to the spine surgeon.

Why is this? One factor may be a basic deficiency in spine care education in the primary physician referral base.

In Canada, access to spine surgical expertise is very limited as the health care system supports very few of us and so many if not most Spine care patients present initially to the Family Doctor, a walk-in clinic or an Emergency Room physician. Debilitated ER patients are often admitted to Medical services where the differential diagnosis and triage management of spine care issues is considered important but is not supported by regular links to spine care expertise.

Many if not most core medical school curricula in Canada include little focused Spine education beyond a cursory mention of Red Flags issues and perhaps description of classical Cauda Equina syndrome. Colleagues have suggested to me that this may be little different elsewhere. The real-world presentation of these pathologies can be subtle and obscure to the untrained, but I believe that the relevant clinical “basics” can be packaged and delivered in a single 1-hour lecture. I deliver elements of such a standard curriculum with some frequency in lectures to non-Spine physicians such as Family Doctors and Internists.

I invite interested ISSLS members to assist in developing a simple Power Point lecture, deliverable in 1 hour, that would clearly describe the common real-world clinical presentations of –

1. Sciatica - many physicians don't know that pain often focuses in the buttock, or what a sciatic scoliosis posture is;
2. Spinal stenosis - subtle presentations of neuroclaudication, the “shopping cart sign”, the fact that resting motor examination is most often normal, and areflexia as a lower motor neuron sign are often not appreciated;
3. Cauda equina syndrome – rapidly escalating sciatic pain, acute locomotor impairment, profound or bilateral motor root(s) deficit without complete paralysis or frank incontinence, urinary or fecal retention rather than loss of control.

Development of this curriculum material would also include an evaluation document deliverable to subject learners to help assess its strengths and weaknesses. ISSLS members would offer to deliver this lecture to medical school trainees at their affiliated institutions on a trial/developmental basis. The evaluation material would be used to evolve the lecture to a potential “final format” that would be submitted to ISSLS executive for endorsement and dissemination.