

PHYSIOTHERAPY-LED SPINAL TRIAGE ASSESSMENT SERVICE

Long wait times for elective orthopedic surgery have been and continue to be problematic in Canada. People waiting for health care can experience adverse effects such as reduced function, lower health-related quality of life, and psychological distress; and living with uncertainty of diagnosis, prognosis, and further management may create or perpetuate patient concerns. People with spine-related complaints comprise a large proportion of referrals made to orthopedic surgeons. Many of these patients are not considered to be surgical candidates and may simply require reassurance that they do not have serious spinal pathology. This patient subgroup can contribute significantly to wait times for consulting with a surgeon which ultimately leads to greater wait times for other required orthopedic surgical procedures such as hip and knee joint replacements. Reducing the number of nonsurgical consultations in a surgeon's caseload may help reduce surgical consultation wait times for patients who may benefit from spinal surgery and may potentially redirect nonsurgical candidates to more appropriate treatment earlier. There is, therefore, a need for innovative approaches to the management and reduction of orthopedic wait times.

Physiotherapists (PTs) are primary health care providers who have expertise in the assessment and evaluation of musculoskeletal disorders. Interprofessional models of care that include PTs as key providers are an alternative approach to traditional physician-centered referral and care pathways. There is a growing body of evidence to support new and expanded roles that maximize the unique skill sets of PTs. PTs with advanced orthopedic training, often practicing with a maximized or extended scope, have been shown to be equally as effective as orthopedic surgeons for the diagnosis and nonsurgical management of many musculoskeletal conditions. PTs performing this role have also contributed to reduced wait times and improved referral practices. This type of role can be referred to as triage, whereby patients are first screened by a PT to determine whether referral to a surgeon, recommendation of further conservative management, and/or diagnostic investigations is appropriate.

We have a series of completed and ongoing projects evaluating a Saskatoon-based PT-led spinal triage service in collaboration with orthopaedic surgeons including the following:

RETROSPECTIVE CHART REVIEW OF THE FIRST 3 YEARS OF THE SERVICE:

- Bath B, Lovo Grona* S, Janzen B. [A spinal triage programme delivered by physiotherapists in collaboration with orthopaedic surgeons](#). Physiotherapy Canada. 2012 Sep;64(4):356-66.

PROSPECTIVE EVALUATION:

- Bath B, Lovo Grona S. [Biopsychosocial Predictors of Short-term Success among People with Low Back Pain Referred to a Physiotherapy Spinal Triage Service](#). Journal of Pain Research. 2015 Apr;2015(8):189-202.
- Bath B, Pahwa P. [A physiotherapy triage assessment service for people with low back disorders: evaluation of short-term outcomes](#). Patient Related Outcome Measures. 2012 Jun; 3:9-19.
- Bath B, Janzen B. [Patient and referring health care provider satisfaction with a physiotherapy spinal triage assessment service](#). Journal of Multidisciplinary Health Care. 2011; 2012(5):1-15. Open access paper available [here](#).

CASE REPORT

- Lovo Grona S, Bourassa R, Bath B. [Hidden in Plain Sight: A Case of Pituitary Adenoma Presenting to a Physiotherapy-Led Spinal Triage Program](#). Orthopaedic Division Review, 2014, 27(2), 1-5.

ONGOING:

- 6 and 12 month follow up evaluation
- Retrospective chart review over 4 years (>1000 charts)

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