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## Ontario MDs collaborating with chiropractors to tackle lower back pain

Pilot projects, adding chiropractors to FHTs and NP-led clinic teams, key drivers to better control of LBP

WRITTEN BY MARK CARDWELL ON JANUARY 17, 2014

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TORONTO | When it comes to managing lower back pain (LBP), Dr. Mike Kates says the goal of all health care professionals is to resolve issues with patients and get them comfortable, safe and back to work as soon as possible.

“Whether you’re a physician, a chiropractor, a homeopath or a physiotherapist, everyone needs to be on the same page,” said Dr. Kates, a family physician in Mississauga, Ont. and lecturer at the University of Toronto.

That’s why he welcomes two new measures under Ontario’s LBP strategy that aim to integrate chiropractors into primary care settings across the province in an effort to cut costs, referrals, and wait times.

“ You provide great value to patients and you’re an important part of our effort to deliver the right care at the right place at the right time, especially in regards to (LBP) ”

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One of the measures was announced by Health Minister Deb Matthews via a [two-minute video](#) presented at the Ontario Chiropractic Association's (OCA) annual meeting last fall. It is a pilot funding offer to support family health teams, nurse practitioner-led clinics, aboriginal health access centres, and community health centres in designing, planning and implementing new or existing LBP management programs that integrate allied health providers.

Primary care groups will also have the flexibility to recruit allied health providers, chiropractors, physiotherapists, occupational therapists, and kinesiologists into collaborating partnerships.

According to a [ministry backgrounder](#) on the subject, projects are designed to improve patient and provider experience, clinical outcomes, and reductions in the number of referrals for MRIs and other diagnostic imaging, as well as surgeries.



Dr. Mike Kates

According to Matthews, recent collaborative projects like the OCA's *Consulting Chiropractor Role Demonstration* have delivered "positive results" on all fronts.

"You provide great value to patients and you're an important part of our effort to deliver the right care at the right place at the right time, especially in regards to (LBP)," she said in the video.

"Patients are getting better, more appropriate care, and we're getting better value for our precious health care dollars."

The minister also announced the addition of chiropractors to the list of professions that are eligible to work in FHT and NP-led clinics in Ontario.

"These are important first new steps in exploring the ways that chiropractors can be integrated into interdisciplinary primary health care

teams," added Matthews.

For the OCA's chief executive officer, the new measures are less revolutionary than an acknowledgement of the collaborative clinical efforts that already exist between chiropractors and many health care professionals across Ontario, including physicians and nurse practitioners.

"Chiropractors are widely recognized for their great core skills in MSK injuries, and LBP specifically," said Dr. Robert Haig (D.C., ret'd).

Haig pointed to the results of a recent study by McMaster University that found 74 percent of Canadian physicians refer to chiropractors each year.

He also noted that LBP is one of the leading causes of disability worldwide, and that one in five Ontario residents reported having chronic back problems in a 2010 study.

"It's much better to manage LBP at the primary care level rather than escalating it to emergency or second-level care level," he said.

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He called the new measures “a tangible opportunity” for FHTs to add the expertise of one of Ontario’s 4,000 chiropractors to their collaborative teams.

Dr. Kates agrees.

An active member of an FHT with five sites (one of them a U of T-affiliated family medicine teaching unit) and the primary care lead for the Local Health Integrated Network (LHIN), which includes some 1,000 physicians in Etobicoke, Mississauga and other cities and towns outside the GTA, he said he enjoys working with chiropractors to manage patient LBP issues.

“I like the fact that I can communicate with them in an interactive and collaborative model,” said Dr. Kates. “I get timely notes back about treatment, which is more patient-centred and efficient.”

More importantly, he added, is that referrals to specialists take time, and LBP issues can worsen during the wait.

Similarly, Dr. Kates said MRIs “can sometimes complicate things unnecessarily” because they can show abnormalities that are really normal and minor degenerative changes.



*Dr. Mike Kates (right) confers with Dr. Dave Dos Santos (DC)*

“That causes delays and additional angst for patients,” added Dr. Kates, who was involved last year in an LBP pilot project for collaborative care at Trillium, where he recently completed a five-year stint as chief of family medicine.

Though the project wasn’t formalized, he said the experience demonstrated the key role chiropractors can play in addressing LBP red flags and minimizing unnecessary diagnostic tests.

“Red flags are red flags regardless of what discipline you’re coming from,” said Dr. Kates. “But once you’re past red flags, it’s more a matter of texting or talking or about patients to discuss a treatment plan (so that) we’re all on the same page.”

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