

Referral Tool: User's Guide

The referral tool has been created to provide prescribing practitioners with a structured referral template. The tool aims to facilitate interprofessional communication between prescribing practitioners and their referral sources, therefore, enhancing the coordination of care. The user guide provides a rationale for the inclusion of certain sections as well as examples of potential content.

Information pertaining to the referred patient

Date: <i>MM/DD/YYYY</i>	Reason for referral: <i>Acute left low back pain</i>
Last name: <i>Doe</i>	
First name: <i>Jane</i>	
Personal health number:	
Diagnosis/clinical impression: <i>Acute left lumbar strain</i>	

Assessment

This section should briefly highlight information regarding the patient's current complaint as well as any relevant flags that may impact prognosis.

Chief complaint(s): <i>Left-sided low back pain following gardening 3 days ago.</i>
Pertinent history: <i>No prior history of low back pain. No history of trauma. Symptoms have been improving since onset 3 days ago. No neurological symptoms have been reported.</i>
Comorbidities: <i>Type 2 diabetes</i>
Current plan of management: <i>Management with education, reassurance, ibuprofen, and referral to conservative management.</i>

Red flags:

- Progressive neurological deficits: major motor weakness, disturbance of bowel and bladder control, saddle numbness
- Infection: fever, IV drug use, immune suppressed, osteomyelitis
- Fracture: trauma, osteoporosis
- Tumor: history of cancer, unexplained weight loss, fever, pain worse supine or at night
- Inflammation: morning stiffness >30 minutes and <45 years of age
- None identified
- Treatment recommended with consideration of red flags identified above

**Note: red flags distal to the area of complaint may not be a contraindication to treatment. If a patient has a fractured foot, it will not preclude them from safe conservative management of low back pain. Additionally, if a low back pain patient is flagged as having a risk of fracture due to osteoporosis it may not preclude them from all forms of manual therapy. In this example, some manual therapy interventions may be contraindicated (spinal manipulation); however, other forms of manual therapy might be appropriate (soft-tissue therapy, acupuncture, or exercise). Therefore, treatment may be recommended with consideration of the red flags identified above.*

Yellow flags:

- Belief that back pain is harmful or potentially severely disabling
- Fear and avoidance of activity or movement
- Tendency to low mood and withdrawal from social interaction

- Expectation of passive treatment(s) rather than a belief that active participation will help
- Current substance dependence/intoxication
- Solicitous behaviours from others (family) or highly punishing social responses from others (e.g., co-workers, spouse)
- Poor job satisfaction
- None identified

Outcome Measures	
<i>Outcome measures help to assess baseline function of a patient and can be used to monitor progress during and after a program of management.</i>	Baseline
Pain: <i>Numeric Pain Rating Scale is commonly used to measure pain intensity</i>	/10
Function – Activity: e.g., <i>Timed Get up and Go Test</i> Activity: Activity:	
Disability – Test: <i>The Oswestry Disability Index is an example of a disability outcome measure</i>	

Management

Involves determining the most appropriate management strategies for your patient. This incorporates clinical experience, the best available evidence, and patient preference.

<p>Conservative management*:</p> <p><input type="checkbox"/> Manual therapy (may be provided by a chiropractor, physiotherapy, massage therapist)</p> <p>_____</p> <p><input type="checkbox"/> Nurse practitioner</p> <p>_____</p> <p><input type="checkbox"/> Pharmacist</p> <p>_____</p> <p><input type="checkbox"/> Acupuncturist</p> <p>_____</p> <p><input type="checkbox"/> Other</p> <p>_____</p>	<p>Self-management*:</p> <p><input type="checkbox"/> Exercise</p> <p>_____</p> <p><input type="checkbox"/> Nutrition</p> <p>_____</p> <p><input type="checkbox"/> Meditation</p> <p>_____</p> <p><input type="checkbox"/> Pain education</p> <p>_____</p> <p><input type="checkbox"/> Other</p> <p>_____</p>	<p>Mental health management:</p> <p><input type="checkbox"/> Cognitive-behavioural therapy</p> <p>_____</p> <p><input type="checkbox"/> Relaxation and mindfulness</p> <p>_____</p> <p><input type="checkbox"/> Addiction services</p> <p>_____</p> <p><input type="checkbox"/> Psychotherapy</p> <p>_____</p> <p><input type="checkbox"/> Psychological services</p> <p>_____</p> <p><input type="checkbox"/> Psychiatry services</p> <p>_____</p> <p><input type="checkbox"/> Social worker</p> <p>_____</p> <p><input type="checkbox"/> Other</p> <p>_____</p>	<p>Other:</p> <p><input type="checkbox"/> Family Physician</p> <p>_____</p> <p><input type="checkbox"/> Pharmacotherapy</p> <p>_____</p> <p><input type="checkbox"/> Diagnostic imaging</p> <p>_____</p> <p><input type="checkbox"/> Specialist referral</p> <p>_____</p> <p><input type="checkbox"/> Further testing</p> <p>_____</p>
--	--	---	--

**Handouts are available for appropriate referral*

Referral Comments

This section allows for comments pertaining to patient goals, preference, or any other relevant information.

Association
chiropratique
canadienne



Canadian
Chiropractic
Association

