



Management of Low Back Pain Tool Instruction Manual for Practice Solutions Electronic Medical Record

Intended Tool Use

This is the Clinically Organized Relevant Exam (CORE) Back Tool. This tool will guide primary care providers to recognize common mechanical back pain syndromes and screen for other conditions where management may include investigations, referrals and specific medications. This is a focused examination for clinical decision-making in primary care. This form is based upon the Centre for Effective Practice (CEP) Low Back Pain Toolkit.





CORE Back Tool User Guide

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For more information on the CORE Back EMR Tool
please contact: Stephanie.Chin@eHealthCE.ca OR
Visit <https://cep.health/clinical-products/low-back-pain/>



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Toolkit Contents Version 1.0.2

CEP Providers – Clinically Organized Relevant Exam (CORE) Back Tool

Custom forms

-  CEP Providers - Clinically Organized Relevant Exam (CORE) Back Tool.cfm
-  CORE Back Tool - Pattern 1 Patient Handout.cfm
-  CORE Back Tool - Pattern 2 Patient Handout.cfm
-  CORE Back Tool - Pattern 3 Patient Handout.cfm
-  CORE Back Tool - Pattern 4 Patient Handout.cfm
-  Opioid - Risk Tool (ORT).cfm
-  Personal Action Planning for Patient Self Management.cfm
-  Patient Education Inventory.cfm
-  PHQ-4 Assessment.cfm
-  Core - Keele STarT Back Screening.cfm

Handouts

-  healthy-back-exercises4
-  healthy-back-exercises3
-  healthy-back-exercises2
-  healthy-back-exercises1
-  Evaluating Responses to Treatment
-  Arthritis Society Best-Practice-Guidelines

Supporting Material

- CORE Back Tool EMR Installation Guide 2019.06.26
- CORE Back Tool Quick User Tips And Tricks 2019.06.06



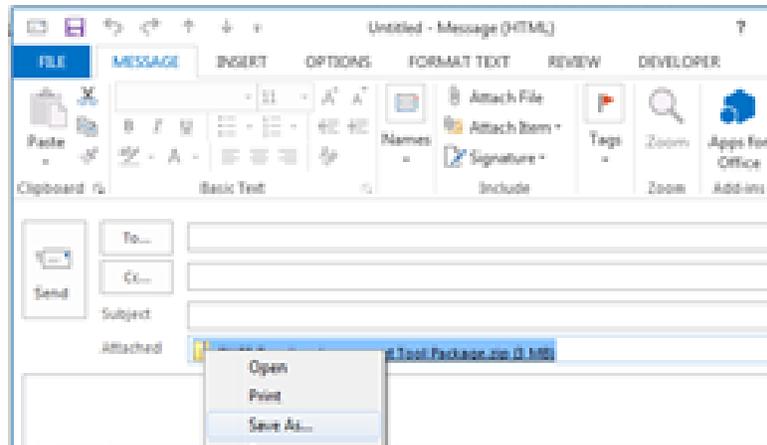
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Importing Custom Forms and Handouts

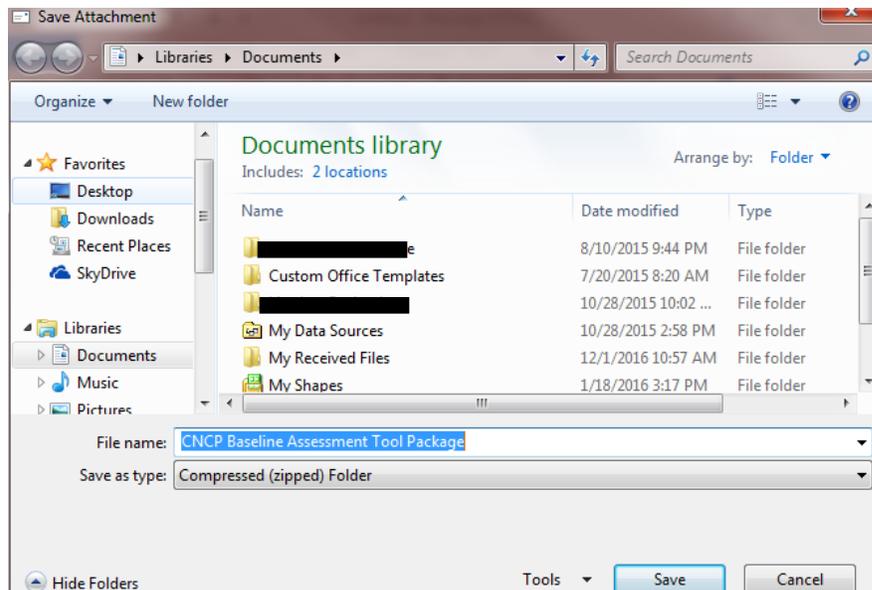
Custom Forms

To install these forms, please follow the instructions below:

1. Download the zipped folder's content and select a location on your computer to **Save As...**:



2. Save the zipped folder to your Desktop (or whichever location you prefer):

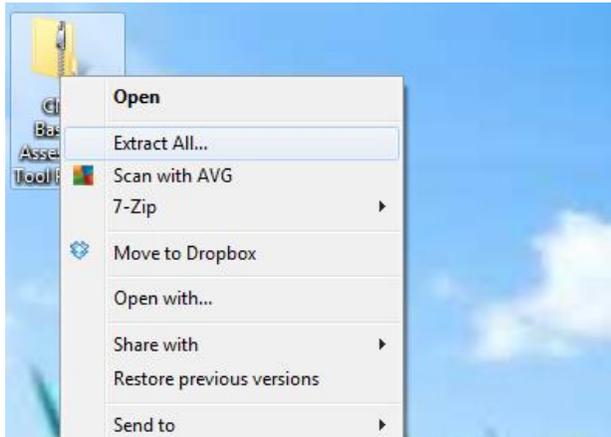


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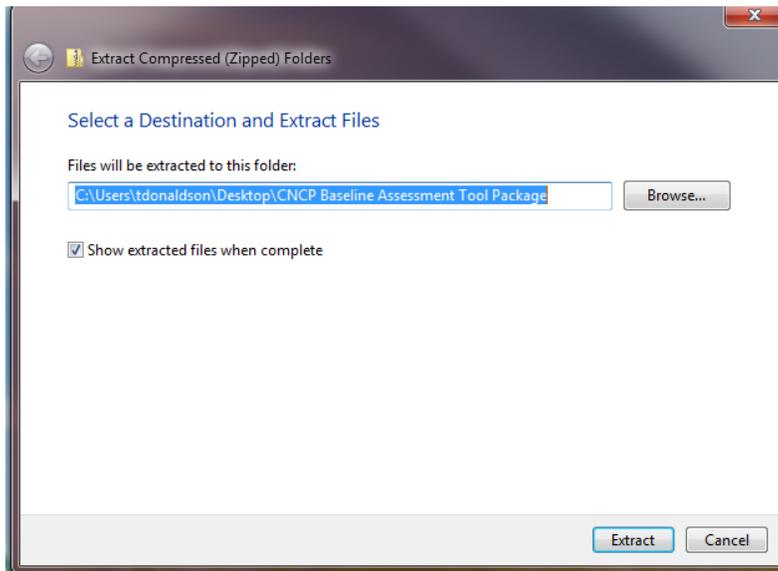


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3. Once saved to your desktop or other folder location of your preference, find the folder and right click and select **Extract All...**



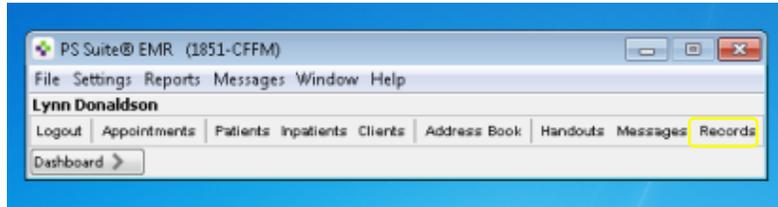
4. Extract to the location of your choice (it should prompt you to extract to the same location you have saved the zip file) and select **Extract**



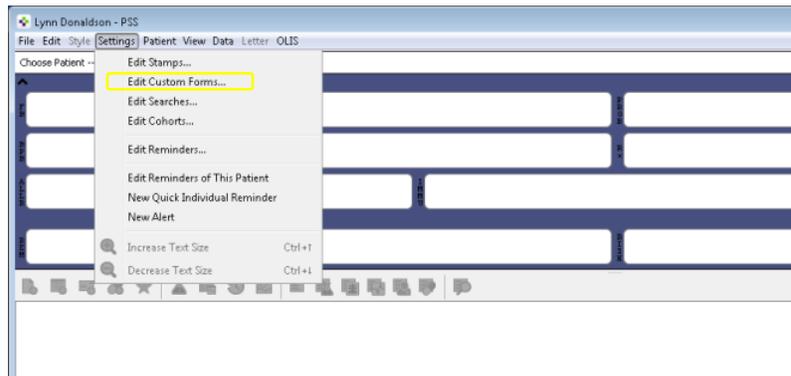


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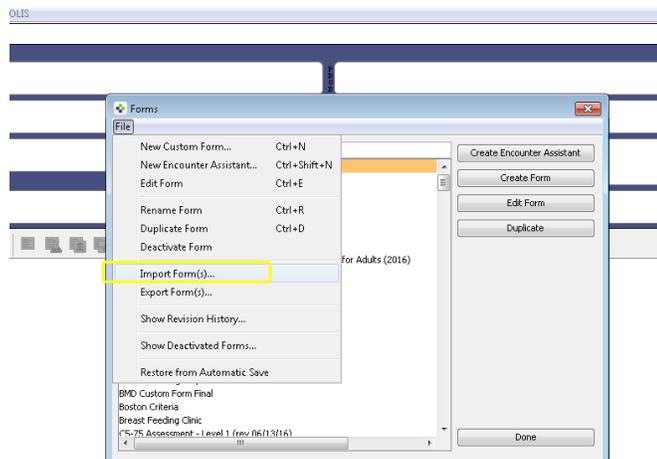
5. Open PSS, go to the main PSS toolbar and select the **Records** tab to open a blank patient record:



6. Select the **Settings** tab on the top of the record and then select **Edit Custom Forms...**:



7. This will bring you to the Custom Form Library, where you will Import each of the Custom Forms from the location you saved all the custom forms (desktop or other folder location):
 - a. Select **File**
 - b. Select **Import Form...**





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8. Select the custom forms;

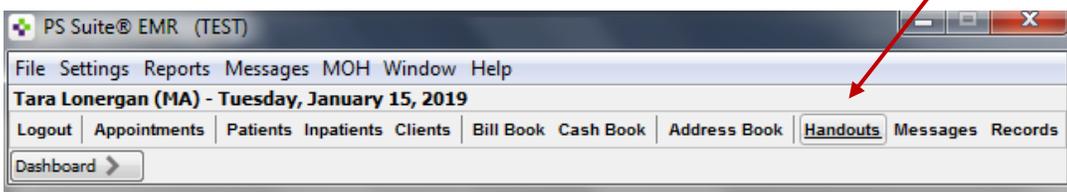
- CEP Providers - Clinically Organized Relevant Exam (CORE) Back Tool.cfm
- CORE Back Tool - Pattern 1 Patient Handout.cfm
- CORE Back Tool - Pattern 2 Patient Handout.cfm
- CORE Back Tool - Pattern 3 Patient Handout.cfm
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- Patient Education Inventory.cfm
- PHQ-4 Assessment.cfm
- Core - Keele STaRT Back Screening.cfm

Select **Choose** after all these forms are selected. **Tip: you can select the first form in the list and hold down the shift key and select all of the others to import all forms at once):*

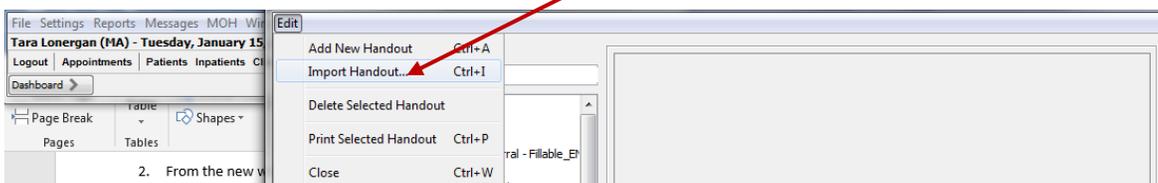
9. You should see a message pop up saying that all forms have been imported. Select Ok.

Importing Handouts into PSS

1. Handouts need to be saved to your files prior to importing. To import a handout, open PSS and go to the **main** PSS toolbar and select the **Handouts** tab

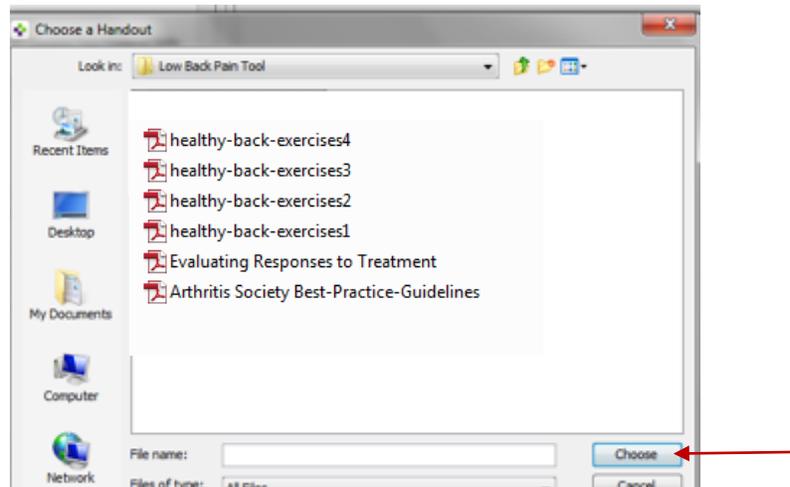


2. From the pop-up window, click **Edit**, followed by **Import Handout**. Select the file containing the handout and click **Choose**.

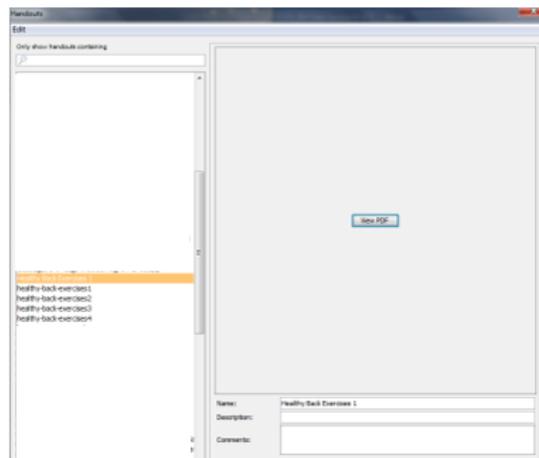




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No further action is required from you after importing handouts but if you are interested in viewing your imports, you will see them in the handouts panel.



Changing Custom Form Links to Local Resources

Changing Custom Forms requires a Custom Forms License from Practice solution. They are available free of charge without training or at a cost if training is needed.

Prior to changing Custom Form links, the Custom Form required should be imported (See Importing Custom Forms section of this user guide).

To change the Custom Form links:

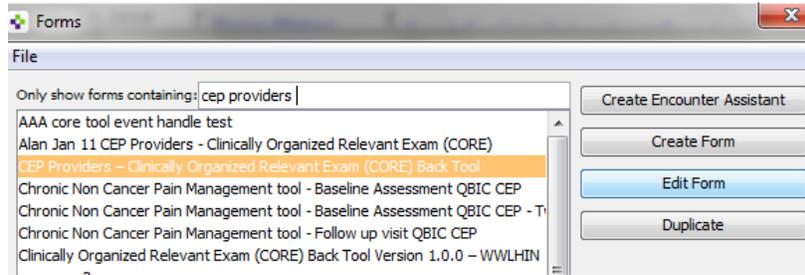
1. Go to "Settings" → "Edit Custom Forms" → Select the custom form "CEP Providers – Clinically Organized Relevant Exam (CORE) Back Tool" and click the "Edit Form" Button on the right-hand side of the window

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- When the form opens, click on the link you want to change **within the custom forms editor window**, for example **X-ray & MRI** found in the Red Flags section of the tool. This will show the properties of the link in the lower right-hand corner of the Custom form editing window toolbar.



Section A: History
 Work through the following questions with the patient to determine initial management recommendations.

Question 1: Where is your pain the worst? Back / Buttock Dominant Leg Dominant

Question 2: Is your pain constant or intermittent? Constant Intermittent

Rule Out Red Flags
 Red flags indicate the potential presence of an underlying serious pathology. The acronym NIFTI can help you remember red flags.

Indication	Present?	Investigation	Clinical Notes
Neurological: diffuse motor/sensory loss, progressive neurological deficits, Cauda Equina Syndrome	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ Emergency management required: 1) Urgent imaging with MRI and immediate consultation to surgery; or 2) Immediate referral to Emergency Department	S: O: A: P:
Infection: fever, IV drug use, immune suppressed or high risk for urinary or other infections.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ X-ray and MRI	
Fracture: Trauma, osteoporosis risk/fragility fracture.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ X-ray and may require CT scan	
Tumour: Hx of cancer, unexplained weight loss, significant unexpected night pain, severe fatigue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ X-ray and MRI	
Inflammation: Chronic low back pain > 3 months, age of onset < 45, morning stiffness > 30 minutes, improves with exercise, disproportionate night pain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ Rheumatology Consultation and Guidelines	

Red Flags (check if positive)
 The acronym NIFTI can help you remember red flags.

Indication	Investigation
Neurological: diffuse motor/sensory loss, progressive neurological deficits, Cauda Equina Syndrome	→ Urgent MRI within 24 - 48 hours
Infection: fever, IV drug use, immune suppressed or high risk for urinary or other infections.	→ X-ray and MRI
Fracture: trauma, osteoporosis risk/ fragility fracture.	→ X-ray and may require CT scan
Tumour: hx of cancer, unexplained weight loss, significant unexpected night pain, severe fatigue.	→ X-ray and MRI
Inflammation: chronic low back pain > 3 months, age of onset < 45, morning stiffness > 30 minutes, improves with exercise, disproportionate night pain.	→ Rheumatology Consultation and Guidelines

Questions to Confirm Pain:
 1. Reaching to put dishes on
 2. Throwing a tennis ball?
 3. Bending over for groceries?

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- In the properties box where it says "Text", change the wording of the title of the form based on the preferred X-ray/MRI form for your clinic.

Name	Value
Item Type	text
Band Id	item104
Id	item165
Name	
X	277
Y	277
Colour	Blue
Visible	<input type="checkbox"/>
Opaque	<input type="checkbox"/>
Event Handlers	InfectionButton&selected->v...
Tooltip Text	
Section ID	
Text	->X-ray and MRI
Font Name	Helvetica
Size	9
Style	plain
Width	85
Required	<input type="checkbox"/>
Show Edit Text Border	<input checked="" type="checkbox"/>
Include In Printout	<input checked="" type="checkbox"/>
Compact Stamp Text	<input type="checkbox"/>
Graph As	
Graph Date Field Id	
Resource Name	CMH - CardioRespiratory U...
Tab Order	0
Editable	<input type="checkbox"/>
Justification	left
Associated URL	
Max Length	0
Link Click To	
Click Event	viewForm("CMH - CardioRe...

- Further down in the properties window is the field "Click Event". Change the text inside the quotation marks which are in parenthesis (NB the parentheses and quotation marks must remain as is for this to work). Type in the exact name of the form you wish to use within the Back Tool. The name of the form entered must **exactly** match the actual name of the existing custom form in the form library including spacing and any additional special characters.
- In the "Resource Name" field, click and select the appropriate Custom Form name from the pop-up window.

Name	Value
Item Type	text
Band Id	item104
Id	item165
Name	
X	277
Y	277
Colour	Blue
Visible	<input type="checkbox"/>
Opaque	<input type="checkbox"/>
Event Handlers	InfectionButton&selected->v...
Tooltip Text	
Section ID	
Text	->X-ray and MRI
Font Name	Helvetica
Size	9
Style	plain
Width	85
Required	<input type="checkbox"/>
Show Edit Text Border	<input checked="" type="checkbox"/>
Include In Printout	<input checked="" type="checkbox"/>
Compact Stamp Text	<input type="checkbox"/>
Graph As	
Graph Date Field Id	
Resource Name	CMH - CardioRespiratory U...
Tab Order	0
Editable	<input type="checkbox"/>
Justification	left
Associated URL	
Max Length	0
Link Click To	
Click Event	viewForm("CMH - CardioRe...

Select a Form

- Imaging_True North
- 1 Year test
- 14 week Cosmetic
- 2 month Well Baby Check (WBC)
- 2 mos WBC v2
- 2010 - Lab Req
- 2010 - Lab Req - Dr.Earl
- 2010 - Lab Req - FOBT
- 2010 - Lab req Alan
- 2010 - Lab Req Conditions
- 2010 - Lab Req Dr. Morar
- 2010 - Lab Req Greenbrook
- 2010 - Lab Req with Buttons
- 2010 Lab Req Conditions Dr. Yoo
- 2010 Lab Req Dr. Penhearow
- 2010 Lab Req Patel Christopher
- 2013 A XRays Requisition, (Oxford,True Nort...
- 2013 CPX males
- 2013 CPX women
- 2013 Diabetes, Waterloo Wellington Central I...
- 2013 DM Routine Lab

Cancel Choose This Form



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6. Save the form.
7. Add the CORE Back tool to a chart and test the link. if the newly linked form fails to open when the specific link is clicked, check the form name in the "Click Event" field and verify that it is **the exact same** as the existing Custom Form in the PSS forms library.

Section A: History

Work through the following questions with the patient to determine initial management recommendations.

Question 1 Where is your pain the worst? Back / Buttock Dominant Leg Dominant

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Fracture: Trauma, osteoporosis risk/fragility fracture.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No → X-ray and may require CT scan	
Tumour: Hx of cancer, unexplained weight loss, significant unexpected night pain, severe fatigue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No → X-ray and MRI	
Inflammation: Chronic low back pain > 3 months, age of onset <45, morning stiffness >30 minute improves with exercise, disproportionate night pain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No → Rheumatology Consultation and Guidelines	