

Guy Lumbago

1. Guy Lumbago

1.1 Meet Guy Lumbago

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Guy Lumbago

Guy Lumbago has had over five years of chronic low back pain with radiation into his left buttock and hip.

Two years ago, he had a back CT scan following an ER visit for minor motor vehicle accident. Degenerative disc disease and minor facet joint arthropathy were noted but nothing acute.

Guy You Guy Responds

What do you think?

Guy (Slide Layer)

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Guy Lumbago

Guy
"Doctor, I want to get serious about fixing my back. I quit working in construction and now deliver pizza, so I am not hurting my back anymore."

Guy You Guy Responds

What do you think?

You (Slide Layer)

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Guy Lumbago

You
"Is there anything new with your back?"

Guy **You** **Guy Responds**

What do you think?

The slide features a character named Guy Lumbago on the right, a man with brown hair, a red t-shirt, and blue jeans, standing with his arms crossed. A speech bubble icon is next to him. On the left, a large orange speech bubble contains the text from the 'You' character. Below the speech bubble are three buttons: 'Guy', 'You', and 'Guy Responds'. An orange button with the text 'What do you think?' is positioned below the 'Guy Responds' button. A vertical sidebar on the far left contains several icons, including a play button, a list icon, and a person icon. The top left corner has the text 'SCFPCLearn'.

Guy Responds (Slide Layer)

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Guy Lumbago

Guy Responds
"Well, it is not quite as bad after work as it was in my old job. But my back and left butt still hurts. My girlfriend says I need to get an MRI."

Guy **You** **Guy Responds**

What do you think?

This slide is similar to the first one, but the orange speech bubble now contains the text from the 'Guy Responds' character. The character 'Guy Lumbago' remains on the right side of the slide. The buttons and sidebar are identical to the previous slide.

1.2 Guy Lumbago

The screenshot shows the 'Guy Lumbago' interface. At the top, there is a blue header with the name 'Guy Lumbago' and a circular profile picture of a man. Below the header is a navigation menu with five items: 'History', 'Red Flags', 'Previous Visits', 'Your Comment', and 'Guy's Response'. To the right of the menu is a light blue box containing the text: 'Click on the other tests to reveal more information about Dixie.' At the bottom right of the interface is an orange button labeled 'Moving Forward'.

History (Slide Layer)

The screenshot shows the 'History (Slide Layer)' interface. The navigation menu is the same as in the previous screenshot. The 'History' item is selected, and a slide layer has opened to the right. The slide layer contains the following text: 'History of red flag symptoms' followed by a paragraph: 'You ask Guy about red flags including trouble with urinary or bowel continence, progressing weakness, areas of numbness (particularly saddle region), fever, weight loss, intravenous drug use, etc.' Below this paragraph is another line of text: 'He denies all of them.' At the bottom right of the slide layer is an orange button labeled 'Moving Forward'.

Red Flags (Slide Layer)

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Guy Lumbago

Practical Tip: It might be helpful to work through this red flag box with the patient to aid understanding.

Red Flags (check if positive)
X

The acronym **NIFTI** can help you remember red flags.^{21,22,43,44}

Indication	Investigation
<input type="checkbox"/> Neurological: diffuse motor/sensory loss, progressive neurological deficits, cauda equina syndrome	Urgent MRI indicated
<input type="checkbox"/> Infection: fever, IV drug use, immune suppressed	X-ray and MRI
<input type="checkbox"/> Fracture: trauma, osteoporosis risk/fragility fracture	X-ray and may require CT scan
<input type="checkbox"/> Tumour: hx of cancer, unexplained weight loss, significant unexpected night pain, severe fatigue	X-ray and MRI
<input type="checkbox"/> 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

Acute Cauda Equina syndrome is a surgical emergency.²³

Symptoms are:

- Urinary retention followed by insensible urinary overflow
- Unrecognized fecal incontinence
- Distinct loss of saddle/perineal sensation

No red flags → Continue reviewing history

Imaging tests like X-rays, CT scans and MRIs are not helpful for recovery or management of acute or recurring low back pain unless there are signs of serious pathology.^{24,41}

Your examination today does not demonstrate that there are any red flags present to indicate serious pathology, but if your symptoms persist for > 6 weeks, schedule a follow-up appointment.^{41,42}

Previous Visits (Slide Layer)

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Guy Lumbago

History
X

Red Flags

Previous Visits

Your Comment

Guy's Response

Previous Visits

Four months ago, Guy's physical exam was unremarkable except for some reduced range of motion and lower back tenderness.

Today is the same.

Moving Forward

Your Comment (Slide Layer)

The screenshot shows a slide layer interface for a character named Guy Lumbago. At the top, there is a blue header with the name 'Guy Lumbago' and a circular profile picture of a man. Below the header is a vertical sidebar with five menu items: 'History', 'Red Flags', 'Previous Visits', 'Your Comment', and 'Guy's Response'. The 'Your Comment' item is highlighted. The main content area displays a text box with the title 'Your Comment' and the text: "Your exam has stayed the same. That red box we looked at indicates there is nothing dangerous happening and an MRI is not needed." Below the text box is an orange button labeled 'Moving Forward'.

Guy's Response (Slide Layer)


The screenshot shows a slide layer interface for a character named Guy Lumbago. At the top, there is a blue header with the name 'Guy Lumbago' and a circular profile picture of a man. Below the header is a vertical sidebar with five menu items: 'History', 'Red Flags', 'Previous Visits', 'Your Comment', and 'Guy's Response'. The 'Guy's Response' item is highlighted. The main content area displays a text box with the title 'Guy's Response' and the text: "But won't it help us to know exactly what's going on? I mean, last time they found some degeneration." Below the text box is an orange button labeled 'Moving Forward'.

1.3 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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Approximately what proportion of 40-year-olds without back pain have degenerative disc disease on CT or MRI?



Select an answer below


10%
 30%
 50%
 70%
 90%

Submit

1.4 Answer

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Guy Lumbago



Asymptomatic patients with specific findings			
	Age 20	Age 40	Age 60
Disc degeneration	37%	68%	88%
Disc height loss	24%	45%	67%
Disc bulge	30%	50%	69%
Disc protrusion	29%	33%	38%
Facet degeneration	4%	18%	50%
Spondylolisthesis	3%	8%	23%

Answer: The correct answer is 70%

In 2015, Brinjiki and colleagues combined 33 studies of MRI/CT findings of 3110 patients without a history of back pain.

The chart on the left shows the results of the study.

Let's Look at More

Diagnosis (Slide Layer)

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Guy Lumbago

Asymptomatic patients with specific findings

	Age 20	Age 40	Age 60
Disc degeneration	3%		
Disc height loss	2%		
Disc bulge	3%		
Disc protrusion	2%		
Facet degeneration	4%		
Spondylolisthesis	3%	8%	23%

ACPA and RF
 There are no tests that can reliably diagnose RA.

Answer: The correct answer is X

ACPA, with 96% specificity and a positive likelihood ratio of about 14, is good for ruling in RA but a negative test does NOT rule out RA.

RF has low sensitivity (50-70%) and moderate specificity (85%) for RA. Positive RF and ACPA can predict a more aggressive disease.

Let's Look at More

Sensitivity (Slide Layer)

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Guy Lumbago

Asymptomatic patients with specific findings

	Age 20	Age 40	Age 60
Disc degeneration	3%		
Disc height loss	2%		
Disc bulge	3%		
Disc protrusion	2%		
Facet degeneration	4%		
Spondylolisthesis	3%	8%	23%

Sensitivity
 A **sensitive test** means **less false negatives** (patients who have the disease but for whom the test is negative). It is helpful to **rule out** a disease: if the test is negative, you are confident that your patient does not have the disease.

Answer: The correct answer is X

Let's Look at More

Specificity (Slide Layer)

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Guy Lumbago

Asymptomatic patients with specific findings

	Age 20	Age 40	Age 60
Disc degeneration	3%		
Disc height loss	2%		
Disc bulge	3%		
Disc protrusion	2%		
Facet degeneration	4%		
Spondylolisthesis	3%	8%	23%

Specificity
 A **specific test** means **less false positives** (patients who do not have the disease but for whom the test is positive). It is helpful to **rule in** a disease: if the test is positive, you are confident that your patient has the disease.

Answer: The correct answer is X

[Let's Look at More](#)

ANA, X-rays (Slide Layer)

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Guy Lumbago

Asymptomatic patients with specific findings

	Age 20	Age 40	Age 60
Disc degeneration	3%		
Disc height loss	2%		
Disc bulge	3%		
Disc protrusion	2%		
Facet degeneration	4%		
Spondylolisthesis	3%	8%	23%

ANA is not indicated unless another disease process such as lupus is on the differential.

Serial X-Rays may be used to monitor disease activity but are not likely to be helpful in early disease.

Answer: The correct answer is X

[Let's Look at More](#)

Early Management (Slide Layer)

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Guy Lumbago

Asymptomatic patients with specific findings			
	Age 20	Age 40	Age 60
Disc degeneration	3%		
Disc height loss	2%		
Disc bulge	3%		
Disc protrusion	2%		
Facet degeneration	4%		
Spondylolisthesis	3%	8%	23%

Answer: The correct answer is x

Early Management
 The early management of RA is important. Early diagnosis and treatment prevent irreversible joint damage in 90% of patients. In fact, some guidelines (NICE) suggest referring patients with unexplained synovitis involving >+ 2 joints or the small joints of the hands and feet (even when CRP, RF and ACPA are negative).

Let's Look at More

1.5 Guy Lumbago

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Guy Lumbago

Your conversation continues with Guy.

You

Guy

What do you think?

You (Slide Layer)

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Guy Lumbago

You
"Many of these findings are very common. Over half of people with no back pain have some degeneration.
Another CT or MRI won't help you feel better and that is really the goal, right?"

You **Guy**

What do you think?

The screenshot shows a digital character named 'Guy Lumbago' on the right side of the slide. He is a man with short brown hair, wearing a red t-shirt with grey sleeves and blue jeans. He has his arms crossed. A speech bubble icon is visible in the top right corner of his character area. On the left side of the slide, there is a vertical toolbar with icons for navigation and a character selection menu. The character selection menu is currently set to 'You'. The main text area contains a speech bubble with the text from the 'You' character. Below the text area are two buttons labeled 'You' and 'Guy', and a yellow call-to-action button that says 'What do you think?'.

Guy (Slide Layer)

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Guy Lumbago

Guy
"For sure. Massage helps for a bit but it doesn't last long."

You **Guy**

What do you think?



The screenshot shows the same digital character 'Guy Lumbago' on the right side of the slide. The character selection menu on the left is now set to 'Guy'. The main text area contains a speech bubble with the text from the 'Guy' character. The rest of the slide layout, including the toolbar and the 'What do you think?' button, remains the same as in the previous screenshot.

1.6 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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Which intervention would have the most impact to reduce Guy's low back pain?



Select one of the answers below
Note: Oral medications will be discussed later.



- Surgery
- Corticosteroid injections
- Exercise
- Acupuncture
- Chiropractic therapy

Submit

1.7 Guy Lumbago

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Guy Lumbago

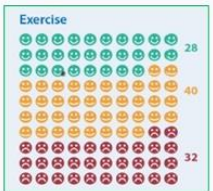


Answer: The correct answer is exercise.

Placebo Response

Exercise

This icon array shows how 100 patients will respond when they start exercising to treat their back pain.





Moving Forward

Placebo (Slide Layer)

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Guy Lumbago




Answer: The correct answer is exercise.

Placebo Response

Exercise

In chronic low back pain studies, about 40% of the placebo group improve at about 12 weeks.

Exercise





Moving Forward

Exercise (Slide Layer)

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Guy Lumbago




Answer: The correct answer is exercise.

Placebo Response

Exercise

Up to 28% more people will improve with exercise. Overall, about two-thirds of people who exercise will feel better.

Exercise



Moving Forward

1.8 Guy Lumbago

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Guy Lumbago

Click on the other tests to reveal more information about Dixie.

Moving Forward

Pain Improvement (Slide Layer)

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Guy Lumbago

Pain Improvement

What is clinically meaningful improvement in pain?

Pain improvement by about 30% is generally considered clinically meaningful. On a 11-point visual analog scale, this would be like going from a score of 6/10 to 4/10.

Moving Forward

Guideline (Slide Layer)

Category	Treatment Options
Foundation of treatment	Physical activity is the foundation of a treatment plan for osteoarthritis and chronic low back pain.
Add-on option	Psychological therapy is an option for patients with any of these conditions. Placebo or control: 40%
Additional treatments with clear evidence of benefit	Intra-articular corticosteroids: 70%
	SNRIs: 61%
	Oral NSAIDs: 58%
	Topical NSAIDs: 51%
	Oral NSAIDs: 58%
Treatments with unclear benefit	Glucosamine Chondroitin Viscosupplementation
	Acupuncture Rubefacients (e.g. capsaicin)
Treatments with evidence of no benefit	Acetaminophen Corticosteroids (epidural)
Treatments with harms that exceed benefit	Opioids Cannabinoids

Alternatives (Slide Layer)

Category	Description
Foundation of treatment	Physical activity is the foundation of a treatment plan for osteoarthritis and chronic low back pain.
Add-on option	Psychological therapy is an option for patients with any of these conditions. Placebo or control: 40%
Additional treatments with clear evidence of benefit	Spinal manipulation helps 15% more people than placebo to have improved pain (i.e., 55% who do spinal manipulation will feel better).
	Acupuncture has uncertain benefits [higher quality trials did not show a benefit].
	Corticosteroid injections epidural have shown no benefit.
	Oral NSAIDs: 58%
	Spinal manipulation: 55%
Treatments with unclear benefit	TCAs: 53%
	SNRIs: 50%
Treatments with evidence of no benefit	Acupuncture Rubefacients (e.g. capsaicin)
Treatments with harms that exceed benefit	Corticosteroids (epidural) Opioids Cannabinoids

Surgery (Slide Layer)

Guy Lumbago

Surgery
Could be indicated if there were:

- Red flags present
- Primarily leg dominant symptoms that are severe
- Spinal stenosis

Moving Forward

1.9 Guy Lumbago

Guy Lumbago

You start a conversation about exercise with Guy.

You Guy You Respond

What do you think?

You (Slide Layer)

The screenshot shows a slide titled "Guy Lumbago" with a vertical navigation bar on the left containing icons for home, back, forward, and search. The main content area features a large orange speech bubble with the text "You" and "Do you exercise regularly, Guy?". Below the bubble are three buttons: "You", "Guy", and "You Respond". An orange callout box below the buttons contains the text "What do you think?". On the right side of the slide, there is a vertical panel with a blue background showing a cartoon character of a man with his arms crossed, wearing a red shirt and blue pants. A speech bubble icon is in the top right corner of this panel.

Guy (Slide Layer)

The screenshot shows a slide titled "Guy Lumbago" with a vertical navigation bar on the left containing icons for home, back, forward, and search. The main content area features a large orange speech bubble with the text "Guy" and "I'm pretty active with the deliveries, running in and out of the car. Then lots of work around the house.". Below the bubble are three buttons: "You", "Guy", and "You Respond". An orange callout box below the buttons contains the text "What do you think?". On the right side of the slide, there is a vertical panel with a blue background showing a cartoon character of a man with his arms crossed, wearing a red shirt and blue pants. A speech bubble icon is in the top right corner of this panel.

You Respond (Slide Layer)

Guy Lumbago

You Respond
"Do you exercise for 30 minutes at a time more than three times a week?"

You **Guy** **You Respond**

What do you think?

1.10 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

Which of the following options are supported by evidence and can help Guy increase his physical activity?

Select all that apply.


- Exercise education
- Exercise prescription
- Suggest he join a gym
- Pedometer
- Referral to physiotherapy

Submit

1.11 Answer

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Guy Lumbago



Answer: Pedometers, exercise prescriptions and physiotherapy referrals can help and are supported by the evidence.

- Pedometers
- Exercise Prescriptions
- Prescriptions - Sample
- Exercise Education, Join Gym
- Refer to Physiotherapy
- Exercise - Practical Tips

Click on the buttons to view additional information

Let's Look at More

Pedometers (Slide Layer)

SCFPCLearn

Guy Lumbago



Answer: Pedometers, exercise prescriptions and physiotherapy referrals can help and are supported by the evidence.

- Pedometers
- Exercise Prescriptions
- Prescriptions - Sample
- Exercise Education, Join Gym
- Refer to Physiotherapy
- Exercise - Practical Tips


Pedometers
Pedometers increase physical activity by about 2500 steps per day (30 minutes of walking) and 16 minutes per day.
Most pedometers include a step or activity goal to increase activity.

Let's Look at More

Exercise Prescriptions (Slide Layer)

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Guy Lumbago



Answer: Pedometers, exercise prescriptions and physiotherapy referrals can help and are supported by the evidence.

- Pedometers
- Exercise Prescriptions**
- Prescriptions - Sample
- Exercise Education, Join Gym
- Refer to Physiotherapy
- Exercise - Practical Tips

Exercise Prescriptions

Exercise prescriptions increase step count or activity (number needed to treat 10).


Patient specific goals, monitoring, and follow up are part of exercise prescribing.

[Let's Look at More](#)

Prescriptions - Sample (Slide Layer)


SCFPCLearn

Guy Lumbago



Answer: Pedometers, exercise prescriptions and physiotherapy referrals can help and are supported by the evidence.

- Pedometers
- Exercise Prescriptions
- Prescriptions - Sample**
- Exercise Education, Join Gym
- Refer to Physiotherapy
- Exercise - Practical Tips




Here's a [sample exercise prescription](#) from RxFiles.

[Let's Look at More](#)

Exercise Education (Slide Layer)

SCFPCLearn

Guy Lumbago



Answer: Pedometers, exercise prescriptions and physiotherapy referrals can help and are supported by the evidence.

- Pedometers
- Exercise Prescriptions
- Prescriptions - Sample
- Exercise Education, Join Gym**
- Refer to Physiotherapy
- Exercise - Practical Tips

Exercise education and gym

- Exercise education or joining a gym have not been shown as effective.

Let's Look at More

Refer to Physio (Slide Layer)

SCFPCLearn

Guy Lumbago



Answer: Pedometers, exercise prescriptions and physiotherapy referrals can help and are supported by the evidence.

- Pedometers
- Exercise Prescriptions
- Prescriptions - Sample
- Exercise Education, Join Gym**
- Refer to Physiotherapy
- Exercise - Practical Tips

Referral to Physiotherapy


- The type of exercise most commonly included in studies was physiotherapy-guided activity.
 - Others exercises included yoga, pilates, tai chi and Nordic walking.
- Patients who exercised had persistent pain relief 12-48 weeks after the intervention.
- Physiotherapy cost may be a barrier.

Let's Look at More

Exercise - Practical Tips (Slide Layer)

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Guy Lumbago



Answer: Pedometers, exercise prescriptions and physiotherapy referrals can help and are supported by the evidence.

- Pedometers
- Exercise Prescriptions
- Prescriptions - Sample
- Exercise Education, Join Gym
- Refer to Physiotherapy
- Exercise - Practical Tips

Exercise - Practical tips

- Encourage patients to choose an activity they enjoy - different types of exercise seem similarly effective.
- Two helpful examples of home-based exercises include [Gentle Movement@Home](#) and [Andrea Furlan videos](#).

Let's Look at More

1.12 Guy Lumbago

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Guy Lumbago

How has the pain affected Guy's life?

You Guy

What do you think?



You (Slide Layer)

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Guy Lumbago

You
"I can see it has been tough on you, living with this pain. It has really changed your life."

You **Guy**

What do you think?

The slide features a vertical toolbar on the left with icons for navigation and interaction. On the right, there is a character portrait of a man with his arms crossed, wearing a red shirt and blue pants, with a speech bubble icon above him.

Guy (Slide Layer)

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Guy Lumbago

Guy
"No kidding. I feel like an old man. And I can't do the stuff I like to do."

You **Guy**

What do you think?



The slide features a vertical toolbar on the left with icons for navigation and interaction. On the right, there is a character portrait of a man with his arms crossed, wearing a red shirt and blue pants, with a speech bubble icon above him.

1.13 True or False Question

(Multiple Choice, 10 points, 1 attempt permitted)

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True or False?



Psychological counselling can be beneficial for patients with chronic pain.



True
 False

Submit

1.14 Question Review

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Review



Answer: True

Psychological Counselling
Psychological therapy, in the form of cognitive behavioural therapy or mindfulness-based stress reduction, can meaningfully improve pain for 30-60% of patients compared to 10-30% in a control group (e.g., wait list or no intervention).

Proceed

Additional (Slide Layer)

Review

Answer: True

Additional

The harms of smoking are frequent and serious. Furthermore, the benefits for Jim would be assured as he suffers from ongoing negative effects of smoking and COPD.

The effect for the 1% to 3% can be very impactful.

Proceed

1.15 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

Guy agrees to try psychological counselling. He also asks what prescription medications can help him now. First-line medications would be:

Select all that apply

- Acetaminophen
- Opioids
- Oral NSAIDs
- Duloxetine
- Topical rubefacients
- Cannabinoids

Submit

1.16 Answer

The screenshot shows a digital learning interface for 'Guy Lumbago'. At the top, there is a blue header with the name 'Guy Lumbago' and a circular profile picture of a man. Below the header, the text reads: 'Answer: Oral NSAIDs and duloxetine are first line medications for chronic low back pain.' To the left of the main content area is a vertical sidebar with five icons: a person, a plus sign, a list, a document, and a person. Below the answer text are four buttons: 'Oral NSAIDs, Duloxetine' (blue), 'Acetaminophen, Rubefacients' (red), 'Opioids' (red), and 'Cannabinoids' (red). To the right of these buttons is a light blue box containing the text: 'Click on the buttons to view additional information'. At the bottom right of the interface is an orange button that says 'Let's Look at More'.


Oral NSAIDs and Duloxetine (Slide Layer)

This screenshot shows the same digital learning interface as above, but with a slide layer open. The slide layer is a light blue box with a close button (X) in the top right corner. It contains the following text: 'Oral NSAIDs and Duloxetine' followed by 'About 40% of people on placebo have meaningfully improved pain. This is in comparison to:'. Below this text is a bulleted list: '• 58% of patients on oral NSAIDs' and '• 50% on SNRIs (e.g., duloxetine)'. The 'Oral NSAIDs, Duloxetine' button is now highlighted in blue, and the other buttons are red. The 'Let's Look at More' button remains at the bottom right.

Acetaminophen, Rubefacients (Slide Layer)

SCFPCLearn

Guy Lumbago



Answer: Oral NSAIDs and duloxetine are first line medications for chronic low back pain.

- Oral NSAIDs, Duloxetine
- Acetaminophen, Rubefacients
- Opioids
- Cannabinoids

Acetaminophen & rubefacients

Acetaminophen has no benefit over placebo.


Topical rubefacients (e.g. capsaicin) have potential short-term benefit but no studies last beyond three weeks. The utility of these products is unknown.

Let's Look at More

Opioids (Slide Layer)

SCFPCLearn

Guy Lumbago



Answer: Oral NSAIDs and duloxetine are first line medications for chronic low back pain.

- Oral NSAIDs, Duloxetine
- Acetaminophen, Rubefacients
- Opioids
- Cannabinoids

Opioids


- At best, opioids improve pain 10% over placebo but high-quality studies find no benefit.
- Adverse events are common. In studies, 27% of those on opioids withdraw due to adverse events compared to 5% on placebo.
- Additional harms are opioid use disorder and over dose.
- Harms likely exceed the limited/unclear benefits.

Let's Look at More

Cannabinoids (Slide Layer)

CFPC Learn

Guy Lumbago



Answer: Oral NSAIDs and duloxetine are first line medications for chronic low back pain.

Oral NSAIDs, Duloxetine

Acetaminophen, Rubefacients

Opioids

Cannabinoids

Cannabinoids



- There is one randomized trial of cannabinoids for chronic back pain: 30 people given nabilone or placebo for four weeks.
 - Out of four outcomes studied, only one outcome showed benefit for nabilone.
- Other research found frequent adverse events.
- Harms likely exceed the limited/unclear benefits.

[Let's Look at More](#)

1.17 Let's Make a Plan

CFPC Learn

Let's Make a Plan



Using what you have learned write a plan for Guy. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.

Fill in your plan for the patient here

[See how your plan compares](#)

1.18 Plan Answers

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Guy Lumbago

These are some potential points for the patient. How does your plan compare?

- Prescription
- Prescription - Practical Tips
- Referrals
- Patient Resources
- Next Appointment

Click on the buttons to see suggested answers

What's in a name?

Next Patient Back to Day Sheet

Prescriptions (Slide Layer)

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Guy Lumbago

These are some potential points for the patient. How does your plan compare?

- Prescription
- Prescription - Practical Tips
- Referrals
- Patient Resources
- Next Appointment

What's in a name?

Next Patient Back to Day Sheet

Prescriptions

- Complete an exercise prescription with Guy.
- Suggest he purchase a pedometer to help track his physical activity.
- Naproxen 250mg 1-2 tabs BID PRN, 40 tabs with one refill.

Prescription - Practical Tips (Slide Layer)

SCFPCLearn

Guy Lumbago

These are some potential points for the patient. How does your plan compare?

Prescription

Prescription - Practical Tips

Referrals

Patient Resources

Next Appointment

What's in a name?

Prescription Tip

- Naproxen (and low dose ibuprofen) may have lower cardiovascular risks than other NSAIDs or COX-2 inhibitors.

Next Patient Back to Day Sheet

Referrals (Slide Layer)

SCFPCLearn

Guy Lumbago

These are some potential points for the patient. How does your plan compare?

Prescription

Prescription - Practical Tips

Referrals

Patient Resources

Next Appointment

What's in a name?



Referrals

Refer Guy to counselling, specifically CBT for pain.

Next Patient Back to Day Sheet

Patient Resources (Slide Layer)

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Guy Lumbago

These are some potential points for the patient. How does your plan compare?

- Prescription
- Prescription - Practical Tips
- Referrals
- Patient Resources**
- Next Appointment

What's in a name?



Patient Resources

- There are several helpful resources you can share with Guy including:
- [Patient handout](#) from the Simplified Chronic Pain Guideline: answers common patient questions
- [Tame the Best](#): a five minute video for patients about reframing how to think about chronic pain

Next Patient Back to Day Sheet

Next Appointment (Slide Layer)

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Guy Lumbago

These are some potential points for the patient. How does your plan compare?

- Prescription
- Prescription - Practical Tips
- Referrals
- Patient Resources
- Next Appointment**

What's in a name?

Next Appointment

Follow up in six weeks to see how Guy is doing with medications and increase in activity.

Next Patient Back to Day Sheet

Name (Slide Layer)

The screenshot shows a software interface for a patient profile. On the left, there is a vertical sidebar with the text "eCPCLearn" and several circular icons representing different functions. The main content area features the patient's name "Guy Lumbago" in a large blue font, accompanied by a circular profile picture of a man. Below the name, a text prompt asks, "These are some potential points for the patient. How does your plan compare?". A vertical list of blue buttons includes "Prescription", "Prescription - Practical Tips", "Referrals", "Patient Resources", and "Next Appointment". A green button labeled "What's in a name?" is positioned below these. A light blue pop-up window is open, displaying the text "Meaning Behind the Name: Guy Lumbago" and "Ask Mike". At the bottom of the interface, there are two orange buttons: "Next Patient" and "Back to Day Sheet".