



**EUROSPINE DIPLOMA IN  
INTERPROFESSIONAL SPINE CARE (EDISC)**

**MODULE 4:  
ASSESSMENT, DIAGNOSIS AND  
MANAGEMENT OF SPINAL PAIN**

**4-5 July 2019**

**FINAL PROGRAMME**

## QUICK FACTS

|                           |   |
|---------------------------|---|
| <b>WHEN:</b>              | 4-5 July 2019   |
| <b>WHERE:</b>             | Geneva, Switzerland<br>University Medical Centre – CMU (Centre médical universitaire)<br>Rue Michel-Servet 1<br>1206 Geneva<br>SWITZERLAND<br>+41 22 379 15 15<br><a href="https://www.unige.ch/presse/plans/cmu/">https://www.unige.ch/presse/plans/cmu/</a>   |
| <b>MAXIMUM ATTENDEES:</b> | 30 delegates  |
| <b>REGISTRATION FEE:</b>  | EUROSPINE Member: €400<br>Non-member: €600  |
| <b>CME CREDITS:</b>       | Accredited by EACCME® (European Accreditation Council for Continuing Medical Education) for 12 ECMEC®s  |
| <b>LANGUAGE:</b>          | English   |
| <b>DRESS:</b>             | Casual  |
| <b>IMPORTANT NOTE:</b>    | Attendance at every session is mandatory.<br>This will be a paperless course and no printed programme will be provided.<br>A wireless Internet device (mobile phone for the app and minimum of tablet/laptop for support documentation) will be necessary to access on-line resources during the course and for completing the course evaluation. Please bring one with you.<br>The course evaluation is mandatory to obtain the CME certificate. |

## TARGET AUDIENCE

Healthcare professionals in Europe in order of availability and access: Primary Care Physicians and Surgeons, Physiotherapy, Chiropractors, Osteopaths, Naprapath and others who are graduated as clinicians from a recognized institution (i.e. professional school or university).

At least two years of clinical experience is recommended but all new graduates are encouraged to register.

## AIMS OF THE MODULE

### Assessment & Diagnosis

The aim of day 1 is to understand the limitation of physical examination and imaging as well as the cultural differences between professions when posing a diagnosis. We will also discuss the impact of comorbidity on persistent back-pain and the influence of the biopsychosocial model in understanding back-pain.

## **Management of Spinal Pain**

The aim of day 2 of this module is to co-develop management plans for patients presenting with spinal pain +/- radiculopathy. The plans will be underpinned by research evidence and best practice, and will be tailored according to the needs and characteristics of each patient.

## **LEARNING OUTCOMES**

Upon successful completion of this module, learners will be able to:

### **Assessment & Diagnosis (DAY 1)**

1. Understand back and/or neck pain in a biopsychosocial perspective
2. Understand how the biopsychosocial perspective differs from other model perspectives
3. Understand how elements from the general medical history may impact on the understanding of the individual's back and/or neck pain
4. Understand when to refer for imaging examination
5. Know red flags
6. Understand risks for long-term sick leave and disability (yellow flags)
7. Be able to make decisions on modality for imaging examination
8. Be able to put the imaging description into a clinical context
9. Be able to give a diagnosis according to the biopsychosocial perspective of LBP
10. Be able to disseminate the diagnosis in a comprehensible way to the individual
11. Be able to communicate any limitations in functioning following from the diagnosis to the individual, the employer, insurer and others – or mitigate unnecessary limitations imposed by the individual himself/herself

### **SESSION 1 DIAGNOSTICS AND PHYSICAL EXAMINATION**

- 1.1 Understand the practical utility of diagnostics (Red Flags/Yellow Flags/Other Flags)
- 1.2 Understand cultural differences between professions may lead to different terms that probably express the same
- 1.3 Appreciate the impact of comorbidity on persistent back and/or neck pain in adult age
- 1.4 Discuss how to make a diagnosis and how this impacts on treatment recommendations according to training and practice
- 1.5 Understand the utility and limitations of patient history and physical examination – aims and purposes what does the clinician need to know
- 1.6 Conduct a physical examination i.e. orthopaedic and neurological examination
- 1.7 Understand how the biopsychosocial model differ from other models of understanding back pain

### **SESSION 2 IMAGING**

- 2.1 Summarize clinical use of imaging
- 2.2 Discuss what, when, and why do we need x-ray and/or imaging
- 2.3 Discuss interpretation of imaging based on vignettes
- 2.4 Reflect on the utility and limitations of imaging examinations

### **SESSION 3 ROLE PLAY**

#### 3.1 Perform the following

- Uptake of a systematic anamnesis
- Physical examination, orthopaedic and neurological examination
- Discuss referral for imaging
- Understand the impact of co-morbidity for recovery
- Make a conclusive assessment

#### 3.2 Discuss core issues for patient history taking and physical examination

### **Management of Spinal Pain (Day 2)**

### **SESSION 4 CLINICAL PATHWAYS**

4.1 Identify the clinical pathway for the management of a) 'non-specific back pain' and b) radiculopathy in their country, and explain how these differ to other European pathways

### **SESSION 5 SHARED DECISION-MAKING**

5.1 Evaluate participants shared decision-making skills, scoring an audio-recorded consultation with the OPTION tool

### **SESSION 6 STRATIFIED CARE**

6.1 Explain the benefits of stratified care and identify the 3 subgroups (low, medium and high risk of poor outcome) using the STarT Back Screening Tool

### **SESSION 7 QUICK FIRE TASK & DISCUSSION**

7.1 Design a plan of early and long-term management based on the risk of poor outcome, including self-management advice for a person with spinal pain

### **SESSION 8 EVALUATING THE EVIDENCE BASE FOR PATIENTS WITH AND WITHOUT RADICULOPATHY**

8.1 Using the evidence base for spine interventions, identify treatment preferences for patients experiencing spinal pain with and without radiculopathy

### **SESSION 9 IDENTIFYING PSYCHOLOGICAL STRATEGIES TO INCORPORATE INTO PRACTICE**

9.1. Identify psychological strategies to incorporate into practice to:

- Enable patients to self-manage and make the most of living with their pain and distress
- Identify when to refer patients to a psychologist / psychiatrist
- Support patients with psychological distress
- Promote positive behaviour change

|  | Learning outcome |
|--|------------------|
| What treatments are recommended / available in my country?                       | 4.1              |
| ↓  |                  |
| How do I discuss and agree a treatment plan with my patient?                     | 5.1              |
| ↓  |                  |
| Is the patient at risk of poor outcome? [NB. Stratified care]                    | 6.1&7.1          |
| ↓  |                  |
| What advice am I going to give and what treatments am I considering?             | 7.1              |
| ↓  |                  |
| What non-invasive & invasive treatment are most likely to work for this patient? | 8.1              |
| ↓  |                  |
| What psychological strategies am I going to use to optimise outcome?             | 9.1              |

## INSTRUCTIONAL METHODS

### Pre-learning & e-learning activities

#### Assessment & Diagnosis

- Preparatory readings: Read the articles listed in the Ressource section below
- E-learning methods: Watch the following video prior to the course:  
<https://www.youtube.com/watch?v=BOjTegn9RuY>

#### Management of spinal Pain

- Preparatory reading: Search and identify the clinical pathway for the management of non-specific back pain and radiculopathy in the learner's own country and compare it to other pathways eg. UK [outcome 1]
- Audio-record a consultation with a patient consulting with spine pain (with their consent) [outcome 2]
- Watch a short presentation showing how to score the shared decision-making that took place using the OPTION tool [outcome 2]
- Watch a 9-minute video <https://www.keele.ac.uk/sbst/clinician/> outlining the STarT Back Screening Tool and how to score it and identify the 3 subgroups [outcome 3].
- Classroom teaching: Interactive lectures [outcomes 1, 2, 3, 6]
- Facilitated group discussions based on case examples [outcomes 4, 5 & 6]

## ASSESSMENT

As part of the pre-learning for this module, learners will have audio-recorded a patient consultation and scored the shared decision-making that took place using the OPTION tool. Three months after completing this module, they will audio-record another consultation and re-measure the shared decision-making.

The assessment will be a written reflection on any change in scoring and what modifications they have made to their practice to facilitate shared decision-making.

## COURSE EVALUATION BY THE PARTICIPANTS

In line with EACCME's requirements for accredited activities, participants will be requested to complete a mandatory course evaluation at the end of the module in the form of a short online survey. Responding to the survey is a condition in order for participants to obtain their CME certificates

## LIST OF RESOURCES

### MINIMUM REQUIREMENT

#### Assessment and diagnosis

- Cedraschi C, Nordin M, Haldeman S, Randhawa K, Kopansky-Giles D, Johnson CD, Chou R, Hurwitz EL, Côté P. The Global Spine Care Initiative: a narrative review of psychological and social issues in back pain in low-and middle-income communities. *European Spine Journal*. 2018 Jan 27:1-0.
- Hartvigsen J, Hancock MJ, Kongsted A, Louw Q, Ferreira ML, Genevay S, Hoy D, Karppinen J, Pransky G, Sieper J, Smeets RJ. What low back pain is and why we need to pay attention. *The Lancet*. 2018 Mar 21.
- Nordin M, Randhawa K, Torres P, Yu H, Haldeman S, Côté P, Torres C, Modic M, Mullerpatan R, Cedraschi C, Chou R. The Global Spine Care Initiative: a systematic review for the assessment of spine-related complaints in populations with limited resources and in low-and middle-income communities. *European Spine Journal*. 2018 Feb 28:1-2.

#### Management of spinal Pain

- Elwyn G, Hutchings H, Edwards A, Rapport F, Wensing M, Cheung WY et al (2005) The OPTION scale: measuring the extent that clinicians involve patients in decision-making tasks. *Health Expect* 8(1):34–42
- Watch the short presentation about how to score a consultation using the OPTION tool.

## **SUPPLEMENTARY**

### **Management of Spinal Pain**

- NHS England National Pathway of Care for Low Back and Radicular Pain: [https://docs.wixstatic.com/ugd/dd7c8a\\_5adf479cb66b4e8ba547bdcd9dcc6e5.pdf](https://docs.wixstatic.com/ugd/dd7c8a_5adf479cb66b4e8ba547bdcd9dcc6e5.pdf)
- STarT Back Screening Tool: 9-minute video: <https://www.keele.ac.uk/sbst/clinician/>

## **EXTENDED LEVEL**

### **Management of Spinal Pain**

- National Institute for Health and Care Excellence: Low back pain and sciatica in over 16s: assessment and management. Guidelines available from: <https://www.nice.org.uk/guidance/ng59>
- STarT Back Screening Tool and how to score it and identify the 3 subgroups: For further information on the tool, see: <https://www.keele.ac.uk/sbst/startbacktool/usingandscoreing/>  
<https://www.sciencedirect.com/science/article/pii/S0140673611609379>

## **COURSE CHAIRS**

|                       |  |
|-----------------------|--|
| <b>LISA ROBERTS</b>   | <b>PHYSIOTHERPIST, SOUTHAMPTON, UNITED KINGDOM</b> |
| <b>ERIK L. WERNER</b> | <b>PRIMARY CARE SPECIALIST, OSLO, NORWAY</b>       |

## **FACULTY**

|                            |  |
|----------------------------|--|
| <b>CHRISTINE CEDRASCHI</b> | <b>PSYCHOLOGIST, GENEVA, SWITZERLAND</b>   |
| <b>PIERRE CÔTÉ</b>         | <b>EPIDEMIOLOGIST, TORONTO, CANADA</b>     |
| <b>STEPHANE GENEVAY</b>    | <b>RHEUMATOLOGIST, GENEVA, SWITZERLAND</b> |
| <b>OLIVIER LANLO</b>       | <b>CHIROPRACTOR, TOULOUSE, FRANCE</b>      |
| <b>STEVEN VOGEL</b>        | <b>OSTEOPATH, LONDON, UNITED KINGDOM</b>   |
| <b>ALBERTO ZERBI</b>       | <b>RADIOLOGIST, MILANO, ITALY</b>          |



**SCIENTIFIC PROGRAMME**  
**ASSESSMENT, DIAGNOSIS AND MANAGEMENT OF SPINAL PAIN**  
**THURSDAY, 4 JULY 2019**  
**COURSE ATTENDANCE IS MANDATORY**

| TIME  | TOPIC   | FACULTY             |
|---|---|---------------------|
| 07:30-08:00   | Participants' check-in and welcome  |                     |
| 08:00-08:15   | Introduction  | Erik L. Werner      |
| <b>SESSION 1 DIAGNOSTICS &amp; PHYSICAL EXAMINATION</b> |   |                     |
| 08:15-09:00   | Diagnostics – classification according to the guidelines  | Erik L. Werner      |
| 09:00-09:30   | How diagnostics may differ between professions  | Olivier Lanlo       |
| 09:30-09:45   | Comorbidity   | Erik L. Werner      |
| <b>Coffee Break 30 min</b>                              |   |                     |
| 10:15-11:15   | Workshop on diagnostics and physical examination  | All faculty         |
| 11:15-11:45   | The biopsychosocial model – what is it, what does it mean for the understanding of back pain?           | Christine Cedraschi |
| 11:45-12:05   | The anamnesis   | Olivier Lanlo       |
| <b>Lunch Break 60 min</b>                               |   |                     |
| <b>SESSION 2 IMAGING</b>                                |   |                     |
| 13:00-13:15   | Imaging – general overview  | Alberto Zerbi       |
| 13:15-13:45   | Imaging – specific indications for different imaging modalities   | Alberto Zerbi       |
| 13:45-14:30   | Workshop on imaging – interpretation of descriptions from the radiologist – the clinical use of imaging | All faculty         |
| 14:30-14:50   | How may we reduce unnecessary imaging and why? – Plenary discussion                                     | Erik L. Werner      |
| <b>Coffee Break 30 min</b>                              |   |                     |
| <b>SESSION 3 ROLE PLAY</b>                              |   |                     |
| 15:20-16:20   | Role play: participants in groups play patient and health care provider                                 | All faculty         |
| 16:20-16:30   | Summary and adjourn   |                     |
| <b>End of day 1</b>                                     |   |                     |

## SCIENTIFIC PROGRAMME

### ASSESSMENT, DIAGNOSIS AND MANAGEMENT OF SPINAL PAIN

FRIDAY, 5 JULY 2019

**COURSE ATTENDANCE IS MANDATORY**

| TIME  | TOPIC  | FACULTY                    |
|---|--|----------------------------|
| 07:45 - 08:00   | Participants' check-in and welcome   |                            |
| 08:00 - 08:10   | Introduction   | Lisa Roberts               |
| <b>SESSION 4 CLINICAL PATHWAYS</b>  |  |                            |
| 08:10 - 08:30   | Lecture: Outlining clinical pathways for spinal pain   | Pierre Côté                |
| 08:30 - 09:00   | Facilitated group discussion: Variations in pathways   |                            |
| <b>SESSION 5 SHARED DECISION-MAKING</b>   |  |                            |
| 09:00 - 09:15   | Lecture: Shared decision-making (SDM)  | Lisa Roberts               |
| 09:15 - 10:15   | Reflection on OPTION task and facilitated discussion on how to enhance SDM   |                            |
| 10:15 - 10:30   | Outline of assessment of module: What is required with opportunity for questions   | Lisa Roberts               |
| <b>Coffee Break 30 min</b>  |  |                            |
| <b>SESSION 6 STRATIFIED CARE</b>  |  |                            |
| 11:00 - 11:15   | Lecture: Stratified care   | Steven Vogel               |
| 11:15 - 12:00   | Early and late treatment plans<br>Group case study using stratified care   |                            |
| <b>SESSION 7 QUICK FIRE TASK &amp; DISCUSSION</b>   |  |                            |
| 12:00 - 12:30   | Advice for self-management <sup>4</sup>  | Lisa Roberts               |
| <b>Lunch Break 60 min</b>   |  |                            |
| <b>SESSION 8 EVALUATING THE EVIDENCE BASE FOR PATIENTS WITH AND WITHOUT RADICULOPATHY</b> |  |                            |
| 13:30 - 13:45   | Outline the task and 4 brief case studies  | Stéphane Genevay           |
| 13:45 - 14:45   | Small group discussions to apply evidence of treatment approaches to the case studies  | Stéphane Genevay + Faculty |
| 14:45 - 15:15   | Plenary discussion   | Stéphane Genevay           |
| <b>Coffee Break 30 min</b>  |  |                            |
| <b>SESSION 9 IDENTIFYING PSYCHOLOGICAL STRATEGIES TO INCORPORATE INTO PRACTICE</b>        |  |                            |
| 15:45 - 16:45   | Interactive lecture: Distinguishing between pain-related distress, catastrophic distress, and clinical depression. [Includes discussion around orange flags, case studies including when to refer to psychologist / psychiatrist.] | Christine Cedraschi        |
| <b>SESSION 10 SUMMARY</b>   |  |                            |
| 16:45 - 17:00   | Course evaluation (Mandatory for all participants)   | All participants           |
| 17:00   | END OF MODULE  |                            |



**EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)  
EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)**

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EUROSPINE, the Spine Society of Europe  
Operngasse 20b  
1040 Vienna  
Austria

Brussels, 06/06/2019

Dear Ms Wagner

**Subject : EACCME® Accreditation of event reference #LEE19-00253**

We are pleased to inform you that your application for EACCME® accreditation of

***EUROSPINE Education Week 2019: EDISC Module 4 - Assessment, Diagnosis And Management Of Spinal Pain, Geneva, Switzerland, 04/07/2019-05/07/2019***

has been granted **12** European CME credits (ECMEC®s) by the European Accreditation Council for Continuing Medical Education (EACCME®).

**Accreditation Statement**

Accreditation by the EACCME® confers the right to place the following statement in all communication materials including the event website, the event programme and the certificate of attendance. The following statements must be used without revision:

**“The EUROSPINE Education Week 2019: EDISC Module 4 - Assessment, Diagnosis And Management Of Spinal Pain, Geneva, Switzerland, 04/07/2019-05/07/2019** has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with **12** European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.”

“Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of *AMA PRA Category 1 Credits™*. Information on the process to convert EACCME® credit to AMA credit can be found at [www.ama-assn.org/education/earn-credit-participation-international-activities](http://www.ama-assn.org/education/earn-credit-participation-international-activities).

“Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.”

**EACCME® credits**

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
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*Association internationale sans but lucratif – International non-profit organisation*

Each participant can only receive the number of credits he/she is entitled to according to his/her actual participation at the event once he/she has completed the feedback form. Cf. criteria 9 and 23 of UEMS 2016.20.

In order to help you issue individual certificates to each participants, please find below the breakdown of ECMEC<sup>®</sup>s per day:

**04.07.2019 - 6.00**  
**05.07.2019 - 6.00**

The EACCME<sup>®</sup> awards ECMEC<sup>®</sup>s on the basis of 1 ECMEC<sup>®</sup> for one hour of CME with a maximum of 8 ECMEC<sup>®</sup>s per day. Cf. Chapter X of UEMS 2016.20.

**Logo**

The UEMS-EACCME<sup>®</sup> logo is a service mark of the European Union of Medical Specialists – European Accreditation Council for CME. Only after confirmation of accreditation has been received can the Provider use the UEMS-EACCME<sup>®</sup> logo on material related to the LEE. The logo may only be used in conjunction with, and in proximity to, the EACCME<sup>®</sup> accreditation statement and must not be associated with any commercial logo. The logo cannot be used in notices, advertising, or promotion of activities other than in association with the EACCME<sup>®</sup> accreditation statement.

**Feedback report**

Based on the participants' individual feedback, the provider must submit an event report to the EACCME<sup>®</sup> within four weeks of the completion of the event. This report must include the participants' feedback, information on the total number of participants and any perception of bias by participants. Failure to provide feedback could jeopardise recognition of any future applications.

**Final programme**

The EACCME<sup>®</sup> also requires you to send by post a copy of the final printed programme brochure/book.

The UEMS-EACCME Secretariat



## CONTACTS

### **EUROSPINE, the Spine Society of Europe**

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[www.eurospine.org](http://www.eurospine.org)

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## COURSE ORGANISATION

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## SCIENTIFIC CONTENT

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Prof. Margareta Nordin & Prof. Pierre Côté

Co-chairs, Non-surgical Diploma Task Force

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Chairman, Education Committee of EUROSPINE