

July 19, 2020

Dear Referring Physicians,

Thank you for entrusting CPRI with the care of your patients since January 2019. With the goal of providing streamlined and timely access to interventional & comprehensive spine and musculoskeletal care, we enclose our updated **Medical Referral Form** and **Rehabilitation Prescription**.

There are **several modifiable risk factors** in the course of spine and musculoskeletal pain conditions, which when addressed early enough, can lead to reduction in central sensitization and difficult-to-manage chronic pain. For example, post-traumatic stress is a modifiable risk factor for otherwise uncomplicated whiplash injuries of the cervical spine. We have endeavoured to develop pathways in which risk factors can be addressed before the processes of central sensitization, deconditioning, and kinesiophobia take hold and more multi-disciplinary and costly health care resources are required. Our goal is to provide patients with a diagnosis and specialist-directed treatment program, with discharge back to self-management and monitoring when medically appropriate.

Along with the addition of new physicians, we are also pleased to add the following **MSP-covered** services:

- 1) Rapid Access Sports/ Musculoskeletal Medicine Assessment (target wait time < 4 weeks)
 - a. For a recent onset of spine or musculoskeletal pain within the last < 6 months
- 2) Rapid Access Joint Injection Clinic
 - a. For peripheral conditions (e.g. knee/ hip/ shoulder osteoarthritis, subacromial bursitis) with supporting imaging findings
 - b. All injections (except some trigger points) are performed under image guidance (ultrasound, fluoroscopy)
- 3) Fibromyalgia/ Central Sensitization Clinic and Group Classes
 - a. For widespread pain with fatigue, waking unrefreshed, cognitive dysfunction, & emotional distress

We also continue to offer the following third-party services:

- 4) Expedited WorkSafeBC and Registered Care Advisor (RCA) Assessments
- 5) Rapid Access Platelet-Rich Plasma (PRP) Clinic

We would also like to remind you that in the interest of accessibility to care, all consultations, follow-up visits, fluoroscopy and ultrasound-guided injections (except PRP), and group classes are **MSP-covered**. Psychology, clinical counseling, physiotherapy, medications, radiofrequency probes/ needles and PRP Injections unfortunately are not covered by MSP, so we try to work with patients to obtain coverage or find alternative solutions.

To streamline care, please use the attached **2-page Medical Referral Form** and **1-page Rehabilitation Prescription**. Please do not hesitate to contact us at any time with questions. We always appreciate discussions regarding our programs or clinical care of our mutual patients.

Best regards,

Kshitij Chawla MD and Najam Mian MD
Co-Founders, Canadian Pain & Regenerative Institute

MEDICAL REFERRAL FORM (2 Pages)

Telehealth Options Available

Date: _____ Patient Name: _____ Gender: _____

Referring Physician: _____ Billing Number: _____ Fax: _____

Family Physician: _____ PHN: _____

Address of Patient: _____

Date of Birth: DD/MM/YYYY Telephone #: CELL: _____ HOME: _____

Patient consents to be contacted by email or SMS (for scheduling & confirmation purposes)

Email: _____ Telephone #: CELL: _____

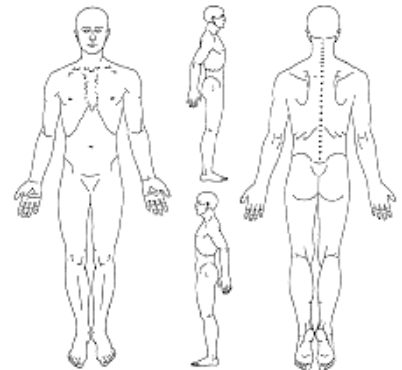
Reason For Referral (e.g. Diagnostic clarification, medication management, interventional management etc.):

Onset or Duration of Pain (approximately): _____

Areas of Pain (select all that you are requesting assessment of):

- | | |
|--|--|
| <input type="checkbox"/> Widespread | <input type="checkbox"/> Upper Back |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Lower Back |
| <input type="checkbox"/> Orofacial | <input type="checkbox"/> Lower Extremity Radicular |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Upper Extremity Radicular | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Foot/ Ankle |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Abdominopelvic |
| <input type="checkbox"/> Wrist/ Hand | |

Location of Primary Pain
(physician or patient can fill):



Brief Clinical History (Please attach ALL relevant consult notes and imaging reports, list of past medical/surgical/psychiatric history, if available) :

**To refer to our Specialist-developed and supervised rehabilitation and education programs,
please also review and fill the Rehabilitation Prescription.**

To streamline access to care for your patient, please review and check off all that apply:

- Injury due to Motor Vehicle Accident less than 90 days ago?
→ ICBC Registered Care Advisor (RCA) Assessment
- WorkSafeBC Expedited Comprehensive Consultation?
→ Assessment and Report within 15 days of referral
- Has pain been present for less than 6 months?
→ Rapid Access Sports/ Musculoskeletal Medicine Assessment
- Peripheral joint, bursa or tenosynovitis injection with concordant imaging findings?
→ Rapid Access Joint Injection Clinic (injection may be done same day as consult)
→ Type of Injection, if known: _____
- Spine injection?
→ Interventional Spine Clinic (requires consultation session prior to booking for injection)
→ Type of Injection, if known: _____
- Are you referring specifically for a Platelet-Rich Plasma (PRP) injection?
→ Rapid Access PRP Clinic (requires consultation session prior to booking for injection)
- Specific physician requested? (may result in delays)

- URGENT** Assessment (please explain why):

Notes: To provide timely access to all patients, we are unable to take over the role of opioid prescribing, which requires short-interval follow-up. Non-opioid medications may either be recommended back to the referring physician or initiated, at the discretion of the consulting physician. We cannot accept patients with untreated substance use disorders at this time.

Specialist Physicians

Dr. Tanya Cabrita MD, FAAPMR (Physiatry)

Dr. Kshitij Chawla MD, FRCPC (Physiatry), FRCPC (Pain Medicine)

Dr. Audrey Chen MD, BScPT, MSc, FRCPC (Physiatry), FRCPC (Pain Medicine)

Dr. Richard Ho MD, Licensed Canadian Specialist in Physical Medicine & Rehabilitation

Dr. Aniz Khalfan MD, FRCPC (Anesthesiology)

Dr. Najam Mian MD, FRCPC (Physiatry) FRCPC (Pain Medicine), Dip Sport Med

Dr. Michael Orenstein MDCM, CCFP (SEM), Dip Sport Med

Allied Health

Brittany Gladdish, Licensed Practical Nurse

Tyson Bell, Registered Physiotherapist

Dr. Dorota Hedzelak, Registered Clinical Counselor

Dr. James Mok, Registered Psychologist

Amy Lee, X-Ray Technician

Tania Suzuki Pichler Castilho, Registered Clinical Counselor

*Current as of September 2020. Visit our website for updates and biographies

REHABILITATION PRESCRIPTION (1 Page)

Telehealth Options Available

Our physiatrists (rehabilitation physicians), anesthesiologist, and therapists have developed the following evidence-based rehabilitation programs for persistent **pain over 3 months**. Please check the most appropriate for your patient:

Note: Programs are covered by ICBC, WorkSafeBC, Extended Health, MSP (partial) or private pay

Persistent Spinal Pain Rehab Program

- Unresolving (3+ months) spinal pain without red flags. All radiculopathies, axial pain, and undifferentiated mechanical pain accepted.
- Only 6 sessions of ACTIVE physiotherapy with goal of transition to home or gym program
- SMART goal setting, dynamic breathing, core activation, central sensitization management, pain education, postural education

Persistent Joint/ Soft Tissue Pain Rehab Program

- Unresolving (3+ months) peripheral (e.g. knee, hip, shoulder, ankle) pain
- Only 6 sessions of ACTIVE physiotherapy with goal of transition to home or gym program
- SMART goal setting, strength and conditioning (core, mobility, aerobic), exercise education and progression, self-management techniques

GLA:D Osteoarthritis Group Education and Exercise Program (www.gladcanada.ca)

- For hip and knee osteoarthritis patients not requiring or appropriate for arthroplasty
- Endorsed by Bone and Joint Canada & the Canadian Orthopedic Foundation
- Canadian data: 26% improvement in pain, 30% had marked improvement in ADL's, 40% had marked improvement in quality of life

Chronic Pain Psychology or Psychological Counseling Program

- Unresolving (3+ months) of musculoskeletal, neurologic, or widespread (e.g. fibromyalgia) pain with associated psychological distress (e.g. poor coping, emotional lability, low mood, anxiety, social isolation, kinesiophobia)
- 1-on-1 sessions with program length at the discretion of the psychologist or counselor

Chronic Pain Self-Management Group Classes (Fully MSP-Covered)

- Group education and self-management classes taught by Specialist in Anesthesiology
- Self-management strategies to improve pain and function
- Pain Neuroscience Education (PNE), and guidance on exercise, stress management, cognitive behavioural techniques, goal setting, nutrition, sleep optimization
- Includes the evidence-based Empowered Relief class developed at Stanford University

Physician Signature

Date