



# Helping patients manage low back pain

PANELISTS

Dr. Paul Hoogeveen • Dr. Sheri Wark • Dr. Jennifer Young

WITH

Dr. Javed Alloo • Dr. Peter Selby • Dr. Stephanie Zhou



Ontario College of  
Family Physicians

**Practising  
Well**  
Share.  
Inspire.  
Connect.



Family & Community Medicine  
UNIVERSITY OF TORONTO

August 24, 2022

Practising Well: Your Community of Practice



## We acknowledge that the lands

on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. Even today, as we meet in this virtual space for reasons of improving wellness, many Indigenous communities face barriers of access to the internet and the opportunities it brings.

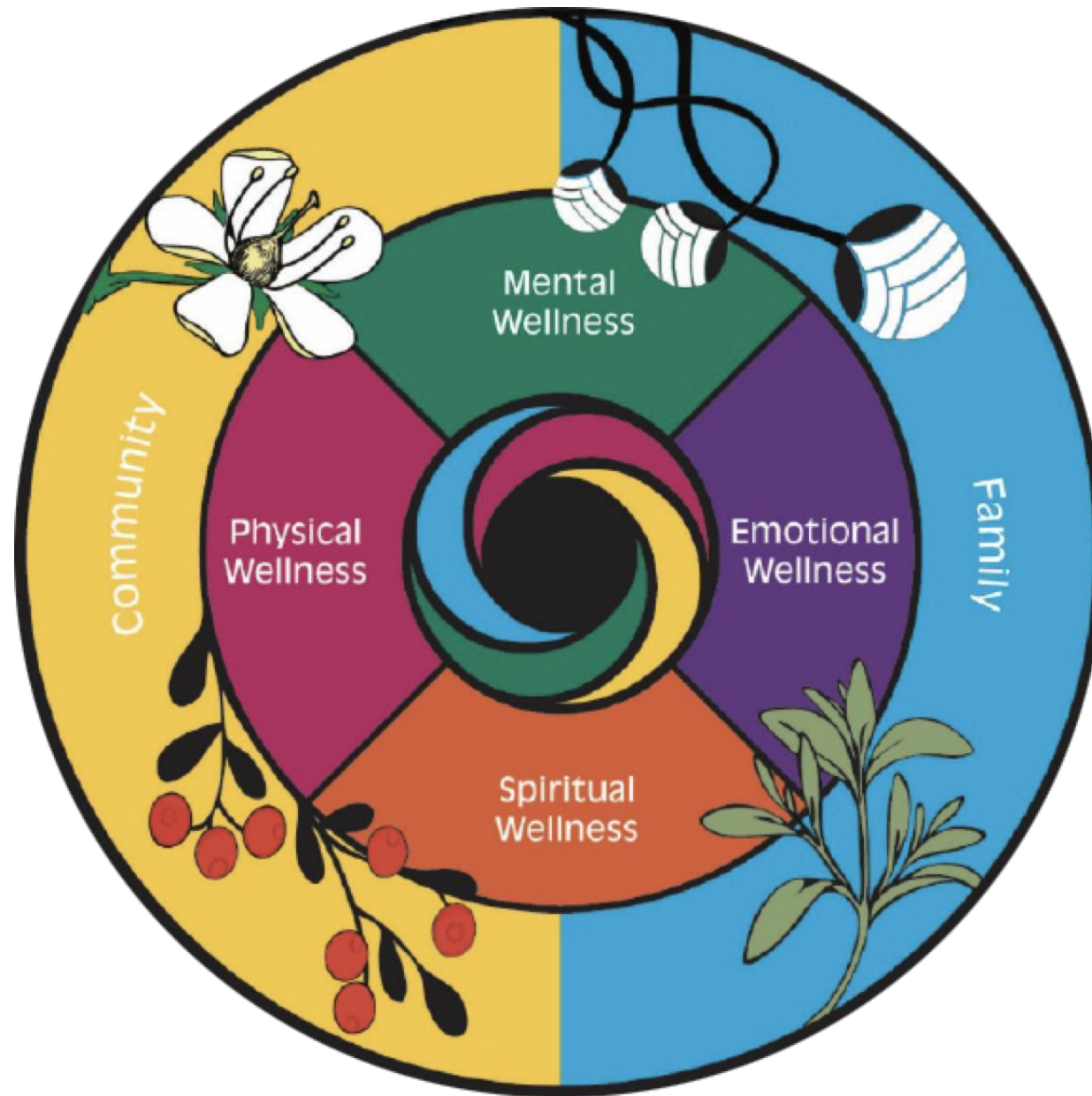
The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to stay mindful and reflect on this from the territories where you sit or stand today, as we commit ourselves to gaining knowledge, forging a new, culturally safe relationship, and contributing to reconciliation.



# Medicine Wheel

First Nations, Inuit  
and Metis Wellness  
ECHO at CAMH



# Your Panelists: Disclosures



## Dr. Jennifer Young @jenpatyoung

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker
- CFPC – physician advisor (part time)



## Dr. Sheri Wark @SheriW\_TBay

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker



## Dr. Paul Hoogeveen @P\_HoogeveenSCPM

Relationship with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker
- Neurolytix – Shareholder, Advisory Board Member, various neurological diagnostic tests

# Disclosures

## Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member

# Disclosures

## Dr. Peter Selby @drpselby

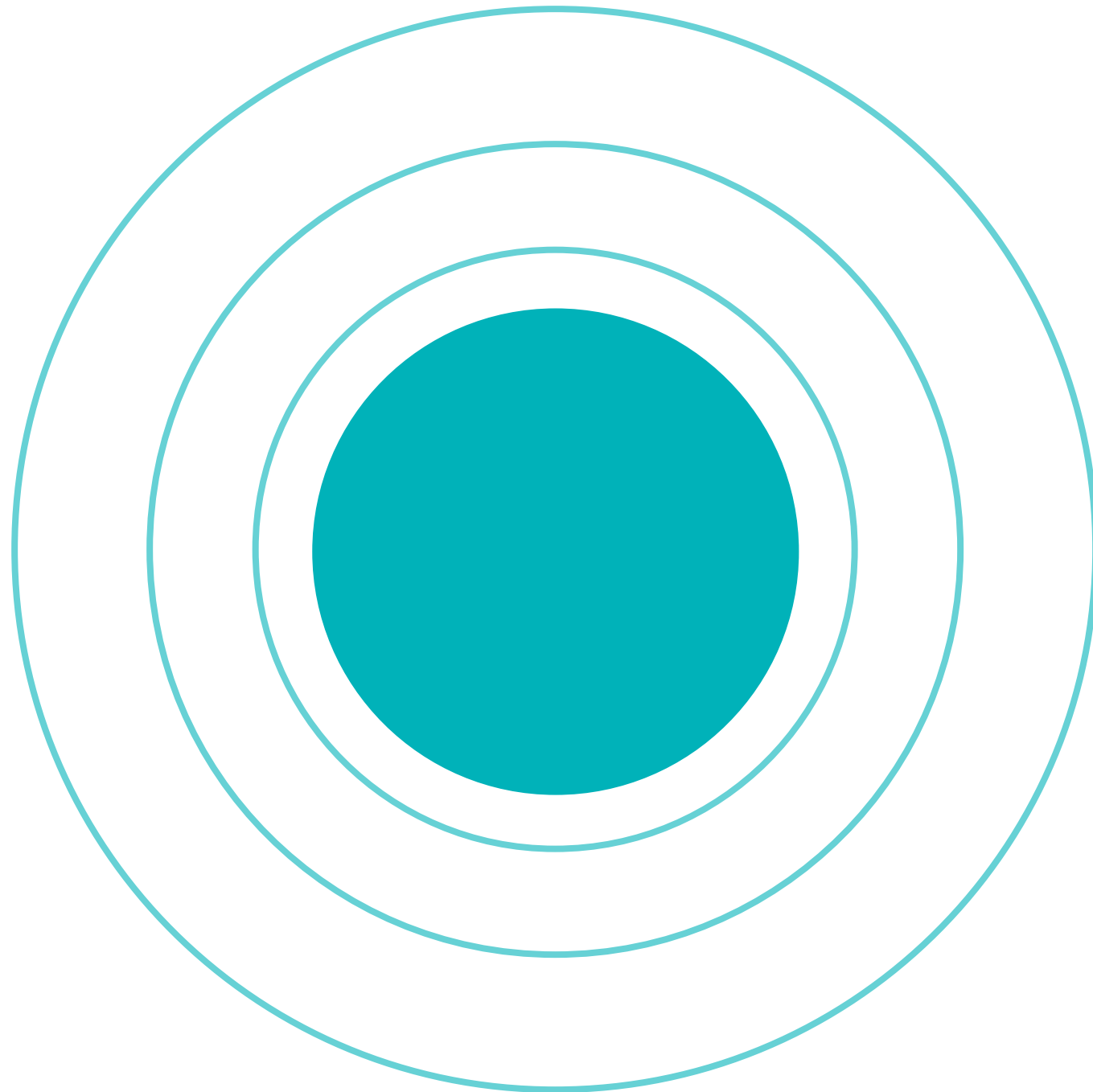
Relationships with financial sponsors (including honoraria):

- York Region, CAMH, ECHO, ASAM, FAME, Local CHC, Veteran's Affairs Canada – Honoraria
- CCSA, Cancer Care Ontario, ECHO Ontario, MOHLTC, CAMH Medical Advisory Committee, Dalla Lana U of T Youth Vaping Cessation – Advisory Board or Advisory Committee Member
- CIHR, Health Canada, Canadian Cancer Society Research Institute, Medical Psychiatry Alliance, MOHLTC, Canadian Partnership Against Cancer, Ontario Neurotrauma Foundation, Patient-Centered Outcomes Research Institute, CAMH, Public Health Agency of Canada – Grants and Clinical Trials
- Pfizer Inc, Johnson & Johnson, Novartis - Vendors of record for providing smoking cessation pharmacotherapy through an open tender process, free or discounted, for research studies in which PS is the principal investigator or co-investigator.
- Ontario College of Family Physicians – Practising Well

## Dr. Javed Alloo @javedaloo

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians, Ontario Medical Association, Centre for Effective Practice, Centre for Addictions and Mental Health, Trillium Hospitals, Memotext, Canadian Partnership Against Cancer – Honoraria, Consulting, Employed
- Canada: Novo Nordisk, Boehringer Ingelheim, Lupin, Astra Zeneca – Advisory Boards
- CIHR, U of T – Research Grants







## Helping patients manage low back pain

You raised important questions we'll try work through together today:

1. What to do differently in managing acute vs chronic low back pain?
2. What are appropriate pharmacologic and non-pharmacologic interventions that make a difference?
3. What to do when both low back pain and mood disorders or depression co-occur?

And other questions you add in the Q&A box... 

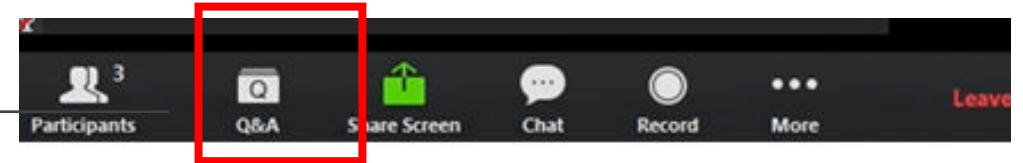
# How to Participate



## Q&A

Use the Q&A window to ask questions to the panelists; some questions will be answered verbally and some answers will be written directly in the Q&A window.

Click “thumbs up” to up-vote questions you see on the list, to make sure they’re answered



Q&A

All questions (1)

My questions

Lee 01:54 PM

Will there be a follow-up session?



Comment

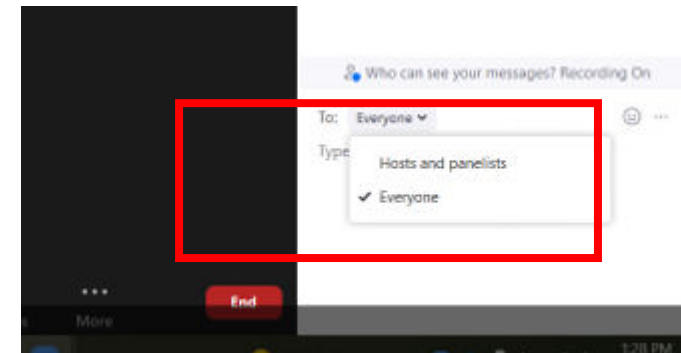
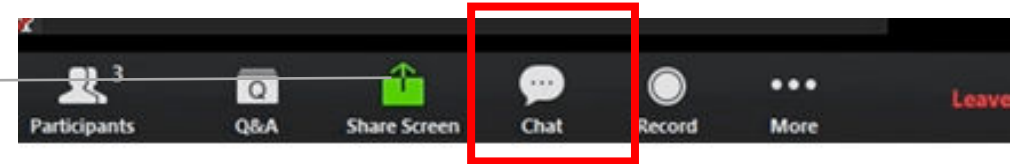
# How to Participate



## Chat


Use the chat to share reflections or resources.

To send your message to everyone on the call today, make sure to select **“everyone”** from the dropdown menu.



Please introduce yourself in the chat!

Your name,  
Your community,  
Your twitter handle



@OntarioCollege  
#PractisingWell

# How common is low back pain?



upto **28.4%**

The epidemiology of low back pain in primary care. Kent PM, Keating JL. Chiropr Osteopat. 2005; 13: 13.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1208926/>

# Progression of low back pain from acute to chronic in primary care?

If care involved interventions not aligning with guidelines (on opioids, imaging or subspecialty referral) in the first 21 days after presentation:

**HR 1.39 to 2.16**

(if 1, 2, or 3 non-concordant interventions)

Risk Factors Associated With Transition From Acute to Chronic Low Back Pain in US Patients Seeking Primary Care. Stevans JM, Delitto A, Khoja SS

JAMA Netw Open. 2021;4(2):e2037371

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776518>

# Your Panelists



Helping patients  
manage low back pain



**Dr. Jennifer Young**

Collingwood, ON  
@jenpatyoung



**Dr. Sheri Wark**

Thunder Bay, ON  
@SheriW\_TBay



**Dr. Paul Hoogeveen**

Barrie, ON  
@P\_HoogeveenSCPM

## PEER Simplified Chronic Pain Guideline: Summary Treatment Interventions for Discussion with Patients

### Physical Activity

The foundation of a treatment plan for chronic low back pain and osteoarthritis is physical activity.

About 2 in every 3 people who increase their activity will have improved pain independent of weight loss.

✓ Patients can choose the activity they enjoy; one type of exercise is not better than another!

✓ A wearable activity tracker and an exercise prescription can help to increase physical activity.



### Psychological Therapy

About 30-60% of patients with chronic pain will get pain improvement with cognitive behavioral therapy (CBT) or mindfulness-based stress reduction compared to 10-30% with control (e.g. wait list or no intervention).

### Treatment Options

Percentage of patients who will have pain meaningfully reduced (≥30%):

	OSTEOARTHRITIS	CHRONIC LOW BACK PAIN	NEUROPATHIC PAIN
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%	Placebo or control: 40%	Placebo or control: 29%
Additional treatments with clear evidence of benefit	Intra-articular corticosteroids: 70%	Oral NSAIDs: 58%	Gabapentinoids: 44%
	SNRIs: 61%	Spinal manipulation: 55%	SNRIs: 42%
	Oral NSAIDs: 58%	TCAs: 53%	Rubefacients (e.g. capsaicin): 40%
	Topical NSAIDs: 51%	SNRIs: 50%	
Treatments with unclear benefit	Glucosamine Chondroitin Viscosupplementation	Acupuncture Rubefacients (e.g. capsaicin)	TCAs Cannabinoids Topical nitrates
Treatments with evidence of no benefit	Acetaminophen	Corticosteroids (epidural)	Acupuncture Topical ketamine, amitriptyline, doxepin or combinations
Treatments with harms that exceed benefit	Opioids Cannabinoids	Opioids Cannabinoids	Opioids Topiramate Oxcarbazepine

For more information, see <https://pain-calculator.com>.

No responder analyses identified for: osteoarthritis (rubefacients, platelet-rich plasma injections, TCAs), low back pain (acetaminophen, muscle relaxants, SSRIs, anticonvulsants, topical NSAIDs), neuropathic pain (exercise and lidocaine).

## PEER Simplified Chronic Pain Guideline: Summary

### Key Adverse Effects

TREATMENTS	PERCENTAGE STOPPING DUE TO ADVERSE EFFECTS	KEY ADVERSE EFFECTS TO DISCUSS WITH PATIENT	COST <sup>1</sup> (3-MONTH)
Placebo	~5% (2-9%)	--	--
Acetaminophen	Not statistically worse than placebo or control	Liver damage in overdose	\$25-50
Acupuncture		Not reported	\$150-300+
Chondroitin or glucosamine		None reported as greater than placebo	<\$50
Corticosteroids (intra-articular or other injections)		Infection (one in ~50,000); post-dural puncture headache with spinal injection	\$25-50
Physical activity		Mild muscle soreness	\$0-500+
NSAIDs (topical)	6%	Application site reactions	\$50-75
Rubefacients (e.g., capsaicin)	6%	Local burning, skin redness	\$50-75
Cannabinoids	10%	Dizziness, nausea, drowsiness, confusion	\$150-300+
Gabapentinoids	12%	Dizziness, peripheral edema, weight gain	<\$50-150
SNRIs	12%	Dizziness, sedation, stomach upset, weight loss	<\$50-300
TCAs	16%	Dry mouth, dizziness, drowsiness	\$25-150
Opioids	27%	Sedation, dizziness, constipation, pruritis, vomiting, nausea, dependency, overdose	\$75-300
NSAIDs (oral)	Not reported	Stomach upset, gastrointestinal bleeds, increased blood pressure, worsening kidney problems, new or worsening heart failure; increased risk of myocardial infarction with some NSAIDs	\$50-100
Psychological Therapy		Not reported	Variable
Spinal manipulation		Case reports have associated neck manipulation with stroke. <sup>3</sup>	\$150-300+
Topical agents (nitrates, amitriptyline, ketamine, doxepin)		Local reactions; Nitrates: headache, palpitations possible	Nitrates: <\$25; Others: \$175-300+
Viscosupplementation		Injection site reactions	\$150-300+

References: 1) Prescription drug costs taken from <https://pricingdoc.acfp.ca> and <https://www.mckesson.ca>. 2) Jones T, Kelsberg G, Safranek S. *Am Fam Physician*. 2014; 90: 115-6. 3) Nielsen SM, Tarp S, Christensen R, Bliddal H, Klokke L, Hernriksen M. *Syst Rev* 2017; 6(1): 64. Illustrations by Storyset: <https://storyset.com/>

### Practice Points



- Physical Activity Prescriptions available from RxFiles (<https://bit.ly/ExerciseRxFiles>)
- Adding a second drug is reasonable when the initial agent provides a partial benefit
- Goals of treatment should be patient-identified, realistic and focused on functional outcomes
- Start/titrate/taper/stop one medication at a time to allow for accurate monitoring of response or adverse effects

NSAIDs = non-steroid anti-inflammatory drugs; SNRIs = serotonin norepinephrine reuptake inhibitors; TCAs = tricyclic antidepressants



Patients with the following emergent red flags should be referred directly to the closest Emergency Department:

- Possible Cauda Equina Syndrome (saddle anesthesia about anus, perineum or genitals; urinary retention with overflow incontinence; loss of anal sphincter tone/fecal incontinence)
- Progressive neurologic deficit
- Significant trauma

## Red Flags (check if positive)

The acronym NIFTI can help you remember red flags. <sup>21, 22, 42, 43</sup>

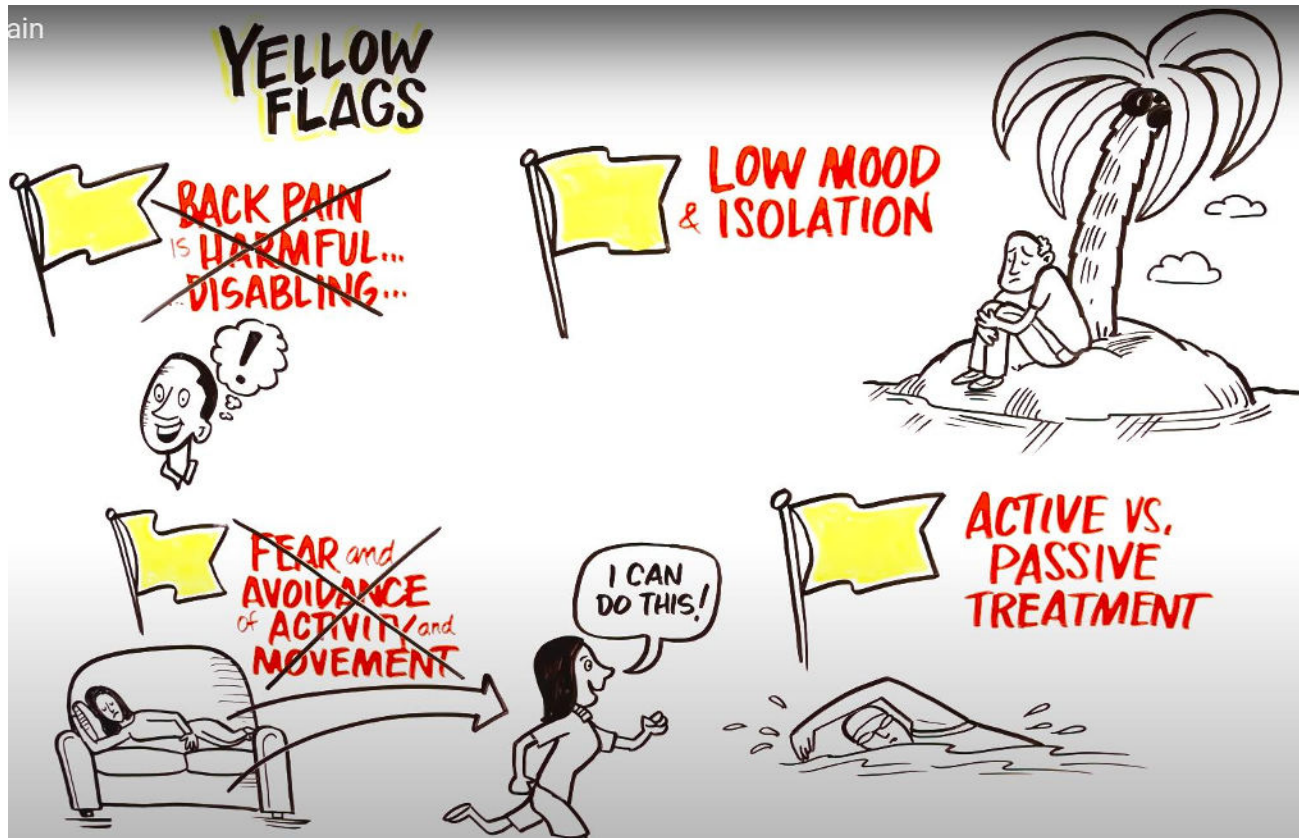
Indication	Investigation <sup>①</sup>
<input type="checkbox"/> <b>Neurological:</b> diffuse motor/sensory loss, progressive neurological deficits, cauda equina syndrome	Urgent MRI indicated
<input type="checkbox"/> <b>Infection:</b> fever, IV drug use, immune suppressed	X-ray and MRI
<input type="checkbox"/> <b>Fracture:</b> trauma, osteoporosis risk/ fragility fracture	X-ray and may require CT scan
<input type="checkbox"/> <b>Tumour:</b> hx of cancer, unexplained weight loss, significant unexpected night pain, severe fatigue	X-ray and MRI
<input type="checkbox"/> <b>Inflammation:</b> 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.** <sup>23</sup>

Symptoms are:

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





Attitude is everything!!  
 Hurt vs Harm and AVOID Kinesiophobia (encourage movement)

## Yellow Flags<sup>21, 22, 24</sup>

3<sup>↑</sup>

### Psychosocial Risk Factors for Developing Chronicity

For those with low back pain > 6 weeks or non-responsive to treatment, consider asking:

Questions to ask	Look for
“Do you think your pain will improve or become worse?”	Belief that back pain is harmful or potentially severely disabling.
“Do you think you would benefit from activity, movement or exercise?”	Fear and avoidance of activity or movement.
“How are you emotionally coping with your back pain?”	Tendency to low mood and withdrawal from social interaction.
“What treatments or activities do you think will help you recover?”	Expectation of passive treatment(s) rather than a belief that active participation will help.

A patient with a positive yellow flag will benefit from education and reassurance to reduce risk of chronicity. If yellow flags persist, consider additional resources: [Keele StarT Back<sup>4</sup>](#); [The Patient Health Questionnaire for Depression and Anxiety \(PHQ-4\)](#).<sup>25</sup>

**No yellow flags** → Continue reviewing history

3<sup>↑</sup> If you are feeling symptoms of sadness or anxiety, this could be related to your condition and could impact your recovery, schedule a follow-up appointment.

# Your Panelists



**Dr. Jennifer Young**

Collingwood, ON  
@jenpatyoung



**Dr. Sheri Wark**

Thunder Bay, ON  
@SheriW\_TBay










**Dr. Paul Hoogeveen**

Barrie, ON  
@P\_HoogeveenSCPM






Helping patients  
manage low back pain

# Initial Management depending on pattern

	Pattern 1	Pattern 2	Pattern 3	Pattern 4	Non-Mechanical Pain
<b>Commonly Called</b> <sup>27</sup>	Disc Pain	Facet Joint Pain	Compressed Nerve Pain	Symptomatic Spinal Stenosis (Neurogenic Claudication)	<input type="checkbox"/> Non-spine related pain
<b>Medication</b> <sup>5,6,7</sup> 	<input type="checkbox"/> Acetaminophen <input type="checkbox"/> NSAID	<input type="checkbox"/> Acetaminophen <input type="checkbox"/> NSAID	<input type="checkbox"/> May require opioids if 1st line pain meds not sufficient 	<input type="checkbox"/> Acetaminophen <input type="checkbox"/> NSAID	↓ Consider other etiologies prior to pain medications
<b>Recovery Positions</b> <sup>28</sup>					↓ Consider internal organ pain referral such as kidney, uterus, bowel, ovaries
<b>Starter Exercises</b> <sup>29</sup>	Repeated prone lying passive extensions (i.e. hips on ground, arms straight). 10 reps, 3 x day	Sitting in a chair, bend forward and stretch in flexion. Use hands on knees to push trunk upright. Small frequent repetitions through the day	"Z" lie (see image above) <b>Caution:</b> exercise will aggravate the pain so start with pain reducing positions	Rest in a seated or other flexed position to relieve the leg pain	
<b>Exercises</b>	<a href="#">ISAEC</a> <sup>35</sup> , <a href="#">HealthLink BC</a> <sup>34</sup> , <a href="#">SASK Pattern 1</a> <sup>30</sup>	<a href="#">ISAEC</a> <sup>35</sup> , <a href="#">HealthLink BC</a> <sup>34</sup> , <a href="#">SASK Pattern 2</a> <sup>31</sup>	<a href="#">ISAEC</a> <sup>35</sup> , <a href="#">HealthLink BC</a> <sup>34</sup> , <a href="#">SASK Pattern 3</a> <sup>32</sup>	<a href="#">ISAEC</a> <sup>35</sup> , <a href="#">HealthLink BC</a> <sup>34</sup> , <a href="#">SASK Pattern 4</a> <sup>33</sup>	<input type="checkbox"/> Spine pain does not fit mechanical pattern
<b>Functional Activities</b> <sup>36</sup>	<input type="checkbox"/> Encourage short frequent walking <input type="checkbox"/> Reduce sitting activities <input type="checkbox"/> Use extension roll for short duration sitting	<input type="checkbox"/> Encourage sitting or standing with foot stool <input type="checkbox"/> Reduce back extension and overhead reach	<input type="checkbox"/> Change positions frequently from sit to stand to lie to walk	<input type="checkbox"/> Use support with walking or standing. Use frequent sitting breaks	↓ Consider centralized pain medications (i.e. anti-depressants, anti-seizure, opioids)
<b>Follow-up</b>	<input type="checkbox"/> <b>2-4 weeks</b> if referred to therapy, or prescribed medication <input type="checkbox"/> <b>PRN</b> if given home program and relief noted in office visit	<input type="checkbox"/> <b>2-4 weeks</b> if referred to therapy, or prescribed medication <input type="checkbox"/> <b>PRN</b> if given home program and relief noted in office visit	<input type="checkbox"/> <b>2 weeks</b> for pain management and neurological review	<input type="checkbox"/> <b>6-12 weeks</b> for symptom management and determination of functional impact	↓ Consider pain disorder
<b>Self Management</b> <sup>37-40</sup> 	Once pain is reduced, engage patient for self management goals	Self management can be initiated in 1st or 2nd session with most patients	Patient is not usually suitable for self management due to high pain levels and possible surgical intervention	Self management can be initiated in 1st or 2nd session with most patients	

ISAEC = Inter-professional Spine Assessment and Education Clinics; SASK = Saskatchewan Spine Pathway Group Healthy Back Exercises


-  **You may need pain medication** to help you return to your daily activities and initiate exercise more comfortably. It is activity, however, and not the medication that will help you recover more quickly.<sup>14,22,41</sup>
-  **Short acting opioid medication may be used for intense pain** such as leg dominant constant symptoms related to nerve radiculopathy.<sup>14,22,41</sup>
-  **Low back pain is often recurring** and recovery can happen without needing to see a healthcare provider. You can learn how to manage low back pain when it happens and use this information to help you recover next time.<sup>14,22,41</sup>



Search lowbackrac.ca

Program Information for Referred Patients

 **Patient Pamphlet**  
[Download File](#)

RAC LBP Illustrated Exercises for Patients

 **Back Dominant Pain with Extension**  
[Download File](#)

 **Back Dominant Pain with Flexion**  
[Download File](#)

 **Constant Leg Dominant Pain**  
[Download File](#)

 **Intermittent Leg Dominant Pain**  
[Download File](#)

 **Non-mechanical Back Pain Self-management**  
[Download File](#)

## Your Panelists



**Dr. Jennifer Young**

Collingwood, ON  
@jenpatyoung



**Dr. Sheri Wark**

Thunder Bay, ON  
@SheriW\_TBay



**Dr. Paul Hoogeveen**

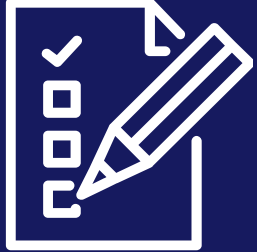
Barrie, ON  
@P\_HoogeveenSCPM



Helping patients  
manage low back pain

# Resources

# Tools



Links to resources shared today will be sent to participants following the session.

Resources

# Ontario Health Quality Standards

Low Back Pain Quality Standard

<https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/low-back-pain>

Low Back Pain Quality Standard Placemat

<https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-low-back-pain-placemat-en.pdf>

Resources

# Guidelines

PEER simplified chronic pain guideline - <https://www.cfp.ca/content/68/3/179>



Resources

## Websites – For You

CORE Back Tool (CEP)

[https://cep.health/media/uploaded/CEP\\_CORE\\_Back\\_2016.pdf](https://cep.health/media/uploaded/CEP_CORE_Back_2016.pdf)

Managing Pain Through Mindfulness

<https://neuronovacentre.com/>

Gentle Movement @ Home

<https://painbc.ca/gentle-movement-at-home>

Impairment Scale – American Spinal Cord Injury Association

[https://www.physio-pedia.com/American\\_Spinal\\_Cord\\_Injury\\_Association\\_\(ASIA\)\\_Impairment\\_Scale](https://www.physio-pedia.com/American_Spinal_Cord_Injury_Association_(ASIA)_Impairment_Scale)

Imaging Tests for Lower Back Pain

<https://choosingwiselycanada.org/pamphlet/imaging-tests-for-lower-back-pain/>

SPACE RCT: Opioid vs Nonopioid Medications on Pain-Related Function in Chronic Pain (Back, OA-Hip/Knee)

Full: <https://jamanetwork.com/journals/jama/fullarticle/2673971>

Summary: <https://www.rxfiles.ca/rxfiles/uploads/documents/SPACE%20Trial%20Summary.pdf>

Resources

## Websites – For Your Patients

Low Back Pain Patient Resources

<https://www.lowbackrac.ca/patient-materials.html>

Pattern #1-4 Saskatchewan Spine Pathway (exercises)

<https://www.hhfht.com/wp-content/uploads/2020/05/back-exercises.pdf>

Tame the Beast – It's time to rethink persistent pain (video)

<https://www.youtube.com/watch?v=ikUzvSph7Z4>

Low Back Pain Video from Dr. Mike Evans

<https://www.youtube.com/watch?v=BOjTegn9RuY>

Free ICBT Programs

<https://www.afhto.ca/news-events/news/free-icbt-programs-supported-ontario-government-during-covid-19-pandemic>

Resources

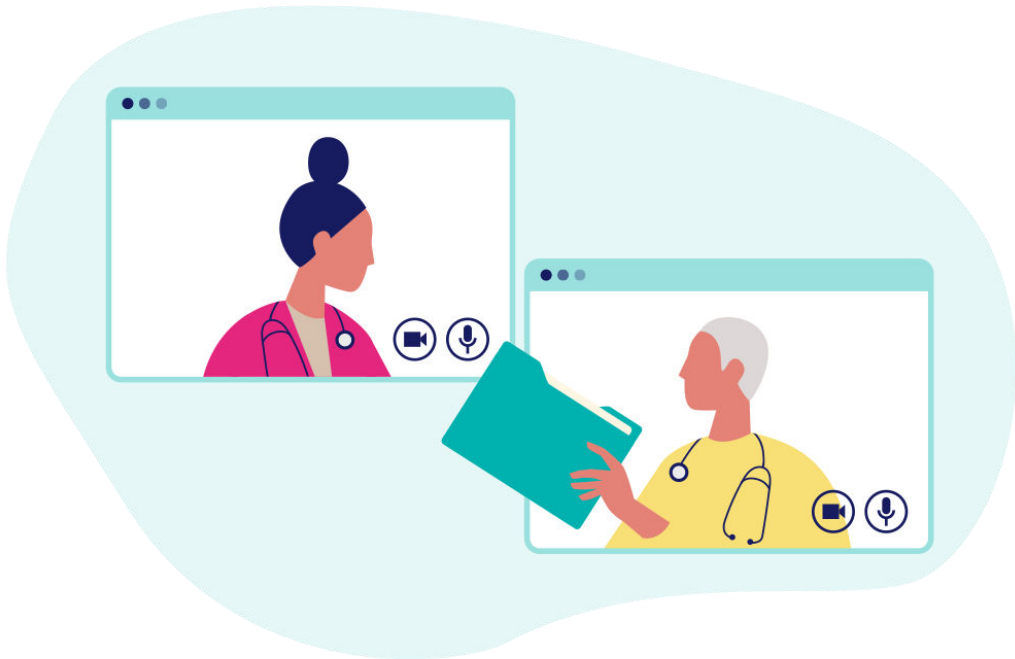
# Education



Links to resources shared today will be sent to participants following the session.

# Peer Connect

An opportunity to partner with another family physician, one-to-one or in a small group, for support as you explore clinical complexity and increase your confidence caring for patients with mental health challenges, substance use, and chronic pain. A focus can be on your well-being as you engage in this challenging work.



[Connect Now!](#)



**Contact us!**  
[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)



<https://www.ontariofamilyphysicians.ca/education-practice-supports/practising-well/peer-to-peer-connect>

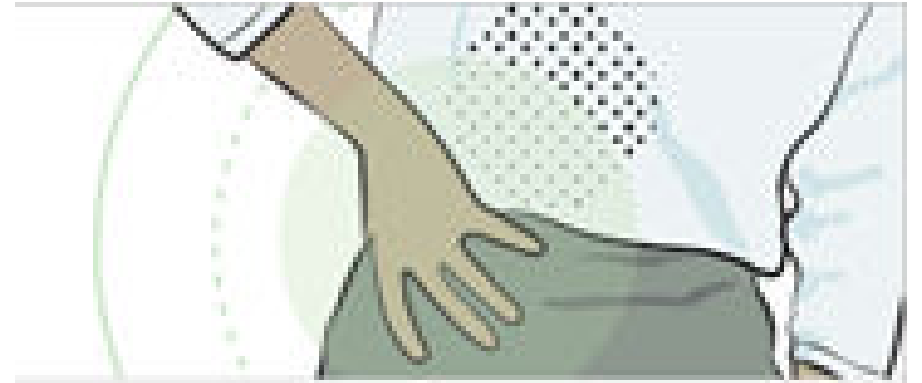
# Understanding Quality Standards in Primary Care Program

## Low Back Pain Quality Standard

Earn **1.5 Mainpro+® credits** for reviewing the [Low Back Pain](#) quality standard package.

To learn more, or to enroll in the program, contact:

[UnderstandQS@ontariohealth.ca](mailto:UnderstandQS@ontariohealth.ca)



Resources

# Education

## Saskatchewan Spine Pathway

Low Back Pain Assessment and Management Training Course

[Home](#)   [Register](#)   [Training Course](#)



## Saskatchewan Spine Pathway

<http://spinepathwaysk.ca/Home/Register>



## ECHO Chronic Pain and Opioid Stewardship

@ UHN <https://uhn.echoontario.ca/Our-Programs/Chronic-Pain>

- Thursdays 12:30-2:00pm via videoconference

@ St. Joseph's Care Group

<https://sjcgecho.squarespace.com/chronic-pain-opioid-stewardship>

- Back to (Pain) School Sep 7 – Oct 12 via videoconference

# Save the date!



Ontario College of  
Family Physicians

# FMS 2023

## FAMILY MEDICINE SUMMIT

**Knowledge for the Now**

January 27 and 28, 2023

Resources

# Supports



Links to resources shared today will be sent to participants following the session.



Resources

## Supports



(formerly known as ISAEC)  
Funded by Ontario Ministry of Health

Rapid Access Clinics for Low Back Pain (in-person or virtual care)

<https://www.lowbackrac.ca> (regional information: <https://www.lowbackrac.ca/contact-us.html> )

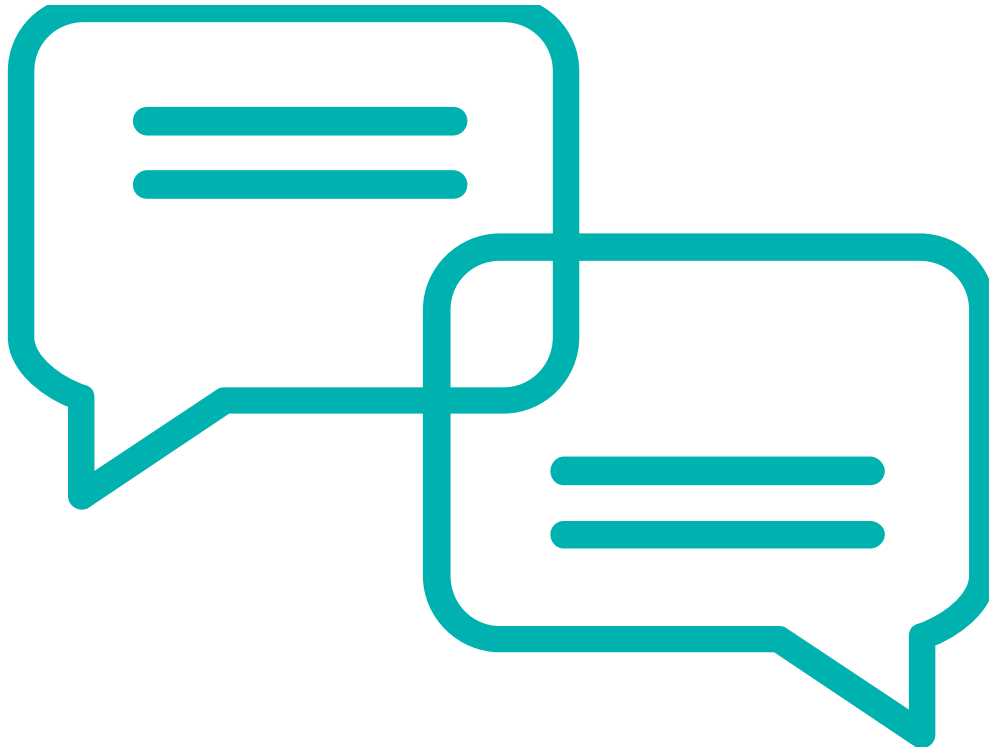
Accepting referrals from enrolled family doctors or nurse practitioners

(onboarding referrers: <https://www.lowbackrac.ca/refer-to-rac-lbp.html> )

“It is designed to decrease the prevalence of unmanageable chronic low back pain, reduce unnecessary diagnostic imaging as well as unnecessary specialist referral.”

This pathway is appropriate for patients with a wide variety of non-emergent lumbar diagnoses and presentations (< 1 year in duration or those with recurrent episodic low back pain) and addresses issues ranging from most non-urgent disc conditions, spinal stenosis, and axial / non-specific back pain.

(Inclusion / Exclusion criteria: <https://www.lowbackrac.ca/faq.html> )



One thing you might do differently...

when helping patients manage low back pain?

Special Evening Session

# Upcoming Community of Practice

## Even short appointments can help with Substance Use Disorders (Motivational Interviewing)

With Drs. Kimberly Lazare, Peter Selby and Stephanie Zhou

**September 28, 2022**  
**7:30pm – 8:30pm**

**Register Now**

[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 24 credits.

# Thank You!

Please help us make these sessions better by filling out the evaluation you'll receive by email shortly.

## Direct Credit Entry



Do you want the OCFP to submit your earned Mainpro+ credit directly into your Mainpro+ account?

Please email [practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca) with your 6-digit CFPC number  
(Hint: Your CFPC # begins with a "6").