

PAIN MANAGEMENT

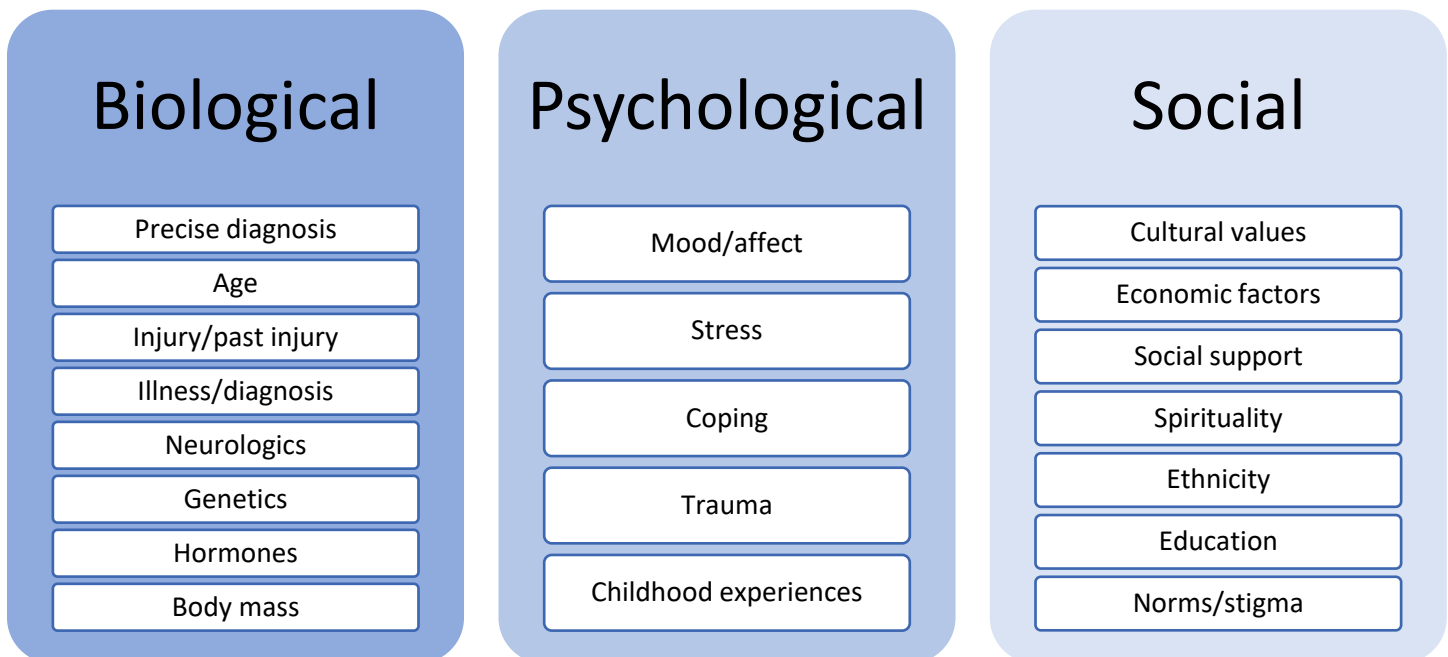
CHRONIC PAIN AND OPIOIDS

Chronic pain is one of the **most common reasons** adults seek medical care. Chronic pain is associated with **decreased quality of life, opioid dependence, and poor mental health**.¹ An estimated 116 million Americans suffer from chronic pain, costing over \$600 billion, or roughly \$2,000 per person annually.²

According to the Centers for Disease Control and Prevention (CDC), **women**, individuals in **lower socioeconomic backgrounds, military veterans**, and those living in **rural areas** report **higher rates of chronic pain**.³ Health care providers should understand the barriers that underserved populations in their communities face, including **lack of access to primary care, limited economic resources**, higher rates of individuals who are **uninsured/underinsured, cultural differences, low health literacy**, and **environmental issues**.⁴

BIOPSYCHOSOCIAL MODEL OF PAIN MANAGEMENT

The biopsychosocial model is a **collaborative, patient-centered approach** to health care that considers the individual's **biological, psychological, and social factors**.^{4, 14} This model accounts for the individual's past and current experiences as an underlying component of the pain that should be addressed in addition to the biological components.⁵



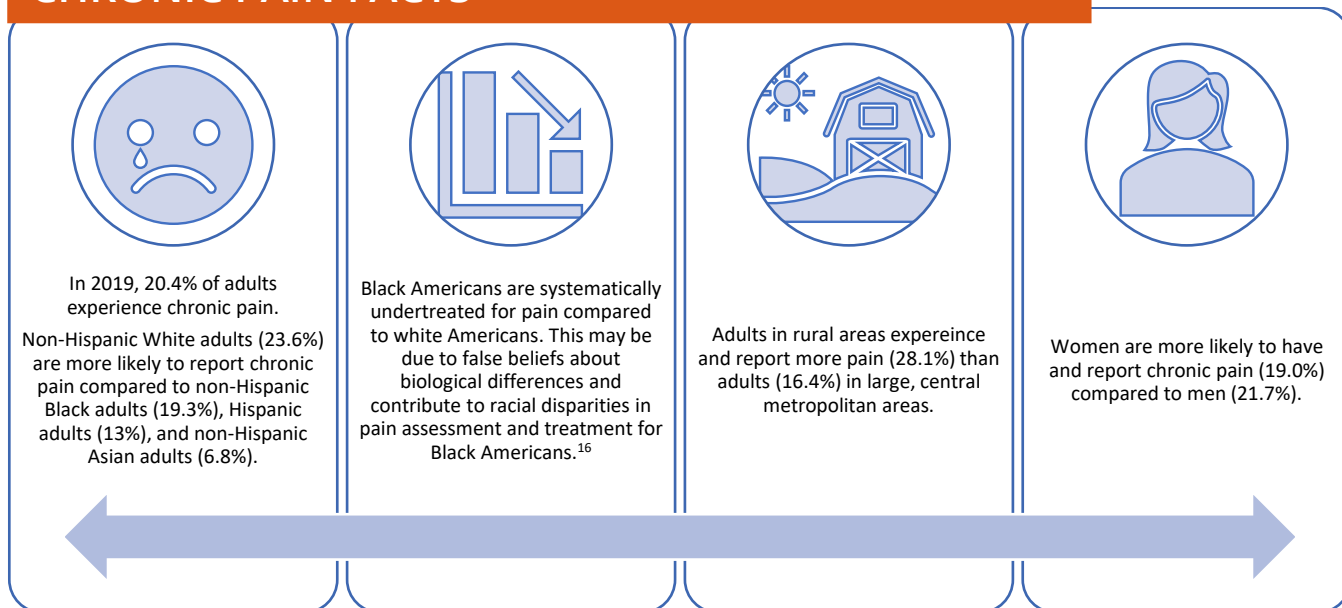
RESTORATIVE THERAPIES

Restorative therapies, such as physical and occupational therapy, are essential components of pain management. Research indicates **restorative therapies may be underutilized for chronic conditions** due to a **lack of awareness of available services**. In one survey, more than **half of patients (53%)** stated they would seek care for neck and back pain from a physician (53%) **before** a chiropractor (28%), massage therapist (7%), or physical therapist (6%).⁶

CHRONIC PAIN, OPIOIDS, AND PHYSICAL THERAPY

In some cases, the **CDC recommends nonpharmaceutical approaches**, such as **physical therapy**, over opioid medications to treat chronic pain.⁷ Nonpharmaceutical treatments have been used for initial pain treatment for people who experience chronic pain.⁸ Many treatments performed by physical therapists, such as exercise, body-based manual therapies, transcutaneous electric nerve stimulation, and physical agendas, are supported by current best practice guidelines.⁹ It is estimated that 170 million individuals consulted a primary care provider for low back pain between 1997 and 2010.¹⁰ Only **10% of these individuals received a referral for physical therapy services**, while up to **45% received an opioid prescription**.¹⁰

CHRONIC PAIN FACTS¹¹



RECOMMENDATIONS

Streamlining referral pathways between **physical health settings** and **nonpharmaceutical care locations**, such as physical therapy, can increase restorative therapy use. Based on the individual's medical condition and biopsychosocial factors, restorative therapies can be used independently or in combination with other therapies or medications. Treatment plans based on a comprehensive assessment and involving a **multi-disciplinary** approach have resulted in more positive health outcomes when restorative therapies are used.¹² Medicare provides coverage for physical therapy and part B covers manipulation of the spine by a chiropractor.^{13,14} Medicaid and other private insurance may cover physical and/or chiropractic therapy.¹⁵ Massage therapy is not covered by Medicaid or Medicare.^{14,15} Contact the insurance carrier for verification.

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