

COMBATING THE OPIOID CRISIS THROUGH PHYSICAL THERAPY TREATMENT



THE UNINTENDED CONSEQUENCES OF PHARMALOGIC PAIN MANAGEMENT

In the United States, musculoskeletal pain affects nearly 1 of 2 adults and costs roughly \$854 billion annually. ¹ The health care system has, since the mid-1990s, employed an approach to pain management that focuses on the pharmacological masking of pain which has resulted in a dramatic increase in opioid prescribing, misuse and addiction.

THE OPIOID EPIDEMIC BY THE NUMBERS

115

Every day, more than 115 people in the United States die from an opioid overdose²

29%

Up to 29% of patients prescribed opioids for pain misuse them³

\$504 BILLION

The total economic cost of the opioid crisis is \$504 billion⁴

TREATMENT FOR PAIN BY PHYSICAL THERAPISTS:

REDUCES OPIOID USE

- In a 2018 study, *Health Services Research* concluded that patients with low back pain who saw a Physical Therapist as the first point of care at an 89% lower probability of having an opioid prescription as compared to patients who either did not see a PT or saw one later. ⁵
- A 2018 *JAMA* study¹ found that early physical therapy treatment was associated with a 10% reduction in the opioid use of patients with neck, shoulder, knee, or lower back pain.
- Research has shown that patients living in states that restrict access to PT services have significantly higher rates of opioid prescriptions, and that direct access to PT results in a significant decrease in opioid prescription. ⁶

IMPROVES QUALITY OF CARE

- *HHS* reports that, “reliance on relatively ineffective and potentially high-risk treatments such as inappropriate prescribing of opioid analgesics...not only contribute to poor-quality care for people with pain, but also increase health care costs.” ⁷
- The *American College of Physicians* states that “non-pharmacologic interventions are considered first-line options in patients with chronic low back pain because fewer harms are associated with these types of therapies than with pharmacologic options.” ⁸
- Often when individuals experience pain, nonopioid options are safer, more effective, and longer lasting. Incorporating such options as standards of practice should be a central tenet in addressing the opioid crisis. ⁹

References

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