



# ALLIED HEALTH APPROACHES TO CHRONIC PAIN MANAGEMENT

## A TOOL FOR PRIMARY CARE PROVIDERS

This tool provides insight for primary care providers to develop a best practice, multi-modal care plan when working with allied health care providers to assess and treat patients living with chronic pain.



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## INTRODUCTION

Chronic pain is pain that lasts longer than it normally takes for damaged tissues to heal; generally, more than 3 months after an injury, surgery or illness. It can also result from other systemic conditions such as arthritis, diabetes, and HIV. Chronic pain was once considered to be a symptom of something else, but we now know it can be a condition in itself, often the result of a sensitized nervous system that can cause a person to feel pain even when there is no identifiable tissue damage.

There is no single cause or treatment for chronic pain and medications alone are often not enough. Chronic pain can be triggered or made worse by stress, anxiety, grief and other forms of emotional upset. Treatment for chronic pain should be multidisciplinary in nature and consider the patient's physical, social, psychological and emotional health. Best practice treatment plans involve physicians working closely with allied health care providers, including physiotherapists, occupational therapists, psychologists, chiropractors, massage therapists, and social workers, and should be centred around patient education and self-management.

This tool provides insight for primary care providers to develop a best practice, multi-modal care plan when working with allied health care providers to assess and treat patients living with chronic pain. For each allied health discipline, the tool outlines:

- The role of allied health professionals in treating pain conditions
- Treatment approaches
- Guidelines for referral
- How to access allied health services in BC

## ACUPUNCTURE

### **Role of acupuncture in pain rehabilitation**

Acupuncture is an excellent treatment modality for chronic pain patients with multi-dimensional issues because it can reduce pain symptoms and promote both physical and psychological wellbeing, improve mental health, and increase stress resilience.

Acupuncture has historic roots as a branch of Traditional Chinese Medicine (TCM), with the underlying goal being to restore balance or homeostasis for the body and mind to heal, improve self-regulation and wellbeing. Several hundred papers published since 1976 have demonstrated that acupuncture reduces pain symptoms through elevation of endorphins. Further studies have shown acupuncture modulates the vagus nerve and deactivates the limbic system as shown on

functional MRI studies.<sup>1</sup> The improvement in psychological wellbeing results in improved patient self-management and follow-through of recommendations from physicians and other health care providers.

## **Treatment approaches**

There are many variations in treatment approaches among practitioners based on their experience and specialized training. The treatment plan and frequency of treatments is discussed with the patient along with education on lifestyle modifications that can support the patient's rehabilitation. Patients are expected to understand that acupuncture is one component of a holistic approach to their rehabilitation and that optimal self-management is key to rehabilitation and health maintenance.

## **When to refer to an acupuncturist**

Chronic pain patients may be referred or recommended to see an acupuncturist when they are ready to engage in non-pharmaceutical approaches. They should be medically stable with no planned changes or increases in medications to avoid confusion with medication responses or side effects. If medication tapering is planned (such as opioids or benzodiazepines), acupuncture is beneficial to mitigate withdrawal side effects. Contraindications are: patients with a phobia of needles, an allergy to stainless steel needles, pregnancy or haemophilia.

## **How to access acupuncture in BC**

Patients with pain can access the services of an acupuncturist without a referral, although there are some extended health insurance companies that require a physician referral note for payment to be reimbursed.

Most acupuncturists in BC work in private clinics and typically charge a rate of \$80-\$150 per visit. Acupuncture is covered under most extended health plans and may be funded through ICBC, WorkSafeBC and the Department of Veteran Affairs. Patients on premium assistance are partially covered through MSP if seeing a registered acupuncturist. MSP does not cover acupuncture services provided by a medical doctor in private practice. Acupuncture services may be fully funded by the Ministry of Health as part of specific programs such as the Complex Chronic Diseases Program at BC Women's Hospital and some detoxification programs for opioid withdrawal.

An online search for registered acupuncturists in the community of choice is the easiest way to locate one. The practitioner websites will indicate their area of interest, experience and any

advanced training such as Sports Medicine Acupuncture. Their standing with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC may be checked on the College's website: <https://portal.ctcma.bc.ca/public>

### **More information**

Registered acupuncturists in BC are licensed and regulated by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC. Other professionals such as medical doctors and physiotherapists may also have a special interest in acupuncture with a variable level of training that may not be as comprehensive as a registered acupuncturist.

Contact the College of Traditional Chinese Medicine Practitioners and Acupuncturists:

Website: <http://www.ctcma.bc.ca/>

Phone number: 604-738-7100

### **CHIROPRACTIC SERVICES**

#### **Role of chiropractors in pain rehabilitation**

Chiropractic care takes an evidence-based and person-centred approach to treatment, which can be helpful in managing chronic pain. While passive, hands-on care is important in some patients living with chronic pain, active care and education is the main approach behind chiropractic treatment. Patients are prescribed gentle rehabilitation exercises based on their goals, readiness and clinical findings. Personalized education is also given to support the patient's ability to return to meaningful activities.

During the patient's first visit, chiropractors will take a comprehensive history, which involves asking a series of questions to understand the patient's injury mechanism and the various characteristics of their pain. Following this, the chiropractor will perform a thorough examination of the patient, which consists of ranges of motion, palpation, neurological testing and other testing to better understand and treat the patient's area(s) of pain.

#### **Treatment approaches**

When providing treatment for chronic pain, chiropractors consider multiple facets of an individual's life, including:

- Biological aspects (i.e. injury history, inflammation, tissue remodelling, nerve injury)

- Psychological factors (i.e. stress, mood, suffering)
- Social/contextual factors (i.e. expectations, goals)

Various evidence-based manual therapies are commonly used by chiropractors to reduce pain, improve mobility and restore function. Gentle manipulation and mobilization techniques are supported by various treatment guidelines, including those published in journals such as *Annals of Internal Medicine*.<sup>2,3</sup> Various institutional and national guidelines also include spinal manipulation and mobilization as an evidence-based treatment approach for chronic pain.<sup>4,5,6</sup>

Chiropractors work with the patient's primary care provider and other allied health care professionals for a collaborative approach to treatment and care. Recommendations and referrals for non-musculoskeletal issues that contribute to the patient's pain experience will be given where needed.

### **When to refer to a chiropractor?**

Chiropractors are highly skilled and sought-after experts on the overall health, diagnosis and management of pain emanating from muscles, joints, nerves and other tissues. One should consider seeing a chiropractor when:

1. An extensive assessment and diagnosis of a chronic pain condition is needed
2. An evidence-based explanation of symptoms and findings using understandable terminology is required
3. Manual therapies are indicated and wanted by patients for symptomatic relief and functional improvement
4. There is a need to build a personalized and graded rehabilitation program to improve the patient's control over pain and to gain physical capacity

### **How to access chiropractic services in BC**

Primary care providers and other health care professionals can make a referral to see a chiropractor in almost every community in BC. Direct referrals are also possible. Most extended health care plans provide coverage for chiropractic services; ICBC and WorkSafeBC provide coverage for motor vehicle accident victims and work place injuries. MSP provides partial coverage for patients entitled to premium assistance for up to 10 visits per year. The cost to see a chiropractor is on average \$91 for an initial consultation and \$58 for a regular follow-up visit.

Patients interested in finding a chiropractor in BC can visit the following two websites:

Chiropractors who have received extra training in chronic pain management can be found here: <https://painbc.ca/find-help/help-near-you> (click on “Recommended Health Care Providers”)

For a list of all certified chiropractors in BC: <https://members.bcchiro.com/code/find.php>

### **For more information**

Contact the British Columbia Chiropractic Association:

Phone number: 604-270-1332

Website: <https://www.bcchiro.com>

## **OCCUPATIONAL THERAPY**

### **Role of occupational therapy in pain rehabilitation**

Occupational therapists have a unique role in pain rehabilitation by focusing on function and assisting pain patients with participating in daily activities in adaptive ways. Occupational therapists assess specific performance problems in daily living, identify valued activities, and apply evidence-based therapeutic approaches to address the patient’s goals. Occupational therapy is a necessary and core component of any comprehensive pain rehabilitation treatment plan. Intervention approaches include but are not limited to education, functional goal-setting and self-management.

### **Treatment approaches**

Chronic pain affects all aspects of a person’s life, and unlike other diagnoses, whether or not a pain patient can function well depends on the variation in their pain levels. Occupational therapists assess and treat almost all aspects of a person’s life using physical, cognitive, and affective modalities to determine the best approach to help the patient. They then use this information to assist the patient with daily tasks including self-care, productivity and leisure.

Treatment approaches often include a combination of:

- Education (on neuroscience of pain, lifestyle, self-management)
- Cognitive therapies (including cognitive behavioural therapy)
- Dynamic posture, ergonomics, safe functional movement
- Pacing (cognitive and physical)
- Emotional awareness and management

- Lifestyle modifications
- Alteration of physical environments (at home or in the workplace)
- Addressing social environments, leisure, etc.

### When to refer to an occupational therapist?

Referral to an occupational therapist is highly recommended when a patient's function in daily activities is disrupted by pain (e.g. the ability to take care of themselves, family/home responsibilities, work, school, etc.). Early referral for services can result in more optimal patient outcomes.

### How to access occupational therapy in BC

Pain patients can be referred to see an occupational therapist as outpatients or in their homes. Primary care providers and other allied health professionals can make a referral for their patient.

In the public health insurance system, occupational therapy is covered by the Medical Services Plan (MSP). Health Authorities in BC provide access to occupational therapy in hospitals, home and community care centres, rehabilitation centres and publicly funded residential care facilities.

Private OT services typically cost between \$120 and \$140 per hour. Under the private insurance system, OT services can be funded through several sources. Detailed information about funding for private OT services can be accessed here:

<https://www.caot.ca/site/rc/accessingotbc/coverageinbc>

Occupational therapists who have received extra training in chronic pain management can be found here: <https://painbc.ca/find-help/help-near-you> (click on "Recommended Health Care Providers")

For a list of all certified occupational therapists in BC: <http://www.caot.ca/findanOT>

### For more information

Contact the Canadian Association of Occupational Therapists - BC Chapter (CAOT-BC):

Email: [caotbc@caot.ca](mailto:caotbc@caot.ca)

Website: <http://www.caot.ca>



## **Role of physiotherapy in pain rehabilitation**

Research indicates that physiotherapy can hold a primary role in the management of chronic pain. Many physiotherapists will first assess the biopsychosocial factors that are likely contributing to the patient's pain. These factors will differ among each patient and each pain management approach should therefore be individualized to meet patient needs accordingly. While all physiotherapists can provide treatment and care for acute injuries, extra training is recommended for physiotherapists to adequately treat and manage persistent pain.

Building a strong therapeutic alliance or relationship should be at the cornerstone of pain management and physiotherapists often get to spend a significant amount of time with their patients to help establish this alliance. Physiotherapists are committed to communicating with primary care providers and other allied health professions to ensure a best practice approach to providing care.

## **Treatment approaches**

Physiotherapists will first focus on treating the patient's significant tissue injuries. Once these have been cleared, the treatment approach will focus on a few key areas: educating the patient about pain neuroscience and expectations for recovery, reassurance and validation about their condition, and graded exposure to therapeutic exercise and/or daily activities. Often, patients with pain may be fearful or worried about movement or may have unhelpful beliefs about pain and pain management. Physiotherapists play a critical role in identifying and appropriately addressing these unhelpful beliefs with patients through education and graded exposure to exercise. Ultimately, the goal of physiotherapy is to assist pain patients in building self-efficacy so that they can feel comfortable in self-managing their pain.

## **When to refer to a physiotherapist**

Physiotherapy can be useful at any stage of pain management. Treatment approaches are individualized for each pain patient and a physiotherapist with a focus in pain science will be able to determine how to best assist each patient's varying pain management needs.

Some general reasons for referring to a physiotherapist may include:

- Identifying and assisting with unhelpful beliefs about pain
- Reducing any fears associated with movement and exercise
- General capacity-building and goal-setting for functional and daily activities

- Assistance with pain relieving tools and movements
- Weaning off medications (if indicated)
- Assistance with strengthening, mobility and/or any other physical function difficulties

## How to access physiotherapy in BC

Physiotherapy services are primarily provided in private clinics throughout BC. The cost to see a physiotherapist in BC generally ranges from \$50-90 per visit. Many employer health insurance plans provide extended health benefits that will have some degree of physiotherapy coverage. Patients on premium assistance through MSP are entitled to 10 visits with partial coverage, including a small user fee.

For a list of physiotherapists who have received training in chronic pain management: <https://painbc.ca/find-help/help-near-you> (click on “Recommended Health Care Providers”)

For a list of all certified physiotherapists in BC: <https://bcphysio.org/find-a-physio>

## More information

Contact the Physiotherapy Association of BC:

Website: <https://bcphysio.org>

## PSYCHOLOGICAL SERVICES

### Role of psychology in pain rehabilitation

Psychological services play an instrumental role in helping patients cope with the thoughts, feelings, and behaviours that accompany the experience of pain. Psychologists help people learn better ways to manage difficult emotions connected to their pain through consultations, psychotherapy, assessments, and education. The goal of these various strategies is to improve patient readiness to adopt self-management approaches, improve the experience of pain, and decrease depressive symptoms.

### Treatment approaches

The techniques used by psychologists to help people with chronic pain include support, education, and skill-building in areas such as relaxation, stress management, problem solving, goal-setting, sleep hygiene, and assertiveness. Each medical professional brings their treatment expertise and training that may include interpersonal, psychoanalytic, developmental, and

neuropsychological. Control theory, attachment theory and an understanding of family/organizational systems are useful to providing quality care for pain patients.

Common therapies utilized by psychologists to treat pain patients include:

- Acceptance & commitment therapy (ACT)
- Traditional cognitive behaviour therapy (CBT)
- CBT/cognitive-processing therapy groups for those who experience comorbid posttraumatic stress disorder (PTSD) in relation to their chronic pain
- Addressing any potential increased risk for suicide and past trauma
- Psychological approaches and complementary and alternative medicine modalities (CAM) such as biofeedback, neurofeedback, hypnosis, relaxation, and mindfulness-based interventions
- Approaches such as eye movement desensitizing reprocessing (EMDR), neurolinguistic programming (NLP), and somatic therapies

### **When to refer to a psychologist**

A psychologist may be consulted to help a primary care provider and the patient create a multidisciplinary, self-management plan to better address their pain. There are limits to what traditional medical treatments can accomplish with chronic pain. Referring a pain patient to a psychologist increases the likelihood for greater functioning and improved wellbeing.

### **How to access services from a psychologist in BC**

No referral is required to access services from a psychologist. A list of psychologists is available through the British Columbia Psychological Association or your local pain clinic. All psychologists are regulated under the College of Psychologist of British Columbia.

Hospital-based psychological services are covered under MSP. Private services generally cost roughly \$200 per hour. Many extended health insurance plans will cover all or a portion of the cost associated with seeing a psychologist, up to a certain number of visits per year. Access to psychological services can also be arranged through WorkSafe BC, First Nations Health Services, Income Assistance, Family Services of Greater Vancouver, Pacific Centre Family Services Association, Addiction Services, Community Mental Health Services

To find a registered psychologist in BC: [https://www.psychologists.bc.ca/find\\_psychologist](https://www.psychologists.bc.ca/find_psychologist)

You can also call the BCPA Referral Line (9:30AM-4:30PM) to find names and contact information for psychologists in your area: 604-730-0522 or 1-800-730-0522

## **For more information**

Contact the British Columbia Psychological Association (BCPA):

Website: <https://www.psychologists.bc.ca/>

Phone number: 604-730-0501

## **REGISTERED MASSAGE THERAPY**

### **Role of registered massage therapists in pain rehabilitation**

Registered massage therapy can be useful in the management of chronic pain by desensitizing affected areas and helping to restore and/or maintain optimum movement and function. Registered massage therapists also provide patients with evidence-based education and movement strategies to help them learn to self-manage their symptoms.

### **Treatment approaches**

Registered massage therapists will provide a comprehensive assessment and outline a treatment plan consistent with the patient's treatment objectives. Treatments include various manual and movement interventions, patient education, self-management strategies, and guidance for graded exposure to exercise. Massage therapists can also help patients address unhelpful pain beliefs and kinesiophobia.

Registered massage therapists take on the role of facilitators by helping patients develop an active role in their health and encouraging them to take necessary steps towards recovery and wellness.

### **When to refer to a registered massage therapist?**

Massage therapy is a safe and effective intervention that can be used for either acute or chronic pain management. Thorough assessments and patient-centred treatments are provided to address the necessary needs of each patient.

An RMT with training in pain management can provide:

- Education to address unhelpful beliefs and fear about pain
- Manual and movement interventions to desensitize and encourage movement
- Exercise and self-care strategies for pain management

- Symptomatic relief for stress and anxiety associated with persistent pain experience

### **How to access massage therapy in BC**

Registered massage therapy is covered under most private insurance plans. Partial or full public funding may be possible from ICBC, WorkSafe BC, Department of Veterans Affairs or MSP. Costs vary by region with initial appointments averaging between \$95-\$115 per visit.

Registered massage therapists who have received extra training in chronic pain management can be found here: <https://painbc.ca/find-help/help-near-you> (click on “Recommended Health Care Providers”)

### **For more information**

Contact the Registered Massage Therapists Association of BC (RMTBC):

Toll-free number: 1-888-413-4467

Website: <https://www.rmtbc.ca>

For all general inquiries email the office at [info@rmtbc.ca](mailto:info@rmtbc.ca)

### **SOCIAL WORK**

#### **Role of social work in pain rehabilitation**

Social workers are skilled counsellors who can provide a supportive confidential place for pain patients, family members, and other caregivers to voice concerns and deal with issues such as:

- Managing the impact of pain/illness on work, relationships, self-care
- Loss of independence; loneliness and isolation
- Self-esteem and confidence
- Making difficult decisions
- Grief and loss; feeling overwhelmed or out of control
- Handling a crisis
- Alcohol and drug misuse
- Family relationships, support systems
- Communications with friends, family, health care providers

### **Treatment approaches**

Approaches are personalized to the individual's strengths and wishes and include:

- Counselling tools (similar to psychologists, but social workers typically do not use standardized assessments in their approach to counselling)
- Understanding the social determinants of health and how they can affect a person's wellbeing
- Information and links to resources to assist with financial, legal, emotional, spiritual needs
- Discharge planning, future planning tools (e.g. representation agreements, powers of attorney)
- Help with other issues that may affect wellbeing

Social workers teach specialized approaches such as relaxation techniques, mindfulness cognitive behavioural therapy (CBT), breathwork, and are trauma-informed in their practice. They work with pain patients from a variety of backgrounds and have a good understanding of different cultural needs and preferences.

### **When to refer to a social worker**

Social workers are skilled at providing counselling to patients, have knowledge of the social determinants of health and will work in these areas of need, removing obstacles in the way of a path to wellbeing and enhanced health. Whereas psychologists specialize largely on individual factors (e.g. behaviour, cognition, emotions, etc.), social workers place a larger emphasis on the patient in their environment.

### **How to access services from a social worker in BC**

Many social workers work in private practice and generally charge between \$110 and \$150 per hour. They do not charge GST for their services and visits can be claimed on income tax. Many extended health plans cover the cost to see a social worker. Many provincial benefits plans (crime victim's assistance, veteran's affairs, residential historical abuse program, etc.) that cover counselling services include social workers in their coverage.

Physicians and allied health care professionals can make referrals for pain patients to see a social worker.

For a list of certified BC social workers and their specialities:

<http://www.findasocialworker.ca/bc>

### **For more information**



Contact the BC Association of Social Workers:

Website: <https://www.bcasw.org/>

Email: [bcasw@bcasw.org](mailto:bcasw@bcasw.org)

Phone number: 604-730-9111

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<sup>1</sup> Hui, K. et al. (2009). Acupuncture mobilizes the brain's default mode and its anti-correlated network in healthy subjects. *Brain Res*, 1287: 84-103.

<sup>2</sup> Quaseem, A. et al. (2017). Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med*, 166(7): 514-530.

<sup>3</sup> Chou. R, et al. (2017). Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med*, 166(7): 493-505.

<sup>4</sup> (NICE Guidelines, 2017;

<sup>5</sup> Côté, P. et al. (2016). Management of neck pain and associated disorders: A clinical practice guideline from the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. *Eur Spine J*, 25(7): 2000-22.

<sup>6</sup> Wong JJ et al. (2017). Clinical practice guidelines for the noninvasive management of low back pain: A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. *Eur Spine J*, 21(2): 201-216.