PROVIDING A SAFE ALTERNATIVE TO OPIOIDS:
RESEARCH ON PAIN MANAGEMENT

Pain is one of the most common reasons people seek health care. Research validates that early access to physical therapy can prevent acute pain from becoming chronic pain. The treatment of pain often requires an integrated, multidisciplinary approach due to the many variables that may contribute to a patient’s perception of pain and response to treatment.

RESEARCH ON PREVENTION OF PAIN

  
  Conclusion: The current evidence suggests that exercise alone or in combination with education is effective for preventing lower back pain.

RESEARCH ON THE VALUE OF PHYSICAL THERAPY IN MANAGING ACUTE PAIN

- Physical Therapy as the First Point of Care to Treat Low Back Pain: An Instrumental Variables Approach to Estimate Impact on Opioid Prescription, Health Care Utilization, and Costs [Health Serv Res. 2018 Dec;53(6):4629-4646]
  
  Conclusion: Patients with low back pain who saw a physical therapist at the first point of care had lower utilization of high-cost medical services, lower opioid use, and lower health care costs compared with those who saw a physical therapist later in treatment, or never saw one at all.

  
  Conclusion: Early physical therapy was associated with decreased use of advanced imaging, additional physician visits, surgery, injections, and opioid medications compared with delayed physical therapy.

  
  Conclusion: Early physical therapy for acute low back pain may reduce health services utilization, cost, and opioid use, and improve health care efficiency.

RESEARCH ON THE VALUE OF PHYSICAL THERAPY IN MANAGING CHRONIC PAIN

  
  Conclusion: Early physical therapy was associated with significant reductions in long-term opioid use and lower amounts of opioids for patients with shoulder, neck, knee, and low back pain.

  
  Conclusion: Early care such as benzodiazepine prescription and primary care visit was linked to increased risk of long-term opioid use, while an early physical therapy visit was associated with reduced risk of long-term opioid use.