

**PICK UP QUICK TIPS ON...**  
**Non-drug strategies as a first step to manage acute and chronic pain**

Educate patients about their pain to promote peace of mind, increase feelings of control, set realistic expectations, and engage them in non-drug strategies to help reach treatment goals with fewer interventions.

**QUICKtip<sub>SC</sub>**

**Non-drug strategies can improve pain and reduce the need for medications, including opioids**

**QUICK FACTS TO CONSIDER**

- Pain education may lead to increased physical activity and reduced pain and depression.
- **Greater catastrophic thinking** (see below) is associated with **greater pain intensity**.
- **Fear avoidance** (see below) has been found to be a more **powerful predictor of disability** than the pain itself.
- Studies consistently correlate depression with increased pain, decreased pain tolerance, and overall reduction in quality of life.

**PAIN CONVERSATIONS**

An important part of a pain conversation is **helping your patients set realistic goals based on daily functioning and pain severity**. It is also important to **listen for and address common psychosocial factors** (catastrophizing, fear avoidance, and depressed mood) that may negatively influence their ability to improve. Guidelines and guidances recommend multi-modal pain care. The **multi-modal treatment plan should include non-drug options that can stand alone or work in combination** with drugs, procedures, or surgery to help patients minimize pain and return to daily activities (look inside for details). Improved patient participation, commitment to self-care, and improved mood are additional benefits that often accompany many non-drug strategies.

1	Hardly notice pain
2	Notice pain, does not interfere with activities
3	Sometimes distracts me
4	Distracts me, can do usual activities
5	Interrupts some activities
6	Hard to ignore, avoids usual activities
7	Focus of attention, prevents doing daily activities
8	Awful, hard to do anything
9	Can't bear the pain, unable to do anything
10	As bad as it could be, nothing else matters

PSYCHOSOCIAL FACTOR	WHAT YOU MIGHT HEAR	CONSIDER
<p><b>Catastrophizing</b> Rumination (obsession with pain or a focused mindset on pain)</p> <p>+</p> <p>magnification (turning pain into something greater than it is)</p> <p>+</p> <p>a sense of helplessness</p>	<p>"If the pain does not get better, I will end up in a wheelchair."</p> <p>"I keep thinking about how much it hurts."</p> <p>"I will never feel better."</p> <p>"I keep thinking about how badly I want the pain to stop."</p>	<p>"Your pain is real, and your emotions surrounding it are real."</p> <p>"Let's devise an individualized treatment plan to deal with it."</p> <p>Keep thoughts focused on attainable functional goals, rather than on symptoms, causes, and consequences.</p>
<p><b>Fear Avoidance</b> When fear of pain and its consequences lead to unnecessary avoidance of daily activities and body hypervigilance</p>	<p>"I can't do physical activities because it might make my pain worse."</p> <p>"My pain puts me at risk for more injuries."</p>	<p>"Let's work together to gradually increase your activity in a safe way."</p> <p>Use positive body language, compassion, and sensitivity when discussing pain and activity.</p> <p>Screen for anxiety using a validated tool like the <b>GAD-7</b>.</p>
<p><b>Depressed Mood</b> Feelings of sadness, despair, anxiety, emptiness, discouragement, and/or hopelessness</p>	<p>"I feel so down and hopeless."</p> <p>"I am having trouble falling asleep/staying asleep" or "I am sleeping all the time."</p>	<p>"Treating emotional pain is just as important as treating physical pain, let's explore ways to treat both."</p> <p>Screen for depression using validated tool like the <b>PHQ-2 or PHQ-9</b>.</p>

# NON-DRUG STRATEGIES FOR SELECT ACUTE AND CHRONIC PAIN CONDITIONS

Non- drug strategies are often used in conjunction with each other as a multi-modal pain management strategy and are also a foundational part of any multi-modal approach that includes medication or other medical interventions

	SELECT NON-DRUG STRATEGIES	ACUTE PAIN			CHRONIC PAIN	PAYER COVERAGE <sup>2</sup>		SELF-DIRECTED CARE	RESOURCES FOR SELF-DIRECTED CARE	COMMENTS
		LOW BACK PAIN (LBP)	SPRAINS/ STRAINS <sup>1</sup>	POST-OP		MEDICAID	BCBS			
B E H A V I O R A L	Aromatherapy	-	✓ <sup>3</sup>	✓ <sup>4</sup>	✓ <sup>5</sup>	-	-	✓	<a href="https://www.hopkinsmedicine.org/health/wellness-and-prevention/aromatherapy-do-essential-oils-really-work">https://www.hopkinsmedicine.org/health/wellness-and-prevention/aromatherapy-do-essential-oils-really-work</a>	Through olfactory system or absorption through skin; Lavender is the most commonly studied essential oil associated with decreased pain
	Cognitive Behavioral Therapy (CBT)	-	✓ <sup>3</sup>	✓ <sup>6,7</sup>	✓ <sup>6,8</sup>	-	✓	-		May reduce psychosocial distress in chronic pain patients; American College of Physicians (ACP) recommended for chronic low back pain
	Distraction Techniques	-	✓ <sup>5,9</sup>	✓ <sup>5,9</sup>	✓ <sup>4</sup>	-	-	✓	<a href="https://www.aci.health.nsw.gov.au/chronic-pain/painbytes/pain-and-mind-body-connection/how-can-distraction-be-used-to-manage-pain">https://www.aci.health.nsw.gov.au/chronic-pain/painbytes/pain-and-mind-body-connection/how-can-distraction-be-used-to-manage-pain</a>	Common techniques include counting, deep breathing, bubbles, drawing/coloring, listening to music, crafts, virtual reality
	Guided Imagery	-	✓ <sup>4</sup>	✓ <sup>4</sup>	✓ <sup>5</sup>	-	-	✓	<a href="https://www.youtube.com/watch?v=c1JwbSk5_B4">https://www.youtube.com/watch?v=c1JwbSk5_B4</a>	May reduce fear of reinjury; May reduce pre- and post-operative anxiety, pain, and medication use; May increase patient satisfaction; May reduce chronic pain medication use
	Meditation/ Mindfulness	-	-	-	✓ <sup>4</sup>	-	-	✓	<a href="https://www.headspace.com/">https://www.headspace.com/</a> <a href="https://mobile.va.gov/app/mindfulness-coach">https://mobile.va.gov/app/mindfulness-coach</a>	
	Mindfulness Based Stress Reduction (MBSR)	✓ <sup>4</sup>	-	✓ <sup>5,10</sup>	✓ <sup>6,8</sup>	-	-	✓	<a href="https://palousemindfulness.com/index.html">https://palousemindfulness.com/index.html</a>	Typically delivered as a structured 8-week program; ACP-recommended for chronic LBP
	Music Therapy	-	✓ <sup>3</sup>	✓ <sup>6,8</sup>	✓ <sup>6</sup>	-	-	✓	<a href="https://www.theacpa.org/pain-management-tools/the-art-of-pain-management/music-to-help-you-relax/">https://www.theacpa.org/pain-management-tools/the-art-of-pain-management/music-to-help-you-relax/</a>	May reduce post-operative anxiety and medication use; May increase patient satisfaction; Decreases psychosocial distress in a variety of chronic pain conditions
	Sleep Hygiene	-	-	-	✓ <sup>5</sup>	-	-	✓	<a href="https://msp.scdhhs.gov/tipsc/sites/default/files/healthy_sleep_habits_handout_06_press.pdf">https://msp.scdhhs.gov/tipsc/sites/default/files/healthy_sleep_habits_handout_06_press.pdf</a>	A good night's rest should always be part of a patient's care plan, especially when dealing with pain, stress, and illness.
P H Y S I C A L	Acupuncture	✓ <sup>6,8</sup>	✓ <sup>6</sup>	✓ <sup>6</sup>	✓ <sup>6,8</sup>	✓	-	-		May decrease post-operative medication use; ACP-recommended for acute, subacute, and chronic LBP
	Chiropractic	✓	-	-	✓	-	✓ <sup>12</sup>	-		Licensed professional that utilizes multiple non-drug strategies
	Cold Packs	✓	✓	✓	✓	-	-	✓	<a href="https://www.uofmhealth.org/health-library/hw47901">https://www.uofmhealth.org/health-library/hw47901</a>	The use of ice and heat as a standard of care in pain management is largely based on anecdotal evidence with limited studies available
	Heat Packs	✓	X	-	✓	-	-	✓		
	Massage	✓ <sup>4,8</sup>	-	✓ <sup>6</sup>	✓ <sup>6,8</sup>	-	-	-		May improve patient satisfaction in acute LBP; May reduce post-operative anxiety; ACP-recommended for acute, subacute, and chronic LBP
	Occupational Therapy	-	-	✓	✓	✓	✓	-		Licensed professional that utilizes multiple non-drug strategies
	Physical Therapy	✓	✓	✓	✓ <sup>8</sup>	✓	✓	-		Licensed professional that utilizes multiple non-drug strategies
	Spinal Manipulation	✓ <sup>6,8</sup>	-	-	✓ <sup>6,8</sup>	✓ <sup>11</sup>	✓ <sup>12</sup>	-		ACP-recommended for acute, subacute, and chronic LBP
	Tai Chi	✓ <sup>5</sup>	-	-	✓ <sup>6,8</sup>	-	-	✓	<a href="https://www.youtube.com/watch?v=BoQDRqHNNE8">https://www.youtube.com/watch?v=BoQDRqHNNE8</a>	ACP-recommended for chronic LBP
	Transcutaneous Electrical Nerve Stimulation (TENS)	✓ <sup>5</sup>	-	✓ <sup>6,8</sup>	✓ <sup>4</sup>	-	-	✓	<a href="https://urldefense.com/v3/___https://mydevelandclinic.org/health/treatments/15840-transcutaneous-electrical-nerve-stimulation-tens_!!Ab1_Rw!TagFY0bmW6RCEg3y-fsciZVWzJS57_P-3X8A9S_TwQc4gdlqMMT9tk4WKOejvUo\$">https://urldefense.com/v3/___https://mydevelandclinic.org/health/treatments/15840-transcutaneous-electrical-nerve-stimulation-tens_!!Ab1_Rw!TagFY0bmW6RCEg3y-fsciZVWzJS57_P-3X8A9S_TwQc4gdlqMMT9tk4WKOejvUo\$</a>	May decrease post-operative medication use
Yoga	-	-	-	✓ <sup>6,8</sup>	✓	-	✓	<a href="https://www.youtube.com/user/yogawithadriene">https://www.youtube.com/user/yogawithadriene</a>	ACP-recommended for chronic LBP	

**KEY:** ✓ Utility or Covered; X Do not use; - Identified in ≤ 1 study and no guideline recommendations or Not Covered

**1.** Excludes neck and back. **2.** May differ based on plan coverage. **3.** No Studies identified to assign clinical benefit; supported by one or more guidelines. **4.** Clinical benefit inconsistent. **5.** Clinical benefit potentially favorable. **6.** Clinical benefit favorable. **7.** Peri-operative use may reduce risk of long term pain. **8.** Supported by multiple guidelines/guidances. **9.** Usefulness based on pediatric studies. **10.** Pre-operative program may benefit patients with higher psychosocial distress. **11.** Manual Therapy covered for a physical therapist. **12.** Manual Therapy covered for a physical therapist or chiropractor.

**Exercise is a fundamental non-drug strategy that comes in many forms – ranging from light exercise such as stretching and walking that can be self-initiated to more structured, supervised interventions to safely rehabilitate injuries and retrain body movement.**

# LOW BACK PAIN (LBP)

Non-pharmacologic treatment remains the foundation of LBP management, and new technology has improved and expanded the number of available non-pharmacologic options. **A good history and physical is key to the proper diagnosis and individualized management of acute, chronic, and acute on chronic LBP. Patients also need realistic expectations based on what is discovered in the history and physical.**

It is important to avoid patient education and counseling that may increase the fear associated with LBP and hinder or prolong recovery. **Smart word choices and positive body language, from the beginning, can make a big difference in outcomes by empowering your patients to take an active role in their treatment plan and recovery.**

## CHOOSE YOUR WORDS WISELY

### INSTEAD OF:

### USE:

“Your back is unstable”	➔	“Back pain is a symptom that your back is simply not moving and working quite as it should”
“Your discs are degenerative”	➔	“Your discs are showing normal age-related changes...This is not unusual”
“If it hurts, avoid it”	➔	“Many times, pain does not mean that you are doing damage to your back”
“Rest to heal”	➔	“The sooner you get active in the proper way, the sooner your back will feel better”
“Back pain is hard to treat”	➔	“I’ve treated this before and let’s find what works best for you”

**See A Physical Therapist Talks About Getting Your Healthy Back “Back”**

available at <https://msp.scdhhs.gov/tipsc/site-page/lbphandout> for reasonable topics to cover with LBP patients and a general self-management plan for now and later

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