

Managing chronic non-cancer pain

Movement-based therapies

- Physical/occupational therapy
- Supervised/graded physical activity

Integrative therapies

- Massage, counterstrain
- Chiropractic, acupuncture
- Supplements, anti-inflammatory eating
- Yoga, Tai Chi
- Mindfulness

Behavioral therapies

- Individual therapy
- Depression/anxiety group
- Health/pain group
- Social engagement plan
- Cognitive Behavioral Therapy (CBT)

Medication

- NSAID/Acetaminophen
- Anticonvulsants
- Antidepressants
- Topical (lidocaine, capsaicin)
- Immune modulators
- Muscle relaxants
- Buprenorphine
- Lowest effective opioid dose

Procedures

- Ice/heat
- Injections (joint, trigger point, epidural)
- Transcutaneous electrical nerve stimulation (TENS)
- Referrals (orthopedics, neurosurgery, pain clinic)

If opioid medication is part of the treatment plan, take the following steps:

- >> **ASSESSMENTS OF RISK, ADHERENCE, FUNCTION AND PAIN:** at least annually
- >> **INFORMED CONSENT OR CONTROLLED SUBSTANCE AGREEMENT:** at least annually
- >> **CONTROLLED SUBSTANCE MONITORING PROGRAM:** check CURES every 4 months
- >> **PRESCRIBE NALOXONE:** every two years

If managing opioid use disorder, options include:

- >> Prescribe buprenorphine
- >> Arrange for methadone maintenance or extended-release naltrexone
- >> Arrange for residential or outpatient treatment

