BEYOND OPIOIDS:
Transforming Pain Management to Improve Health

On February 5, 2018, the American Physical Therapy Association convened a panel discussion featuring 7 perspectives on the opioid epidemic. The event was broadcast live via Facebook and included the debut of APTA’s latest public service announcement for the #ChoosePT opioid awareness campaign.

Watch: APTA.org/BeyondOpioids • Learn more: MoveForwardPT.com/ChoosePT

“Nine times I had surgery, and nine times I was prescribed opioids, and nine times I never had a discussion with a doctor in advance about what my pain experience might be and what my options might be….There’s just a wonderful opportunity for communication and for patients to be educated in advance about pain and about their choices and not just given a prescription for opioids…. Opioids don’t help you recover. They don’t help you get your range of motion back. They don’t help you make the progress that you need to make to get your strength back and return to your life.”

Joan Maxwell,
patient and family advisor for John Muir Health, and patient member of Patient & Family Centered Care Partners Inc.

“Postsurgery, it does make sense, perhaps, to have a short script of opioids, but that does absolutely need to be done in combination with the range of therapies, from exercise to acupuncture, massage, yoga, cognitive behavioral therapy—a full range of treatment options. I think the evidence base is continuing to build out, but the goal should be to improve pain, function, and quality of life. That’s really what we’re aiming for, and I think the physical therapy community is well poised to deliver on that.”

Grant Baldwin, PhD, MPH,
director of the division of unintentional injury prevention for the Centers for Disease Control and Prevention

“[Addiction] is not a moral failing. It’s a disease. And the more we understand this, the more we can address it—knowing that I might have come in with shoulder pain, I take a pill and it’s going to impact me one way, and you it impacts differently. So what CDC has done in prescribing guidelines is a great first step….And coming together as a country, not blaming the addict, [or] the pharmaceutical, ...is the only way we’re going to be able to defeat this.”

Rep Donald Norcross (D-NJ),
US congressman, vice chair of the Bipartisan Task Force to Combat the Heroin Epidemic
“The understanding needs to be that [opioids are] not the first choice, that we have physical therapy, exercise; we have nonopioid medications, antidepressants, sleep medications. I mean, the patients have such complex stories and complex needs, we’re not going to solve this with 1 pill or 1 type of pill….I always think the opioid [prescription] itself is a marker that they didn’t have comprehensive care.”

Steven Stanos, DO,
medical director, Swedish Pain Services; medical director, occupational medicine services, Swedish Medical Center; and president of the American Academy of Pain Medicine

“When you’re telling a patient who’s taking opioids and has pain to stop taking the pain medicine, it is totally counterintuitive for that patient. So I think it’s really about sitting down and having a very earnest conversation with them. You have to build trust, and you have to build credibility….The truth is that most people don’t feel great on opioids. So if you’re offering them something else, most people really want another option.”

Sarah Wenger, PT, DPT,
board-certified clinical specialist in orthopaedic physical therapy, associate clinical professor at Drexel University’s College of Nursing and Health Professions

“I often say that this issue is a NIMBY issue for employers, it’s the Not In My Back Yard issue. And it’s not because they don’t know this is a problem. I mean, everybody reads the newspaper. But it’s a challenging issue for employers to identify because they’re not clinicians….The CDC guidelines are fabulous; unfortunately they’re not being implemented. These are some real actionable, concrete areas where employers can have meaningful impact by working with their vendors.”

Tiffany L. McCaslin,
senior policy analyst, public policy, for National Business Group on Health

“If someone hasn’t had multiple surgeries and doesn’t have a disease that causes pain, they still have pain when they’re coming off of opiates. They have muscle cramping. They have belly pain. They have nausea. They’re uncomfortable, and they need a team of people to help them get through that and realize this pain is manageable….It really does work, and people that never thought ‘I could live without opiates’—they just thought they’d be on opiates the rest of their lives—are opiate free and doing well. They may not be pain-free, but it’s very manageable and they’re more active and functional than they’ve been in years.”

Bill Hanlon, PT, DPT,
board-certified clinical specialist in orthopaedic physical therapy, staff physical therapist working in addiction recovery at St Joseph Institute in Port Matilda, PA