Physical Therapy Meeting the Challenge of the Opioid Epidemic Using a Population Health Perspective

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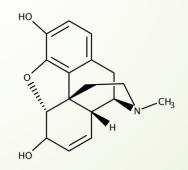
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Opioid Crisis and Indiana (Drug 2019)

- Opioids are the leading cause of overdose deaths
- Overdose death rates have climbed over time and are still climbing
- This includes the time period of the COVID-19 pandemic (Indiana 2021)
- In 2017 Indiana had the 14th highest opioid overdose death rate in the nation with 29.4 per 100,000 people







Avoid Addictive Opioids. Choose Physical Therapy for Safe Pain Management. #ChoosePT

No one wants to live in pain. But no one should put their health at risk in an effort to be pain free.

Doctor-prescribed opioids are appropriate in some cases, but they only mask pain — and opioid risks include depression, overdose, and addiction, plus withdrawal symptoms when stopping use.

That's why the CDC recommends safer alternatives like physical therapy to manage pain.

Physical therapists are movement experts who treat pain and improve quality of life through hands-on care, patient education, and prescribed movement. They help people manage or eliminate pain and reduce the need for surgery and pain medicines, such as opioids. By increasing physical activity you also can reduce your risk of developing many chronic diseases.

Pain is personal, but treating pain takes teamwork.

When it comes to your health, you have a choice. Choose more movement. Choose better health. Choose physical therapy!



CDC Recommends Physical Therapy See what the guidelines say.



How PTs Manage Pain Learn about safe and effective treatment.



9 Things to Know About Pain Pain intensity and injury severity don't always match.

Why should we be involved in the opioid epidemic?

Who should we partner with?

What should PT professionals be doing with their patients?

Where should PT professionals being seeing these patients?

When should physical therapy professionals be involved?

How do physical therapists meet the challenge of the opioid crisis?

Which interventions should we use?

How do we get this info better out to the public? Other providers?

How do physical therapists meet the challenge of the opioid crisis?

- Physical Therapists' Role in Solving the Opioid Epidemic (Mintken 2018)
- Chasing the Dragon: Driving the Paradigm Shift to Move Beyond Opioids (Film 2020)



- Navigating the Intersection Between Persistent Pain and the Opioid Crisis: Population Health Perspectives for Physical Therapy (Davenport 2020)
 - Beyond Opioids: How Physical Therapy Transforms Pain Management To Improve Health (APTA 2021)



A Population Health Approach (Davenport 2020)

Tertiary Prevention - For individuals already with opioid use disorder

Secondary Prevention - For individuals taking opioids (but do not have opioid use disorder)

Primary Prevention - For individuals in pain, but have not taken opioids

Primordial Prevention - For the general public



When is the time for physical therapy? (Davenport 2020)

- Much more effective to address opioid use disorder upstream rather than downstream!
- i.e. Preventing opioid use in first place
 - Early PT management associated with a lower incidence of starting opioids and reduction in amount of opioid use (Sun 2018)
- PT management in ED associated with decreased opioids, as well as imaging and length of stay (Pugh 2020)



Early is good, but how early?



Direct Access vs Physician-First (Hon 2020):

- Meta-Analysis
- US Civilian Health Services
- ↓ Number of PT Visits with Direct Access
- \downarrow PT costs with Direct Access
- J Total healthcare costs with Direct Access
- Better functional outcomes with Direct Access



Early is good, but how early?

- Systematic reviews by Piscitelli in 2018 and Ojha in 2014 found similar results including evidence for less meds, less imaging, and less secondary care
- Evidence for direct access in US military (Moore 2013, Moore 2005) and internationally (Robert 1997, Ojha 2014)
- Management of Knee OA by PT had better outcomes at 1 year than glucocorticoid injection (Deyle 2020)
- Virginia Mason adopted a model emphasizing early PT management that helped patient satisfaction, improved outcomes, and cut down cost (Fuhrman 2007)

Takeaway: The Earlier the Better!!!

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