

Physical Therapy's Role in OUD Treatment: Reducing the need for Opioid Analgesia

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Introduction

The prescribing of Opioids for the treatment of pain has been a mainstay of practice for hundreds of years. More recently, since the 1990s, nonmedical use of opioid medication has been recognized and has been deemed problematic contributing to the current Opioid Epidemic the US faces and grapples with today. Opioid prescribing has increased more than four fold since the 1900s [1].

Although Opioid medications are very effective to relieve many acute and chronic pain issues, over prescribing and abuse use clearly compound the Opioid epidemic problem.

The goal of this article is to investigate how the use of physical therapy and its wide range of modalities, may be able to reduce the need and use of opioid medications in the treatment of acute and chronic pain and thereby stemming one of the avenues contributing to OUD.

Opioid Prescribing in Acute and Chronic Pain

It is the standard of medical practice and care to prescribed analgesic medication for acute and chronic pain. Choosing the right medication requires that an accurate diagnosis of the pain is made and classified as somatic, visceral, or neuropathic. It is well accepted and known that non-steroidal and opioid medications are prescribed for acute and chronic pain [2].

In the face of the Opioid epidemic, it seems prudent that the selection of NSAIDs (Nonsteroidal Ant-inflammatory Drugs) would be the appropriate choice as a first line decision, using opioids only if NSAIDs are contraindicated or ineffective. It is also basic and important to understand that "acute pain" is time limited, and therefore, regardless of the medication selected, the pain and the medication used should be for a limited amount of time. Continued acute pain beyond expectations, should be re-evaluated and reassessed. Likewise in cases of chronic pain, reassessment and re-evaluation can be instructive and valuable regarding the need for ongoing medication prescribing. Re-evaluation of continued and increasing pain in the face of ongoing narcotic medication prescribing has in many cases has lead to the discovery of Opioid Induced Hyperalgesia [3]. Once the Opioid medication is slowly reduced and in some case discontinued entirely, the pain subsides

in Opioid Induced Hyperalgesia.

Non- Opioid Medications and Treatment Modalities for Pain Management

There are a number of non-opioid medications that have shown to be effective in relieving pain. These medications are divided into various classes are primarily NSAIDs, antidepressants, anticonvulsants, oral anesthetics, alpha agonists, topical agents, and muscle relaxants. These medications and dosages can be found elsewhere and will not be discussed here.

Likewise, there are a number of "Interventional Procedures" that are available to address pain. Anesthetic procedures are the mainstay for acute and chronic pain. There are anesthetic infusions, trigger point injections, local neural blockade, spinal steroid and facet injections, and sympathetic blockade. There is still another modality that has been shown to be helpful in acute and chronic pain management: physical therapy.

Rehabilitative Modalities

It has been observed that SUD and pain are prevalent in some patients with negative synergy to wellness. Successful management of both conditions through rehabilitative processes, counseling and physical therapy, may result in a greater or enhanced recovery outcome for these patients. Incorporating rehabilitation to treat pain can serve as a valuable tool to manage the pain and the co-occurring SUD [4].

There are a number of rehabilitative therapies that can be beneficial which include active physical therapy, occupational therapy, psychological interventions, and other therapeutic measures. Our focus is on active and physical therapy, heat therapy, hot packs, ultrasound, and cold therapy. Electrical stimulation and message therapy have also been shown to have some value in treating patients with SUD and pain.

Active Physical Therapy

Physical therapy includes the application of therapeutic methods, exercise, functional training at home and institutions, and manual therapy. The physical therapy session is usually 1 hour long which may include education, exercise instruction, stretching, core strengthening, gait training, manual therapy, pool and aquatic therapy

with progressive of activities over many sessions. Primary care providers and Addiction Medicine physicians can make referrals to physical therapist for evaluation and treatment recommendation directly. Coupled with the counseling and rehabilitation requirements for SUD treatment, physical therapy can reinforce to the patient to become active and not passive in their recoveries.

The physical therapist will evaluate and assess any dysfunction and physical impairments, including management of motor control, strength, and balance. Physical therapist also can help to identify and manage bony and joint limitations involving the actual joint structures and the surrounding soft tissues. Most importantly, the physical therapist can design the appropriate regime to strengthen and ameliorate any problematic issues discovered and as they may arise going forward.

The various kinds of active physical therapy include stretching, aquatic therapy, lumbar and cervical stabilization, and mechanical therapy. The trained credential therapist will select the modality best suited to meet the patient's needs.

Occupational Therapy

Occupational Therapy (OT) involves the assessment and training of selected patients in areas of improving the functions of daily activities. The goal is to improve the patient's activities of daily living. OT is often prescribed post-operatively to assist in the patient to more quickly recover. OT includes Posture and Body Mechanics, and Occupational Work Rehabilitation services, all of which can improve the management of pain and potentially reduce the need for narcotic analgesics [5].

Therapeutic Methods in Acute and Chronic Pain

Passive therapeutic methods are commonly used for acute musculoskeletal and soft tissue injuries and for some carefully selected chronic cases, as well. These passive methods include hot and cold therapies; ultrasound; electrical stimulation (TENS), and iontophoresis; and soft tissue massage [6].

Pain relief from heat therapy is secondary to the vasodilatation that occurs in the area where applied. This reduces the muscle spasms which in turn allows for greater stretching of connective tissue and the subsequent reduction of pain [7].

Ultrasound provides the deepest heat of all heat therapies. These ultrasonic waves vibrate tissues deep inside the affected area, which creates the heat that in turn, increases the blood flow and assists the healing process. It has been found to be effective in treating injuries to treat joint and muscle sprains, bursitis, and tendonitis.

Needless to say, there are other specialized physical therapeutic modalities than can be expertly selected and applied by trained expert certified Physical therapists to more specifically affect improvement of pain conditions that would otherwise be treated with narcotic analgesics.

Conclusion

There are many situations that arise when patients with diagnoses of SUD may require medication to manage, appropriately, pain. Some patients will be well able to manage the pain with rest, and OTC medications. Other patients may require prescription strength NSAIDs to obtain optimum relief from pain. Unfortunately, there

are a significant number of patients with SUD that absolutely require narcotic analgesic medications to appropriately and adequately manage their pain. Some patients may only require narcotic medication for a few days, but there are others that may need to treat the acute pain for longer periods of time or who may have chronic pain. Long term use of narcotic medication in SUD patients can be problematic.

It has been empirically noted that many patients with SUD who receive physical therapeutic attention for acute or chronic pain, can substantially reduce their levels of pain and thereby require less narcotic and non-narcotic medication. This recognition is not applicable across the spectrum of all pain patients, but it has incredible significance for many others. The use of physical therapy and its various modalities can and does reduce pain, acute and chronic, in patients in general and specifically for patients with SUD, thus reducing the need for opioid narcotic analgesia in many cases. It is recommended that practitioners that treat patients with SUD and pain consider referring those patients to physical therapy for an evaluation possible treatment. Physical therapy may reduce their pain and need for narcotic analgesics.

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