Managing chronic non-cancer pain

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

Movement-based therapies
- Physical/occupational therapy
- Supervised/graded physical activity

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

Medication
- NSAID/Acetaminophen
- Anticonvulsants
- Antidepressants
- Topical (lidocaine, capsacin)
- 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

These recommendations are general and informational only; specific clinical decisions should be made by providers on an individual case basis.