



Appendix C: Allied Health Professionals to Support Pain Management

The following is a summary of allied health professionals and evidenced-based approaches. Evidence summaries, tools, resources for practitioners and patients are available in [CADTH: Non-Drug Ways to Manage Chronic Pain](#) and [Agency for Healthcare Research and Quality: Non-invasive Nonpharmacological Treatment for Chronic Pain](#).

- **Acupuncture or TENS:** Evidence for reducing pain, mitigate withdrawal side effects.³⁸⁻⁴⁰ Acupuncture may be beneficial in certain conditions⁴¹ as well as other Traditional Chinese Medicine techniques, including cupping and massage.
- **Chiropractic Services:** Pain related to musculoskeletal and axial pathology (both acute and chronic) may respond to chiropractic treatment.
- **Occupational Therapy:** Referral highly recommended when a patient's function in daily activities is disrupted by pain (e.g., the ability to take care of themselves, family/home responsibilities, work, school, etc).
- **Physiotherapy:** For active acute musculoskeletal type injuries; some physiotherapists may have skills at managing chronic pain. Evidence for an activity/exercise plan. Passive modalities i.e., hot compresses and use of TENS machines can complement and not replace the mobility programs. Active Release Therapy (ART), and targeted manipulation are two of common techniques that manual therapists may utilize for reducing pain and increasing joint mobility.
- **Registered Massage Therapy:** Help in desensitizing affected areas and helping to restore and/or maintain optimum movement and function.
- **Osteopathic Therapy:** Osteopathy follows the principle that there is a strong relationship between structure and function of the body. As the body possesses its own self-healing mechanisms; manual osteopathy aids these mechanisms by using techniques to restore the body to harmony with the aim of relieving pain and improving mobility.
- **Psychological Services:** Patients with chronic pain very often have depression and anxiety. Useful for improved self-management, goal setting, sleep hygiene; specific approaches including CBT and ACT, PTSD counselling, mindfulness and biofeedback. Consider when chronic pain has other variables such as relationship instability, financial and work insecurity, past traumas, or other medical co-morbidities. Eye Movement Desensitization and Reprocessing (EMDR) therapy has shown promise especially in patients with PTSD or past trauma.
- **Social Work:** Provide a safe supportive environment to deal with issues such as work impacts, personal and social relationships, accessing benefits, drug and alcohol misuse and cultural perspectives.
- **Traditional Healers:** For many Indigenous people and others from different cultural backgrounds, the continuity of their community culture and the inclusion of traditional healing will add a layer of support to the management of pain. This is rarely an either/or decision, rather an exploration of ways to complement the on-going plan. This may already be going on "in the background" if the patient is unsure of the reaction of other caregivers, so ask about what resources are available through their own Indigenous/cultural community.