Response to the Recommendations of the Canadian Pain Task Force

May 2023

Position Paper from the Physiotherapy Profession: A Key Player in Realizing the *Action Plan for Pain in Canada*

Canadian Physiotherapy Association

Association canadienne de physiothérapie

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Purpose of this Document

In its May 2021 report, ***An Action Plan for Pain in Canada***, the Canadian Pain Task Force (CPTF) presented the blueprint for establishing an improved approach to the prevention and management of pain in Canada.

These recommendations were clustered around six goals related to transforming how pain is understood and treated, namely:

1. **Enable coordination, collaboration, and leadership on pain care across Canada**
2. **Improve access to timely, equitable, and person-centred pain care**
3. **Increase awareness, education, and specialized training for pain**
4. **Support pain research and strength-related infrastructure**
5. **Monitor population health and health system quality**
6. **Ensure equitable approaches for populations disproportionately impacted by pain**

This document is the Canadian physiotherapy profession's response to that ***Action Plan*** – and, more specifically, a declaration of physiotherapy's commitment to be a leader, key informant, and collaborator, where and how we can, working alongside physicians and other health professionals, including pharmacists, nurses, psychologists, and occupational therapists.

As the go-to healthcare professionals for so many patients suffering from pain and pain-related disability, physiotherapists are ideally positioned to guide action toward evidence-based, non-pharmacological pain management, prevention, and rehabilitation – not just by providing care but as educators and researchers as well.

Together, we can make the CPTF ***Action Plan*** a reality for health and well-being in Canada.

Physiotherapists are ideally positioned to lead action toward better non-pharmacological pain management – as evidence-based care providers, educators, and researchers.

About the Canadian Physiotherapy Association (CPA)

The Canadian Physiotherapy Association (CPA) represents more than 17,000 physiotherapy professionals across Canada, including registered physiotherapists, physiotherapist assistants, physiotherapy technologists, and students. Physiotherapy professionals provide essential rehabilitative care and treatment, enabling Canadians to live well and actively participate in all facets of their lives.

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Painful Realities

The Canadian Pain Task Force ***Action Plan***, and the Task Force's prior reports, highlighted why it is necessary to change how pain is managed in Canada. The prevalence of chronic pain, the incidence among older adults – a growing segment of our population – and the urgency of the opioid epidemic are all amplifying the need for health professionals to come together. Physiotherapists are key players in making the CPTF ***Action Plan for Pain in Canada*** a reality.

It is estimated that 7.6 million Canadians (one in every five) currently suffer from chronic pain, and projections suggest that number could grow to nine million by 2030.[1]

Older adults with frailty are just one of the marginalized populations affected by chronic pain. As the CPTF ***Action Plan*** acknowledges, many other groups also suffer disproportionately, including Indigenous peoples, people living in poverty, persons with disabilities, veterans, and individuals with mental health and substance use disorders.[2]

Many people use substances to cope with otherwise untreated chronic pain. This is particularly true of opioids, related to which Canada has seen a shocking increase in harms and deaths in recent years, exacerbated by the COVID-19 pandemic. After two decades of heavy prescribing increased individuals' dependence on opioids, efforts have been made to reverse the trend. That has driven patients to seek illicit synthetic opioids such as fentanyl to self-medicate, putting them at serious risk of overdose. Many of these people living with chronic pain lack access to non-pharmacological treatment options.[3]

The costs to the provinces and territories associated with chronic pain are significant. Beyond the healthcare costs of treatment, there are economic tolls from disability as well – in terms of lost productivity. According to the 2017 Canadian Survey on Disability, 4,062,000 people (14.5% of Canadians aged 15 years and over with a disability) were identified as having a pain-related disability that limited them in their daily activities. Disabilities related to pain, mobility, and flexibility were the most common types of disability.[4] In total, the economic burden attributable to chronic pain has been estimated to be as high as $60 billion CAD per year.[5] To put this in perspective, previous research estimates that health care costs in Canada directly related

[1] Health Canada. (2021). (rep.) ***An Action Plan for Pain in Canada***.

[2] Health Canada. (2021). (rep.) ***An Action Plan for Pain in Canada***.

[3] Health Canada's Statement on Opioids and Pain Management. (2022). https://www.canada.ca/en/health-canada/news/2022/11/health-canadas-statement-on-opioids-and-pain-management.html.

[4] Statistics Canada. (2018, November 28). A demographic, employment and income profile of Canadians with disabilities aged 15 years and over, 2017. Canadian Survey on Disability Reports, 2017. Statistics Canada Catalogue no. 89-654-X. https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm.

[5] Health Canada. (October 2020). Canadian Pain Task Force Report. Working Together to Better Understand, Prevent, and Manage Chronic Pain: What We Heard. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2020.html.

to chronic pain exceed those of cancer, heart disease, and HIV costs combined.[6] Improved access to adequate pain management through optimization of rehabilitation care and resources could help reduce our already burdened healthcare system.

Health Canada's own analysis estimates that achievement of just a one-percent reduction in the number of Canadians living with chronic pain could translate into annual savings of up to $188.5 million in direct healthcare costs and more than $232 million in indirect costs by 2030.[7]

As frontline health providers in primary care – often the first professionals from whom patients seek care – physiotherapists intimately understand the nature and complexities of Canadians' struggles with pain and the transformative potential of non-pharmacological treatments, including innovative, effective practices such as online pain management. We believe real change and relief are possible for Canadians through an interdisciplinary approach that harmonizes pharmacological and non-pharmacological treatment options.

Over the next 20 years, the number of Canadians aged 65 and older is expected to grow by 68% to 10.4 million.[8]

Other marginalized populations affected by chronic pain:

- People living in poverty
- Individuals with mental health and substance use disorders
- People working in the trades and transportation industry
- Veterans
- Indigenous peoples
- Certain ethnic and racialized communities
- Sexually and gender-diverse persons
- Those who have experienced past trauma or violence
- Persons with disabilities
- Women

[6] Lynch M. E. (2011). The need for a Canadian pain strategy. Pain research & management, 16(2), 77–80. https://doi.org/10.1155/2011/654651

[7] Health Canada. (2021). (rep.) ***An Action Plan for Pain in Canada***.

[8] Canadian Institute for Health Information. (2022). Canada's Seniors Population Outlook. Retrieved from: https://www.cihi.ca/en/infographic-canadas-seniors-population-outlook-uncharted-territory#:~:text=Over%20the%20next%2020%20years,sits%20at%20about%206.2%20million.

Success Factors

The recommendations of the CPTF provide a roadmap for positive change in pain management. Success will only be achieved, however, if our collective efforts are shaped by the following success factors.

1. **A chronic care model in the health care system:** Reinvention of the healthcare system to complement an acute care model with a chronic care model – one that recognizes the importance of managing pain from early onset after injury or surgery, across disease, and throughout the rehabilitation journey.

Many people develop chronic pain following an injury at home or work, through sports or motor vehicle accidents, or following surgery or the onset of disease. Early intervention is critical to managing and resolving pain, and to preventing complications such as the development of chronic pain.

The Canadian healthcare system was built on a curative healthcare model – treating patients' pain symptoms after they have set in – rather than a rehabilitative healthcare model geared toward recovering function, pain management, and preventing the development of chronic pain. To solve the pain crisis, a fundamental rethinking and restructuring of the healthcare system, including support for the expansion of research efforts that focus on prevention, will be essential, and physiotherapy will need to be better integrated – to the same extent as traditional care providers such as physicians.

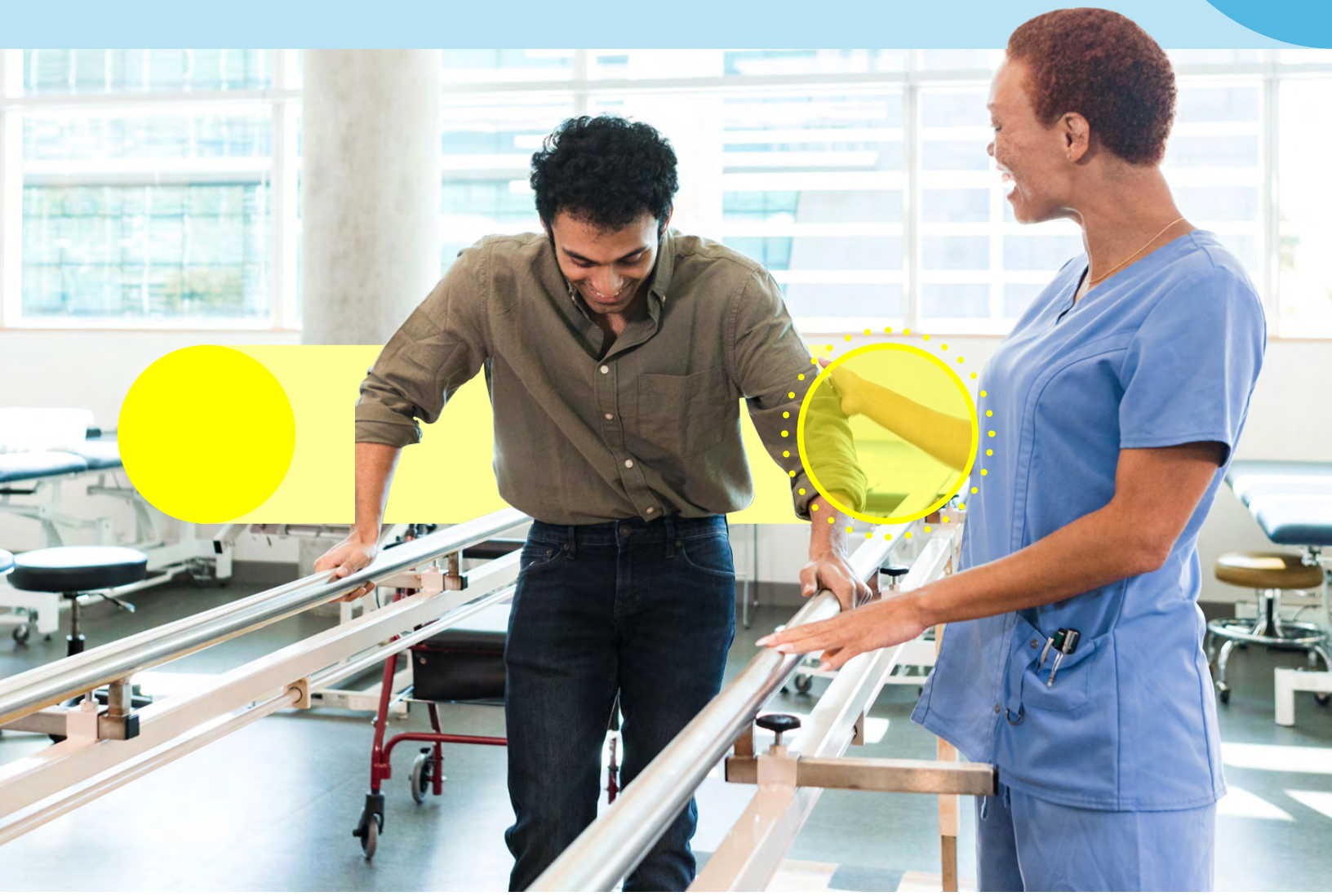
2. **An evidence-based care approach powered by a new partnership between physicians and physiotherapists:** Establishment of collaborative working relationships between medical doctors and physiotherapists as the first access points for most people suffering from chronic pain.

In Canada's current healthcare model, many patients living with pain seek support from physicians as their primary care providers. Others will choose to see physiotherapists and other non-physician care providers, in what is often considered an 'optional' care path. To transform the experience of people living with pain, these two care paths need to come together in a harmonized care partnership that will truly serve the needs of patients – balancing the use of pharmacological care approaches by bringing non-pharmacological solutions to the table at the same time or as a first option. Interdisciplinary care plans should be implemented that consider rehabilitation needs and functional health (i.e., ability to work) to better support patients over the longer term as they manage their pain.

To date, rehabilitation has often been seen as a disability-specific service needed by a minority of people. Despite its individual and societal benefits, it has been underprioritized and under-resourced in countries around the world.[9] That needs to change.

[9] Cieza, A., Causey, K. et al. (2020). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. The Lancet. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32340-0/fulltext

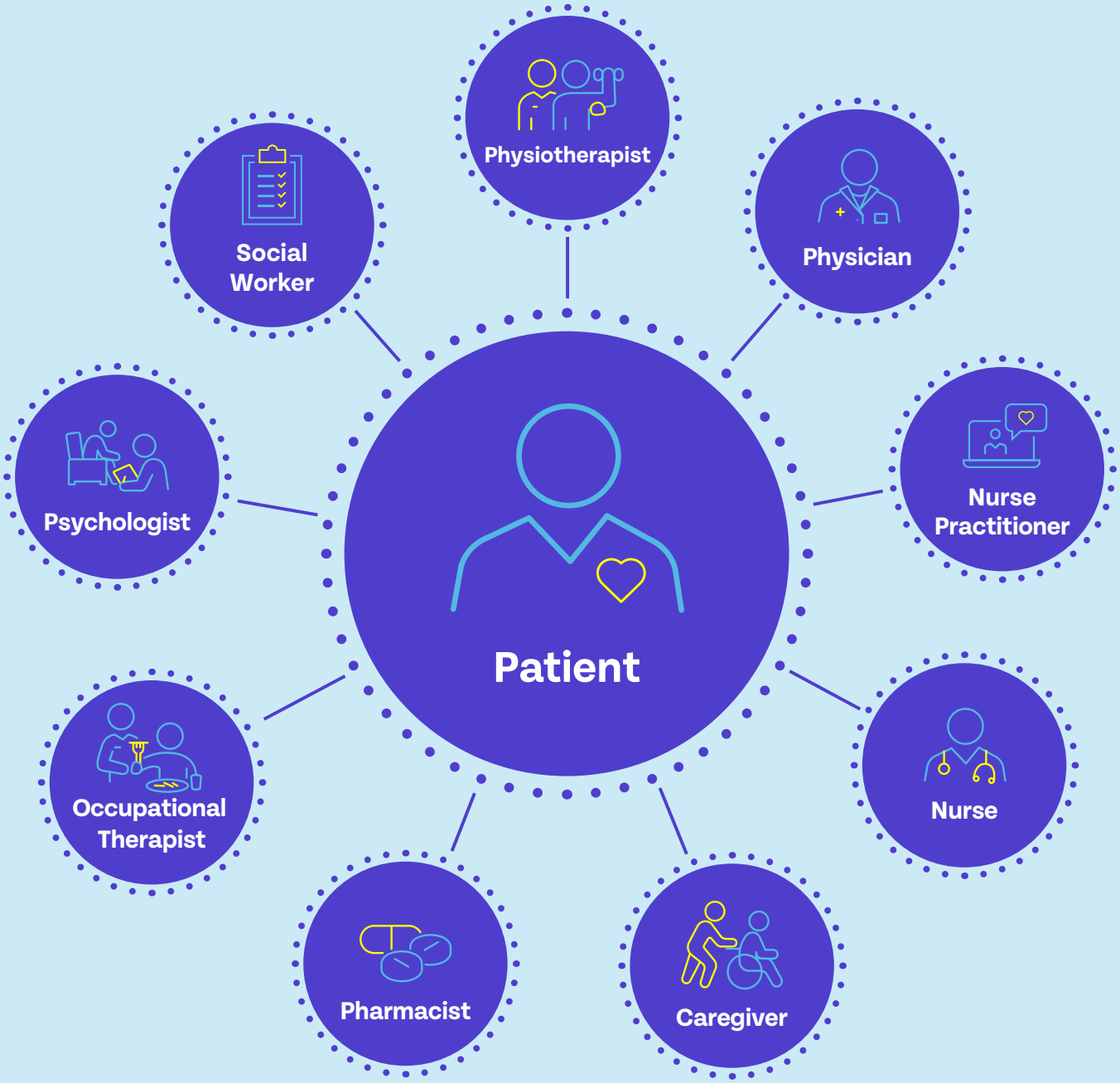
"The profile of human health is changing across the globe such that the burden of noncommunicable diseases (NCDs), particularly musculoskeletal conditions, is becoming more profound. Such change demands that health systems adapt to better support people in maintaining a functional health state and quality of life, as life expectancy continues to increase. Indeed, the need for such change aligns with United Nations (UN) sustainable development goal 3 of 'good health and well-being.' " [10]



[10] Briggs, A. M., & Dreinhöfer, K. E. (2017). Rehabilitation 2030: A call to action relevant to improving musculoskeletal health care globally. Journal of Orthopaedic & Sports Physical Therapy, 47(5), 297–300. https://www.jospt.org/doi/10.2519/jospt.2017.0105

A Harmonized, Interdisciplinary Approach To Pain Care

A biopsychosocial solution: non-pharmacological and pharmacological care working together in partnership



3 **Adoption of innovative non-pharmacological practices:** Recognition of the importance of non-pharmacological pain management to keep Canadians living well, actively, and autonomously.

Transformative change will require a modern, interdisciplinary approach to patient care that combines the best non-pharmacological services and treatment with pharmacological solutions as needed. As the CPTF ***Action Plan*** emphasizes, biological, psychological, spiritual, environmental, and social factors influence individuals' experience of pain. Like other diseases, chronic pain is best understood within a biopsychosocial framework and its treatment should integrate pharmacological, physical, psychological, spiritual, self-management, and other approaches as appropriate.

Among non-pharmacological treatment options, there are available today several effective, innovative approaches, such as online pain management through telehealth[11] and virtual therapy sessions, and use of virtual reality (VR) technology to reduce acute and chronic pain.[12, 13]

4 **Universal funding for non-pharmacological solutions:** Subsidized access to physiotherapy and other essential non-pharmacological forms of care.

Physiotherapy and other forms of non-pharmacological care (e.g., psychotherapy) are effective only if Canadians living with pain can access them.

Currently, universal healthcare programs do not fund these services to the same degree as invasive medical procedures and pharmacological treatments. Policy changes are needed to make non-pharmacological pain treatments affordable and access equitable.

5 **Increased access for populations in greatest need:** Collaborative care to enable effective long-term pain management, rehabilitation, and support.

Access is a significant barrier for all Canadians, and especially for certain segments of the Canadian population, including older adults living with frailty, persons with disabilities, veterans, and Indigenous Peoples. Greater collaboration between physicians and physiotherapists, along with funding support to open access to non-pharmacological care, would provide new hope for those suffering most severely.

Increasing equitable access for these populations would create new opportunities for all groups to alleviate the burden of chronic pain, increase functional health (e.g., their ability to work), and maintain function and quality of life. It would also allow older adults living with frailty to live in their homes and communities longer and avoid a move to long-term care prematurely (as well as the associated financial costs), while opening access to underserved groups, such as people living in remote regions of the country and those with low socioeconomic status, who often can only seek pharmacological care because they have no insurance coverage for non-pharmacological services.

Integrating physiotherapy services more comprehensively into inter-professional or family health teams (FHTs)/ community health centers (CHCs) in publicly funded settings holds much promise. Though not currently common in Canada, this practice would open access to publicly funded physiotherapy for more Canadians.

[11] Snoswell, C. L., Chelberg, G. & Smith, A. C. (2021). The clinical effectiveness of telehealth: A systematic review of meta-analyses from 2010 to 2019. Journal of Telemedicine and Telecare. https://journals.sagepub.com/doi/10.1177/1357633X211022907.

[12] Mallari, Brian, et al. Virtual reality as an analgesic for acute and chronic pain in adults: a systematic review and meta-analysis. Journal of Pain Research 12 (2019): 2053.

[13] Shebib, Raad, et al. Randomized controlled trial of a 12-week digital care program in improving low back pain. NIH National Library of Medicine. NPJ Digit Med. 2019 Jan 7;2:1. doi: 10.1038/s41746-018-0076-7. eCollection 2019. https://pubmed.ncbi.nlm.nih.gov/31304351/.

6

Recognition of the value of prevention practices: Culture change in Canada to promote chronic pain prevention, encourage early treatment for pain, and promote awareness of pain management and rehabilitation options.

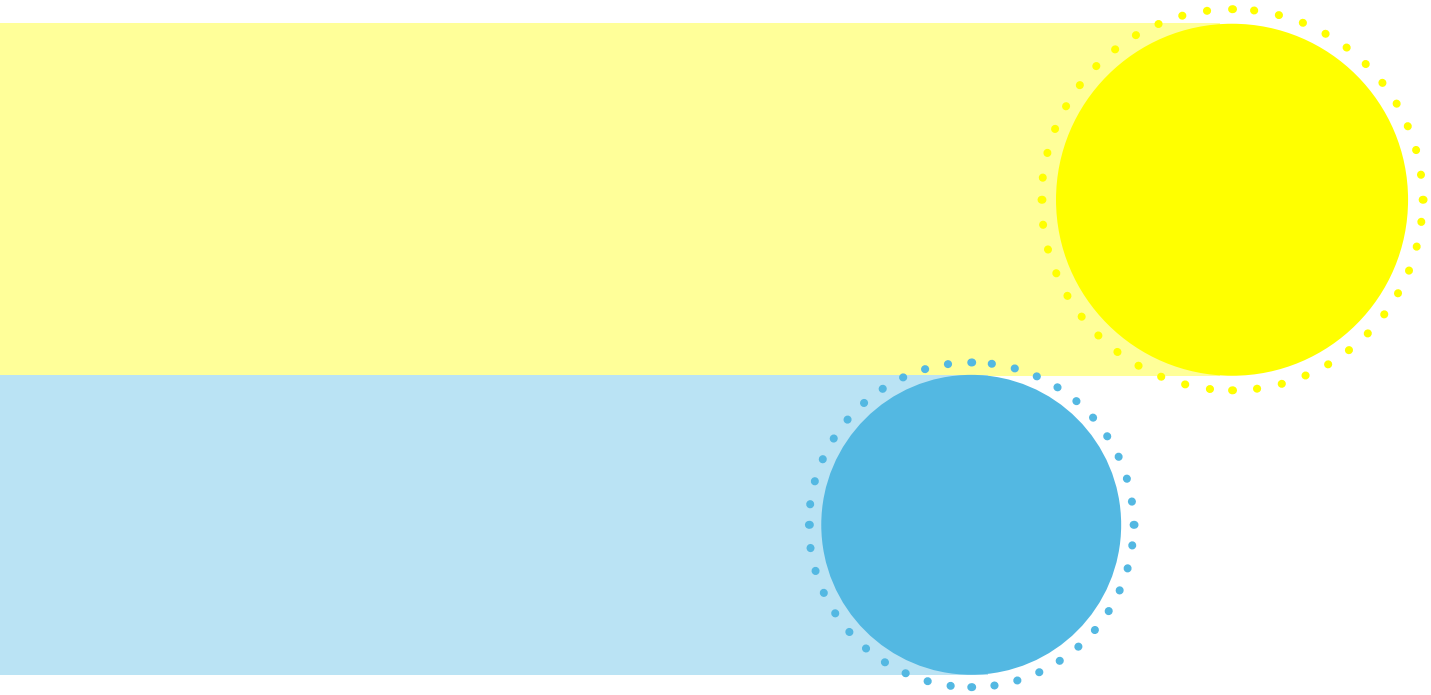
As the CPTF ***Action Plan*** states, policy change alone will not be enough to solve the chronic pain crisis in Canada. Culture change will be equally essential. This includes building awareness of the value of prevention practices to avoid the onset of chronic pain, such as improved nutrition, healthier built environments, improved sleep, increased physical activity, and supports for mental health and resiliency. It also includes raising awareness about the importance of treatment and rehabilitation after an injury or surgery, providing education on the nature and range of treatment options available to Canadians, and endorsing physiotherapists and other non-pharmacological practitioners as valuable, regulated healthcare professionals.

The creation of Pain Canada is a positive step on this front, providing the vehicle to drive culture change. Physiotherapists are key players who need to be included.

7

Financial support for advanced clinical education on pain: Funding to upgrade the training of physicians, physiotherapists, and other regulated healthcare practitioners to establish a cohort of chronic pain experts.

To realize the CPTF's ***Action Plan for Pain***, Canada will need to deepen the expertise of its care providers, especially outside metropolitan areas. Financial incentives will be required to entice clinicians to obtain pain management specializations, and universities will need funding support to update their curricula. Only with this kind of effort will we be able to establish solid expertise and capacity in chronic pain management.



Where Physiotherapy Can Help

Ninety percent of physiotherapy patients seek support because they are in pain. Indeed, our profession is built on pain management and rehabilitation, dating back to its origins in World War I treating the traumas of injured soldiers. This gives physiotherapists unique experience and expertise, and puts us in a strong position as key healthcare players to inform and guide change in how pain is managed in Canada – aligned with the recommendations of the CPTF ***Action Plan***.

The ***Action Plan*** included a number of recommendations for each of its six goals. Following is a summary of the key areas where the physiotherapy profession can contribute – working in partnership with physicians and other health professionals to lead the non-pharmacological side of the solution.

"The evidence of the human experience and complexity of pain has evolved so dramatically... We now know that pain is a far more complex pathological model which goes far beyond tissue and pain gates. We must consider emotions, beliefs, and present/past experiences, as all of these have the capacity to not only change an individual's pain experience but the actual physiology of the individual with pain... We know treating a patient outside of a biopsychosocial spiritual model of care frequently leads to failure... Lack of acknowledgement of the complex immune and neurological changes and their impact on the individual can also lead to failure."[14]

– Janet Holly, Guest Editor, Physiotherapy Practice Magazine – Pain Science Edition – April 2022

"Physiotherapists play an essential role in managing pain and pain-related disability across the health care continuum. Over the past 60 years, there have been dramatic advances in both fundamental and clinical research that can help physiotherapists fulfill this role"[15]

– Wideman et al, 2018

[14] Holly, J. (April 2022). Message from the Editor. Physiotherapy Practice Magazine - Pain Science Edition.

[15] Wideman, T. H., Miller, J., Bostick, G., Thomas, A., & Bussières, A. (2018). Advancing Pain Education in Canadian Physiotherapy Programmes: Results of a Consensus-Generating Workshop. Physiotherapy Canada. Physiotherapie Canada, 70(1), 24–33. https://doi.org/10.3138/ptc.2016-57

About Physiotherapists

Physiotherapists are skilled health professionals who assess, diagnose within scope, and analyze the impact of injury, disease, disorders, or lifestyle on movement and function. Physiotherapy is a health profession that promotes physical activity and overall health; prevents and rehabilitates disease, injury, and disability; and manages and improves acute and chronic conditions, activity limitations, participation restrictions, and physical performance through intervention and education. Physiotherapists are trained to use diagnostics and assessment procedures and tools to develop and implement preventive and therapeutic courses of intervention to promote optimal mobility, physical activity, and overall health and wellness. Physiotherapists work with people in one-on-one or group-based settings. They provide treatment in all health care settings including hospitals, long-term care facilities, home care, community-based clinics, schools, private practice clinics, and primary care networks, in workplaces and in research settings. Working with patients, physiotherapists promote independence and prevent injuries and disability, addressing conditions such as:

- Heart and lung disease related sequelae
- Musculoskeletal injuries (sprains, strains, fractures)
- Stroke, brain injury, spinal cord injury
- Cancer related sequelae
- Incontinence and pelvic dysfunction
- Chronic pain and chronic conditions (e.g., diabetes, arthritis, osteoporosis)
- Pre-operative preparation and post-surgery recovery

Source: Ontario Physiotherapy Association https://opa.on.ca/ ; Canadian Physiotherapy Association https://physiotherapy.ca/

ACTION PLAN GOAL	GOAL 1: **Enable coordination, collaboration, and leadership across Canada**	GOAL 2: **Improve access to timely, equitable, and person-centred pain care**
ROLE PHYSIOTHERAPY CAN PLAY	Co-Lead	Co-Lead
ACTIVITIES OF RELEVANCE	• **Recommendation:** Developing a mechanism for collaboration • **Recommendation:** Determining funding eligibility for chronic pain care • **Recommendation:** Spreading care innovations to pan-Canadian health organizations • **Recommendation:** Empowering provinces and territories to develop a pain strategy • **Recommendation:** Increased funding for prevention and treatment	• **Recommendation:** Develop a human resources strategy to build pain specialist capacity • **Recommendation:** Mechanisms to support coordination as patients navigate the system • **Recommendation:** Expanded access to forms of treatment • **Recommendation:** Establishment of a national mechanism to share guidance and best practices, development of a suite of indicators, and creation of an online portal of resources
WHERE WE CAN CONTRIBUTE	**Physiotherapy can act as a co-lead with physicians:** • Providing a non-pharmacological and rehabilitation perspective • Sharing insights related to the pain–patient experience and funding barriers • Highlighting opportunities for interdisciplinary partnership • Clarifying inconsistencies across provincial jurisdictions with respect to care services and access	**Physiotherapy can act as a co-lead with physicians:** • Through subsidizing equitable access to physiotherapy care as part of an expanded universal healthcare coverage to balance overreliance on pharmacological treatments (e.g., opioids) by increasing accessibility to non-pharmacological treatments (e.g., physiotherapy), especially in disproportionately affected populations who often do not have adequate insurance coverage • Sharing knowledge of patients' challenges with system entry and navigation • Providing experience on the effectiveness of various forms of physiotherapy • Developing the non-pharmacological and rehabilitation side of an information portal with resources, a knowledge base, assessment protocols, and treatment indicators

ACTION PLAN GOAL	GOAL 3: Increase awareness, education, and specialized training for pain	GOAL 4: Support pain research and strength-related infrastructure
ROLE PHYSIOTHERAPY CAN PLAY	Inform	Co-Lead
ACTIVITIES OF RELEVANCE	• **Recommendation:** National awareness campaign • **Recommendation:** Helping care staff better link people to resources and supports • **Recommendation:** Educating clinicians, empowering college leadership to create a sub-specification in pain management • **Recommendation:** Developing equity guidelines and policies	• **Recommendation:** Convening charities and NGOs to discuss the importance of pain research • **Recommendation:** Researching the science of pain, identifying optimal clinical care models of care, expanding research into populations affected disproportionately by pain • **Recommendation:** Launching supports for early career trainees in pain disciplines
WHERE WE CAN CONTRIBUTE	**Physiotherapy can act as a key informant:** • Bringing a non-pharmacological and rehabilitation perspective to support Pain Canada in the development of its awareness-raising and culture-changing efforts • Being part of the team of educators and healthcare profession colleges and regulators who build pain specialization programming • Advocating for funding for academic institutions to embed pain care into curriculums (P. 17 in this document- see 'a national pain management competency profile that would guide entry-level physiotherapy education in Canada'), and for continuing education/specialized training on pain for clinicians in practice • Sharing insights about access barriers faced by marginalized populations to support development of equitable care guidelines	**Physiotherapy can act as a co-lead:** • Consulting with CIHR decision-makers as they launch new calls for research • Encouraging better funding for physiotherapy academics, clinicians, and clinician-scientists in projects researching non-pharmacological care effectiveness and rehabilitation quality • Advocating for funding to develop models of care catered to chronic health conditions (e.g., chronic pain) to evolve the health system beyond its current acute-care design

ACTION PLAN GOAL	GOAL 5: Monitor population health and health system quality	GOAL 6: Ensure equitable approaches for populations disproportionately impacted by pain
ROLE PHYSIOTHERAPY CAN PLAY	Co-Lead	Inform
ACTIVITIES OF RELEVANCE	• **Recommendation:** Improve the ongoing, systematic collection, analysis, and reporting of health data to monitor pain incidence, prevalence, impact, and health outcomes over time • **Recommendation:** Integrate pain indicators and measures into other government strategies, policies, and plans, including those for chronic diseases, mental health, and substance use disorders • **Recommendation:** Further analysis of the direct and indirect costs of chronic pain in the most affected groups of the population	• **Recommendation:** Engage First Nations, Inuit, and Métis Peoples, clinicians, Elders, youth, and Knowledge Keepers to identify priorities for improving pain management in communities and for Indigenous Peoples living with pain in urban, rural, and remote community settings, including the best ways to reach these communities • **Recommendation:** Develop pre- and post-licensure chronic pain competencies and education programming for health care professionals involved in the treatment of mental health disorders and those working in multidisciplinary pain clinics to ensure people living with mental illness have access to equitable pain care • **Recommendation:** Support the expansion of specialized services for painful conditions experienced predominantly by women (e.g., pelvic pain, fibromyalgia, myalgic encephalomyelitis/ chronic fatigue syndrome)
WHERE WE CAN CONTRIBUTE	**Physiotherapy can act as a co-lead:** • As rehabilitation professionals, identifying and monitoring outcome measures related to functional health, rehabilitation, and disability • Tracking the impact of better access to non-pharmacological care versus use of opioids, surgery, or pain clinic services	**Physiotherapy can act as a key informant:** • Sharing experience on populations disproportionately affected by pain • Providing insights on the barriers patients face to accessing care in the public sector (e.g., waitlists and eligibility restrictions) and in the private sector (e.g., insufficient insurance coverage) • Sharing perspective on how the lack of chronic pain specialists outside Canada's major cities impacts patients

Competency Profiling for the Canadian Physiotherapy Context

A recent article published in the ***Canadian Journal of Pain*** presented findings from a CIHR-funded study to develop a national pain management competency profile that would guide entry-level physiotherapy education in Canada. The competency profile created includes 15 competencies divided into two domains – one focused on specific aspects of pain management and the other on competencies relevant to all aspects of pain management. Building on this profile, future research will be needed to detail the content relevant to each competency, develop curriculum guidelines for pain education in Canada, and understand potential barriers to implementation.[16]

Partnerships with Physicians: Enhancing Care and Reducing Wait Times for Physician Services

Successful innovative projects[17] at the Montreal Children's Hospital and the CHU de Québec-Université Laval have effectively shown the value of having physiotherapists in the ER, demonstrating the value of physiotherapists with expanded scopes of practice and providing a prime example of effective partnership with physicians.

In orthopedic clinics, physiotherapists can help to reduce wait times for orthopedic surgery services through screening of medical records and appropriate diversion of those who do not need orthopedic intervention to conservative pain-management care, including physiotherapy care.[18]

[16] Augeard, N., Bostick, G. et. al. (2022) Development of a national pain management competency profile to guide entry-level physiotherapy education in Canada. Canadian Journal of Pain, VOL. 6, NO. 1, 1–11.

[17] Gagnon, R., Perreault, K., Guertin, J. R., Berthelot, S., Achou, B., & Hébert, L. J. (2022). Health-Related Quality of Life of Patients Presenting to the Emergency Department with a Musculoskeletal Disorder. ClinicoEconomics and outcomes research : CEOR, 14, 91–103. https://doi.org/10.2147/CEOR.S348138

[18] Pike, M., Campagna-Wilson, L., Sears, K., Warren, R. Legay, D., & Trudel, D. (2021). Pilot study: The effectiveness of physiotherapy-led screening for patients requiring an orthopedic intervention. Journal of Military, Veteran and Family Health. 7. 3–15. 10.3138/jmvfh-2020-0060.

Conclusion and Call to Action

The physiotherapy profession is committed to leading and collaborating for change however possible, recognizing the urgency of the chronic pain crisis in Canada and knowing first-hand the struggles so many people suffering from chronic pain and its associated disabilities are living through. Physiotherapists are a key player for realizing the CPTF's ***Action Plan for Pain in Canada***.

We are excited by the prospect of truly transforming the healthcare system to introduce more modern, interdisciplinary approaches that bring the best of non-pharmacological and pharmacological solutions to realization for Canadians. A paradigm shift and the funding needed to open access equitably for all segments of the population will be critical to realizing the vision.

The Canadian Physiotherapy Association welcomes the opportunity to consult further with the Chronic Pain Policy Team at Health Canada and all industry stakeholders to continue this important work.

What Success Looks Like

A chronic care model

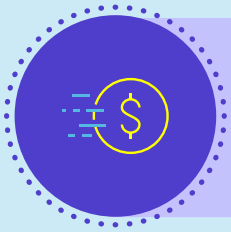
Managing pain from onset through rehabilitation

Physiotherapist–physician partnership

An evidence-based, harmonized interdisciplinary approach

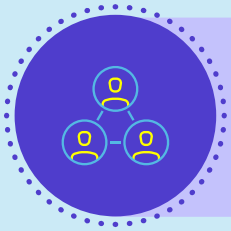
Innovative non-pharmacological practices

Including telehealth and online care



Universal funding for accessible non-pharmacological solutions

Expanding Canada's publicly funded universal healthcare plan to balance access to non-pharmacological treatment options (e.g., physiotherapy) with the high accessibility of pharmacological options, such as opioids



Increased access for populations in greatest need

By fully integrating physiotherapists into inter-professional and family health/community health care teams and improving pain specialization outside urban areas

Recognition of the value of prevention practices

Raising awareness among Canadians and empowering them to manage pain

Financial support for advanced pain management education

Investing in the development of more chronic pain experts among Canadian healthcare professionals