

Access to and Availability of Non-Pharmacological Treatments of Chronic Non-Cancer Pain in Canada: An Environmental Scan

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Context

Chronic non-cancer pain (defined, for the purposes of this report, as any painful condition that persists for at least three months and is not associated with malignant disease)⁹ is estimated to affect approximately 20% of adults in Canada.¹ Direct costs to the Canadian healthcare system have been estimated to be more than \$6 billion per year, while productivity costs related to job loss and sick days are estimated at \$37 billion per year.² Services for the management of chronic pain in Canada are currently fragmented across the public and private health systems, with an emphasis toward pharmacological treatment within the public system.⁶⁸ Currently, opioids are one of the mainstay treatment options for chronic pain, despite limited long-term efficacy for many patients that is due, in part, to the development of tolerance to their analgesic effects.³ There is also a growing awareness of the risks associated with opioids such as diversion, addiction, overdose, and increased opioid-related deaths.⁴ According to a report from the Canadian Institute for Health Information, opioid poisonings resulted in an average of 16 hospitalizations a day between 2016 and 2017 in Canada.⁵ From January to September 2017, there were at least 2,923 apparent opioid-related deaths.⁶ There have been Canada-wide initiatives and guidelines aimed at promoting the appropriate use of opioids. These efforts have had varying degrees of success and adherence,⁷ and unclear impact on meaningful clinical outcomes, such as high-dose opioid prescribing and opioid-related hospitalizations.⁸ A notable concern is the lack of clear treatment alternatives and barriers to implementation of programs offering non-opioid medications and non-pharmacological strategies. This is despite current Canadian guidelines that call for the optimization of non-opioid pharmacotherapy and non-pharmacological therapy before initiating treatment with opioids in patients with chronic non-cancer pain.^{9,10}

The opioid crisis has highlighted the need to identify optimal strategies for the management of chronic pain. Non-pharmacological therapies are viewed as an important component of the multi-modal approach that is increasingly promoted for treating chronic pain.¹¹ In the context of this report, 'non-pharmacological treatment of pain' refers to interventions that do not use medication, any active substance, or surgery (unless required for the procedure or device involved in the non-pharmacological intervention) to treat or manage pain.^{11,12} Surgical procedures were excluded to manage the scope of the Environmental Scan and to focus mostly on non-pharmacological interventions for pain that would be performed outside a hospital setting. These interventions focus on altering physical, cognitive, and behavioural factors that may be associated with the pain condition to seek a range of beneficial effects, from pain relief to enhancing the patient's coping ability.¹²⁻¹⁵ Non-pharmacological therapies for pain can be an alternative to pharmacotherapy and surgery, although they are commonly relied on as complementary treatment in a multi-modal approach to pain management.¹⁴

Non-pharmacological treatments may be delivered by health professionals, other providers of pain management services, and through patient self-management, and may take place in various settings, such as health care and pain treatment facilities, the patient's home, or remotely using technology-assisted methods.¹⁶ Non-pharmacological pain interventions derive from a variety of disciplines, approaches, and techniques and for the purposes of this report have been divided into the broad categories of physical and psychological interventions (Table 1).

Table 1: Examples of Non-Pharmacological Alternatives to Opioids for the Management of Pain^a

Non-Pharmacological – Physical				
Procedures/ Interventions	Medical Devices	Physical Manipulation	Exercise/ Physical Fitness	Other ^a
Examples: <ul style="list-style-type: none"> • Nerve block • Deep brain stimulation • Spinal cord stimulation • Ultrasound • Shock wave therapy • Prolotherapy 	Examples: <ul style="list-style-type: none"> • Transcutaneous electrical nerve stimulation • Implantable nerve stimulator • Splints 	Examples: <ul style="list-style-type: none"> • Chiropractic care • Spinal manipulation • Massage Therapy • Occupational therapy • Osteopathy • Acupuncture • Physical Therapy 	Examples: <ul style="list-style-type: none"> • Movement/ physical activity • Yoga • Tai Chi • Personal Trainer • Positioning 	Examples: <ul style="list-style-type: none"> • Hot-cold treatments • Animal-assisted therapy^b • Music therapy^b • Aromatherapy^b

^a **Note:** This is not an exhaustive list.

^b Certain aspects of these treatment modalities could be considered psychological or physical. For the purposes of this report, and due to the structuring of the survey, these interventions appear in the sections dedicated to physical treatments.

Non-Pharmacological – Psychological	
Health Care Professional-led	Professional, Lay or Self-led
Examples: <ul style="list-style-type: none"> • Cognitive Behavioural Therapy • Behavioral therapy • Psychotherapy 	Examples: <ul style="list-style-type: none"> • Meditation • Biofeedback • Relaxation techniques • Hypnosis • Mindfulness • Virtual and augmented reality • Support groups

^a **Note:** This is not an exhaustive list.

Multi-disciplinary pain treatment facilities staffed by a variety of health professionals with expertise in pain management (including physicians, nurses, physiotherapists, and mental health professionals) offer a wide variety of treatments including non-pharmacological modalities.¹⁷ However, wait list management at multi-disciplinary pain treatment facilities has become a concern throughout Canada.¹⁸ The Canadian STOP-PAIN project was designed to document the human and economic burden of chronic pain in individuals on waitlists for multi-disciplinary pain treatment facilities.¹⁸⁻²⁰ Findings from this research indicates that the median wait time for a first appointment in publicly-funded multi-disciplinary pain treatment facilities in Canada is six months.¹⁸ In contrast, the wait time for most non-public multi-disciplinary pain treatment facilities was less than two months. Furthermore, individuals residing in Prince Edward Island, the three Territories, and a majority of rural areas across all provinces had limited access to appropriate pain management care.¹⁸ The research also shows that during the waiting period, patients experience a significant impact on their day-to-day activities and quality of life due to issues associated with severe pain such as depression and suicidal ideation.¹⁹ Furthermore, the median monthly cost of care for each patient on waitlists for multi-disciplinary pain treatment facilities is estimated to be C\$1,462 for publicly- and privately-funded services, most of which is privately financed through out-of-pocket expenses, time costs (including patients' or family members' lost time from work), and third party insurance.²⁰

The affordability of health care is a relevant issue in chronic pain management.⁶⁸ In Canada, patients are often required to pay out-of-pocket for community-based non-pharmacological services, such

as those offered by physiotherapists, chiropractors, occupational therapists, and psychologists.⁶⁸ This creates an issue of access, where not all patients can afford treatment, particularly patients who are low-income or do not have private health insurance. Understanding the issues that affect the availability and accessibility of non-pharmacological therapies for pain in Canada may support efforts to encourage better integration of these therapies into treatment approaches. Accordingly, an Environmental Scan — including a literature search and targeted survey and consultation exercise — on the current context of non-pharmacological treatment of pain in Canada was conducted as part of the broader CADTH initiatives in support of the Canadian strategy to address the opioid crisis. This Environmental Scan aims to provide information about available services, factors affecting access, and funding practices related to non-pharmacological therapies for chronic non-cancer pain in Canada.

Objectives

The key objectives of this Environmental Scan are as follows:

- To describe the current context (i.e., available public and private services; guidance for use, level of access/use/integration in treatment pathways; types of providers, treatment settings) around non-pharmacological treatment of chronic non-cancer pain in Canadian jurisdictions.
- To describe the Canadian funding practices related to non-pharmacological therapies for chronic non-cancer pain.
- To identify the barriers and facilitators to accessing non-pharmacological therapies for chronic non-cancer pain in Canada.

Research Questions

The survey and literature review components of this Environmental Scan aimed to address the following research questions:

1. What are the Canadian policies, frameworks, guidelines and other guidance documents related to the use of non-pharmacological pain treatment options for chronic non-cancer pain?
2. What are the publicly funded non-pharmacological treatment options available for the treatment of chronic non-cancer pain in Canada?
3. What are the current funding models for non-pharmacological pain treatment options for chronic non-cancer pain in Canada?
4. What are the barriers to availability of and access to non-pharmacological pain treatment options for chronic non-cancer pain?
5. What are the facilitators of availability of and access to non-pharmacological pain treatment options for chronic non-cancer pain?
6. What are proposed strategies for increasing availability of and access to non-pharmacological pain treatment options for chronic non-cancer pain?

Methods

This Environmental Scan, led by CADTH, was conducted in collaboration with the Canadian Institutes of Health Research (CIHR) – Strategy for Patient-Oriented Research (SPOR) Chronic Pain Network (CPN). The findings of this Environmental Scan are based on targeted consultations, responses to the *CADTH Access to and Availability of Non-Pharmacological*

Treatment of Chronic Non-Cancer Pain in Canada Survey (Appendix 24), and a limited literature search. A description of the consultations, the literature search strategy, and the survey approach follows. Table 2 outlines the criteria for information gathering and selection.

Table 2: Components for Information Screening and Inclusion

		Inclusion	Exclusion
Components	Population	Patients (of any age) with chronic non-cancer pain <i>Subgroups of interest: pediatrics, geriatrics</i>	Patients with cancer-related pain
	Intervention	Non-pharmacological therapies for pain (alone or combined with other treatments for pain)	Pharmacological therapies Surgical procedures
	Settings	<ul style="list-style-type: none"> Any Canadian healthcare setting (i.e., urban, rural and remote settings, primary and secondary care, private facilities) Other Canadian facilities providing non-pharmacological pain management services Home care Care delivered remotely 	N/A
	Outcomes	<ul style="list-style-type: none"> Canadian guidance Location/setting (i.e., province/territory, urban/rural/remote, within a hospital; clinic; community; home; remotely delivered) Structure (i.e., funding mechanism) Capacity (i.e., patient selection and eligibility criteria, transportation and referral process) Services offered (i.e., patient indications, types of interventions) Barriers and facilitators to access and availability Strategies for improving access and availability 	N/A

Consultations

Early consultations with experts in the field occurred during the scoping phase for this project and through the STOP-PAIN collaborative survey on multi-disciplinary pain treatment facilities. Further consultations with STOP-PAIN collaborative experts and other clinical experts were conducted in developing the survey for this Environmental Scan. The consultations were not used to generate data for this Environmental Scan, but rather to inform the information gathering approach.

Survey

The survey was conducted over a period from March 13 to April 9, 2018. The 18 survey questions consisted of a combination of dichotomous (i.e., yes/no), ordinal and nominal scales (e.g., Likert), and open-ended questions. The questions were designed to probe the following main areas:

- Availability of non-pharmacological treatments and related funding practices.
- Factors related to access, including patient eligibility criteria, and barriers and facilitators to availability of and access to non-pharmacological treatments.

- Guidance, strategies, and solutions being considered or implemented to improve availability of and access to non-pharmacological treatments.

In addition, the survey opened with questions to gather demographic information about the respondent. Finally, questions requesting permission to follow up with the respondent and suggestions of other potential respondents were asked at the end of the survey.

Survey questions were peer-reviewed by several expert stakeholders prior to distribution. The survey was distributed electronically using the Hosted in Canada Surveys platform to key jurisdictional informants and stakeholders involved in planning, decision making, management, and service provision related to non-pharmacological treatment of pain. Participants were identified through CADTH's Implementation Support and Liaison Officer and Opioid Working Group networks, and via stakeholder and expert suggestions, as well as through referrals and social media. All respondents gave explicit permission to use the provided information for the purpose of this report. Information regarding the jurisdictions and organizations represented by survey respondents is presented in Appendix 1.

The survey targeted the following respondents:

- Pain organizations
- Clinical experts (pain management specialists, other specialists, primary care physicians, and general practitioners)
- Other providers of non-pharmacological pain treatment services
- Professional organizations related to non-pharmacological pain treatment and sought to include respondents who could represent the following perspectives:
 - Different geographical settings (e.g., rural, urban, remote)
 - Different health care settings (e.g., primary/community (non-specialized) and specialized care)
 - Different health care roles (e.g., decision-maker, health care provider)

Literature Search

The literature search was performed by an information specialist using a peer-reviewed search strategy. Published literature was identified by searching the following bibliographic databases: MEDLINE with in-process records & daily updates via Ovid; The Cochrane Library via Wiley; and PubMed. The search strategy consisted of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were chronic pain AND Canada. No methodological filters were applied. Where possible, retrieval was limited to the human population. The search was also limited to documents published between January 01, 2013 and January 11, 2018. Regular alerts were established to update the search until the publication of the Environmental Scan. Conference abstracts were excluded from the search results. Grey literature (literature that is not commercially published) was identified by searching relevant sections of the *Grey Matters* checklist (<https://www.cadth.ca/grey-matters>). Google and other Internet search engines were used to search for additional web-based materials. These searches were supplemented by reviewing the bibliographies of key papers and through contacts with appropriate experts and industry.

Synthesis Approach

Only feedback from respondents who gave consent to use their survey information was included in the report. Feedback was excluded when occupation information was absent or when greater than 75% of the survey was incomplete. Disaggregated jurisdictional data was used to identify any notable similarities or differences existing between jurisdictions in terms of availability,

access, and funding models for non-pharmacological pain treatments. Rather than analysing jurisdictional-specific data, responses were pooled and a pan-Canadian approach was used to report on factors (barriers and facilitators) affecting the availability of and access to non-pharmacological treatments across jurisdictions. General trends in the data were described using a narrative approach with no set thresholds used to define trends. Feedback from open ended questions was also incorporated into the text. Due to the limited data that was received from Nova Scotia (1 respondent), feedback from this province was only included in the pan-Canadian analysis of barriers and facilitators. Articles identified from the literature search and subsequent alerts were screened for selection and those that met the inclusion criteria (Table 2) to address the research questions were summarized within relevant sections of the report.

Findings

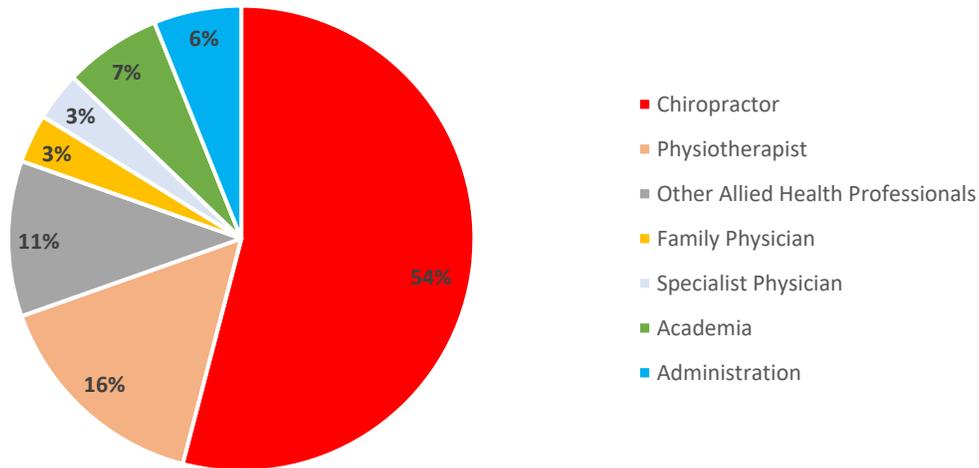
The findings presented are based on targeted consultations with key stakeholders, survey results from key informants (gathered as of April 9, 2018), and a limited literature search. Due to the reliance of respondent identification and recruitment on referrals and secondary distribution, it was not possible to quantify the number of individuals who were invited to complete the survey. Upon closure of the survey 258 responses were received. Of these, 147 responses were complete and included in the analysis and 111 responses were excluded for lacking occupation information or for being over 75% incomplete.

Respondents represented the following provinces: Alberta (15 respondents), British Columbia (36 respondents), Manitoba (8 respondents), New Brunswick (24 respondents), Nova Scotia (1 respondent), Ontario (47 respondents), Quebec (12 respondents), and Saskatchewan (4 respondents). Perspectives from other provinces (Newfoundland and Labrador, Prince Edward Island) and the three Territories are not represented in this Environmental Scan as no respondents were from these jurisdictions.

PROVIDERS AND TREATMENT SETTINGS INVOLVED IN NON-PHARMACOLOGICAL TREATMENT OF PAIN

Characteristics of the respondents and the organizations represented are presented in Appendix 1. Across the provinces, the majority of responses were received from chiropractors (Figure 1). Responses were also received from other allied healthcare professionals (including physiotherapists, occupational therapists, nurse practitioners, psychologists, and pharmacists), physicians (including family physicians and those specializing in neurology, emergency medicine, anaesthesia, and palliative care), those working in academia, and those working in health administration to oversee staff or develop policies for the management of chronic pain.

Figure 1: Respondent Distribution by Occupation



Most respondents worked in urban primary care settings, at standalone private facilities, or at standalone multi-disciplinary pain treatment facilities. A minority of respondents worked in other treatment settings, with the exception of respondents from New Brunswick, where the volume of responses were more balanced across rural and urban settings. Many respondents from New Brunswick also worked in secondary/tertiary care, or community and long-term care facilities. Notably, with the exception of New Brunswick and Nova Scotia, few or no respondents worked in publicly-funded standalone facilities or hospitals.

AVAILABILITY, ACCESS, AND FUNDING FOR NON-PHARMACOLOGICAL TREATMENTS

What follows are summaries of the reported availability, access, and funding for non-pharmacological treatments across the country based on limited responses from the Environmental Scan survey. For the purposes of the survey and this report, the term ‘availability’ is meant to represent the concept that treatment modalities are currently being offered by health care providers and facilities in Canadian jurisdictions. In contrast, ‘access’ is meant to indicate the ability to receive the treatment (i.e., ease of access) and level of integration into the chronic pain treatment pathway. Findings are not a representative quantification of the actual availability or level of access to treatments, or exact funding structures in place, but rather, a snapshot of the perceived present context in Canada from the perspective of the respondents. There are caveats that should be considered when interpreting the findings. Respondents were invited to indicate which treatment modalities were available in different treatment settings in their jurisdiction. It is important to emphasize that findings represent the proportion of the total number of respondents to any question in each jurisdiction. Hence, the reported level of availability may have been influenced by the total number or respondents from each jurisdiction. In addition, many respondents may not have had knowledge of certain treatments due to area of expertise, treatment setting, or geographical location. This is reflected in the fact that not all questions were answered by all respondents. Hence, the reader should not infer that, for example, if 25% of respondents reported a treatment modality as not available to mean that 75% of respondents reported it as available.

Physical Treatments

Availability

Data from survey feedback on the availability of physical treatments in each province is presented in Appendices 2 to 8. Additional physical treatments identified by respondents that were not listed in the survey questions are presented in Appendix 9. Based on the percentage of respondents indicating that a particular physical treatment modality was not available in their jurisdiction, British Columbia, Alberta, and Ontario had the greatest proportion of respondents indicating availability of physical treatments while New Brunswick and Saskatchewan had the lowest. Across the provinces, with the exception of Saskatchewan, deep brain stimulation was consistently reported as not available by 25% or higher of respondents. Animal-assisted therapy and music therapy were other treatment modalities reported as not available by greater than 20% of respondents in most of the provinces with the exception of Alberta and British Columbia. Most physical treatments listed in the survey were available in urban settings in all of the provinces. Quebec, Manitoba, and Saskatchewan had the highest proportion of respondents indicating availability of physical treatments in rural settings. A higher proportion of respondents in Ontario, Saskatchewan, British Columbia, and New Brunswick indicated that physical treatments were more likely to be available in secondary healthcare facilities compared with primary care or ambulatory care. Ontario, Quebec, and British Columbia had the highest proportion of respondents indicating availability of physical treatments in multi-disciplinary pain treatment facilities. British Columbia, Manitoba, and Alberta had the highest proportion of respondents indicating availability of physical treatments in community care. Across the provinces, few respondents indicated availability for most of the physical treatments in remote, research institute, long-term care, and home care settings. Based on geography, the availability of physical treatment modalities was lower in rural settings than urban settings, and lowest in remote settings.

Access

Data regarding ease of access (i.e., whether treatments are widely available; no referral needed or easy to obtain a referral; funded or affordable for most patients) to non-pharmacological physical treatments across the surveyed jurisdictions is presented in Appendix 10. Alberta, British Columbia, and Ontario had the highest proportion of respondents indicating physical treatment modalities were very easy to access. Saskatchewan and New Brunswick had the highest proportion of respondents indicating that physical treatment modalities were not at all easy to access. Deep brain stimulation, prolotherapy, implantable nerve stimulator, spinal cord stimulation, animal assisted therapy, music therapy and aromatherapy had the highest proportion or respondents across the provinces indicating these treatment modalities were not at all accessible. TENS, chiropractic care, spinal manipulation, massage therapy, physical therapy, hot-cold treatments, positioning, endurance exercise, strength training, and yoga had the highest number of respondents indicating these physical treatment modalities were very accessible. Of note, although these physical treatment modalities were reported as very accessible by survey respondents, they are often not publicly funded.

Funding

Data illustrating funding models in use for non-pharmacological physical treatments across the surveyed jurisdictions is presented in Appendix 11. Across the provinces, private insurance and patient out-of-pocket payments represented the funding models with the highest proportion of respondents. However, several respondents noted that while coverage with private insurance varies according to terms of individual plans, it is often insufficient to accommodate long-term chronic pain treatment or provide coverage for particular healthcare professionals such as

occupational therapists. In general, physical treatments are funded publicly when the service occurs under the umbrella of hospital in-patient care or select outpatient/ambulatory clinics. However, there are extensive waitlists for publicly-funded services. Workers' compensation or automobile insurance were also listed by respondents as additional opportunities for patients to gain access to funding for physical treatments outside of publicly-funded services. New Brunswick and Quebec had the highest proportion of respondents indicating that public funding is available for some treatments (such as physiotherapy and occupational therapy) although waiting lists are long for these services, while Saskatchewan had the lowest proportion of respondents. Alberta and Quebec had the highest proportion of respondents indicating that public funding is available if certain criteria are met. Respondents from Manitoba indicated that partial coverage for chiropractic services is provided with a patient co-payment for a maximum of seven visits per calendar year. Respondents from British Columbia described a provincial health care program that subsidises 10 total visits to allied health professionals for low income residents qualifying for health care premium assistance. However, respondents noted certain limitations of this program, particularly for patients on long term disability who either require a greater frequency of visits per year or utilize more than one type of practitioner. Across the provinces, few or no respondents indicated that foundational, grant, or in-kind funding is used to fund non-pharmacological physical treatments.

Psychological Treatments

Availability

In general, fewer of the respondents indicated that psychological treatments were available in their jurisdiction compared with physical treatments. Many respondents indicated that they were unfamiliar with these modalities as they fell outside their area of expertise. Data from each province is presented in Appendices 12 to 18. Additional psychological treatments identified by respondents that were not listed in the survey questions are presented in Appendix 19. Based on the percentage of respondents indicating a particular psychological treatment modality was not available in their jurisdiction, Saskatchewan and Manitoba had the greatest proportion of respondents indicating psychological treatments were available while New Brunswick and Ontario had the lowest. Across the provinces, with the exception of Saskatchewan and British Columbia, virtual augmented reality was consistently reported as not available by 25% or higher of respondents. Hypnosis was also reported as not available by respondents in British Columbia, New Brunswick, and Ontario. Most psychological treatments listed in the survey were available in urban settings in all the provinces. Quebec and Manitoba had the highest proportion of respondents indicating availability of psychological treatments in rural settings. A higher proportion of respondents in Ontario, Saskatchewan, British Columbia indicated that psychological treatments were more likely to be available in secondary healthcare facilities compared with primary care or ambulatory care. Ontario, Quebec, and British Columbia had the highest proportion of respondents indicating availability of psychological treatments in multi-disciplinary pain treatment facilities. Manitoba and New Brunswick had the highest proportion of respondents indicating availability of psychological treatments in community care. Across the provinces, few respondents indicated availability for most of the psychological treatment modalities in remote, research institute, long-term care, and home care settings. Based on geography, the availability of physical treatment modalities was lower in rural settings than urban settings, and lowest in remote settings.

Access

Data regarding ease of access (i.e., whether treatments are widely available; no referral needed or easy to obtain a referral; funded or affordable for most patients) to non-pharmacological psychological treatments across the surveyed jurisdictions is presented in Appendix 20.

Manitoba, British Columbia, and Alberta had the highest proportion of respondents indicating psychological treatment modalities were very or somewhat easy to access. Saskatchewan and Quebec had the highest proportion of respondents indicating that psychological treatment modalities were not at all easy to access. Across the provinces, virtual and augmented reality and hypnosis had the highest proportion of respondents indicating these treatment modalities were not at all accessible. Most of the psychological treatment modalities were categorized as somewhat easy to access. A few of the respondents commented that treatments that require little training to offer (including mindfulness, meditation, relaxation and breathing) are more accessible through the community, internet, and phone apps, while other modalities including in-person cognitive behavioral therapy and psychotherapy, that require more specialized training are less accessible and have longer waitlists.

Funding

Data illustrating funding models in use for non-pharmacological psychological treatments across the surveyed jurisdictions is presented in Appendix 21. Similar to non-pharmacological physical treatments, private insurance (often only covering a portion of psychological services) and patient out-of-pocket payments represented the funding models reported as in use by the highest proportion of respondents across the provinces. One respondent noted that workers' compensation or automobile insurance may cover psychological treatments in rare cases. Manitoba and New Brunswick had the highest proportion of respondents indicating that public funding is available for some services (such as mindfulness) while Alberta and British Columbia had the lowest proportion of respondents indicating public funding is available for most services. Respondents from Quebec and Saskatchewan indicated that public funding is used if certain criteria are met. Across the provinces, few or no respondents indicated that foundational, grant, or in-kind funding is used to fund non-pharmacological psychological treatments.

FACTORS AFFECTING ACCESS TO NON-PHARMACOLOGICAL TREATMENTS

Patient Eligibility Criteria

Based on the total number of responses received, the majority of respondents indicated that there were criteria to gain access to non-pharmacological treatments (41% yes, 34% no, 25% no answer). However, most of the feedback highlighted the importance of ability to pay for non-pharmacological treatments as opposed to specific clinical criteria for access. Several respondents indicated that physician referral is required to access certain publicly-funded services including multi-disciplinary pain treatment facilities and physiotherapy. One respondent in Ontario identified specific criteria (age less than 18 or over 65 years, or on disability insurance) to gain access to public physiotherapy services. The majority of respondents indicated that patients did not require specific criteria to obtain referral for non-pharmacological treatment (29% yes, 41% no, 31% no answer). This finding may have been influenced by the fact that most of the respondents were community-based allied health professionals. Feedback from survey respondents highlighted that many of the treatments do not require a referral unless an individual is trying to access publicly-funded services or seeking reimbursement for treatment through private insurance. Specific barriers to referral were not raised.

Policies, Frameworks, or Guidelines Used to Guide Patient Selection for Non-Pharmacological Treatment

The majority of respondents stated that they were not aware of or were not using any specific policies, frameworks, or guidelines to guide selection of patients for non-pharmacological treatments beyond the diagnosis of chronic pain. Some respondents indicated awareness of national evidence-based guidelines developed by Health Quality Ontario, the Canadian

Chiropractic Association, and the Canadian Chiropractic Guideline Initiative. Across the provinces, most respondents indicated the need for further guidance (i.e. guidelines, frameworks, policies, clinical pathways) to provide direction for providing non-pharmacological treatments for chronic non-cancer pain.

Several Canadian evidence-based guidelines for the use of non-pharmacological treatments in chronic non-cancer pain were identified by the literature search (Table 3). Common themes in recommendations for general non-cancer pain management include the following:

- Management of chronic pain should be delivered through a multidisciplinary approach and include non-pharmacological treatments.
- Non-pharmacology should be considered as a component of first-line treatment in combination with non-opioid pharmacotherapy.
- Optimization of non-pharmacological therapy and non-opioid pharmacotherapy should be achieved before initiating opioids.

Table 3: Canadian Guidelines for Use of Non-Pharmacological Treatments in Chronic Non-Cancer Pain

Guideline Development Group or Centre (Release Date)	Key Recommendations Related to Non-Pharmacological Treatments ^a
Chronic Non-Cancer Pain	
Health Quality Ontario (2018) ²¹	<ul style="list-style-type: none"> • “People with chronic pain receive a multimodal combination of non-opioid pharmacotherapy and nonpharmacological therapies as first-line treatment. These therapies are ideally delivered through a multidisciplinary approach.”(p7)
National Pain Centre at McMaster University (2017) ¹⁰	<ul style="list-style-type: none"> • “When considering therapy for patients with chronic noncancer pain, we recommend optimization of nonopioid pharmacotherapy and nonpharmacologic therapy, rather than a trial of opioids.”(pE662)
SickKids Hospital (2017) ²²	<ul style="list-style-type: none"> • “Use of physical strategies in conjunction with pharmacological and psychological strategies can promote lower levels of anxiety, distress and pain.” (p5) Examples of physical strategies include deep breathing, use of head heat and/or cold, massage, pressure or vibration, repositioning, activity out of bed as tolerated, and vapocoolant spray. • Use of psychological strategies in conjunction with pharmacological and physical strategies can promote lower levels of anxiety, distress and pain.” (p6) Examples of psychological strategies include education, distraction, relaxation.
Knee Osteoarthritis	
The Ottawa Panel(2017) ²³⁻²⁵	<p>The following interventions are recommended approaches to reduce pain, improve physical function, and quality of life for patients with knee osteoarthritis:</p> <ul style="list-style-type: none"> • Mind-body exercises such as Hatha Yoga and Tai Chi. • Strengthening exercises (with/without other types of therapeutic exercises), although the contribution of adjunctive therapies (e.g., patellar taping,

Guideline Development Group or Centre (Release Date)	Key Recommendations Related to Non-Pharmacological Treatments ^a
	<p>manual therapy, etc.) combined with strengthening exercise needs to be studied. There is a need to develop combined behavioral and muscle-strengthening strategies to improve long-term maintenance of regular strengthening exercise programs.</p> <ul style="list-style-type: none"> • A short-term aerobic exercise program with/without muscle strengthening exercises, although no strong conclusions can currently be drawn on the specific and potential benefits of aerobic exercise programs alone in the management of knee osteoarthritis.
Hip Osteoarthritis	
The Ottawa Panel (2016) ²⁶	<ul style="list-style-type: none"> • “The Ottawa Panel recommends land-based therapeutic exercise, notably strength training for management of hip osteoarthritis in reducing pain, stiffness and self-reported disability, and improving physical function and range of motion.” (p.936)
Juvenile Idiopathic Arthritis	
The Ottawa Panel (2016/17) ^{27,28}	<ul style="list-style-type: none"> • The Ottawa Panel recommends the following structured exercises and physical activities for the management of JIA: Pilates, cardio-karate, home and aquatic exercises.” (p1019) • “The use of customized foot orthotics and prefabricated shoe inserts seems to be a good choice for managing foot pain and function in JIA.”(p1164)
Chronic Low Back Pain	
Canadian Chiropractic Guideline Initiative(2017) ²⁹	<ul style="list-style-type: none"> • “For patients with chronic (>3 months) back pain, we suggest offering advice and education, SMT or SMT as part of a multimodal therapy (exercise, myofascial therapy or usual medical care when deemed beneficial).”(p265) • For patients with chronic back-related leg pain, we suggest offering advice and education along with SMT and home exercise (positioning and stabilization exercises).”(p265)
Toward Optimized Practice/Institute of Health Economics (2017) ³⁰	<p>For patients with chronic low back pain (more than 12 weeks since pain onset) the following are recommended:</p> <ul style="list-style-type: none"> • Exercise or therapeutic exercise • Referral to a community-based active rehabilitation program or community-based self-management/cognitive behavioral therapy program • Additional treatment options include progressive relaxation or EMG biofeedback, acupuncture (as a short-term or adjunct therapy), massage (as an adjunct therapy), yoga, and aqua therapy.
Fibromyalgia	
Canadian Pain Society (2013) ³¹	<ul style="list-style-type: none"> • “Non-pharmacologic strategies with active patient participation should be an integral component of the therapeutic plan for the management of FM.” (p123) • “Psychological evaluation and/or counseling may be helpful for persons with FM in view of the associated psychological distress.” (p123)

Guideline Development Group or Centre (Release Date)	Key Recommendations Related to Non-Pharmacological Treatments ^a
	<ul style="list-style-type: none"> • “Cognitive behavioral therapy, even for a short time, is useful and can help reduce fear of pain and activity.” (p123) • “Individuals with fibromyalgia should participate in a graduated exercise program of their choosing to obtain global health benefits and probable effects on FM symptoms.” (p123) • “Patients should be informed that there is currently insufficient evidence to support the recommendation of complementary and alternative medicine treatments for the management of FM symptoms because they have mostly not been adequately evaluated regarding benefit”.(p123)
Neuropathic Pain after Spinal Cord Injury	
Canadian Pain Society (2016) ³²	<p>The following are recommended as third-line therapy for the management of neuropathic pain after spinal cord injury:</p> <ul style="list-style-type: none"> • “Transcranial direct current stimulation (tDCS) may be considered for reducing neuropathic pain intensity among people with SCI.” (pS16) • “Combined visual illusion and transcranial direct current stimulation may be considered for reducing neuropathic pain intensity among people with SCI.” (pS17) <p>The following is recommended as fourth-line therapy for the management of neuropathic pain after spinal cord injury:</p> <ul style="list-style-type: none"> • “Transcutaneous electrical nerve stimulation (TENS) may be considered for the reduction of neuropathic pain intensity among people with SCI.”(pS17)
Neck Pain- and Whiplash-Associated Disorders	
Canadian Chiropractic Guideline Initiative (2016) ³³	<ul style="list-style-type: none"> • “For persistent (>3 months) neck pain, we suggest offering multimodal care or stress self-management; manipulation with soft tissue therapy; high-dose massage; supervised group exercise; supervised yoga; supervised strengthening exercises or home exercises (grades I-II NAD); multimodal care or practitioner's advice (grades I-III NAD); and supervised exercise with advice or advice alone (grades I-II WAD).” (p523) • “For workers with persistent neck and shoulder pain, evidence supports mixed supervised and unsupervised high-intensity strength training or advice alone (grades I-III NAD).”(p523)

^aPlease see guideline for full list of recommendations.

EMG= Electromyography; FM = Fibromyalgia; JIA= Juvenile idiopathic arthritis; NAD = Neck pain and its associated disorders; SMT = Spinal manipulation therapy; WAD = Whiplash-associated disorders.

Barriers and Facilitators Affecting Access and Availability to Non-Pharmacological Treatments

The following section describes the factors (barriers and facilitators) affecting the availability of and access to non-pharmacological treatments across jurisdictions. When inquiring about barriers and facilitators to availability of and access to non-pharmacological treatment options, we chose the approach of asking about how often factors acted as barriers or facilitators, rather than whether they were relevant barriers or facilitators. This may have impacted their perceived

relevance to respondents. Of note, not all respondents provided an answer for each barrier and facilitator.

Reported barriers to the availability of and access to non-pharmacological treatments are presented from a pan-Canadian perspective in Appendix 22. The barrier identified by the greatest proportion (59%) of respondents as always or very often a barrier was lack of public funding. Other barriers reported as always or very often a barrier by greater than 40% of respondents were a lack of reimbursement for aspects of care, lack of coordination by multiple providers (including integration of non-pharmacological with pharmacological treatment approaches), patient/provider perception that payment for treatments are going to be out-of-pocket, and lack of access to pain speciality care (i.e. pain specialist, practitioners, or clinics). Several respondents highlighted the lack of referrals by primary care physicians to allied health professionals as a major barrier to accessing non-pharmacological treatments. Some of the reasons stated were lack of awareness, misconceptions about treatment practices and safety of the treatments, and not wanting to financially burden patients who may not have access to extended health benefits. Respondents in Ontario also highlighted that lack of public transportation to clinics/services is an issue for many patients. Many respondents did not respond to the question asking if wait times for access to non-pharmacological treatments are an issue in their jurisdiction. Based on the limited feedback received, wait times were a major or moderate issue in the majority of responses that were received from New Brunswick, Nova Scotia, Ontario, Quebec, and Saskatchewan. Inability to address religious, cultural, or societal barriers to care and patient literacy were the barriers reported to be rarely or never an issue to the availability and access to non-pharmacological treatments.

Facilitators of the availability of and access to non-pharmacological treatments from a pan-Canadian perspective are presented in Appendix 23. The strategies reported by the greatest proportion ($\geq 50\%$) of respondents in the provinces to be facilitators always or very often were connectivity between health care professionals, evidence to support use of non-pharmacological strategies, enhanced funding or more straightforward funding, training in provision of non-pharmacological care, improved awareness or inventory of non-pharmacological options available, and multidisciplinary care provision. Of note, greater than 20% of respondents indicated that multidisciplinary care provision and increase in dedicated practitioners time were sometimes facilitators in their jurisdiction and 18% of respondents indicated that enhanced funding or more straightforward funding was rarely or never a facilitator in their jurisdiction.

STRATEGIES TO IMPROVE AVAILABILITY AND ACCESS TO NON-PHARMACOLOGICAL TREATMENTS

Most survey respondents were not aware of any strategies or solutions currently being considered or implemented aimed at improving availability of and access to non-pharmacological treatments in their jurisdiction. The following are strategies that were identified from survey feedback and from the literature search.

Pain Strategy Initiatives

Canada does not currently have a National Pain Strategy.^{2,34} In partnership with the Canadian Pain Coalition, the Canadian Pain Society announced a strategy at a pain summit in 2012, but it was never adopted by the federal government.³⁴ In addition, the Canadian Pain Coalition, a national framework of patient pain groups; and health professionals and researchers involved in

chronic pain, ceased operation due to a lack of funding in 2017.³⁵ Several pain strategy initiatives are underway to help create coordinated long-term solutions to reduce the prescription of opioids and increase utilization of alternative treatment options, including non-pharmacological therapies, for the management of chronic pain in Canada.

McMaster Health Forum

The McMaster Health Forum convened a stakeholder dialogue in December 2017, on the subject of developing a National Pain Strategy for Canada.³⁶ With the support of the Institute for Pain Research and Care, the dialogue brought together 24 participants from across Canada. Improving primary-care based chronic pain management and creating/expanding interdisciplinary speciality-care teams was identified as one of the approaches for developing a National Pain Strategy.

The Coalition for Safe and Effective Pain Management

The Coalition for Safe and Effective Pain Management was formed in February 2017 to develop strategies to reduce the prevalence of opioid prescribing in Canada by optimizing an interprofessional, patient-centred, collaborative approach to evidence-based, non-pharmacological pain management.³⁷ The Coalition members include the primary providers of non-pharmacological pain management (including psychologists, physiotherapists, chiropractors, and occupational therapists) who play a role in the delivery of physical and psychological alternatives to opioids in primary care settings. In March 2017, the Coalition was added as a signatory of the federal government's Joint Statement of Action to Address the Opioid Crisis.^{37,38} An interim report highlights a proposed approach to pain management in Canada which involves improving the integration of and access to non-pharmacological alternatives. Several priorities for implementation were identified including the development a comprehensive strategies across the provinces and territories to optimize alternatives prior to initial opioid prescription and the establishment of pain pathways in primary care settings that optimize non-pharmacological pain management at points of care where opioids are commonly prescribed. A full report of recommendations is expected to be released in the winter of 2018.

Chronic Pain Network

The Chronic Pain Network was awarded \$12.5 million in 2016 from the Canadian Institutes for Health Research (CIHR) under Canada's Strategy for Patient-Oriented Research (SPOR).³⁹ The Chronic Pain Network is a national collaboration of patients, researchers, healthcare professionals, educators, industry, and government policy advisors to direct new patient-oriented research in chronic pain, train researchers and clinicians, and translate findings into knowledge and policy.⁴⁰ The Network provides funding to 20 research projects, covering population studies, behavioural studies, basic science, and clinical trials.

Provincial Initiatives

Several provinces, including Alberta,⁴¹ British Columbia,⁴²⁻⁴⁴ Ontario,⁴⁵ and Saskatchewan,^{46,47} have embarked on developing pain strategies with the intention to establish a unified approach to ensure timely access to chronic pain management services at the provincial level.

The Ontario provincial government has invested 17 million annually (beginning in 2016) to create or enhance current 17 multi-disciplinary chronic pain clinics across the province.⁴⁸ Ontario is also expanding Rapid Access Clinics, a program to help people with hip, knee and lower back pain access treatment faster.⁴⁹ The program is designed to reduce wait times through a coordinated triage process following referral from family physicians. The intention is to prevent unnecessary medical procedures (including imaging and surgery) and allow patients to access treatment options faster including referrals to physiotherapy and chiropractic treatment.

Rapid Access Clinics builds on the framework of the lower pain pilot program, Interprofessional Spine Assessment and Education Clinics (ISAEC), that was launched in November 2012. SpineAccess Alberta is a similar project in Alberta. A pilot program is evaluating a new model of care for back pain by creating multi-disciplinary team triage centres to help reduce unnecessary consultations and imaging.⁵⁰ Other groups, including PainBC and SaskPain, are also working to obtain provincial funding for multi-disciplinary pain treatment facilities.³⁴ Quebec has created a Pain registry of 10,000 patients for clinical and research purposes as part of a strategic initiative of the Quebec Pain Research Network.^{51,52} This database will provide clinical and epidemiology research to better understand chronic pain to improve pain management and treatment.

Initiatives to Increase Access to Pain Specialists and Allied Health Care Professionals

The following represent a few examples of initiatives that are taking place across Canada to connect primary care providers with pain specialists and to increase access to allied health care professionals in community and rural settings.

Champlain BASE eConsult

The Champlain BASE (Building Access to Specialists through eConsultation) eConsult service is a secure online platform that provides primary care providers quick access to specialist advice for their patients.⁵³ Funding for operational support and research has been received from the Ontario Ministry of Health, Canadian Institutes of Health Research, the Royal College of Physicians and Surgeons of Canada, Bruyère Research Institute, University of Ottawa Department of Medicine, and the CHEO AFP Innovation fund.⁵⁴ The service allows a primary care provider to submit a non-urgent, patient-specific question to a participating speciality to provide guidance on how to treat the patient or recommend a face-to-face referral.⁵⁵ Since its launch in 2010, a total of 33,327 cases have been completed by 1,355 registered primary care providers (1,160 family physicians and 195 nurse practitioners) from 449 clinics.⁵⁴ The eConsult service has been shown to reduce wait times for specialist advice and the number of referrals from primary care provider to specialist care.^{56,57} The service is currently accessible in Ottawa and surrounding communities but there are plans to expand the service across Ontario and discussions are currently being held with eHealth services in the provinces of Manitoba and Newfoundland and Labrador, as well as several national agencies representing Canada's northern communities.⁵⁸

Project ECHO

Project ECHO (Extension for Community Healthcare Outcomes) Ontario Chronic Pain was launched in April 2014 as a tele-medicine based mentoring strategy to connect primary care practitioners from across Ontario in remote, rural, or underserved communities with inter-professional pain specialist teams (consisting of psychiatry, pain medicine, neurology, addiction medication, family medicine, psychology, nursing, social work, physical therapy, occupational therapy, pharmacy, and chiropractic services) via weekly video-conferencing sessions.^{59,60} Project ECHO is funded by the Ontario Ministry of Health.^{60,61} Unlike Champlain BASE eConsult, there is no patient relationship made between the ECHO hub members and the cases presented in the ECHO sessions.⁶⁰ All primary care providers (including physicians, nurse practitioners, nurses, social workers, occupational therapists, physiotherapists, pharmacists and other allied health professionals) gain knowledge from listening to case discussions, creating a growing network of pain management providers. ECHO has linked over 150 care providers and over 50 primary care sites since launching the initiative.

Medical Mentoring for Addictions and Pain Network

The Ontario College of Family Physicians and the College of Physicians and Surgeons of Ontario have partnered to develop the Medical Mentoring for Addictions and Pain Network (MMAP).⁶² MMAP connects family physicians to physicians with expertise in chronic pain and addictions who provide advice and support in the areas of diagnosis, psychotherapy and pharmacology. Family physicians receive timely advice from mentors on an informal basis through email, telephone, an online discussion forum, and in-person meetings. Formal continuing professional development events such as small group meetings and regional and annual conferences take place regularly to augment the case-specific mentoring discussions.

Atlantic Mentorship Network- Pain and Addiction

The Atlantic Mentorship Network-Pain and Addiction (AMN-P&A) is the largest network of pain and addiction providers in Canada.⁶³ Funding is provided primarily from the Nova Scotia Department of Health and Wellness and the Newfoundland Department of Health. It is designed to connect practitioners (including physicians, nurses, nurse practitioners, physiotherapists, occupational therapists, psychologists, and social workers) with over 200 pain and addiction providers across Canada. Members meet in small groups three times a year to discuss cases and receive various educational components. Members can also discuss cases with other members in the group via email or online forums.

Integration of Chiropractic Services into Publicly-Funded Community Facilities

In 2011, Manitoba initiated a pilot program providing access to chiropractic care within the Mount Carmel Clinic, a provincially funded inner city community health centre.⁶⁴ The project was designed to help manage pain in low-income patients with chronic musculoskeletal pain by integrating publicly funded community-based providers with chiropractors. Results from study of project showed a significant reduction in pain in patients suffering from chronic musculoskeletal pain with most of cases not requiring a referral to another healthcare provider. A similar project has integrated chiropractic services within a publicly funded, multi-disciplinary, primary care community health center in Cambridge, Ontario.⁶⁵ A study evaluating the service showed that the majority of patients referred to the service by their physician or nurse practitioner reported a significant reduction in pain. More than three-quarters did not visit their primary care provider while under chiropractic care.

Use of Telehealth Technologies to Increase Access to Physical Therapy

A pilot project is investigating the use of a telehealth team care model to help assess chronic back pain in rural and remote Saskatchewan.⁶⁶ Real-time videoconferencing is used to connect nurse practitioners in rural and remote communities with an urban-based physical therapist who provides guidance for hands-on assessments. The findings from this project will help inform the development of community-based implementation strategies to improve access to physical therapy services in primary health care settings in rural and remote underserved areas.

Although videoconferencing may be able to address some unique healthcare needs when delivery physical therapy services in remote communities, secure videoconferencing units are not available in every community.⁶⁷ A second pilot project is investigating the use of remote presence robotic (RPR) technology for improving access to physical therapy for people with chronic back disorders in northern Saskatchewan communities.⁶⁷ RPR runs on a wireless connection, eliminating the need for a wired connection normally required for traditional telehealth systems. RPR systems also allow a physical therapist to easily move around a patient, zoom in, and enable screen sharing to facilitate patient education. A recent case report shows that the delivery of interprofessional spinal triage management using RPR in a remote

setting is feasible.⁶⁷ Neither of these technologies are currently widely implemented or funded external to the research setting in Saskatchewan.

Limitations

The findings of this Environmental Scan present an overview of the current context of non-pharmacological treatment of chronic non-cancer pain in Canada based on the perspectives of a limited number of people working in the field. A systematic literature search was not conducted and the report is not intended as a comprehensive review on the topic. The main focus was to evaluate the availability of and access to non-pharmacological therapies delivered by health care and other professionals. Hence, many patient self-led interventions or educational opportunities offered outside of traditional healthcare facilities were not captured from the target pool of respondents and were considered beyond the scope of this report. The highest proportion of responses were received from chiropractors and physiotherapists. Although these health professionals play a significant role in providing non-pharmacological therapies in primary care settings, the views presented may not be representative of other allied healthcare professionals providing front-line non-pharmacological treatments (including occupational therapists and psychologists) or other professionals providing complementary/traditional pain therapies (including massage therapists, yoga instructors, and acupuncturists). Furthermore, the overall findings may not accurately represent the perspective of other healthcare professionals involved in the management of chronic pain (including family physicians, specialist physicians, and nurse practitioners) particularly regarding the availability and access to certain non-pharmacological treatments only provided in publicly-funded tertiary care centres including deep brain stimulation, nerve block, implantable nerve stimulators, and spinal cord stimulation. Many respondents noted they were unfamiliar with treatments outside their area of expertise, particularly the psychological treatment modalities (mainly due to the absence or limited response from psychiatrists, psychologists, counsellors, and other mental health professionals) which may have skewed survey results.

The majority of respondents worked in urban primary care settings, at standalone private facilities, or at standalone multi-disciplinary pain treatment facilities. Hence, the generalizability of the findings to other treatment settings and facility types including rural and remote health care settings may be limited. In addition, the survey did not ask explicitly about remote monitoring and treatment, telehealth, or internet-enabled interventions. As such, we were not able to comment directly on the availability of these modes of care delivery. There may have been an over-representation of the extent to which non-pharmacological treatments are funded out-of-pocket or through private insurance based on the fact that few respondents worked in publicly-funded standalone facilities or hospitals. As well, survey feedback may not accurately reflect the extent to which wait times are a barrier for access to non-pharmacological treatments in publicly-funded facilities across the jurisdictions. Findings also do not represent the current landscape of the access to and availability to non-pharmacological treatments in areas of Canada where limited or no survey feedback was received including Newfoundland and Labrador, Nova Scotia, Prince Edward Island, and the three Territories. Lastly, when inquiring about barriers and facilitators to availability of and access to non-pharmacological treatment options, we chose the approach of asking about how often factors acted as barriers or facilitators, rather than whether they were relevant barriers or facilitators. This may have impacted their perceived relevance to respondents.

Conclusion

In summary, most of the non-pharmacological treatments included in the survey were reported to be available in the jurisdictions, particularly in urban settings. Quebec and Manitoba had the highest proportion of respondents indicating availability of non-pharmacological treatments in rural settings. Ontario, Quebec, and British Columbia had the highest proportion of respondents indicating availability of non-pharmacological treatments in multi-disciplinary pain treatment facilities. Across the provinces, few respondents indicated availability for most of the non-pharmacological treatments in remote, research institute, long-term care, and home care settings. Based on geography, the availability of non-pharmacological treatment modalities was lower in rural settings than urban settings, and lowest in remote settings.

Despite survey feedback indicating that most of the non-pharmacological treatments are available in the jurisdictions, respondents reported that access to these treatments is limited due to long wait times for publicly-funded services (including those provided by multi-disciplinary pain treatment facilities) and the lack of public funding for the community-based services such as chiropractic care, physiotherapy, and occupational therapy. Access to these private services in the community may be beyond the reach of many people due to financial constraints unless they are able to pay out-of-pocket and/or receive reimbursement from third-party funding including private insurance, workers' compensation, or automobile insurance. Furthermore, although these non-pharmacological treatments have been shown to be most effective when offered as part of a team approach,³⁶ survey feedback indicates that chronic-pain management in community settings is seldom provided using a coordinated approach with input from multi-disciplinary pain care providers. Many respondents highlighted the lack of referral from primary care physicians as a significant barrier to accessing non-pharmacological treatments.

The barriers to accessing non-pharmacological treatments identified in this Environmental Scan are also present in other countries. For example, many non-pharmacological therapies are not reimbursed by Medicaid, Medicare, or third-party payers in the United States.^{60,69} Integrated health systems such as Kaiser Permanente and the Veterans Health Administration have sought to make multi-modal pain care more widely available, even establishing virtual treatment networks relying on telehealth to deliver some non-pharmacological pain treatment modalities to remote areas.⁶⁰ Despite such efforts, lack of universal health coverage means that many people who cannot afford private insurance do not have access to non-pharmacological treatments.

Similar challenges to accessing non-pharmacological treatments exist in Australia. Although Australia has a universal basic healthcare system, it does not cover a range of adjunctive pain treatments, including non-pharmacological therapies.⁷⁰ However, many private health insurers subsidise non-pharmacological treatments. Patients have also had issues assessing outpatient pain management services in Australia.⁷¹ Results from a survey conducted between 2008 and 2010 showed that the median waiting time from referral to initial clinical assessment for a publicly funded outpatient adult pain management service was 150 days, compared with 38.5 days for a privately funded service.⁷¹ The study also showed that there was substantial variability in the services offered, including access to allied-health professionals. Similar findings have been reported in the UK, where only 40% of pain clinics in England were found to be multi-disciplinary (including nursing, physiotherapy, and psychology specialists).⁷² Canada does not currently have a National Pain Strategy, although efforts are underway to develop one.^{2,34} In the United States, a National Pain Strategy was released in 2016 outlining the federal government's first coordinated plan for reducing the burden of chronic pain.⁷³ One its short-term strategic goals is to carry out proof-of-concept analyses with large public and private healthcare databases to identify patterns of non-

pharmacological utilization and the associated costs. Findings from these analyses may provide insight into existing disparities in pain care and how different payment models affect both patterns of treatment and costs across a sampling of the general population. The Australia National Pain Strategy was released in 2010 to provide a nation-wide framework for the delivery of pain management services.⁷⁴ One of its strategic goals was to ensure equity of access and appropriate use of non-pharmacological interventions.⁷³ As of 2015, the strategy has helped facilitate the establishment of 14 new multi-disciplinary pain centres across New South Wales, Queensland and Victoria.⁷⁵ As part of the framework, community-based services are providing pain management services and outreach services via telehealth and the Medical Specialist Outreach Assistance Program are also helping to bring pain management services to people in rural and remote areas.^{75,76}

Survey feedback indicates that the majority respondents were not aware of or were not using any specific policies, frameworks, or guidelines to guide selection of patients for non-pharmacological treatments. Across the provinces, respondents expressed the need for further guidance (e.g., guidelines, frameworks, policies, clinical pathways) to provide direction for using non-pharmacological treatments for chronic non-cancer pain. A qualitative study on the attitudes of pain physicians on Canadian opioid guidelines noted various implementation challenges.⁷⁷ It was reported that improved guideline presentation, dissemination and education are needed to support uptake. There may be similar implementation considerations for guidelines for non-pharmacological treatment as well. Several national and provincial initiatives are currently underway to create coordinated long-term solutions to increase the utilization of alternative treatment options to opioids (including non-pharmacological therapies) for the management of chronic pain in Canada, connect primary care providers with pain specialists, and to increase access to allied health care professionals in community and rural settings.

This Environmental Scan is just one of many reports that CADTH has completed to inform and guide decisions related to pain management and opioids as part of our commitment to the [Joint Statement of Action to Address the Opioid Crisis in Canada](#).³⁸ These reports, including many on non-pharmacological treatment options for the management of pain, can be found in the [Pain](#) and [Opioid Evidence Bundles](#), available free of charge on the CADTH website.^{78,79}

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Appendix 1: Survey Respondents Information

Occupation (Number of Respondents)	Setting (Number of Respondents)	Facility (Number of Respondents)	Organizations Represented (Number of Respondents)
Alberta (15 Respondents)			
Chiropractor (11) Family physician (1) Physical therapist (1) Executive director, Primary Care Network (1) Associate professor (1)	Urban (13) Rural (3) Remote (1) Primary Care (7) Secondary/ Tertiary care (1) Community/ Long-term Care (3) Other (0)	Standalone private facility (9) Standalone public facility (0) Multi-disciplinary pain treatment (standalone) (5) Multi-disciplinary pain treatment (affiliated) (1) Public academic hospital or associated facility (1) Public community hospital or associated facility (1) Health care research institute (1) Ambulatory care facility (1) Community health care facility (e.g., nursing station, public health clinic, family health team) (1) Long-term care setting or chronic care facility (0) Home care setting (1) None of these facilities or settings (0) Other (0)	Alberta Chiropractic Association Alberta Health Services Barclay Chiropractic Brooks Chiropractic College of Family Physicians Canada Canadian Chiropractic Association (2) Chipperfield Chiropractic Chiropractic, Sport & Muscle Core Chiropractic Health First Soft Tissue and Joint clinic Kakwa Chiropractic Oakridge Chiropractic Palliser Primary Care Network University of Alberta
British Columbia (36 Respondents)			
Physical therapist (1) Occupational therapist (5) Chiropractor (23) Chief Medical Officer (1) Assistant Professor (1) Psychologist (2) Nurse practitioner (2) Chief Nurse Executive (1)	Urban (27) Rural (7) Remote (2) Primary Care (13) Secondary/Tertiary care (5) Community/Long-term care (3) Other (2)	Standalone private facility (24) Standalone public facility (3) Multi-disciplinary pain treatment (standalone) (11) Multi-disciplinary pain treatment (affiliated) (2) Public academic hospital or associated facility (2) Public community hospital or associated facility (3) Health care research institute (0) Ambulatory care facility (1) Community health care facility (e.g., nursing station, public health clinic, family health team) (2) Long-term care setting or chronic care facility (1) Home care setting (3) None of these facilities or settings (0) Other (3)	Abbotsford Spine Centre Are You Better Yet Therapy Services Bayview Chiropractic Be Chiropractic Wellness British Columbia Chiropractic Association (6) British Columbia College of Chiropractors (2) Canadian Chiropractic Association (4) Clearbrook chiropractic massage and acupuncture Courtenay Family Chiropractic Dan Suttill DC Dr. B Caulfield's Chiropractic Corporation Enigma Consulting, Inc

Occupation (Number of Respondents)	Setting (Number of Respondents)	Facility (Number of Respondents)	Organizations Represented (Number of Respondents)
			Fraser Health Authority Gibsons Chiropractic, Health & Wellness Centre Interior Health Ironwood Chiropractic Island Health (2) Life Skills Therapy Long Lake Chiropractic Centre Maple Meadows Chiropractic Myodetox - PhysioRoom Okanagan Health & performance Providence Health Care Seasons Health Therapies Suncoast Chiropractic Touchworks Wellness Centre University of British Columbia (2) University of Victoria Willowbrook Chiropractic WorkSafeBC
Manitoba (8 Respondents)			
Associate Professor (1) Assistant Professor (1) Chiropractor (3) Psychologist (1) Anesthesiologist (2)	Urban (6) Rural (1) Remote (1) Primary Care (3) Secondary/Tertiary care (4) Community/Long-term care (0) Other (0)	Standalone private facility (4) Standalone public facility (0) Multi-disciplinary pain treatment (standalone) (3) Multi-disciplinary pain treatment (affiliated) (1) Public academic hospital or associated facility (3) Public community hospital or associated facility (2) Health care research institute (1) Ambulatory care facility (1) Community health care facility (e.g., nursing station, public health clinic, family health team) (1) Long-term care setting or chronic care facility (0) Home care setting (1) None of these facilities or settings (0) Other (0)	Health Sciences Centre (2) Pan Am clinic Richmond family chiropractic centre Spectrum health centre TGH hospital University of Manitoba (2)
New Brunswick (24 Respondents)			
Physiotherapist (16)	Urban (15)	Standalone private facility (4)	42 CF Health Services Base

Occupation (Number of Respondents)	Setting (Number of Respondents)	Facility (Number of Respondents)	Organizations Represented (Number of Respondents)
President (1) Occupational therapist (1) Nurse Practitioner (4) Manager of Physiotherapy and Clinical Nutrition Services (1) Family Physician (1)	Rural (10) Remote (1) Primary Care (8) Secondary/ Tertiary care (8) Community/ Long-term Care (7) Other (0)	Standalone public facility (2) Multi-disciplinary pain treatment (standalone) (0) Multi-disciplinary pain treatment (affiliated) (5) Public academic hospital or associated facility (2) Public community hospital or associated facility (7) Health care research institute (1) Ambulatory care facility (2) Community health care facility (e.g., nursing station, public health clinic, family health team) (5) Long-term care setting or chronic care facility (0) Home care setting (3) None of these facilities or settings (1) Other (0)	Gagetown Canadian Arthritis Patient Alliance CBI Health Group (2) CHUGLD The New Brunswick Extra Mural Program (EMP)/ Le Programme Extra-Mural Du Nouveau-Brunswick (PEM) Fredericton Downtown Community Health Centre Hôpital Régional Chaleur/ Chaleur Regional Hospital (2) Horizon Health Network (5) Nurse Practitioners of New Brunswick Executive ptHealth Regional Health Authority B Réseau de santé Vitalité/Vitalite Health Network (3) River Valley Physiotherapy PC Ltd Stan Cassidy Rehabilitation Center (2)
Nova Scotia (1 Respondent)			
Physiotherapist (1)	Urban (1) Rural (0) Remote (0) Primary Care (1) Secondary/ Tertiary care (1) Community/ Long-term Care (0) Other (0)	Standalone private facility (0) Standalone public facility (0) Multi-disciplinary pain treatment (standalone) (0) Multi-disciplinary pain treatment (affiliated) (0) Public academic hospital or associated facility (0) Public community hospital or associated facility (1) Health care research institute (0) Ambulatory care facility (1) Community health care facility (e.g., nursing station, public health clinic, family health team) (0) Long-term care setting or chronic care facility (0) Home care setting (0) None of these facilities or settings (0) Other (0)	IWK Health Centre Nova Scotia Physiotherapy Association

Occupation (Number of Respondents)	Setting (Number of Respondents)	Facility (Number of Respondents)	Organizations Represented (Number of Respondents)
Ontario (47 Respondents)			
Chiropractor (34) Family physician (3) Emergency physician (1) Neurologist (1) Assistant Professor (2) Clinical Pharmacist (1) Physician Lead (1) Executive Director Lead, Quality Standards (1) Physiotherapist (1) Senior Pharmacist Advisor (1) Executive Director (1)	Urban (28) Rural (13) Remote (2) Primary Care (21) Secondary/ Tertiary care (6) Community/ Long-term Care (4) Other (1)	Standalone private facility (28) Standalone public facility (1) Multi-disciplinary pain treatment (standalone) (13) Multi-disciplinary pain treatment (affiliated) (3) Public academic hospital or associated facility (3) Public community hospital or associated facility (2) Health care research institute (3) Ambulatory care facility (0) Community health care facility (e.g., nursing station, public health clinic, family health team) (5) Long-term care setting or chronic care facility (1) Home care setting (1) None of these facilities or settings (2) Other (0)	101 Physiotherapy Athens Family Chiropractic Clinic Canadian Chiropractic Assoc. (7) Canadian Memorial Chiropractic College Canadian Pharmacists Association Canadian Society of Hospital Pharmacists Clear Path Chiropractic Health Centre Clements Chiropractic College of Chiropractors of Ontario (2) College of Physicians and Surgeons of Ontario Dr. Katelyn Lockwood Dr. Mark E. Jones, D.C. Dufferin Area Family Health Team Dynamic Health & Performance Finch-Midland Chiropractic Clinic Glebe Chiropractic Clinic Gordon Street Chiropractic Centre HealthQuarters Health Quality Ontario Inspire Chiropractic Rehabilitation & Sport Performance Institute for Safe Medication Practices LIVA Health Locum tenens Mount Sinai Hospital New Life Integrative Health Centre Noad Chiropractic Clinic Ontario College of Family Physicians Ontario Chiropractic Association (2) Perth Chiropractic Queen's University SHHA

Occupation (Number of Respondents)	Setting (Number of Respondents)	Facility (Number of Respondents)	Organizations Represented (Number of Respondents)
			Sports Medicine Centre of Excellence St Joseph's Hospital London Superior Chiropractic Clinic Tottenham Chiropractic Unionville Family Chiropractic University of Toronto Victory Chiropractic Wellington Ortho & Rehab
Quebec (12 Respondents)			
Assistant Professor (1) Chiropractor (6) Physiotherapist (3) Professor (2)	Urban (10) Rural (3) Remote (0) Primary Care (8) Secondary/ Tertiary care (1) Community/ Long-term Care (0) Other (1)	Standalone private facility (9) Standalone public facility (1) Multi-disciplinary pain treatment (standalone) (1) Multi-disciplinary pain treatment (affiliated) (0) Public academic hospital or associated facility (0) Public community hospital or associated facility (0) Health care research institute (0) Ambulatory care facility (0) Community health care facility (e.g., nursing station, public health clinic, family health team) (1) Long-term care setting or chronic care facility (0) Home care setting (1) None of these facilities or settings (1) Other (1)	Action Sport Physio; West Island Canadian Chiropractic Assoc / Assoc Chiropratique Canadienne (2) Clinique Chiro-Santé clinique chiropratique cifola inc. clinique chiropratique McGill University Pain Relief Center Université du Québec à Trois-Rivières Université Laval (2)
Saskatchewan (4 Respondents)			
Associate Professor (2) Chiropractor (2) Palliative care physician (1)	Urban (4) Rural (0) Remote (1) Primary Care (2) Secondary/Tertiary care (1) Community/Long-term Care (0) Other (0)	Standalone private facility (1) Standalone public facility (0) Multi-disciplinary pain treatment (standalone) (1) Multi-disciplinary pain treatment (affiliated) (0) Public academic hospital or associated facility (0) Public community hospital or associated facility (0) Health care research institute (1) Ambulatory care facility (1) Community health care facility (e.g., nursing station, public health clinic, family health team) (0) Long-term care setting or chronic care facility (1)	East Quance chiropractic Saskatchewan Health Authority - Regina Area University of Saskatchewan

Occupation (Number of Respondents)	Setting (Number of Respondents)	Facility (Number of Respondents)	Organizations Represented (Number of Respondents)
		Home care setting (0) None of these facilities or settings (0) Other (0)	

Appendix 2: Availability of Non-Pharmacological Physical Treatments in Alberta (n=15)^{a,b}

TREATMENT ^c	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Nerve block	2 (13%)	3 (20%)	7 (47%)	0	1 (7%)	0	0	1 (7%)	6 (40%)	1 (7%)	1 (7%)	5 (33%)
Deep brain stimulation	0	1 (7%)	2 (13%)	0	0	0	0	0	3 (20%)	0	4 (27%)	7 (47%)
Ultrasound	4 (27%)	6 (40%)	5 (33%)	0	3 (20%)	1 (7%)	1 (7%)	3 (20%)	8 (53%)	1 (7%)	0	4 (27%)
Shock wave therapy	2 (13%)	3 (20%)	2 (13%)	1 (7%)	1 (7%)	0	0	0	8 (53%)	0	1 (7%)	6 (40%)
Prolotherapy	2 (13%)	1 (7%)	3 (20%)	0	0	0	0	0	6 (40%)	0	2 (13%)	7 (47%)
TENS	5 (33%)	5 (33%)	5 (33%)	0	3 (20%)	2 (13%)	4 (27%)	4 (27%)	7 (47%)	2 (13%)	0	4 (27%)
Implantable Nerve Stimulator	0	0	3 (20%)	0	0	0	0	0	4 (27%)	0	4 (27%)	6 (40%)
Splints	4 (27%)	4 (27%)	6 (40%)	0	2 (13%)	1 (7%)	2 (13%)	2 (13%)	7 (47%)	0	0	5 (33%)
Chiropractic	3 (20%)	6 (40%)	1 (7%)	1 (7%)	3 (20%)	0	0	3 (20%)	10 (67%)	1 (7%)	0	1 (7%)
Spinal manipulation	3 (20%)	5 (33%)	3 (20%)	1 (7%)	4 (27%)	0	0	3 (20%)	10 (67%)	0	0	1 (7%)
Massage therapy	3 (20%)	3 (20%)	3 (20%)	0	4 (27%)	0	0	2 (13%)	8 (53%)	2 (13%)	0	4 (27%)
Occupational therapy	6 (40%)	5 (33%)	3 (20%)	0	3 (20%)	1 (7%)	1 (7%)	2 (13%)	7 (47%)	1 (7%)	0	4 (27%)
Osteopathy	0	1 (7%)	1 (7%)	0	0	0	0	0	3 (20%)	0	3 (20%)	8 (53%)
Acupuncture and acupressure	5 (33%)	6 (40%)	4 (27%)	0	4 (27%)	0	0	1 (7%)	7 (47%)	0	0	3 (20%)
Physical therapy	8 (53%)	5 (33%)	5 (33%)	0	4 (27%)	1 (7%)	2 (13%)	3 (20%)	7 (47%)	0	0	4 (27%)
Hot-Cold treatments	8 (53%)	7 (47%)	4 (27%)	1 (7%)	5 (33%)	3 (20%)	3 (20%)	4 (27%)	9 (60%)	2 (13%)	0	4 (27%)
Positioning	4 (27%)	5 (33%)	4 (27%)	0	2 (13%)	1 (7%)	1 (7%)	1 (7%)	4 (27%)	1 (7%)	1 (7%)	8 (53%)
Hydrotherapy	4 (27%)	3 (20%)	4 (27%)	0	2 (13%)	1 (7%)	1 (7%)	1 (7%)	7 (47%)	0	0	5 (33%)
Spinal cord stimulation	0	0	2 (13%)	0	0	0	0	0	3 (20%)	0	4 (27%)	8 (53%)
Endurance Exercise	4 (27%)	3 (20%)	3 (20%)	1 (7%)	5 (33%)	1 (7%)	1 (7%)	2 (13%)	6 (40%)	1 (7%)	0	5 (33%)
Strength Training	4 (27%)	3 (20%)	3 (20%)	1 (7%)	6 (40%)	1 (7%)	2 (13%)	4 (27%)	7 (47%)	2 (13%)	0	3 (20%)
Movement/Physical Activity	6 (40%)	6 (40%)	4 (27%)	2 (13%)	6 (40%)	3 (20%)	3 (20%)	4 (27%)	9 (60%)	3 (20%)	0	2 (13%)
Yoga	2 (13%)	2 (13%)	2 (13%)	0	5 (33%)	0	0	2 (13%)	7 (47%)	1 (7%)	0	3 (20%)
Tai Chi	2 (13%)	2 (13%)	1 (7%)	0	5 (33%)	0	0	2 (13%)	6 (40%)	0	1 (7%)	3 (20%)

Personal Trainer	2 (13%)	2 (13%)	1 (7%)	0	5 (33%)	0	0	3 (20%)	7 (47%)	2 (13%)	0	3 (20%)
Animal-assisted therapy	0	1 (7%)	0	0	2 (13%)	0	0	2 (13%)	5 (33%)	1 (7%)	1 (7%)	6 (40%)
Music therapy	1 (7%)	1 (7%)	0	0	1 (7%)	0	0	0	4 (27%)	0	2 (13%)	8 (53%)
Aromatherapy	1 (7%)	1 (7%)	0	0	1 (7%)	0	0	1 (7%)	5 (33%)	1 (7%)	1 (7%)	7 (47%)

^aIn response to the survey question “Of the following non-pharmacological physical treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 3: Availability of Non-Pharmacological Physical Treatments in British Columbia (n=36)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Nerve block	8 (22%)	10 (28%)	15 (42%)	2 (6%)	0	0	0	0	8 (22%)	0	2 (6%)	8 (22%)
Deep brain stimulation	0	1 (3%)	4 (11%)	2 (6%)	0	0	0	0	2 (6%)	0	12 (33%)	16 (44%)
Ultrasound	12 (33%)	14 (39%)	12 (33%)	2 (6%)	3 (8%)	1 (3%)	1 (3%)	4 (11%)	10 (28%)	1 (3%)	1 (3%)	9 (25%)
Shock wave therapy	10 (28%)	6 (17%)	4 (11%)	1 (3%)	0	0	0	2 (6%)	8 (22%)	0	2 (6%)	12 (33%)
Prolotherapy	10 (28%)	9 (25%)	14 (39%)	3 (8%)	0	0	0	1 (3%)	7 (19%)	0	2 (6%)	7 (19%)
TENS	14 (39%)	10 (28%)	10 (28%)	0	5 (14%)	1 (3%)	5 (14%)	4	8 (22%)	1 (3%)	1 (3%)	8 (22%)
Implantable Nerve Stimulator	1 (3%)	5 (14%)	4 (11%)	1 (3%)	0	0	0	0	4 (11%)	0	7 (19%)	16 (44%)
Splints	11 (31%)	14 (39%)	7 (19%)	0	5 (14%)	4 (11%)	3 (8%)	3 (8%)	8 (22%)	2 (6%)	1 (3%)	15 (42%)
Chiropractic	15 (42%)	12 (33%)	8 (22%)	1 (3%)	4 (11%)	4 (11%)	4 (11%)	11 (31%)	17 (47%)	2 (6%)	3 (8%)	6 (17%)
Spinal manipulation	15 (42%)	10 (28%)	8 (22%)	1 (3%)	3 (8%)	3 (8%)	3 (8%)	11 (31%)	14 (39%)	2 (6%)	3 (8%)	6 (17%)
Massage therapy	14 (39%)	9 (25%)	8 (22%)	0	3 (8%)	2 (6%)	4 (11%)	9 (25%)	14 (39%)	0	3 (8%)	7 (19%)
Occupational therapy	13 (36%)	14 (39%)	11 (31%)	1 (3%)	10 (28%)	6 (17%)	5 (14%)	6 (17%)	12 (33%)	1 (3%)	1 (3%)	12 (33%)
Osteopathy	7 (19%)	4 (11%)	2 (6%)	0	0	0	0	1 (3%)	7 (19%)	0	8 (22%)	12 (33%)
Acupuncture and acupressure	14 (39%)	7 (19%)	7 (19%)	1 (3%)	2 (6%)	2 (6%)	1 (3%)	6 (17%)	13 (36%)	1 (3%)	3 (8%)	8 (22%)
Physical therapy	18 (50%)	18 (50%)	15 (42%)	0	5 (14%)	4 (11%)	3 (8%)	7 (19%)	13 (36%)	1 (3%)	0	10 (28%)
Hot-Cold treatments	13 (36%)	11 (31%)	8 (22%)	1 (3%)	8 (22%)	6 (17%)	9 (25%)	9 (25%)	11 (31%)	3 (8%)	2 (6%)	10 (28%)
Positioning	8 (22%)	4 (11%)	7 (19%)	0	4 (11%)	3 (8%)	3 (8%)	3 (8%)	5 (14%)	1 (3%)	5 (14%)	16 (44%)
Hydrotherapy	10 (28%)	5 (14%)	7 (19%)	1 (3%)	5 (14%)	0	0	1 (3%)	7 (19%)	0	1 (3%)	14 (39%)
Spinal cord stimulation	2 (6%)	5 (14%)	4 (11%)	2 (6%)	0	0	0	1 (3%)	6 (17%)	0	6 (17%)	17 (47%)
Endurance Exercise	11(31%)	6 (17%)	5 (14%)	0	7 (19%)	2 (6%)	2 (6%)	5 (14%)	11 (31%)	1 (3%)	2 (6%)	13 (36%)
Strength Training	12 (33%)	7 (19%)	5 (14%)	0	10 (28%)	3 (8%)	4 (11%)	6 (17%)	10 (28%)	3 (8%)	2 (6%)	10 (28%)
Movement/Physical Activity	14 (39%)	10 (28%)	8 (22%)	0	12 (33%)	5 (14%)	4 (11%)	8 (22%)	12 (33%)	2 (6%)	0	8 (22%)
Yoga	11(31%)	2 (6%)	5 (14%)	0	12 (33%)	2 (6%)	3 (8%)	7 (19%)	10 (28%)	2 (6%)	1 (3%)	7 (19%)
Tai Chi	7 (19%)	1 (3%)	3 (8%)	0	13 (36%)	2 (6%)	2 (6%)	7 (19%)	10 (28%)	2 (6%)	2 (6%)	10 (28%)

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Personal Trainer	10 (28%)	2 (6%)	3 (8%)	0	10 (28%)	2 (6%)	4 (11%)	8 (22%)	10 (28%)	1 (3%)	3 (8%)	12 (33%)
Animal-assisted therapy	7 (19%)	6 (17%)	2 (6%)	0	5 (14%)	4 (11%)	3 (8%)	5 (14%)	7 (19%)	1 (3%)	5 (14%)	13 (36%)
Music therapy	8 (22%)	3 (8%)	2 (6%)	0	7 (19%)	2 (6%)	2 (6%)	3 (8%)	7 (19%)	1 (3%)	4 (11%)	12 (33%)
Aromatherapy	7 (19%)	1 (3%)	1 (3%)	0	7 (19%)	2 (6%)	4 (11%)	5 (14%)	9 (25%)	2 (6%)	4 (11%)	16 (44%)

^aIn response to the survey question “Of the following non-pharmacological physical treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 4: Availability of Non-Pharmacological Physical Treatments in Manitoba (n=8)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Nerve block	1 (13%)	3 (38%)	4 (50%)	1 (13%)	0	0	0	2 (25%)	1 (13%)	2 (25%)	0	3 (38%)
Deep brain stimulation	1 (13%)	1 (13%)	3 (38%)	1 (13%)	0	0	0	0	0	0	2 (25%)	3 (38%)
Ultrasound	2 (25%)	5 (63%)	3 (38%)	1 (13%)	3 (38%)	0	1 (13%)	3 (38%)	4	1 (13%)	2 (25%)	1 (13%)
Shock wave therapy	0	2 (25%)	1 (13%)	1 (13%)	0	0	0	0	1 (13%)	0	2 (25%)	4 (50%)
Prolotherapy	1 (13%)	1 (13%)	1 (13%)	0	0	0	0	1 (13%)	1 (13%)	0	2 (25%)	5 (63%)
TENS	3 (38%)	4 (50%)	3 (38%)	1 (13%)	2 (25%)	1 (13%)	1 (13%)	3 (38%)	3 (38%)	2 (25%)	0	2 (25%)
Implantable Nerve Stimulator	1 (13%)	2 (25%)	4 (50%)	1 (13%)	0	0	0	0	1 (13%)	0	1 (13%)	3 (38%)
Splints	3 (38%)	3 (38%)	2 (25%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	1 (13%)	2 (25%)	1 (13%)	1 (13%)	3 (38%)
Chiropractic	0	3 (38%)	2 (25%)	1 (13%)	5 (63%)	0	0	4 (50%)	4 (50%)	2 (25%)	1 (13%)	1 (13%)
Spinal manipulation	2 (25%)	4 (50%)	2 (25%)	1 (13%)	4 (50%)	0	1 (13%)	3 (38%)	4 (50%)	1 (13%)	1 (13%)	1 (13%)
Massage therapy	0	3 (38%)	2 (25%)	1 (13%)	4 (50%)	1 (13%)	1 (13%)	4 (50%)	5 (63%)	2 (25%)	1 (13%)	1 (13%)
Occupational therapy	3 (38%)	3 (38%)	2 (25%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	4 (50%)	4 (50%)	1 (13%)	0	2 (25%)
Osteopathy	0	2 (25%)	1 (13%)	0	3 (38%)	0	1 (13%)	3 (38%)	3 (38%)	0	1 (13%)	2 (25%)
Acupuncture and acupressure	1 (13%)	3 (38%)	3 (38%)	1 (13%)	4 (50%)	1 (13%)	1 (13%)	4 (50%)	5 (63%)	1 (13%)	0	1 (13%)
Physical therapy	4 (50%)	5 (63%)	4 (50%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	4 (50%)	5 (63%)	1 (13%)	0	1 (13%)
Hot-Cold treatments	1 (13%)	3 (38%)	3 (38%)	1 (13%)	1 (13%)	1 (13%)	1 (13%)	2 (25%)	4 (50%)	1 (13%)	1 (13%)	2 (25%)
Positioning	1 (13%)	3 (38%)	3 (38%)	0	1 (13%)	1 (13%)	1 (13%)	2 (25%)	4 (50%)	1 (13%)	1 (13%)	2 (25%)
Hydrotherapy	1 (13%)	3 (38%)	2 (25%)	1 (13%)	2 (25%)	0	0	2 (25%)	3 (38%)	0	0	3 (38%)
Spinal cord stimulation	2 (25%)	1 (13%)	4 (50%)	1 (13%)	0	0	0	0	1 (13%)	0	1 (13%)	3 (38%)
Endurance Exercise	1 (13%)	3 (38%)	2 (25%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	3 (38%)	5 (63%)	1 (13%)	0	1 (13%)
Strength Training	1 (13%)	3 (38%)	2 (25%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	4 (50%)	5 (63%)	1 (13%)	0	1 (13%)
Movement/Physical Activity	1 (13%)	3 (38%)	2 (25%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	4 (50%)	5 (63%)	1 (13%)	0	1 (13%)

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Yoga	0	2 (25%)	1 (13%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	4 (50%)	4 (50%)	2 (25%)	0	2 (25%)
Tai Chi	0	2 (25%)	1 (13%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	3 (38%)	4 (50%)	1 (13%)	0	2 (25%)
Personal Trainer	0	3 (38%)	2 (25%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)	4 (50%)	5 (63%)	1 (13%)	0	1 (13%)
Animal-assisted therapy	1 (13%)	2 (25%)	0	1 (13%)	1 (13%)	1 (13%)	2 (25%)	1 (13%)	3 (38%)	1 (13%)	2 (25%)	3 (38%)
Music therapy	1 (13%)	3 (38%)	2 (25%)	1 (13%)	1 (13%)	2 (25%)	2 (25%)	1 (13%)	4 (50%)	1 (13%)	2 (25%)	2 (25%)
Aromatherapy	0	2 (25%)	0	0	2 (25%)	0	1 (13%)	2 (25%)	3 (38%)	1 (13%)	1 (13%)	3 (38%)

^aIn response to the survey question "Of the following non-pharmacological physical treatments, which ones are available in your jurisdiction and in what settings?"

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 5: Availability of Non-Pharmacological Physical Treatments in New Brunswick (n=24)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Nerve block	6 (25%)	5 (21%)	8 (33%)	0	0	0	0	1 (4%)	5 (21%)	0	3 (13%)	4 (17%)
Deep brain stimulation	1 (4%)	0	1 (4%)	0	0	0	0	0	0	0	11 (46%)	9 (38%)
Ultrasound	8 (33%)	9 (38%)	4 (17%)	0	5 (21%)	0	3 (13%)	6 (25%)	8 (33%)	0	1 (4%)	7 (29%)
Shock wave therapy	7 (29%)	3 (13%)	2 (8%)	0	1 (4%)	0	0	4 (17%)	5 (21%)	0	5 (21%)	10 (42%)
Prolotherapy	2 (8%)	2 (8%)	6 (25%)	0	0	0	0	1 (4%)	4 (17%)	0	8 (33%)	8 (33%)
TENS	12 (50%)	13 (54%)	7 (29%)	0	8 (33%)	3 (13%)	7 (29%)	10 (42%)	12 (50%)	2 (8%)	0	5 (21%)
Implantable Nerve Stimulator	2 (8%)	3 (13%)	3 (13%)	0	0	0	0	0	3 (13%)	0	8 (33%)	10 (42%)
Splints	11 (46%)	15 (63%)	6 (25%)	0	5 (21%)	4 (17%)	5 (21%)	7 (29%)	11 (46%)	1 (4%)	1 (4%)	5 (21%)
Chiropractic	5 (21%)	1 (4%)	2 (8%)	0	2 (8%)	0	0	5 (21%)	11 (46%)	1 (4%)	0	6 (25%)
Spinal manipulation	9 (38%)	5 (21%)	3 (13%)	0	2 (8%)	0	0	5 (21%)	10 (42%)	1 (4%)	1 (24%)	7 (29%)
Massage therapy	5 (21%)	1 (4%)	3 (13%)	0	4 (17%)	0	2 (8%)	9 (38%)	11 (46%)	1 (4%)	0	6 (25%)
Occupational therapy	12 (50%)	11 (46%)	6 (25%)	0	9 (38%)	6 (25%)	9 (38%)	9 (38%)	12 (50%)	2 (8%)	0	5 (21%)
Osteopathy	5 (21%)	2 (8%)	2 (8%)	0	1 (4%)	0	0	5 (21%)	8 (33%)	0	3 (13%)	7 (29%)
Acupuncture and acupressure	11 (46%)	11 (46%)	6 (25%)	0	4 (17%)	1 (24%)	3 (13%)	7 (29%)	12 (50%)	1 (4%)	0	6 (25%)
Physical therapy	13 (54%)	13 (54%)	9 (38%)	1 (4%)	7 (29%)	4 (17%)	9 (38%)	8 (33%)	12 (50%)	2 (8%)	0	5 (21%)
Hot-Cold treatments	13 (54%)	14 (58%)	7 (29%)	1 (4%)	5 (21%)	7 (29%)	9 (38%)	8 (33%)	11 (46%)	2 (8%)	0	5 (21%)
Positioning	9 (38%)	14 (58%)	3 (13%)	1 (4%)	9 (38%)	7 (29%)	8 (33%)	6 (25%)	6 (25%)	2 (8%)	0	7 (29%)
Hydrotherapy	9 (38%)	7 (29%)	3 (13%)	0	5 (21%)	1 (4%)	1 (4%)	2 (8%)	9 (38%)	1 (4%)	2 (8%)	7 (29%)
Spinal cord stimulation	3 (13%)	1 (4%)	3 (13%)	0	0	0	0	0	3 (13%)	0	8 (33%)	10 (42%)
Endurance Exercise	10 (42%)	11 (46%)	3 (13%)	2 (8%)	6 (25%)	2 (8%)	3 (13%)	5 (21%)	8 (33%)	2 (8%)	1 (4%)	7 (29%)

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Strength Training	10 (42%)	13 (54%)	4 (17%)	2 (8%)	7 (29%)	3 (13%)	4 (17%)	7 (29%)	9 (38%)	3 (13%)	1 (4%)	6 (25%)
Movement/Physical Activity	10 (42%)	14 (58%)	4 (17%)	2 (8%)	7 (29%)	4 (17%)	6 (25%)	8 (33%)	9 (38%)	3 (13%)	0	6 (25%)
Yoga	3 (13%)	1 (4%)	2 (8%)	1 (4%)	6 (25%)	1 (4%)	1 (4%)	6 (25%)	10 (42%)	3 (13%)	0	7 (29%)
Tai Chi	2 (8%)	1 (4%)	2 (8%)	1 (4%)	6 (25%)	2 (8%)	1 (4%)	4 (17%)	10 (42%)	2 (8%)	1 (4%)	7 (29%)
Personal Trainer	1 (4%)	1 (4%)	1 (4%)	1 (4%)	5 (21%)	0	0	5 (21%)	11 (46%)	3 (13%)	0	6 (25%)
Animal-assisted therapy	4 (17%)	1 (4%)	0	0	2 (8%)	1 (4%)	0	1 (4%)	4 (17%)	0	9 (38%)	6 (25%)
Music therapy	1 (4%)	0	0	0	1 (4%)	0	0	0	3 (13%)	0	10 (42%)	10 (42%)
Aromatherapy	0	0	0	0	3 (13%)	0	0	1 (24%)	3 (13%)	0	7 (29%)	10 (42%)

^aIn response to the survey question “Of the following non-pharmacological physical treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 6: Availability of Non-Pharmacological Physical Treatments in Ontario (n=47)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Nerve block	15 (32%)	12 (26%)	19 (40%)	2 (4%)	1 (2%)	2 (4%)	0	2 (4%)	11 (23%)	0	5 (11%)	12 (26%)
Deep brain stimulation	4 (9%)	2 (4%)	7 (15%)	4 (9%)	0	0	0	0	5 (11%)	0	17 (36%)	13 (28%)
Ultrasound	18 (38%)	18 (38%)	15 (32%)	3 (6%)	6 (13%)	1 (2%)	4 (9%)	9 (19%)	17 (36%)	1 (2%)	0	9 (19%)
Shock wave therapy	14 (30%)	12 (26%)	11 (23%)	3 (6%)	4 (9%)	0	0	4 (9%)	5 (11%)	13 (28%)	4 (9%)	12 (26%)
Prolotherapy	10 (21%)	4 (9%)	10 (21%)	2 (4%)	1 (2%)	0	0	1 (2%)	6 (13%)	0	13 (28%)	18 (38%)
TENS	20 (43%)	22 (47%)	17 (36%)	4 (9%)	7 (15%)	5 (11%)	10 (21%)	10	17(36%)	2 (4%)	0	7 (15%)
Implantable Nerve Stimulator	6 (13%)	2 (4%)	8 (17%)	3 (6%)	0	0	0	0	4 (9%)	0	13 (28%)	21 (45%)
Splints	16 (34%)	18 (38%)	15 (32%)	6 (13%)	9 (19%)	8 (17%)	7 (15%)	11 (23%)	17(36%)	1 (2%)	2 (4%)	16 (34%)
Chiropractic	19 (40%)	20 (43%)	17 (36%)	5 (11%)	7 (15%)	3 (6%)	4 (9%)	20 (43%)	21 (45%)	1 (2%)	0	7 (15%)
Spinal manipulation	18 (38%)	18 (38%)	15 (32%)	4 (9%)	5 (11%)	1 (2%)	2 (4%)	17 (36%)	17(36%)	1 (2%)	0	9 (19%)
Massage therapy	18 (38%)	14 (30%)	14 (30%)	2 (4%)	7 (15%)	3 (6%)	6 (13%)	17 (36%)	19 (40%)	0	1 (2%)	10 (21%)
Occupational therapy	16 (34%)	15 (32%)	15 (32%)	3 (6%)	9 (19%)	7 (15%)	9 (19%)	8 (17%)	12 (26%)	2 (4%)	1 (2%)	14 (30%)
Osteopathy	13 (28%)	7 (15%)	6 (13%)	0	2 (4%)	0	1 (2%)	7 (15%)	13 (28%)	0	3 (6%)	16 (34%)
Acupuncture and acupressure	18 (38%)	14 (30%)	14 (30%)	3 (6%)	5 (11%)	0	2 (4%)	12 (26%)	17 (36%)	0	3 (6%)	11 (23%)
Physical therapy	18 (38%)	19 (40%)	18 (38%)	3 (6%)	11 (23%)	9 (19%)	11 (23%)	16 (34%)	18 (38%)	2 (4%)	0	10 (42%)
Hot-Cold treatments	18 (38%)	20 (43%)	13 (28%)	4 (9%)	11 (23%)	8 (17%)	14 (30%)	16 (34%)	19 (40%)	3 (6%)	1 (2%)	11 (23%)
Positioning	7 (15%)	7 (15%)	5 (11%)	2 (4%)	2 (4%)	3 (6%)	2 (4%)	2 (4%)	4 (9%)	1 (2%)	6 (13%)	28 (60%)
Hydrotherapy	9 (19%)	7 (15%)	10 (21%)	1 (2%)	3 (6%)	1 (2%)	1 (2%)	3 (6%)	9 (19%)	0	5 (11%)	22 (47%)

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Spinal cord stimulation	2 (4%)	1 (2%)	12 (26%)	2 (4%)	0	0	0	0	5 (11%)	0	9 (19%)	23 (49%)
Endurance Exercise	18 (38%)	14 (30%)	13 (28%)	4 (9%)	5 (11%)	3 (6%)	5 (11%)	13 (28%)	14 (30%)	2 (4%)	2 (4%)	15 (32%)
Strength Training	20 (43%)	16 (34%)	15 (32%)	4 (9%)	7 (15%)	4 (9%)	6 (13%)	17 (36%)	17 (36%)	4 (9%)	2 (4%)	10 (42%)
Movement/Physical Activity	19 (40%)	16 (34%)	16 (34%)	4 (9%)	8 (17%)	4 (9%)	6 (13%)	13 (28%)	17 (36%)	4 (9%)	2 (4%)	12 (26%)
Yoga	13 (28%)	7 (15%)	8 (17%)	1 (2%)	9 (19%)	2 (4%)	4 (9%)	11 (23%)	15 (32%)	3 (6%)	3 (6%)	14 (30%)
Tai Chi	11 (23%)	7 (15%)	7 (15%)	1 (2%)	8 (17%)	3 (6%)	2 (4%)	11 (23%)	12 (26%)	2 (4%)	4 (9%)	15 (32%)
Personal Trainer	13 (28%)	7 (15%)	7 (15%)	1 (2%)	8 (17%)	1 (2%)	2 (4%)	8 (17%)	15 (32%)	2 (4%)	3 (6%)	12 (26%)
Animal-assisted therapy	3 (6%)	3 (6%)	2 (4%)	1 (2%)	3 (6%)	1 (2%)	1 (2%)	4 (9%)	7 (15%)	0	10 (21%)	23 (49%)
Music therapy	5 (11%)	2 (4%)	4 (9%)	1 (2%)	3 (6%)	2 (4%)	2 (4%)	3 (6%)	8 (17%)	0	12 (26%)	20 (43%)
Aromatherapy	8 (17%)	4 (9%)	3 (6%)	1 (2%)	1 (2%)	1 (2%)	2 (4%)	6 (13%)	8 (17%)	0	8 (17%)	20 (43%)

^aIn response to the survey question “Of the following non-pharmacological physical treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 7: Availability of Non-Pharmacological Physical Treatments in Quebec (n=12)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Nerve block	3 (25%)	4 (33%)	6 (50%)	0	0	0	0	0	4 (33%)	0	0	3 (25%)
Deep brain stimulation	0	1 (8%)	2 (17%)	2 (17%)	0	0	0	0	2 (17%)	0	3 (25%)	4 (33%)
Ultrasound	5 (42%)	7 (58%)	1 (8%)	0	2 (17%)	1 (8%)	1 (8%)	3 (25%)	6 (50%)	1 (8%)	0	3 (25%)
Shock wave therapy	1 (8%)	7 (58%)	2 (17%)	1 (8%)	0	0	0	0	6 (50%)	0	1 (8%)	3 (25%)
Prolotherapy	1 (8%)	1 (8%)	3 (25%)	1 (8%)	0	0	0	0	4 (33%)	1 (8%)	3 (25%)	4 (33%)
TENS	6 (50%)	10 (83%)	6 (50%)	3 (25%)	4 (33%)	3 (25%)	2 (17%)	8 (67%)	8 (67%)	3 (25%)	0	1 (8%)
Implantable Nerve Stimulator	0	2 (17%)	5 (42%)	2 (17%)	0	0	0	0	4 (33%)	0	3 (25%)	3 (25%)
Splints	6 (50%)	5 (42%)	5 (42%)	2 (17%)	5 (42%)	2 (17%)	2 (17%)	5 (42%)	6 (50%)	1 (8%)	0	4 (33%)
Chiropractic	2 (17%)	8 (67%)	3 (25%)	1 (8%)	3 (25%)	0	2 (17%)	7 (58%)	7 (58%)	3 (25%)	0	2 (17%)
Spinal manipulation	4 (33%)	9 (12%)	5 (42%)	1 (8%)	3 (25%)	0	3 (25%)	7 (58%)	7 (58%)	3 (25%)	0	2 (17%)
Massage therapy	3 (25%)	8 (67%)	5 (42%)	1 (8%)	3 (25%)	2 (17%)	4 (33%)	7 (58%)	7 (58%)	3 (25%)	0	3 (25%)
Occupational therapy	7 (58%)	7 (58%)	7 (58%)	2 (17%)	5 (42%)	2 (17%)	4 (33%)	3 (25%)	7 (58%)	2 (17%)	0	3 (25%)
Osteopathy	1 (8%)	7 (58%)	3 (25%)	0	1 (8%)	0	1 (8%)	6 (50%)	7 (58%)	0	0	3 (25%)
Acupuncture and acupressure	2 (17%)	7 (58%)	4 (33%)	1 (8%)	2 (17%)	0	1 (8%)	6 (50%)	7 (58%)	1 (8%)	0	3 (25%)
Physical therapy	8 (67%)	10 (83%)	8 (67%)	5 (42%)	7 (58%)	5 (42%)	7 (58%)	8 (67%)	8 (67%)	4 (33%)	0	2 (17%)
Hot-Cold treatments	3 (25%)	7 (58%)	5 (42%)	2 (17%)	5 (42%)	2 (17%)	3 (25%)	5 (42%)	6 (50%)	1 (8%)	1 (8%)	3 (25%)

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Positioning	3 (25%)	5 (42%)	4 (33%)	2 (17%)	3 (25%)	2 (17%)	2 (17%)	4 (33%)	4 (33%)	1 (8%)	2 (17%)	3 (25%)
Hydrotherapy	4 (33%)	3 (25%)	4 (33%)	0	0	0	0	0	4 (33%)	0	2 (17%)	4 (33%)
Spinal cord stimulation	1 (8%)	1 (8%)	4 (33%)	2 (17%)	1 (8%)	0	0	1 (8%)	3 (25%)	0	2 (17%)	4 (33%)
Endurance Exercise	4 (33%)	7 (58%)	5 (42%)	2 (17%)	2 (17%)	2 (17%)	3 (25%)	5 (42%)	6 (50%)	1 (8%)	0	3 (25%)
Strength Training	4 (33%)	7 (58%)	5 (42%)	2 (17%)	2 (17%)	2 (17%)	2 (17%)	5 (42%)	6 (50%)	1 (8%)	0	2 (17%)
Movement/Physical Activity	5 (42%)	8 (67%)	6 (50%)	3 (25%)	4 (33%)	3 (25%)	5 (42%)	6 (50%)	7 (58%)	2 (17%)	0	1 (8%)
Yoga	2 (17%)	4 (33%)	1 (8%)	1 (8%)	3 (25%)	1 (8%)	1 (8%)	3 (25%)	6 (50%)	0	0	3 (25%)
Tai Chi	1 (8%)	3 (25%)	0	0	3 (25%)	0	0	2 (17%)	6 (50%)	0	0	3 (25%)
Personal Trainer	1 (8%)	5 (42%)	1 (8%)	0	0	0	2 (17%)	1 (8%)	6 (50%)	0	0	3 (25%)
Animal-assisted therapy	0	1 (8%)	1 (8%)	0	0	1 (8%)	0	0	2 (17%)	0	5 (42%)	3 (25%)
Music therapy	0	1 (8%)	1 (8%)	1 (8%)	0	0	0	0	2 (17%)	0	5 (42%)	4 (33%)
Aromatherapy	1 (8%)	1 (8%)	1 (8%)	0	0	0	0	1 (8%)	2 (17%)	0	4 (33%)	4 (33%)

^aIn response to the survey question “Of the following non-pharmacological physical treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 8: Availability of Non-Pharmacological Physical Treatments in Saskatchewan (n=4)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Nerve block	1 (25%)	1 (25%)	3 (75%)	0	0	1 (25%)	0	0	2 (50%)	0	0	0
Deep brain stimulation	0	1 (25%)	1 (25%)	1 (25%)	0	0	0	0	1 (25%)	0	0	0
Ultrasound	3 (75%)	2 (50%)	1 (25%)	0	1 (25%)	1 (25%)	1 (25%)	3 (75%)	3 (75%)	0	1 (25%)	0
Shock wave therapy	2 (50%)	1 (25%)	1 (25%)	0	0	0	0	0	1 (25%)	0	1 (25%)	1 (25%)
Prolotherapy	1 (25%)	1 (25%)	0	0	0	0	0	0	2 (50%)	0	1 (25%)	1 (25%)
TENS	3 (75%)	2 (50%)	2 (50%)	0	1 (25%)	1 (25%)	2 (50%)	2 (50%)	2 (50%)	0	0	0
Implantable Nerve Stimulator	1 (25%)	1 (25%)	2 (50%)	0	0	0	0	0	2 (50%)	0	0	0
Splints	1 (25%)	3 (75%)	0	0	1 (25%)	0	1 (25%)	0	1 (25%)	0	0	1 (25%)
Chiropractic	2 (50%)	2 (50%)	2 (50%)	0	1 (25%)	0	0	4 (100%)	4 (100%)	1 (25%)	0	0
Spinal manipulation	2 (50%)	2 (50%)	2 (50%)	0	1 (25%)	0	0	4 (100%)	4 (100%)	1 (25%)	0	0
Massage therapy	2 (50%)	2 (50%)	1 (25%)	0	1 (25%)	0	0	4 (100%)	4 (100%)	1 (25%)	0	0
Occupational therapy	2 (50%)	3 (75%)	2 (50%)	0	1 (25%)	1 (25%)	1 (25%)	2 (50%)	2 (50%)	0	0	0
Osteopathy	0	1 (25%)	0	0	0	0	0	0	1 (25%)	0	3 (75%)	0

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Acupuncture and acupressure	1 (25%)	1 (25%)	0	0	1 (25%)	0	0	3 (75%)	4 (100%)	0	0	0
Physical therapy	3 (75%)	3 (75%)	2 (50%)	0	1 (25%)	2 (50%)	2 (50%)	3 (75%)	4 (100%)	1 (25%)	0	0
Hot-Cold treatments	3 (75%)	3 (75%)	2 (50%)	1 (25%)	2 (50%)	2 (50%)	3 (75%)	3 (75%)	4 (100%)	2 (50%)	1 (25%)	0
Positioning	2 (50%)	1 (25%)	1 (25%)	0	1 (25%)	1 (25%)	1 (25%)	2 (50%)	3 (75%)	1 (25%)	1 (25%)	0
Hydrotherapy	2 (50%)	0	0	0	1 (25%)	0	0	0	3 (75%)	0	0	0
Spinal cord stimulation	1 (25%)	1 (25%)	1 (25%)	0	0	0	0	0	2 (50%)	0	0	0
Endurance Exercise	3 (75%)	2 (50%)	2 (50%)	0	1 (25%)	1 (25%)	1 (25%)	3 (75%)	3 (75%)	1 (25%)	1 (25%)	0
Strength Training	3 (75%)	2 (50%)	2 (50%)	0	1 (25%)	1 (25%)	1 (25%)	3 (75%)	3 (75%)	1 (25%)	1 (25%)	0
Movement/Physical Activity	3 (75%)	2 (50%)	2 (50%)	0	1 (25%)	1 (25%)	1 (25%)	2 (50%)	2 (50%)	1 (25%)	1 (25%)	0
Yoga	1 (25%)	0	0	0	0	0	0	3 (75%)	3 (75%)	0	0	1 (25%)
Tai Chi	0	0	0	0	0	0	0	1 (25%)	3 (75%)	0	0	1 (25%)
Personal Trainer	1 (25%)	0	0	0	0	0	0	0	2 (50%)	0	0	1 (25%)
Animal-assisted therapy	1 (25%)	0	0	0	0	0	0	1 (25%)	0	0	1 (25%)	1 (25%)
Music therapy	1 (25%)	1 (25%)	0	0	0	0	0	0	1 (25%)	0	1 (25%)	1 (25%)
Aromatherapy	1 (25%)	0	0	0	0	0	0	1 (25%)	2 (50%)	0	0	1 (25%)

^aIn response to the survey question “Of the following non-pharmacological physical treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 9: Additional Non-Pharmacological Physical Treatments Identified by Respondents

PHYSICAL TREATMENT MODALITY
<ul style="list-style-type: none"> • Laser therapy • Active release technique • Graston technique • Reflexology • Craniosacral therapy • Mirror imaging therapy • Sensory motor re-training • Lymphatic drainage • Motor cortex stimulation • Graded motor imagery • Dry needling (intramuscular stimulation)

PHYSICAL TREATMENT MODALITY	
•	Bio acoustical utilization device therapy
•	Combined microcurrent and cranial electrotherapy stimulation
•	Shiatsu
•	Qi Jong
•	Decompression therapy

Appendix 10: Ease of Access to Non-Pharmacological Physical Treatments Across Jurisdictions (N=146)

TREATMENT	PERCENTAGE OF RESPONSES ^a																				
	Not at all							Somewhat							Very						
	AB ^b	BC ^c	MB ^d	NB ^e	ON ^f	QC ^g	SK ^h	AB	BC	MB	NB	ON	QC	SK	AB	BC	MB	NB	ON	QC	SK
Nerve block	7%	25%	25%	33%	28%	58%	100%	47%	50%	38%	42%	34%	17%	0%	7%	3%	13%	0%	9%	8%	0%
Deep brain stimulation	47%	64%	50%	58%	51%	67%	100%	13%	64%	13%	8%	13%	8%	0%	0%	0%	13%	0%	4%	0%	0%
Ultrasound	0%	8%	0%	50%	4%	8%	0%	13%	33%	63%	50%	28%	25%	75%	67%	33%	25%	21%	43%	42%	25%
Shock wave therapy	27%	25%	13%	29%	19%	8%	75%	13%	33%	38%	29%	28%	42%	0%	47%	19%	13%	13%	30%	17%	25%
Prolotherapy	20%	14%	13%	38%	30%	58%	75%	47%	50%	38%	25%	19%	8%	0%	7%	17%	38%	0%	13%	0%	25%
TENS	0%	3%	0%	0%	2%	8%	25%	7%	22%	50%	46%	30%	17%	25%	73%	50%	25%	29%	47%	58%	50%
Implantable Nerve Stimulator	47%	53%	25%	46%	51%	67%	100%	20%	17%	25%	13%	11%	0%	0%	0%	0%	13%	0%	2%	0%	0%
Splints	7%	3%	0%	0%	11%	8%	0%	20%	33%	25%	63%	32%	33%	75%	47%	33%	38%	13%	28%	33%	25%
Chiropractic	0%	6%	0%	4%	13%	8%	0%	13%	28%	38%	46%	32%	42%	50%	87%	53%	50%	25%	36%	42%	50%
Spinal manipulation	7%	8%	0%	13%	11%	8%	0%	7%	28%	75%	29%	30%	50%	50%	73%	47%	13%	29%	38%	33%	50%
Massage therapy	7%	6%	13%	4%	6%	8%	0%	0%	22%	25%	46%	30%	25%	50%	73%	50%	50%	29%	43%	50%	50%
Occupational therapy	7%	3%	0%	0%	9%	8%	25%	33%	42%	63%	58%	30%	50%	75%	33%	33%	13%	21%	32%	25%	0%
Osteopathy	27%	22%	63%	13%	19%	8%	50%	20%	33%	38%	46%	26%	42%	25%	20%	17%	63%	21%	28%	42%	25%
Acupuncture and acupressure	0%	6%	13%	8%	13%	8%	0%	20%	53%	38%	54%	34%	42%	75%	67%	50%	38%	8%	32%	33%	25%
Physical therapy	0%	3%	0%	0%	6%	8%	0%	13%	28%	38%	46%	26%	25%	75%	73%	50%	50%	21%	43%	58%	25%
Hot-Cold treatments	0%	11%	0%	0%	0%	17%	0%	7%	14%	25%	25%	6%	17%	25%	80%	53%	38%	38%	66%	42%	75%
Positioning	13%	19%	13%	0%	11%	25%	0%	13%	22%	38%	33%	19%	8%	50%	47%	22%	13%	54%	30%	50%	50%

TREATMENT	PERCENTAGE OF RESPONSES ^a																				
	Not at all							Somewhat							Very						
	AB ^b	BC ^c	MB ^d	NB ^e	ON ^f	QC ^g	SK ^h	AB	BC	MB	NB	ON	QC	SK	AB	BC	MB	NB	ON	QC	SK
Hydrotherapy	7%	14%	13%	17%	15%	25%	25%	20%	33%	25%	42%	36%	33%	25%	33%	19%	25%	46%	15%	17%	50%
Spinal cord stimulation	40%	53%	38%	54%	40%	58%	100%	13%	11%	25%	8%	17%	8%	0%	0%	0%	13%	17%	9%	0%	0%
Endurance Exercise	0%	8%	13%	4%	9%	8%	0%	13%	31%	25%	25%	19%	42%	50%	73%	42%	38%	42%	47%	25%	50%
Strength Training	0%	6%	13%	0%	9%	8%	0%	7%	25%	25%	33%	26%	42%	25%	80%	50%	38%	42%	45%	33%	75%
Movement/Physical Activity	0%	3%	13%	0%	4%	8%	0%	13%	22%	25%	33%	23%	17%	25%	67%	56%	38%	42%	45%	42%	75%
Yoga	0%	3%	13%	8%	4%	8%	0%	7%	22%	38%	33%	21%	25%	50%	80%	58%	25%	33%	49%	42%	50%
Tai Chi	0%	3%	13%	13%	11%	8%	25%	27%	36%	38%	46%	23%	25%	50%	47%	42%	25%	17%	43%	42%	25%
Personal Trainer	0%	6%	13%	8%	9%	17%	50%	27%	22%	38%	50%	40%	33%	50%	53%	53%	38%	13%	40%	25%	0%
Animal-assisted therapy	7%	22%	38%	42%	23%	50%	75%	40%	50%	25%	25%	38%	8%	25%	0%	0%	0%	0%	4%	8%	0%
Music therapy	13%	19%	25%	42%	19%	50%	50%	27%	44%	13%	13%	36%	8%	50%	13%	8%	25%	4%	9%	8%	0%
Aromatherapy	13%	17%	25%	33%	6%	33%	50%	20%	28%	13%	21%	38%	25%	25%	27%	28%	13%	4%	19%	8%	25%

^aIn response to the survey question “Are the following treatment options easy to access (i.e., widely available; no referral needed or easy to obtain a referral; funded or affordable for most patients)?”

^bn=15, ^cn=36, ^dn=8, ^en=24, ^fn=47, ^gn=12, ^hn=4

Appendix 11: Funding Models in Use for Non-Pharmacological Physical Treatments Across Jurisdictions (N=146)

Funding Model	NUMBER (PERCENTAGE) OF POSITIVE RESPONSES ^a						
	AB (n=15)	BC (n=36)	MB (n=8)	NB (n=24)	ON (n=47)	QC (n=12)	SK (n=4)
Public	4 (27%)	9 (25%)	2 (25%)	11(46%)	11 (23%)	4 (33%)	0
Public if certain criteria met	9 (60%)	16 (44%)	3 (38%)	7 (29%)	14 (30%)	7 (58%)	2 (50%)
Private insurance	13 (87%)	28 (78%)	5 (63%)	14 (58%)	37 (79%)	11 (92%)	3 (75%)
Mix	1 (7%)	7 (19%)	2 (25%)	4 (17%)	7 (15%)	1 (8%)	1 (25%)
Patient out-of-pocket	13 (87%)	27 (75%)	5 (63%)	13 (54%)	38 (81%)	10 (83%)	4 (100%)
Foundational, grant, in-kind	0	0	1 (13%)	0	0	0	0

^aIn response to the survey question “In general, for the non-pharmacological physical treatment modalities that are available in your context, what are the funding models in use?”

Appendix 12: Availability of Non-Pharmacological Psychological Treatments in Alberta (n=15)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Cognitive Behavioural	2 (13%)			0		0	0	1 (7%)	8 (53%)	1 (7%)	0	5 (33%)

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Therapy		3 (20%)	2 (13%)		2 (13%)							
Behavioural Therapy	2 (13%)	3 (20%)	2 (13%)	0	2 (13%)	0	0	1 (7%)	7 (47%)	1 (7%)	0	6 (40%)
Psychotherapy	1 (7%)	2 (13%)	2 (13%)	0	2 (13%)	0	0	1 (7%)	2 (13%)	0	0	5 (33%)
Meditation	0	2 (13%)	2 (13%)	0	2 (13%)	0	1 (7%)	2 (13%)	5 (33%)	1 (7%)	1 (7%)	7 (47%)
Biofeedback	1 (7%)	1 (7%)	2 (13%)	0	1 (7%)	0	0	0	6 (40%)	0	1 (7%)	7 (47%)
Relaxation and breathing techniques	1 (7%)	1 (7%)	1 (7%)	0	2 (13%)	0	1 (7%)	2 (13%)	6 (40%)	1 (7%)	1 (7%)	7 (47%)
Hypnosis	1 (7%)	2 (13%)	2 (13%)	0	0	0	0	0	6 (40%)	0	0	8 (53%)
Mindfulness	1 (7%)	2 (13%)	1 (7%)	0	2 (13%)	0	0	0	6 (40%)	2 (13%)	2 (13%)	6 (40%)
Virtual and augmented reality	0	1 (7%)	0	0	0	0	0	0	3 (20%)	0	4 (27%)	8 (53%)
Support Groups	2 (13%)	3 (20%)	2 (13%)	0	3 (20%)	0	1 (7%)	1 (7%)	5 (33%)	0	0	6 (40%)

^aIn response to the survey question “Of the following non-pharmacological psychological treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 13: Availability of Non-Pharmacological Psychological Treatments in British Columbia (n=36)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Cognitive Behavioural Therapy	12 (32%)	9 (24%)	12 (32%)	1 (3%)	5 (14%)	1 (3%)	1 (3%)	3 (8%)	8 (22%)	1 (3%)	0	8 (22%)
Behavioural Therapy	7 (19%)	8 (22%)	10 (27%)	2 (5%)	6 (16%)	0	0	0	1 (3%)	6 (16%)	0	9 (24%)
Psychotherapy	10 (27%)	9 (24%)	9 (24%)	1 (3%)	5 (14%)	0	0	2 (5%)	7 (19%)	0	0	12 (33%)
Meditation	8 (22%)	3 (8%)	12 (32%)	2 (5%)	11 (30%)	3 (8%)	4 (11%)	5 (14%)	9 (24%)	2 (5%)	0	12 (33%)
Biofeedback	9 (24%)	5 (14%)	11 (30%)	1 (3%)	4 (11%)	0	0	1 (3%)	8 (22%)	0	1 (3%)	13 (36%)
Relaxation and breathing techniques	10 (27%)	5 (14%)	11 (30%)	1 (3%)	11 (30%)	5 (14%)	7 (19%)	5 (14%)	10 (27%)	1 (3%)	0	12 (33%)
Hypnosis	8 (22%)	1 (3%)	8 (22%)	0	3 (8%)	0	0	2 (5%)	5 (14%)	0	4 (11%)	14 (39%)
Mindfulness	8 (22%)	3 (8%)	10 (27%)	1 (3%)	12 (32%)	2 (5%)	5 (14%)	3 (8%)	9 (24%)	1 (3%)	1 (3%)	12 (33%)
Virtual and augmented reality	1 (3%)	4 (11%)	3 (8%)	1 (3%)	3 (8%)	0	0	2 (5%)	3 (8%)	2 (5%)	0	18 (50%)
Support Groups	1 (3%)	2 (5%)	0	1 (3%)	1 (3%)	0	0	0	2 (5%)	0	2 (5%)	12 (33%)

^aIn response to the survey question “Of the following non-pharmacological psychological treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 14: Availability of Non-Pharmacological Psychological Treatments in Manitoba (n=8)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Cognitive Behavioural Therapy	2 (25%)	4 (50%)	4 (50%)	1 (13%)	2 (25%)	1 (13%)	0	2 (25%)	2 (25%)	1 (13%)	0	3 (38%)
Psychotherapy	1 (13%)	2 (25%)	3 (38%)	1 (13%)	2 (25%)	0	0	2 (25%)	1 (13%)	1 (13%)	0	5 (63%)
Meditation	1 (13%)	2 (25%)	2 (25%)	1 (13%)	3 (38%)	0	0	2 (25%)	2 (25%)	0	0	4 (50%)
Biofeedback	1 (13%)	3 (38%)	3 (38%)	1 (13%)	2 (25%)	0	1 (13%)	2 (25%)	2 (25%)	0	0	4 (50%)
Relaxation and breathing techniques	1 (13%)	4 (50%)	3 (38%)	1 (13%)	2 (25%)	1 (13%)	1 (13%)	2 (25%)	3 (38%)	1 (13%)	0	3 (38%)
Hypnosis	1 (13%)	3 (38%)	3 (38%)	1 (13%)	2 (25%)	0	0	2 (25%)	2 (25%)	0	0	4 (50%)
Mindfulness	1 (13%)	4 (50%)	3 (38%)	1 (13%)	3 (38%)	0	0	2 (25%)	3 (38%)	1 (13%)	0	3 (38%)
Virtual and augmented reality	1 (13%)	2 (25%)	0	1 (13%)	1 (13%)	0	0	0	2 (25%)	0	2 (25%)	4 (50%)
Support Groups	0	2 (25%)	2 (25%)	0	3 (38%)	0	0	2 (25%)	2 (25%)	0	0	4 (50%)

^aIn response to the survey question “Of the following non-pharmacological psychological treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 15: Availability of Non-Pharmacological Psychological Treatments in New Brunswick (n=24)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Cognitive Behavioural Therapy	7 (29%)	5 (21%)	4 (17%)	0	4 (17%)	0	0	2 (8%)	6 (25%)	0	0	9 (38%)
Psychotherapy	6 (25%)	3 (13%)	5 (21%)	0	4 (17%)	0	0	2 (8%)	6 (25%)	0	0	10 (42%)
Meditation	7 (29%)	6 (25%)	5 (21%)	0	4 (17%)	0	0	2 (8%)	5 (21%)	0	0	9 (38%)
Biofeedback	2 (8%)	2 (8%)	3 (13%)	0	4 (17%)	0	0	3 (13%)	9 (38%)	0	2 (8%)	9 (38%)
Relaxation and breathing techniques	2 (8%)	3 (13%)	3 (13%)	0	3 (13%)	0	0	2 (8%)	5 (21%)	0	3 (13%)	10 (42%)
Hypnosis	6 (25%)	7 (29%)	4 (17%)	0	4 (17%)	1 (4%)	2 (8%)	5 (21%)	9 (38%)	0	0	9 (38%)
Mindfulness	1 (4%)	1 (4%)	0	0	4 (17%)	0	0	0	4 (17%)	0	6 (25%)	10 (42%)
Virtual and augmented reality	5 (21%)	2 (8%)	2 (8%)	0	2 (8%)	1 (4%)	0	3 (13%)	6 (25%)	0	3 (13%)	9 (38%)
Support Groups	0	0	0	0	1 (4%)	0	0	0	3 (13%)	0	8 (33%)	13 (54%)
Support Groups	3 (13%)	3 (13%)	3 (13%)	0	5 (21%)	0	0	2 (8%)	6 (25%)	0	3 (13%)	10 (42%)

^aIn response to the survey question “Of the following non-pharmacological psychological treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 16: Availability of Non-Pharmacological Psychological Treatments in Ontario (n=47)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Cognitive Behavioural Therapy	19 (40%)	13 (28%)	15 (32%)	3 (6%)	7 (15%)	1 (2%)	0	3 (6%)	15 (32%)	0	2 (4%)	17 (36%)
Behavioural Therapy	16 (34%)	12 (26%)	12 (26%)	3 (6%)	7 (15%)	1 (2%)	0	3 (6%)	12 (26%)	0	2 (4%)	18 (38%)
Psychotherapy	16 (34%)	13 (28%)	12 (26%)	3 (6%)	7 (15%)	2 (4%)	1 (2%)	4 (9%)	11 (23%)	0	2 (4%)	18 (38%)
Meditation	14 (30%)	8 (17%)	10 (21%)	3 (6%)	9 (19%)	0	1 (2%)	6 (13%)	12 (26%)	1 (2%)	0	18 (38%)
Biofeedback	14 (30%)	5 (11%)	10 (21%)	4 (9%)	4 (9%)	0	0	1 (2%)	9 (19%)	0	6 (13%)	20 (43%)
Relaxation and breathing techniques	14 (30%)	10 (21%)	12 (26%)	2 (4%)	9 (19%)	3 (6%)	1 (2%)	5 (11%)	12 (26%)	1 (2%)	1 (2%)	17 (36%)
Hypnosis	11 (23%)	4 (9%)	5 (11%)	2 (4%)	5 (11%)	0	0	1 (2%)	6 (13%)	0	8 (17%)	19 (40%)
Mindfulness	14 (30%)	12 (26%)	11 (23%)	3 (6%)	7 (15%)	0	0	3 (6%)	11 (23%)	0	3 (6%)	16 (34%)
Virtual and augmented reality	3 (6%)	3 (6%)	5 (11%)	3 (6%)	2 (4%)	0	0	0	3 (6%)	0	14 (30%)	24 (51%)
Support Groups	11 (23%)	13 (28%)	9 (19%)	2 (4%)	16 (34%)	3 (6%)	1 (2%)	6 (13%)	11 (23%)	0	2 (4%)	16 (34%)

^aIn response to the survey question “Of the following non-pharmacological psychological treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 17: Availability of Non-Pharmacological Psychological Treatments in Quebec (n=12)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Cognitive Behavioural Therapy	5 (42%)	3 (25%)	6 (50%)	2 (17%)	2 (17%)	0	0	3 (25%)	5 (42%)	0	0	3 (25%)
Behavioural Therapy	4 (33%)	3 (25%)	6 (50%)	1 (8%)	2 (17%)	0	0	1 (8%)	6 (50%)	0	0	3 (25%)
Psychotherapy	7 (58%)	4 (33%)	6 (50%)	1 (8%)	3 (25%)	0	0	4 (33%)	5 (42%)	1 (8%)	0	3 (25%)
Meditation	4 (33%)	4 (33%)	5 (42%)	1 (8%)	2 (17%)	0	1 (8%)	2 (17%)	5 (42%)	1 (8%)	0	3 (25%)
Biofeedback	2 (17%)	3 (25%)	5 (42%)	1 (8%)	2 (17%)	0	1 (8%)	1 (8%)	2 (17%)	0	2 (17%)	5 (42%)
Relaxation and breathing techniques	6 (50%)	6 (50%)	5 (42%)	1 (8%)	3 (25%)	0	1 (8%)	6 (50%)	5 (42%)	2 (17%)	0	3 (25%)
Hypnosis	4 (33%)	3 (25%)	5 (42%)	0	1 (8%)	0	0	1 (8%)	4 (33%)	0	0	4 (33%)
Mindfulness	5 (42%)	4 (33%)	5 (42%)	0	2 (17%)	0	1 (8%)	0	4 (33%)	0	1 (8%)	4 (33%)
Virtual and augmented reality	1 (8%)	1 (8%)	2 (17%)	3 (25%)	1 (8%)	0	0	0	2 (17%)	0	3 (25%)	5 (42%)
Support Groups	2 (17%)	2 (17%)	4 (33%)	0	6 (50%)	0	0	1 (8%)	5 (42%)	0	0	3 (25%)

^aIn response to the survey question “Of the following non-pharmacological psychological treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 18: Availability of Non-Pharmacological Psychological Treatments in Saskatchewan (n=4)^{a,b}

TREATMENT	Secondary healthcare facilities	Primary care or ambulatory care	Multi-disciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available	No answer
Cognitive Behavioural Therapy	1 (25%)	0	0	0	0	1 (25%)	0	0	2 (50%)	0	0	1 (25%)
Behavioural Therapy	1 (25%)	0	0	0	0	1 (25%)	0	0	2 (50%)	0	0	1 (25%)
Psychotherapy	1 (25%)	0	0	0	0	1 (25%)	0	0	2 (50%)	0	0	1 (25%)
Meditation	1 (25%)	0	0	0	0	0	0	0	2 (50%)	0	0	1 (25%)
Biofeedback	1 (25%)	0	0	0	0	1 (25%)	1 (25%)	0	2 (50%)	0	0	1 (25%)
Relaxation and breathing techniques	1 (25%)	0	0	0	0	0	1 (25%)	1 (25%)	2 (50%)	0	0	1 (25%)
Hypnosis	1 (25%)	0	0	0	0	0	0	0	2 (50%)	0	0	1 (25%)
Mindfulness	1 (25%)	0	0	0	0	0	0	1 (25%)	2 (50%)	0	0	1 (25%)
Virtual and augmented reality	1 (25%)	0	0	0	0	0	0	0	2 (50%)	0	0	1 (25%)
Support Groups	1 (25%)	0	0	0	0	1 (25%)	0	1 (25%)	2 (50%)	0	0	1 (25%)

^aIn response to the survey question “Of the following non-pharmacological psychological treatments, which ones are available in your jurisdiction and in what settings?”

^bResults are presented as the number (percentage) of respondents indicating which treatment modalities are available in each setting.

Appendix 19: Additional Non-Pharmacological Psychological Treatments Identified by Respondents

PSYCHOLOGICAL TREATMENT MODALITY
<ul style="list-style-type: none"> • Eye movement desensitization and reprocessing • Chronic pain workshops and other types of patient support groups and education • Floatation therapy • Assertive community treatment • Trauma therapy • Sleep therapy

Appendix 20: Ease of Access to Non-Pharmacological Psychological Treatments Across Jurisdictions (N=146)

TREATMENT	PERCENTAGE OF RESPONSES ^a																				
	Not at all							Somewhat							Very						
	AB ^b	BC ^c	MB ^d	NB ^e	ON ^f	QC ^g	SK ^h	AB	BC	MB	NB	ON	QC	SK	AB	BC	MB	NB	ON	QC	SK
Cognitive Behavioural Therapy	7%	19%	0%	13%	13%	33%	75%	33%	33%	38%	42%	43%	33%	0%	20%	11%	25%	0%	9%	8%	0%
Behavioural Therapy	7%	19%	0%	17%	11%	33%	75%	33%	36%	38%	38%	45%	42%	0%	20%	3%	25%	0%	6%	0%	0%
Psychotherapy	7%	19%	0%	17%	15%	25%	75%	33%	28%	38%	38%	36%	25%	0%	20%	17%	13%	0%	11%	25%	0%
Meditation	7%	3%	0%	8%	4%	25%	50%	20%	33%	38%	42%	43%	67%	25%	33%	33%	13%	8%	17%	0%	0%
Biofeedback	7%	17%	0%	25%	19%	33%	75%	33%	39%	38%	33%	36%	25%	0%	13%	8%	13%	0%	6%	0%	0%
Relaxation and breathing techniques	7%	3%	0%	4%	6%	8%	50%	13%	31%	38%	42%	40%	67%	0%	47%	33%	25%	13%	19%	0%	25%
Hypnosis	7%	17%	0%	33%	40%	33%	50%	33%	36%	38%	25%	19%	33%	25%	13%	8%	13%	0%	9%	8%	0%
Mindfulness	0%	3%	0%	17%	6%	25%	25%	20%	19%	38%	29%	40%	50%	50%	40%	36%	25%	13%	17%	0%	0%
Virtual and augmented reality	27%	36%	38%	38%	38%	50%	75%	13%	11%	13%	13%	19%	8%	0%	13%	8%	38%	0%	0%	0%	0%
Support Groups	7%	3%	0%	25%	9%	17%	0%	27%	22%	50%	17%	30%	42%	50%	33%	36%	0%	13%	26%	17%	25%

^aIn response to the survey question “Are the following treatment options easy to access (i.e., widely available; no referral needed or easy to obtain a referral; funded or affordable for most patients)?”

^bn=15, ^cn=36, ^dn=8, ^en=24, ^fn=47, ^gn=12, ^hn=4

Appendix 21: Funding Models in Use for Non-Pharmacological Psychological Treatments Across Jurisdictions (N=146)

Funding Model	NUMBER (PERCENTAGE) OF POSITIVE RESPONSES ^a						
	AB (n=15)	BC (n=36)	MB (n=8)	NB (n=24)	ON (n=47)	QC (n=12)	SK (n=4)
Public	3 (20%)	7 (19%)	3 (38%)	9 (38%)	12 (26%)	4 (33%)	1 (25%)
Public if certain criteria met	5 (33%)	11 (31%)	1 (13%)	6 (25%)	11 (23%)	5 (42%)	2 (50%)
Private insurance	8 (53%)	18 (50%)	4 (50%)	15 (63%)	29 (62%)	8 (67%)	2 (50%)
Mix	1 (7%)	5 (14%)	2 (25%)	2 (8%)	4 (9%)	3 (25%)	0
Patient out-of-pocket	8 (53%)	17 (47%)	5 (63%)	12 (50%)	29 (62%)	7 (58%)	3 (75%)
Foundational, grant, in-kind	0	1 (3%)	1 (13%)	1 (4%)	1 (2%)	1 (8%)	0

^aIn response to the survey question “In general, for the non-pharmacological psychological treatment modalities that are available in your context, what are the funding models in use?”

Appendix 22: Barriers to Availability of and Access to Non-Pharmacological Treatment (N=147)^{a,b}

BARRIER TYPE	PAN-CANADIAN RESPONSE NUMBER (PERCENTAGE)			
	Always/Very Often	Sometimes	Rarely/Never	No Answer
Resource Barriers				
Lack of infrastructure	37 (25%)	24 (16%)	27 (18%)	59 (40%)
Lack of medical expertise	39 (27%)	28 (19%)	22 (15%)	58 (39%)
Lack of medical resources	46 (31%)	25 (17%)	19 (13%)	57 (39%)
Lack of public funding	86 (59%)	8 (5%)	2 (1%)	51 (35%)
High cost of treatments	58 (39%)	27 (18%)	7 (5%)	55 (37%)
Lack of reimbursement for aspects of care	70 (48%)	13 (9%)	8 (5%)	56 (38%)
System Barriers				
Wait times	58 (39%)	16 (11%)	19 (13%)	54 (37%)
Lack of access to pain speciality care (i.e., pain specialist, practitioners or clinics)	61 (41%)	19 (13%)	7 (5%)	60 (41%)
Lack of strategies for patient selection and prioritization/referral	50 (34%)	20 (14%)	16 (11%)	61 (41%)
Treatments are not accessible	43 (29%)	31 (21%)	18 (12%)	55 (37%)
Difficulty incorporating treatment options into care pathway	43 (29%)	30 (20%)	15 (10%)	59 (40%)
Inefficient patient referral, patient flow, time to provide multi-modal care	60 (41%)	18 (12%)	9 (6%)	60 (41%)
Lack of motivation to change practice	46 (31%)	26 (18%)	16 (11%)	59 (40%)
Lack of access to training	35 (24%)	28 (19%)	22 (15%)	62 (42%)
Lack of continuity of care (self-management after completion, duration of treatment, follow-up)	49 (33%)	30 (20%)	8 (5%)	60 (41%)
Inability to access patient data for patients receiving uncoordinated care by multiple practitioners in multiple settings	48 (33%)	28 (19%)	12 (8%)	59 (40%)
Lack of coordination by multiple providers	62 (42%)	19 (13%)	9 (6%)	57 (39%)
Geographical barriers to accessing services	47 (32%)	20 (14%)	20 (14%)	60 (41%)
Inability to transfer patients for multi-modal care	47 (32%)	20 (14%)	18 (12%)	62 (42%)
Suboptimal knowledge of pain management strategies	50 (34%)	18 (12%)	18 (12%)	61 (41%)
Perceptions around opioids and pharmacological treatment	47 (32%)	25 (17%)	10 (7%)	65 (44%)
Unclear roles in provision of non-pharmacological care	48 (33%)	26 (18%)	13 (9%)	60 (41%)
Lack of formal performance indicators	38 (26%)	29 (20%)	17 (12%)	63 (43%)
Attitudinal/Rational-Emotive Barriers				
Non-pharmacological treatments perceived as	47 (32%)	29 (20%)	14 (10%)	57 (39%)

BARRIER TYPE	PAN-CANADIAN RESPONSE NUMBER (PERCENTAGE)			
	Always/Very Often	Sometimes	Rarely/Never	No Answer
difficult to implement into daily practice due to perceived lack of resources				
Non-pharmacological treatments hard to implement due to perceived lack of expertise	34 (23%)	38 (26%)	17 (12%)	58 (39%)
Perception of too many treatment options to select from and lack of evidence for comparative effectiveness and safety	31 (21%)	36 (25%)	22 (15%)	58 (39%)
Perception that treatments are not as effective as pharmacological or surgical options, either to replace or complement	56 (38%)	24 (16%)	10 (7%)	57 (39%)
Fear of worsening of pain	37 (25%)	27 (18%)	25 (17%)	58 (39%)
Unclear standards related to quality of care or measurement of treatment success (patient outcomes)	33 (22%)	31 (21%)	23 (16%)	60 (41%)
Lack of incorporation of patients into care decisions to aid self-management	34 (23%)	33 (22%)	23 (16%)	57 (39%)
Lack of acknowledgement of patient goals of care or patient-driven priorities	36 (24%)	27 (18%)	27 (18%)	57 (39%)
Inability to address religious, cultural, or societal barriers to care	15 (10%)	29 (20%)	44 (30%)	59 (40%)
Patient literacy	23 (16%)	36 (25%)	30 (20%)	58 (39%)
Patient/provider perception that these treatments are going to be out-of-pocket, so why pursue	62 (42%)	18 (12%)	12 (8%)	55 (37%)

^aIn response to the survey question “What are the barriers to availability of and access to non-pharmacological treatment options that you currently face in your jurisdiction and how often do you experience them?”

^bAdditional barriers identified by respondents included lack of referral from physicians to providers of non-pharmacological therapy for various reasons including lack of awareness, misconceptions about treatment practices and safety of the treatments, and not wanting to financially burden patients who may not have access to extended health benefits; lack of public transportation to clinic/services; lack of patient knowledge of the non-pharmacological treatments available and how to access them; patient preference for pharmacological treatment; unwillingness of patients to put in the time and effort required for non-pharmacological treatments; and practitioner perception that chronic pain patients are difficult to work with.

Appendix 23: Facilitators of Availability of and Access to Non-Pharmacological Treatment (N=147)^{a,b}

FACILITATOR	PAN-CANADIAN RESPONSE NUMBER (PERCENTAGE)			
	Always/Very Often	Sometimes	Rarely/Never	No Answer
Enhanced funding or more straightforward funding	53 (36%)	10 (7%)	27 (18%)	57 (39%)
Awareness of guidelines with recommendations for non-pharmacological treatments	45 (31%)	24 (16%)	19 (13%)	59 (40%)
Training in provision of non-pharmacological care	52 (35%)	23 (16%)	14 (10%)	58 (39%)

FACILITATOR	PAN-CANADIAN RESPONSE NUMBER (PERCENTAGE)			
	Always/Very Often	Sometimes	Rarely/Never	No Answer
Access to tools or strategies to implement guideline recommendations re: non-pharmacological treatments	44 (30%)	23 (16%)	17 (12%)	63 (43%)
Improved awareness or inventory of non-pharmacological options available	51 (35%)	24 (16%)	13 (9%)	59 (40%)
Evidence to support use of non-pharmacological strategies	56 (38%)	14 (10%)	17 (12%)	60 (41%)
Expanded scope of practice	42 (29%)	19 (13%)	23 (16%)	63 (43%)
Connectivity between health care professionals	58 (39%)	23 (16%)	10 (7%)	56 (38%)
Wider availability in treatment settings	46 (31%)	20 (14%)	18 (12%)	63 (43%)
Incorporation of self-management opportunities	46 (31%)	27 (18%)	13 (9%)	61 (41%)
More “clear-cut” menu of options	43 (29%)	23 (16%)	18 (12%)	63 (43%)
Patient and care-giver education	53 (36%)	23 (16%)	11 (7%)	60 (41%)
Increase in dedicated practitioners time	39 (27%)	31 (21%)	15 (10%)	62 (42%)
Multi-disciplinary care provision	50 (34%)	29 (20%)	10 (7%)	58 (39%)
Evaluation and impact measurement	41 (28%)	24 (16%)	17 (12%)	65 (44%)
Policy change	44 (30%)	20 (14%)	19 (13%)	64 (44%)
Availability of remote care options, patient portals, or platforms to coordinate care	36 (24%)	23 (16%)	24 (16%)	64 (44%)

^aIn response to the survey question “What are the facilitators to availability of and access to non-pharmacological treatment options that you currently face in your jurisdiction?”

^bNo additional facilitators were identified by survey respondents.

Appendix 24: Access to and Availability of Non-Pharmacological Treatment of Chronic Non-Cancer Pain in Canada Environmental Scan – English Survey

A. General Information

1. In which province/territory do you work?

Please choose **only one** of the following:

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon
- Other: _____

2. What is your profession or role? In addition to your occupation or title, please describe your role as it relates to non-pharmacological treatment of chronic pain.

Please write your answer here:

3. Are you currently involved in any capacity with non-pharmacological treatment of pain?

Please choose **only one** of the following:

- Yes
- No

If no, please go to end of survey

4. Do you work in one or more of these settings?

Please choose **all** that apply:

- Urban
- Rural
- Remote
- Primary Care
- Secondary or Tertiary Care
- Community or Long-term Care
- Other: _____

5. Do you work in one or more of these types of facilities?

Please choose **all** that apply:

- Standalone private facility
- Standalone public facility
- Multi-disciplinary pain treatment facility (standalone)
- Multi-disciplinary pain treatment facility (affiliated)
- Public academic hospital or associated facility
- Public community hospital or associated facility
- Health care research institute
- Ambulatory care facility
- Community health care facility (e.g., nursing station, public health clinic, family health team)
- Long-term care setting or chronic care facility
- Home care setting
- None of these facilities or settings
- Other: _____

6. Please describe the centre you are representing and in which you predominantly practice. Please also describe the setting in which your centre is located.

Please write your answer here:

B. Availability and Funding

Non-Pharmacological Physical Treatment Modalities

7. Of the following non-pharmacological **physical** treatments, which ones are available in your jurisdiction and in what settings?

Please choose **all** that apply:

	Secondarily healthcare facilities	Primary care or ambulatory care	Specialized multidisciplinary pain treatment facility	Research institute	Community care	Long-term care	Home care	Rural	Urban	Remote	Not available
Nerve block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep brain stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock wave therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implantable Nerve Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture and acupressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot-Cold treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal cord stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endurance Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement/Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal-assisted therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Secondary healthcare facilities	Primary care or ambulatory care	Specialized multi- disciplinary pain treatment facility	Research institute	Community care	Long- term care	Home care	Rural	Urban	Remote	Not available
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (if necessary) please list any available treatment modalities not listed above, and describe their availability.

Please write your answer here:

Ease of Access

Are the following treatment options easy to access (i.e., widely available; no referral needed or easy to obtain a referral; funded or affordable for most patients)?

Please choose the appropriate response for each item:

	Not at all	Somewhat	Very
Nerve block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep brain stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock wave therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implantable Nerve Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture and acupressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot-Cold treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal cord stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endurance Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Somewhat	Very
Movement/Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal-assisted therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (if necessary) please list any available treatment modalities not listed above, and describe their availability.

Please write your answer here:

7b. In general, are the non-pharmacological **physical** treatment modalities that are available in your context in widespread use, or only used for a minority of patients? Please comment on whether there are any nuances related to specific treatment modalities.

Please write your answer here:

7c. In general, for the non-pharmacological **physical** treatment modalities that are available in your context, what are the funding models in use? Please select all that apply.

Please choose all that apply and provide a comment:

Public

Public if certain criteria met

Private insurance

Mix (please specify)

Patient out-of-pocket

Foundational, grant, in-kind

In reference to question 7c, please comment on whether there are any nuances related to specific treatment modalities.

Please write your answer here:

Non-Pharmacological Psychological Treatment Modalities

8. Of the following non-pharmacological **psychological** treatments, which are available in your jurisdiction and in what settings?

Please choose **all** that apply:

	Secondary healthcare facilities	Primary care or ambulatory care	Specialized multi- disciplinary pain treatment facility	Research institute	Community care	Long- term care	Home care	Rural	Urban	Remote	Not available
Cognitive Behavioural Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation and breathing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual and augmented reality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (if necessary) please list any available treatment modalities not listed above, and describe their availability.

Please write your answer here:

Ease of Access

Are the following treatment options easy to access (i.e., widely available; no referral needed or easy to obtain a referral; funded or affordable for most patients)?

Please choose the appropriate response for each item:

	Not at all	Somewhat	Very
Cognitive Behavioural Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation and breathing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual and augmented reality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (if necessary) please list any available treatment modalities not listed above, and describe their availability.

Please write your answer here:

8b. In general, are the non-pharmacological **psychological** treatment modalities that are available in your context in widespread use, or only used for a minority of patients? Please comment on whether there are any nuances related to specific treatment modalities.

Please write your answer here:

8c. In general, for the non-pharmacological **psychological** treatment modalities that are available in your context, what are the funding models in use. Please select all that apply.

Please choose **all** that apply and provide a comment:

Public

Public if certain criteria met

Private insurance

Mix (please specify)

Patient out-of-pocket

Foundational, grant, in-kind

In reference to question 8c, please comment on whether there are any nuances related to specific treatment modalities.

Please write your answer here:

C. Access

Patient Eligibility

9. Are there specific criteria that a patient must meet?

Please choose **all** that apply and provide a comment.

- a. to gain access to non-pharmacological treatment? (please describe)

- b. to obtain a referral for non-pharmacological treatment?

10. Are there any policies, frameworks, or guidelines in use in your jurisdiction to guide selection of patients for these treatments?

Please write your answer here:

Please upload any available documents related to your response for question 10.

11. Similarly, are there any criteria that would exclude patients from gaining access to non-pharmacological treatment?

Please write your answer here:

12. Are wait times an issue for access to non-pharmacological treatments?

Please choose **only one** of the following:

- Not an issue
- Minor issue
- Moderate issue
- Major issue

Factors Related to Access

13. What are the barriers to availability of and access to non-pharmacological treatment options that you currently face in your jurisdiction and how often do you experience them?

Resource barriers

Please choose the appropriate response for each item:

	Always	Very Often	Sometimes	Rarely	Never
Lack of infrastructure	<input type="checkbox"/>				
Lack of medical expertise	<input type="checkbox"/>				
Lack of medical resources	<input type="checkbox"/>				
Lack of public funding	<input type="checkbox"/>				
High cost of treatments	<input type="checkbox"/>				
Lack of reimbursement for aspects of care	<input type="checkbox"/>				

Please list any additional resource barriers not listed above.

Please write your answer here:

System barriers

Please choose the appropriate response for each item:

	Always	Very Often	Sometimes	Rarely	Never
Wait times	<input type="checkbox"/>				
Lack of access to pain specialty care (i.e., pain specialist practitioners or clinics)	<input type="checkbox"/>				
Lack of strategies for patient selection and prioritization/referral	<input type="checkbox"/>				
Treatments are not accessible	<input type="checkbox"/>				
Difficulty incorporating treatment options into care pathway	<input type="checkbox"/>				
Inefficient patient referral, patient flow, time to provide multi-modal care	<input type="checkbox"/>				
Lack of motivation to change practice	<input type="checkbox"/>				

	Always	Very Often	Sometimes	Rarely	Never
Lack of access to training	<input type="checkbox"/>				
Lack of continuity of care (self-management after completion, duration of treatment, follow-up)	<input type="checkbox"/>				
Inability to access patient data for patients receiving uncoordinated care by multiple practitioners in multiple settings	<input type="checkbox"/>				
Lack of coordination by multiple providers	<input type="checkbox"/>				
Geographical barriers to accessing services	<input type="checkbox"/>				
Inability to transfer patients for multi-modal care	<input type="checkbox"/>				
Suboptimal knowledge of pain management strategies	<input type="checkbox"/>				
Perceptions around opioids and pharmacological treatment	<input type="checkbox"/>				
Unclear roles in provision of non-pharmacological care	<input type="checkbox"/>				
Lack of formal performance indicators	<input type="checkbox"/>				

Please list any additional system barriers not listed above.

Please write your answer here:

Attitudinal/Rational-Emotive barriers

Please choose the appropriate response for each item:

	Always	Very Often	Sometimes	Rarely	Never
Non-pharmacological treatments perceived as difficult to implement into daily practice due to perceived lack of resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-pharmacological treatments hard to implement due to perceived lack of expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception of too many treatment options to select from and lack of evidence for comparative effectiveness and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Always	Very Often	Sometimes	Rarely	Never
Perception that treatments are not as effective as pharmacological or surgical options, either to replace or complement	<input type="checkbox"/>				
Fear of worsening of pain	<input type="checkbox"/>				
Unclear standards related to quality of care or measurement of treatment success (patient outcomes)	<input type="checkbox"/>				
Lack of incorporation of patients into care decisions to aid self-management	<input type="checkbox"/>				
Lack of acknowledgement of patient goals of care or patient-driven priorities	<input type="checkbox"/>				
Inability to address religious, cultural, or societal barriers to care	<input type="checkbox"/>				
Patient literacy	<input type="checkbox"/>				
Patient/provider perception that these treatments are going to be out-of-pocket, so why pursue	<input type="checkbox"/>				

Please list any additional attitudinal/rational-emotive barriers not listed above.

Please write your answer here:

14. What are the facilitators to availability of and access to non-pharmacological treatment options that you currently face in your jurisdiction?

Please choose the appropriate response for each item:

	Always	Very Often	Sometimes	Rarely	Never
Enhanced funding or more straightforward funding	<input type="checkbox"/>				
Awareness of guidelines with recommendations for non-pharmacological treatments	<input type="checkbox"/>				
Training in provision of non-pharmacological care	<input type="checkbox"/>				
Access to tools or strategies to implement guideline	<input type="checkbox"/>				

	Always	Very Often	Sometimes	Rarely	Never
recommendations re: non-pharmacological treatments					
Improved awareness or inventory of non-pharmacological options available	<input type="checkbox"/>				
Evidence to support the use of non-pharmacological strategies	<input type="checkbox"/>				
Expanded scope of practice	<input type="checkbox"/>				
Connectivity between health care professionals	<input type="checkbox"/>				
Wider availability in treatment settings	<input type="checkbox"/>				
Incorporation of self-management opportunities	<input type="checkbox"/>				
More “clear-cut” menu of options	<input type="checkbox"/>				
Patient and caregiver education	<input type="checkbox"/>				
Increase in dedicated practitioners time	<input type="checkbox"/>				
Multi-disciplinary care provision	<input type="checkbox"/>				
Evaluation and impact measurement	<input type="checkbox"/>				
Policy change	<input type="checkbox"/>				
Availability of remote care options, patient portals, or platforms to coordinate care	<input type="checkbox"/>				

Please list and describe any additional facilitators not listed above.

Please write your answer here:

D. Solutions

- In your jurisdiction, are any strategies or solutions aimed at improving availability of and access to non-pharmacological treatment options for chronic non-cancer pain currently being considered or implemented?

Please write your answer here:

Please upload any available documents related to your response for question 15.

16. Is there a need for further guidance (e.g., guidelines, frameworks, policies, clinical pathways) to provide direction for providing non-pharmacological treatments for chronic non-cancer pain?

Please choose **only one** of the following:

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

E. Permission to Contact

17. Would you be willing to be consulted further on this topic, either through an informal phone call or by email?

- Yes
- No

18. Can you suggest any others who would be willing to be consulted further on this topic, and/or complete this survey, either through an informal phone call or by email?

Please write your answer here: