There is ample research on various approaches to treating low back pain, however there is limited research investigating the efficacy of treatment for patients with low back pain and a previous history of opioid dependency.

The purpose of this case report was to describe the physical therapy treatment, including pain management strategies, for a patient with low back pain, a previous history of opioid dependency (oxycodone), and apparent opiate induced hyperalgesia.

The National Survey on Drug Use and Health (NSDUH) reported that an estimated 27 million people in the United States have reported use of an illicit drug within the past month.¹

Twelve States Have More Painkiller Prescriptions Than People

Figure 1. Opioid Prescriptions in US according to DEA

- Kilograms of prescription opioids per 1000 people
- 12-19
- 20-29
- 30-39
- 40-49
- ≥ 50

Figure 2. Interventions focused on promoting self-efficacy through the use of graded exposure with focus on physiological state, vicarious experience, persuasive communication, and performance accomplishments in order to decrease fear avoidance beliefs and disability. (a) Simulation. (b) Pain Education. (c) Simulated lift and reaching tasks.

Outcome Measures
- ODI
- FABQ-work scale
- FABQ-physical activity scale

Discussion
- Fear-avoidance, in the presence of elevated levels of pain perception, could be a potential barrier to recovery for patients with chronic low back pain and a previous history of opioid dependency.
- An assessment of fear avoidance for patients with chronic pain can help clinicians define better treatment strategies.
- The use of education regarding opiate induced alterations to the patient’s physiologic state, as well as exercise to modulate pain, may be useful strategies.
- The use of performance accomplishments, vicarious experience, persuasive communication performed concurrently with graded exposure activities, can help enhance self-efficacy and lower fear-avoidance beliefs.
- Including cognitive factors such as fear avoidance behaviors, anxiety, depression, stress and maladaptive coping into physical therapy treatment has shown to be an effective treatment approach in treating this patient.

Conclusion
The use of a comprehensive physical therapy program including cognitive functional therapy and pain education led to a reduction in pain and disability for a patient with a history of a substance abuse disorder. It would be beneficial to continue to investigate the application of this physical therapy approach in additional cases of opioid induced hyperalgesia.

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References