

# Opioid and Pain Reduction Collaborative – RMT Guidance

There have been 19,355 apparent opioid toxicity deaths in Canada between January 2016 and September 2020.<sup>1</sup>

The number of Opioid related deaths has increased since the onset of the COVID-19 pandemic. In June 2020, Ontario's Chief Coroner announced a 25% increase in suspected drug-related deaths between March and May 2020, compared to the monthly median reported in 2019, which is in line with trends that were reported across Canada.<sup>2</sup>

Massage therapy, along with many other manual therapies are recommended as an effective alternative to opioids in the management of chronic musculoskeletal pain.<sup>3</sup> Although RMTs cannot directly discuss prescriptions, including opioids, with their patients as it is outside of the massage therapy scope of practice, RMTs can work together with their patients to help guide them through conversations with their prescribing provider. RMTs can also work closely with the prescribing provider to help guide their own treatment planning.

Many RMTs might not know how to approach a conversation with their patients when their patients ask about the opioids they are prescribed, other than stating that prescriptions are outside of an RMT's scope of practice.



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While discussing medication prescription and providing advice about medications to patients is outside of the massage Scope of Practice, RMTs are expected to engage in conversations about medications when necessary to establish safe and ethical treatment plans (e.g., to establish treatment plan modifications and/or contraindications to treatment). These discussions are generally a part of gathering regular health history organization.

We have developed the script below to help you through discussions of opioids with your patients while keeping within your scope of practice and offering your patients the best possible care.

## Sample RMT Script

If a patient asks an RMT about reducing opioid use or asks other questions about the opioids they are using to manage their pain, RMTs can follow the script below:

“Although prescriptions are not within the massage therapy scope of practice, I would be happy to speak with your doctor or prescribing practitioner if you’d like. We can work together to coordinate our treatment plans to help you manage your pain as effectively as possible. We will be using the Manual Therapy for Musculoskeletal pain tool developed by the Centre for Effective Practice to help guide that discussion.”



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**If the patient agrees** – The RMT can contact the doctor or prescribing health practitioner and apply the Manual Therapy for Musculoskeletal Pain tool developed by the Centre for Effective Practice as a starting point for a discussion about helping the patient manage their pain using the evidence-based methods outlined by the tool. You can access this tool online here: <https://cep.health/clinical-products/manual-therapy/> . This is likely to be more successful if you have already developed a relationship/rapport with the prescribing practitioner. You can begin by introducing yourself, introducing the reason your mutual patient has come to see you, and introducing your treatment plan for your patient. Then when you introduce this tool, it is more likely to be successful.

**If the doctor/prescribing practitioner agrees** – The RMT will work closely with the doctor/prescribing practitioner and others in the patient's circle of care if appropriate for the situation. The doctor or prescribing practitioner will provide opioid pain management, and the RMT will provide manual therapy, remedial exercise recommendations, and other treatments recommended in the Manual Therapy for Musculoskeletal Pain tool that are within an RMT's scope of practice. Regardless of the doctor/prescribing practitioner's agreement, it is best practice for an RMT to approach treatment planning collaboratively, either directly or indirectly, considering all other health professionals treating the patient for the same condition. This just provides you the opportunity to collaborate more directly.



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## **If the patient does not want you to speak with their physician or prescribing**

**practitioner** - The RMT should continue to provide treatment to the patient that is consistent with the already existing standards of practice and other guidelines provided by the College of Massage Therapists of Ontario (CMTO). This is what the RMT should do regardless of whether they will be speaking with the physician or not. The RMT should also document this refusal in the patient's health record, so that the patient's wishes are followed going forward.

**If the physician/prescribing practitioner does not want to speak with you**, despite the fact that you shared the patient's concerns as well as the Manual Therapy for Musculoskeletal Pain tool with them, you should let the patient know about this decision and then continue to provide treatment within the massage therapy scope of practice as defined by the CMTO.

Please note that the Manual Therapy for Musculoskeletal Pain tool may not be the best option for every patient that it would apply to. RMTs should continue to independently make the best decisions possible for their patients within the Scope of Practice of massage therapy.

1. Public Health Agency of Canada. Apparent Opioid and Stimulant Toxicity Deaths - Surveillance of Opioid- and Stimulant-Related Harms in Canada

2. The Ontario Drug Policy Research Network, The Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service, Public Health Ontario, Centre on Drug Policy Evaluation. (Nov.2020). Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. <https://www.publichealthontario.ca/-/media/documents/o/2020/opioid-mortality-covid-surveillance-report.pdf?la=en>

3. Busse, J. (Ed.) The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. 2017. Available online: [http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ\\_01may2017.pdf](http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf)



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