

CONSTRUCTION INDUSTRY REHABILITATION PLAN

Opioid Free Pain Service

2023-2024 pilot program - final report

April 2024

Contents

Executive Summary.....3

Introduction4

 Background4

OFPS project outline6

 Overview6

 Aims7

 Client intake7

 Service design7

OFPS pilot evaluation.....9

 Data collection tools9

 OFPS outcomes10

Discussion and recommendations14

 Recommendations for ongoing service provision15

 Conclusion.....15

Further information and references16

 myoActivation®16

 References16

Appendix A – Outcome Measure Questionnaires18

 Appendix A.1 Brief Pain Inventory (BPI)18

 Appendix A.2 PTSD Checklist (PCL-5)19

 Appendix A.3 Patient Health Questionnaire for depression (PHQ-9).....20

 Appendix A.4 Generalized Anxiety Disorder (GAD-7)21

 Appendix A.5 Satisfaction with Life Survey (SWLS)22

Appendix B – Client and Staff Survey Questionnaires23

 Appendix B.1 OFPS Client Survey.....23

 Appendix B.2 OFPS Staff Survey.....24

Executive Summary

The Construction Industry Rehabilitation Plan (CIRP) has been providing services to construction industry workers with mental health and substance use (SU) issues since the mid-1980s. Chronic pain and the toxic drug supply have disproportionately affected construction industry workers, with significant negative impacts on their physical and mental wellbeing, their quality of life, and ability to work, as well as a high number of deaths due to overdose and suicide. In response, CIRP added the Opioid Free Pain Service (OFPS) along with counselling for SU and mental health. In 2020, CIRP launched a pilot OFPS, but the trial was prematurely curtailed by COVID. In 2023, CIRP initiated a relaunch of the OFPS with funding from the BC Ministry of Mental Health and Addictions.

The OFPS provides myoActivation[®] treatment, a novel structured approach to assessment and treatment of chronic pain and yoga (functional movement classes), and works in close collaboration with existing CIRP counselling services.

During the 2023-24 pilot phase, opioid free pain services were offered on a regular weekly basis. The service was typically accessed by 5-6 clients per week during May-Sep/2023, increasing to 9-13 (and up to 19) clients per week during Oct/2023-Apr/2024, with 56 unique clients attending the clinic overall. The impact of the service was assessed using validated questionnaires to measure pain, quality of life, and mental health effects. These measures demonstrate that the service helped to achieve a significant improvement in the self-reported severity of pain and its interference. There was also evidence of improvement in measures of post-traumatic stress disorder, depression, anxiety, and satisfaction with life. Client feedback was positive and CIRP staff also considered the OFPS a valuable and feasible addition to their services.

The OFPS represents a viable new approach to addressing overdoses in the construction sector. More comprehensive research is needed to fully characterize the impact of the service and work is required to alleviate barriers to deliver cost-effective treatment.

Introduction

Background

The toxic drug supply disproportionately affects construction industry workers, with significant negative impacts on their physical and mental wellbeing, their quality of life, and ability to work, as well as a high number of deaths due to overdose.

Chronic pain and the toxic drug supply disproportionately affect construction industry workers.

In a 2018 review, the incidence of musculoskeletal pain issues among construction workers was found to be over 50% for lower back pain, over 30% each for knee, shoulder, and wrist injuries, and over 20% each for neck, ankle/foot, and elbow pain [1]. A quarter of workers with chronic musculoskeletal disorders receive new opioid prescriptions and 6% receive long-term opioid prescriptions every year; prescribed opioids increase the chances of a future opioid-use disorder, potentially by as much as 10-fold [2].

Workplace injuries leading to complex trauma and pain have a significant impact on construction workers' quality of life and mental well-being, including distress, depression, and post-traumatic stress disorder (PTSD) [3,4]. In fact, previous **Construction Industry Rehabilitation Plan (CIRP)** research has demonstrated that as many as 70% of construction workers may have undiagnosed PTSD. Work-related stress, fear, and anxiety are important issues that must be recognized by employers and healthcare providers [5,6]; indeed, acknowledging and addressing these issues could have a significant impact on future workplace safety [7].

Workplace injuries contribute to stress, depression, and PTSD

In British Columbia (BC), one-third of the 3,318 people who experienced illicit drug toxicity deaths and non-fatal opioid overdoses during 2014-2016 were employed primarily in the construction industry [8]; furthermore, nearly two-thirds of workers experienced periods of unemployment within five years prior to their overdose, suggesting that efforts to maintain fitness for work may have a significant positive impact on the province's overdose profile. The Statistics Canada report on these data identified male construction workers in BC as a distinct cluster with a high risk of fatal opioid overdose [9]. Further data specific to BC has established that reliance on opioid medications to treat work-related injuries has a counter-productive impact: early dispensing of prescription opioids for low-back pain among workers leads to prolonged work disability [10].

BC-specific data highlights the scale of the problem locally.

Within the context of the toxic drug supply, the need for alternatives to pharmacological intervention for pain care is critical to make an impact in the overdose epidemic that has devastated the construction industry so severely.

Initial 2020 implementation

In 2020, after 1 year in development, CIRP launched the **Opioid Free Pain Service (OFPS)** in response to growing concerns among the construction industry to the

disproportionate number of deaths occurring among workers in the overdose epidemic and widespread calls for alternative therapies to opioid for pain relief.

The first OFPS operated for three months before the COVID pandemic forced its closure. During this short period of time, CIRP collected promising preliminary data with the small number of clients reporting a reduction in pain and increased mobility. Since 2020, CIRP has explored ways to restart the OFPS.

The 2020 OFPS pilot suggested benefits included reduced pain increased mobility for clients.

OFPS project outline

Overview

In 2023, CIRP received funding from the *BC Ministry of Mental Health and Addictions* and restarted the drug free pain service for trade and construction workers within BC; funding runs until 31st March 2024. The OFPS takes an innovative evidence-based approach to managing pain without prescribing medications. A comprehensive list of references and are available at the end of the report.

The clinical pain services include myoActivation[®] (see below), counselor led self-management groups, and restorative functional movement classes. This is a purposeful design to meet trade workers' needs.

The OFPS recognizes the complex interplay between mental health and substance use and the subjective experience of pain. The OFPS prioritizes **trauma-informed care** in collaboration with the mental health services available at CIRP, designed to support members with co-morbid substance use disorders and mental health conditions, including complex trauma.

myoActivation[®]

The OFPS core offering is **myoActivation[®]**. myoActivation[®] is a novel pain care solution developed by a BC physician and introduced to BC's population in 2014. It has a systematic methodology that aims to alter myofascial dysfunction with needling. As myoActivation[®] provides low cost, non-pharmacological, and effective pain care, it is now practised by physicians, nurse practitioners, and physiotherapists across the province. There is a growing body of scientific evidence to support its use [11–14].

Trauma, including surgery, workplace incidents, motor vehicle accidents, burns, and other injuries can cause long-term myofascial dysfunction, pain, and mobility issues. myoActivation[®] addresses chronic pain and dysfunction associated with myofascial injuries and scars, often originating in childhood. Assessment includes a lifetime chronology of physical injuries, noting emotional trauma, and movement tests.

myoActivation[®] has demonstrated benefits in resolving pain [11] and facilitating a return to a normal range of motion [12]. Notably, a recent study from a pain service located in Vancouver's Downtown East Side was able to demonstrate that myoActivation[®] is an effective and acceptable treatment for people who have chronic pain embodied with trauma and live with social and health inequalities [13]. This pilot study signalled a lasting impact with reduced pain, improved mobility and a positive impact on reducing drug and medication use [14].

In 2023, the OFPS provided myoActivation[®], functional movement classes and group sessions on Pain Neuroeducation to BC trader workers

myoActivation[®] is a BC-led non-pharmacological technique that is broadly applicable and has demonstrated benefits in myofascial chronic pain and mobility restrictions.

A recent study of myoActivation[®] in Vancouver's Downtown East Side was able to demonstrate significant and lasting benefits.

Aims

The primary aims of the OFPS are to

1. Reduce the time needed to return to work for members who are currently on disability or medical leave with chronic pain, physical dysfunction mental health or substance use;
2. Reduce members' risk of physical injury and thereby reduce amount of time off work;
3. Reduce members' suffering and therefore assist in their recovery from substance use; and other mental health conditions
4. Reduce need for pharmacological treatment;
5. Connect the member to appropriate pain care when their pain is not associated to myofascial injury.

Client intake

The OFPS is available to any and all trade workers in BC (i.e., no requirement for CIRP membership) and who currently live with chronic pain, mobility restrictions or weakness, have somatic symptoms, or mental health and substance use, and who wish to access this service. Clients can self-refer and complete a standard CIRP intake. The OFPS is offered to trade workers who are not working and in recovery AND to members who continue to work, strive to prevent injury and avoid medical leave. Clients do not have to be active in CIRP's counseling services in order to access the OFPS.

The OFPS is available to any and all construction workers in BC.

Clients provide written informed consent to attend OFPS and are aware that the service is a pilot project and data collected are used to monitor individual care and evaluate the service. The consent clearly identifies that the data and EMR documentation are shared between OFPS and CIRP and reside in CIRP's confidential electronic records.

Service design

The OFPS offers interdisciplinary chronic pain care.

The clinic started in April 2023 and provided weekly sessions from 1 May 2023 through to 31 March 2024. From May-Oct 2023, twelve myoActivation® appointments were offered during one day per week. In response to members' requests to have appointments before and after regular work hours, the clinic day was extended. From 1 November 2023 to 31 March 2024, seventeen myoActivation® appointments were offered during one day per week.

The OFPS clinic has provided weekly services between May 2023 and March 2024

The core service is **myoActivation®**, provided by a nurse practitioner (NP) experienced in mental health, addictions and trauma informed care. All clients are

assessed by the NP at admission. In addition, every client has the option to individualize their own program by choosing from two 'add-on' services including:

- **Restorative yoga**, provided by a yoga therapist who is experienced in trauma informed chronic pain. The uptake for the yoga classes was limited, so the classes were renamed to **functional movement**. This service is offered weekly in-person and twice a week virtually.
- **Group sessions**, covering chronic pain neuroscience topics including mental health, substance use, stress, diet. This class was offered virtually over 8 weeks.

Core service is myoActivation® supported by functional movement and group counselling sessions.

The OFPS clinicians work closely with the CIRP **counsellors**. Counselling is available in person and virtually. There are bidirectional referrals between counselling and OFPS.

Additionally, the myoActivation® NP offers care in collaboration with clients' primary care physician or NP. This includes referral to a complex pain clinic when a higher level of pain care (e.g., interventional care) is deemed necessary. Finally, the OFPS clinicians recommend the care of other members of the interdisciplinary team as relevant (e.g., occupational therapy, chiropractor, massage).

The OFPS does not offer a return to work assessment, provide prescriptions, deprescribe medications, or order radiological examinations.

OFPS pilot evaluation

Data collection tools

Client OFPS attendance is monitored to track overall utilization of the service and match treatment response to frequency of attendance.

Patient questionnaires were sent to clients via email the day prior to their myoActivation® appointment. If the client arrived to CIRP not having completed the questionnaires then they were asked to either complete them electronically or complete using a paper copy. Despite this process, multiple clients did not complete their questionnaires and many gaps in data exist.

Data are collected using a validated pain measurement tool at week 1 (baseline) and each subsequent myoActivation® visit. The pain tool measured pain outcomes related to pain intensity, physical functioning, emotional functioning, and ratings of overall improvement [15].

Additionally, data was collected related to PTSD symptoms, depression, anxiety, and life satisfaction. All data are collected at baseline and at regular 4-weekly follow-up points (weeks 4, 8, 12, 16, 20, 24), using recognized scoring tools. These measures are summarized in [Table 1](#) and provided in detail in [Appendix A](#).

We have monitored attendance, impact, as well as client and staff feedback on the service.

Table 1: outcome assessment tools used with all OFPS clients

Questionnaire [with refs]	Description
Brief Pain Inventory BPI [16,17]	The BPI is one of the most widely used tools for assessing pain. It allows patients to rate the <u>severity</u> of their pain and the degree of <u>interference</u> with common dimensions of feeling and function.
Posttraumatic Stress Disorder (PTSD) Checklist for DSM-5* PCL-5 [18]	PTSD is a serious and sometimes disabling mental health condition that can emerge following actual/threatened death, serious injury, and/or sexual violence. The PTSD Checklist (PCL-5) is a widely used self-rated measure of PTSD symptoms.
Patient Health Questionnaire, 9-item version PHQ-9 [19]	PHQ-9 is an easy-to-use patient questionnaire that monitors the severity of depression. It can be used to make a tentative diagnosis of depression in at-risk populations.
Generalised Anxiety Disorder Assessment GAD-7 [19,20]	GAD-7 is an easy-to-use self-administered patient questionnaire that is used as a screening tool and severity measure for generalised anxiety disorder (GAD).
Satisfaction with Life Scale SWLS [21]	The SWLS is a short 5-item questionnaire designed to measure an individual's perceived overall satisfaction with life.

* Diagnostic and Statistical Manual of Mental Disorders, version 5

Note: the PCL-5, PHQ-9, GAD-7, and SWLS are routine questionnaires used with clients of the CIRP counselling service; the BPI was added specifically to monitor OFPS outcomes

OFPS outcomes

Clinic attendance

A total of 733 appointments were booked during the pilot period, May/2023-Mar/2024, and clients attended a total of 417 (57%) of these consultations, including 342 myoActivation® sessions. Cancellation rate was 28%, no show rate was 5%, with 10% unknown. Treatment was typically provided to 5-6 clients per week during May-Sep/2023, which increased to 9-13 (and up to 19) per week during Oct/2023-Mar/2024. Most clients attended five times or more, with more than a quarter attending the clinic for 13 or more sessions.

Client characteristics

Fifty-six unique clients have attended the clinic since 1 May 2023. At the first (baseline) visit, around two-thirds screen positive for significant pain, on both the severity and interference dimensions, and around one-third are also identified as having probable PTSD, depression, anxiety, and/or dissatisfaction with their life in general ([Table 2](#)). Clients' baseline pain scores were correlated with these other well-being measures, in particular with the PHQ-9 measure of depression.

Baseline scoring indicated 2/3 clients have significant pain issues. Mental health and quality of life issues were also common.

These numbers confirm our understanding that complex trauma and pain have a significant impact on trade workers' mental health, quality of life and that a holistic approach is required to address these issues.

Table 2: OFPS client characteristics at their baseline visit

Measure	Interpreting the measure Range of possible values, cut-offs	OFPS clients Data available N Median (interquartile range)	OFPS clients exceeding significant threshold n (%)
Pain (BPI) • Severity • Interference • Total	Scores range from 0 (no pain) to 10 (worst pain). Scores ≥4 indicate moderate/severe pain	N=50 • Severity 4.6 (3.6 to 6.5) • Interference 4.4 (2.9 to 6.2) • Total 4.6 (3.5 to 6.4)	• Severity 34 (68%) • Interference 30 (60%) • Total 31 (62%)
PTSD (PCL-5)	Score ranges from 0 to 80. Higher scores indicate worse effects, with ≥32 as a cut-off for probable PTSD	N=44 21.5 (5.8 to 36.0)	14 (32%)
Depression (PHQ-9)	Score ranges from 0 to 27. Scores ≥10 indicate significant depression symptoms	N=45 8 (4 to 14)	17 (38%)
Anxiety (GAD-7)	Score ranges from 0 to 21. Scores ≥10 indicate moderate/severe anxiety.	N=45 8 (4 to 12)	16 (36%)
Satisfaction with Life (SWLS)	Scores range from 5 to 35. Lower numbers indicate worse effects, with <15 as a cut-off for dissatisfaction or extreme dissatisfaction.	N=39 18.5 (13 to 23)	13 (34%)

Impact of the service on outcomes

Pain outcomes

Some follow-up data are also available for 47/50 (94%) of these clients. BPI total score decreased from median (interquartile range) 4.6 (3.5 – 6.4) at baseline to 3.1 (1.2 – 5.5) at week 8. This is a median decrease of 1.64 points, which is statistically significant ($p=0.005$), but also represents a recognized clinically important difference*; this improvement was demonstrated across both BPI severity and interference scores, with a slightly larger impact on the interference dimension (Figure 1).

Data show a significant improvement in the measured pain outcomes at week 8.

* a recent review identified a 1 point change as a minimally important difference [22]

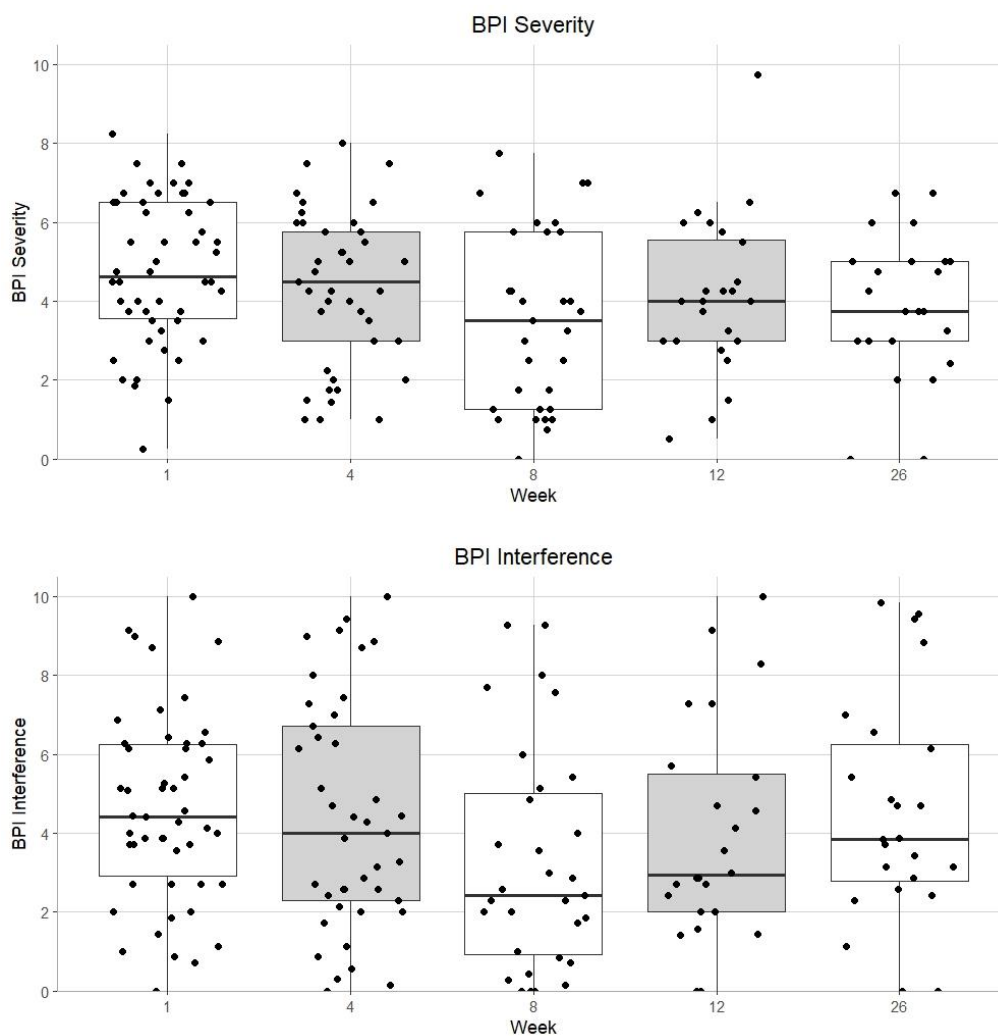


Figure 1: Brief Pain Inventory (BPI) measures of severity (top) and interference (bottom) were significantly reduced at week 8. Plots show scores at week 1 (baseline, n=50) and weeks 4 (n=41), 8 (n=31), 12 (n=24), and 26 (n=24). Data are displayed as boxplots (median as thick line, interquartile range as box) overlaid with points for each client

The data suggest that the improvement in BPI scores may not be maintained across weeks 12 and 26. However, it should be noted that there is significantly less data at these later time points, which makes it difficult to draw firm conclusions. A larger study would be required to confirm these findings.

Other wellbeing outcomes

Some improvements in mental health measures were also observed, including a particularly significant reduction in PCL-5 scores at week 4 ([Figure 2](#)): while 14/44 (32%) clients screened positive for PTSD at baseline, only 4/28 (14%) clients screened positive for PTSD at week 4, which again represents a statistically significant improvement ($p=0.025$). While this effect does not appear to be maintained through to week 26, it should be noted that there is significantly less data at that later timepoint. A larger study would be required to further investigate these preliminary findings.

Improvements in pain may be accompanied by reduced mental health effects, including PTSD.

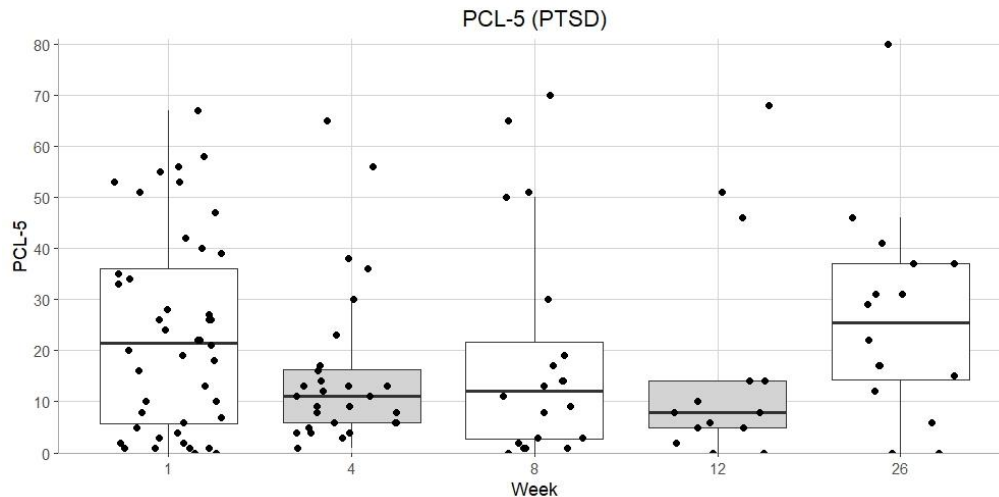


Figure 2: a significant improvement in PTSD PCL-5 scores were observed at week 4. Data are displayed as boxplots (median as thick line, interquartile range as box) overlaid with points for each client. Numbers of clients screening positive for PTSD (PCL-5 ≥ 32) were 14/44 at week 1, 4/28 at week 4, 4/20 at week 8, 3/14 at week 12, and 5/16 at week 26

OFPS client and staff feedback surveys

At the end of the pilot, a survey was sent to our clients to obtain feedback on the OFPS clinic. Questions included specific feedback on myoActivation® and functional movement (yoga) classes, communication and other preferences, and the likelihood to recommend OFPS to others (see [Appendix B.1](#) for full questionnaire).

A survey was also sent to OFPS staff, including clinical counsellors and the administrative support team. Questions included perceived benefit of the program,

impact on workflow and workload and recommendations for future developments (see [Appendix B.2](#) for full questionnaire).

Client feedback

Eleven clients responded to the survey and their feedback was extremely positive (see [Appendix B.1](#)). Clients most commonly came to the service via a referral from a CIRP counsellor (5/11, 45%). They found the myoActivation® treatment helpful (average score 8.5 on a scale from 0=not helpful to 10=very helpful) with respondents reporting that it reduced pain and improved mobility/function (both 10/11, 91%), and relieved physical tension (7/11, 64%), but also that it improved mood and energy (both 5/11, 45%) and reduced medication and alcohol/substance use (both 5/11, 45%). However, feedback confirmed that functional movement (yoga) classes were not popular, because of availability and lack of interest.

Client feedback was extremely positive, especially with regard to the myoActivation® treatment.

All respondents indicated that the questionnaires were easy to complete most (8/11, 73%) preferred to receive them by email. This was a surprising finding given the poor data return rates. Overall, clients stated they were likely to refer friends and family to the OFPS (average score 4.5 on a scale from 0=very unlikely to 5=very likely) and all respondents said they would like to see the OFPS continue.

Staff feedback

CIRP staff feedback was also very positive about the OFPS (see [Appendix B.2](#)), with responses from counsellors (n=3) and administrative staff (n=2). All respondents thought that the OFPS helped their clients and that continuing the service would provide further benefit, and most (4/5, 80%) felt they learned more about chronic pain and their clients' pain experiences having OFPS on site. Narrative comments included some concerns related to impact on work load with some practical recommendations if extending the service.

CIRP staff felt the OFPS benefitted their clients and improved their own understanding of their clients' pain experience.

Discussion and recommendations

The CIRP Opioid Free Pain Service (OFPS) has provided an effective and welcome intervention for trade workers in BC. This service offers a viable new approach to addressing overdoses in the construction sector, although more research is needed to fully characterize its benefit to clients, to the construction industry, and to healthcare within the province of British Columbia.

The preliminary data that was collected during the 2023-24 pilot evaluation (both the standard pain, mental health, and quality of life tools and the client and staff feedback surveys) demonstrated some key points:

- a) Data confirmed that clients who attended the OFPS clinic not only had significant pain issues, but also high incidences of PTSD, depression, and anxiety, as well as significant concerns about their satisfaction with life. These issues are inter-related.
- b) Collecting data on outcomes was challenging and there are consequently many gaps, but nonetheless, the OFPS has had a significant impact on improving pain as well as benefits for clients' mental health and quality of life. Further work is needed to make data collection processes more robust in future iterations of this service.
- c) Client feedback was immensely positive in confirming that the OFPS (and especially the myoActivation[®] component) was extremely beneficial to them. There may be a response bias present.
- d) Staff feedback confirmed OFPS benefit for their clients and improved CIRP staff's own understanding of their clients' pain experience.

The 2023-24 pilot program introduced the OFPS to the counsellors/CIRP team and provided an opportunity to build teamwork, address workflow issues, advertise the availability of the service, and improve team functioning for collaborative care. This work has been successfully completed and counsellors are now actively referring clients and sharing in team-based discussions. The team was also able to understand the needs of the client population and address some practical issues:

- a) Extending hours was beneficial in accessing clients who are working.
- b) Changing the name of the yoga to functional movement was helpful, but attendance remained lower than expected. It may be that trade workers would find a 'personal trainer' label/approach more appealing. The purpose of this aspect is to help rebuild treated tissues without straining.
- c) The marketing and collaboration around the pain neuroeducation sessions was sub-optimal and can be improved.

The OFPS gathered momentum during the pilot period and more people became aware of and understood the value of the service. Two clients came back to the service after repeat workplace issues and, by end of the pilot period, more referrals

from previous clients were starting to happen. Expansion to other areas in the province may be required to improve access to this important service.

The myoActivation® component was popular. A significant impact was observed in counselling sessions for those clients who attended myoActivation. It may be that reduced body stress helped clients to attend to therapy better.

Recommendations for ongoing service provision

Based on staff discussions and client/staff feedback, here are some recommendations for continued service provision:

OFPS services

- Consider hiring a personal trainer to manage a paced return to activity.
- Reboot the group pain neuroeducation sessions and run sequentially through out the term of service.
- Retain functional movement (yoga) both in person and in a virtual class, but reduce to once per week.

Outcome data collection

- Reconsider the data requirements to optimize capacity to demonstrate outcomes and improve understanding of client needs. For instance: consider self-reported outcomes on need for analgesia or substance use; consider PROMIS 29 [23] or PEG tool [22,24] instead of BPI.
- Review processes for data collection to reduce impact on program assistants.

Planning for service extension

- Add support to CIRP intake to maximize chronic pain assessment and earlier referral to OFPS.
- Enhance marketing to reach as many BC trade workers as possible.
- Consider expanding OFPS to other geographic sites in BC to improve access.
- Advocate for cost-effective treatment through the BC health care funding models.

Conclusion

The OFPS represents a viable new approach to addressing chronic pain in the construction sector. It is hoped that reduced pain translates into reduced opioid use and consequently fewer overdoses, but more data is needed to confirm these correlations. More comprehensive research is needed to fully characterize the impact of the service and work is required to alleviate barriers to deliver cost-effective treatment.

Further information and references

myoActivation®

Greg Siren has trademarked myoActivation® to preserve intellectual property and the unique standardized innovative process within the auspices of a not-for-profit organization, the Anatomic Medicine Foundation (<https://www.anatomicmedicine.org/>).

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Appendix A – Outcome Measure Questionnaires

Appendix A.1 Brief Pain Inventory (BPI)

Respondents answer a standard set of questions:

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today? (Yes/No)
2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.
3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours (0-10).
4. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours (0-10).
5. Please rate your pain by circling the one number that best describes your pain on the average (0-10).
6. Please rate your pain by circling the one number that tells how much pain you have right now (0-10).
7. What treatments or medications are you receiving for your pain?
8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received (0%-100%).
9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your (1-10):
 - A. General Activity
 - B. Mood
 - C. Walking Ability
 - D. Work (includes both work outside the home and housework)
 - E. Relations with other people
 - F. Sleep
 - G. Enjoyment of life

Appendix A.2 PTSD Checklist (PCL-5)

Keeping a worst event in mind, respondents score how they have been bothered by a list of 20 problems in the past month:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?					
2. Repeated, disturbing dreams of the stressful experience?					
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
4. Feeling very upset when something reminded you of the stressful experience?					
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?					
6. Avoiding memories, thoughts, or feelings related to the stressful experience?					
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?					
8. Trouble remembering important parts of the stressful experience?					
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?					
10. Blaming yourself or someone else for the stressful experience or what happened after it?					
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?					
12. Loss of interest in activities that you used to enjoy?					
13. Feeling distant or cut off from other people?					
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?					
15. Irritable behavior, angry outbursts, or acting aggressively?					
16. Taking too many risks or doing things that could cause you harm?					
17. Being "superalert" or watchful or on guard?					
18. Feeling jumpy or easily startled?					
19. Having difficulty concentrating?					
20. Trouble falling or staying asleep?					

Appendix A.3 Patient Health Questionnaire for depression (PHQ-9)

Respondents rate how often have they been bothered by nine problems over the previous 2 weeks:

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead or of hurting yourself in some way				

Appendix A.4 Generalized Anxiety Disorder (GAD-7)

Respondents rate how often have they been bothered by seven problems over the previous 2 weeks:

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge?				
2. Not being able to stop or control worrying?				
3. Worrying too much about different things?				
4. Trouble relaxing?				
5. Being so restless that it is hard to sit still?				
6. Becoming easily annoyed or irritable?				
7. Feeling afraid as if something awful might happen?				

Appendix A.5 Satisfaction with Life Survey (SWLS)

Respondents rate five statements from strongly agree to strongly disagree:

	Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
1. In most ways my life is close to ideal							
2. The conditions of my life are excellent							
3. I am satisfied with my life							
4. So far, I have gotten the important things I want in life							
5. If I could live my life over, I would change almost nothing							

Appendix B – Client and Staff Survey Questionnaires

Appendix B.1 OFPS Client Survey

The following questions were included in the OFPS Client survey. See following pages for a summary of responses.

1. How did you hear about the Opioid Free Pain Service (OFPS)?
2. If other, please explain:
3. Are you a member of a Union with the BCBTU or are you a member of the CLRA?
4. If other, please explain:
5. When did you attend the OFPS (approximately)? Please select all that apply.
6. Approximately, how many myoActivation® (needling) sessions did you receive?
7. Overall, how helpful did you find the myoActivation® (needling)? 1 = not at all and 10 = very helpful
8. If the myoActivation® (needling) was helpful, please indicate how it helped (Select ALL that apply).
9. Did you attend the Functional Movement Classes? (yoga)
10. If you did not attend the Functional Movement Classes, why not?
11. Were the functional movement classes (yoga) helpful to reduce pain or any other way?
12. If the functional movement classes (yoga) were helpful, please indicate how it helped (Select ALL that apply).
13. Was the day of the week that myoActivation® (needling) offered convenient?
14. How likely are you to refer your friends and family to the OFPS? 1 = Very unlikely and 5 = Very likely
15. Were the questionnaires received before each OFPS appointment easy to complete?
16. Which method for completing the questionnaires was the most convenient for you?
17. Would you like to see the OFPS continue at CIRP?
18. Is there anything else you would like to tell us about the OFPS?
19. Is there any way that we could have improved your experience with the OFPS?

Appendix B.2 OFPS Staff Survey

The following questions were included in the OFPS Staff survey. See following pages for a summary of responses.

1. On the CIRP Team, I am (A Clinical Counsellor/Administrative Support)
2. Please comment on how the OFPS impacted general CIRP work (eg: workflow, business, use of space) and how the OFPS impacted your work personally.
3. Were you treated with the myoActivation® yourself?
4. Do you think the OFPS helped the patients?
5. Did you learn more about chronic pain and your patients pain experiences having OFPS on site?
6. Do you think continuing OFPS will benefit the patients?
7. Please comment on what was difficult about having the OFPS at CIRP over the past year
8. Please comment on what was good about having the OFPS at CIRP over the past year
9. If the decision is made to continue OFPS at CIRP, do you have any recommendations on what we should do differently?

CIRP Opioid Free Pain Service Evaluation Survey

11

Responses

04:37

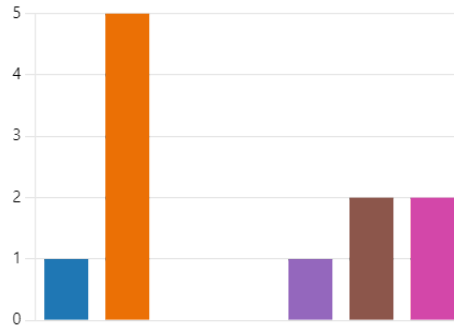
Average time to complete

Active

Status

1. How did you hear about the Opioid Free Pain Service (OFPS)?

Colleague	1
CIRP counsellor	5
Other CIRP Staff	0
Union newsletter	0
Social Media	1
Union Representative	2
Other	2



2. If other, please explain:

2

Responses

Latest Responses

"Wife's friend was aware of the program & recommended it to me."

3. Are you a member of a Union with the BCBTU or are you a member of the CLRA?

Yes	8
No	3
I am a friend or family member ...	0
Other	0



4. If other, please explain:

0

Responses

Latest Responses

5. When did you attend the OFPS (approximately)? Please select all that apply.

May - July 2023	2
August - October 2023	5
November - December 2023	3
January - March 2024	5



6. Approximately, how many myoActivation (needling) sessions did you receive?

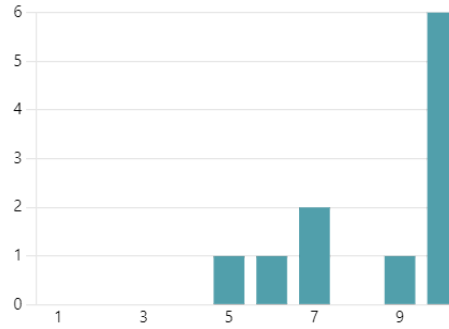
● 0-2	0
● 3-6	5
● 7-12	3
● 13-24	2
● >24	1



7. Overall, how helpful did you find the myoActivation (needling)?

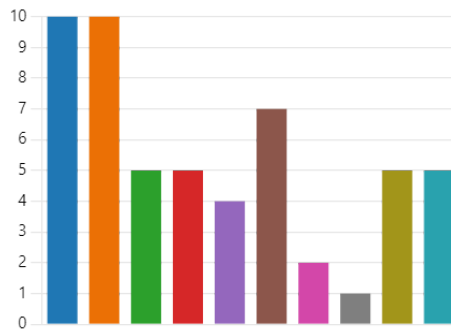
1 = not at all and 10 = very helpful

8.55
Average Rating



8. If the myoActivation (needling) was helpful, please indicate how it helped (Select ALL that apply).

● Reduced Pain	10
● Improved mobility/function	10
● Improved mood	5
● Improved energy	5
● Reduced stress	4
● Relieved physical tension	7
● Allowed you to return to work	2
● Allowed you to stay at work and...	1
● Reduced medication use	5
● Reduced alcohol or substance use	5



9. Did you attend the Functional Movement Classes? (yoga)

● Yes	2
● No	9



10. If you did not attend the Functional Movement Classes, why not?

- It was not offered to me 0
- I could not attend the times tha... 5
- I was not interested 4



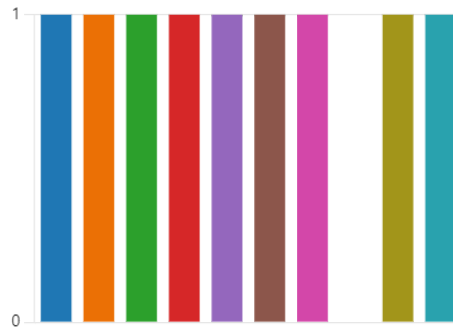
11. Were the functional movement classes (yoga) helpful to reduce pain or any other way?

- Yes 1
- No 1



12. If the functional movement classes (yoga) were helpful, please indicate how it helped (Select ALL that apply).

- Reduced Paid 1
- Improved mobility/function 1
- Improved mood 1
- Improved energy 1
- Reduced stress 1
- Relieved phsyical tension 1
- Allowed you to return to work 1
- Allowed you to stay at work and... 0
- Reduced medication use 1
- Reduced alcohol or substance use 1



13. Was the day of the week that myoActivation (needling) offered convenient?

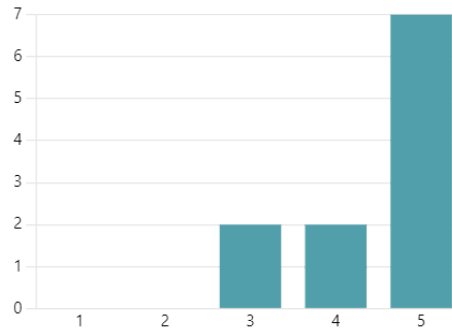
- Yes 10
- No 1
- Unsure 0



14. How likely are you to refer your friends and family to the OFPS?

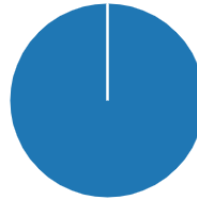
1 = Very unlikely and 5 = Very likely

4.45
Average Rating



15. Were the questionnaires received before each OFPS appointment easy to complete?

Yes	11
No	0
Neutral	0



16. Which method for completing the questionnaires was the most convenient for you?

Email	8
Text message	2
Paper (in office)	1
All options were fine	4
I didn't want to complete them ...	0



17. Would you like to see the OFPS continue at CIRP?

Yes	11
No	0
Neutral	0



18. Is there anything else you would like to tell us about the OFPS?

8
Responses

Latest Responses

"Overall positive experience. All staff & practitioners seemed genuinely concern...

"Best treatment I've received for pain management "

4 respondents (50%) answered **treatments** for this question.

A word cloud visualization of responses for question 18. The most prominent word is "treatments". Other significant words include "Barb", "practitioner", "needling treatments", "physical treatments need for opioids", "help", "years younger", "years", "thanks", "pain", "needling along with the yoga", "staff & practitioners", "Best treatment", "point in time", "lots of credit", "construction industry", "Barb is amazing", "nurse practitioner", "sorts of various treatments", and "lot of credit".

19. Is there any way that we could have improved your experience with the OFPS?

6
Responses

Latest Responses

2 respondents (33%) answered **No** for this question.

A word cloud visualization of responses for question 19. The most prominent word is "No". Other significant words include "patients", "possible expectations", "days and times", "days of the week", "not at CIRP", "CIRP", "Eddy", "Barb", "staff", "available", "perfect", "way", and "thanks".

OFPS - Evaluation Survey (CIRP STAFF)

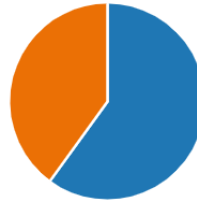
5 Responses

03:39 Average time to complete

Active Status

1. On the CIRP Team, I am

A Clinical Counsellor	3
Administrative Support	2



2. Please comment on how the OFPS impacted general CIRP work (eg: workflow, business, use of space) and how the OFPS impacted your work personally.

5 Responses

Latest Responses

"good to see more clients come in person added a lot to my workload due to ..."
"I noticed a positive impact on individuals being inspired to begin counselling..."
"Minimal impact. "

3. Were you treated with the myActivation yourself?

Yes	3
No	2



4. Do you think the OFPS helped the patients?

Yes	5
No	0
Not sure	0



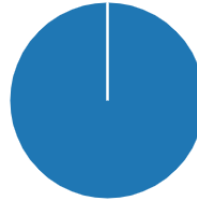
5. Did you learn more about chronic pain and your patients pain experiences having OFPS on site?

Yes	4
No	1
Not sure	0



6. Do you think continuing OFPS will benefit the patients?

● Yes	5
● No	0
● Not sure	0



7. Please comment on what was difficult about having the OFPS at CIRP over the past year

5
Responses

Latest Responses

- "administrative work load increase feel pressure to recruit clients but do not f..*
- "No difficulties that I noticed. "*
- "Limited services. Need more. "*

8. Please comment on what was good about having the OFPS at CIRP over the past year

5
Responses

Latest Responses

- "benefiting lots of people without drugs good for clients to come into the offic..*
- "The environment felt more supportive and holistic for helping clients recover..*
- "More holistic approach to MHSU services "*

9. If the decision is made to continue OFPS at CIRP, do you have any recommendations on what we should do differently?

5
Responses

Latest Responses

- "wondering if possible to use scores from screeners sent that month instead o..*
- "None that I can think of currently. "*
- "Expand access through more appointment times. "*