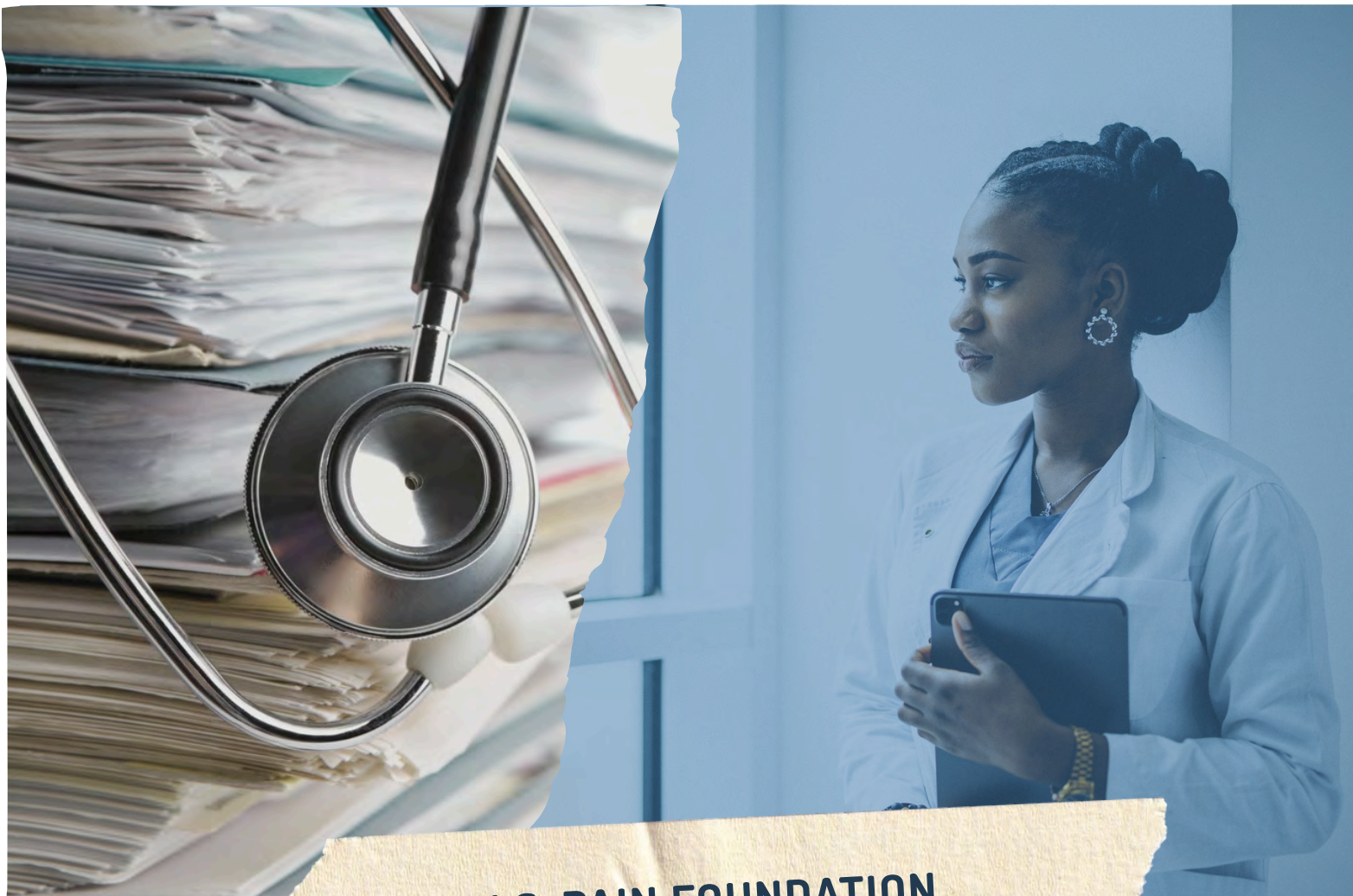




TREATING CHRONIC PAIN: HEALTH CARE PROVIDER VOICES AND PERSPECTIVES



U.S. PAIN FOUNDATION
2025 NATIONAL SURVEY

EXECUTIVE SUMMARY

Chronic pain is one of the most prevalent health conditions in America, affecting 1 in 4 adults—yet it continues to be poorly addressed in the U.S. health care system. Despite pain’s complexity, the majority of health care providers receive fewer than 10 hours of formal education on pain management during medical training, leaving them underprepared to effectively treat this multifaceted condition.

The U.S. Pain Foundation conducted a national survey from May 5–25, 2025, garnering responses from 2,420 individuals—including people living with chronic pain, caregivers, and health care professionals. This report focuses on the responses of 176 individuals who completed the provider-specific section, offering a rare and valuable perspective into a clinical workforce that is both deeply committed and systemically constrained.

Respondents represented a range of specialties—including pain medicine, anesthesiology, psychology, primary care, nursing, physical therapy, acupuncture, research, and much more—with 65% having been in practice for over a decade. Notably, 44% of respondents also live with chronic pain themselves, offering a dual lens of both provider and patient. These insights reflect an urgent need for education reform, regulatory flexibility, and more integrated, equitable care models.

**CHRONIC PAIN AFFECTS
1 IN 4 ADULTS—YET
MOST PROVIDERS
RECEIVE FEWER THAN
10 HOURS OF PAIN
EDUCATION.**



Separate reports highlight findings from individuals with chronic pain, caregivers, parents, and pediatric populations.



KEY FINDINGS



1. Providers Serve Diverse Populations with Complex Needs

- Groups primarily served by respondents:
 - Women (73%)
 - Men (67%)
 - People with disabilities (50%)
 - Low-income or underserved communities (48%)
 - Seniors (46%)
 - Children or adolescents (37%)
 - BIPOC communities (36%)
 - LGBTQ+ individuals (35%)
 - Non-English speakers (29%)
- 38% **treat chronic pain daily**; 28% **several times per week**
- 44% of providers **personally live with chronic pain**



2. Training Gaps Undermine Care Quality

- **Only 50%** of providers felt **adequately trained** to treat chronic pain
- **11%** said they were not adequately trained, with another **39%** citing some training
- There is strong demand for more education in:
 - **Emerging pain technologies** (43%)
 - **Multidisciplinary care models** (41%)
 - **Integration of mental health and pain care** (40%)
- **Only 17%** reported receiving extensive training in trauma-informed or culturally responsive care



3. Regulatory Burdens Are Damaging Patient Care

- 32% reported **interference from pharmacists or insurers** affecting patient care
- 30% said regulations **limit individualized treatment approaches**
- 24% felt regulatory restrictions **impede ability to prescribe appropriate medications**
- 24% spent significant time on **compliance and documentation demands**, impacting ability to focus on patient care
- 18% feared being investigated **despite adherence to best practices**
- **Just 10%** believed current opioid policies support effective pain management





KEY FINDINGS



4. Providers Invite Innovation—But Face Systemic Barriers

- 66% were **familiar with emerging therapies** (e.g., psilocybin, virtual reality, neuromodulation)
- 53% were **eager to adopt innovative treatments**
- 57% regularly or occasionally **used telehealth**:
 - 65% of them reported **improved patient access**
 - 67% used it for **patient education**
 - 47% used it for **medication management**

5. Mental Health Remains Under-Integrated


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- Psychological challenges of pain are **widespread and acknowledged**:
 - 61% cited **emotional aspects** (e.g., depression, anxiety) as a top challenge in treating pain
 - 56% regularly **recommended behavioral health therapies** to patients
 - 66% of those utilizing telehealth used it to **offer psychological support**
 - But **lack of integration** impedes greater impact:
 - 48% reported **partial or no integration of mental health into pain care**
 - Just 30% regularly **collaborated with a psychologist** as part of comprehensive pain care
 - 28% had received **no training in trauma-informed care**, yet expressed **high interest** in obtaining it; another 44% had received just partial training
 - 37% **wanted additional resources** on the **intersection of pain and mental health**

**PROVIDERS ARE EAGER TO INNOVATE,
BUT SYSTEMIC BARRIERS AND POOR
MENTAL HEALTH INTEGRATION CONTINUE
TO LIMIT PROGRESS.**




KEY FINDINGS

6. Pain Treatment and Collaboration are Fragmented

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- Types of pain commonly treated:
 - **Neuropathic:** 69%
 - **Musculoskeletal:** 65%
 - **Nociceptive:** 55%
 - **Nociplastic:** 52%
 - Commonly recommended treatments:
 - **Physical or occupational therapy:** 73%
 - **Behavioral therapies** (e.g., CBT, mindfulness): 56%
 - **Medications** (e.g., opioids, NSAIDs): 54%
 - **Self-management strategies:** 44%
 - **Complementary therapies** (e.g., acupuncture): 29%
 - **Injections or surgical interventions:** 21%
 - **40% did not regularly collaborate** with other professionals for pain care
 - Most-frequent collaborators: **physical therapists** (47%), **primary care providers** (40%), **pain specialists** (37%), **psychologists** (30%)

7. Tackling Hurdles: Education, Empowerment are Key

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- **Top challenges in care delivery include:**
 - Managing patient expectations (66%)
 - Emotional burdens (61%)
 - Social determinants of health and disparities (40%)
 - Lack of effective treatment options (38%)
 - Lack of interdisciplinary support (37%)
 - **96% believed patient education on self-management is crucial**
 - **92% wanted, or were potentially interested in, more professional training in pain care**

**WITHOUT COLLABORATION AND EDUCATION,
PATIENTS AND PROVIDERS ALIKE ARE LEFT WITHOUT
THE TOOLS THEY NEED FOR EFFECTIVE PAIN CARE.**

RECOMMENDATIONS



Upgrade Medical Training

- Mandate a minimum of **90 hours** of standardized, interdisciplinary pain education across all health care training programs.



Reform Regulatory Policies

- Transition from punitive opioid policies to flexible, evidence-based regulations that support individualized, clinically sound care.



Embed Mental Health into Pain Management

- Invest in integrated care teams that include behavioral health specialists to deliver holistic treatment.



Expand Insurance Coverage for Comprehensive Care

- Require coverage for a full range of pain management services, including PT/OT, behavioral health, acupuncture, massage, and self-management programs.



Fast-Track Access to Innovative Therapies

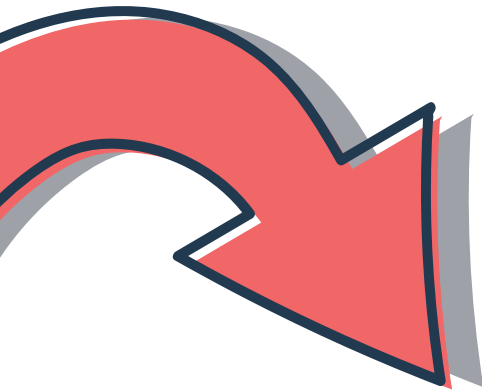
- Launch pilot programs to expand access to virtual reality, neuromodulation, and other evidence-based emerging treatments.



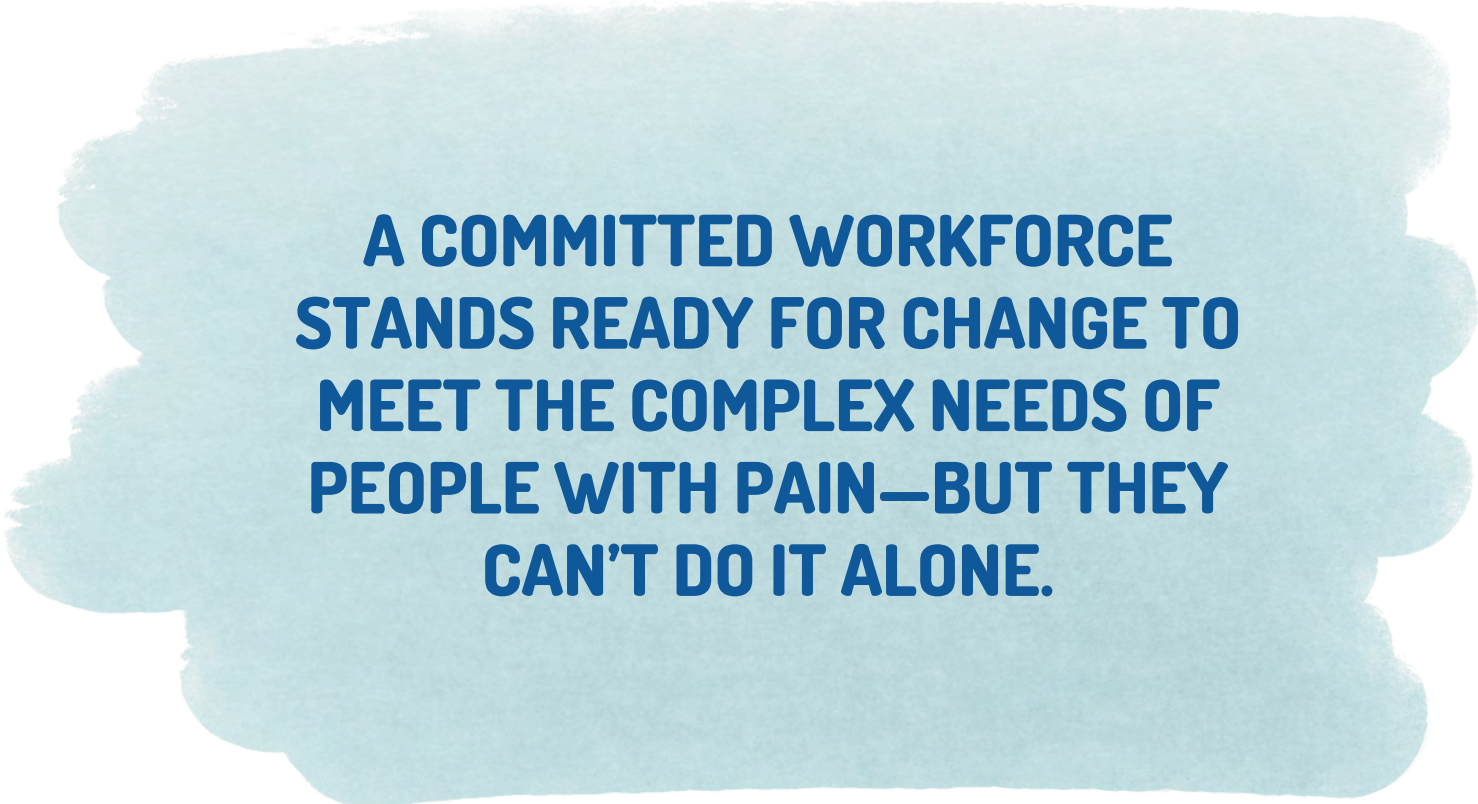
Center Equity in Policy and Practice

- Provide incentives for culturally responsive care and training initiatives centering the needs of underserved and marginalized communities.

CONCLUSION



This report reveals a clinical workforce that is deeply committed to delivering **compassionate and effective care** for individuals with chronic pain. Yet, these providers face **significant barriers**—from inadequate training and fragmented systems to restrictive policies and insufficient support. They are **ready for change** to better meet the complex and diverse needs of people living with pain.



**A COMMITTED WORKFORCE
STANDS READY FOR CHANGE TO
MEET THE COMPLEX NEEDS OF
PEOPLE WITH PAIN—BUT THEY
CAN'T DO IT ALONE.**

