THE PAIN PERSPECTIVE

ONE SYSTEM AT A CROSSROADS.

Insights from Confluent Health's 2025 Musculoskeletal Industry Survey on Chronic Pain

Confluent HEALTH

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A Word From Our CEO

Chronic musculoskeletal pain touches nearly every family in America. It affects how people work, move, sleep, and live. Yet despite its enormous human and economic cost, our approach to chronic pain remains fragmented, inconsistent, and often reactive.

At Confluent Health, we believe chronic pain care must evolve beyond short-term fixes toward long-term, whole-person solutions. But meaningful change requires more than belief. It requires understanding.

That is why we launched The Pain Perspective: 2025 MSK Industry Survey on Chronic Pain.

We asked patients, clinicians, and referring physicians to share their experiences, frustrations, and hopes for the future of pain care. What we found was both encouraging and urgent.

Encouraging because all three groups largely agree on what effective pain care should look like: conservative, movement-based, integrated, and patient-centered. Urgent because patients remain uncertain that the healthcare system will ever fully deliver it.

This report is not about pointing fingers. It is about closing the gap between what we know works and what patients experience every day. Chronic pain care is no longer waiting for innovation. It is waiting for alignment, access, and action.

We invite healthcare leaders, payers, policymakers, employers, clinicians, and communities to use these insights as a catalyst for building a stronger, more compassionate future for pain care.

Because when we make people stronger,
we make healthcare stronger.

— Dr. Kristi Henderson
Chief Executive Officer,
Confluent Health

From Insight to Impact in Chronic Pain Care

At Confluent Health, we believe data should not only describe the world. It should also help change it. The findings of The Pain Perspective: what many in healthcare have sensed for years, the future of chronic pain care is no longer debated—it is simply delayed.

Patients, clinicians, and physicians overwhelmingly agree that effective pain care should be conservative, movement-based, and grounded in whole-person health. Yet patients remain uncertain that the system will ever consistently deliver that experience.

At Confluent Health, we believe this gap is not caused by a lack of clinical knowledge. It is caused by a lack of connected care pathways.

Chronic Pain Requires a Different System

Chronic pain is not an injury to be “fixed” in a few visits. It is a condition that requires education, trust, movement, emotional support, and long-term partnership.

That is why Confluent Health was built on a different model of care. A model that prioritizes:

- Physical therapy as a first-line solution, not a last resort
- Movement and function over passive intervention
- Education and empowerment over dependency
- Integration of physical, mental, and social health
- Access through hybrid delivery, not fragmentation

We do not believe chronic pain can be solved by a single provider, a single visit, or a single modality. It must be addressed through coordinated, compassionate, and outcomes-focused care.

Patients Are Asking for What Confluent Health Was Designed to Deliver

This survey shows that patients want:

- Conservative care before medication or surgery
- Providers who listen and educate
- Treatment plans that reflect real life, not ideal schedules
- Care that acknowledges the emotional impact of pain
- A system that feels supportive, not transactional

These are not aspirational ideals at Confluent Health. They are the foundation of how we operate across our national network of care.

Clinicians Are the Engine of Change

The optimism expressed by clinicians in this survey reflects a profession ready to lead the next era of pain care. But optimism alone is not enough.

Clinicians need:

- Systems that support whole-person practice
- Training grounded in modern pain science
- Time and tools to build meaningful patient relationships
- Technology that enhances—not replaces—human care

At Confluent Health, we invest deeply in clinician education, leadership development, and practice innovation because we believe clinicians are not just care providers but are system builders.

The Opportunity in Front of Us

The optimism gap between patients and providers is not a failure. It is an invitation.

It invites healthcare leaders to rebuild trust.
It invites policymakers to modernize access.
It invites payers to reward outcomes.
It invites systems to simplify pathways.

Most of all, it invites all of us to design care around people and not processes.

Our Commitment

Confluent Health exists to make people stronger.
Stronger in their movement. Stronger in their confidence.
Stronger in their ability to live fully.

We believe that when people are given the right care, at the right time, in the right way, chronic pain does not have to define their future.

This report is not just a reflection of where MSK care stands today.
It is a blueprint for where it can go next.

And we are committed to building that future, together.

Consensus Exists. Infrastructure Does Not.

Patients, clinicians, and physicians agree on what effective pain care should look like. The healthcare system has yet to consistently deliver it.

85.3%
are currently living with chronic pain

94%
are optimistic about the future of chronic pain care

Only 42%
feel optimistic about managing their pain long-term

Patients | 1,202 respondents

- 85.3% are currently living with chronic pain
- Only 42% feel optimistic about managing their pain long-term
- Most prefer conservative, non-pharmacologic care
- Mental and physical health integration is a top priority
- 37% report severe pain levels (7–10)
- 82% say pain limits daily activities
- 46% report pain interferes with sleep
- 65% report mental health challenges related to pain
- 47% have avoided care due to cost
- 40% report insufficient MSK care options locally
- 90% would recommend physical therapy
- 56% report satisfaction with PT or OT outcomes

Patients want better care but aren't confident the system will support them.

MSK Clinicians | 114 respondents

- 94% are optimistic about the future of chronic pain care
- Strong belief in non-pharmacologic and movement-based treatment
- High readiness to adopt new care models and technologies
- 73% routinely use patient-reported outcomes
- 88% report patients ask for non-pharmacologic options
- 57% are very familiar or expert in Pain Neuroscience Education

Clinicians believe in the solution and are ready to lead it.

Referring Physicians | 14 respondents

- Over 80% are confident referring to physical therapy
- Strong belief in multimodal pain management
- Acknowledge PT is underutilized due to system barriers

Physicians trust physical therapy but face structural obstacles.

The Gap That Defines This Moment

94% *Clinician & Physician Optimism* | **42%** *Patient Optimism*

The future of pain care is not debated. It is delayed.

Why This Matters

Chronic pain is not just a clinical issue. It is a workforce issue. A mental health issue. A family issue. And a system design issue.

This report reveals a rare alignment across healthcare and an equally rare opportunity to act on it.

The question is no longer whether we know how to treat chronic pain. The question is whether we will finally build the pathways to do it well.

Three Perspectives. One Shared Reality.

To understand the true state of chronic MSK pain care, we listened to the people living it, delivering it, and directing it.

Audience Overview

Patients

Who they are:
- Majority age 55 and older
- 97% have current or past chronic pain
- Represent long-term MSK conditions, not short-term injuries

Why their voice matters:
Patients live inside the system every day. Their experience defines whether care works or fails.

MSK Clinicians

Who they are:
- Physical therapists and MSK-focused clinicians
- Represent diverse practice settings
- Treat high volumes of chronic pain patients

Why their voice matters:
Clinicians translate science into real-life care.

Referring Physicians

Who they are:
- Physicians referring patients for MSK pain care
- Active in multimodal pain decision-making

Why their voice matters:
Physicians influence access, timing, and pathways.

Methodology Snapshot

When patients, clinicians, and physicians agree, the system has no excuse not to change.

- National online survey
- Fielded in 2025
- Three distinct audience segments
- Quantitative and qualitative responses
- Sentiment analysis on open-ended feedback

For Most Patients, Pain is Not a Moment. It is a Condition.

The Reality in Numbers

85.3%
Currently experiencing chronic pain

12.1%
Experienced chronic pain in the past

2.6%
Have never experienced chronic pain

Chronic pain, or pain lasting longer than three months, is not the exception. It is the experience. The majority of patients in this survey are not recovering from a short-term injury. They are living with ongoing musculoskeletal pain that affects how they move, work, sleep, and engage with daily life. Yet our healthcare system continues to treat pain as if it is temporary.

The Cost of Episodic Thinking

Delayed care

Repeated flare-ups

Fragmented referrals

Patient frustration

When chronic pain is treated episodically, patients cycle through short interventions without long-term strategy.
This reinforces dependency, discouragement, and declining confidence. Chronic pain requires chronic care pathways.

Cross-Audience Alignment

> *"I want lasting relief, not just short-term fixes."*
>
> - Patients

> *"Chronic pain needs long-term planning."*
>
> - Clinicians

> *"Multimodal care works best over time."*
>
> - Physicians

You cannot solve a chronic condition with an acute mindset.

Healthcare leaders must:

- Design care pathways that extend beyond short visit limits
- Measure outcomes over months, not days
- Normalize long-term conservative care plans
- Align payment models with chronic recovery, not episodic discharge

Patients Do Not Want More Treatment. They Want Better Care.

What Patients Value Most

From patient responses, clear priorities emerge:

Conservative, non-pharmacologic care

Physical therapy over long-term medication

Avoidance of surgery whenever possible

Integration of mental and emotional health

Patients are not asking for shortcuts. They are asking for care that respects their bodies, their goals, and their long-term quality of life. They want to move better. They want to understand their pain. They want to feel supported and not rushed.

> *"I wish I had started conservative care sooner."*

> *"I want options before medication."*

> *"Physical therapy helped me, but access was limited."*

> *"Pain affects my mental health more than people realize."*

Optimism About the Future

Response	Count
Very optimistic	124
Optimistic	380
Neutral	399
Pessimistic	239
Very pessimistic	60

Only **42%** of patients feel optimistic about managing their pain long-term.

What This Tells Us:

Patients believe in the possibility of better pain care, but they are unsure the system will deliver it. Their optimism is cautious. Their trust is conditional. This is not a failure of hope. It is a reflection of experience.

Patients are not skeptical of conservative care. They are skeptical of the system's ability to support it.

To rebuild patient confidence, care models must:

- Start conservative, not after other options fail
- Communicate clearly and consistently
- Normalize long-term care planning
- Treat emotional health as part of recovery
- Measure success in function and confidence, not just pain scores

Patients are ready to commit to better care. They are waiting for care to commit to them.

The Problem is Not Care. It is Access, Continuity, and Trust.

What Patients Told Us

Top recurring frustrations:

- Insurance limitations
- Cost of care
- Limited number of visits
- Delays in access
- Fragmented provider communications
- Short treatment timelines for long-term pain

When patients speak negatively about their pain care experience, they are rarely describing physical therapy, movement, or education. They are describing the system around it. Patients are not disappointed in conservative care. They are discouraged by how difficult it is to access and sustain.

The Cost of Frustration

Delayed care → Interrupted treatment plans → Reduced confidence → Lower optimism → Higher risk of escalation to medication or surgery

When the system feels unreliable, patients stop expecting it to help.

Cross-Audience Perspective

> *"It's hard to get the care I know I need."*
>
> - Patients

> *"We want to do more, but the system limits us."*
>
> - Clinicians

> *"Access barriers prevent optimal referrals."*
>
> - Physicians

To reduce patient frustration, healthcare systems must:

- Simplify access to PT-first care
- Reduce financial and administrative barriers
- Support longer, continuous treatment when needed
- Improve communication across providers
- Treat patient experience as a quality metric

Fixing pain care does not start with new treatments. It starts with removing the obstacles around them.

Clinicians Believe in the Future of Pain Care, and They are Ready to Lead It.

MSK Clinician Responses:

Response	Count
Very optimistic	17
Optimistic	49
Pessimistic	43
Very pessimistic	5

94% of clinicians express optimism about the future of chronic pain management.

What This Tells Us:

Clinicians are not discouraged by chronic pain.
They are motivated by the opportunity to treat it better.

They see the value of:

- Non-pharmacologic, movement-based care
- Patient education and empowerment
- Multimodal, whole-person approaches
- Long-term recovery strategies

The Clinician Reality

What clinicians want to deliver:

- Comprehensive care
- Adequate time with patients
- Education-driven recovery
- Continuity and follow-up

What the system often allows:

- Short visit limits
- Fragmented referrals
- Inconsistent pathways
- Productivity pressure

Clinicians are not waiting for permission to change pain care. They are waiting for systems to support it.

Healthcare organizations must:

- Invest in modern pain science training
- Support biopsychosocial care delivery
- Protect clinician-patient time
- Enable hybrid care pathways
- Measure outcomes beyond discharge

The future of pain care already exists in the clinic. It simply needs a system that allows it to scale.

Physicians Trust Physical Therapy, but the System Limits its Use.

Confidence in Physical Therapy Referrals

Response	Count
Very optimistic	72%
Optimistic	14%
Pessimistic	7%
Very pessimistic	7%

More than **85%** of referring physicians express confidence in referring to physical therapy for chronic pain management.

What This Tells Us:

Referring physicians do not question the value of physical therapy.

They recognize PT as:

- A core component of chronic pain care
- A way to reduce reliance on medication
- A foundation of multimodal treatment
- A pathway to long-term functional improvement

Yet Referrals Remain Inconsistent

Physician Belief:

- PT is effective
- PT is underutilized
- Multimodal care works best

Physician Reality:

- Reimbursement barriers
- Referral friction
- Limited visit allowances
- Patient access challenges

The problem is not physician confidence. It is system convenience.

Cross-Audience Alignment

Patients want conservative care » Clinicians believe in conservative care » Physicians support conservative care

When all three agree, the system must evolve.

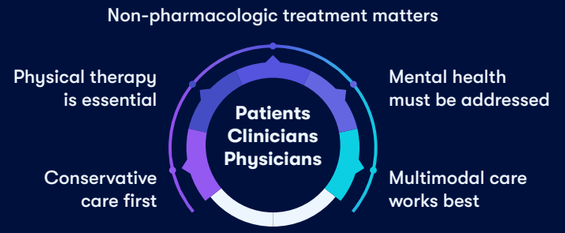
To unlock consistent PT utilization:

- Simplify referral pathways
- Reduce administrative friction
- Improve feedback loops between PTs and physicians
- Align incentives with outcomes
- Normalize PT-first pathways for MSK pain

Referring physicians are not holding pain care back. They are waiting for the system to move forward with them.

Rarely Does Healthcare Agree. This Time, it Does.

A Shared Vision for Pain Care



Across all three audiences, agreement is not the exception. It is the rule.

Why This Matters

In healthcare, disagreement often slows progress. In chronic pain care, agreement is not accelerating it.

Patients, clinicians, and physicians are aligned in belief, but separated by system design. This alignment represents one of the greatest untapped opportunities in MSK healthcare today.

The Missed Opportunity

Belief:
We know what works.

Reality:
We don't consistently deliver it.

Result:
Patients remain uncertain.

When healthcare agrees—and patients still struggle—the system must change.

The Strategic Opportunity

Alignment creates momentum. Alignment allows scale. Alignment gives leaders permission to act boldly.

This is the moment to redesign pathways, policies, and incentives around what everyone already believes is right.

Healthcare leaders can act immediately by:

- Establishing PT-first MSK pathways
- Embedding biopsychosocial care into standards
- Creating hybrid access models
- Simplifying referrals and care transitions
- Aligning payment with long-term outcomes

The future of pain care does not begin with consensus. It begins when consensus is finally honored.

Hope Lives in the Clinic. Doubt Lives in the System.

The Gap in One View

Patient Optimism

Response	Count
Very optimistic	124
Optimistic	380
Neutral	399
Pessimistic	239
Very pessimistic	60

Only **42%** of patients feel optimistic about managing their pain long-term.

Clinician Optimism

Response	Count
Very optimistic	17
Optimistic	49
Pessimistic	43
Very pessimistic	5

94% of clinicians express optimism about the future of chronic pain management.

What This Tells Us

Patients and clinicians are not experiencing the same healthcare system. Clinicians see what is possible. Patients feel what is difficult. This gap is not caused by lack of care. It is caused by lack of continuity, access, and trust.

Why the Gap Exists

Fragmented care pathways

Financial and insurance barriers

Short-term treatment limits for long-term pain

Together, these erode patient confidence—even when care is clinically effective.
The optimism gap is not a failure of medicine. It is a failure of system design.

Why This Gap Matters

Optimism influences:

- Treatment adherence
- Engagement in recovery
- Willingness to commit to long-term care
- Perception of outcomes

When patients lose optimism, recovery slows—even when care is appropriate.

To close the optimism gap, healthcare leaders must:

- Design care around continuity, not visits
- Communicate long-term recovery expectations clearly
- Normalize chronic care journeys
- Measure confidence alongside clinical outcomes
- Reward systems that sustain engagement

Patients do not need more hope. They need systems that earn it.

Better Access. Better Continuity. Better Confidence.

What Patients and Providers Are Ready For

Hybrid care is not about replacing in-person care. It is about extending it. Patients want more connection, not fewer clinicians. Clinicians want more continuity, not more complexity. Hybrid care offers a bridge between belief and experience.

What the Data Shows

Patients express moderate to high comfort with virtual PT and hybrid care

Clinicians express openness to adopting new technology for chronic pain management

Both groups believe hybrid care can improve access and consistency. Hybrid models work when they expand the relationship—not when they shrink it.

They allow:

- Education between visits
- Reinforcement of movement confidence
- Ongoing communication
- Greater flexibility for real life

What Hybrid Care Solves

Problem	Hybrid Care Enables
Missed visits	Flexible access
Short treatment windows	Extended support
Fragmented education	Continuous reinforcement
Declining engagement	Ongoing touchpoints

Hybrid care is not a technology strategy. It is a trust strategy.

To implement hybrid care effectively, systems must:

- Train clinicians in virtual engagement
- Integrate hybrid visits into standard pathways
- Protect clinical quality across all settings
- Measure outcomes consistently
- Communicate hybrid as support and not substitution

Hybrid care does not change what healing is. It changes how consistently healing is supported.

You Cannot Treat Pain Without Treating the Person.

What Patients Are Telling Us

Patients consistently report that:

- Mental and emotional health strongly influence their pain
- Feeling heard affects their recovery
- Stress, fear, and frustration worsen physical symptoms

They do not separate pain into “physical” and “emotional” categories. They experience it as one reality.

What Clinicians and Physicians Recognize

Clinicians acknowledge the importance of biopsychosocial care

Physicians report using multimodal approaches that include mental health considerations

Across audiences, there is agreement: Pain is not just a tissue problem. It is a whole-person problem.

Why This Matters

Pain is influenced by:

Movement | Beliefs | Stress | Fear | Past experiences | Social context

Ignoring any layer limits recovery. Treating pain without addressing mental health is not conservative care. It is incomplete care.

The Patient Cost of Separation

When mental health is excluded from MSK care:

- Patients feel misunderstood
- Recovery feels uncertain
- Engagement declines
- Optimism erodes

When it is included:

- Confidence improves
- Trust strengthens
- Outcomes stabilize
- Long-term adherence increases

Healthcare systems must:

- Normalize mental health conversations in MSK care
- Train clinicians in pain neuroscience and communication
- Build referral and integration pathways
- Remove stigma through language and education
- Measure psychological confidence alongside physical progress

Whole-person care is not an enhancement to pain care. It is the foundation of it.

Insight Without Action is Not Leadership.

The Moment We Are In

This report does not reveal disagreement. It reveals delay.

Patients, clinicians, and physicians already agree on what better pain care should look like. What remains is the willingness—and the courage—to redesign systems around that truth.

The Three Changes That Matter Most

1. Access Must Come First
Chronic pain cannot wait for approval cycles.

What must change:
- Faster access to PT-first care
- Reduced visit caps for chronic conditions
- Simplified referral and scheduling pathways

Why it matters: Delayed access reduces trust before care even begins.

2. Pathways Must Replace Episodes
Chronic pain is not solved in short bursts.

What must change:
- Long-term care pathways, not visit-based thinking
- Continuity across providers and settings
- Outcomes measured over time, not discharge

Why it matters: Recovery requires consistency.

3. Incentives Must Match Outcomes
Systems behave how they are paid.

What must change:
- Value-based MSK models
- Incentives for conservative care
- Support for multidisciplinary collaboration

Why it matters: When payment aligns with recovery, recovery accelerates.

What Happens *If We Do Nothing*

- Rising chronic pain prevalence
- Increasing healthcare costs
- Lower patient confidence
- Higher system strain

What Happens *If We Act*

- Earlier conservative care
- Stronger patient engagement
- Better long-term outcomes
- More sustainable systems

Change in pain care is not optional. It is inevitable.
The only question is whether we will lead it or follow it.

The Future of Pain Care Will Be Built by the Choices We Make Today.

This Is a Leadership Moment

Chronic pain care will not change because the data is clear. It will change because leaders decide it must. Every organization, discipline, and decision-maker has a role in closing the gap between belief and experience. The question is not who should act. It is how each of us will act.

Providers and Care Organizations

- Establish PT-first MSK pathways
- Protect time for patient education
- Normalize long-term care planning
- Integrate mental health conversations into every MSK encounter
- Measure success in function, confidence, and quality of life

Health Systems and Employers

- Simplify access and scheduling
- Support hybrid care infrastructure
- Reduce administrative burden on clinicians
- Invest in continuity, not just capacity
- Treat MSK care as a strategic priority, not a service line

Payers and Policymakers

- Reduce financial barriers to PT
- Support direct access
- Incentivize conservative care first
- Fund value-based MSK models
- Reward long-term outcomes

A Shared Responsibility

Every patient journey reflects hundreds of leadership decisions. The future of pain care is not in the hands of a single profession. It is in the hands of a collective commitment. Leadership in pain care is no longer about knowing what to do. It is about having the courage to do it.

The Future is not a Breakthrough Drug. It is a Better Pathway.

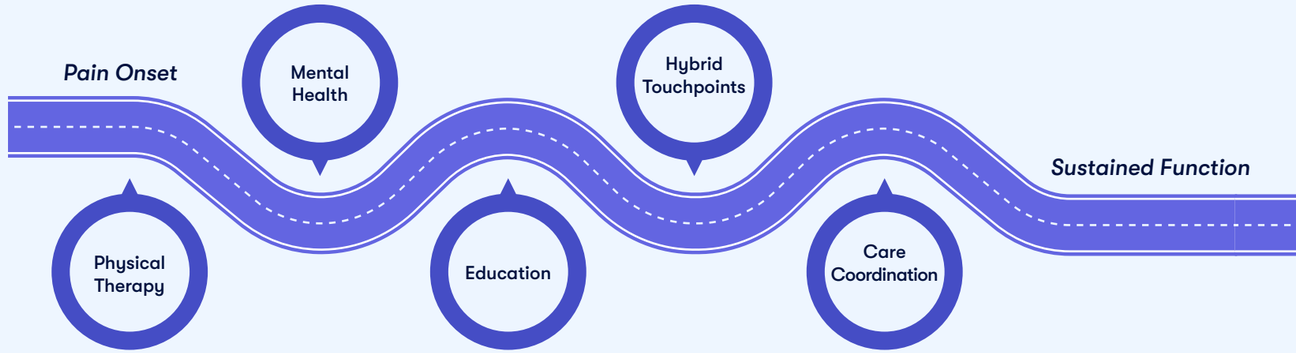
The next era of chronic pain care will not be defined by a single innovation. It will be defined by how well healthcare systems connect the solutions that already exist. Patients have made their priorities clear: they want conservative care, whole-person support, and a system that treats chronic pain as a long-term partnership—not a short-term transaction.

Clinicians are ready to deliver it. Physicians are ready to support it. The opportunity now is to build care pathways that honor that alignment.

A better pain care pathway is one that:

- Starts with movement and education, not medication
- Integrates physical and mental health from day one
- Expands access through hybrid care, not fragmented handoffs
- Measures success by function, confidence, and quality of life
- Supports patients long enough to create lasting change

This is not a future built on replacement. It is a future built on connection.



"85% of patients are living with chronic pain."

"94% of clinicians believe the future of pain care is optimistic."

"Only 42% of patients share that optimism today."

The future of pain care is not waiting for invention. It is waiting for alignment.

To build this future, healthcare leaders must:

- Design chronic pain pathways—not episodic care models
- Incentivize conservative care first
- Expand PT access and duration when clinically appropriate
- Integrate behavioral health into MSK care
- Invest in hybrid models that preserve human connection

The future of pain care is already visible in this data.
The only question is how quickly we choose to build it.

"Better pain care is not a breakthrough. It is a commitment."

The Future of Pain Care is Not Waiting. It is Asking.

Chronic pain has never been a question of effort. Patients try. Clinicians care. Physicians support.

Yet, too often, the system asks people living with pain to adapt to its limitations instead of designing itself around their needs. This report shows something rare in healthcare: Not division, but alignment. Not confusion, but clarity. Not resistance, but readiness Patients are ready for conservative, whole-person care. Clinicians are ready to deliver it. Physicians are ready to support it. What remains is the courage to build pathways that honor that truth.

What This Moment Represents

This is the moment to:

- Replace episodes with journeys
- Replace access barriers with open doors
- Replace fragmentation with connection
- Replace delay with leadership

The Responsibility Ahead

The future of pain care will not be written by technology alone. It will be written by choices. Choices to listen. Choices to simplify. Choices to lead.

Every pathway redesigned, every policy modernized, every patient supported brings us closer to a system worthy of the people it serves.

Better pain care is not a breakthrough. It is a commitment.

The future of pain care is already visible in these pages. It is conservative. It is connected. It is compassionate. It is possible. Now, it must be built.

The Pain Perspective: 2025 MSK Industry Survey was conducted to advance understanding, alignment, and action in chronic pain care. Confluent Health is committed to using these insights to help shape a stronger future for patients, clinicians, and communities.

National Footprint. 50+ Partner Brands. One Confluent Health Family.

America is a country in pain.

More than half our adult population experiences musculoskeletal pain each year. Over 20% of us take time off work due to the pain we suffer from these conditions. That's the challenge every one of us at Confluent Health strives every day to solve. Because we see it as our duty to help make every American and every business stronger.

We do this by upskilling clinicians so they can deliver the very best treatments. By showing up wherever people need care: from clinics to living rooms, to hospital halls and places of employment where we work to prevent injuries and to provide support if an injury does happen.

Together with partners in our nationwide network of over 1,650 sites of care, we're constantly innovating to evolve skill sets, develop new tools, and set new benchmarks that are helping make our industry, the economy, and every American stronger.

Confluent Health. We make you stronger.

Appendix

The following appendices provide the research foundation, detailed data, segmented analysis, and human context supporting the insights presented in *The Pain Perspective: 2025 MSK Industry Survey*.

Together, these sections are designed to ensure that the findings in this report are not only compelling, but credible, transparent, and responsibly interpreted.

Appendix A — Methodology & Research Design

This appendix outlines the research design, sampling framework, and analytical methods used to conduct The Pain Perspective: 2025 MSK Industry Survey. The information provided here is intended to offer transparency into how the data was collected, processed, and interpreted. It allows readers to understand the scope, limitations, and rigor of the research approach supporting the findings presented in the main report. Appendix A is provided as a technical reference for readers seeking methodological clarity and research credibility.

A1. Survey Objectives

The Pain Perspective: 2025 MSK Industry Survey was designed to better understand how chronic musculoskeletal pain is experienced, treated, and perceived across the healthcare system.

The primary objectives of the survey were to:
- Capture patient experiences with chronic MSK pain care
- Assess clinician and physician perspectives on effective pain management
- Identify areas of alignment and misalignment across audiences
- Surface systemic barriers affecting access, continuity, and confidence
- Inform future care pathway design, policy, and leadership decisions

The survey was intentionally structured to move beyond satisfaction metrics and toward understanding belief, confidence, and system trust in chronic pain care.

A2. Sampling Framework

The survey included three distinct audience groups:
- Patients living with or having experienced chronic musculoskeletal pain
- Musculoskeletal clinicians, primarily physical therapists
- Referring physicians involved in MSK pain care decision-making

Participants were recruited through professional outreach channels to ensure geographic and practice diversity. The final sample size reflected sufficient representation to allow for directional insight across all three audiences.

A3. Fielding Dates & Distribution Channels

The survey was fielded nationally during 2025 using secure online survey platforms.

Distribution channels included:
- Patient email
- Professional clinician networks
- Physician outreach lists

All responses were collected anonymously to encourage honest, unbiased participation.

A4. Audience Definitions

To ensure clarity and consistency, audience groups were defined as follows:
- Patients: Individuals currently living with or having previously experienced chronic musculoskeletal pain.
- MSK Clinicians: Licensed physical therapists or musculoskeletal-focused clinicians actively treating patients with chronic pain.
- Referring Physicians: Physicians involved in diagnosing, managing, or referring patients for musculoskeletal pain care.

These definitions were applied consistently across screening, analysis, and reporting.

A5. Margin of Error & Statistical Confidence

As with all survey-based research, findings are subject to sampling variability. Margins of error vary by audience segment and sample size. All quantitative findings should be interpreted as directional indicators of national sentiment and experience rather than absolute population measures. Where statistical comparisons are presented, differences reflect meaningful directional patterns consistent across the dataset.

A6. Sentiment Analysis Methodology

Open-ended responses were analyzed using a combined qualitative and sentiment-based approach.

Responses were:
- Thematically coded into recurring categories
- Evaluated for positive, neutral, or negative sentiment
- Reviewed manually to confirm contextual accuracy

Sentiment analysis focused on emotional tone and language patterns rather than isolated word frequency, ensuring that patient, clinician, and physician voices were interpreted within full narrative context.

A7. Data Limitations & Considerations

While this survey provides valuable insight into chronic MSK pain care, several limitations should be acknowledged:
- Results reflect self-reported perceptions and experiences
- Online survey participation may exclude populations with limited digital access
- Smaller physician sample sizes limit statistical generalization
- Cultural, socioeconomic, and regional factors may influence individual responses

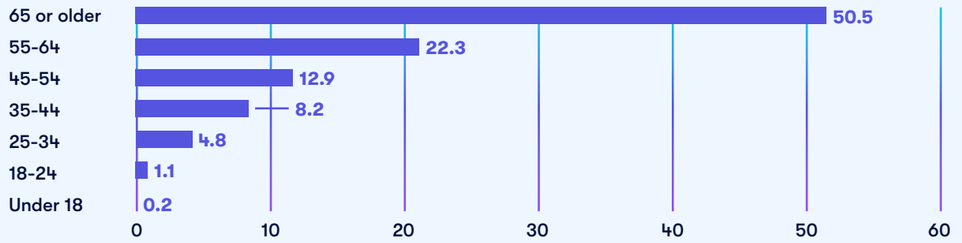
Despite these considerations, the consistency of themes across all three audiences strengthens the reliability of the directional insights presented in this report. This survey is intended to inform leadership, not replace clinical judgment, policy analysis, or local system evaluation.

Appendix B — Audience Profiles

This appendix provides demographic and professional context for the patient, clinician, and physician audiences represented in the survey. The charts and narratives in this section describe who participated in the study, not what they believed. This distinction is important for interpreting the findings responsibly and understanding how experiences and perceptions are shaped by age, experience, and care environment. Appendix B is intended to establish sample representation and ensure transparency in how the voices in this report were formed.

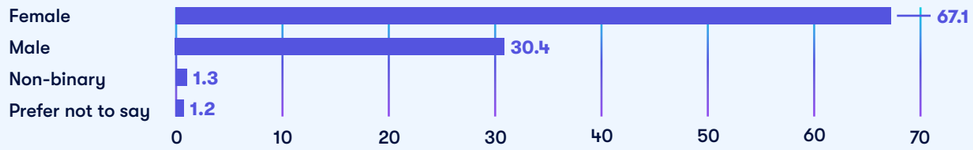
Patients

B1. Age Distribution



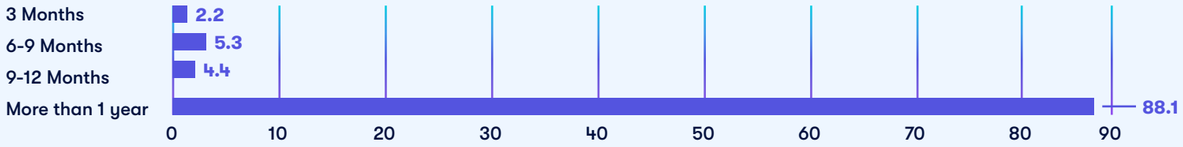
Patient respondents primarily represented older adult populations, reflecting the strong relationship between aging and chronic musculoskeletal pain. While younger patients were present, the majority of respondents were navigating pain as part of long-term life and health transitions. This age distribution reinforces that chronic pain care is not a short-term rehabilitation challenge, but a lifelong quality-of-life issue requiring sustained system support.

B2. Gender Distribution



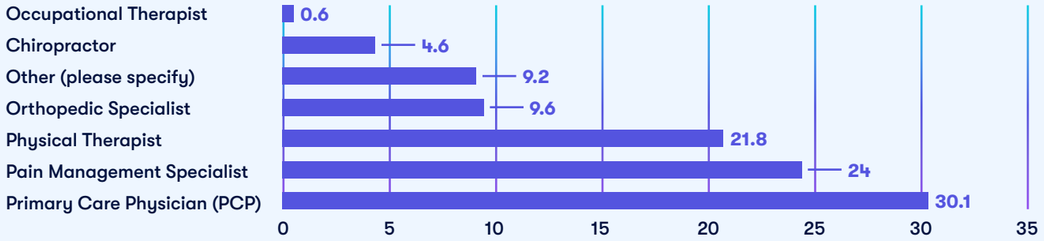
Gender representation across patient respondents reflects meaningful diversity. Responses indicated that chronic pain affects individuals across genders, though experiences of access, communication, and emotional impact varied. These differences underscore the importance of equitable, personalized care models that recognize how pain is experienced and navigated differently across populations.

B3. Chronic Pain Duration



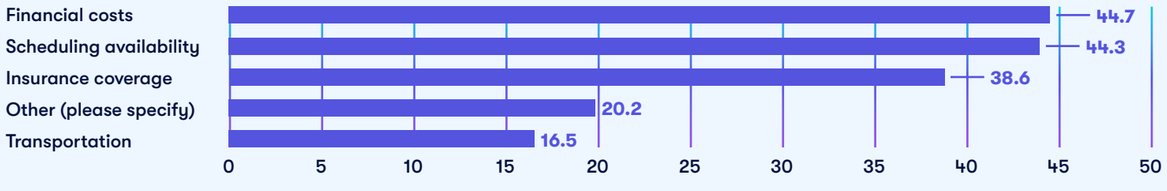
Most patients reported pain lasting well beyond acute or subacute timelines. Many described pain as a persistent condition rather than a temporary episode. This duration pattern confirms that chronic pain is best understood as a long-term health journey, not a short recovery window.

B4. Prior Treatment History



Patients reported diverse treatment histories that often included multiple providers, changing care plans, and inconsistent continuity. While many had experienced physical therapy at some point, access limitations, visit caps, and system transitions frequently interrupted care.

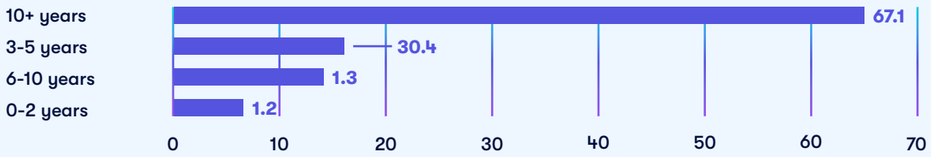
B5. Access to Physical Therapy



Access to physical therapy varies widely among patients. Barriers included insurance restrictions, referral delays, visit limitations, geographic availability, and cost. Patients consistently described physical therapy as beneficial when accessible, yet difficult to maintain when system barriers intervened.

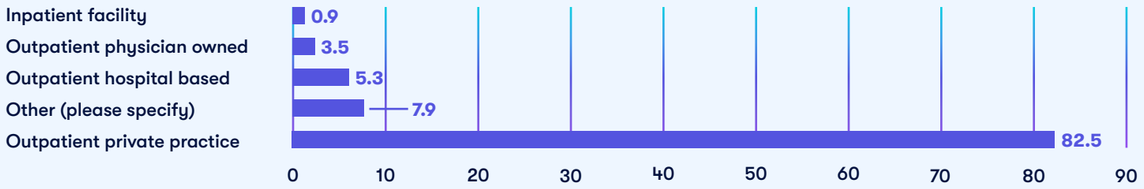
MSK Clinicians

B6. Years in Practice



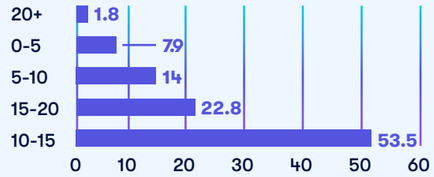
Clinicians represented a broad spectrum of professional experience, from early-career practitioners to highly experienced clinicians. Across experience levels, clinicians expressed consistent belief in conservative, movement-based approaches.

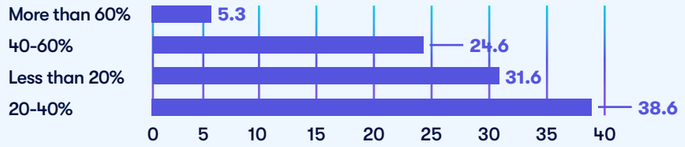
B7. Practice Setting



Respondents practiced across outpatient clinics, health systems, and hybrid delivery models. This variety highlights that system constraints affecting pain care are experienced across settings.

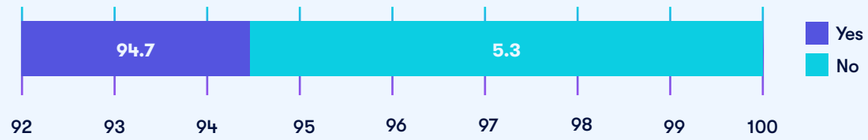
B8. Patient Volume & Case Mix





Clinicians reported high exposure to patients with chronic pain and complex musculoskeletal conditions. Their case mix reinforces the need for whole-person, long-term care strategies.

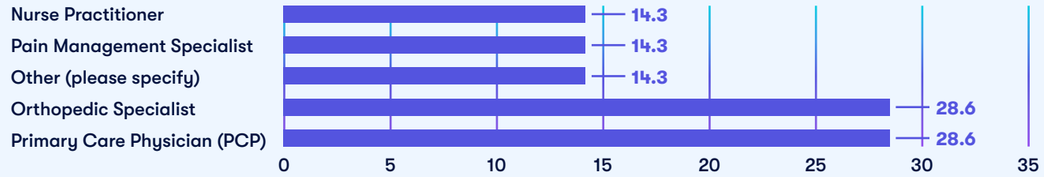
B9. Technology Adoption Readiness



Clinicians expressed openness to technology-supported care models when technology enhances human connection. Hybrid and digital tools were viewed as opportunities to improve continuity and education.

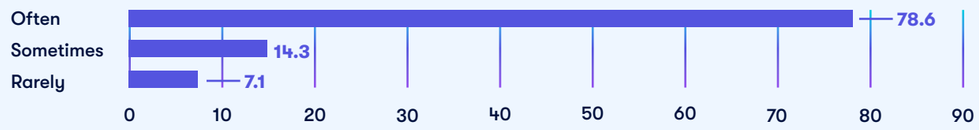
Referring Physicians

B10. Specialty Mix



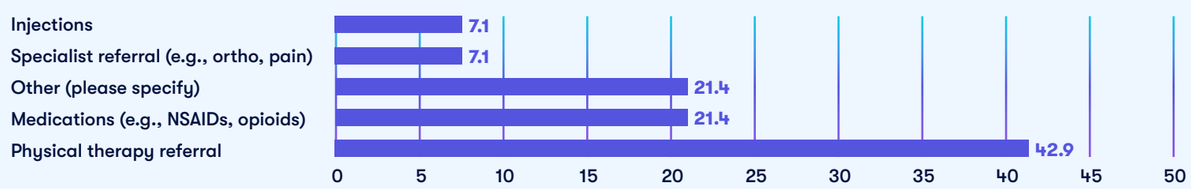
Physician respondents represented multiple specialties involved in musculoskeletal pain management. This diversity reflects the many clinical entry points into MSK care.

B11. Referral Frequency for MSK Pain



Physicians reported frequent involvement in MSK pain referral decisions. Referral consistency was influenced more by system barriers than by clinical belief.

B12. Multimodal Care Utilization



Physicians widely supported multimodal approaches to chronic pain management, including physical therapy, education, behavioral health considerations, and medical oversight. Their responses confirm that conservative, integrated care is not controversial but is constrained.

Appendix C — Full Quantitative Data Tables

This appendix contains the complete quantitative response distributions for all primary survey questions included in The Pain Perspective: 2025 MSK Industry Survey. The tables presented in this section are intended to provide transparency into the underlying data supporting the insights and conclusions discussed in the main report. All results are shown as response counts and percentages for each question, using consistent scales and formatting. These tables are not designed for narrative interpretation. Instead, they serve as a reference resource for analysts, policymakers, and healthcare leaders seeking detailed visibility into survey distributions.

Readers are encouraged to use Appendix C in conjunction with the main report and Appendix D to fully understand both overall trends and segmented variations in chronic pain care perceptions and experiences.

C1. Chronic Pain Prevalence

C1.1 Chronic Pain Status Distribution

Response	Count	Percentage
Yes, currently experiencing chronic pain	1025	85.3
Not currently, but in the past I have experienced chronic pain	146	12.1
No, I have never experienced chronic pain	31	2.6

C1.2 Chronic Pain Duration Distribution

Response	Count	Percentage
3 months	23	2.2
6-9 months	54	5.3
9-12 months	45	4.4
More than 1 year	903	88.1

C2. Optimism & Confidence

C2.1 Patient Optimism Distribution

Response	Count	Percentage
Neutral	399	33.2
Optimistic	380	31.6
Pessimistic	239	19.9
Very optimistic	124	10.3
Very pessimistic	60	5

C2.2 Clinician Optimism Distribution

Response	Count	Percentage
Optimistic	23	2.2
Somewhat optimistic	54	5.3
Very optimistic	45	4.4
Not optimistic	903	88.1

C2.3 Physician Confidence in PT Referrals

Response	Count	Percentage
Moderately effective	7	50
Highly effective	6	42.9
Minimally effective	1	7.1

C2.4 Optimism Gap Comparison

Response	Count	Percentage
Moderately effective	7	50
Highly effective	6	42.9
Minimally effective	1	7.1

C3. Care Preference Beliefs

C3.1 Preference for Conservative Care

Response	Count	Percentage
3 months	23	2.2
6-9 months	54	5.3
9-12 months	45	4.4
More than 1 year	903	88.1

C3.2 Importance of Non-Pharmacologic Treatment

Response	Count	Percentage
Very important	427	35.5
Important	369	30.7
Somewhat important	323	26.9
Not important	83	6.9

C4. Mental Health Integration

C4.1 Patient Agreement

Response	Count	Percentage
Very important	307	25.5
Important	347	28.9
Somewhat important	398	33.1
Not important	150	12.5

C4.2 Clinician Agreement

Responses to this question were collected in open-ended format and are summarized qualitatively in Appendix E4.

C4.3 Physician Agreement

Response	Count	Percentage
Somewhat influential	9	64.3
Very influential	5	35.7

C5. Hybrid Care Perceptions

C5.1 Patient Comfort with Hybrid/Virtual PT

Response	Count	Percentage
Neutral	384	31.9
Somewhat uncomfortable	242	20.1
Somewhat comfortable	234	19.5
Very uncomfortable	202	16.8
Very comfortable	140	11.6

C5.2 Clinician Openness to Technology-Supported Care

Response	Count	Percentage
Yes	108	94.7
No	6	5.3

C6. Access Barriers

C6.1 Insurance Limitations

Response	Count	Percentage
Somewhat	410	34.1
Not at all	397	33
Significantly	279	23.2
Completely	116	9.7

C6.2 Cost Barriers

Response	Count	Percentage
No	635	52.8
Yes	567	47.2

C6.3 All Barriers

Barrier	Count	Percentage of respondents
Financial costs	537	44.6
Scheduling availability	533	44.3
Insurance coverage	464	38.6
Other (please specify)	243	20.2
Transportation	198	16.5

C7. Master Tables

C7.1 All Question Distributions - Click to View Online

C7.2 Response Counts by Question - Click to View Online

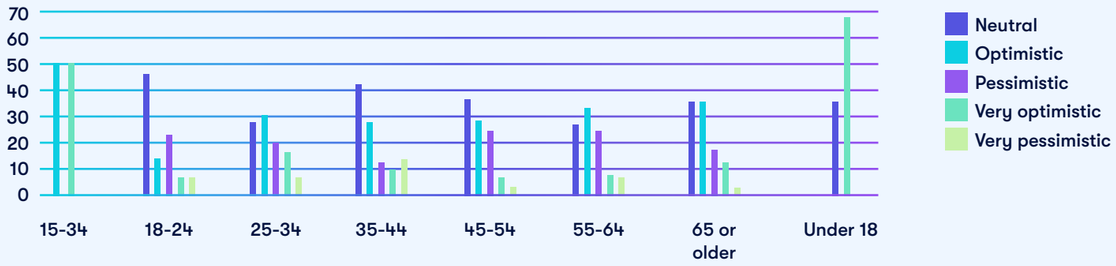
Appendix D — Cross-Tab Analysis

This appendix presents segmented cross-tab analyses of key survey findings across demographic and professional subgroups. These tables and charts are provided to offer additional transparency into how perceptions, optimism, and care experiences vary by age, pain duration, practice setting, professional experience, and specialty.

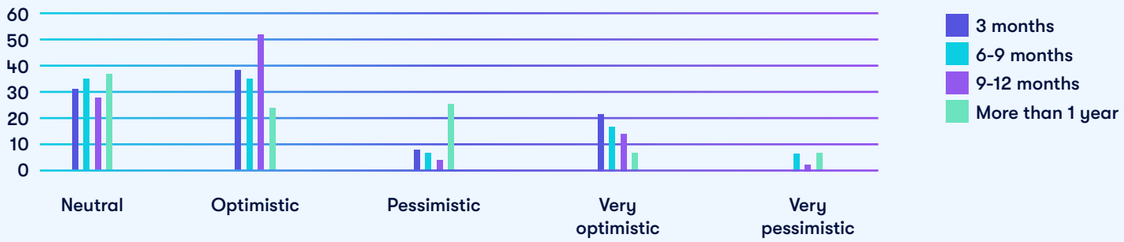
The cross-tab results are intended to complement the primary findings presented in the main report. While the main report focuses on overall alignment and system-level patterns, Appendix D highlights where important variations exist within specific populations.

These segmented views should be interpreted as directional insights rather than isolated conclusions. Their purpose is to support equity, access, and pathway design conversations by revealing where system improvements may have different impacts across groups. Appendix D is provided as a reference resource for leaders, analysts, and policymakers seeking deeper understanding of how chronic pain care experiences differ within the populations represented in this survey.

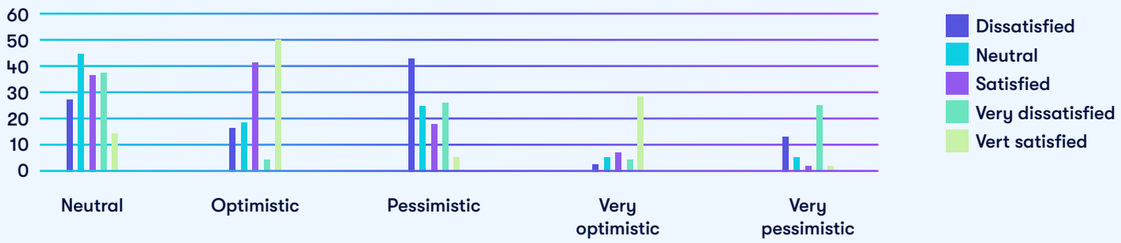
D1. Patient Optimism by Age



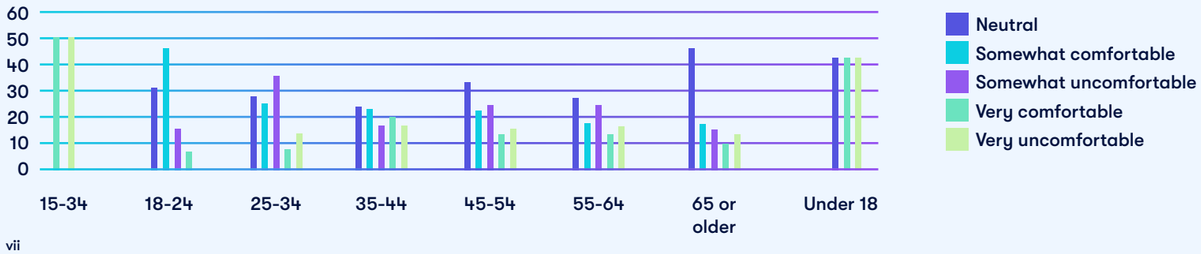
D2. Patient Optimism by Chronic Pain Duration



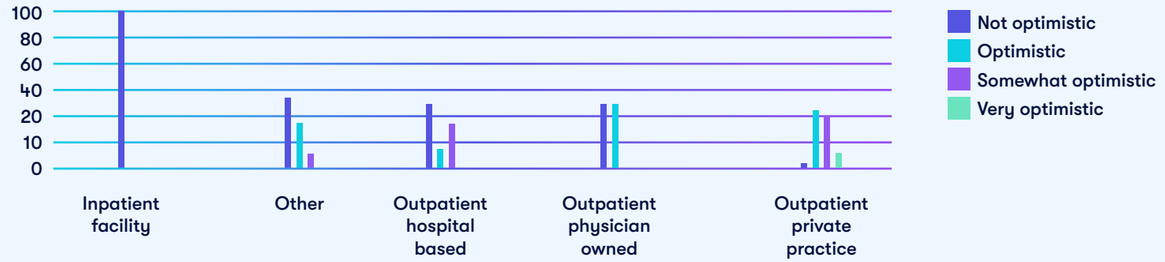
D3. Patient Optimism by Prior PT Exposure



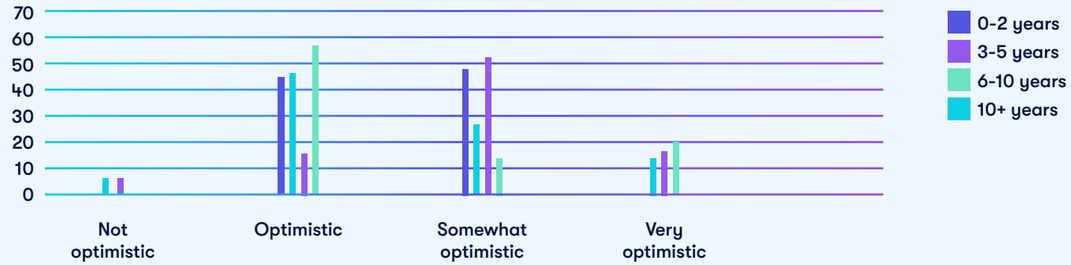
D4. Hybrid Care Comfort by Age



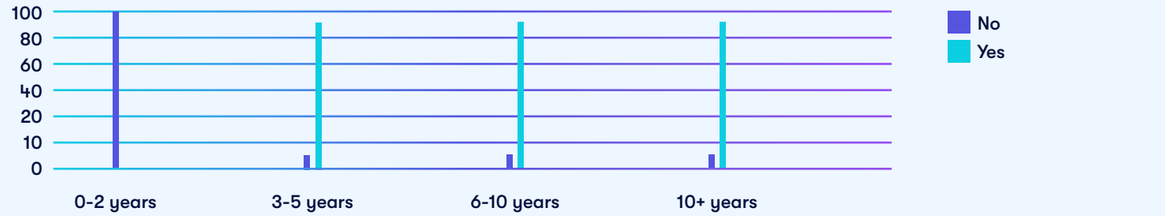
D5. Clinician Optimism by Practice Setting



D6. Clinician Optimism by Years in Practice



D7. Technology Adoption Readiness by Years in Practice

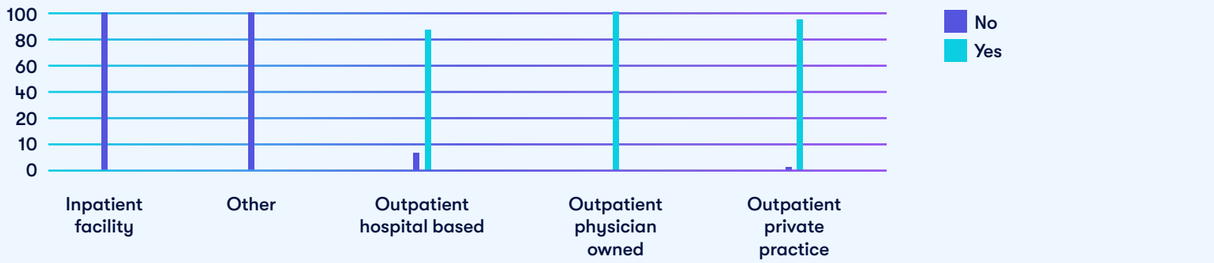


D8. Physician Confidence by Specialty

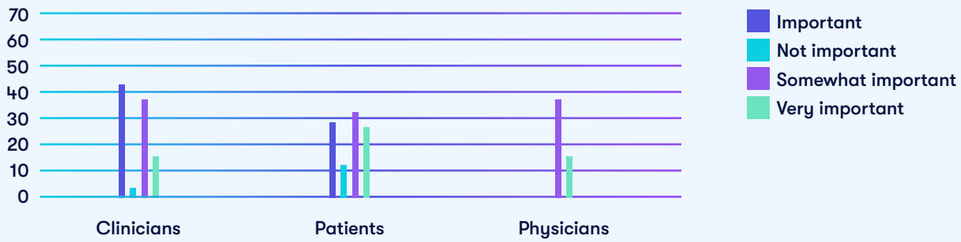
D9. Referral Frequency by Specialty

D10. Multimodal Care Utilization by Specialty

D11. Multimodal Care Utilization by Specialty



D12. Mental Health Integration Agreement by Audience



Appendix E — Qualitative Insights

This appendix presents selected verbatim responses from open-ended survey questions included in The Pain Perspective: 2025 MSK Industry Survey. Quotes have been lightly edited for clarity and length. All identifying information has been removed.

E1. Access & System Barriers

Participants consistently described system design—not treatment quality—as their greatest obstacle.

"Insurance is the BIGGEST hurdle in care. Cost limits everything." — Patient

"The primary issues I have encountered stem from repetition of treatments that relieve pain not being covered (massage, acupuncture, yoga)." — Patient

"Lack of awareness of physicians who refer patients — often patients go to pain management prior to PT. We need PT first." — MSK Clinician

"Opioid epidemic, lack of patient understanding, lack of patient ability to afford treatment." — MSK Clinician

E2. Continuity of Care

Many respondents described care that felt fragmented rather than connected.

"My biggest struggle was finding a doctor who took my pain seriously. I had to go to multiple doctors to find one who believed my pain." — Patient

"There are limited providers in my area for care and long wait times." — Patient

"This is not in my usual scope of practice. I am not educated on the efficacy of this treatment modality." — Referring Physician

E3. Emotional Impact of Pain

Pain was consistently described as both a physical and emotional experience.

"Most practitioners don't look at the body as a whole. If I could think clearly, I could keep working longer." — Patient

"People with a disability do feel pain. Even when it can't be seen." — Patient

"Patient pre-perceived notions of what pain is before coming to PT are very hard to deconstruct and then reconstruct." — MSK Clinician

"Connecting the emotional component to the pain component is essential." — MSK Clinician

"Pain is not just physical — mental health drives how patients respond to care." — MSK Clinician

"Collaborating with mental health professionals would dramatically improve outcomes." — MSK Clinician

"Insurance coverage for combined physical and psychological treatment is a major barrier." — MSK Clinician

"We need time and resources to manage the emotional toll of chronic pain care." — MSK Clinician

E4. Value of Conservative Care

Across audiences, conservative care was described as effective when accessible and supported.

"My preference is to use physical therapy first, other therapies second, medications last, and invasive treatment as a last resort." — Patient

"Using physical therapy instead of pain pills is incredibly important. I advocate PT over pain meds to anyone that will listen." — Patient

"Physical therapists have a unique role to play in addressing chronic pain and can have a dramatic impact on patient outcomes." — Referring Physician

"We need individualized care instead of following a standard protocol." — Patient

E5. Communication, Education, and Trust

Respondents emphasized that how care is delivered matters as much as what is delivered.

"I think it's very important for care providers to listen and understand the individual and propose a viable plan." — Patient

"Healthcare providers using 'words that harm' shape patient beliefs about their pain." — MSK Clinician

"Cultural awareness. Changing the culture in healthcare is essential." — MSK Clinician

E6. Hope for Better Pathways

Despite frustration, respondents consistently expressed hope for a better system.

"My physical therapists have been my lifeline." — Patient

"PT is my source of physical well-being and mental well-being." — Patient

"Industry-wide there is a need for updated understanding and training." — Patient

"Pain management with physical therapy is a very slow process. I can understand why people rely more on medication." — Patient

These voices reflect the lived experience behind the data in this report. They reveal not resistance to conservative care, but a desire for systems that make it accessible, continuous, and human. The future of pain care is already visible in these words. It now requires systems willing to listen.

Appendix F — Interpretation Notes

This appendix provides guidance on how to responsibly interpret and apply the findings from The Pain Perspective: 2025 MSK Industry Survey. The insights in this report are intended to inform leadership decision-making, policy discussion, and care pathway design. They are not intended to serve as clinical directives or isolated prescriptions.

The findings in this report should be understood as directional, system-level insights grounded in real patient, clinician, and physician experiences.

F1. Reading the Data Responsibly

Survey data reflects perception, experience, and belief. These dimensions are essential to system design but should be interpreted within appropriate context.

Percentages in this report represent:
- How respondents feel
- How respondents experience care
- How respondents perceive system performance

They do not represent clinical outcomes, treatment efficacy, or diagnostic conclusions. Readers should use these insights to understand where systems succeed or struggle, not to judge individual care decisions.

F2. Avoiding Overgeneralization

While the survey reflects national participation, no single dataset can fully represent every patient, clinician, or physician experience.

Findings should not be interpreted as:
- Absolute truth for all populations
- Guarantees of outcome
- Replacement for local data or clinical judgment

Instead, the data should be used as a lens for asking better questions, not as a final answer.

F3. Directional, Not Deterministic

The patterns observed in this report are consistent across audiences, which strengthens their relevance. However, consistency does not eliminate nuance. Differences in access, culture, policy, and local system design will influence how these insights apply in practice.
The report is intended to highlight directional system opportunities, not dictate uniform solutions.

F4. Quantitative and Qualitative Balance

This report intentionally integrates both quantitative and qualitative insights. Numbers show patterns. Voices show experience. Neither should be interpreted without the other. Quantitative data provides scale. Qualitative data provides meaning. Together, they offer a more complete understanding of chronic pain care.

F5. Applying Insights in Practice

The insights in this report are best applied when they are used to:
- Improve access
- Strengthen continuity
- Support conservative care pathways
- Enhance communication and trust
- Align incentives with outcomes

They are not intended to assign blame to any profession, discipline, or organization. Chronic pain care is a system challenge, and system challenges require shared leadership.

F6. The Responsibility of Interpretation

Data does not change systems. People do. The responsibility of interpretation lies not in what the data says, but in how leaders choose to respond to it. Every chart, quote, and insight in this report represents a real human experience within the healthcare system. Those experiences deserve thoughtful, compassionate, and courageous leadership.

Report Credits & Acknowledgments

Project Leadership
This report was developed under the leadership of Confluent Health, with the purpose of advancing understanding, alignment, and action in chronic musculoskeletal pain care.

Research & Insight Development
We thank the patients, clinicians, and physicians who generously shared their experiences, perspectives, and time. Their voices are the foundation of this report.

Clinical & Industry Contribution
We recognize the clinicians, educators, and healthcare leaders whose daily work continues to shape the future of conservative, whole-person musculoskeletal care. This report reflects their commitment to improving outcomes, access, and trust.

Creative & Editorial Development
This report was created to balance analytical rigor with human experience. We acknowledge the creative, editorial, and design contributors who helped bring these insights to life in a format intended to inform, inspire, and guide leadership.

Confluent Health
Confluent Health exists to make people stronger: in movement, in confidence, and in life. This report reflects our commitment to advancing conservative, connected, and compassionate care for every person living with musculoskeletal pain. This report belongs not to a single organization, but to the collective responsibility of all who believe that better pain care is possible.

Legal Disclosure & Usage Rights

Purpose of This Report
The Pain Perspective: 2025 MSK Industry Survey was developed for informational and educational purposes only. The findings are intended to support leadership discussion, system design, and policy consideration in musculoskeletal health and chronic pain care.
This report does not constitute medical advice, clinical guidance, or treatment recommendation.

Data Use and Interpretation
The survey data presented in this report reflects self-reported perceptions, experiences, and beliefs from participating respondents. While collected and analyzed using established research practices, all findings should be interpreted as directional and contextual.

Readers are encouraged to apply these insights alongside clinical judgment, local data, and professional expertise.

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Citation Guidance
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