



**OKA**

*Ontario Kinesiology Association*

**EXERCISE  
FIRST**

# **2020 PRE-BUDGET SUBMISSION**

**ONTARIO KINESIOLOGY ASSOCIATION**

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## **ACKNOWLEDGMENTS**

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## EXECUTIVE SUMMARY OF OKA’S RECOMMENDATIONS

The Government of Ontario has the opportunity to significantly increase the role of physical activity, exercise prescription and active therapies in the prevention and management of chronic disease and mental illness, as well as disability, injury and chronic pain, in order to prolong independence in seniors, reduce dependence on pharmacological treatments and improve quality of life for all populations.

### Recommendations

1. Integrate Kinesiologists into Ontario Health Teams. Provide OHTs with access to needed supports to ensure that the benefits of exercise on the physical and mental health of patients are fully integrated.
2. Develop referral pathways through funding mechanisms for physicians and nurses to refer patients to Kinesiologists as regulated exercise professionals as a first line of treatment for chronic conditions.
3. Integrate Kinesiologists into Rapid Access Care teams focused on musculoskeletal conditions, such as low back pain.
4. Ensure Kinesiologists have access to funding for professional development equivalent to other regulated health professions. Ensure that the replacement for the Allied Health Professional Development Fund is open to Kinesiologists, and that Kinesiologists are consulted in its development.
5. Ensure that Kinesiologists are eligible for the Rehabilitation Professionals Incentive Grant Program for Northern Ontario.
6. Streamline the Motor Vehicle Accident system by adjusting O Reg 34/10 to recognize Registered Kinesiologists as Health Practitioners in the Motor Vehicle Accident system and allow Kinesiologists to be able to sign Part 4 of OCF 18.
7. Incorporate referrals to Kinesiologists into Ontario’s strategy for mental health to bring the significant benefits of exercise to those suffering with mental illness, improve outcomes and reduce costs to the system.
8. Treat prescription exercise, delivered by a Kinesiologist, as a first-line treatment for chronic pain, before prescribing opioids or addictive drugs.

### The Benefits

Exercise and physical activity are recognized as among the most effective means to both prevent and manage chronic disease. In fact, exercise is known to have benefits in treating a broad range of conditions:

Depression	Metabolic syndrome	COPD
Anxiety	Polycystic ovarian syndrome	Asthma
Stress	Type 2 diabetes	Cystic fibrosis
Schizophrenia	Type 1 diabetes	Osteoarthritis
Smoking	Hypertension	Osteoporosis
Dementia	Coronary heart disease	Back pain
Parkinson’s disease	Heart failure	Rheumatoid arthritis
Multiple sclerosis	Stroke	Breast cancer
Hyperlipidemia	Peripheral arterial disease	Colon cancer
Obesity/BMI		Prostate cancer

## ABOUT THE OKA

The Ontario Kinesiology Association is a not-for-profit organization representing approximately 1,500 members across Ontario. We are the formally recognized voice for Registered Kinesiologists in Ontario, and the voice of one of Ontario's newest regulated health professions.

As authorities on movement and exercise, Registered Kinesiologists are committed to enhancing the quality of life of Ontarians through physical activity, and workplace health and safety; the prevention and management of injury, disability and chronic disease; and the improvement of health and overall performance.

Ontario is the first jurisdiction worldwide to regulate kinesiology as a health profession. On April 1, 2013, Kinesiologists became a fully regulated health profession in Ontario under the Regulated Health Professions Act (1991). Ontario is a world leader in kinesiology. The first university degrees in kinesiology worldwide were granted at the University of Waterloo in 1970. Fifteen Ontario universities offer undergraduate kinesiology programs, granting upwards of 1,000 kinesiology degrees annually. Some of the best kinesiology research undertaken anywhere in the world is done at Ontario's universities.

## KINESIOLOGY, EXERCISE AND PRIMARY CARE

### OKA'S RECOMMENDATIONS:

- ✓ Integrate Kinesiologists into Ontario Health Teams. Provide OHTs with access to needed supports to ensure that the benefits of exercise on the physical and mental health of patients are fully integrated.
- ✓ Develop referral pathways through funding mechanisms for physicians and nurses to refer patients to Kinesiologists as regulated exercise professionals as a first line of treatment for chronic conditions.

Approximately 63% of Ontarians are affected by one or more chronic conditions. The cost of supporting individuals with chronic disease is estimated to be 55% of total direct and indirect health costs. In Ontario alone, physical activity creates an economic burden of approximately \$3.4 billion, while obesity generates a burden of \$4.5 billion. Chronic conditions like cancers, cardiovascular diseases, diabetes and chronic respiratory disease are the leading cause of death in Ontario.

Chronic conditions are associated with an increased likelihood that Ontarians will be unable to participate in the workforce. Studies show that conditions such as heart disease, diabetes and arthritis are associated with a higher probability of being unable to work due to health reasons, with the greatest indicator being heart disease. When heart disease is comorbid with diabetes, the risk of being unable to work is even greater than either condition poses on its own.<sup>1</sup> Across Canada, mood disorders cost the country \$299 million per year in lost productivity, while diabetes costs Canada \$82.8 million.<sup>2</sup>

Exercise and physical activity are recognized as among the most effective means to both prevent and manage chronic disease. In fact, exercise is known to have benefits in treating a broad range of conditions:

Depression	Metabolic syndrome	COPD
Anxiety	Polycystic ovarian syndrome	Asthma
Stress	Type 2 diabetes	Cystic fibrosis
Schizophrenia	Type 1 diabetes	Osteoarthritis
Smoking	Hypertension	Osteoporosis
Dementia	Coronary heart disease	Back pain
Parkinson's disease	Heart failure	Rheumatoid arthritis

<sup>1</sup> Smith, Peter, Cynthia Chen, Cameron Mustard, Amber Bielecky, Dorcas Beaton and Selahadin Ibrahim. *Examining the relationship between chronic conditions, multi-morbidity and labour market participation in Canada: 2000-2005*. Cambridge University Press, Vol. 34, No. 10, Nov. 2014, pp 1730-1748. Abstract only.

<https://www.cambridge.org/core/journals/ageing-and-society/article/examining-the-relationship-between-chronic-conditions-multimorbidity-and-labour-market-participation-in-canada-20002005/81B77A34733FFD12DE5D798236A695FF>

<sup>2</sup> Zhang W, McLeod C, Koehoorn M. *The relationship between chronic conditions and absenteeism and associated costs in Canada*. Scandinavian Journal of Work, Environment and Health, Vol. 42 No. 5, 2016, 413-422.

Multiple sclerosis  
Hyperlipidemia  
Obesity/BMI

Stroke  
Peripheral arterial disease

Breast cancer  
Colon cancer  
Prostate cancer

However, despite these benefits, the role of exercise in Ontario's health care system is unclear.

Incorporating physical activity counseling into clinical settings is a lost opportunity to make Ontarians healthier, at little cost. Yet in a 2015 study, as few as 34% of adults reported being counseled about physical activity at their last physician visit.<sup>3</sup>

According to *The Globe and Mail*, Ontario's hospitals are routinely filled with patients with chronic illnesses who are medically stable but suffering exacerbations or are in need of routine tests and procedures. More can be done to help these Ontarians manage their own conditions in ways which reduce the cost burden on the health care system and promote independence and ability to contribute to the workforce.

Accordingly, as the Province moves to overhaul health care in Ontario, it is vital to include sufficient funding for the new Ontario Health Teams to incorporate Registered Kinesiologists.

For many patients, exercise is an important aspect of care. Enhanced expertise in exercise therapy is a vital tool in order to improve health outcomes and increase the efficiency of the health systems. By incorporating exercise professionals, Ontario Health Teams can provide integrated care for a broad range of settings and patients, including many where Registered Kinesiologists' expertise in the science of human movement would be critical. This includes primary and secondary care, home care, community supports and mental health and addictions services, as well as rehabilitation, complex care, long-term care and residential care.

Kinesiologists have been regulated for many years. However, a 2015 environmental scan found only 57 of 102 Family Health Teams (FHT) offered any type of physical activity programs for the prevention and management of chronic disease. Of 30 health promoters at these FHTs, only 10 were Registered Kinesiologists or other regulated exercise professionals. In fact, only five Family Health Teams reported having a one-on-one physical activity counseling service.<sup>4</sup> Many health professions with histories longer than Kinesiology have been slow to recognize the value of newcomers, though many groups, such as primary care physicians, have been recognizing the importance of exercise and mobility.

The creation of OHTs represents an opportunity to correct past oversights by ensuring supports for integrating Kinesiologists into these new multidisciplinary teams.

<sup>3</sup> Berra, Kathy, James Rippe and JoAnn E. Manson. *Making Physical Activity Counseling a Priority in Clinical Practice*. Journal of the American Medical Association 314.24 (2015).

<sup>4</sup> Moore C, Lee J, Milligan J, Giangregorio L. *Physical activity as medicine among family health teams: an environmental scan of physical activity services in an interdisciplinary primary care setting*. Appl Physiol Nutr Metab 2015;40:302–5.

## KINESIOLOGY, REHABILITATION AND RAPID ACCESS CARE

### OKA'S RECOMMENDATIONS:

- ✓ Integrate Kinesiologists into Rapid Access Care teams focused on musculoskeletal conditions, such as low back pain.

Kinesiologists are not only exercise professionals, but experts in rehabilitation. The expertise of Kinesiologists in this field can play a vital role in team-based primary care, particularly in terms of rehabilitation of common conditions such as back pain.

Over the past two years, there has been renewed focus on implementing Rapid Access Clinics, including for low back pain. These services are helpful in reducing the strain on surgical wait times. However, patients at RACs often require higher levels of service than might normally be offered. Most patients at these clinics are not candidates and only have one to two visits with the assessors. These patients need access to treatment, not just assessment.

The current OHIP-funded physiotherapy model creates large gaps in caring for Ontarians. For instance, many working Canadians do not have extended health coverage which incorporates chiropractic, physiotherapy or kinesiology. In particular, OHIP funding for physiotherapy covers those with acute conditions with overnight hospital admission, or those under age 16 or over age 65. Many Canadians, however, fall into the gap between 16 and 65, without benefits plans that cover treatment. Allied health services, including Kinesiologists, can close this gap by working through Family Health Teams and RACs to care for these patients.

Musculoskeletal pain and injury are ongoing and ever-growing concerns, and they are common reasons people present to their primary care physician. They are the leading source of lost-time claims reported to the WSIB. A 2016 study estimated that, nation-wide, back problems alone cost Canada \$621 million per year in lost productivity.<sup>5</sup> However, there is evidence that exercise interventions can address many of these issues and improve productivity. Exercise, in fact, shows benefits for patients who present with low back pain, and its effectiveness for treating non-cancer pain shows effectiveness similar to pharmacological approaches, without the harms of dependence, addiction and overdose.<sup>6</sup>

By placing emphasis on exercise as a method of treatment for musculoskeletal disorders and associated conditions, Ontario can move towards reducing reliance on opioids. Increasing this access through multidisciplinary teams and Rapid Access Clinics can be effective. However, these RACs should include Registered Kinesiologists capable not only of assessment, but of providing the care patients need once assessed.

<sup>5</sup> Zhang W, McLeod C, Koehoorn M. The relationship between chronic conditions and absenteeism and associated costs in Canada. *Scandinavian Journal of Work, Environment and Health*, Vol. 42 No. 5, 2016, 413-422.

<sup>6</sup> Busse, Jason. *The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*. National Main Centre. McMaster University. May 1, 2017.

## SUPPORTING PROFESSIONAL DEVELOPMENT

### OKA'S RECOMMENDATIONS:

- ✓ Ensure Kinesiologists have access to funding for professional development equivalent to other regulated health professions.
- ✓ Ensure that the replacement for the Allied Health Professional Development Fund is open to Kinesiologists, and that Kinesiologists are consulted in its development.
- ✓ Ensure that Kinesiologists are eligible for the Rehabilitation Professionals Incentive Grant Program for Northern Ontario.

While encouraging other healthcare professionals to refer to Kinesiologists is of vital importance, so too is ensuring that Kinesiologists have the tools available to strengthen their practice and enhance the profession.

Until recently, HealthForce Ontario provided some professions with the Allied Health Professional Development Fund. Practicing professionals from within nine allied health professions could receive up to \$1,500 per year for professional development courses and programs. However, this program was limited in scope. The only allied professionals eligible for funding were physiotherapists, occupational therapists, speech-language pathologists, audiologists, dietitians, medical laboratory technologists, medical radiation therapists, pharmacists and respiratory therapists.<sup>7</sup> Despite being members of a regulated health profession, Kinesiologists did not have access to this funding.

The anticipated wind-down of the AHPDF presents the Government of Ontario with the opportunity to work with sector partners to design a renewed program for providing professional development support. This renewed program should level the playing field by incorporating Registered Kinesiologists.

OKA is pleased to see the Ford Government focusing its efforts on “support the education, recruitment, and retention of the entire allied health workforce.” This is a change from the old AHPDF, which excluded Kinesiologists from the professional development framework so critical in perfecting the profession and delivering the highest standard of care.

Budget 2020 should include appropriate access to financial support for Kinesiologists’ professional development, equivalent to that available for other registered allied health professionals. This policy change should incorporate input from Kinesiologists in determining how such a fund could work, or whether this initiative could be encompassed by an existing funding program. These funds will not only contribute to Kinesiologists’ professional development, it would support Kins’ inclusion into primary care settings.

Ontario’s Registered Kinesiologists stand ready to work with the Government and the Ministry to help determine the future model for professional development support. As mentioned, this model should be comprehensive and inclusive of the exercise-based therapies and treatments

<sup>7</sup> HealthForceOntario. The Allied Health Professional Development Fund. <https://ahpdf.ca/>

delivered by Kinesiologists. These treatments are key methods of reducing and mitigating the medical impacts of numerous common and uncommon chronic conditions, and can be delivered in an efficient, cost-effective manner.

Additionally, Kinesiologists in Northern Ontario are presently not eligible for the Rehabilitative Professionals Incentive Grant Program for Northern Ontario. This professional development program is available to other professionals in rehabilitative fields, namely physiotherapists, occupational therapists, speech-language pathologists, audiologists and chiropractors. The omission of Kinesiologists from this list seems like an oversight, given the scope of practice of the profession.

In general, many professional development grant programs such as these exclude Kinesiologists not out of deliberate intent, but due to Kinesiologists being regulated later, resulting in rules simply not being updated. This oversight should be corrected wherever it occurs.

## KINESIOLOGY, AUTO INSURANCE AND REDUCING RED TAPE

### OKA'S RECOMMENDATIONS:

- ✓ Streamline the Motor Vehicle Accident system by adjusting O Reg 34/10 to recognize Registered Kinesiologists as Health Practitioners in the Motor Vehicle Accident system and allow Kinesiologists be able to sign Part 4 of OCF 18.

Kinesiologists were recognized as Regulated Health Professionals under Health Claims for Auto Insurance (HCAI) in 2013. As such, they can prepare and supervise a treatment and assessment plan for Motor Vehicle Accident victims. These are contained in Part 5 of the Treatment and Assessment Plan form (OCF-18 form) filled out as part of the Accident Benefits process. In the case of Kinesiologists, however, that plan must be certified by a second regulated health professional. This is unnecessary red tape, as a Treatment and Assessment Plan falls within the Scope of Practice of Kinesiologists.

Effectively, outdated regulations are preventing Registered Kinesiologists from filling out many vital documents within their Scope of Practice pertaining to the accident benefits sector.

Much of the regulatory framework of the Accident Benefit system is outlined in O Reg 34/10, the Statutory Accident Benefits Schedule (SABS). The definitions in Section 3, Subsection 1 of this schedule include an outline of what is considered a health practitioner for the purposes of statutory accident benefits.

A health practitioner is defined by SABS as one of nine professionals: A physician, chiropractor, dentist, occupational therapist, optometrist, psychologist, physiotherapist, registered nurse with extended certificate of registration, or speech-language pathologist. This definition is outdated in that it was not updated to include Kinesiologists when the profession of kinesiology became regulated in Ontario in 2013.

The Scope of Practice of Kinesiologists gives them the skills and competencies necessary to contribute to the Accident Benefits system. A Kinesiologist has the necessary knowledge to fill out OCF-18 Part 4. However, Kinesiologists are arbitrarily prevented from doing so by the outdated definition contained in O Reg 34/10, which results in the OCF-18 form having no option for a Kinesiologist to fill it out.

Requiring Kinesiologists to seek a second professional to certify treatment plans adds unnecessary cost and inefficiency to the Motor Vehicle Accident System. This does not enable Registered Kinesiologists to operate at their full scope of practice. This duplication is pointless red tape created by outdated regulations. As such, OKA recommends that the government remove this restriction by updating O Reg 34/10 to include Kinesiologists.

## KINESIOLOGY, EXERCISE AND MENTAL HEALTH

### OKA'S RECOMMENDATIONS:

- ✓ Incorporate referrals to Kinesiologists into Ontario's strategy for mental health to bring the significant benefits of exercise to those suffering with mental illness, improve outcomes and reduce costs to the system.

The World Health Organization estimates the cost of mental health problems in developed countries to be about 4% of gross domestic product. Even in developed countries with well-organized health care systems, patients slip through the cracks: Between 44% and 70% of patients with mental disorders do not get treatment. For those with other health conditions, depression and anxiety may result in those patients failing to adhere to their treatment schedules.<sup>8</sup>

The consequences of mental illness can be significant. The WHO estimates that those with major depression and schizophrenia have as high as a 60% chance of dying prematurely compared to the general population. Often the cause will be conditions like cancer, heart disease and diabetes, which will often be unattended. Depression in turn predisposes people to heart attacks and diabetes, which in turn increase the likelihood of depression.<sup>9</sup>

Depression and poor health-inducing lifestyle behaviours often go hand in hand. The WHO found that poor health is three times more common among people reporting major emotional distress. Those people reported risk behaviours that put their health in danger, like binge drinking, smoking, poor eating and lack of exercise.<sup>10</sup>

The WHO found that depression is often comorbid with chronic conditions. It is present in up to...

- 29% of people with hypertension;
- 22% of people suffering from heart attacks;
- 30% of people with epilepsy;
- 31% of people suffering strokes;
- 27% of people with diabetes
- 33% of people with cancer;
- 44% of people with HIV/AIDS; and
- 46% of people with tuberculosis.

<sup>8</sup> World Health Organization Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. *Investing in Mental Health*. 2003.

<sup>9</sup> World Health Organization. *Mental Health Action Plan 2013-2020*. 2013.

<sup>10</sup> World Health Organization. *Promoting Mental Health*. 2005.

This compares to a rate of depression of 10% among the general population. These rates have consequences not only at home, but in the workplace: The average annual cost for employees with depression may be 4.2 times higher than those of a typical beneficiary. However, the cost of treatment is often completely offset by a reduction in absenteeism and lost productivity – that is, treating depressed workers pays for itself.<sup>11</sup>

The prevalence of mental illness in Ontario is significant. In 2017, 25% of Ontario students reported visiting a mental health care professional for a mental health matter at least once, and 14% reported serious thoughts of suicide. Only 23% of these students met recommended daily physical activity guidelines of 60 minutes per day of moderate to vigorous activity. Rates of sedentary behaviour and occurrences of moderate to severe distress have been increasing among students since the mid-2000s.<sup>12</sup>

Overall, approximately one in every four Canadians suffers from depression serious enough to need treatment at some point in his or her life. Seniors, women and children are among the most vulnerable groups. But while depression may be one of the most common types of mental disorder, it is also one of the most treatable.<sup>13</sup>

Exercise can help. In fact, studies have shown that exercise can decrease depression as effectively as pharmacological or behavioural therapy.<sup>14</sup> Normal and elevated levels of state anxiety are significantly reduced following exercise. Within five to 15 minutes of the end of exercise, anxiety is reduced by a statistically significant degree, and it can stay that way for two to four hours.<sup>15</sup> This is true for seniors, as well: Programs such as aerobics classes, t'ai chi and weightlifting provide psychological benefits such as reduced depressive symptomatology and increased mental well-being.<sup>16</sup>

Registered Kinesiologists are Ontario's experts in exercise and human movement. Kinesiologists are well-positioned to help make exercise a part of Ontario's treatment regimen for depression and other mental health conditions. Exercise should be viewed by mental health professionals as a first line of treatment for depression and anxiety and treated as a means of managing and preventing comorbidities stemming from these common mental disabilities.

<sup>11</sup> Investing in Mental Health. 2003.

<sup>12</sup> Centre for Addiction and Mental Health. *Ontario Student Drug Use and Health Survey: 2017*. [http://www.camhx.ca/Research/OSDUHS\\_Mental\\_Health\\_2017/](http://www.camhx.ca/Research/OSDUHS_Mental_Health_2017/)

<sup>13</sup> Ontario Ministry of Health and Long-Term Care. *Depression: Mental Health*. <http://www.health.gov.on.ca/en/public/publications/mental/depression.aspx>

<sup>14</sup> Dunn, A et al. *Exercise treatment for depression: Efficacy and dose response*. American Journal of Preventive Medicine. 2005.

<sup>15</sup> Physical activity in the prevention and treatment of anxiety and depression. Martensen, Egil. Nordic Journal of Psychiatry. 2009.

<sup>16</sup> World Health Organization. *Promoting Mental Health*. 2005.

## KINESIOLOGY, EXERCISE, OPIOIDS AND CHRONIC PAIN

### OKA'S RECOMMENDATIONS:

- ✓ Treat prescription exercise, delivered by a Kinesiologist, as a first-line treatment for chronic pain, before prescribing opioids or addictive drugs.

Ontario is in the grip of an opioid crisis. It is vital that the Province continue to seek means of avoiding situations in which patients become addicted to painkillers like opioids. Alternatives must be found in order to stem the crisis and help Ontarians remain addiction-free.

Between 2007-08 and 2016-17, the rate of hospitalizations due to opioid poisonings has increased by 53%, with nearly half the increase coming in the last three years of that span. In Ontario alone, opioid poisonings result in an average of 13 visits to the emergency department every day. Rates of ED visits spiked by 50% between 2012-13 and 2016-17, and the highest spike in visits came from young adults aged 25 to 44 – the rate of visits from this group spiked by 85%.<sup>17</sup>

Opioids are often prescribed for chronic pain. Recent guidelines recommend non-opioid therapy for this condition. However, access to and reimbursement for certain non-pharmacological therapies remains limited.<sup>18</sup>

Exercise can help Ontarians with chronic pain achieve relief. Physical activity and exercise may improve the severity of pain, while improving physical functioning and quality of life. Evidence is also clear that exercise can have a positive effect on the psychological health of those suffering with chronic pain.<sup>19</sup>

Canada is already beginning to recognize that exercise can take the place of opioids. As noted in *The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*:

*As first-line treatment for patients with chronic non-cancer pain, several non-opioid therapies may achieve a similar magnitude of improvement in pain and function (e.g. nonsteroidal anti-inflammatory drugs (NSAIDs), graduated exercise, cognitive behavioural therapy) but without the harms of dependence, addiction, and non-fatal overdose.*

The guidelines go on to recommend that when considering therapy for patients with chronic non-cancer pain, non-opioid pharmacotherapy and non-pharmacological therapy should be considered rather than a trial of opioids. That is, rather than immediately turning to opioids as the answer, health practitioners should be looking for alternatives where feasible.

<sup>17</sup> Canadian Institute for Health Information. Opioid-Related Harms in Canada. Ottawa, ON: CIHI, 2017.

<sup>18</sup> Chou, Roger et al. Nonpharmacologic therapies for low back pain: A systematic review for an American College of Physicians clinical practice guideline. *Ann Intern Med.* 2017;166(7):493-505.

<sup>19</sup> Geneen, Louise J et al. "Physical Activity and Exercise for Chronic Pain in Adults: An Overview of Cochrane Reviews." *The Cochrane Database of Systematic Reviews* 4 (2017): CD011279. PMC. Web. 17 Jan. 2018.

Those alternatives should include expanding access to exercise therapy. Registered Kinesiologists are well-positioned to deliver tailored exercise programs designed to target areas where pain is experienced. Patients in the care of a Kinesiologist are empowered to independently take their health into their own hands through the execution of these tailored exercise programs.

Exercise should be viewed by medical professionals as a first line of treatment for chronic non-cancer pain and treated as a means of managing and preventing the pain and loss of functioning pain can bring with it.