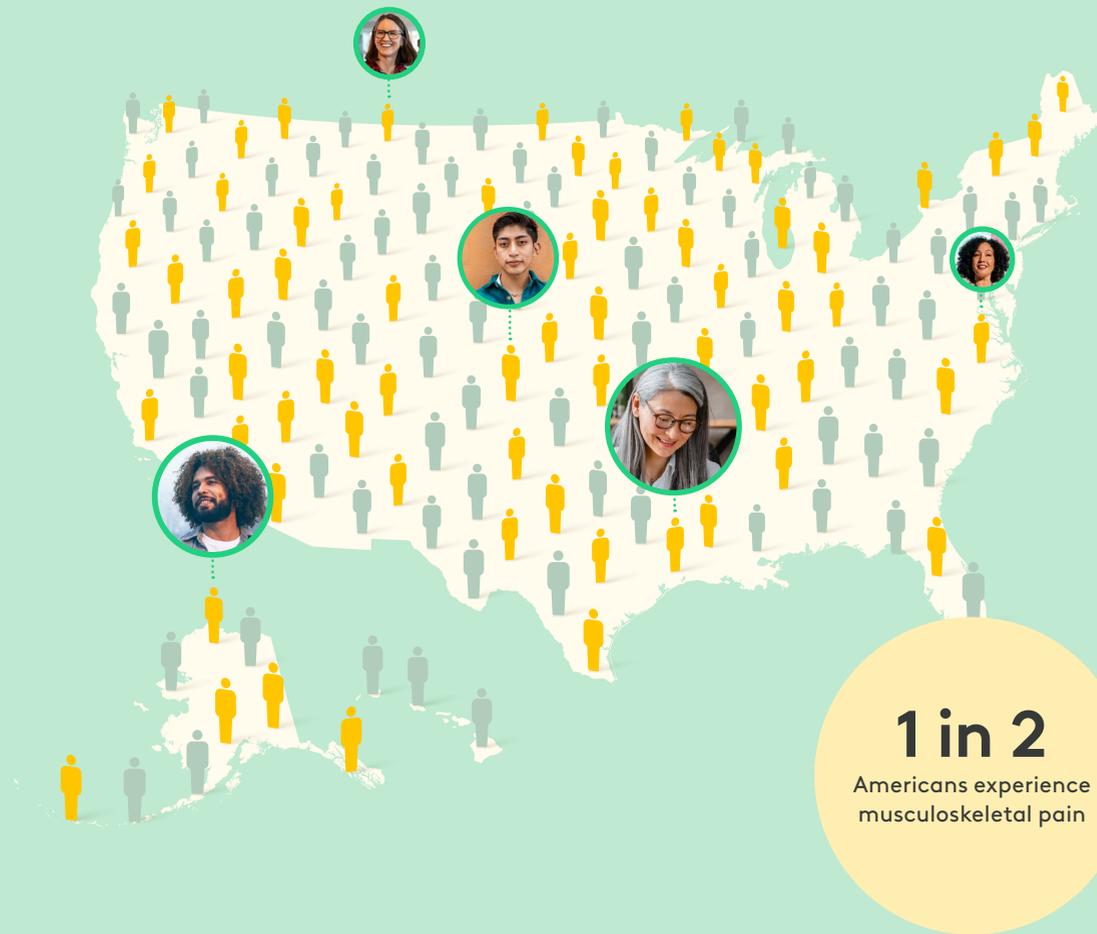


THE

State of MSK Care 2024

A national consumer survey of 10,000
Americans in musculoskeletal pain



1 in 2
Americans experience
musculoskeletal pain

Report overview

Musculoskeletal (MSK) pain—pervasive and often debilitating—continues to be challenging and costly for individuals, employers, and the healthcare system.

Beyond its physical toll, MSK pain disrupts productivity at work, is associated with poor mental health and a variety of comorbidities, and is one of the top drivers of healthcare costs for employers.¹ According to Hinge Health’s internal analysis of commercial medical claims data from 46 million lives, annual per-member MSK spend is rising by an average of 8% (2021-2022 compared to 2019, pre-pandemic).²

Simply put: MSK pain is too big to ignore.

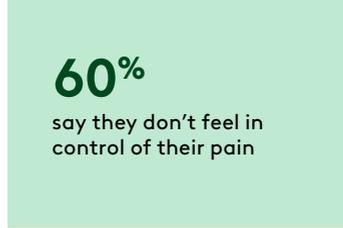
To illuminate the complex nature of pain and its treatment, Hinge Health conducted a national survey of 10,000 Americans with chronic and acute pain. The survey also targeted respondents working in 10 industries to investigate differences in employee populations. The results provide a snapshot of pain in the United States and validate trends observed over the past decade.

This fourth annual Hinge Health State of MSK Care report is intended to support employers, healthcare leaders, and anyone working to develop strategies to address MSK conditions that help people move beyond pain.



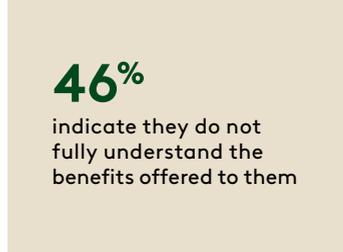
77%

of survey respondents report they are looking for nonsurgical options to treat their MSK pain



60%

say they don't feel in control of their pain



46%

indicate they do not fully understand the benefits offered to them



44%

say their pain makes them more anxious



27%

indicate that pain decreases their productivity at work

[Learn more](#) about how Hinge Health is transforming the way pain is treated.

KEY TAKEAWAYS:

- Pain is a mental health issue p. 4
- Pain rarely exists in isolation p. 5
- Pain negatively impacts everyday life—and work p. 6
- People’s mindset about their pain matters p. 7
- Feeling “in control” of pain impacts perceptions of care p. 8
- Physical therapy (PT) is underutilized p. 9
- Barriers to PT include cost, motivation, and access p. 10
- Many employees aren’t aware of (or satisfied with) their benefits p. 12
- Pelvic health issues are common and undertreated p. 13
- People are more satisfied with digital PT than with traditional PT p. 14

About this survey

The survey was conducted by a third-party research firm between September 28 and October 13, 2023. It focused on 10,000 insured consumers in the United States aged 26 to 76 years who have personally experienced either acute pain (lasting < 3 months) or chronic pain (lasting ≥ 3 months) within the past two years.

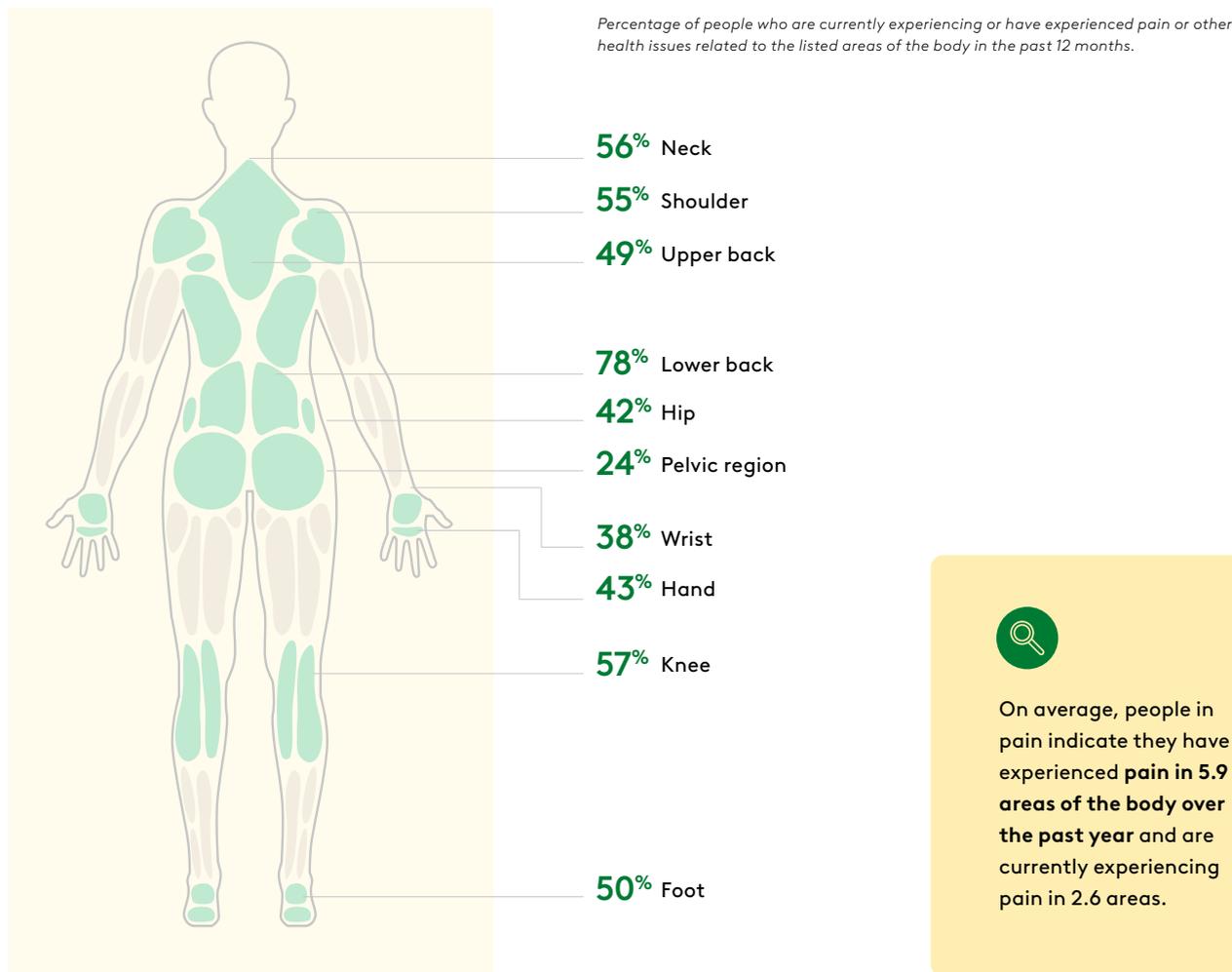
The number of people entering the survey was balanced to a representative sample of the United States, matched to the U.S. Census. Traffic was balanced across regions, genders, ethnicities, and age groups.

See [Appendix](#) for demographic and industry segment breakdowns.

MSK pain landscape

Lower back pain is the most prevalent type of pain. Among people who have experienced pain in the past year, 78% of respondents indicate they experienced lower back pain; more than 50% experienced knee, shoulder, neck, or foot pain.

Where people are experiencing pain



On average, people in pain indicate they have experienced pain in **5.9 areas of the body over the past year** and are currently experiencing pain in **2.6 areas**.

Pain is a mental health issue

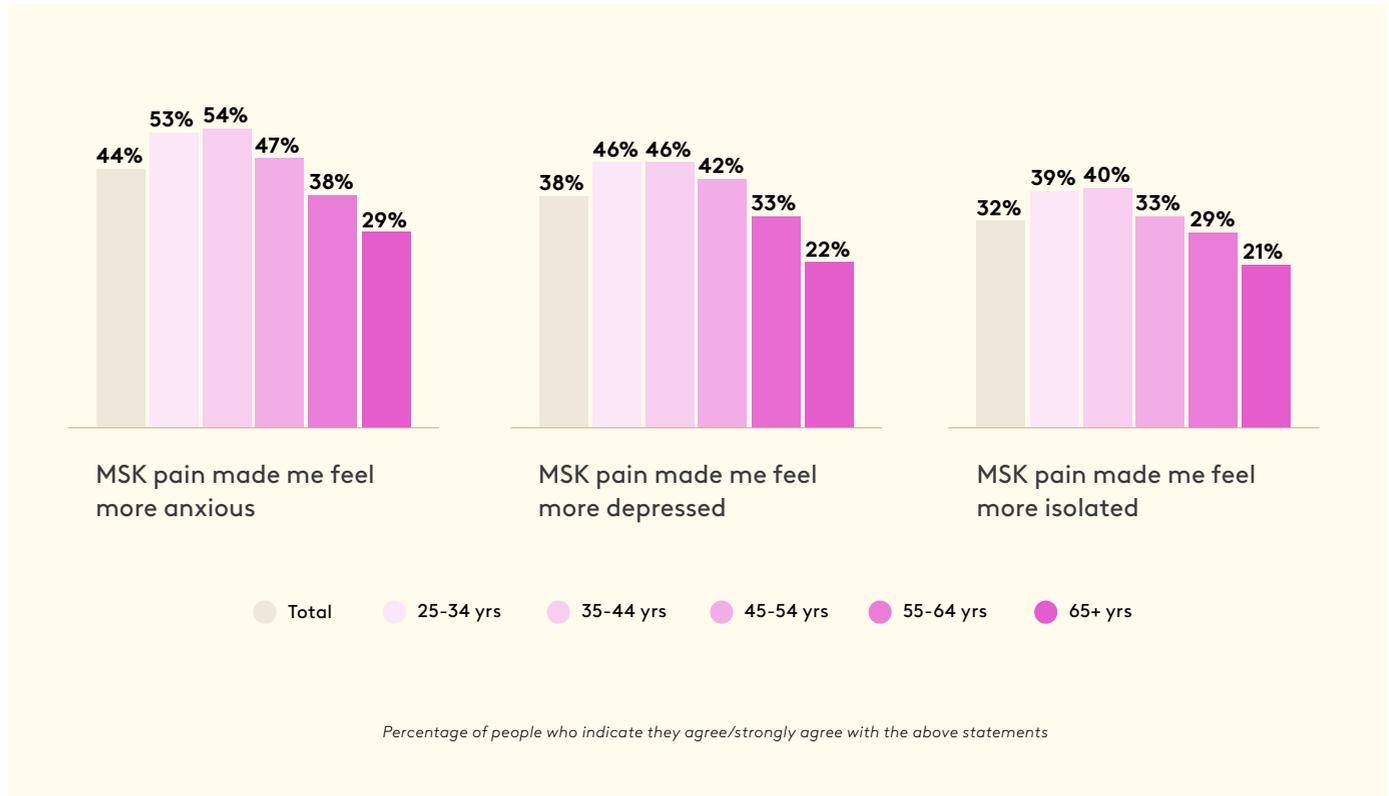
Because mental health continues to be a top priority for employers and healthcare leaders, understanding the relationship between physical and mental health is critical.³

Pain, especially chronic pain, can create a vicious cycle of fear, depression, sleep issues, activity avoidance, and even increased perception of pain.⁴ The survey results highlight the need for a comprehensive and holistic approach to management.

About 1/3 of survey respondents report feeling depressed; nearly half report anxiety. Furthermore, they say their pain increases and amplifies symptoms of these mental health conditions.

Younger respondents indicate MSK pain has a greater impact on their mental health than older respondents.

Relationship of pain with feelings of anxiety, depression, and isolation



“[My pain] stresses me out sometimes. It’s hard to focus when you are in really bad pain.”

—David C., Kentucky, male, 57

Pain rarely exists in isolation

People in pain often have other health conditions that can not only make pain worse but also be worsened by pain. Treatment rarely addresses how these issues interact.

For example, 53% of people who have experienced pain in the past 12 months say that it affects their sleep, and 26% have been diagnosed with a sleep disorder. Pain can make it hard to get a restful night's sleep, and poor sleep can increase sensitivity to pain.

More than 20% of these respondents also have obesity, and 17% have type 2 diabetes. Excess weight increases pressure on the joints and worsens pain. And pain makes 52% of people in this group less motivated to engage in exercise—a habit that can help control both weight and blood sugar.

Indeed, more than 30% say pain has decreased their ability to take up healthy habits.

People in pain who also experience other health conditions



“I don’t feel like I can do a lot of [activities] anymore. I try and my pain level is too high. And then I start getting depressed. And when I’m depressed, I start eating, which leads to weight gain. It’s like a vicious cycle. If I was pain-free, I’d definitely be working out a lot more.”

—Marisol E., Pennsylvania, female, 52

Pain negatively impacts everyday life—and work

When you're in pain, it's an inescapable part of everything you do and every move you make. Nearly half of survey respondents say that pain prevents them from living life to the fullest (47%).

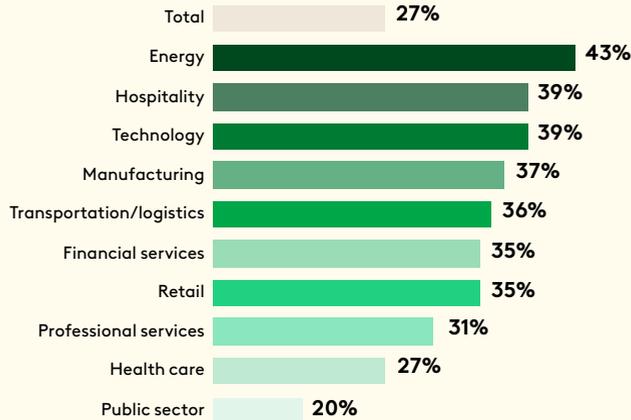
MSK pain also hinders productivity at work. According to a national Centers for Disease Control and Prevention survey, people living with MSK pain missed an average of 10.3 days of work in 2021; those with MSK pain and mental health needs missed an average of 14.4 days.⁵

In our survey, 27% of respondents agree that MSK pain has decreased their productivity at work and 22% agree it has made them consider leaving their job.

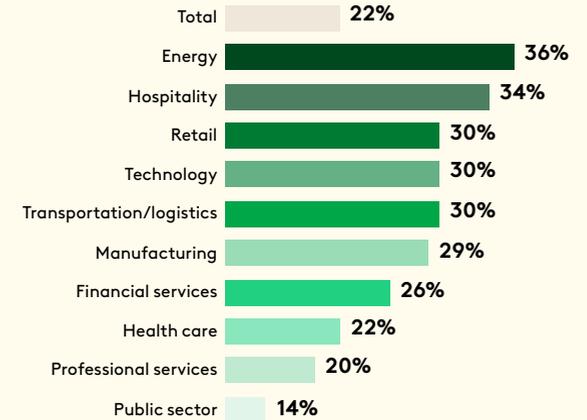
As the chart to the right illustrates, the impact of pain on work differs across industries.

The impact of pain on work life, by industry segment

MSK pain decreased my productivity at work



MSK pain made me consider leaving my job since I was unable to manage my pain at work



Percentage of people who indicate they agree/strongly agree with the above statements.



“It would be nice to not have to ever think about my pain or deal with it, or even think about limiting the amount of things that I’m doing.”

—Jordan H., Pennsylvania, male, 31

People's mindset about their pain matters

Perceptions and attitudes about pain and pain management vary widely.

Our survey findings reveal a correlation between feeling "in control" of pain or "hopeful" that it will improve and seeking treatment.

Perspectives differ based on age, income, type of pain (chronic vs. acute), and the degree to which people feel heard by medical professionals. The findings present opportunities for benefits leaders to close gaps in care.

The majority of respondents (60%) say they don't feel in control of their pain. Less than 1/3 of all respondents indicate that their condition has improved. Nearly half (48%) indicate they do nothing to treat their pain and they just have to "deal with it."

However, of the 40% who do feel in control, 84% say they are hopeful their pain will improve, while only 27% of people who don't feel in control report being hopeful.

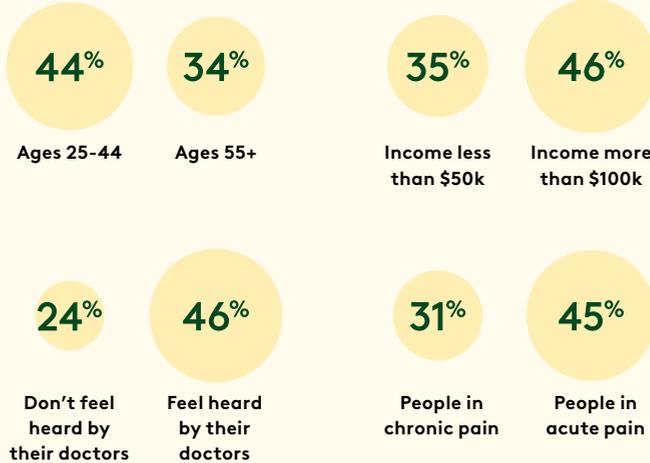
People who feel in control of their MSK pain



40%

of respondents (in total) said they feel in control of their MSK pain

"I feel in control of my pain"
by group



Percentage of people who feel in control or completely in control of their MSK pain. For context, respondents were asked whether, when they have bouts of pain, they believe they are able to manage it.



"I think that your mind impacts your body and your body impacts your mind. If I'm anxious about something, I tense up. I feel it more in my body and then I probably think I'll have more pain."

—Kim S., Massachusetts, female, 67

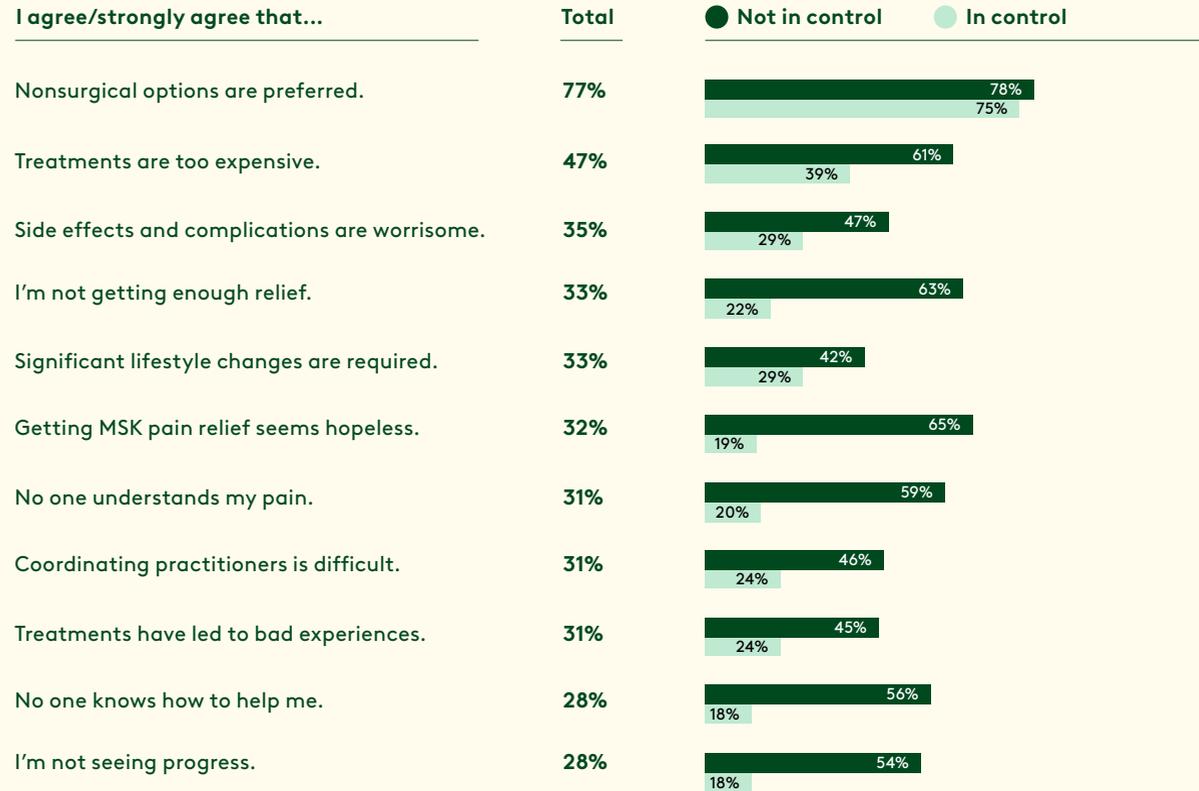
Feeling “in control” of pain impacts perceptions of care

The vast majority of people in pain (77%) are looking for nonsurgical treatment options. When responses are filtered by those who feel “in control” of their pain compared to those who do not, attitudes toward surgical interventions remain consistent. Perceptions of other pain treatments and levels of hopelessness, however, are markedly different.

Respondents who say they are “not in control” of their pain are more likely to cite cost and access as barriers to getting the care they need. They think that current treatments are too expensive (61% vs. 39%) and that significant lifestyle changes are required (42% vs. 29%).

The sentiment gap widens when we look at people’s emotional responses to treatment efficacy. More than half of those “not in control” feel hopeless about getting relief for MSK conditions (65% vs. 19%). They say that no one understands their pain (59% vs. 20%) and that no one knows how to help them (56% vs. 18%).

General perceptions of pain treatment



“I don’t want to take pills every day. With a narcotic, it’s easy to be an addict.”

—Joy L., New York, female, 55

Physical therapy (PT) is underutilized

PT is considered the best first-line treatment for chronic MSK pain.⁷ Yet less than 10% of all American adults use PT in a given year.⁸

Survey respondents were somewhat more likely to have used PT, with 29% of people in pain reporting usage of PT in the past 12 months. While usage is still limited, those who do use PT are highly satisfied.

Among those who have used PT, 70% are satisfied with it and 80% would recommend it. In addition, people who reported that their pain has been improving over the past year were significantly more likely than people whose pain is not improving to have used PT in the past year.

Medications—both over-the-counter and prescription—are among the treatments survey participants use most often.

Pain treatment rankings by usage



“[I haven’t tried PT, but I’m open to it—anything] to make the pain more manageable.”

—Eric G., Georgia, male, 47

Barriers to PT include cost, motivation, and access

If PT is considered the best first-line treatment for pain, why is it underutilized? The survey results provide insights into economic, psychological, and logistical barriers that need to be removed so more people can take advantage of PT.

Half of people in pain indicate traditional PT is too expensive to pursue, and nearly 1/3 find it challenging to access physical therapists. For those who do see a physical therapist, many end up discontinuing their course of care for similar reasons.

Of those who stopped PT, 54% indicate that insurance is not covering enough sessions, and nearly half say it's too expensive to continue.

Barriers to using traditional physical therapy for pain management

I strongly agree that...

It's too expensive.

50%

I would have to cut other costs to afford it.

44%

It's hard to stay motivated.

35%

Scheduling sessions is tough.

33%

Care close to home is hard to find.

32%

It's difficult to stick with.

31%

Accessing therapists is challenging.

29%



"It took a while to get to physical therapy appointments, and you're there for like an hour or more. It was making me more stressed out."

—Andrea R., New York, female, 59



Access to care and the opioid crisis

Perspective from Jeff Krauss, MD,
Chief Medical Officer, Hinge Health

We live in a nation in pain. And despite significant amounts of attention and funding, the opioid epidemic rages on, destroying lives.

Blame has been put on the FDA and pharmaceutical companies, but it has also been put on opioid users themselves.

The truth is that only a minority of people who use opioids do so because they are comfortable with the risks or “don’t know any better.” Most of the time, they turn to prescription medication for relief from debilitating pain simply because they don’t have access to other effective options.

Our survey reveals findings about perceptions of prescription drugs, including opioids, and physical therapy that highlight the discrepancy between the care they want and the care that’s available to them:

- **People want to avoid side effects:** 47% of people who aren’t in control of their pain are afraid of side effects or complications from their current treatment methods.

- **People know physical therapy is less risky than drugs:** By far, most respondents said that at-home exercises found on the internet and physical therapy have minimal side effects compared to prescription medications, OTC drugs, and surgery.
- **Yet, people use prescriptions more often than PT:** Fear of side effects and knowledge about the safety of PT aren’t enough to make PT the go-to treatment. More people used prescription medication for their pain in the past 12 months than used PT.
- **People want PT—but they’re facing barriers to care:** Insurance not covering enough sessions and cost are the top reasons people started but then stopped PT. More people (60%) say that prescription medications are financially viable than PT is (43%).

The healthcare industry and those who provide health benefits must continue to examine the role access to first-line treatments plays in the continued use of prescription medications and abuse of opioids. As long as barriers to PT care remain, people are effectively locked out of less-risky alternatives—even though many would prefer them.

Many employees aren't aware of (or satisfied with) their benefits

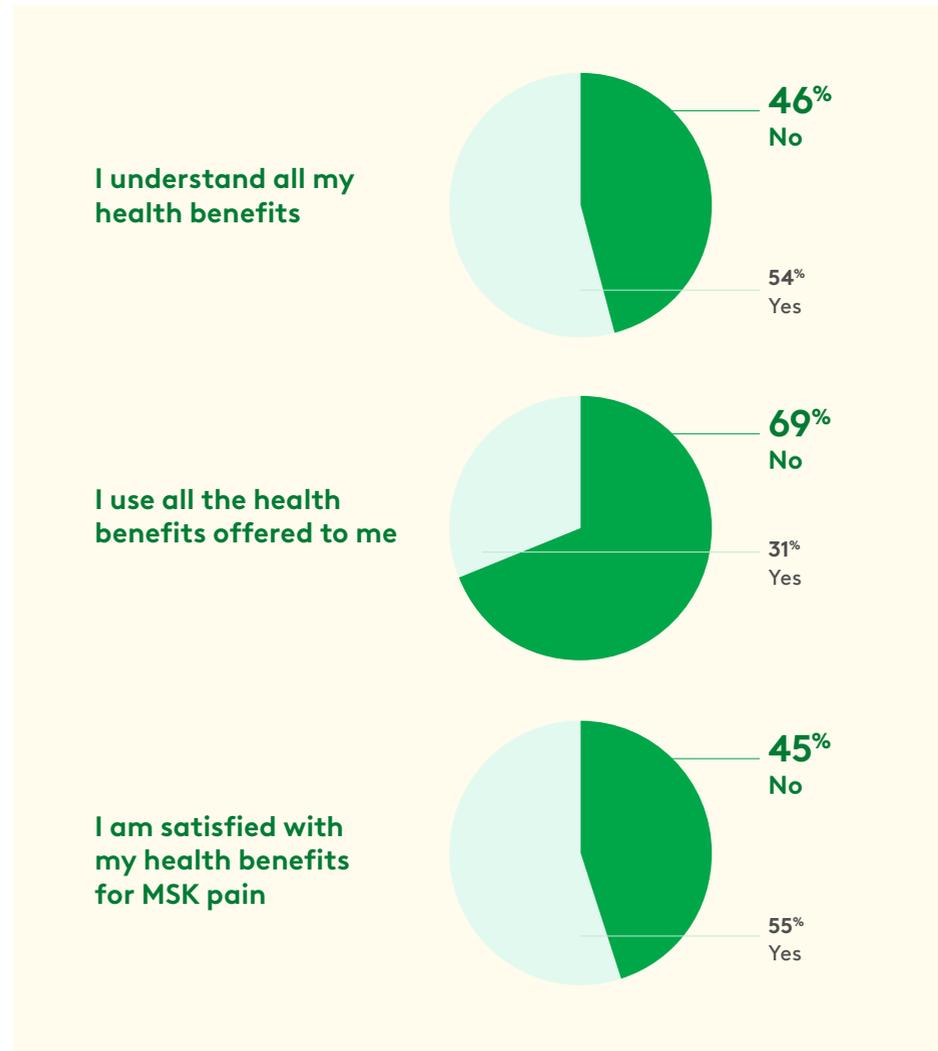
As employers and health plans continue to innovate to provide employees and members best-in-class benefits, there's still a disconnect between what's offered and what people are aware of.

The first step in getting people to use their health benefits is education. Many people in pain (46%) indicate they don't fully understand the benefits offered by their or their partner's/spouse's employer. In addition, around 70% say they don't use all the benefits available to them, and 45% aren't satisfied with their benefits.

The next step is matching benefits to member needs. Regarding pain-specific coverage, 30% of people in pain indicate they don't feel that their employer-sponsored benefits sufficiently cover their needs to manage their pain. Almost 30% say they don't think their/their partner's or spouse's employer cares about their condition.

However, 57% say they would consider a benefit that helps them manage their MSK condition if it were offered to them.

Employee impressions of employer-provided health benefits



“I'd be interested [in taking a new job], but I'd need to hear what the benefits were first.”

—Linda S., Texas, female, 54

Pelvic health issues are common and undertreated

More than half of women in the U.S. live with pelvic health disorders—MSK conditions that occur when pelvic muscles and connective tissue weaken or are injured (due to childbirth or aging, for example).⁹

Physical therapy can help, just like it can improve back pain, but it's not widely used for these issues. On top of the fact that there aren't many therapists who are trained in pelvic floor PT, there's a lack of awareness about these often-unspoken problems.

While 63% of female survey respondents indicate experiencing at least one kind of pelvic health issue, nearly half of them report that they "do nothing and deal with it."

This could be because they simply don't know they have options. Close to 50% of those not currently seeking professional help for their pelvic floor disorder say they are unaware that specialized PT can help with their symptoms, according to the survey.

Reasons for not using professional help for pelvic issues



57%

I didn't know pelvic health issues could be treated with mind-body healing techniques



54%

I assumed this was just an issue I had to deal with



47%

I did not know that specialized physical therapy could help me with my symptoms



31%

I would seek treatment if there were an easier option



28%

I am embarrassed to meet a provider in person about my pelvic health issues



"I've never, ever thought about physical therapy. No one's ever told me that physical therapy could treat pelvic issues."

—Andrea R., New York, female, 59

People are more satisfied with digital PT than with traditional PT

Only a small percentage of respondents used digital PT (10%) or a hybrid of digital and in-person PT (17%) in the past 12 months, but they are more likely to have a positive outlook on their pain compared to people who used traditional PT (72%).

They are about:

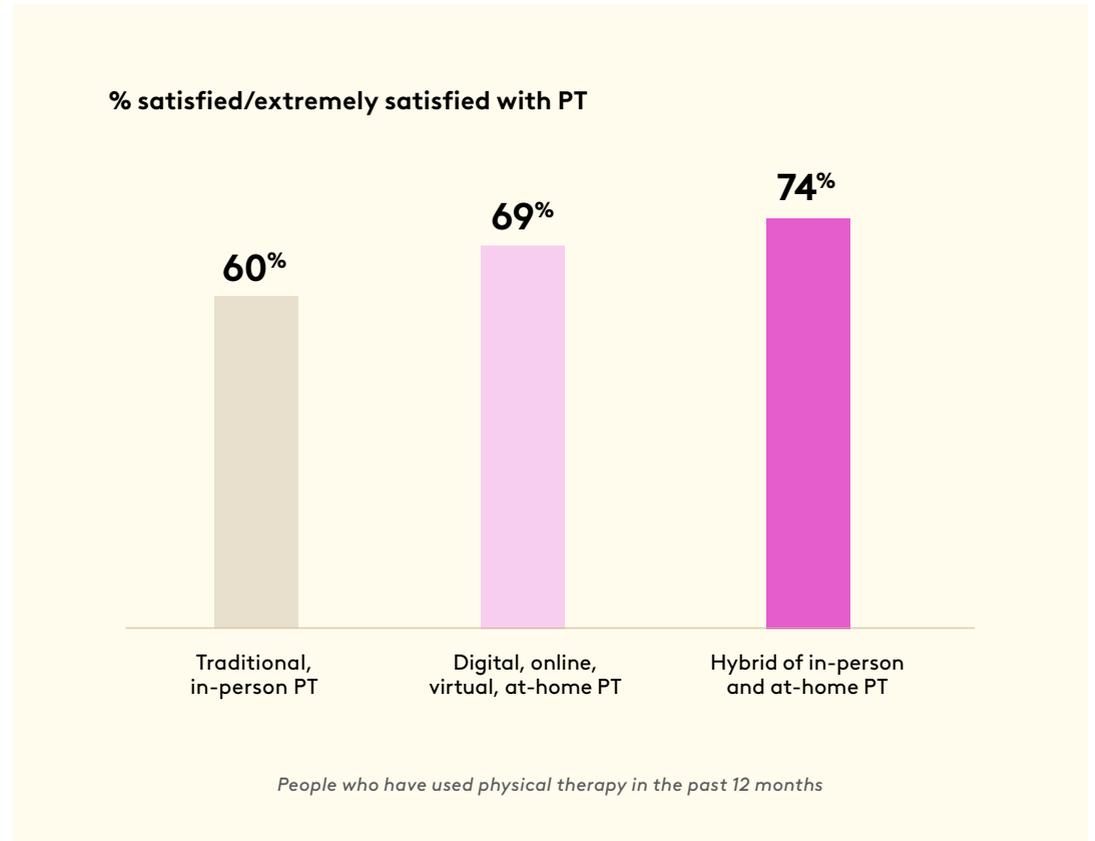
- **10%** more likely to be satisfied with physical therapy
- **15%** more likely to think their pain improved over the past year
- **14%** more likely to be hopeful their pain will improve in the next year
- **12% to 20%** more likely to feel in control of their pain

Survey respondents also consider digital delivery of PT a beneficial aspect of care: 48% of people say a digital PT program would make it easier to follow their care plan, and 43% say they need PT care that has a digital component.



59% of people in pain state they are more comfortable with digital health solutions and at-home treatment options than they were five years ago.

Perceptions of digital, hybrid, and traditional physical therapy



“I was more comfortable doing PT at home. It had to do with traveling and having to use public transportation to get to a physical therapist, which was not reasonable or practical.”

—Bruce G., Massachusetts, male, 42

A message for healthcare leaders

People in pain deserve effective, accessible care. Despite the best efforts of employers, health plans, and healthcare professionals, our survey underscores the existence of a significant gap between the needs of those in pain and the care they receive.

The impact is tremendous. On a personal level, it affects physical health, mental wellbeing, and quality of life. On an organizational and societal level, it drives claims costs, affects productivity and retention, and contributes to a cascade of public health challenges.

What can you do?

If you already offer a digital MSK program, keep driving awareness with members to provide hope that the pain relief is out there.

If you are in the evaluation phase, here's why 4 out of 5 companies with a digital MSK solution choose Hinge Health:

- **68%** average reduction in pain per participant ⁹
- **58%** average reduction in depression + anxiety ⁹
- **42%** reduction in new opioid prescriptions ¹⁰
- **1 in 2** MSK surgeries avoided ¹¹
- **2.4x** ROI based on an expansive medical claims reduction study¹¹

Together, we can reduce costs, improve access, and make meaningful strides toward alleviating the burden of MSK conditions on both individuals and the healthcare system.

It's time to make health care less painful.

About Hinge Health

Hinge Health is moving people beyond pain by transforming the way it is treated and prevented. We connect people, digitally and in person, with expert clinical care. Using advanced technology and AI, a team of clinical experts guides people through personalized care directly from their phone. It is proven to reduce pain by 68%, prevent 42% of new opioid prescriptions, and avoid one in two unnecessary surgeries. Available to 18M people, Hinge Health is trusted by leading health plans and employers, including Land O'Lakes, L.L. Bean, Salesforce, Self-Insured Schools of California, Southern Company, State of New Jersey, US Foods, and Verizon.

Learn more about how we are inspiring people to improve their health through the power of movement at hingehealth.com.



A Hinge Health in-person PT visit

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Appendix

Age	Census targets	Total N = 7291
25 - 34	23%	18%
35 - 44	21%	21%
45 - 54	21%	20%
55 - 64	21%	20%
65 +	15%	21%
Region		
Midwest	21%	21%
Northeast	18%	18%
South	38%	38%
West	24%	23%
Gender		
Male (including transgender men)	49%	49%
Female (including transgender women)	51%	50%
Ethnicity		
White	72%	78%
Hispanic	16%	13%
Black/African American	12%	10%
American Indian/Native Alaskan	1%	2%
Asian	6%	5%
Mixed ethnicity	3%	2%
Other ethnicity	6%	3%
Income		
Less than \$25,000	15%	6%
\$25,000 to \$49,999	19%	17%
\$50,000 to \$74,999	17%	20%
\$75,000 to \$99,999	14%	16%
\$100,000 to \$149,999	17%	21%
\$150K+	18%	20%

Employment status	
Employed full time	58%
Employed part time	7%
Self-employed	6%
Unemployed but seeking employment	2%
Unemployed and not seeking employment	1%
Retired	20%
Homemaker	5%
Student	0%
Other	1%
Industry*	
Energy	1%
Financial services	7%
Health care	13%
Hospitality	3%
Manufacturing	9%
Professional services	9%
Public sector	6%
Retail	10%
Technology	10%
Transportation/logistics	4%
Unionization status*	
Part of labor union	16%
Not part of labor union	84%

*Employed respondents only



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go.hingehealth.com/move