

Nonmedication Options for Pain Relief

Practical approaches that may support comfort, function, sleep, and daily activity.

No single option works for everyone. Choose approaches that fit your health, goals, and clinician's guidance. Better function can be meaningful even when pain is not zero.

01 Movement and exercise

- Gentle walking, stretching, strengthening, aquatic exercise, yoga, or tai chi may help when appropriate.
- Start slowly and increase in small, planned steps.

02 Physical and occupational therapy

- Personalized help with movement, mobility, posture, equipment, and everyday activities.
- Follow surgery, injury, and weight-bearing restrictions.

03 Heat and cold

- Heat may ease stiffness; cold may reduce soreness or swelling in some situations.
- Use a skin barrier. Avoid when sensation or circulation is reduced unless a clinician clears it.

04 Relaxation and mind-body skills

- Try slow breathing, mindfulness, guided imagery, progressive relaxation, CBT, or biofeedback.
- Short, regular practice may be easier than waiting for a severe flare.

05 Pacing, sleep, and daily routine

- Break tasks into manageable parts, alternate activity and rest, and keep sleep and wake times consistent.
- Aim to reduce the repeated 'overdo, then crash' cycle.

06 Hands-on and clinician-guided options

- Massage, acupuncture, music-based approaches, or other therapies may help some conditions.
- Use qualified practitioners and ask whether an option is safe for your diagnosis.

MAKE IT PERSONAL

Activity I want pain to interfere with less _____	One option I want to discuss or try _____
How often I plan to use it _____	I will know it helps if _____

SAFETY

Stop and contact a healthcare professional if an approach causes new or worsening symptoms. Call 911 in the United States—or local emergency services—for severe or life-threatening symptoms.

This handout provides general education. It does not diagnose a condition, recommend a specific treatment, replace professional medical advice, or create a clinician-patient relationship. Sources: [CDC Pain Management](#) • [NIH NCCIH Chronic Pain](#)