Institute of Clinical Excellence Highlights Cognitive Functional Therapy for Persistent Pain Management

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Institute of Clinical Excellence has highlighted cognitive functional therapy as an evidence-based clinical approach for managing persistent pain, drawing on recent clinical trial data and growing adoption of biopsychosocial models in physical therapy. This focus addresses the complex interplay of physical, cognitive, and behavioral factors in chronic pain conditions, where traditional interventions often fall short. Cognitive functional therapy emphasizes patient self-management, enabling individuals to better navigate and reduce the impact of persistent pain.

Developed from research by experts including Peter O'Sullivan, Wim Fursom, and J.P. Caneiro, cognitive functional therapy was formally established around 2012. The method targets patients with back pain, persistent pain, or widespread pain through a structured framework that includes three core components: reconceptualization of pain, modification of functional movements, and behavioral and lifestyle interventions. These elements guide patients toward independence by addressing maladaptive patterns and fostering sustainable change.

The reconceptualization phase educates patients on pain physiology, creating personalized narratives that

distinguish pain from tissue damage. Clinicians identify and challenge unhelpful beliefs, validate patient experiences, and demonstrate nervous system influences on pain perception, often using tools such as pain pressure thresholds or two-point discrimination. This education helps patients reframe their understanding, reducing the emotional burden of chronic symptoms.

Modification of functional movements identifies personally meaningful activities limited by pain, fear, guarding, or avoidance. Therapists employ relaxation techniques and graded exposure to expand movement repertoires, building confidence for daily tasks ranging from basic actions like squatting to more complex activities. This progressive approach helps patients develop a wider array of safe and effective movements.

Behavioral and lifestyle interventions optimize broader health factors, including mindfulness, sleep hygiene, nutrition, and physical activity. Clinicians assess and support improvements in these areas, extending the therapy's benefits beyond the clinic. Together, the components promote self-management, allowing patients to recognize patterns, intervene independently, and maintain an active lifestyle. The approach typically involves about seven sessions over 12 weeks without requiring specialized equipment.

Key evidence comes from the 2023 Restore Trial by Kent and colleagues, which enrolled approximately 500 participants with chronic disabling low back pain. Participants were randomized to cognitive functional therapy, the therapy with added movement biofeedback, or usual care. At 12 weeks, 60 percent of the cognitive functional therapy group achieved clinically meaningful reductions in activity limitations, compared to 20 percent in usual care. Satisfaction was markedly higher at 85 percent versus 19 percent, with benefits sustained at one year. Biofeedback showed no additional benefit, highlighting the efficacy of the core therapy.

A 2025 analysis by Schutz and colleagues further examined mechanisms in the Restore Trial through longitudinal mediation. Early improvements in self-efficacy, reductions in fear, and decreases in catastrophizing explained 61 percent of disability reductions and 62 percent of pain intensity improvements at 12 months. These findings underscore the therapy's focus on cognitive and behavioral shifts.

Justin Dunaway, lead faculty for persistent pain comprehensive management at Institute of Clinical Excellence, described the intervention. "Cognitive functional therapy is a physiotherapy-led approach that addresses maladaptive cognitions while building behavioral self-management skills, particularly effective for back pain or widespread pain," Dunaway stated. He noted its development over the past 15 years.

Dunaway also explained the mechanisms. "The primary drivers of change in pain and disability are increases in self-efficacy, reductions in fear, and improvements in catastrophizing, which align with the trial outcomes," he added. This perspective emphasizes the need for clinicians to understand patients' mindsets to support better movement and behavior.

Cognitive functional therapy proves relevant for patients with nervous system sensitization, where hands-on techniques may have limited impact. It incorporates pain modulation methods when needed but prioritizes education and empowerment. Patients track functional progress, reinforcing improvements in capacity.

Institute of Clinical Excellence incorporates these principles into its educational programs, such as the Persistent Pain: Comprehensive Management course. This eight-week online program uses a progressive biopsychosocial model to prepare clinicians for immediate application, drawing on evidence from trials like Restore.

Persistent pain remains a major challenge for many individuals. Approaches like cognitive functional therapy, supported by robust evidence, offer a pathway to improved outcomes through patient-centered care.

Institute of Clinical Excellence provides continuing education for physical therapists and rehabilitation providers across the United States. With 10 years of experience, the organization has delivered over 2,000 courses and certified 3,000 clinicians. It offers live and online programs in specialties including orthopedics, pelvic health, and athletic performance, supported by podcasts and research resources.

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For more information about Institute of Clinical Excellence, contact the company here:Institute of Clinical ExcellenceDr. Jeff Mooreinfo@ice.physio3611 Precision DriveI-372Fort Collins, CO 80528

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Website: https://ptonice.com/

Email: info@ice.physio