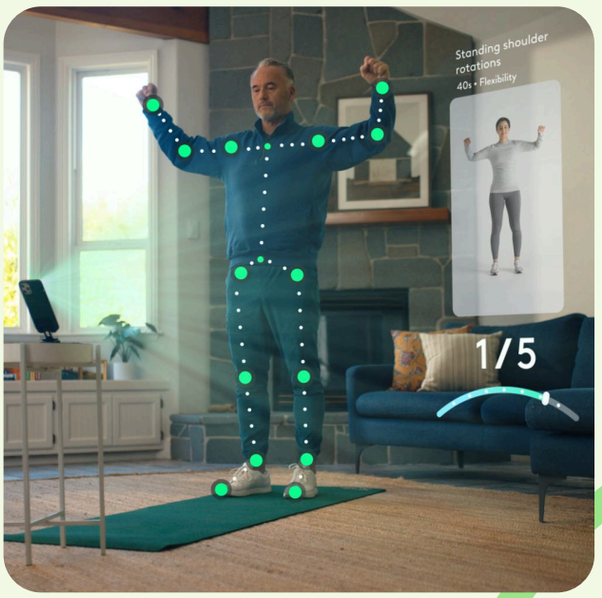
Hinge Health®
Every body moving.

2026 EDITION

The State of Musculoskeletal Care

Building care that connects



Introduction

After more than a decade of innovation in digital health, musculoskeletal (MSK) care remains a confusing maze. Over 40% of U.S. adults have MSK pain[1] — and most don't know where to start, which providers to see, or how to get treatment that provides lasting relief. Healthcare costs are also surging, with the largest year-over-year increase in over a decade expected this year[2] — and that's on top of the $661 billion annually spent directly on MSK care.[3] Digital solutions have expanded reach and have helped mitigate costs, but adoption and access are stuck in single digits.

Fragmentation in healthcare is widely known, but we must move past acknowledgment into action. To gain a deeper understanding, this year's State of Musculoskeletal Care report pairs two vantage points not often examined together at scale. Hinge Health surveyed **1,000 people in MSK pain** and **295 providers who treat MSK pain**.*

Looking through both lenses clearly shows where experiences overlap and diverge, revealing **four challenges** of today's MSK care:

1. **Confusing start:** where care begins (p. 3)
2. **Unclear journeys:** how care is coordinated and navigated (p. 8)
3. **Overlooked guidelines:** whether decisions follow evidence (p. 12)
4. **Incomplete care:** how whole-person needs are addressed (p. 16)

When paired with real stories from patients and providers, these data highlight opportunities to build a clear path toward a more unified, patient-centered system — one that improves outcomes, costs, and the care experience.

**Survey conducted with an independent research firm in September 2025. See appendix for more details.*

A snapshot of the State of MSK Care 2026

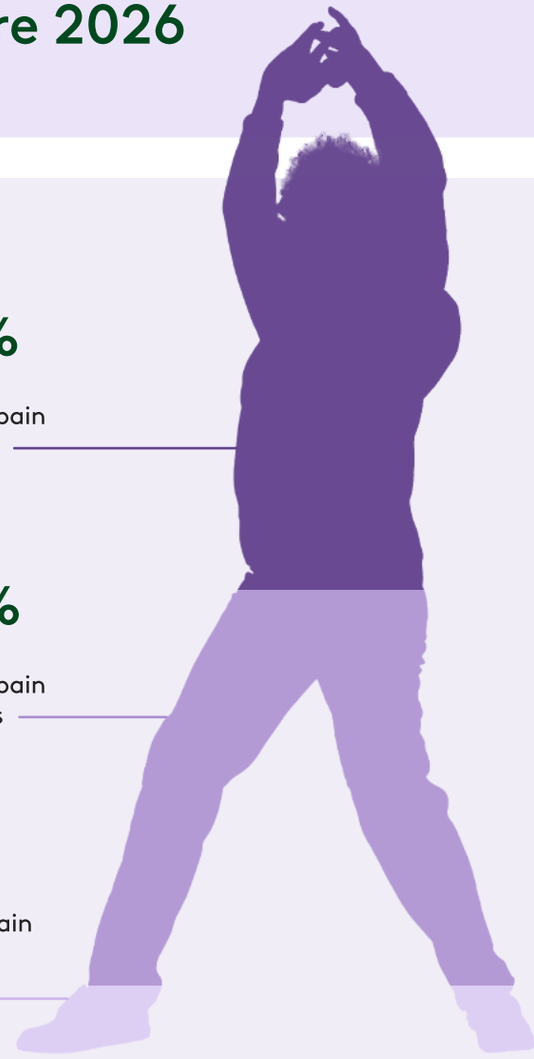
80%

reported that MSK pain sometimes or frequently limits what they can do

56%
have MSK pain frequently

38%
have MSK pain sometimes

6%
had MSK pain recently



70%

of people waited **more than a month** to seek care for their pain

1 in 5 patients*

delayed care because of costs

*Of patients who delayed getting care by at least 1 month

86%

reported pain in more than one area, and of those, **38% said back pain was their biggest issue**

CHALLENGE #1

Confusing start

Patients are unsure where to begin care

23%

of patients had trouble deciding which provider to see first

31%

of providers often see patients who should have seen a different provider first

CHALLENGE #1

Confusing start

Where people enter the system matters. It shapes the quality, cost, and outcomes of the rest of their care. Most patients seek physician care for new-onset MSK conditions[4] — but this may not always be necessary. In fact, some 31% of providers in our survey said they often see patients who, in their opinion, should have seen a different type of provider first. **Without education on care options, patients often choose a provider who isn't the best choice for their needs.** Nearly 7 in 10 providers cite low patient awareness of how to choose the appropriate provider type for their first visit.

PROVIDER PERSPECTIVE

Why don't patients start with the right provider?

Providers point to patient awareness, access, and preferences as the main factors:

69%
report lack of awareness about which provider to see

40%
report patient preferences

52%
report direct-access limitations or insurance requirements

34%
report referral patterns

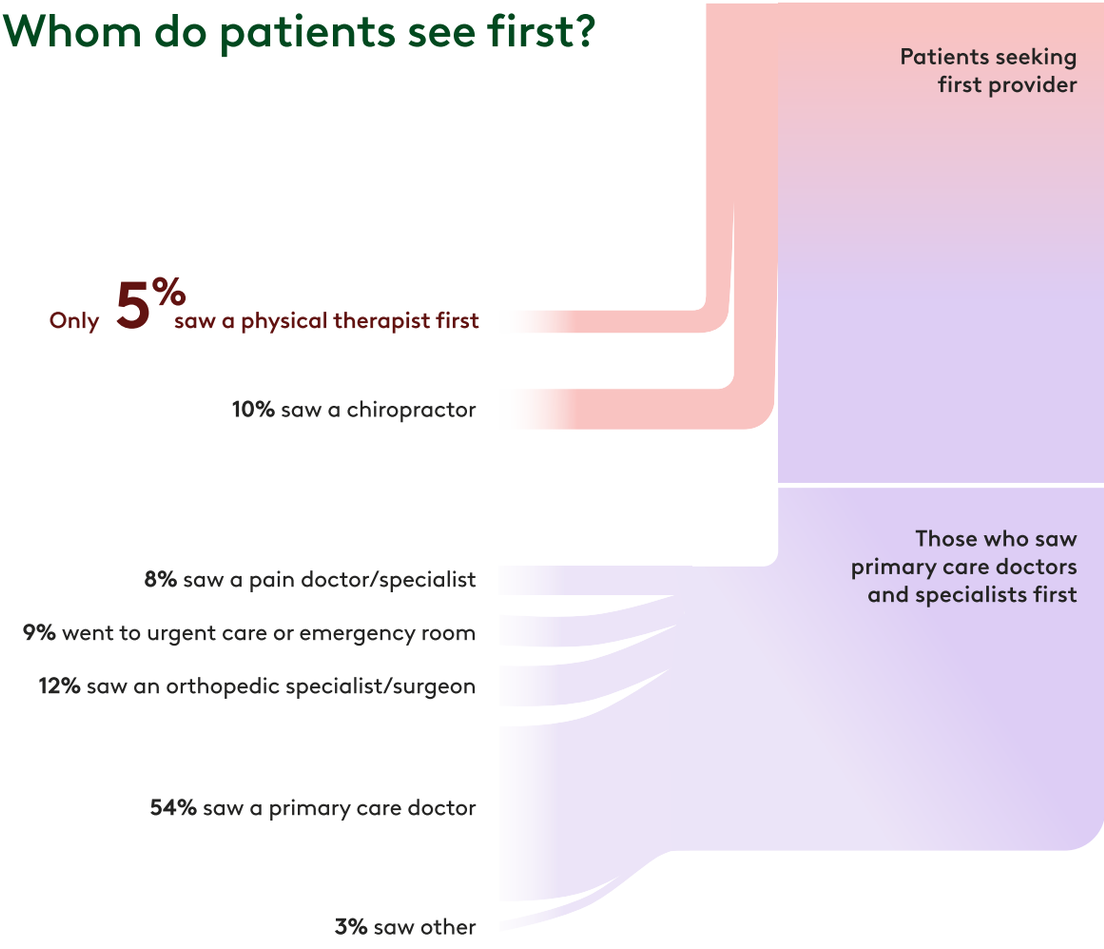
57%
report wait times

*Participants could select up to three responses to the survey question

A striking misalignment: While nearly all providers (**92%**) agreed that most of their MSK patients would benefit from starting physical therapy (PT) sooner, only **5%** of patients reported that they saw a physical therapist as their first provider.

PATIENT PERSPECTIVE

Whom do patients see first?



There isn't one "right" starting point for all patients. New or unfamiliar pain may warrant a physician visit. But if providers are likely to refer to physical therapy anyway — a recommended first treatment in evidence-based care — starting PT sooner may save time and unnecessary steps. Separate research found that **patients who saw a physical therapist first were about half as likely to receive imaging and were less likely to use prescription medications** compared with patients with doctor-first care.[5]

The opportunity: Make PT more accessible and educate that it can be the first line of care for many MSK needs. Reserve physician visits for more complex cases. Provide seamless access to both, with shared records and coordinated handoffs as needed.

PATIENT PERSPECTIVE

Why don't patients see a physical therapist first?

Thought they needed a doctor's visit, referral, or prescription	50%
Didn't know seeing a physical therapist first was an option	28%
Weren't sure PT could help	26%
Insurance required them to see another provider first	26%
Wanted to see a doctor first to make sure it wasn't serious	23%

*Participants could select all responses to the survey question that apply

PROVIDER INSIGHT

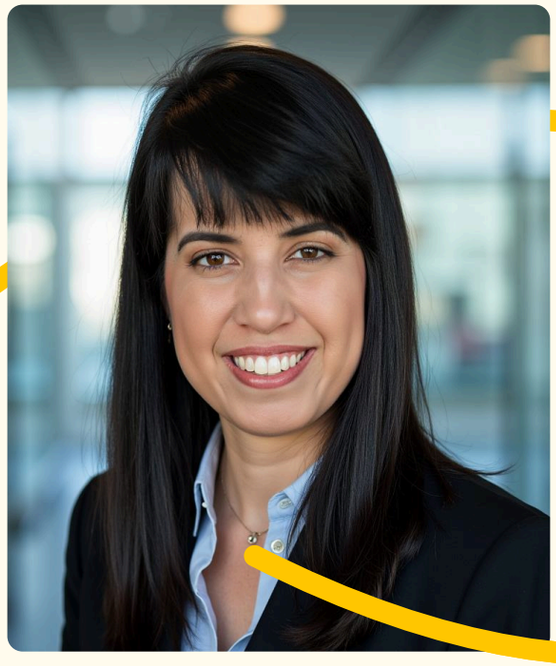
Better first-line options

"I've often seen that the absence of a clear diagnosis leads patients to self-triage — choosing a provider based on where they feel pain rather than its actual source. Decisions are further shaped by preconceived notions, online misinformation, and preferences for traditional versus nontraditional care.

Primary care is often the front door to patient care. **Early, accurate triage is most effective when primary care providers maintain strong referral relationships with physical therapists and pain specialists** who can better assess the condition and appropriate care pathway.

I've seen many patients proceed quickly to surgery that didn't relieve their pain, and in retrospect, a thorough, conservative assessment would likely have uncovered a better, less invasive path. Patients need credible education that frames noninvasive, conservative interventions as possible first-line options."

Grace Maloney, MD
Physiatrist, interventional spine specialist
Barrow Neurological Institute



CHALLENGE #2

Unclear journeys

Patients struggle with coordination and navigation

56%

of patients felt unsure about next steps while seeking care

33%

of providers were not satisfied with care coordination

CHALLENGE #2

Unclear journeys

If starting care for MSK pain is challenging, figuring out what's *next* is even harder. U.S. adults face substantial, well-documented barriers to musculoskeletal specialists, including long wait times, travel burdens, and referral and authorization hurdles.[6]

Most patients surveyed were living with pain for months to years, and **40% said their first provider didn't help much**, creating a need for ongoing care. **But more than half were unsure about what to do next** during their care, which led to consequential delays and other challenges.

PATIENT PERSPECTIVE

What are the biggest challenges while getting care?

Patients who felt unsure about the next steps in their care (56%) reported considerable challenges at every point in their journey:

*Participants could select all responses to the survey question that apply

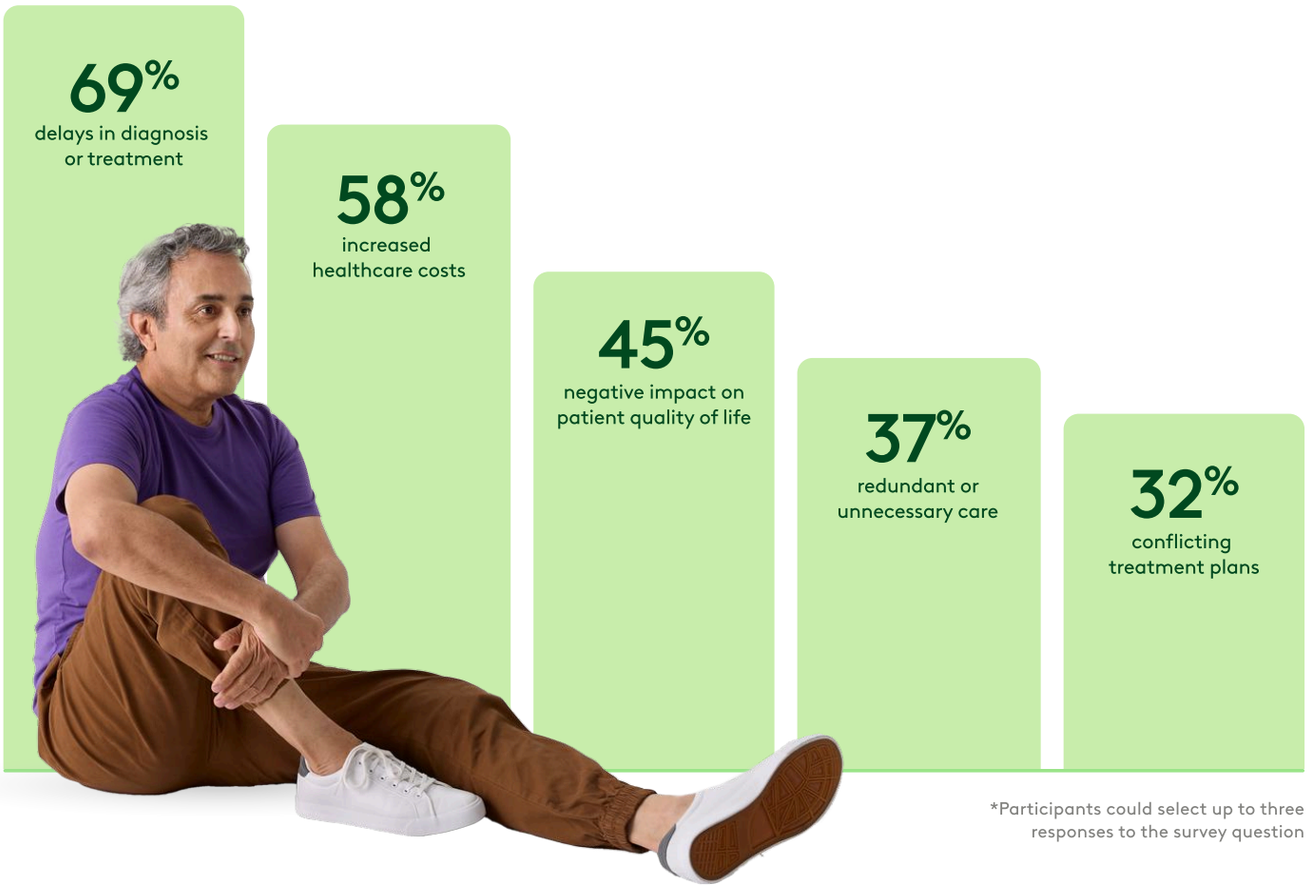
And that's when care coordination matters most: in keeping recommendations aligned and care moving forward. But only 32% of patients said their providers worked well together to coordinate their care. Providers shared similar concerns. **Over one-third of providers were dissatisfied with care coordination**, citing detrimental delays in diagnosis and treatment, redundant care, conflicting plans, and higher costs.

The opportunity: When coordination is built in, not bolted on, patients get the right care at the right time, and providers can focus on delivering it. Patient-centered systems can share care plans, coordinate hand-offs with other providers, and proactively schedule appropriate coordination. They can blend virtual and in-person care as needed for convenience, access, and appropriate treatment.

PROVIDER PERSPECTIVE

What is the impact of fragmented care?

The key ways that care-coordination challenges affect patients, according to providers:



*Participants could select up to three responses to the survey question

PATIENT PERSPECTIVE

What's the impact of delays in care?

Among patients facing care delays, these were the most common consequences:

70%
said pain or other symptoms got worse

63%
had to stop or limit exercise

62%
had trouble sleeping

56%
had difficulty with daily activities

51%
felt more anxious or depressed

*Participants could select all responses to the survey question that apply

PATIENT INSIGHT

On my own

"I'd struggled with knee pain since a car accident at 14. With arthritis in both knees, I was told I'd eventually need a knee replacement but wanted to delay as long as possible. **I saw four orthopedic surgeons over the years. No one ever suggested physical therapy.** I did PT only after I had my surgeries — game-changing. I can do planks and squats and go up and down stairs normally for the first time.

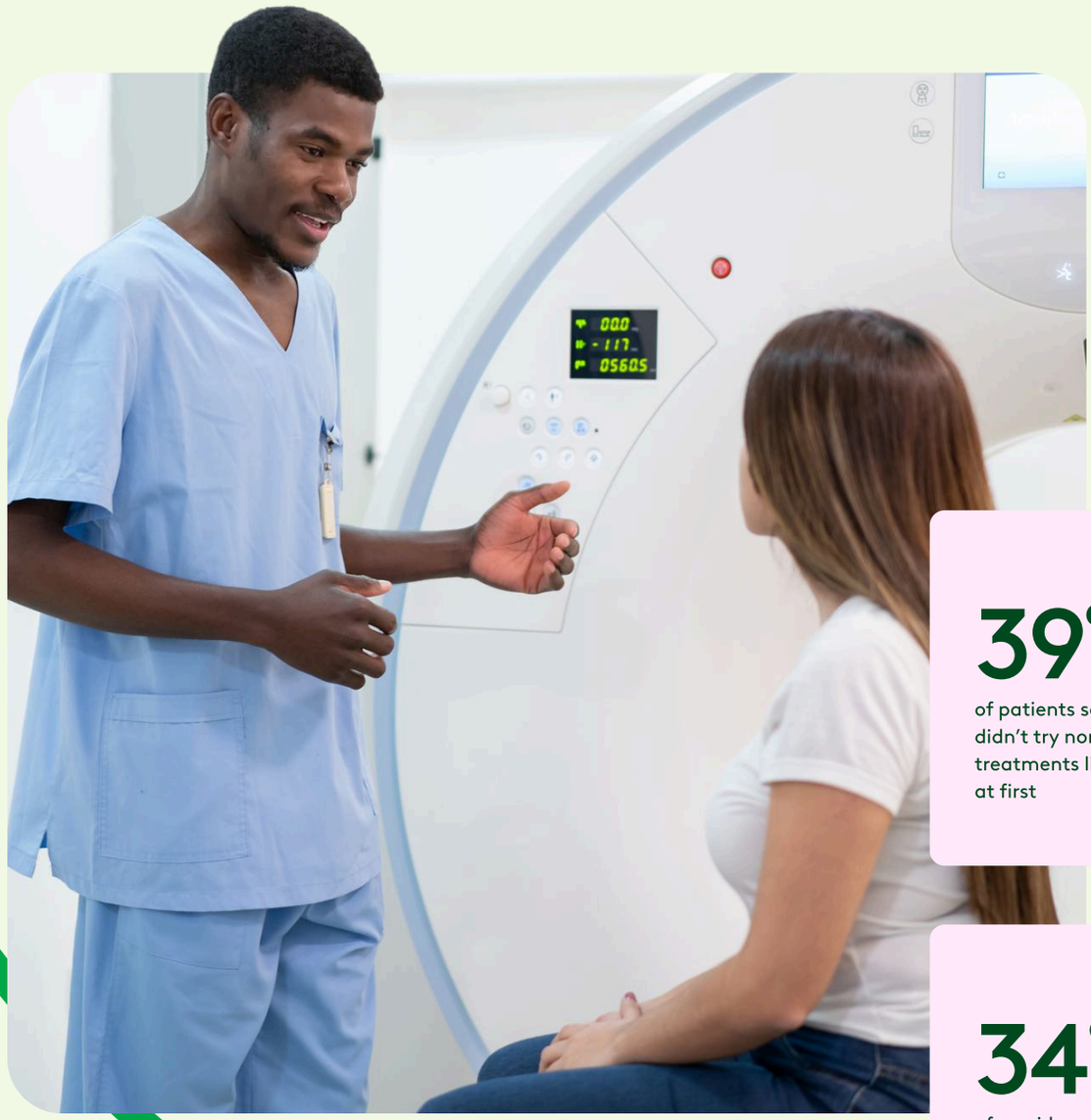
I wish I'd had more guidance. Doctors said I was a surgery candidate but offered little help deciding whether or not to go that route. Having someone walk through the pros and cons would have made me more assured and comfortable."

Karen
Hinge Health member

CHALLENGE #3

Overlooked guidelines

Evidence-based care isn't always the norm



39%

of patients say they didn't try noninvasive treatments like PT at first

34%

of providers say MSK patients frequently get imaging, injections, or surgery before trying more conservative care

CHALLENGE #3

Overlooked guidelines

The science is sound; the next steps are not. Despite evidence-based guidelines that make noninvasive care a priority, treatment often defaults to imaging, medication, procedures, and even surgery[7] — while PT takes a back seat. Patients seek imaging for reassurance[8] even though scans for nonspecific pain rarely change the initial plan and can trigger costly cascades.

In our survey, **34% of providers said patients frequently get more invasive treatments before PT.** Nearly **four in ten patients did not try PT** when they first sought MSK care.

When we asked patients about the challenges of doing PT, no standout cause emerged. Multiple factors played a role. Two of the big hurdles — convenience and cost — are exactly what accessible, at-home or digital PT programs are designed to solve. Other barriers are more revealing: **About one-third of patients wanted quick relief**, and more than a quarter viewed PT as a requirement before trying other treatments.

PATIENT PERSPECTIVE

What are the main challenges of doing PT?

More than 3 in 4 patients reported multiple challenges with doing PT.

33%

costs too much or my insurance didn't cover enough sessions

33%

wanted pain to get better faster

28%

felt like I just had to do PT in order to try other treatments

23%

was hard to get to appointments or find a time that worked for me

*Participants could select all responses to the survey question that apply

Addressing these expectation barriers calls for better education about how movement heals and realistic recovery timelines.

The challenge: 40% of providers said they lack the time or resources to help patients fully understand their condition and treatment options. This may contribute to the persistent gap between guidelines and real-world practice.

The opportunity: Increase access to evidence-based guidance by enhancing patient education and equipping providers with tools to promote more conservative, movement-based treatment when appropriate. Build patient trust in digital PT and ensure smooth integration with in-person care when needed.

PROVIDER PERSPECTIVE

Why is it hard to provide evidence-based care?

*Participants could select up to three responses to the survey question

PROVIDER INSIGHT

Healthcare, not repair

"Many people hold incorrect analogies of the body, comparing it to a car or a bridge that weakens with use. However, the body is capable of adapting to structural changes and becomes stronger with movement, which helps make pain tolerable and improves function. This fundamental misunderstanding often leads people to seek invasive options to 'repair' the problem over movement-based solutions that are part of standard, evidence-based care.

It can be difficult for primary-care providers to stay current on MSK standards of care given their broad responsibilities and the evolving evidence. And some doctors may lean on their training, with a focus on medication and surgery over exercise and physical therapy.

Ideally, patients should be triaged by a provider well-trained in MSK best practices to ensure that escalation occurs only when truly necessary and isn't looked upon as a quick fix."

Greg Lehman, DC, MScPT
Physiotherapist, chiropractor,
and strength and conditioning specialist

CHALLENGE #4

Incomplete care

Providers don’t consistently address the whole person

33%

of patients said their pain was not taken seriously

78%

of providers believe they provide whole-person MSK care (mental, physical, lifestyle)

CHALLENGE #4

Incomplete care

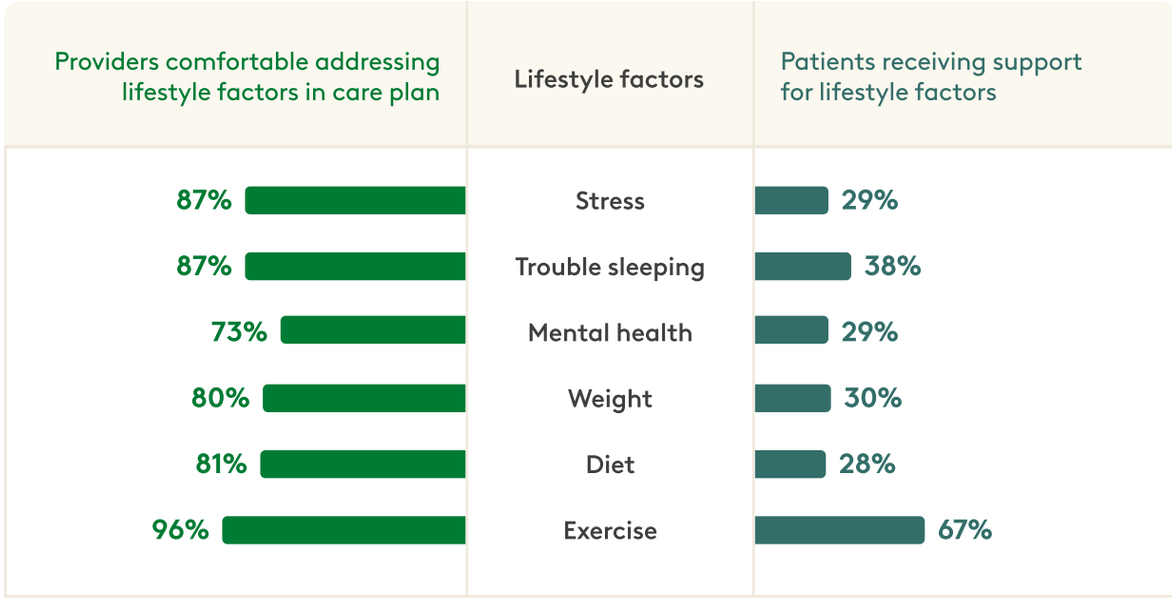
Receiving care doesn't mean getting complete care. More than half of people with common MSK conditions still have pain five years later.[9] A major cause: psychosocial risk factors, such as stress, poor sleep, mental health, and sedentary lifestyle, are rarely part of ongoing MSK care, although they strongly impact chronic pain.[10]

Our survey reveals an eye-opening gap: A high number of providers say they address lifestyle factors, but fewer patients report receiving this support. Nearly 90% of providers say that they address stress and sleep, yet patient-reported support of these challenges is sparse: 29% for stress; 38% for sleep. The disconnect suggests that brief clinical conversations aren't translating into actionable guidance.

PROVIDER & PATIENT PERSPECTIVES

A gap in holistic MSK care

An overwhelming majority of providers were comfortable addressing lifestyle factors, but far fewer patients reported getting such help.



Effective MSK care starts with understanding pain. Education helps patients see pain not just as tissue damage but as an interplay of nervous system and lifestyle factors. **Treatment that addresses biopsychosocial approaches to pain** can deliver longer-lasting improvements in pain and function.[11]

This includes offering care for movement, sleep, nutrition, stress and mental health, often from a multidisciplinary care team that supports long-term lifestyle change. Patients' responses indicate that this critical approach isn't working well enough in traditional care.

The opportunity: Pain education and behavior change support must be standard, not optional, in MSK care. Since providers may not have the time or expertise, they can support a patient's care by establishing trusted partnerships with digital health solutions or in-person specialists who can deliver ongoing lifestyle and psychosocial support.

PATIENT INSIGHT

Beyond the pain

"When stress spikes, my back pain gets worse. Living with pain for many years, I taught myself how to cope by staying busy. **Doctors told me to lose weight but didn't offer any real support.** Some chalked my pain up to aging or just told me to 'give it time.'

The contrast was clear when I saw a sports medicine doctor. He offered specific guidance on my diet and exercise with set expectations for how we'd track progress. I went from 215 to 184 pounds and feel much better. Looking back, a collaborative approach to these lifestyle issues could have made a big difference earlier on."

Bruce
Hinge Health member

PROVIDER INSIGHT

The whole picture

"Whole-person care, also known as lifestyle medicine, is essential to help understand the root cause of MSK pain and provide comprehensive treatment plans for it. Assessments of lifestyle factors often rely on survey-based intake forms. **The difficulty is overburdening patients with questionnaires to collect comprehensive data points, which can take up to 30 minutes.** Time constraints of physician appointments compound the challenge. Trying to assess all contributing lifestyle factors — nutrition, movement, sleep, stress, and social context — during a standard visit is difficult, and important nuances can be missed.

I have the clinical expertise to support patients with traditional and nontraditional treatments and to help guide them with some lifestyle support. However, I still need to refer to close colleagues such as dieticians, sleep specialists, and others for assessment and much-needed ongoing support.

Digital health is another way to integrate this kind of care more seamlessly into a patient's assessment and treatment plan."

Amitabh Gulati, MD
Pain management specialist and President of World Academy of Pain Medicine United

Looking ahead

These four challenges may be addressed through a more unified approach to care. Advances in AI, automation, and smart devices are an essential part of reshaping healthcare delivery and providing a more connected care experience. In addition to bringing in-person and digital care together, technological innovation can help patients find the right place to start, navigate next steps, and receive evidence-based, whole person care.

Given the importance of AI in advancing unified care,[12] our survey explored patient and provider perspectives. Providers were more open than patients to AI (72% vs. 39%), but provider oversight improved comfort levels. Nearly two in three patients reported they would trust AI recommendations reviewed by a clinician. Both groups agreed AI is most useful for education, tracking progress, personalizing treatment, and supporting adherence. Clinician-supervised AI can help close MSK's biggest gaps, but its greatest value comes when it's combined with human compassion and expertise.

PROVIDER INSIGHT

Amplified by AI

"Medicine has always been built on trust. Patients trust AI more when a clinician is in the loop, but comfort with AI is still uneven. It often tracks with age, tech familiarity, and beliefs. AI is not a replacement for a handshake, careful exam, or tough conversation about what matters. It is an important force multiplier. It takes on the obvious so providers can focus on the consequential. Used well, AI helps us deliver the right care at the right time **— and reminds us that the heart of medicine isn't artificial at all.**"

D.J. Kennedy, MD
Professor and chair of the Department of Physical Medicine and Rehabilitation, Vanderbilt University Medical Center; Hinge Health clinical advisor

CONCLUSION

To healthcare leaders,

As Hinge Health's Chief Medical Officer, I'm encouraged by the opportunities revealed by the dual perspectives in this State of MSK Care 2026 report. Patient and provider input together are a blueprint for a more effective care model, like the one Hinge Health is creating.

Over the past decade, Hinge Health set the benchmark for digital physical therapy, with **studies showing measurable impact at scale**:

68%
average reduction in pain[13]

58%
reduction in depression and anxiety[13]

42%
fewer participants starting opioids[14]

52%
of MSK surgeries avoided[15]

2.4x
ROI driven by medical claims reduction[15]

We are now unifying digital and in-person MSK care into one connected model. We can guide members to high-value, in-network providers and align access, quality, and affordability in a cohesive care experience. Our clinician-supervised AI assistant simplifies workflows so our clinical team can focus on delivering personalized, compassionate care.

This model can uplevel all of healthcare. Organizations that choose partners who can execute on these standards will improve the experience, outcomes, and cost for the people they serve.

MSK care can be simpler, faster, and more affordable if we align around what works. It's time to turn this maze into a clear roadmap for better, more connected care.

Jeff Krauss,
MD, Hinge Health

State of MSK Care 2026 key takeaways

Confusing start

→ Educate that physical therapy can be the beginning of care for many people with back, joint, and muscle pain.

Unclear journeys

→ Integrate coordination into workflows so patients get the right care at the right time and providers can focus on delivery.

Overlooked guidelines

→ Follow guidelines that often put movement first and reframe expectations around recovery.

Incomplete care

→ Make lifestyle, behavior change, and psychosocial care standard with integrated care teams and digital tools.

About Hinge Health

Hinge Health is focused on scaling and automating the delivery of healthcare, starting with musculoskeletal conditions. Leveraging an AI-powered care model, wearable devices, and access to expert clinicians, Hinge Health delivers personalized, evidence-based care that helps people move beyond pain, improving member outcomes and experiences and reducing costs for clients. Our partners include employers, health plans, and providers. The company is headquartered in San Francisco, California.

APPENDIX

Hinge Health Patient Survey Methodology

Hinge Health, in partnership with the research firm YouGov, fielded a quantitative survey in September 2025 among approximately 1,000 U.S. adults ages 18 and older. Eligibility required respondents to have experienced musculoskeletal (MSK) pain within the past 12 months, with their most recent episode lasting at least one month, and to have sought medical care for their MSK pain (i.e., they did not select "I have never sought medical care for my MSK pain" on a screening item). Individuals were excluded if they reported pain lasting less than one month in their most recent episode, last experienced MSK pain more than 12 months ago, had never had MSK pain, or selected "not sure/prefer not to say" on screening questions.

Traffic to the survey was balanced to a representative sample using a frame sourced from the 2023 American Community Survey (ACS). Patients in the final dataset were matched and weighted to the sampling frame using propensity scores to create the final weights. The main demographics included in the frame are age, gender, race, educational attainment, and region. Qualified respondents skewed slightly older than the sampling frame due to the requirement of seeking medical care for pain.

Hinge Health Provider Survey Methodology

Hinge Health, in partnership with the third-party research firm YouGov, conducted a quantitative survey of approximately 295 respondents in September of 2025, focusing on U.S. healthcare providers who treat musculoskeletal conditions. This cohort included physical therapists, primary care physicians, and specialists, such as orthopedic surgeons and pain-management doctors. The HCP sample was not balanced on a frame or weighted due to the various HCP specialties present in the sample and no known source of HCP demographics with which to build a frame. However, HCPs were balanced by specialty to ensure that a proper mix was collected.

Hinge Health Qualitative Interviews

The patient and provider interviews in the report provide real-world illustrations from outside the survey sample.

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