Cancer and the physiotherapist

Catherine Hunt
Senior Physiotherapist
Sir Charles Gardiner Hospital,
Perth, WA.
Email: Catherine.Hunt@health.wa.gov.au

As treatment improves and survival increases, cancer is more frequently being experienced as a chronic illness, sometimes with disease or treatment related symptoms and functional impairment. A multidisciplinary approach to management ensures optimal care, enhancing safety and quality of life. Advice for survivorship is a largely unmet need in cancer care. Physiotherapy supports cancer patients through all phases of survival. Setting realistic functional goals and having appropriate recovery expectations assists adjusting to change in ability.

Enhancing mobility, exercise prescription and prescribing equipment (splints, braces, gait aids) enables independent safe functioning and improves quality of life. Incidence of Deep Vein Thrombosis, loss of muscle mass, falls, respiratory compromise and dependency can be reduced and return to pre-morbid activities maximized. Ensuring safe and correct movement patterns impacts on pain and promotes improved recovery e.g. bone metastasis, neurological deficit. Optimizing strength, flexibility, balance and fine motor co-ordination with judicious progression of exercise and mobility (e.g. reconstruction with bone or muscle graft or fixation, excision of tumour) are important aspects of rehabilitation physiotherapy assists.

Palliative Care patients can benefit from Physiotherapy consultation (Mackey 2000, Olderwoll 2006) for mobility, strength, symptom control, ergonomic and respiratory problems. Some of the most important issues for terminal cancer patients are about losing occupations and preserving physical and mental functioning (Lyons 2002). Physiotherapy assists patients and carers with manual handling solutions, positioning to optimise management of symptoms, reducing complications, airway protection and clearance, pain control, oedema, falls prevention and movement to achieve pressure relief .The American Cancer Society recommends 30 minutes of moderate physical activity 5 days a week to decrease cancer risk (Holmes 2005)

Currently Physiotherapy services are reactive rather than proactive, yet rehabilitating people to have the capacity to be physically active is good preventative medicine in cancer. (Monninkhof 2007, McTiernan 2000, Calle 2003). 70% of Australians are obese and the trend is increasing, with decreasing activity being one of the causes. High BMI increases cancer and health morbidity risk (Denmark-Wahnfreid 2001, Slattery 1999). Courneya (2008) found in colorectal and breast cancer patients, that activity levels decrease at diagnosis with survivors rarely returning to pre-diagnostic levels. Prostate cancer treatment can cause loss of muscle mass. Finding suitable ways for cancer survivors to manage comorbidities, enabling activity prevents deconditioning, improves health outcomes, self-efficacy and quality of life.

Lean body weight is associated with prognosis and ability to recover from complications of surgical and chemotherapy treatments. ECOG status is a functional ability scale oncologists use to predict outcome when prescribing chemotherapy. Chemotherapy can be ceased due to side effects. Fatigue is the most common and distressing symptom reported by chemotherapy patients (Berger 2003, Jong 2002). Evidence supports the role of physical activity in ameliorating fatigue and some other distressing symptoms experienced during cancer treatment (Dimeo 1997, 2000). Jones and Courneya (2002) found patients preferred to be counselled by a professional about exercise during treatment. (Denmark-Wahnfried 2005). Early Physiotherapy management of activity and scar tissue can improve recovery (Box 2002). Patients require support to progress activity appropriately to maximize their potential recovery and optimize survival.

References on request.