

Occupational Therapy

in cancer care

REGAIN THE LIFE YOU LOVE

Cancer and cancer treatment may impact your ability to perform your daily activities. Occupational therapy evaluation and intervention helps to detect and treat deficits related to cancer and cancer treatment.

“Medicine adds DAYS to life, but rehabilitation adds LIFE to days!”

Activities of Daily Living (ADLs)

Cancer and cancer treatment can impact your ability to complete daily activities safely and independently. OTs can assist in management of these activities such as bathing, dressing, eating, home management, social interaction, and work ability. Functional deficits can be rehabilitated through environmental modification, assistive equipment, adaptation of activities, energy conservation techniques, and education. OTs help you increase your ability to participate in all your life roles.

Cancer-Related Cognitive Impairment (aka- Chemobrain)

Cancer and cancer treatment may cause cognitive function deficits in some individuals. OTs utilize cognitive strategies such as brain exercises, increasing physical activity, improving self-confidence, and management of fatigue to address memory, organizational, and executive function deficits.

Soft Tissue Changes/ Radiation Fibrosis

Surgery and radiation can cause changes to the skin, muscle, and/or soft tissue resulting in tightness, sensitivity, scar tissue formation, and muscle weakening. OTs utilize hands-on techniques, physical activity, and therapeutic stretching to reduce restriction from soft tissue changes.

Cancer-Related Fatigue (CRF)

Physical activity can reduce cancer-related fatigue and fatigue's interference in your life both during and after cancer treatment. OTs will evaluate you to make an individualized physical activity program with demonstration of energy conservation techniques.

Lymphedema

Some cancers and cancer treatments may increase your risk for developing lymphedema. Lymphedema can occur anywhere in the body including your legs, arms, face, neck, and trunk, which can limit range of motion and the ability to move to complete daily activities. Early intervention may reduce the impact of lymphedema on quality of life. OTs trained in lymphedema care utilize various hands-on techniques, as well as instruction on self-care and physical activity to assist in lymphedema management.

Pain

OTs use a variety of techniques that can assist in pain management during and after cancer treatment. Therapeutic exercise and positioning can be used to maintain range of motion, mobility, and strength. OTs may also use hands-on techniques to loosen tight muscles and joints, relaxation techniques, and pain science education for pain reduction.

Peripheral Neuropathy

Peripheral neuropathy may occur as a side effect of some chemotherapies. Peripheral neuropathy may cause numbness, tingling, pain, weakness, and decreased balance, impacting the ability to open jars or button clothing. It may also increase the risk of falls. OTs and PTs work together to address these deficits by promoting increased coordination, sensation, and muscle strength.

Suggested Indications for a Rehabilitation Specialist Consultation:

- Fatigue/Tiredness
- Pain of Muscles or Joints
- Weakness
- Stiffness
- Range of Motion Deficits
- Swelling or Lymphedema
- Neuropathy of Hands or Feet
- Struggle to Maintain Healthy Body Weight
- Pulmonary or Breathing Problems
- Bowel/Bladder Issues
- Sexual Dysfunction or Pelvic Pain
- Soft Tissue Restrictions Including Scarring, Cording, or Radiation Changes to Tissues
- Functional Mobility Problems such as Walking or Balance Deficits
- Functional Loss Including Difficulty Completing Daily Living Tasks or Life Roles
- Decreased Safety or Mobility in the Home or Community
- Anxiety or Depression
- Thinking Deficits such as Difficulty Remembering, Concentrating, Decreased Alertness, Judgment, Problem Solving, Decision Making
- Caregiver Needs: Transfer Training, Cueing, Assisting Loved One to Maintain Independence in Activities of Daily Living, Investigating how to Spend Quality Time Together Outside of Medical Appointments
- Life Role Exploration: Discovering Strategies to Manage this Journey Together

Best Practice Proactive vs. Reactive Referral Considerations:

-All patients who have had surgery, chemotherapy, and or radiation for breast cancer or head/neck cancer should have an OT consult for education even if they are not experiencing pain or functional decline. The purpose of this consult is to provide education for activity recommendations through treatment, as well as to begin tissue mobilization for scarring, range of motion and stretching, and to educate on the late effects of radiation. An OT will also educate on self-monitoring for lymphedema and risk reduction education.

-Any and all cancer patients would benefit from a rehabilitation consult to establish an appropriate walking and exercise program to maximize function and combat CRF through any types of treatments.

-Lung cancer patients who will be undergoing any type of surgery should be taught proper posture, upper extremity and trunk range of motion, and breathing exercises.

-Any person that is not able to achieve the recommended 150 minutes of exercise per week would benefit from training and education in the rehabilitation setting.

*NOTE: Any surgical scarring, lymph node removal, or radiation incrementally increases a patient's risk for development of lymphedema. This can be prevented or minimized through education from a rehabilitation specialist before lymphedema develops versus reacting to lymphedema that has already developed.

Talk with your provider to see if this course of treatment is right for you. Living with cancer does not mean you have to compromise; you can conquer and live life to the fullest!