



# Cancer Rehabilitation Program



**Patients with cancer are a diverse group, facing a variety of challenges that can affect function.** Physical therapy, occupational therapy and speech language therapy, in close collaboration with the medical professionals overseeing patient care, can address some of those functional impairments and allow patients to regain independence and improve quality of life.

## Cancer patients may have one or more of the following that impact function, including:

- Lymphedema
- Chemotherapy-induced peripheral neuropathy
- Pain from cancer, metastases or prior treatment for cancer
- Weakness and fatigue
- Nerve dysfunction
- Cognitive issues
- Swallowing issues
- Difficulty speaking
- Difficulty opening the mouth (trismus)
- Balance and gait difficulty
- Bowel and/or bladder incontinence

Acute inpatient rehabilitation for cancer patients is a collaborative effort, engaging the patient's physician team to ensure the therapy plan is complementing the overall treatment goals.

## Why Acute Inpatient Rehabilitation?

Oncology patients are ideal candidates for acute rehabilitation when there is an expectation of significant functional restoration and tolerance for therapy. The goal of the acute inpatient rehabilitation stay is for the patient to return home and/or to their previous activities supported by active family members and caregiver involvement. Our clinical liaison can provide an evaluation to determine if patients are good candidates and will derive benefits from acute inpatient rehabilitation.

## Research shows that inpatient rehabilitation results in:

- Going home quickly
- Shorter lengths of stay
- Minimizing hospital readmission

## Rehabilitation focuses on:

- Maximizing independence, health and mobility
- Daily activities of living such as eating, dressing, grooming, bathing and homemaking
- Bowel and bladder management
- Communication through speaking and writing
- Swallowing
- Nutrition and caloric intake
- Improving memory and judgment
- Speech and language
- Balance and coordination
- Psychological adjustment
- Self-image

Treatment delivery and intensity of service is determined as part of the individualized plan of care and will typically include a combination of 30- to 60-minute therapy sessions, usually totaling three hours per day, five out of seven days.





# Cancer Rehabilitation Program for Patients

## The Therapy Team

The patient, patient's family, loved ones and caregivers are the most important part of our rehabilitation team. Our team of health professionals will work together with the patient and the patient's caregivers toward recovery.

### ***Our rehabilitation team includes doctors and nurses who specialize in cancer rehabilitation as well as:***

- Physical therapists who work on problems with movement, balance and coordination
- Occupational therapists who help patients practice eating, bathing, dressing, writing and other daily tasks
- Speech therapists who help patients recover any lost speech, language, cognitive and swallowing skills
- Orthotic/adaptive equipment specialists
- Nutritional counselors/dietitians
- Case managers/social workers
- Neuro/clinical psychologists

Each therapy discipline is involved in collaborating on a plan of care for each patient.

## What Else the Research Shows

A retrospective research study examined characteristics and trends of inpatient rehabilitation among cancer patients within the United States over a 13-year period. The study found that cancer patients receiving acute inpatient rehabilitation demonstrated significant improvements in functional outcomes from admission to discharge. Cancer patients became more independent in important activities of daily living, thereby reducing caregiver burden and ensuring safer return to the community. Thus, this study demonstrates the potential benefit of inpatient rehabilitation for appropriate cancer patients.<sup>i</sup>

Another study posited that “it has been demonstrated in multiple studies that cancer rehabilitation inpatients are able to make statistically significant functional improvements and at a similar pace as their noncancer counterparts.” By “considering risk factors for medical complications, consult-based inpatient rehabilitation, and improved communication and coordination with oncology teams,” inpatient rehabilitation can be even more successful for cancer patients.<sup>ii</sup>

## Caregiver Support

Since family is often an important part of the recovery process, the rehab staff provides education and training to close family members. Educational classes may be offered in conjunction with support groups.

A social worker or case manager will help the patient and his or her caregivers arrange for the help and equipment that will be needed at home after discharge.

i. Gallegos-Kearin V, Knowlton SE, Goldstein R, Mix J, Zafonte R, Kwan M, Silver J, Schneider JC. *Outcome Trends of Adult Cancer Patients Receiving Inpatient Rehabilitation: A 13-year review*. Am J Phys Med Rehabil. 2018 Feb 21. doi: 10.1097/PHM.0000000000000911. [Epub ahead of print]

ii. Fu JB, Raj VS, Guo Y. *A Guide to Inpatient Cancer Rehabilitation: Focusing on Patient Selection and Evidence Based Outcomes*. PM R. 2017 Sep;9(9S2):S324-S334. doi: 10.1016/j.pmrj.2017.04.017.