



What is the Role of the Occupational Therapist in Cancer Rehab Today? Are We Still Just An Interventionist?

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Objectives

- Discuss the role of Occupational Therapy in Cancer survivorship VS traditional “typical” Occupational Therapy
- Discuss the PRISM model of care in Rehab
- Discuss the continuum of care across multiple settings
- What Is Occupational Therapy’s role in these settings?
- Discuss patient cases and apply PRISM model to each setting
- Provide resources on education provided to patients



The Facts

- Cancer is a major health problem and the second most common cause of death in the U.S.
- By 2020, cancer will be the major cause of death in the U.S.
- Cancer death rate has dropped by 23% since 1991. Translating to more than 1.7 million deaths averted through 2012.
- In 2016, 1,685,210 new cancer cases and 595,690 cancer deaths are projected to occur in the U.S
- Estimated 15.5 million cancer survivors alive in 2016
- By 2026, there will be estimated 20 million cancer survivors (Siegel, Miller, & Jemal, 2016)



Why is OT important?

- The role of Occupational Therapy in oncology is “to facilitate and enable an individual patient to achieve maximum functional performance physically, psychologically and socially in everyday living skills regardless of his or her life expectancy” (Penfold, 1996)
- 60-90% of cancer survivors have impairments and meet criteria for rehabilitation (Silver, Baima and Mayers, 2012 “Impairment driven cancer rehabilitation...”)
- Side Effects from Cancer treatment can affect function:

Acute

7-10 days from first treatment
Up to 90 days post treatment

Long-term

10+ days from first treatment
To 16-18 months post treatment
May be permanent

Late-term

5-20 years post treatment



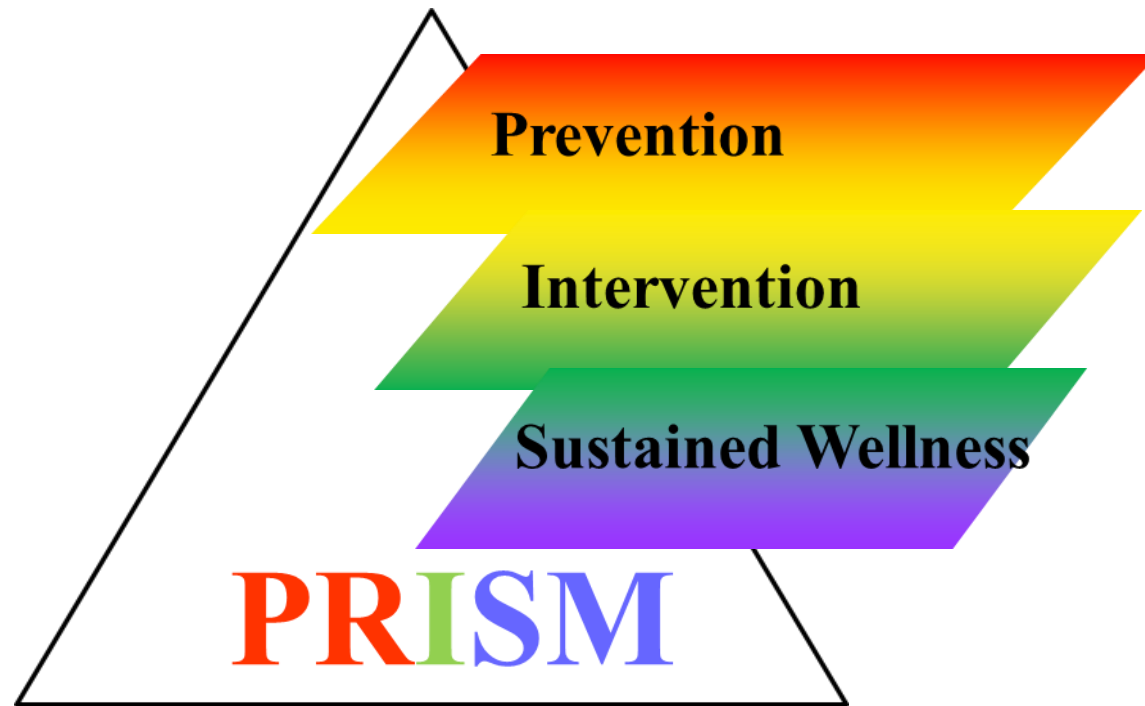
PRISM: A New Model of Care in Rehab

Goal of PRISM...

- Supports patients through integrative practices and education before, during, and beyond treatment
- Incorporates a comprehensive rehab approach to care

Philosophy of Rehab

Empower patients to maintain their own health and commitment to healing, through an individualized exercise and wellness program” = PRISM



Prevention

- Prevention of a disease in a potentially susceptible population- impacting the active pathology stage
- Prevent or slow the progression of functional decline or disability
- Enhance activity and participation in chosen life roles and situations

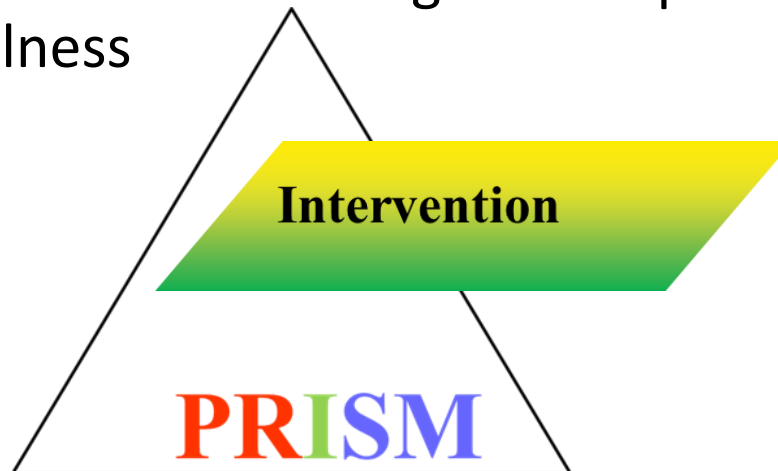


Prevention Includes:

- Health promotion – healthy living activities
- Early detection- screening for at risk patients
- Pre-habilitation – time between cancer diagnosis and the beginning of acute treatment
- Management of existing disease and its complications or cancer control activities

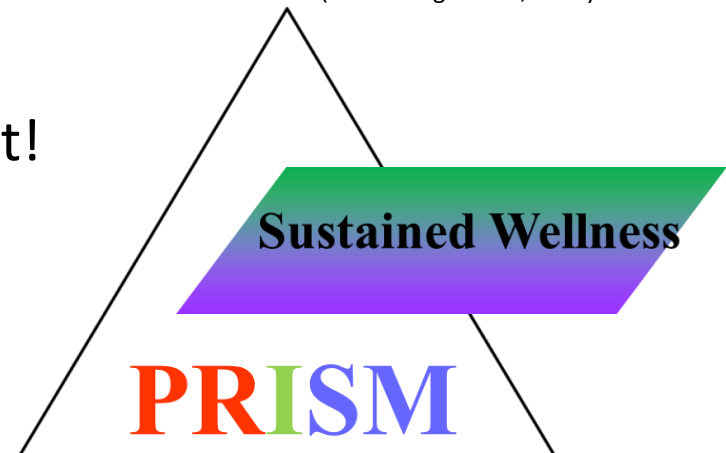
Intervention

- Decreasing the duration and severity through intervention- impacting the impairment and functional limitation phase
- Research shows that 60-90% of cancer patients should be referred to rehab because they exhibit impairments affecting function (Silver, Baima and Mayers, 2012 “Impairment driven cancer rehabilitation...”)
- Separate the person from the cancer diagnosis to personalize treatment to sustain wellness



Sustained Wellness

- Empower patients to maintain their own health!
- Commitment to heal mind, body and spirit through integrative practices and education before, during and beyond treatment
- Treatment successes have made cancer a chronic disease instead of a fatal prognosis with an estimated 10 million people living in the US today who have or have had a diagnosis of cancer (Lookabaugh-Deur, 2015)
- Therapist for life, not just the moment!



Occupational Therapy Settings

- Acute Hospitals
- Inpatient Rehabilitation
- Subacute Rehabilitation
- Outpatient Therapy
- Home Care
- Hospice and Palliative Care
- Survivorship Exercise & Wellness

Acute Hospital

Define: Inpatient hospital setting for individuals with a critical medical condition.

Type of patients: Sudden decline in medical/functional status, worsening of a progressive disease, or onset of a new condition.

Goals: Stabilize a medical status and address any threats to his/or her life and loss of function. Facilitates early immobilization, restores function, identifying edematous limbs (Lymphedema), prevents further decline, coordinates care including transition and d/c planning to continued rehab VS. home care.

OT's Role in Acute Care

Prevention

- Rounding/ huddles of therapy needs on unit
- Pre-habilitation – help newly diagnosed cancer patients prepare for upcoming treatments and either prevent or reduce the likelihood of long-term problems as well as side effects of treatment
- Education! Education! Education!

Intervention

- Barthel Index of ADLs, Short Blessed Test, TUG (Timed up and Go), Functional Reach
- Exercise and Wellness plan – daily use of Gym, Wii, exercises
- Patient and family education
- Safe mobility while monitoring medical status and vitals
- ADLs and functional task completion
- Recreational Therapy



Sustained Wellness

- Recommendation for Post Acute Care, is this patient safe to return home/ Barriers to returning home/ or do they need further rehab?

Cancer Related Fatigue

- The National Comprehensive Cancer Network defines fatigue “as a distressing, persistent subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.” (NCCN p. FT-1)
- CRF is worsened or compounded by too much rest or lack of activity.
- CRF is the strongest side effect of cancer therapies at 70%, nausea 22% and depression 10%.
- 70-90% of patients undergoing cancer therapies suffer from CRF.
- 33% of survivors will have persistent fatigue for many years after treatments have concluded.
- Goal to achieve rest and activity balance that can lead to restoration not deterioration

Cancer Related Fatigue

- CRF management is appropriate across all rehab paradigms and continuum of care from screening to survivorship, end-of-life, and everything in-between.
- As OT's we are best equipped to problem solve barriers to physical activity, as well as, considerations and recommendations.
- The cancer patient's primary goal is to reduce fatigue that interferes with everyday life.
- The OT's primary goal is to return to normal lifestyle with proper problem solving techniques

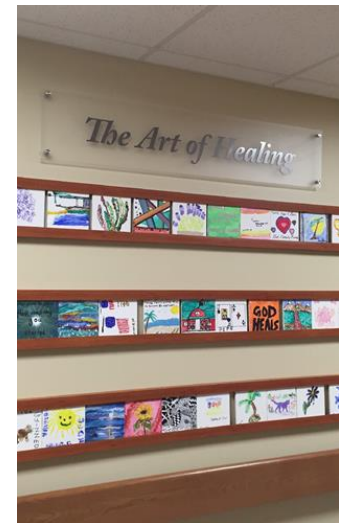
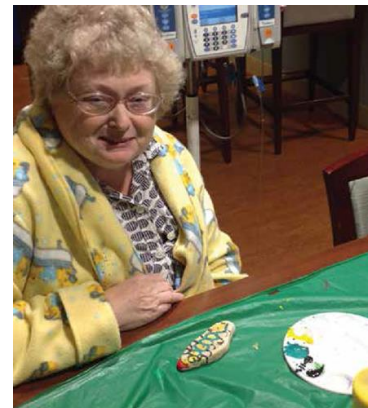
Cancer Related Cognitive Impairment

- Currently, there are nearly 4 million cancer survivors with some form of cognitive impairment (Ahles et al., 2012) and this number is expected to grow as survival rates of cancer survivors improve.
- Thought once to be related to the neurotoxicity of chemotherapy that can cause changes in the brain, it has also been reported in the absence of chemotherapy.
- 40% of survivors have evidence of CRCI before any treatment.
- Up to 75% have a decline during treatment.
- Up to 60% demonstrate a decline or change in cognitive function after the completion of cancer therapies.
- Why are OT's so suited to address this area of concern?
- The NCCN considers Occupational Therapy a first line intervention.
- In our acute setting, our therapist use the Short-Blessed Test due to ease of use and outpatient strongly refers to and works closely with our Speech and Language Department.



Recreational Therapy in Acute Care

- Provide the patient with an opportunity to participate in therapeutic leisure activities outside of their hospital room
- Therapeutic groups and/or one-to-one treatments redirect the patient's focus from their illness to meaningful therapeutic activities
- Activities such as coloring, painting tiles, board games, crafts – improve the patient's quality of life, and continue to assist with the patient's overall health and remediation



Patient Case: Acute Care

Patient, R.H. 50 year old male, directly admitted from doctor's office to Hospital for Oncology work-up with a new diagnosis of AML (Acute myelogenous leukemia)

Plan for prolonged hospital stay (28 days) while undergoing chemotherapy and monitoring medical status and lab values

Prevention:

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Intervention:

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Sustained Wellness:

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Hospice & Palliative Care

Define: The American Academy of Hospice and Palliative Medicine defines palliative care as comprehensive care provided by an interdisciplinary team to patients and families living with a life-threatening or severe advanced illness expected to progress toward dying, where care is particularly focused on alleviating suffering and maintaining quality of life

Types of Patients:

Palliative care can be initiated at any point in the course of the client's illness

Hospice require that the client has a life expectancy of 6 months or less

Goals: Pain and symptom management (ROM and positioning), equipment recommendations, family education and support, advance care planning, psychosocial and spiritual support, and coordination of care. Focus on comfort VS. curative care. Palliative care patients who have a terminal diagnosis with no time line (months or even years), can still receive curative care interventions.

Rehab Philosophy of Hospice & Palliative Care

Rehabilitation Light

- Slower progression
- Slower intensity, frequency, duration
- Deference to pain control and comfort

Rehabilitation in Reverse

- Trains patient and family
- Anticipate functional decline
- Procures needed equipment beforehand
- Teaches family positioning and safe patient handling

OT's Role in Hospice & Palliative Care



Shift focus from traditional rehab to:

- Quality of life
- Anticipatory future disability and equipment needs
- “Bucket List” assistance
- Prevention of pressure ulcers, contractures/ consultation
- Quality of life may mean being in bed in the comfort of home vs a nursing home trying to “rehabilitate” to walk again.
- Patient and family distress
- Emotional-based interactions
- Procure DME for anticipatory decline or “bad days”

Patient Case: Palliative Care

Patient, F.K. 87 year old female, Breast Cancer with Right Upper Extremity Lymphedema. On/off treatment for ~3 years with progression of disease over the last 6 months. Poor prognosis however not ready to end cancer treatment. Exhausted home care services for PT Lymphedema, therefore referred to Outpatient OT for Lymphedema and ADL retraining.

Prevention:

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Intervention:

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Sustained Wellness:

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Patient Case: Hospice

Patient, J.W. 79 year old female, admitted with Ovarian cancer with metastatic disease to bone. Poor prognosis. Hospice consulted while in Acute Care to address goals of care to return home with comfort measures.

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Intervention:

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Sustained Wellness:

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Inpatient Rehabilitation

Define: Provides an intensive rehabilitation program to inpatients. Delivers 24 hour skilled nursing care under doctor supervision.

Type of patients: Qualified individuals who are able to tolerate at least 3 hours of therapy per day. 6-7 days a week

Goals: Stabilize a medical status and address any threats to his/or her life and loss of function. Progresses mobility and function, prevents further decline, coordinates care including transition and d/c planning with goals to return home with/without continuation of therapy through home care VS. outpatient or Survivorship program.

Post Acute Rehabilitation: Inpatient Rehab/ Subacute/ Home

Prevention

- Team conference, Care huddles
- Patient and family education, training

Intervention

- FIM, Barthel Index, Functional Reach
- Strength training, home exercise programs prep for next round of chemo
- Rehab in reverse
- Home Survey
- Discharge Planning – Equipment needs, wheelchair evaluation

Sustained Wellness

- Referral to home therapy, outpatient therapy
- Community Wellness programs



Patient Case: Inpatient Rehab

Patient, R.T. 63 year old female, presents with history of Ovarian Cancer, new diagnosis of Leukemia. Underwent chemotherapy and radiation in acute care however is now too weak to safely return home. Good family support and independent prior to admission. Good rehab potential to return home.

Prevention:

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Intervention:

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Sustained Wellness:

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Subacute Rehab

Define: Provides a broad range of medical and rehabilitative services providing care to post-acute care patients

Type of patients: Continue to require medical attention and can tolerate less than 3 hours of therapy per day, 5-6 days a week

Goals: Continue to stabilize medical status and address any threats to his/or her life and loss of function. Address mobility, function, prevents further decline, coordinates care including transition and d/c planning focusing on home evaluations and equipment recommendations

Patient Case: Subacute Rehab

Patient J.B 70 year old male with Lung Cancer. Patient lives alone with children nearby. Due to fatigue and poor activity tolerance, unable to tolerate demands of IPR therefore recommendation for SAR upon d/c.

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Intervention:

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Sustained Wellness:

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Home Care

Define: Minimal/non-medical care provided in the home.
Provided 1-3 days per week

Type of patients: Qualified individuals who are able to safely live at home however unable to transport to an outpatient facility for treatment

Goals: Home safety/evaluation, equipment recommendations, B/IADL retraining, ADL mobility, fall prevention, strengthening, d/c planning for further therapy needs. Outpatient and/or Exercise and Wellness Program VS Hospice or Palliative care

Outpatient Therapy

Define: Provides services in hospitals and free-standing clinic to clients who reside elsewhere

Type of Patients: Medical stable and able to tolerate a few hours of therapy and travel to an outpatient clinic. Services provided range based on diagnosis and insurance provider

Goals: Diagnosis specific to improving B/IADLs, mobility, fine/gross motor coordination, sensation (Neuropathy), vision, ROM/strength, work hardening, equipment recommendations, Survivorship/Exercise and Wellness program. Possibility of further screening for Speech therapy and Physical therapy (Lymphedema and function)

OT's Role in Outpatient Therapy

Prevention

- Health Fair
- Community Education
- Pre-habilitation



Intervention

- Bicep curl, Functional Reach Test, Timed up and Go (TUG)
- Lymphedema
- NMES
- Patient and family education and support



Sustained Wellness

- Home Exercise program
- Community Wellness programs – Gilda's Club, Sharing and Caring, free Yoga, SOLA or community fitness
- Cancer Survivorship program
- Integrative Medicine
- Referrals as needed- Cancer Resources Centers, Local support groups, American Cancer Society.

Neuropathy

CIPN (Chemotherapy-Induced Peripheral Neuropathy) is injury, inflammation or degeneration of peripheral nerve fibers

CIPN is estimated to occur in more than 20% of cancer patients undergoing chemotherapy

Symptoms

- Paresthesia
 - Hyperesthesia, Hypoesthesia, Dysesthesia
- Motor symptoms:
 - Hyperreflexia (decreased deep tendon reflexes) i.e. difficulty with fine motor skills
 - Weakness
 - Balance disturbance
- Autonomic symptoms: constipation/nausea, urinary retention, sexual dysfunction, blood pressure changes
- Stress due to chemo pain can impair healing of the damaged nerve

Treatment

- Pharmacological and nonpharmacological
- Neurology consult
- Integrative medicine



Lymphedema

...lymphedema clients often report a negative impact on their ADL's.

- It is estimated that between 3 and 5 million patients in the US suffer from lymphedema with a significant proportion developing the disease as a consequence of cancer or it's treatment.
 - Lymphedema is the impaired or disrupted flow of lymph fluid.
- The OT's skills in activity analysis of occupational performance will facilitates addressing the client's challenges through introducing adaptive strategies, AE, and biomechanical education to promote independence. We incorporate CDT, MLD, bandaging, compression garments, skin care, and exercises into their everyday activities.
- In our clinic, I work in tandem with our PT Lymphedema therapists as a consult and/or treatment of UE lymphedema patients for traditional therapy or lymphedema treatment.



OT for Brain Cancer

- A support group designed for primary and secondary brain cancer patients as well as their family members.
- Education on Occupational Therapy and what our services can provide for increased independence with ADL's as the disease progresses.
- Small group setting to learn about techniques and resources to optimize quality of life for patients and their caregivers.
- Classes held monthly by an Occupational Therapist in Beaumont's Wilson Cancer Resource Center.



Patient Case: Outpatient

Patient R.S. 64 year old male, Lymphoma diagnosed 6 weeks ago. 7 months s/p Lumbar fusion due to RLE weakness and neuropathy. No progression s/p surgery, with falls at home and decline in status. Readmitted for further rehab and testing. Remained in hospital however unable to tolerate IPR, transferred to Oncology with new diagnosis of Lymphoma. Discharged to Home Care vs SAR for short time frame. Referred to Outpatient OT / PT for continued therapy.

Prevention:

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Intervention:

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Sustained Wellness:

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Survivorship Exercise & Wellness Program

Define: The Cancer Survivorship Center will partner with patients and their healthcare providers to promote optimized health and healing of mind, body and spirit. We will support patients through integrative practices and education before, during and beyond treatment with traditional physical therapy and a guided exercise program

Type of patients: Any patient who has had a cancer diagnosis, whether active treatment or beyond treatment can be part of the program, permission from doctor, prescription for therapy, signed approval for an exercise program

Goals: Empower patients to maintain their own health and commitment to healing, through an individualized exercise and wellness program. Patient specific goals typically lead by trained therapy assistance usually lasting 1 hour 2x week for 6 week duration. D/C recommendations to SOLA or community fitness, HEP, and referrals as needed to other services

OT's Role in Cancer Survivorship

- Signed prescription for Cancer Survivorship program from Physician
- Develop personalized exercise plan to be carried out/monitored by PTA/Aides
 - Monitoring vitals as needed
 - Continued progression of exercise plan
- Team collaboration with PT, if needed, for development of personalized exercise plan
- Consult on continued survivorship needs vs returning to personal gym/fitness
- Therapist follows up with patient on as-need-basis “Therapist for life”

Challenges of treating Cancer Survivors

- Difference between cancer care and traditional therapy is treating the body systemically to address impairments that affect the entire body, not just isolated regions
- Emotional- Fear, Anxiety, Depression
- Learning to talk and cope with death
- Patient / Family education for anticipation of decline
- Contraindications while undergoing treatment
- Collaborating with other therapists



Take Home Notes

- Survivorship begin at diagnosis
- You have the tools to treat this population
- Separate the person from the cancer diagnosis
- Focus on quality of life, what are the patient's goals
- Minimize symptoms
- Emphasize interdisciplinary collaboration of therapy and other disciplines
- Therapist for life!



Locations

Beaumont has expanded and merged with Botsford and Oakwood Hospitals, with many locations found on the Beaumont Health website

www.beaumont.edu/patients-visitors/locations-maps-and-directions

Acute Care/ Inpatient Rehab

Troy Beaumont Hospital

44201 Dequindre Road

Troy, MI 48085

248-964-5000

Beaumont® | HEALTH SYSTEM

BOTSFORD
HEALTH CARE

 Oakwood®



Outpatient / Cancer Survivorship Exercise & Wellness

Troy Rehabilitation & Dialysis Center (RDC)

44300 Dequindre Road

Sterling Heights, MI 48314

248-964-0700

Cancer Resources

- Michigan Occupational Therapy Association
www.miota.org
- American Occupational Therapy Association
www.aota.org
- Beaumont Cancer Center, Services, Classes, Support groups, Sharing and Caring, counseling & Social work, integrative medicine, resource assistance, research and clinical trials.
www.beaumont.edu/cancer
- Wilson Cancer Resource Center
Beaumont Medical Center, Sterling Heights
248-964-3430
- Rose Cancer Resource Center
Beaumont Hospital Royal Oak
248-551-1339
- American Cancer Society
www.cancer.org
- Gildas Club
www.gildasclubqc.org
- MD Anderson
www.mdanderson.org
- Michigan Cancer Consortium
www.michigancancer.org

Thank You!

If you have questions or would like to contact us...

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www.YourTherapySource.com

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