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ASCO Expert Corner: Physical Therapists in Oncology

Physical therapists are valuable members of the cancer care team. To explain their role, Cancer.Net welcomes Jean O'Toole, PT, MPH, CLT-LANA who has 40 years of experience in physical therapy and has worked at Massachusetts General Hospital (MGH) in Boston since 1992. She has a particular interest and experience in physical therapy for people with cancer.

Q: Can you define the role of a physical therapist?

The role of a physical therapist is to evaluate nerve, muscle, and fitness problems that make it difficult for a person to function well on a daily basis. In concert with the patient, the physical therapist develops a care plan with exercises and other recommendations that can help to correct many of the functional problems that challenge someone with cancer.

Q: How do physical therapists participate in the care of a person with cancer?

As a member of the health care team, the physical therapist can address patients' difficulty functioning on a number of levels. For example, some patients have joint or muscular problems that are the result of surgery or radiation therapy. At MGH, the patients most commonly referred to the physical therapy service are patients with breast cancer who have had an axillary lymph node dissection (the removal of lymph nodes from under the arm). After that surgery, some patients may have difficulty regaining the full range of motion in the shoulder, and physical therapy can assist those people with gentle exercises to regain full use of their arm. As another example, patients who have undergone treatment for head and neck cancer often have limited cervical (neck) mobility and benefit from physical therapy to learn how to restore good neck and jaw motion. Patients with melanoma who have had a groin dissection (lymph nodes removed from the pelvic area) may experience a stiffness and weakness in the hip area. Physical therapy can teach them ways to increase movement and strength. In all of these cases, we provide them with a progressive exercise program tailored to their individual needs with the goal of returning to a full and satisfying level of function.

Physical therapy is also used for problems with balance and walking that may arise from the disease process or as a result of treatment. A neurological physical therapist might help a patient with balance issues using exercises such as standing on one leg while closing the eyes. For a person having difficulty walking, a physical therapist may recommend using a more supportive shoe, along with exercises to improve mobility.

Meanwhile, physical therapists with skill in cardiopulmonary rehabilitation (rehabilitation related to the heart and lungs) are able to work with patients on aerobic conditioning, endurance, and cancer-related fatigue. For example, a 32-year-old runner with melanoma was referred to the physical therapy service at MGH after undergoing a groin dissection. She wanted to work with us to maintain as much of her ability to engage in physical activities as possible as she underwent interferon treatment (a type of immunotherapy [1]). Her physical therapist helped set a plan of safe exercises to achieve this goal. In addition, recently, there's been increasing evidence that exercise helps patients overcome cancer-related fatigue, and we've seen a growing number of patients referred for that reason.

Lymphedema (the abnormal buildup of fluid in the arm, leg, trunk, or face when the lymphatic system is affected by surgery or radiation) is another problem for which patients may see a physical therapist. Treatment for lymphedema includes skin care, exercise, compression, and manual lymph drainage. Manual lymph drainage is a technique that involves gentle skin massage to help excessive lymphatic fluid move and drain from the affected area. Many physical therapists are trained in lymphedema management, so they participate in helping patients with this problem.

Q: What training is required to become a physical therapist?

A degree in physical therapy is earned after successful completion of a graduate degree (either a master's or a doctorate) from an accredited program. Three years of academic and clinical work are included in these curriculums.

Q: Why did you become a physical therapist, and how did you end up working in oncology?

When graduating from high school, I was looking for a profession that would enable me to work with people in a way that would contribute to their quality of life. Physical therapy offered a wide variety of opportunities to achieve this goal.

I have been an orthopedic physical therapist since 1970, with a focus on problems affecting the upper quadrant of the body. Over the last 10 years or so, more and more patients have been referred to therapy for problems related to their cancer treatment. I realized that I did not know enough about

cancer diagnoses, treatment options, and outcomes to feel competent in treating these patients. As a result, in 2002, I became involved with MGH's cancer center and completed the certification training for lymphedema management.

Q: What tips do you have for patients interacting with physical therapists?

I would suggest that they simply be themselves and not feel shy about sharing what physical challenges they would like to overcome. They should feel comfortable asking whether the physical therapist has experience working with people with cancer. And, if swelling is part of the concern, they should seek a physical therapist who is certified in lymphedema management.

Q: How is the role of physical therapists in cancer care evolving?

As the survival from cancer continues to increase, people are seeking to restore quality to their lives. Because the goal of physical therapy is to maximize a person's functional ability, referrals to physical therapy are an appropriate way to address these concerns. Physical therapy can make a meaningful contribution to the health care team caring for the patient with cancer.

More Information

Rehabilitation [2]

Fluid in the Arms or Legs or Lymphedema - ASCO curriculum [3]

Head and Neck Lymphedema: Swelling After Cancer Treatment [4]

Additional Resources

American Physical Therapy Association [5]

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Links:
[1] http://www.cancer.net/node/24726
[2] http://www.cancer.net/node/25397
[3] http://www.cancer.net/node/25250
[4] http://www.cancer.net/node/24552
[5] http://www.apta.org/AM/Template.cfm?Section=Home