

The Role of Physical & Occupational Therapy in Palliative Care

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Learning Objectives

- Define palliative care
- Describe the multidisciplinary palliative care approach in the treatment of patients with cancer
- Discuss the benefits of occupational and physical therapy services for cancer patients receiving palliative care
- Describe the occupational and physical therapy assessments that can be used in a palliative care setting
- Discuss the under-utilization and future role of rehabilitation within the realm of acute palliative care for patients with cancer



“Life as we find it, is too hard for us: it brings us too many pains, disappointments, and impossible tasks. In order to bear it, we can not dispense with palliative measures: powerful deflections, which cause us to make light of our misery; substitute satisfactions, which diminish it; and intoxicating substances which make us insensitive to it.”

- Sigmund Freud



World Health Organization Definition of Palliative Care

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.”¹



Comprehensive Definition of Palliative Care

“Palliative care provides the infrastructure of care where current knowledge of symptom management, psychological and spiritual care, and family support can be applied to improve the quality of living for patients and families.”²



Hospice Care

- Concept of care designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to curative treatments ³
- Goals:
 - Pain management
 - Medical care, supplies, and equipment
 - Deliver multidisciplinary services, such as physical and occupational therapy when needed
 - Provide bereavement care and counseling to surviving family and friends



Historical Perspectives in Palliative Care ⁴

- Palliative care began in the "hospice movement", which originated and gained momentum in the UK
- Cecily Saunders and her colleagues founded St. Christopher's Hospice in 1967, which quickly sought to establish itself as a center of excellence in a new specialty
- The first United States hospital-based palliative care programs began in the late 1980s at institutions such as the Cleveland Clinic and Medical College of Wisconsin
- In 1982, the WHO enlisted the help of palliative care leaders, cancer-pain specialists, and pharmaceutical manufacturers to develop a global Program for Cancer Pain Relief



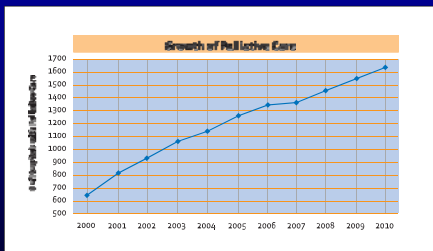
Palliative Care

Hospice Care ⁵

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|---|---|
| <ul style="list-style-type: none"> • Initiated at any time following diagnosis • Can be provided in conjunction with curative treatments, to minimize symptoms associated with disease • Focuses on pain and symptom control, interdisciplinary communication and coordination, and emotional support for patient and caregivers | <ul style="list-style-type: none"> • Initiated in last 6 months of life • Designed to support individuals in the final stage of life when curative treatments are no longer appropriate • Focuses on pain and symptom control, caregiver support and involvement, and bereavement services |
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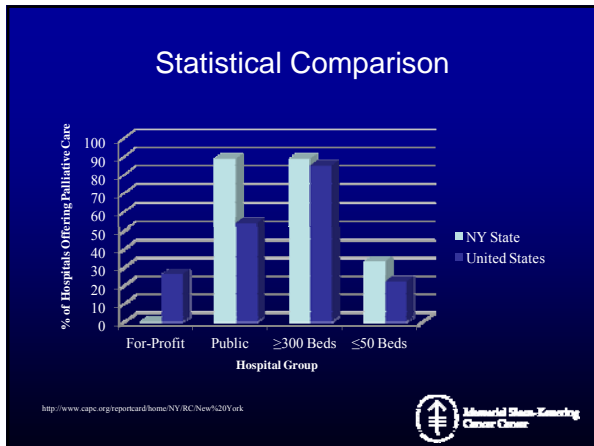


Growth of Palliative Care



2002-2012 American Hospital Association Annual Hospital Surveys for FY 2000-2010; and data from the Center to Advance Palliative Care's (CAPC) National Palliative Care registry





- ### Focus of Palliative Care
- Quality of Life (QOL)
 - Pain and symptom management
 - Patient-specific physical, psychosocial, and emotional needs
 - Functional performance
 - Interdisciplinary communication
 - End-of-Life care needs
- Memorial Sloan-Kettering Cancer Center

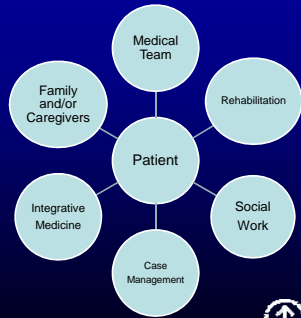
- ### Therapeutic Alliance ⁶
- A therapeutic alliance, also known as a working alliance, refers to the relationship between a healthcare provider and a patient, with the purpose of effecting beneficial change relating to patient outcomes
 - The joining of a patient's reasoning side, with a healthcare professional's working or analytical side
 - Designed to be patient centered, working to achieve patient's goals of care
- Memorial Sloan-Kettering Cancer Center

Goals of a Therapeutic Alliance ⁶

- Offer support and education
- Enable preparation for future treatment
- Establish routine
- Provide opportunity to “look forward”
- Assist with coping strategies



Multidisciplinary Approach



Role of the Medical Team

- Provide the high quality diagnostic evaluation, treatment, and palliative care for patients with disease
 - Medical and surgical interventions
- Refer patients to appropriate interdisciplinary services in conjunction with medical treatment
- Discuss overall prognosis



Role of Social Work

- Provide counseling on adapting to serious illness
- Help establish communication with family and friends, including young children, regarding the patient's cancer diagnosis
- Provide assistance with the impact of illness on employment
- Provide assistance with practical issues such as transportation and financial concerns



Role of Case Management

- Communicate with interdisciplinary staff to establish follow-up care services for patients being discharged from the hospital
 - Home services, outpatient therapies, acute/subacute rehab placement, and hospice care services
- Provide information regarding fee-for-service companies when certain services, supplies, and/or equipment may not be covered under insurance



Role of Integrative Medicine / Complimentary Alternative Medicine

- Complement mainstream cancer care through a variety of services
 - Music therapy
 - Massage therapy
 - Mind-body therapy
 - Acupuncture
 - Nutrition counseling
 - Yoga therapy
- Available to anyone receiving cancer care, whether at MSKCC or elsewhere and to the general public



Role of Family and/or Caregivers

- To learn about a patient's cancer diagnosis, disease process, and intervention strategies taking place for loved ones
- To become more involved and better assist in follow-up care
- To provide physical and emotional support within capabilities

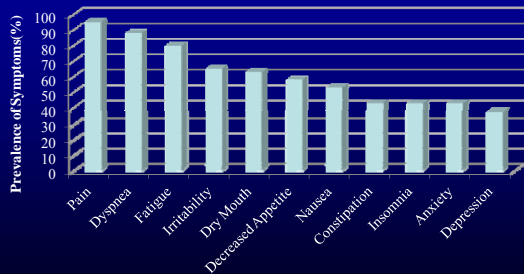


Role of Rehabilitation

- Improve QOL through patient centered activities
- Assist with pain and symptom management
 - Positioning
 - Strengthening/stretching
 - Splinting
 - Relaxation techniques
- Ease disease and treatment related fatigue
 - Exercise
 - Energy conservation
 - Re-establishment of daily routine
- Support interdisciplinary communication
- Establish communication tools to allow patients to maintain an active role in treatment decisions



Most Commonly Reported Symptoms



Oschik, K., Goeth, K., Bokemeyer, C., & Mohant, A. Symptom burden in palliative care patients: perspectives of patients, their family caregivers, and their attending physicians. Support Care Cancer. February, 2013.



Impact of Reported Symptoms ⁷

- Pain, dyspnea, and fatigue are often associated with anxiety and depression
 - Reduces participation in daily activities
 - Reduces overall sense of wellness and affects QOL



Each rehabilitation assessment and plan of care designed is **patient specific**, sensitive to each patient's symptoms, functional needs, and individual goals for treatment




Acute Care Patient-Specific Evaluation Tools

- MSKCC Geriatric, Adult and Pediatric specific evaluations
- Bone Marrow Transplant (BMT) evaluation
 - Evaluations to monitor change in status during prolonged hospitalization
 - COPM, MOCA, Pediatric QOL, 5-repetition sit to stand test, Single Limb Stance test (SLS)
- Safety Awareness and Cognition
 - Level of alertness and orientation, MMSE, MOCA, clock drawing test
- Psychosocial Assessments
 - Geriatric Depression Scale



Physical Therapy Within the Realm of Palliative Care



Physical Therapy Assessment

- Pain
- Social History
- Prior level of functioning (pre-admission)
- Strength/ROM
- Balance/coordination
- Endurance
- Pulmonary function
- Functional mobility/Gait assessment
- Stair assessment (as appropriate)
- Patient's goal for PT intervention



Physical Therapy Interventions

- Functional Training
 - Bed mobility/Positioning
 - Transfer training
 - Neuromuscular Re-education
 - Gait training/Stair training (as appropriate)
- Appropriate Assistive Devices/Bracing Recommendations
- Chest PT
 - Postural Drainage, Percussion, Vibration, Coughing
- Therapeutic Exercise
- Deep Breathing/Relaxation Techniques
- Soft Tissue Mobilization
- Patient and Family Education
- Alternative Therapies
 - Lymphedema Therapy
 - Craniosacral Therapy




Physical Therapy Goals

- Based on patient's specific goals for PT intervention
- Increase comfort through various treatment interventions
- Increase independence with functional activity and mobility
- Improve pulmonary hygiene
- Maintain and/or improve overall strength, ROM, and endurance accordingly




Patient-Specific Physical Therapy Interventions

- Impairment:
 - Limited endurance and pain
- Treatment Intervention:
 - Facilitated supine-sit at the edge of bed and transferring to a chair for increased comfort and upright conversation with family members




Patient-Specific Physical Interventions

- Impairment:
 - Gait imbalance
- Treatment Intervention:
 - Educated and facilitated pre-prosthetic training in preparation for patient's upcoming wedding



Patient-Specific Physical Therapy Interventions

- Impairment:
 - Poor pulmonary hygiene
- Treatment Intervention:
 - Facilitated deep breathing exercises for airway clearance and endurance training in preparation for upcoming family trip



Occupational Therapy Within the Realm of Palliative Care



Occupational Therapy Assessment

- Pain
- Social History
- Prior level of functioning (pre-admission)
- UE Strength/ROM
- Balance/coordination
- Endurance
- Cognition/Safety Awareness
- Adaptive Equipment needs
- ADL/IADL performance
- Patient's goal for OT intervention



Occupational Therapy Interventions

- Splinting & positioning
 - Function
 - Comfort
 - Surgical integrity
- Family and patient education
 - HEP
 - ROM
 - Safety with functional transfers
 - Home modification recommendations
- BADL/IADL training
 - Grooming
 - Toileting
 - Hygiene
- Energy conservation and routine establishment
 - Adaptive equipment
- Pain management
 - Guided imagery
 - Breathing exercises
 - Positioning




Occupational Therapy Goals

- Based on patient specific goal for OT intervention
- Increase comfort through splinting, position, and family education
- Increase independence with ADL performance and energy conservation techniques
- Maintain or improve cognitive functioning
- Improve environmental awareness and safety for ease of transition to home environment



Patient-Specific Occupational Therapy Interventions


- Impairment:
 - Scrotal edema
- Intervention:
 - Measurement and fabrication of scrotal support; instruction on support use (wear/care) to increase comfort, decrease edema, and improve hygiene






Patient-Specific Occupational Therapy Interventions

- Impairment:
 - Decreased postural alignment and restricted airway
- Treatment Intervention:
 - Created and adapted a head support to elicit increased cervical extension and improve airway access



Patient-Specific Occupational Therapy Interventions

- Impairment:
 - Exacerbated facial lymphedema, restricted airway
- Intervention:
 - Manual lymph drainage, compression to assist with drainage through facial splinting to improve inspiration



Outpatient Physical and Occupational Therapy

- Supportive and palliative techniques to minimize pain and increase functional performance
- Manual techniques to manage pain
 - Lymphedema therapy techniques
 - Craniosacral therapy
 - Visceral mobilization
 - Myofascial release



Rehabilitation Considerations⁸

- Promote on-going education for interdisciplinary team regarding effectiveness of rehabilitation intervention
- Accurately identify patient's concerns, fears, and self-efficacy related to overall physical functioning and mobility, so they can be adequately addressed
 - Correlated with levels of anxiety and depression
- Provide patient centered care: therapeutic goals should be patient specific




Rehabilitation Considerations⁸

- Promote physical activity and mobility throughout all phases of treatment.
 - Modify activity participation based on functional performance
- Provide, improve, and adjust guidelines regarding mobility and exercise throughout course of treatment
- Monitor and promote patient participation



Benefits of Rehabilitation ⁹

- Inclusion of rehabilitation services in palliative care treatment has been shown to:
 - Reduce length of hospital stay
 - Reduce incidence of comorbidities and abnormalities
 - Increase functional performance
 - Increase patient participation in treatment decisions
 - Improve overall blood counts
 - Improve quality of life throughout survivorship



The Underutilization of Rehabilitation Services in Palliative Care



Utilization of Rehabilitation Services ¹⁰

- 65% of inpatients & outpatients with cancer present with signs and symptoms that are indications for skilled rehabilitation intervention
 - Pain, cancer-related fatigue, lymphedema, incontinence, and respiratory, musculoskeletal, and/or mobility deficits
- Physical Therapy consultations, on average, are requested for only 2.3% of patients



Why are Rehabilitation Services Underutilized? ¹¹

- Many interdisciplinary members of the palliative care team are inexperienced regarding rehabilitation approaches and interventions.
- Functional and mobility impairment must first be clinically and accurately identified.
- Assumptions that exercise is too "stressful" for the cancer patient or may cause unnecessary fatigue.



Why are Rehabilitation Services Underutilized? ¹¹

- With life threatening illness, behavioral changes and long term commitment on behalf of the patient are needed.
- Poorly identified referral processes for oncologists in the community.
- Lack of understanding of how PT/OT can enhance patient participation in meaningful activity and add meaning to a patient's last days of life.



Promoting Integration of Rehabilitation

Increase education/awareness of the role and benefits of PT/OT interventions in palliative care	Highlight the success of rehabilitation programs within oncology through evidenced-based research
Incorporate PT/OT in the acute phase of treatment to allow surveillance through the continuum of care	Ensure appropriate discharge planning as an important component to rehabilitation




The Future of Rehabilitation in Palliative Care




Implementation of Accepted Standard¹¹

- Assess specific symptoms and functional needs
- Monitor functional change over time
- Patient-centered and allow patients to identify self-decline in overall function and mobility
- Target specific symptoms or conditions



Effective "Model of Care"¹¹

- Cancer rehabilitation as a recognized subspecialty
- Establishing coordinated, oncology-focused inpatient rehabilitation programs with medical programs as a norm in cancer care
- Implementation of strategies to increase appropriate referrals for rehabilitation intervention
- Creation of partnerships with outpatient and LTC facilities for carry over following acute phase of treatment




Promotion of *Functional Health*¹¹

- Concept implying the alignment of physical, psychological, and behavioral resources with what an individual needs and desires in life
- Psychiatry-coordinated rehabilitation teams within the inpatient palliative care setting to strengthen the need to focus on functional health



Education/Training¹¹

- Responsibility for educating future clinicians
 - Residencies/fellowships
 - Medical student training
- Educating insurance companies for improved reimbursement and increasing the value of PT/OT services



Evidenced-Based Research¹¹

- Establish clinical efficacy
- Provide support for reimbursement
- Center on the need for identifying links between disease and disability
- Understand the mechanisms by which disability occurs and can be prevented



In Summary

- Palliative services are provided to patients throughout the continuum of care
- A strong multidisciplinary approach to patient specific care is essential for beneficial patient outcomes
- Though overlooked, the role of rehabilitation is imperative to address physical, psychosocial, and emotional needs of each patient and their family
- Further education and understanding of the role of rehabilitation in palliative care is required of medical professionals to optimize patient centered care



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