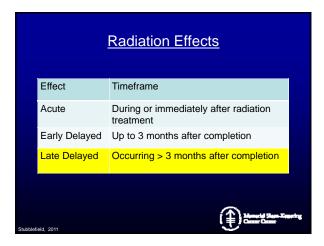
f≭ Annual MSKCC Concer Rehabilitation Symposium	
Adaptive Strategies and Interventions for Radiation Fibrosis Syndrome	
nadiation i fotosis dynaronie	
Gabrielle Miskovitz, OTTVL, CHT May 31, 2013	
(T) Married State Country	
C 2013 Memorial Sloan-Kettering Cancer Center, All Rights Reserved.	
The presenters have no conflict of interest to	
report regarding any commercial	
product/manufacturer that may be referenced during this presentation.	
Absorb Stan Energy Coner Cone	
Objectives of Lecture	
Objectives of Lecture	
<ul> <li>Recognize the variety of radiation fibrosis syndrome presentations</li> </ul>	
<ul> <li>Appreciate the importance of postural re-education across presentations</li> </ul>	
<ul> <li>Identify at least one starting point for treatment</li> </ul>	
intervention	
Carrier Center	
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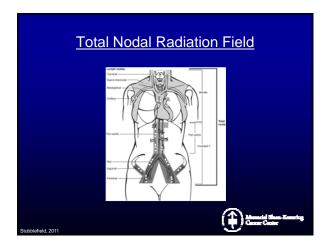
#### Radiation Fibrosis Syndrome • Definition - "...insidious pathologic fibrotic tissue sclerosis that often occurs in response to radiation exposure." - "myelo-radiculo-plexo-neuro-myopathy"



<u>Pathophysiology</u>			
	Histopathological Phase	Characteristics	
	Prefibrotic	Chronic inflammation	
	Organized Fibrosis	Active fibrosis; unorganized matrix	
	Late Fibroatrophic	Retractile fibrosis	
Stubble	field, 2011	(1)	aring.

# Populations at Risk Diagnosis Hodgkin's Lymphoma Breast Cancer Head and Neck Cancers Dose Depth Field

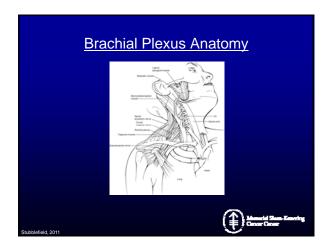
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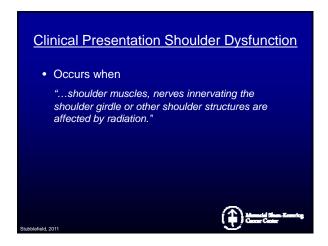




Clinical Presentation	Brachial Plexopathy
Nerves Affected     Brachial plexus at trunk level     Typically upper trunk in HNC     Gives rise to suprascapular n musculocutaneous n.     Contributes to posterior cord, radial n., median n.	Muscles Affected     What's in/what's out ,
Stubblefield, 2011	Manual State States







#### Potential Shoulder Pathologies

- Rotator Cuff Tendinitis
- Adhesive Capsulitis
- Scapular Dyskinesis
- Impingement Syndrome



# 

#### Role of Occupational Therapy within Oncology

 "to facilitate and enable an individual patient to achieve maximum functional performance, both physically and psychologically, in everyday living skills regardless of his or her life expectancy." - Penfold, 1996





#### Manual Therapy • Myofascial Release - Technique to reduce adhesions between layers of skin, fascia and muscle • Stretching - Goal of increasing tissue length to facilitate improved joint and functional movement • Joint Mobilization - Improve joint play/mobility

## Manual Therapy • Massage • Contract/relax • Oscillations • Contour clearing • Ligament releases

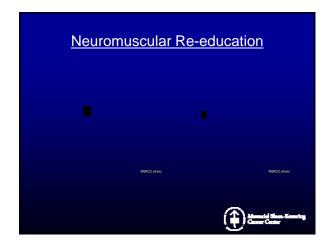
### P/AA/AROM • Wand therex - Flexion - Horizontal ad/abduction - Abduction - Circumduction - External Rotation - Internal Rotation • PROM to all joints without active movement

### Strengthening • Comprehensive UE program — Isotonic for muscles with antigravity strength — Isometric for muscles with AROM in gravity eliminated plane — "Place and hold" for muscles with minimal active movement



### Scapular Stabilization Strengthen Innervated muscles Other muscles to compensate and stabilize scapula Closed-chain therex Taping

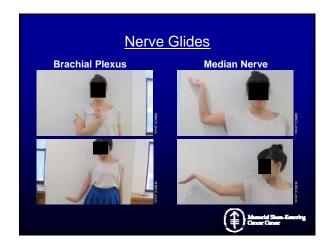
### Neuromuscular Re-Education Postural Education Maintain upright posture as able Not to the point of exhaustion Daily practice

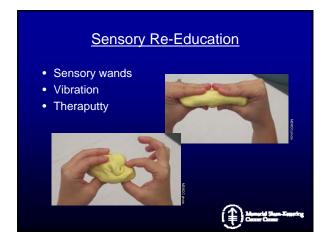


### Neuromuscular Re-education Integration Activity participation for retraining of motor plans to incorporate positive changes in alignment and strength

#### Postural Re-education Mirror for visual feedback Tactile cuing Graded reaching Cervical proprioception Activity analysis for functional integration

## Nerve Glides • Brachial plexus glides • Median nerve glides \*\*Must know mechanism of injury \*\*Nerve glides are contraindicated with BP tumor









#### Functional Impact – Activity Analysis • Eating • UE dressing • Computer use • Writing • Opening doors • Leisure tasks









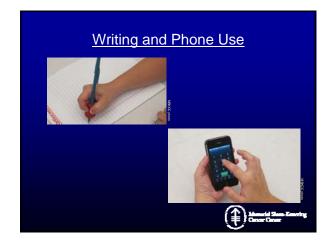
#### Workstation Ergonomics

- Supported upright posture
  - Goal is to facilitate functional performance of work tasks
  - Include head support
  - Tilt or recline as needed
  - Support feet
  - Adjust monitor for visual regard from supported head alignment
  - Keyboard within reach with elbows at sides



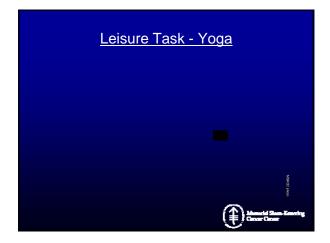


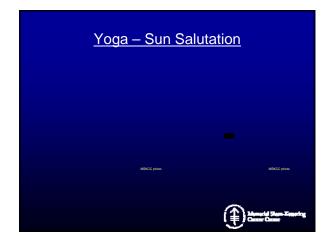












Energy Conservation
Take supported rest breaks BEFORE fatigue sets in
Reaching overhead     Move frequently used items to countertop height or within comfortable range     Support elbow on wall/shelf for sustained overhead reaching     Support extremities during computer use
Corner 1988

### Patient Safety Education Protection of desensitized hand Visual regard Thermometer Positioning of upper extremity Slings Chair armrest

### Orthotic Fabrication • Static - Wrist support - Thumb opposition • Dynamic - Tenodesis

# Conclusion Importance of Activity Analysis for client-centered interventions Dual approach Restorative Supportive Postural Re-education



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