

Cancer Rehabilitation: An Overview and Prompt Tool

Cancer survival rates have increased significantly over the last 30 years, with more and more people living with and beyond their diagnosis and initial treatment. Increasing numbers of people are therefore living with both short and long term consequences of cancer treatments which are affecting their quality of life.

Rehabilitation aims to improve a person's mental and physical functioning within their family and social networks and, when appropriate, within education and the workplace, including: .

- Preventing an anticipated problem
- Addressing an existing problem with the aim of restoring pre-morbid ability
- Addressing an existing problem with the aim of compensating for unchangeable morbidity
- Providing support to minimise the impact of an underlying issue which will get worse over time

Rehabilitation can be provided at various levels, from offering basic information on diet and exercise, through to assessment and intervention from a skilled rehabilitation professional. It should optimise a person's ability to participate in day-to-day activities and their quality of life from the point of diagnosis onwards.

Many cancer treatments have highly predictable functional sequelae which have a negative impact on a person's quality of life. These sequelae include, but are not limited to:

- Changes in muscle structure and function, resulting in weakness and therefore altered function, e.g. difficulty walking or chewing
- Changes in cognitive function, resulting in memory or concentration difficulties, word finding difficulties, or speech problems
- Impact on the gastrointestinal tract, resulting in altered ability to digest food and absorb nutrients, resulting in fatigue and weakness
- Scarring as a result of surgery or radiotherapy, causing pain and tightness, making movement difficult or certain activities impossible, e.g. swallowing/eating

Rehabilitation works to address a change in function in four ways:

1. Making a change to an impairment, e.g. strengthen a weak muscle
2. Making a change to the way an activity is performed, e.g. teaching a change in swallow technique
3. Making a change to the environment to enable the task to be performed e.g. provision of equipment to raise the seat height so that the person can stand independently
4. Optimising capacity with a body system, e.g. improving nutritional status through alterations to diet

The 'Prompt Tool for Referral to AHP Rehabilitation Services' should be used to help decide which specialist allied health professional (AHP) is best able to address the consequences being described by the person living with and beyond cancer.

Prompt Tool for Referral to AHP Rehabilitation Services

Following a cancer diagnosis people may present with any of these consequences of cancer and its treatments at any point before, during or after treatment. Rehabilitation has a proven role to play in all of these and referral to a specialist AHP should be considered if the concern impacts or is likely to impact on the individuals' function.

Use this tool to help decide which consequences can be addressed by which professional.

