

Surviving cancer

Physical problems at rehabilitation: need for physiotherapy

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Purpose

- Identification, quantification and evaluation of cancer patient's muscle, joint, bone and scar tissue problems at rehabilitation.
- Identification of the commonest problems asked during individual consultations with the physiotherapists.

Background

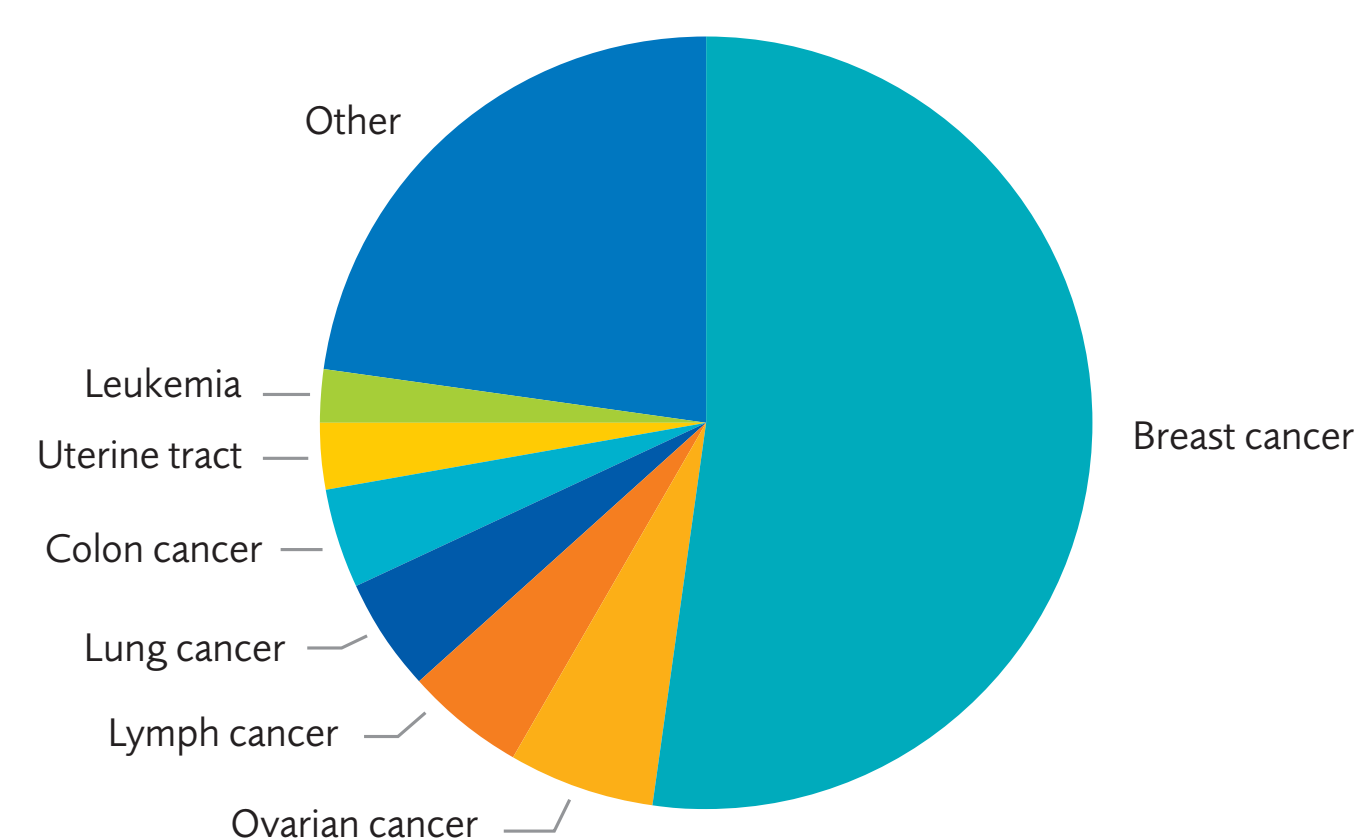
Rehabilitation Centre Dallund offers a 6-days intervention course to cancer patients. Since 2001 more than 3,000 patients have participated in a course here. Generally, there is a lack of information regarding physical problems months and years after completion of cancer treatment. Here we present some of our experiences.

Material and methods

We used three data sources:

1. Prior to their stay at Rehabilitation Centre Dallund, each patient receives a set of questions relating to the stay - an example question is: "Do you have impediments, complications or side effects following your illness or treatment?". These were recoded into categories, such as "muscle, joint and bone problems".
2. The Dallund Scale, which is a meticulously structured one page questionnaire qualified to disclose the patients' need of rehabilitation. The scale contains the possibility of checking 64 different complications (practical, work- or family related, psychological, physical or spiritual factors).
3. Dallund's physiotherapist systematically records information on the most common questions and problems during the course.

Most common cancer types in Denmark 2001



Most common cancer types at Dallund 2001-2005

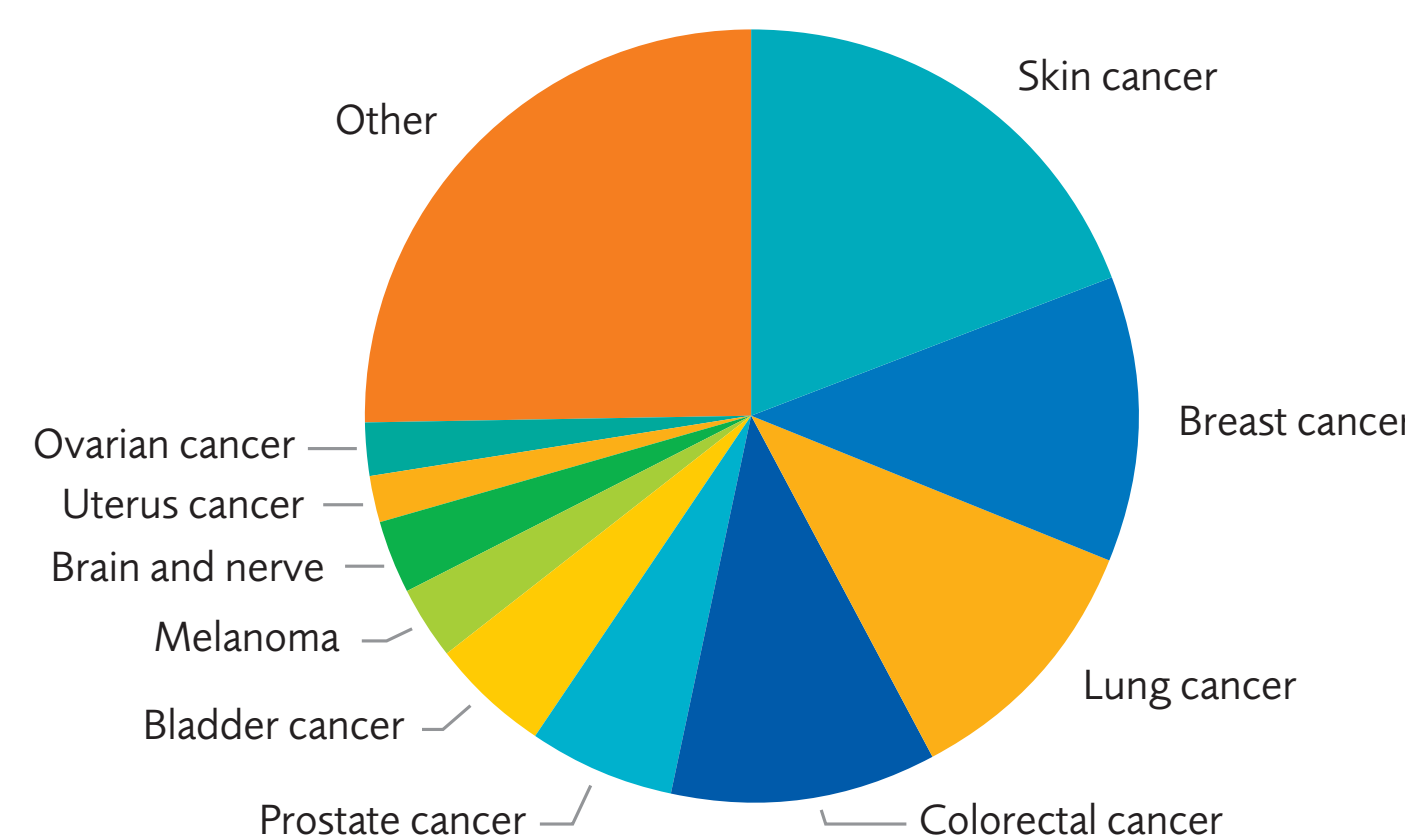


Figure 1. Most common cancer types in Denmark and at Dallund

Physical problems

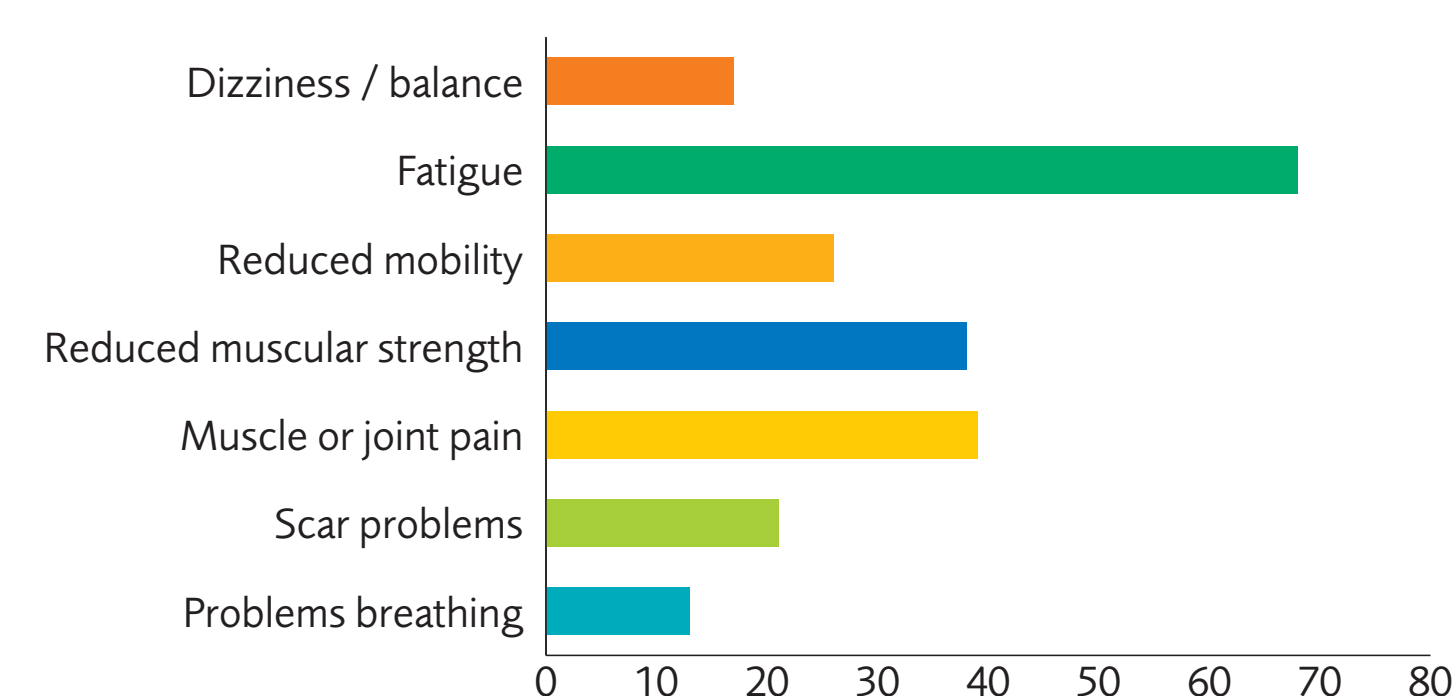


Figure 2. Seven of the physical problems stated by the Dallund scale, which contains the possibility of checking 64 different complications.

Results

All 624 patients attending in 2005 are included in this study. Approx. 85% of the participants are women and 52% had had a breast cancer diagnosis, while in the remainder nearly all cancer diagnoses were represented (figure 1). The average time from diagnose to the stay at Dallund were 8-9 month.

The open questions were answered by 607 patients (97%), the Dallund scale by 617 patients (99%) and 172 (28%) of the patients consulted the physiotherapist at Dallund. When answering the open questionnaire, 40% of the participants stated problems relating to muscle, joint and bone problems and 6% stated problems with scar tissue. Some of the physical problems assessed by the Dallund scale were fatigue (68%), muscle or joint pain (39%), reduced muscular strength (38%), reduced mobility (26%), scar tissue problems (21%), dizziness (17%) and problems with breathing (13%) (Figure 2). Only 106 (17%) of the patients had none of those seven problems.

The most common question to the physiotherapist was "what am I allowed to do/what should I do?". Of 108 diagnosed with breast cancer, 33% had problems with mobility, 43% with scar tissue, 30% with lymph oedema, 24% had nerve pains and 33% presented muscle- or joint pain.

Discussion

The patients that follow a rehabilitation programme at Dallund are not representative for all cancer patients in Denmark. Women and breast cancer patients are over-represented and especially skin cancer patients are under-represented (figure 1). Among cancer patients at Dallund there are a strong need for physiotherapy, while 83% of the patients have one or more of the seven physical problems investigated here. Our experience is that the patients are insecure of what they can do, and that they need a little "push" to start getting physically active. The training often diminishes the physical problems also at long term. A project from 2004, where the patients answered the Dallund scale before, during and after the stay at Dallund, showed that fewer patients suffered from the physical problems during and after the stay (data not shown). In Denmark 230.000 persons lives after a cancer diagnose and a substantial part of them suffer from complications from the illness and the treatment months and years after completion of cancer treatment, therefore rehabilitation, including physiotherapy, should be prioritized.

Conclusion

Most of the cancer patients at Dallund suffer from one or more muscle, joint, bone and scar tissue problems at rehabilitation. It seems that the cancer patients are insecure of what they are allowed to do, and that they only need a little "push" to get more physically active. We conclude that there is a strong need for physiotherapy at rehabilitation