

BACKGROUND

From initial diagnosis to end-of-life care, patients diagnosed with cancer may experience changes in their physiological, psychosocial, cognitive, and emotional health secondary to cancer treatments.⁵



Patients are at risk for disengagement from desired activities, occupational deprivation, and disempowerment.⁵

- *Approximately 31% of cancer survivors report restrictions in their ability to participate in daily roles due to experienced symptoms.*⁷

Body image is influenced by self-esteem and quality of life, which can directly impact a patient's ability to function within their daily environment.

- *Approximately 15-30% of patients experience some form of body image difficulty*⁵

Having a decreased quality of life is correlated to decreased occupational performance and function.^{1,8}

PROGRAM DETAILS

The intent of this program was to create an educational resource for occupational therapists, healthcare practitioners, and patients detailing the role of OT within oncology rehabilitation.

FOCUSED QUESTION

What are the key roles and intervention strategies of occupational therapists within oncology rehabilitation and how can occupational therapists advocate for the profession and educate fellow healthcare practitioners and patients?

METHODS

An extensive literature review was conducted on common impairments patients experience, the role of OT in oncology, psychosocial needs, and body image concerns following treatment.

Resource for Occupational Therapists

Creation of an intervention booklet detailing OT's unique role within oncology, intervention strategies that can be utilized to enhance functional outcomes, and a reference guide to support the development of interventions related to specific impairments were included. Interventions and resources include:

- ❖ Range of motion
- ❖ Strength
- ❖ Fatigue
- ❖ Pain and Sensation
- ❖ Swelling and Lymphedema
- ❖ Psychosocial Health and Body
- ❖ **Empower patients**



Resource for Healthcare Providers and Patients

Resource for healthcare providers and patients included information regarding OT's role in symptom management.

- For providers: questions regarding patient symptoms and reported concerns
- For patients: education on symptoms and techniques for self-management

RESULTS

The focus on **function, engagement, and participation in meaningful occupations** provide the basis for facilitating quality and effective occupational therapy interventions.⁴

OTs offer a unique therapeutic perspective to addressing psychosocial and body image concerns:⁶

- ❖ Therapeutic use of self to identify concerns
- ❖ Preoperative education
- ❖ Provide patients with tools needed for self-management
 - Physical/appearance
 - Psychosocial
 - Problem-solve methods for managing distress through healthy coping mechanisms.

By addressing **physical, functional, environmental, and psychosocial** impairments, occupational therapists can greatly improve patients functional independence and participation in desired activities, thus improving quality of life.



BOTTOM LINE FOR OT

Side-effects of cancer treatments limit patients' ability to complete desired occupations and fully participate in their daily life.⁴

Occupational therapy services address these side-effects and impairments to optimize function and support returning to meaningful and desired occupations. The holistic approach to interventions is motivating and meaningful to patients, which can greatly benefit their functional and psychosocial health during treatment and into survivorship.⁹

Research supports that patients who receive occupational therapy treatment report increased comfort, felt their priorities were actively being addressed, gained valuable problem solving skills, and felt that their emotional needs were supported.³



REFERENCES

Boldt, J. (2010). The impact of body image on patient care. *Primary Care Companion: Journal of Clinical Psychiatry*, 12. doi: 10.4088/PCC.10r00947blu

Fingeret, M., Teo, I., & Epner, D. (2013). Managing body image difficulties of adult cancer patients. *Cancer*, 120, 633-641. doi: 10.1002/ncr.28469

Harrison-Paul, J. & Drummond, A. (2006). A randomized controlled trial of occupational therapy in oncology: Challenges in conducting a pilot study. *British Journal of Occupational Therapy*, 69, 130-133.

Hunter, E., Gibson, R., Arbesman, M., & D'Amico, M. (2017). Centennial Topics—Systematic review of occupational therapy and adult cancer rehabilitation: Part 1. Impact of physical activity and symptom management interventions. *American Journal of Occupational Therapy*, 71, 7102100030. <https://doi.org/10.5014/ajot.2017.023564>

Mack, I. (2016). The role of occupational therapy in palliative care: Is it perceived to be beneficial by the patient and family? Retrieved from <https://twu-ir.tdl.org/bitstream/handle/11274/9652/2016ivyOCR.pdf?sequence=7&isAllowed=y>

Moreira, H., Silva, S., Marques, A., & Canavaro, M. (2009). The Portuguese version of the body image scale (BIS) – psychometric properties in a sample of breast cancer patients. *European Journal of Oncology Nursing*, 14, 111-118. doi: 10.1016/j.ejon.2009.09.007

Newman, R., Alfano, C., Radmski, M., Pergolotti, M., Wolf, T., Sleight, A...Lyons, K. (2019). Catalyzing research to optimize cancer survivors' participation in work and life roles. *OTJR: Occupation, Participation and Health*, 39, 189-196. doi: 10.1177/1539449219844749

Shearnsmith-Farthing (2001). The management of altered body image: A role for occupational therapy. *British Journal of Occupational Therapy*, 64, 387-392.

Sleight, A., & Duker, L. (2016). The issue is – Toward a broader role for occupational therapy in supportive oncology care. *American Journal of Occupational Therapy*, 70, 7004360030. Doi: 10.5014/ajot.2016.018101