Physiotherapy in Palliative Care

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St Vincent's

Continuing the Mission of the Sisters of Charity

Overview

- Inpatient palliative care
- Case studies
- Community palliative care options
- Referrals

Palliative Care

Palliative Care IS….

- Recognition of life threatening illness
- Focus on symptom management and not curative Rx
- Improving QOL
- Setting and achieving goals
- Empowering patients, families, friends

IS NOT…
‘pulling out of treatment’
or
‘failing’ treatment

Inpatient Pall Care
Caritas Christi Hospice

36 Beds (28 Kew, 8 Fitz)

- LOS approx 20 days
- Average age group (65 yrs to 75yrs)
- 84% patients with malignancy
- HUGE multidisciplinary focus
- 35% of pts are discharged
- Strong community pall care links

  (EPC, Banksia, MCM)

Inpatient Pall Care

- Goal of care:
  - Assessment
  - Symptom management
  - Respite
  - End Of Life Care
  - Restorative (ie physio+++)
- Outcome measures
  - AKPS, PCOC
  - Used to classify patients and monitor for changes

Physio during inpatient pall care

- Similar principles as subacute
- Goal setting… however emphasis on day leave / overnight leave etc
- Important to track changes / trajectory
- Exercise, functional practice, classes
- Work in conjunction with other therapists
- Management of particular pall care signs and symptoms

Frequent Signs and Symptoms in pall care

Pain

Fatigue

Cachexia

Falls + functional decline

Nausea and vomiting

Confusion / agitation

Seizures

SOB

Depression and Anxiety

Breakthrough Pain

- **BT pain is common and debilitating**
- **Typically rapid onset, severe, self-limiting & duration <30mins**
- **Indicative of pain mgt issues / changes**

• Moderate to severe pain is experienced by 70- 90% percent of patients with advanced cancer.

• Bone pain is the most common cause of pain in cancer patients

• Type of pain management, timing, frequency and impact on d/c plan

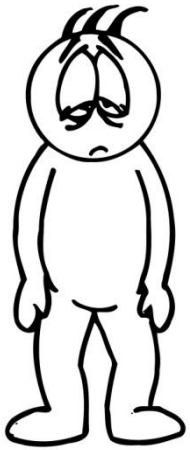
Cachexia

“ the loss of body mass that cannot be reversed nutritionally: even if the affected patient eats more calories, lean body mass will be lost, indicating there is a fundamental pathology in place”

- Different from starvation / loss of appetite
- Reported in 70% of cancer patients
- Difficult to treat, some pharmacological options
- Associated poorly with function
- Early detection
- Focus on energy saving techniques

Cancer related fatigue

- Most common side effect of treatment
- Pharmacological vs non-pharmacological treatment
- Exercise and relaxation shown to be effective
- Pacing and functional maintenance also used
- Education + family support



Advanced Disease

- **Metastatic disease**
  - primary? where ? relationship to pain? changes?
- **Spinal Cord Compression**
  - Back pain precedes neurological signs and symptoms
  - Investigations important
  - More common in Tx
  - Treatment with steroids, XRT and occasional surgery
- **Pathological fractures – conservative Rx?**
- **Leptomeningeal disease**
- **Malignant Ascites**
- **Oedema**

Palliative Chemo and Radiotherapy

- Therapy aimed at treating symptoms NOT at curing disease
- Highly individual

THINGS THAT ARE CONSIDERED

- **Benefit vs side effects**
- **Previous treatments / regions treated**
- **Overall health**
- **Patient understanding / wishes**
- **Clinical picture of the patient**

Dexamethazone:
(Corticosteroid)

- **Suppresses activities of your immune system**
  - Inflammation, pain caused by tumours, prevent allergic reactions to chemotherapy
- **Common Side Effects of long term use**
  - Proximal myopathy
  - Decreased calcium
  - Osteoporosis and Pathological #
  - Cushingoid appearance
  - Weight Gain (appetite stimulant)
  - Increased infection risk
  - Blood Sugar instability
- **‘Weaning’**
  - May effect tumour complications, ie cerebral oedema

Case Studies

Donna

- 51 year old
- Multiple Myeloma complicated by spinal crush # and osteonecrosis of L) navicular bone
- Admitted to PMCC with LRTI and LBP
- Transferred to pall care after 2/12 admission at PMCC and Sunshine hospital
- Progressed through weightbearing/camboot L) foot, general strength and conditioning, energy conservation
- Also weaned off dexamethasone
- Significant anxiety from family re: return home
- Multiple stints of day/overnight leave
- D/C after 1/12 and remains at home

Weightbearing Restrictions and Braces

- Patients often transferred to pall care with documented restrictions or orthoses
- If patient is continuing to be managed by another service then we must respect that
- If patient has been discharged from their treating team then our palliative care team make decisions
- Can sometimes weightbear on #’s or remove bracing devices
- Consider QoL and patient goals

Case Studies

Tony

- 81 year old. From PMCC with new dx stage 4 high grade lymphoma.
- Had induction chemo, complicated by sepsis and ARDS.
- Had mild improvement in disease but significant functional decline
- ECOG 3
- Transferred to pall care for symptom management and restorative care
- Progressed well with physio and OT
- Discharge planning for LLC
- Whilst waiting for bed had relapse of his lymphoma and became EOLC

Changing goals

- Challenges of patients changing suddenly
- Best place to manage those changes may be pall care
- If a patient has a terminal illness but is still appropriate for IP restorative care then pall care should be an option

Case Studies

Gordon

- 60 year old
- Lymphoma dx 2003
- Stable for many years
- Leg weakness and pain in March 2013
- Periarticular osteolysis with pathological fractures L) and R) legs
- Chemotherapy fortnightly, NWB in the interim
- Admitted to pall care for symptom management and d/c planning between chemo cycles
- Physio treatment includes upper body strength, core stability, transfer practice and home set-up
- Plan to d/c NWB with wheelchair set-up at home with community pall care

Community Pall Care

- 39 community palliative care services in Victoria
- Anyone can refer, including family
- Usually consist of medical, nursing and allied health
- Some have access to family support workers, psych-oncology, massage therapists, auto-biography
- Case management – services, respite, community supports etc
- Specific expertise in:
  - Pain and symptom management
  - Communication and advanced care planning
  - Loss, grief and bereavement
- Nurse on call
- Limited regular therapy available – still need to refer patients for follow-up

Community referrals

Palliative Care Australia

North and West Metropolitan Region
PalliativeCareConsortium

Referral Options

www.pallcarevic.asn.au

Service Providers

- Palliative Care
  - FAQs
  - Advance care planning
  - Symptom management
  - Grief and loss
- Education
  - Health Promotion
  - Scholarships 2013
- Quality Care
  - Clinical Network
  - Ethics
  - Quality Initiative Awards
  - Standards
- Resources & weblinks

Home » Service Providers

Service Providers

Welcome

This section of our website provides information to assist health professionals working in all fields of health care – primary health care, acute care, sub-acute care, aged care, disability care, palliative care, etc – to provide optimal care to people who are living with a life-threatening illness and their families.

You will find information on a broad range of topics relevant to palliative care and end of life care. Dying, death and bereavement are experiences across the broad spectrum of health services. It is vital that all health professionals are able to have helpful conversations and provide responsive care and support to people with living with a life-threatening illness and their families.

This website links to our online library of resources where you can search by key words and download resources. You can go directly to our online resources using the link in the right column.

Resources

Palliative Care Victoria Online Resources.
Go to resources

Find a palliative care service

Post Code Go

Suburb Go

Pall Care Consult Service

- Available to community, hospital and aged care
- Consult usually attended by senior medical and nursing staff.
- Have access to pastoral care, psycho-oncology, and some allied health
- Provide advice to treating team
- Beneficial for patients who have uncontrolled symptoms (not just for end of life)
- Pall care as a possible discharge destination
- Early referral is better

Challenges working in Pall Care

- Your own beliefs / life experiences
- Knowing your limitations
- Things change… rapid vs slow declines
- Perception of inpatient palliative care.
- Perception of Physio's role

Resources

www.caresearch.com.au
www.cancervic.org.au
www.cancer.org.au
www.pallcarevic.asn.au
www.cancerlearning.gov.au
www.cancer.gov
www.apos-society.org

Palliative Care Australia

Palliative Care Victoria

Cancer Council Australia

Cancer Council Victoria