

PHYSIOTHERAPY IN PALLIATIVE CARE

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Palliative care definition

- "a concept of care which provides coordinated medical, nursing and allied services for people who are terminally ill,
- delivered where possible in the environment of the person's choice
- which provides physical, psychological, emotional and spiritual support for patients, and support for patients' families and friends.
- Includes grief and bereavement support for the family and other carers during the life of the patient and continuing after death."

Palliative Care

“... the active, total care of patients whose disease no longer responds to curative treatment and for whom the goal must be the best quality of life for them and their families”.

Objectives of treatment

- Be as free as possible from unnecessary suffering (physical, emotional or spiritual);
- Maintain patient's dignity and independence throughout the experience;
- Be cared for in the environment of choice;
- Recognise and respond to patient's grief needs
- Be assured that families needs are also being met.

Physiotherapy

- Physiotherapy in palliative care is orientated to achieve the optimum quality of life as perceived by the patient.
- Wholistic & problem solving approach to therapy
- Achieve maximum physical, psychological, social, vocational function
- Adapt traditional therapy to the patient's changing function
- More beneficial if begins with diagnosis of cancer and continues as required through the various stages – preventative, restorative, supportive, palliative

Preventative

- Aims at restricting or inhibiting the development of disability in the course of the disease or treatment before disability occurs
- Education for patient and families commencing immediately after diagnosis
- Mobility and exercise programs.
- Availability of therapist as a resource for patients and families

● (Kuchler T., Wood-Dauphinee, S. Working with people who have cancer: Guidelines for Physical Therapists)

Restorative

- Rehabilitation is the objective when no or little residual disability is anticipated for some time and patients are expected to return to normal living styles
- Encouragement, education and treatment in achieving physical, work and lifestyle goals
- Specific treatments as required

● (Kuchler T., Wood-Dauphinee, S. Working with people who have cancer: Guidelines for Physical Therapists)

Supportive

- Enhance independent functioning when residual cancer is present and progressive disability is probable
- Encouragement, education and treatment in achieving physical, work and lifestyle goals
- Availability of therapist as a resource

- (Kuchler T., Wood-Dauphinee, S. Working with people who have cancer: Guidelines for Physical Therapists)

Palliation

- Primarily directed at promoting maximum comfort
- Maintaining the highest level of function possible in the face of disease progression and impending death
- (Kuchler T., Wood-Dauphinee, S. Working with people who have cancer: Guidelines for Physical Therapists)

Goal of Physiotherapy

- Determine the patient's functional loss
- Estimate functional potential
- Implement a plan to progress from measured loss to full potential
- To improve quality of life
- To listen 'actively and positively' with an awareness of priorities as determined by the patient

- Achieve the best possible quality of life for patients and their families
- Availability as a resource for patient and families
- optimise the patient's level of physical function
- take into consideration the interplay between the physical, psychological, social and vocational aspects of function
- understand the patients underlying emotional, pathological and psychological condition,
- focus is the physical and functional consequences of the disease and/or its treatment, on the patient.

(Fulton and Else, 1997; p817 Chartered Society of Physiotherapy)

AIM of Physiotherapy

- Restore the patient's sense of self
- facilitate the patient's ability to function with safety and independence in the face of diminishing resources.
- Maintain optimum respiratory & circulatory function
- Listen and hear the patient
- Set realistic goals with the patient

AIM OF PHYSIOTHERAPY

- Prevent muscle shortening & joint contractures
- Influence pain control
- Optimise independence and function
- Educate in all aspects of physical function
- Education and participation of the carer
- Treat the patient with dignity – allowing them to “live until they die”
- Build a relationship of confidence and trust

● (Fulton and Else, 1997 Chartered Society of Physiotherapy).

● (Purtilo, R. Don't mention it: the physical therapist in a death defying society. 1972)

DIFFERENCES IN PALLIATIVE PHYSIOTHERAPY TREATMENT

- Traditional physiotherapy treatments need to be modified to accommodate the irregular changing needs of the patient
- Treatments are brief often less than 10 minutes and are repeated several times per day if possible
- Frequent rests are required
- Patient's status can change suddenly and rapidly
- Requirement to balance 'effort' and 'fatigue'

- Requirement to:-
 - Monitor and respond appropriately to patient's verbal & non-verbal expressions of pain
 - Monitor patient very closely during and between treatments
- Timely communication to/with other team members is particularly important
- Contribute to staff confidence with patient transfers by accurate assessment and reporting of patient's changing transfer abilities
- Coordinate & participate with nursing staff in transfers of patient

Major issues the patient and therapist face

Fatigue,

nausea,

pain,

weakness,

lack of confidence,

disparity between perceived and actual
physical ability,

drug reactions

Cachexia (major weight loss)

progressive , irregular decline in ability

muscle wasting

disease progression

Treatment

- Assessment of patient's physical & transfer abilities
- Respiratory management/education
- Mobility towards maximum level independence – treatment & education
- Active &/or passive mobilization
- Pain & symptom management
- Exercise prescription

Treatment

- Assessment & education in functional ADL
- Provision of walking aides
- Pain management
 - TENS
 - education
- Lymph management
- Massage
- Relaxation
- Hydrotherapy

Treatment

- Home discharge planning with Occupational Therapist
 - home visit
 - education, patient & family
 - provision of aides
 - liaison with other palliative staff
- Multidisciplinary meetings
- Family meetings

Case Study- Mr S

- Male 65 years old
- Diagnosis - SCLC,
 - SVC obstruction,
 - cord compression
 - neuropathic pain
- Admitted from another Hospital

Initial Assessment

- SOB on minimal exertion
- Chest – moist, productive cough
- Strength – R – 4/5; L – 3/5
- Joint mobility – full functional
- Bed mobility – range from assist x 1 to assist x 2
- Mobility – at home used 4ww due to leg pain
 - not walked past 4+ days
- Pain – back and legs/hips
- Ascities
- Fatigues easily

Goals

- Improve chest status and management
- Increase leg strength
- Encourage bed mobility
- Achieve best possible walking mobility
- Liaise with wife

Treatment

- Education - breathing techniques
 - SOB management
 - fatigue management
- Exercise program
- Assist with bed/chair transfers
- Progress to sit/stand exercises
- Progress to walking with 4ww
- Progress to home education of patient and wife
- Education and support of wife
- Liaison with Occupational Therapist – home discharge

Outcome

Discharge home after 6.5 weeks

Walking with supervision & 4ww, 10-15m

Supervision with ADL

Light supervision with transfers

Statistics

25% of Palliative Care patients are discharged

Physiotherapy currently has 16 hours per week

for a 15 bed ward

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