CASE STUDY

This case study highlights physiotherapy involvement with Mary, a 55-year-old lady with squamous cell carcinoma of the oropharynx. This case study highlights the allied health considerations for the support and discharge planning of a woman with limited medical needs.

Mary is a 55-year-old lady who was diagnosed with a squamous cell carcinoma of the oropharynx in 2012. Her initial diagnosis involved an extended acute hospital admission which resulted in a long term tracheostomy being inserted as her disease had encroached on her windpipe. After her acute hospital stay she was transferred to palliative care for a period of assessment.

Mary's main medical concerns were:
- Mucositis
- Low mood

Her main allied health concerns were:
- Tracheostomy management and care
- Equipment required for discharge
- Emergency plan if tracheostomy blocked
- Optimising home environment
- Deconditioning
- Optimising communication
- Concern about the wellbeing of the patient’s husband and young family

Physiotherapy concerns to be addressed:
- Deconditioning
- Daily tracheostomy care
- Emergency tracheostomy plan

Mary was very motivated to participate in therapy. On initial physiotherapy assessment she was able to ambulate around 30 metres with supervision and a 4WF. She was requiring assistance from the nursing staff for the daily care of her tracheostomy. Mary identified her main goal of returning home but had significant concerns about how she would manage. She was also worried about the emotional wellbeing of her family. During her admission Mary was seen by the psychologist, social worker, OT, dietician, speech pathologist and pastoral care workers. She also worked with the music therapist to write a song for her children which she was very proud of.

Mary’s main physiotherapy goals were to be walking independently without the use of an aid, to be able to care for her tracheostomy independently, and to feel comfortable with what to do if she thought the tracheostomy was occluding.
Physiotherapy management

During her admission Mary participated regularly in physiotherapy. Treatment included:

- Strengthening and endurance exercises
- Attending a group exercise class once a week
- Gradual increase in walking distance
- Progression in gait aid, initially to a walking stick, and then to walking without an aid
- Education in tracheostomy care (in conjunction with speech pathologist). This included use of a stoma cover, changing and cleaning the inner cannula, use of saline nebulisers, practice with speaking valve.
- Formulation of emergency tracheostomy management (including written information for patient and family)
- Organisation of equipment for tracheostomy management at home

Mary made steady progress whilst in palliative care. She slowly gained confidence in her walking and became more independent in looking after her tracheostomy. After one month she was walking independently for 500 metres without the use of an aid, and was independently caring for her tracheostomy without the assistance of nursing staff.

To prepare her for discharge, Mary was provided with all the equipment she would have at home (ie oxygen, suction, catheters etc.) so she could practice on the ward and identify any concerns. She was also provided her emergency plan and an education session conducted with her husband and son. Other allied health services included an OT home visit with modifications/recommendations, social work support including services for discharge, speech pathology reviews, and a follow up appointment with her treating team for after discharge.

Mary was discharged after one month in palliative care. She was followed up by a community palliative care unit. She was also referred to a community physiotherapy program which she attended weekly. Mary returns to the inpatient palliative care unit once each week to participate in the day hospice program. This also allows for monitoring of her progress by the palliative care team and an opportunity for Mary to raise any concerns she might have.

This case study highlights the need for extensive allied health involvement in a patient who, in contrast, required only a small amount of medical intervention. It also emphasises the need for a vast array of skills in the allied health professionals and supports the case for ongoing and varied education in areas not always typical in palliative care, such as airway management.

Mary has continued to manage well at home. She continues to return to the day hospice program and reports enjoying family life.

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CareSearch Resources

There are resources within CareSearch that could help allied health professionals in the care and support of Mary. Some of them have been highlighted here:

- There are Systematic Reviews that include Mobility, Mouth care, Cancer (including head and neck), Patient carer training and Teams.
- There are PubMed Topic searches on Physiotherapists and on Multidisciplinary teams.
- In the Allied Health Hub there are pages on Multidisciplinary care and on Adapting goals.