

Occupational Therapy's Role with

Breast Cancer Rehabilitation

Breast cancer diagnosis and treatment can impose multiple degrees of physical and psychological strain on an individual. The physical, emotional, and cognitive implications associated with chemotherapy, radiation, and/or surgery can result in decreased ability to engage in meaningful occupations, including maintaining one's home, returning to work, and performing prior social roles and responsibilities adequately. This can have a profound impact on one's economic status and personal interactions, which affect overall occupational performance, quality of life, and well-being.

Role of Occupational Therapy

Occupational therapy services are beneficial for individuals with breast cancer from the initial diagnosis through the survivorship phase of care. Deficits from breast cancer and its treatment can be complex and have a compounding effect, with patients sometimes experiencing improvements in physical abilities but not in functional outcomes due to fear and anxiety about moving the affected extremities. Many individuals coping with breast cancer need to return to roles such as caring for children as soon as possible, which creates a need for education and training on adapting for short-term deficits (e.g., neuropathy) while preventing future deficits (e.g., repetitive stress injuries). Occupational therapists also play a critical role in screening patients for signs of functional decline across the continuum of care, assuring optimal recovery in the shortest amount of time.



Intervention Approaches

Occupational therapy intervention approaches used with individuals with breast cancer are holistic and comprehensive. Some examples include:

- Conducting baseline assessments and pre-operative counseling sessions on how to prevent or reduce functional deficits prior to the start of medical treatment, thus improving long-term outcomes for survivors.
- Ongoing screening and monitoring of performance deficits and improvements throughout survivorship to modify the multidisciplinary intervention plan to meet changing needs.
- Training on therapeutic range-of-motion exercises and muscle re-education techniques, including the neck, trunk, and arm, which progresses into meaningful activities such as grooming or bathing.
- Addressing lymphedema by providing education on modifying or eliminating habits such as wearing tight clothes, routines such as sun bathing, and occupations (activities) such as heavy yard work, as well as adding restorative treatment techniques such as manual lymph drainage.
- Providing instruction on self-care management, including skin care, infection prevention, and adapted clothing.
- Tailoring an individualized lifestyle approach to allow participation in important roles such as parenting, managing the home, and working. Strategies include, but are not limited to, conserving energy and managing fatigue, engaging in leisure activities, and developing coping skills.
- Evaluating the individual's physical, emotional, and cognitive abilities in order to make appropriate recommendations for safe integration into community outreach and support programs.
- Identifying specific cognitive deficits affecting occupational roles, and providing compensatory training to successfully complete activities such as cooking for one's family or driving safely with minimal distractions.

- Teaching coping strategies to resume safe and comfortable sexual activity as well as providing interventions to improve healthy body image.

*Occupational therapists working with clients postoperatively obtain physician/surgeon approval prior to initiating exercises.

Where and How Are Services Provided?

Occupational therapy services for persons with breast cancer care may be provided in:

- *Pre-operative educational sessions:* Along with the detection and treatment of breast cancer, early intervention regarding rehabilitation and function is crucial. Therefore, instituting a breast cancer pre- and post-operative occupational therapy protocol within the hospital setting or acute care facility is warranted and needed.
- *General or specialty hospitals:* Occupational therapy may focus on restoring flexibility and range of motion, functional retraining in self-care activities, or detailed education including information on lymphedema and risk-reduction strategies. Early occupational therapy services should be emphasized within the medical or acute care setting, focusing on health promotion and prevention of future complications.
- *Rehabilitation centers:* Occupational therapy services may continue to include the elements indicated above, but expand to include environmental modifications and helping individuals reconnect with leisure activities, community participation, and return-to-work activities.
- *Outpatient rehabilitation centers:* Occupational therapy services may continue to focus on biomechanical or neuromuscular restoration, yet also address common sequela including lymphedema and psychosocial challenges, as well as reintegrating into home, work, and community occupational roles.
- *Hospice and palliative care units:* Occupational therapy continues to address self-care or leisure activities and the use of adaptive equipment or environmental modifications, including positioning and pain management strategies to maximize quality of life and participation in priority occupations.
- *The home:* Occupational therapy may address home modifications and caregiver education to maximize safety and independence, such as reorganizing the kitchen if the client cannot reach overhead, or assisting the caregiver in adjusting to home transition and the trajectory of illness. Practitioners also provide education on the signs of caregiver burnout and recommend community supports and other resources.
- *The community:* Occupational therapy practitioners use virtual rehabilitation, telehealth communication, and in-person interactions to provide consulting and educational seminars on survivorship challenges and solutions.

Conclusion

Cancer is becoming a chronic condition, with more than 2.5 million breast cancer survivors living in the United States in 2010 (American Cancer Society, 2009). As breast cancer survivorship rates are increasing, there are also more debilitating side effects of aggressive treatment options. This requires a significant shift from quantity of care to quality of care and quality of life to meet individuals' needs. Occupational therapy services can provide valuable benefits to individuals on the continuum of breast cancer diagnosis and intervention by helping them to resume valued roles more quickly, with fewer long-lasting effects of treatment.

References

American Cancer Society. (2009). *Breast cancer facts & figures 2009-2010*. Atlanta: Author. Retrieved from <http://www.cancer.org/acs/groups/content/@nho/documents/document/f861009final90809pdf.pdf>

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.