



# The role of physiotherapy in palliative care

## Why involve a physiotherapist in caring for a palliative patient dying at home from advanced cancer, or a palliative patient presenting to your practice with complaints of fatigue and reduced stamina?

An unpublished chart audit at a major Australian tertiary teaching hospital reveals that despite 65% of cancer patients (inpatients or at outpatient oncology clinics) presenting with specific indications for physiotherapy, only 12.8% were receiving physiotherapy.<sup>1</sup> Indications included pain, lymphoedema, incontinence, respiratory dysfunction and musculoskeletal problems including difficulty with mobility.

Although it is typically thought of as such, palliative care should not be limited to the end stage of life. A palliative approach to care can begin much earlier and can be applied not only to conditions usually considered for palliation (typically cancer) but also to chronic and debilitating neuromuscular disorders, cardiothoracic diseases, and HIV and AIDS.

In cancer care, formalised physiotherapy involvement dates back to the 1960s – before the commencement of the modern hospice movement – and was confined to restoration directed at those patients with a relatively stable or encouraging prognosis.<sup>2</sup>

Today, the involvement of physiotherapists in the field of oncology is diverse and includes specific roles which are evidence based and commonly applicable, including:

- prevention – through whole body and target specific exercise and education programs
- acute and postacute care – postoperative cardiopulmonary intervention; return to physical function postsurgery through targeted large muscle mass exercise programs; specific management for recovery of musculoskeletal and neuromotor function (eg. following mastectomy); biopsychosocial approaches to pain management
- acute institutional and community based rehabilitation – through simple measures (eg. wheelchair retraining after spinal cord compression, gait re-training following neurological dysfunction), and
- palliative care – by utilising all of the above applications and including other physiotherapy specific skills in symptom control management (eg. TENS for pain

relief, lymphoedema and incontinence programs, laser therapy for wound and ulcer management, and maintenance of mobility and physical function to optimise quality of life and contribute positively to easing carer burden).

The impact of physiotherapy intervention on quality of life and function was measured in a study comparing standardised inpatient physiotherapy practice (limited by time and equipment resources) with a well resourced physiotherapy service.<sup>3</sup> The results indicated that physiotherapy, incorporating early intervention and community follow up, can contribute significantly to the maintenance of functional independence and quality of life among patients receiving palliative care.

Specifically, physiotherapy contributed to significantly higher functional levels on mid-survival follow up; improved maintenance of functional independence, patient satisfaction and quality of life; and reduced demand for costly formal inpatient care as patients were significantly more likely to be discharged to, and prefer to die at, home.

## Conclusion

Physiotherapy in palliative care contributes positively to facility/team based, as well as community based and sole practitioner care environs. Seeking the advice and care of a physiotherapist where there are obvious indications for physiotherapy effectively utilises the breadth of knowledge and experience available in health care practice today for the ultimate benefit of 'palliative patients'.

Conflict of interest: none declared.

## References

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