Palliative Physical Therapy

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Human dignity and having high quality of

Palliative Care

Living well with a serious illness

Palliative care is all about the quality

Overview

Introduction:

- Accessing Physiotherapy in Palliative Care
- Allied Health & Rehabilitation in Palliative Care
- Criticizing PT service
- Pts vs OTs

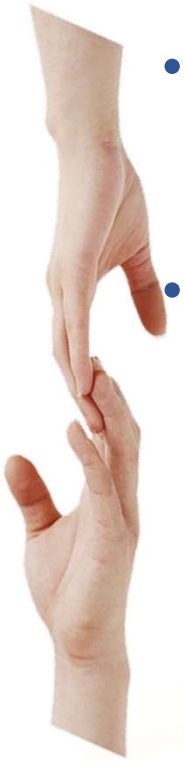
Rationale for Physiotherapy in Palliative Care

- Patient Needs and Our Role as a PT
- Communication
- Common symptoms & PT Management

Introduction

Accessing Physiotherapy in Palliative Care

Palliative Care



- **A practice discipline**
  - Palliative care ⇔ 'terminal care' (initially).

- **Involves *progressive* and *life-limiting* and *irreversible* illness**
  - Cancer,
  - Chronic obstructive pulmonary disease,
  - Motor neuron disease [MND]: stroke
  - Multiple sclerosis,
  - Dementia
  - Multi-system failure
  - …

- **Each of which can benefit from the involvement in physiotherapy.**

Palliative Care

- **Improves quality of life (QoL)**
  - Patients with a life-limiting illness,
  - Their families

- **The scope has recently broadened**
  - The concept of 'rehabilitation' in palliative care is becoming more widespread.
  - Pain relief
  - The control of symptoms
  - Depending on the stage of the illness.

- **Providing**
  - Pain relief
  - Management of distressing symptoms
  - Management of debilitating symptoms
  - Helping integrate the psychological, social and spiritual aspects of holistic care
  - Facilitating improved function

Palliative Care

- **Vital because of the rise in the number of elderly people**
  - Especially those who have little home support
- **Access to palliative care appropriate to current individual needs**
  - All patients
  - Regardless of their diagnosis
  - Guarantee of the same level of care

To allow this to happen an

Integrated Approach to Palliative Care

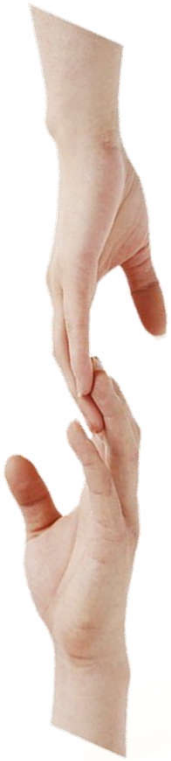
is required.

Palliative Care Types

- **General palliative care**
  - An integral part of the routine care
  - Delivered by all health and social care professional to patients living with life-limiting illnesses,
  - Whether at home, in a care home or in hospital.

- **Specialist palliative care (i.e. palliative care rehabilitation)**
  - Based on general palliative care
  - Help patients with more complex palliative care needs
  - Focuses on complex care needs
  - Provided by a *specially trained multi-disciplinary team* (MDT)
  - Can be accessed in any care setting

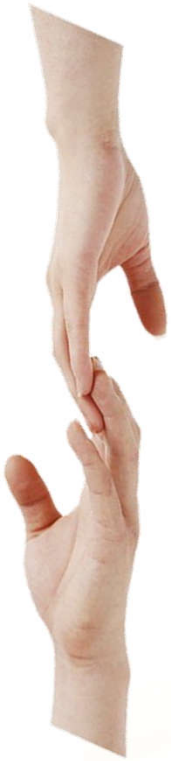
'Quality Statement and Definition of Specialist Palliative Care'



National Institute for Health and Care Excellence (NICE)

"Specialist Palliative Care encompasses hospice care as well as a range of other specialist advice, support and care such as that provided by hospital palliative care teams.

Specialist palliative care should be available on the basis of need and not diagnosis, offered in a timely way appropriate to their needs and preferences, at any time of day or night".



Physiotherapy in Palliative Care:

The Need for Learning and Development in This Area

Allied Health & Rehabilitation in Palliative Care

- **Palliative care rehabilitation (PCR)**
  - Well established
  - Meeting patients' physical, psychological, social and spiritual needs
  - Fits the adopted bio-psycho-social approach to health care
    - Suggested by the World Health Organization (WHO)

- **Involving**
  - Symptom management
  - Treatment effect minimization

- **Features**
  - An essential service within health care
  - *Must* be utilized where appropriate,
  - Results in improving and maintaining patients' and their families' QoL.

Allied Health & Rehabilitation in Palliative Care

- **Physiotherapy (PT) aim**
  - Maximize *movement* and *function* **essential** for *optimal* wellbeing
- **The target population**
  - Any one threatened by ageing, injury or disease
  - Though in its preliminary stages
- **Early appropriate referral to palliative care rehabilitation**
  - Critical for optimal and patient-centred care.
  - Higher-functioning patients
  - Vast capability and variability of rehabilitation on a preliminary level
  - Evidences of potential benefits of palliative care physiotherapy
  - Evident lack of palliative care patients receiving physiotherapy treatment

Target Disorders

- Cardiac problems: talk test during activities
- Respiratory problems: consider specific postural drainage cautions
- Diabetes: sensory impairments
- Renal and hepatic disorders
- Cerebro-vascular Accidents
- Multiple Sclerosis
- Spinal Cord Injuries
- Traumatic Brain Injuries
- Alzheimer' Disease
- Cancers: facilitate lymphatic drainage

How Much Time It Takes for Rehabilitation

- **It depends upon**
  - The grade and site of injury
    - Usually a life-time approach
  - Patient general health status
    - Smokers
    - Elderly
    - Systemic complications (diabetes, hypertension, thyroid dysfunctions
  - Patient previous level of activity
    - Athletes recover faster but the rehabilitation for athletes takes longer time so that their sport skills improved properly for champions
    - Sedentary people take more time to progress in motor function

Difference between PT and OT

- **PTs are certified**
  - In application of all electrotherapy equipments
  - To work in ICU, CCU and other hospital departments and wards where ever any patient needs
    - Chest PT
    - Ambulation
    - Wound healing facilitation
    - Joint deformity prevention
    - Emboli prevention
  - For pre-operative physical interventions to make patient ready for surgery
  - For working with patients suffering from burn, rheumatologic disorders, visceral movement disorders and any patient who needs or passed a surgery
  - **For working with any inflammatory, non inflammatory, traumatic, geriatric induced condition in neuro-musculoskeletal System**

- **OTs are not certified**
  - In application of all electrotherapy equipments
  - To work in ICU, CCU and other hospital departments and wards where ever any patient needs
    - Chest PT
    - Ambulation
    - Wound healing facilitation
    - Joint deformity prevention
    - Emboli prevention
  - For pre-operative physical interventions to make patient ready for surgery
  - For working with patients suffering from burn, rheumatologic disorders, visceral movement disorders and any patient who needs or passed a surgery before being ready for skilled tasks training by PT
- **OTs are certified to make patients ready to return to work and recreational activities when PT interventions are not critical any more or is going to vanished gradually.**

Rationale for PT in Palliative Care

Patient Needs and Our Role as a PT

- The needs of a patient in palliative care often include:
  - To remain as independent as possible/maximize independence and daily function.
  - To optimize and maintain quality of life (QoL) determined by physical functioning and psychological symptoms
  - Reduction/control of the consequences of the illness
  - Coping mechanisms and self-management to be in more control of their lives.
  - To avoid secondary complications associated with life-limiting illnesses.
  - Psychological support

Patient Needs and Our Role as a PT

- The PT must consider the patient's needs and wishes, along with their physical needs
  - Address patients' needs and priorities
  - Individualized different needs depending on how well they are handling their life-limiting illness.
  - Successful treatment

- Patients may need education
  - How to cope and handle the situation as best they can,
  - Lessen the fear and anxiety they rounding their condition
    - Worry and anxiety: two common psychological aspects associated with life-limiting illnesses.
    - The entire MDT, including the PT may be involved in the control of some of these symptoms, through education,
    - Maybe even just empathy towards the patient.
    - Depression often when diagnosed with such illnesses: regularly result in the individual becoming bed bound and inactive.

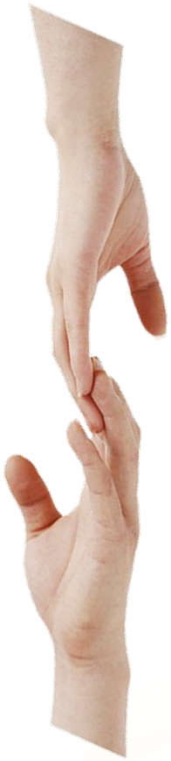
Communication

- Bio-psychosocial model ⇨ effective/ appropriate communication
  - Paramount for interaction with patients and families in or being referred to palliative care.
  - Palliative care PT specialists: extensive knowledge and vast communication experience
  - A core priority for palliative care services concerned with the psychological and emotional well being of the patient;
  - Including issues of
    - Self-esteem,
    - Insight into and adaptation to the illness and its consequences,
    - Communication,
    - Social functioning and relationships

Communication

- The needs identified by patients and their caregivers in palliative care to plan the best physiotherapy treatment
  - Social support and the provision of practical care,
  - Respite care,
  - Psychological support,
  - Information and choice.
  - knowledge of the patient's diagnosis and any associated past treatments or conditions

Common Symptoms & PT Management

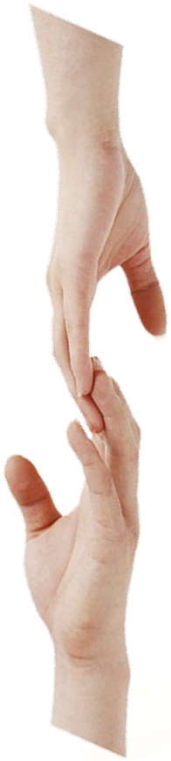


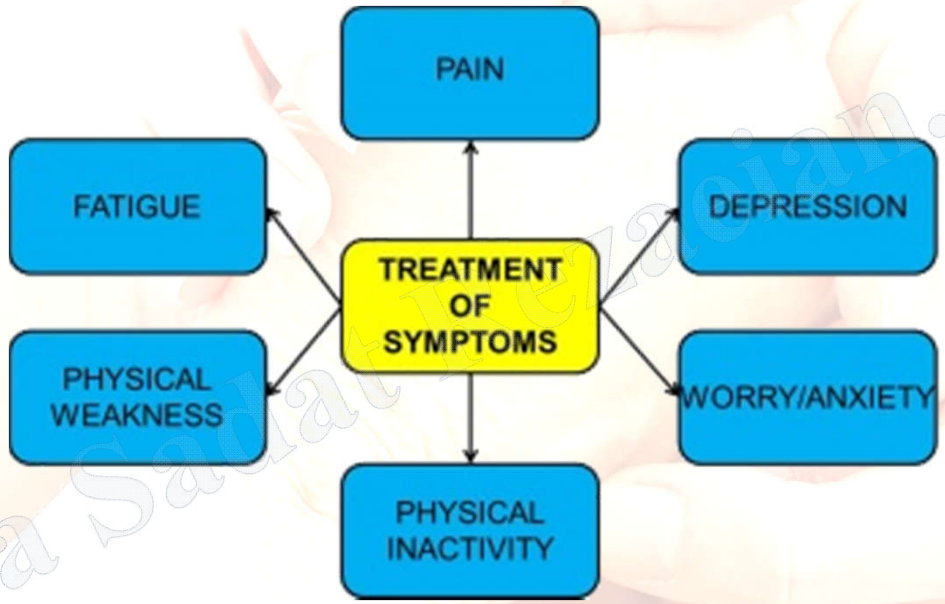
Palliative care goal: improve the QoL in patients faced with life-limiting illnesses.

symptom control and maintenance of function

become crucial aspects of treatment

Common Symptoms & PT Management

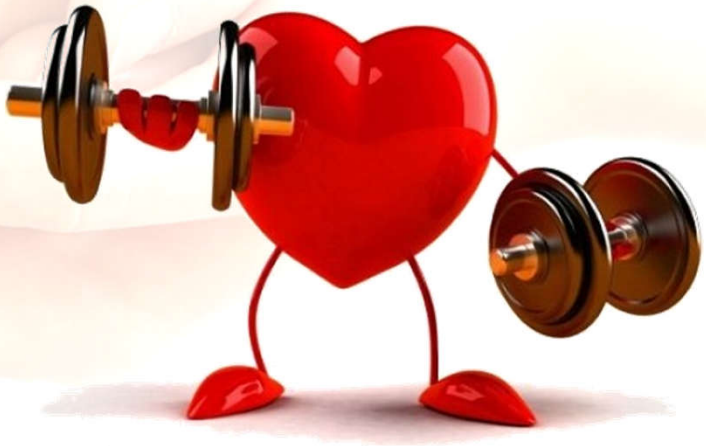




Role in pain management and relief of other distressing symptoms

Common Symptoms & PT Management

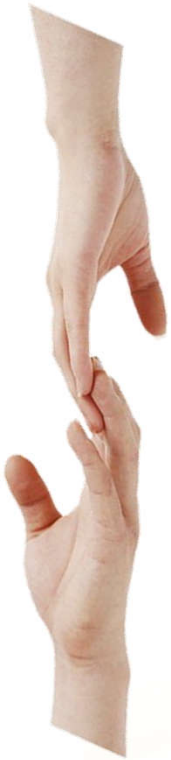
- **PT addresses the whole needs of the individual:**
  - Primarily the physical components of rehabilitation.
  - A psychological aspect with life-limiting illnesses (like cancer)
- **Many forms of treatment by PTs in the management of patients in palliative care.**
  - What option best suits each patient
    - Quite personal decision
    - Depends on the stage of the disease process and goals set.
- **Goals**
  - Largely dependent on the stage the patient is at.
  - Goal shift with disease progress
    - Life prolongation: a goal in early stage of illness
    - Optimizing QoL: as the illness progresses



Common Symptoms & PT Management

- Plans: different treatments are suitable for the various phases of illnesses
  - Pain relief: TENS, heat, massage, lymphedema treatment and acupuncture
  - Passive movements: often in bed bound patients/active patients in case
  - Physical exercise:
    - A positive effect on depression
    - Currently emerging as a major aspect in palliative care
  - Soft tissue massage and/or therapeutic massage:
    - To relieve muscle tension
    - Often aid in easing the symptoms of anxiety.

Common Symptoms & PT Management



Different treatments suitable for the various phases of illnes

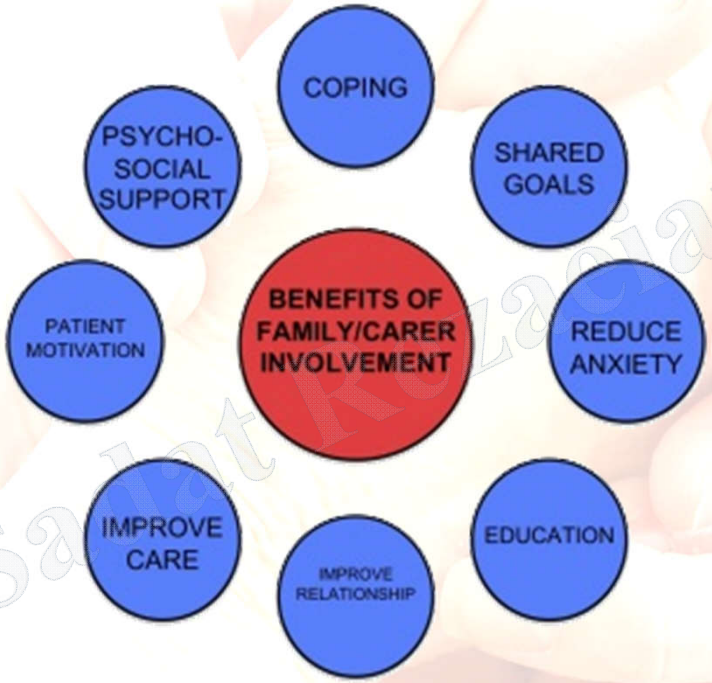
Bedridden phase

Treatment	Early Palliative Phase	Late Palliative Phase
Pain Relief	√	√
Physical Activity	√	
Soft Tissue/Therapeutic Massage	√	√
Passive Movement		√
Relaxation Exercise	√	
Positioning (rest and comfort)		√
Advice (family and relatives)	√	√
Postural Exercise	√	√
Breathing Improvement	√	√
Visceral complications management	√	√
Strengthening, endurance and flexibility maintenance	√	√

PT's Role in Family and Carer Education

- **Adequate education and counselling to patients and their families**
  - An integral part of palliative care rehabilitation
- **Family/carer involvement is beneficial:**
  - Provides an opportunity for education on the delivery of treatments when the PT is absent.
  - Enables the family/carer to assist
    - In treatments such as transcutaneous electrical nerve stimulation (TENS) to reduce pain.
    - Methods to assist patient during transfers
  - Help to motivate patient to participate in therapy
  - The patient may find it more comforting and enjoyable as a familiar face will be involved
  - Enables both patient and family/carers to adjust and adapt to consequences of the illness

PT's Role in Family and Carer Education



Inter-connected benefits of family/carer involvement in PT treatment

PT's Goals

- **The primary goal of PT in palliative care**
  - To achieve the best possible QoL for both the patient and their families.
- **Other common goals of PT in the treatment of a cancer patient in palliative care:**
  - Minimize symptoms
  - Optimize functioning ability
  - Maintain or regain physical independence
  - Preserve the patients autonomy
- **Goals and plans are highly dependent on the stage of the disease.**
  - The focus and goal of 'traditional' cancer rehabilitation are different to those of a terminally ill patient where there is a focus on maintaining a balance between optimal functioning levels and comfort.

Physical Activity and Exercise

- What patients are able and willing to participate in physical activity and those who are not.
- Assessment of the needs, interests and preferences of patients prior to developing physical activity interventions (major importance)

- **Fatigue and the reduction in physical functioning in life-limiting illnesses**
  - A significant factor in the reduced QoL often seen in these patient groups

- **PCR:**
  - Gaining more and more attention in the literature today.
  - Difficult to predict, however, which patients will actually benefit from this 'rehabilitation'
  - How long these benefits will be sustained for

- **In cancer patients**
  - Physical activity ⇨ decline in physical functioning and cancer-related fatigue (CRF).
  - Most studies: physical activity and palliative care in early phases of illnesses such as cancer.
  - Limited studies focused on the 'end-of-life' phase
  - A review: encouraging results of physical activity interventions and the ability of patients to tolerate this physical activity.
  - Need for more feasible studies

Referrals to PT in Palliative Care

- **Current referrals to palliative care PT are made largely by nursing staff (UK)**
  - Referrals commonly increased by the presence of a PT

- **Referral can be made for a patient who**
  - Has any life limiting illness and
  - Is in or is entering the palliative phase of their illness if they have:
    - Complex end of life care needs
    - Uncontrolled pain or other symptoms
    - Complex physical, psychological, spiritual or family needs that cannot be met by the staff in that care setting

Referral Process

- **Referral pathways need to be:**
  - Viewed as a continuum
  - Considered from the point of view of the person, not the condition.
  - Well 'signposted': so that they are easy to navigate for patients, families and staff

- **Good quality pathways**
  - Ensure a timely, smooth and co-ordinated journey across the whole system
  - A better experience for all.
  - Support care that is safer, more efficient and effective
  - Making it easier for every one to do the right thing

- **Early referral to PT is advisable to**
  - Ensure early implementation of rehabilitation goals, especially those who are preventative or restorative

Referral Process

- **PT objectives within each of the palliative care settings differ**
  - Depending on what stage the patient is at.
  - Some may be actively dying: PT for positioning and respiratory care.
  - Longer-term patients' PT looks at maximizing QoL and maintaining mobility and independence

- **Predicting the timescale of individual prognosis accurately is impossible**
  - Evidence informed, clinical reasoning to identify people who may benefit from supportive and palliative care.
  - Clinical indicators can help identify patients who are candidates for assessment to see if they have unmet needs (Supportive and Palliative Care Indicators Tool-SPICT
  - A patient can be discharged from the hospice once they no longer require palliative care, but can return at anytime if their condition changes

Future Direction for PT in Palliative Care

- **Set to extend to accommodate the changing demographics of the population.**
  - More elderly patients⇨ increasing burden of existing co-morbid conditions ⇨ more invasive and longer rehabilitation will be required
  - Besides, the length of in-patient or home care attachment may increase.
    - Extra burden on a setting that is currently low on resources.

- **Decreasing morbidity associated with cancer,**
  - Fewer patients are expected to die from cancer
  - More patients will be involved with palliative care for other conditions


“Coming together is a beginning, staying together is progress, and working together is success.”
Henry Ford
American industrialist, business magnate, and founder of the Ford Motor Company
(1863-1947)
Edward Everett Hale
American author, historian, and Unitarian minister
(1822-1909)

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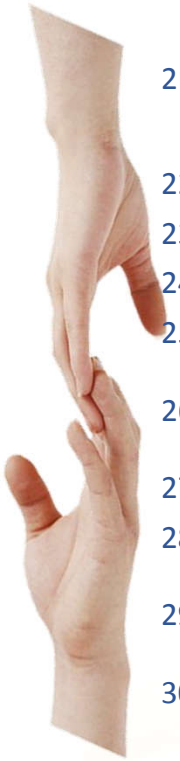

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