2007

Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer

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OCCUPATIONAL THERAPY: MEETING THE NEEDS OF INDIviduals DIAGNOSED WITH CANCER

By
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A Scholarly Project
Submitted to the Occupational Therapy Department
Of the
University of North Dakota
In partial fulfillment of the requirements
For the degree of
Master’s of Occupational Therapy

Grand Forks, North Dakota
May 19, 2007
Approval Page

This Scholarly Project Paper, submitted by Kim Jones and Lonnie Music in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

5-3-07
Date
PERMISSION

Title OCCUPATIONAL THERAPY: MEETING THE NEEDS OF INDIVIDUALS DIAGNOSED WITH CANCER

Department Occupational Therapy

Degree Master's of Occupational Therapy

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ACKNOWLEDGEMENT

The authors of this scholarly project would like to thank Lavonne Fox, Ph.D., OTR/L, for advising, assisting, and directing us through this creative process. Her hard work and dedication to the occupational therapy program is greatly appreciated.

Kim Jones would also like to personally dedicate this project to her family, friends, and loved ones who supported and encouraged her through this Master’s program and process/development of this scholarly project. Specifically, she would like to dedicate this project to Sheri Morrison. Her courageous and heroic battle with pancreatic cancer truly inspired the idea and creation of this entire project. She has been the heart behind the hard work and dedication put forth to accomplish this finalized product.

The authors would also like to dedicate this scholarly project to each family member and loved one that has had a diagnosis of cancer, known someone with the illness, or lost a loved one to cancer.
ABSTRACT

When an individual is diagnosed with cancer, he or she can experience their physical and emotional well-being threatened by fear, isolation, anxiety, depression, fatigue, disfigurement, and pain often resulting in a diminished quality of life (Rosenbaum, Gautier, Fobair, Neri, Festi, Hawn, et al. 2004). Dealing with cancer can result in the loss of independence in basic daily routines and occupations such as: dressing, cooking, taking care of the home, eating/feeding oneself, etc. While all of these challenges can diminish quality of life, they can also be minimized by ancillary intervention services such as occupational therapy (OT).

The problem is that the referrals are not consistently occurring for individuals diagnosed with cancer that could significantly benefit. The reasons for limited appropriate referrals may include: 1) failure to identify functional impairments by acute care staff, 2) lack of appropriate rehabilitation services, 3) lack of knowledge among family members, and 4) physician and healthcare professional limited awareness of occupational therapy and proper utilization of occupational therapy services.

To meet the identified needs, educational and promotional materials have been developed and compiled into a packet titled: *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer*. The materials developed for this packet are resources for occupational therapy practitioners to use to increase awareness about the benefits of occupational therapy. It is hoped that this will increase the access for those
who could benefit from occupational therapy services to gain independence and have a higher quality of life.
CHAPTER I

INTRODUCTION

Statement of the Problem

There are concerns that individuals diagnosed with cancer are not referred to ancillary services or have not been provided with adequate information regarding these services. Soderback, Pettersson, Von Essen, & Stein (2000) report that nurses and physicians play key roles in referring patients for services such as occupational therapy. Golant, et al. (2003) report that many patients rely on obtaining information from their primary care physicians and healthcare professionals.

The reasons for the limited appropriate referrals to rehabilitative and supportive resources may include: 1) failure to identify functional impairments by acute care staff, 2) lack of appropriate rehabilitation services, 3) lack of knowledge among family members, and 4) physician and healthcare professional limited awareness and proper utilization of occupational therapy services. Soderback et al. (2000) examined whether patient and physician perceptions of the need for occupational therapy services were congruent. This study (2000) determined that “quantitatively, patients and physicians perceived a need for occupational therapy in about the same number (56% & 59%, respectively) of the patients” (Soderback et al. p. 84). The article by Soderback et al (2000), offers quantitative evidence to support that both cancer patients and physicians believe occupational therapy is underutilized, yet referrals are still not consistently occurring.

According to Soderback et al. (2000) there are still needs of cancer patients that
are unmet. Existing studies demonstrate that the need for occupational therapy is not always met for cancer patients in regard to activities of daily living as reported by patients (Gerber, Soderback et al., Taylor and Currow, 2001, 2000, 2003). Occupational therapy services can enhance empowerment that is often lost with a diagnosis of cancer (Matthews, Baker, & Spillers, & Penfold, 2004, 1996).

Inconsistent referrals and access to services can be addressed two ways: 1) educate professionals who work with cancer patients about occupational therapy and 2) develop a needs assessment as a screening tool for patients (Soderback and Paulsson, 1997). In order to teach others about occupational therapy, resources for occupational therapists have to be developed regarding the benefits for those diagnosed with cancer.

This resulted in the development of an educational and promotional packet titled:

**Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer.** This was designed to create awareness of what occupational therapy is, what it can do for individuals diagnosed with cancer and their families, and how to access this service.

Educational Material Design

The format and design of the information for this packet is based on the work of Malcolm Knowles regarding adult learners and adult education (2006). An adult learning theory is essential as the information is designed to teach adult learners about the role and benefits of occupational therapy. Knowles (2006) identified several characteristics of adult learners which has been considered and incorporated into the material design:

1. His/her self-concept moves from dependency to self-direction.
2. He/she accumulates a growing reservoir of experiences that becomes a resource for learning.
3. His/her learning readiness becomes increasingly oriented to the tasks of various social roles.
4. His/her time perspective changes from one of postponed knowledge application to immediate application.
5. His/her orientation to learning shifts from subject-centered to problem-centered.

Conclusion

The educational and promotional materials that comprise the final scholarly project will be a valuable resource for the occupational therapy practitioner. Relevant and applicable research and journal articles revealed that occupational therapy is a vital discipline for improving the quality of life of those diagnosed with cancer. It can be used to increase awareness of the profession and hopefully result in increasing the access for those who can benefit from OT and have an improved quality of life.

Chapter II will present the literature regarding the referral process, current treatment regimen for cancer, and the role of the occupational therapy practitioner. Chapter III presents the methodology used in the development and design of this scholarly project. Chapter IV presents the educational and promotional packet titled: *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer* in its entirety. Finally, Chapter V culminates with a summary where the limitations and recommendations are presented. Suggestions for how the project could be implemented are also presented in Chapter V.
CHAPTER II
REVIEW OF LITERATURE

Introduction

Thousands of people are diagnosed with cancer each year. The incidence rate for males, per 100,000, is 500 at age 50 and 4,000 at age 80 and the incidence rate for females, per 100,000, is also 500 at age 50 and 2,000 at age 80 (Gerber, 1999, p. 976). These statistics exist at a time when innovative medicine and technology are allowing improved prognoses of various diseases and increased life expectancy (O'Toole, 1991). This longevity doesn't necessarily equate to an improved quality of life if the individual is not able to regain a sense of self-control and maximized independence, which is the focus of this project.

Individuals diagnosed with cancer often experience their physical and emotional well-being continually threatened by fear, isolation, anxiety, depression, fatigue, possible disfigurement, and pain resulting in a diminished quality of life (Rosenbaum, Gautier, Fobair, Neri, Festi, Hawn et al. 2004). Diminished quality of life is also influenced by the loss of: 1) the ability to participate in meaningful occupations; 2) feelings of self-control and 3) independence. The individual may experience the loss of the ability to independently participate in his or her basic daily routines and occupations such as: dressing, cooking, taking care of the home, eating/feeding oneself etc. While all of these challenges can diminish quality of life, they can also be addressed by ancillary
intervention services. Ancillary rehabilitative professionals generally include but are not limited to: occupational therapy (OT), physical therapy (PT), speech therapy (ST), recreational therapy (RT), and vocational rehabilitation (VR). The benefit of this type of rehabilitation is individual empowerment and regaining a sense of self-control or hope. This is achieved through the improvement of physical and/or emotional status which often results in significant stress reduction. The empowerment participants experience from treatment programs may have a positive impact on their emotional attitudes towards managing the side effects of cancer treatment and thereby improve their quality of life and overall mental health (Golant, Altman, & Chloe, 2003).

Although the client could benefit from rehabilitation services, more often than not, these services are inconsistently accessed. The reasons for this inconsistency include: 1) the lack of a physician referral, 2) the lack of awareness about the benefits of the various ancillary services by physicians, individuals with cancer and their family members, 3) the lack of development of educational and promotional materials by the occupational therapy profession for healthcare professionals and consumers, and 4) the lack of resources for occupational therapist to use to increase this awareness level. This is a catch-22 as the profession of occupational therapy needs to make itself more visible but does not currently possess sufficient resources to do so. This limited visibility significantly contributes to the lack of referrals and clients not receiving beneficial services.

The literature review presents: a) the services that individuals with cancer typically access via referral, b) the process of accessing these services and the factors that could limit access and c) the role of occupational therapy in the individual’s treatment.
The literature also identifies where occupational therapy needs to focus its energies in the areas of promotion, education, and the identification of areas of need for the prospective referral base and clients.

**Existing Services**

The most common types of cancer treatment are surgery, radiotherapy and chemotherapy (http://www.nlm.nih.gov/medlineplus/cancer.html). These medical interventions are typically described in considerable detail to clients and their families to allow them to find the information they need related to these treatments. The successful rehabilitation of the person needs to go beyond these medical interventions. The multidisciplinary perspective requires more than the medical intervention of physicians and nursing in order for a comprehensive rehabilitative approach.

Matthews and Baker state that a multidisciplinary perspective is important for assuring that a full range of support services are provided to cancer patients (2004). The Department of Veterans Affairs (2003) states:

Rehabilitation is an integral component of cancer care. In designated Comprehensive Cancer Centers, rehabilitation services must be made available for both inpatients and outpatients. This treatment must be provided through the use of physical, occupational, recreational, and speech therapy services, at a minimum. Every facility caring for cancer patients has an obligation to provide rehabilitation directly or by appropriate referral (p. A2).

Individuals are being discharged earlier and returning home to experience the loss of their ability to participate in meaningful occupations including: dressing, cooking, taking care of the home, eating/feeding oneself, etc. Clients and their families may find themselves trying to gather information from a variety of sources including support groups, other patients, newspapers, magazines, books, and the Internet (Golant, et al.
2003) while coping with the physical and emotional challenges/limitations. There is a gap in services for many individuals due to this early discharge. This situation could be alleviated with referrals to appropriate services such as occupational therapy, which is a vital part of cancer rehabilitation. What are the factors influencing an individual’s ability to access and benefit from occupational therapy services that could improve their quality of life?

**Accessing Occupational Therapy Services**

There are concerns that individuals, diagnosed with cancer, are not referred to auxiliary services or have not been provided with adequate information regarding these services. Soderback, Pettersson, Von Essen, & Stein (2000) report that nurses and physicians play key roles in referring patients for services such as occupational therapy. Golant, et al. (2003) report that many patients rely on obtaining information from their primary care physicians and healthcare professionals.

The reasons for the limited appropriate referrals to rehabilitative and supportive resources may include: 1) failure to identify functional impairments by acute care staff, 2) lack of appropriate rehabilitation services, 3) lack of knowledge among family members, and 4) physician and healthcare professional limited awareness of occupational therapy and proper utilization of occupational therapy services. Soderback et al. (2000) examined whether patient and physician perceptions of the need for OT services were congruent. This study (2000) determined that “quantitatively, patients and physicians perceived a need for occupational therapy in about the same number (56% & 59%, respectively) of the patients” (Soderback et al. p. 84). The article by Soderback et al. (2000), offers
quantitative evidence to support that both cancer patients and physicians believe occupational therapy is underutilized, yet referrals are still not consistently occurring.

According to Soderback et al. (2000) there are still needs of those diagnosed with cancer that are unmet. Existing studies demonstrate that the need for occupational therapy is not always met for cancer patients in regarding activities of daily living as reported by patients (Gerber, Soderback et al., Taylor and Currow, 2001, 2000, 2003). Occupational therapy services can enhance empowerment that is often lost with a diagnosis of cancer (Matthews, Baker, & Spillers, & Penfold, 2004, 1996).

Inconsistent referrals and access to services can be addressed two ways: 1) educate professionals who work with cancer patients about occupational therapy and 2) develop a needs assessment as a screening tool for patients (Soderback and Paulsson, 1997). In order to teach others about occupational therapy, resources for occupational therapists must be developed regarding the benefits for individuals with cancer.

**Role of Occupational Therapy**

Patients diagnosed with cancer can experience a diminished quality of life. A study by Vrkljan and Miller-Polgar (2001) examined patients who were recently diagnosed with cancer and discovered they were overwhelmed by several aspects which include the physical and psychological effects that resulted in major changes in daily occupational routines. Participants in this study, if able, turned to occupations that were meaningful to regain a sense of self-control in their lives, yet many of these occupations had to be abandoned. The role of occupational therapy in oncology is to facilitate and enable an individual to achieve maximal functional performance, both physically and
psychologically, in everyday living skills regardless of his or her life expectancy (Vockins, 2003).

Occupation is defined in the Occupational Therapy Practice Framework as “the breadth and meaning of everyday life activities” (p. 610). Some examples of occupational performance areas include: activities of daily living (bathing, grooming, etc.), instrumental activities of daily living (cooking, money management, child care, etc.), education, work, play, leisure, and social participation (AOTA, 2002). Occupational therapists have developed a unique high level of specialization. The specialization and holistic approach add much more depth to the assessment and treatment process, which sets occupational therapists apart from other healthcare professionals.

**Assessment**

Functional impairments and physical limitations can be related to the diagnosis itself or as a direct result of medications and treatments the patient may receive. Occupational therapy focuses on assessment and intervention specific to the areas of occupation for persons diagnosed with cancer. Vockins (2003) observed that “the impact on function can be dramatic affecting the three areas of occupational performance; self care, productivity, and leisure” (p. 46).

Many patients diagnosed with cancer experience fatigue, diminished endurance, reduced respiratory capacity, muscular weakness/atrophy, and joint range of motion changes or deficits (van Weert, Hoekstra-Weebers, Grol, Otter, Arendzen, Postema, et al. 2005) often causing functional limitations (Schmidt, 2001). A research study by Barton-Burke (2006) discovered that the most frequent complaint of people with cancer was cancer-related fatigue. Various symptoms and side effects of medications/treatments can
be of such severity that their quality of life may be affected. The majority of patients reported that chemotherapy releases an unusual feeling of fatigue and abnormal weakness (Adamsen, 2004). Some individuals can become increasingly dependent on others to meet their needs (Lyons, Orozovic, Davis, Newman, 2002).

The areas an occupational therapist can assess include but are not limited to:

Table I: Assessment Areas

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<thead>
<tr>
<th>Strength</th>
<th>Endurance</th>
<th>Mobility</th>
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<tr>
<td>Activities of Daily Living (ADL's)</td>
<td>Instrumental Activities of Daily Living (IADL's)</td>
<td>Need for adaptive equipment to decrease pain while performing ADL's and IADL's</td>
</tr>
<tr>
<td>Home assessment</td>
<td>Stress management</td>
<td>Fatigue management</td>
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Once the areas of need are identified, the occupational therapist can then design client-centered intervention.

**Intervention**

Occupational therapy encompasses a large area of training, which enables the therapist to provide the patients with the holistic treatment they need and deserve. Symptom and side effect management is an important aspect of treatment or rehabilitation. Intervention can vary from practical assistance and advice in any of the following areas: life skills, such as personal care; support of the individual in adjusting emotionally to the effects and implication of the disease; or to assisting the individual to maintain social and leisure activities as much as possible (Penfold, 1996).

To address various physical side effects, the occupational therapist can provide education and training to the patient and/or caregiver in the following areas: individual exercise/strengthening programs, energy conservation, breathing techniques, mobility/transfer training, adaptive equipment, and pain management.
Patients reported increased depression during their first months after a diagnosis (van Weert, et al., 2005). Patients also describe other psychological problems experienced including anxiety, mood disturbances, stress, insecurity, grief, low self-esteem, social isolation, and job reintegration (van Weert, et al., 2005). Occupational therapy addresses various psychological side effects by providing education and training to the patient and/or caregiver in the following areas: stress management, coping/problem solving skills, information on available supportive services, leisure exploration, community reintegration, and role identification.

Occupational therapy can address both the physical and psychological issues that those diagnosed with cancer and their caregivers may be experiencing throughout any phase of this disease. Occupational therapy needs to take a more active and responsible role in the development and dissemination of educational materials and educational opportunities for people to learn what the profession can offer. This will allow individuals to make a more informed decision about their treatment choices.

**Increasing Awareness and Visibility**

A diminished quality of life is often associated with a loss of ability to participate in meaningful occupations. This review of literature has established that there is a need for occupational therapy to address the physical and emotional challenges and limitations those diagnosed with cancer may be experiencing. The literature identifies a need for education about occupational therapy to ensure those individuals who can benefit are aware of the services and have access to it.

As previously stated, the reasons for limited appropriate referrals may include: 1) failure to identify functional impairments by acute care staff, 2) lack of appropriate
rehabilitation services, 3) lack of knowledge among family members, and 4) physician and healthcare professional limited awareness of occupational therapy and proper utilization of occupational therapy services.

The education needs to target: 1) patients who are diagnosed with cancer, 2) physicians and 3) other healthcare providers. The education of others can be addressed by a variety of methods such as: in-services, brochures, and anything else that could present information about occupational therapy. To meet the identified needs the following educational and promotional materials have been developed and compiled into a packet titled: *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer.*

**Purpose**

This packet is specifically designed for patients diagnosed with cancer and/or their caregivers along with a variety of healthcare professionals. Relevant and applicable research and journal articles revealed that occupational therapy is a vital discipline for improving the quality of life for patients diagnosed with cancer. The authors believe it is important to address both populations for effective education.

The educational and promotional materials that comprise the packet will be a valuable resource for the occupational therapy practitioners. It can be used to increase awareness of the profession and hopefully result in increasing the access for those who can benefit from OT and have an improved quality of life.

**Educational Material Design**

The format and design of the information for this packet is based on the work of Malcolm Knowles regarding adult learners and adult education (2006). An adult learning
theory is essential as the information is designed to teach adult learners about the role and benefits of occupational therapy. Knowles (2006) identified several characteristics of adult learners which has been considered and incorporated into the material design:

1. His/her self-concept moves from dependency to self-direction. The focus is to increase the awareness of the target groups: healthcare professionals and clients/caregivers so they have the basic information to make an independent, informed decision if occupational therapy can meet a need or needs.

2. He/she accumulates a growing reservoir of experiences that becomes a resource for learning. The focus is to respect the skills and knowledge of the target groups, which is evident through the materials. The materials are designed at the clients and family members or caregivers’ educational levels to encourage them to share what they currently know and what they need and empower them to chose the direction of their treatment.

3. His/her learning readiness becomes increasingly oriented to the tasks of various social roles. The focus is to identify the social roles and roles in general that the individual needs and wants to maintain, the tasks it will take to maintain these roles and what tasks the individual is capable of performing. These roles could include: parent, sibling, worker, volunteer, etc.

4. His/her time perspective changes from one of postponed knowledge application to immediate application. The focus is for those receiving the information provided to have the ability to seek out the necessary resources and/or utilize this information for a more personal or individualized purpose. They are searching out information that is relevant to today and that they can readily apply. That is why the information developed in this packet has to be written based on this principle as well.

5. His/her orientation to learning shifts from subject-centered to problem-centered. The focus is to further examine what specific difficulties those diagnosed with cancer, caregivers, or other healthcare professionals are having that can be correlated directly to occupational therapy services.
The Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer Educational Packet includes the following information:

1. A section on Resource Packet Guidelines and Suggestions For Use provides information on how the OT practitioner can use the resource packet/information with the various audiences. It is suggested that this information be presented at a variety of community settings such as support groups, health fairs, etc. to educate healthcare professionals and those diagnosed with cancer or their caregivers about occupational therapy.

2. An OT Prescreening Questionnaire that can be used for two audiences: a) the healthcare professional and b) individuals diagnosed with cancer and their caregivers or family members. The Questionnaire will be used to establish a possible need for occupational therapy services. This will also help to identify any noticeable changes the client may be experiencing, activities that are causing difficulty for an individual, and location or methods of receiving help and support regarding the diagnosis of cancer.

3. A PowerPoint lecture/Discussion Presentation that has been adapted for two audiences: a) the healthcare professional and b) individuals diagnosed with cancer and their caregivers/family. The PowerPoint provides information on: a) a description of occupational therapy; b) daily tasks and functional aspects that can be affected by cancer and how these areas could be addressed by occupational therapy, and c) brief examples of how occupational therapy will treat the various clients and/or caregivers.

4. An Educational Brochure that provides information about occupational therapy, examples of daily activities and/or side effects that occupational therapy can address for those diagnosed with cancer and/or their caregivers, and a listing of local and national resources. Having this brochure will assist OT’s in education for possible clients, family members and healthcare professionals as an additional method of informing the public and can be dispensed in a variety of settings.

5. A Compact Disc is available for occupational therapy practitioners that contain: Guidelines or Suggestions For Use, the OT Pre-Screening Questionnaire, the Power Point Lecture/Presentation, and the Educational Brochure.
The literature identifies community health meetings or cancer support groups as suitable areas to educate patients and caregivers/family members. Occupational therapy practitioners can utilize support groups and other community based gatherings to educate and inform those diagnosed with cancer about their rehabilitation options. Cancer support groups have the potential to meet the gaps in support services currently experienced by many in mainstream healthcare (Kirsten, Butow, Price, Hobbs, & Sunquist, 2006). An additional benefit to support groups is that they help the patients increase their participation in decision-making and improve their knowledge and ability to cope (Weis, 2003). Support groups provide an avenue for a variety of healthcare professionals to participate in enhancing the lives of those diagnosed with cancer. Kirsten, et al. (2006) states that the “credibility of support groups and recognition of their importance was seen as instrumental to improving the referrals”.

The occupational therapy practitioner can also utilize in-services to increase the healthcare professionals’ knowledge of occupational therapy services. It would also be beneficial for occupational therapy to be part of the orientation in-services provided to all new employees. Therapists could also offer to do presentations at other facilities connected to the organization such as transitional care, nursing homes or outreach programs.

Conclusion

In conclusion, occupational therapists are trained to recognize and treat the varying issues and conditions that occur during each stage of cancer. The literature review established that there is a need for occupational therapy to address the physical and emotional challenges and limitations an individual may be experiencing throughout
many phases of their illness. Upon presentation of the client’s needs, significant literature supports OT as a viable part of each client’s regimen of care.

It is important that patients are referred for occupational therapy services to assess, evaluate and develop proper interventions and treatments for clients to improve their independence and quality of life. These referrals can come from a variety of sources including physicians, nursing, counselors, rehabilitation professionals, and even self-referral. The goal is to create awareness of the role of occupational therapy, what it can do for individuals diagnosed with cancer and their families, and how to access this service. The literature also demonstrates the need for resources that occupational therapists can use to educate occupational therapists and other medical professionals about the benefits of occupational therapy in cancer treatment.

The methodology for the development and design of the educational and promotional packet is presented in Chapter III. The educational and promotional packet is presented in its entirety in Chapter IV. Chapter V will culminates with a summary and overview of the product including limitations, how to implement the product, and recommendations of the product.
CHAPTER III
METHODOLOGY

The original concept of the product was design an educational tool that would inform patients diagnosed with cancer about the benefits of occupational therapy. This was originally based on the belief that patients with cancer did not know about the benefits of OT and that was a primary reason for limited referrals.

The process of developing the educational and promotional packet titled: *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer* began with a review of the literature. The literature review was conducted using several avenues: Harley French Library, Casper College Library, and national websites. This project is also based on an accumulation of resources gained through formal education in the University of North Dakota Master's of Occupational Therapy program. The literature review focused on the:

a) Services that individuals with cancer typically access via referral,

b) Process of accessing these services and the factors that could limit access,

c) Role of occupational therapy in the individual's treatment, and

d) Identifying where occupational therapy needs to focus its energies in the areas of promotion, education, and the identification of areas of need for the prospective referral base and clients.

The intent with this project began as an informational/educational packet for
cancer patients and their caregivers and expanded to healthcare professionals based on the review of literature. The review of the literature revealed there was also a need to inform healthcare providers of the benefits occupational therapy services. In addition, there was a need to provide other occupational therapists with educational resources they could use in the promotion of the role of OT.

To meet the identified needs the following educational and promotional materials have been developed and compiled into a packet titled: *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer.*

**Educational Material Design**

The format and design of the information, for this packet, is based on the work of Malcolm Knowles regarding adult learners and adult education (2006). An adult learning theory or base is essential since the information is designed to teach adult learners about the role and benefits of occupational therapy. The educational and promotional packet materials include:

1. Resource Packet Guidelines and Suggestions
2. An Occupational Therapy PreScreening Questionnaire
3. A PowerPoint format for a lecture/discussion presentation
4. An Educational Brochure
5. A Compact Disc
CHAPTER IV

PRODUCT

The development of *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer* is based on a thorough review of current and evidence based practice literature.

**Purpose**

This packet is specifically designed for patients diagnosed with cancer and/or their caregivers along with a variety of healthcare professionals. Relevant and applicable research and journal articles revealed that occupational therapy is a vital discipline for improving the quality of life of patients diagnosed with cancer. The authors believe it is important to address both populations for effective education.

The educational and promotional materials that comprise the packet will be a valuable resource for the occupational therapy practitioners to increase awareness of the profession and hopefully result in access for those who can benefit from OT while also improving their quality of life.

**Educational Material Design**

This product is based on the adult learning theory work of Malcom Knowles regarding adult learners and education (2006). The use of adult learning theory is essential for this educational packet design since the information is designed to teach adult learners about the roles and benefits of occupational therapy. Knowles (2006)
identified several characteristics of adult learners which has been considered and
incorporated into the material design:

1. *His/her self-concept moves from dependency to self-direction.* The focus is to
increase the awareness of the target groups: healthcare professionals and
clients/caregivers so they have the basic information to make an independent,
informed decision if occupational therapy can meet a need or needs.

2. *He/she accumulates a growing reservoir of experiences that becomes a resource
for learning.* The focus is to respect the skills and knowledge of the target
groups, which is evident through the materials. The materials are designed at the
clients and family members or caregivers’ educational levels to encourage them to
share what they currently know and what they need and empower them to chose
the direction of their treatment.

3. *His/her learning readiness becomes increasingly oriented to the tasks of various
social roles.* The focus is to identify the social roles and roles in general that the
individual needs and wants to maintain, the tasks it will take to maintain these
roles and what tasks the individual is capable of performing. These roles could
include: parent, sibling, worker, volunteer etc.

4. *His/her time perspective changes from one of postponed knowledge application to
immediate application.* The focus is for those receiving the information provided
to have the ability to seek out the necessary resources and/or utilize this
information for a more personal or individualized purpose. They are searching
out information that is relevant to today and that they can readily apply. That is
why the information developed in this packet has to be written based on this
principle as well.

5. *His/her orientation to learning shifts from subject-centered to problem-centered.*
The focus is to further examine what specific difficulties those diagnosed with
cancer, caregivers, or other healthcare professionals are having that can be
correlated directly to occupational therapy services.

The *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with
Cancer Educational Packet* includes the following information:

1. A Section on Resource Packet Guidelines and Suggestions for use provides
information on how the OT practitioner can use the resource packet/information
with the various audiences. It is suggested that this information be presented at a
variety of community settings such as support groups, health fairs, etc. to educate
healthcare professionals and those diagnosed with cancer or their caregivers about occupational therapy.

2. An OT Prescreening Questionnaire that can be used for two audiences: a) the healthcare professional and b) individuals diagnosed with cancer and their caregivers or family members. The Questionnaire will be used to establish a possible need for occupational therapy services. This will also help identify any noticeable changes the client may be experiencing, activities that are causing difficulty for an individual, and location or methods of receiving help and support regarding the diagnosis of cancer.

3. A PowerPoint lecture/discussion presentation that has been adapted for two audiences: a) the healthcare professional and b) individuals diagnosed with cancer and their caregivers/family. The PowerPoint provides information on: a) a description of occupational therapy; b) daily tasks and functional aspects that can be affected by cancer and how these areas could be addressed by occupational therapy and c) brief examples of how occupational therapy will treat the various clients and/or caregivers.

4. An Educational Brochure that provides information about occupational therapy, examples of daily activities and/or side effects that occupational therapy can address for those diagnosed with cancer and/or their caregivers, and a listing of local and national resources. Having this brochure will assist OT’s in education for possible clients, family members and healthcare professionals as an additional method of informing the public and can be dispensed in a variety of settings.

5. A Compact Disc is available for occupational therapy practitioners that contain: PowerPoint presentations, the OT Pre-Screening Questionnaire, the educational brochure, and the guidelines or suggestions for use.

The author’s intention to summarize and organize relevant materials into an educational packet is achieved with this product. The materials are organized in both user-friendly and audience-specific formats and terms. This educational and informative packet *Occupational Therapy: Meeting the Needs of Individuals Diagnosed with Cancer* is a valuable and helpful resource for the occupational therapy practitioner and will help those involved or affected by a diagnosis of cancer have an improved quality of life and increased independence.
Educational Packet

Occupational Therapy: Meeting The Needs of Individuals Diagnosed with Cancer
Educational Packet

Occupational Therapy: Meeting the Needs Of Individuals Diagnosed with Cancer
Guidelines and Suggestions For Use

These are general guidelines and suggestions on how to present this educational packet within the healthcare field to promote occupational therapy and inform others about the quality services that can be provided to those diagnosed with cancer.

Healthcare Professionals: Anyone involved in patient care (direct or indirect) can be included in this target audience to learn about what occupational therapy can do for those diagnosed with cancer. Suggested recipients include; General physicians, oncologists, surgeons, physiatrists, psychologists, counselors, nursing, additional rehabilitation professionals (physical therapy, occupational therapy, recreational therapy, and respiratory therapy), social workers, and dieticians. These individuals can be presented the PowerPoint directed towards healthcare professionals and given both the checklist/screening tool, and the brochure.

Non-Professional: The recipients of this aspect include those diagnosed with cancer and/or caregivers/family members. Items presented can include the PowerPoint directed towards clients and/or caregivers, the checklist/screening tool, and the brochures.

Suggestions for venues or places to present these materials can include but are not limited to; hospitals, rehabilitation facilities, skilled nursing facilities, home health care agencies, physicians offices, outpatient clinics, counseling or community mental health clinics, health fairs, cancer support groups, or any local/community gathering associated with general health and well being.
Is Occupational Therapy For Me?

Please answer all questions, as honestly as possible, with either a yes or no. This checklist is a quick screening tool to see if you, or someone you know, could benefit from occupational therapy rehabilitation services. If you answer yes to any of these, you could benefit from occupational therapy. Please ask your physician for a referral.

<table>
<thead>
<tr>
<th>What changes have you noticed:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A change in things I used to be able to do for enjoyment/leisure (dancing, cooking, going to the movies, fishing, gardening, etc...)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. A change in being able to get the things I want to get done. Does it take more time to complete tasks that you consider “simple”?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. A change in things I need to do to take care of myself (bathing, brushing teeth, making a cup of coffee)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. A change in the amount of strength and endurance I have to be able to do the things I want to do and need to do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. A change in how much I can move my arms/legs/body to be able to do the things I want and need to do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. A change in being able to work at all or for parts of my job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. A change in being able to care for the people I care about (children, spouse, parents)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. A change in the relationships I have with my loved ones; their expectations or my expectations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. A change in my mood, attitude, outlook (feeling down, as though I have no control in my life)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have difficulty with: Yes No

1. Dealing with side-effects (from treatment or medications)?
2. Being safe at home (stairs are too steep, lighting is poor and hard to see, afraid of falling etc...)?
3. Going to public outings and events and/or social activities due to your illness?

I know where and how to get help: Yes No

1. Supportive services (support groups, counseling, and cancer outreach centers etc...) in my community?
2. Rehabilitation services (occupational therapy, physical therapy and speech therapy etc...) in my community?
Meeting the Needs of Individuals Diagnosed with Cancer

The Role of Occupational Therapy
Presentation for the healthcare professional

Goals of Presentation

- Introduction to occupational therapy
- Describe the intervention areas of occupational therapy
- Describe how occupational therapy could help individuals diagnosed with cancer.

Do you have patients who could benefit from help in any of these areas?

<table>
<thead>
<tr>
<th>Getting dressed, taking a bath or shower?</th>
<th>Cooking, laundry, driving?</th>
<th>Taking care of a loved one?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed energy levels?</td>
<td>Managing side effects of medications?</td>
<td>Coping with stress &amp; anxiety?</td>
</tr>
<tr>
<td>Coping with feelings of depression?</td>
<td>Sweating?</td>
<td>Relaxing?</td>
</tr>
<tr>
<td>Managing surgical care?</td>
<td>Making their home easier to get around?</td>
<td>Increasing strength and endurance?</td>
</tr>
<tr>
<td>Access to community assistance (support groups, rehabilitation, etc.)</td>
<td>Exploring new interests or hobbies?</td>
<td>Getting out into the community?</td>
</tr>
</tbody>
</table>
Occupational Therapy (OT) is:

A profession that is skilled in treatment that helps individuals achieve independence in all parts of their lives.

We assist people in developing or reestablishing the skills they need for the job of living which are necessary for independent and satisfying lives...a healthy quality of life.

AOTA

Who are OT Practitioners?

Occupational therapy practitioners are skilled professionals whose education includes the study of human growth and development with a specific emphasis on the social, emotional and physiological effects of illness and injury.

Where do OT's work?

- Hospitals
- Public/private schools
- Mental health settings
- Home health
- Day care
- Senior centers
- Hospices
- Rehabilitation centers
- Nursing homes
- Child development centers
- Retirement communities
- Private clinics

AOTA Consumer Information Sheet available
http://www.aota.org/featured/are6/index.asp
Services are Determined by:

Formal and informal assessments: screenings, patient and caregiver interviews, checklist.

Please note that if you or a loved one is in need of occupational therapy please contact your primary care physician or other healthcare professionals in the area.

OT works toward engagement in an Active Lifestyle

• The Benefits of an Active Lifestyle include:
  - Increased physical functioning
  - Prevention of muscle wasting caused by inactivity
  - Less dependence on others for normal activities of daily living
  - Improved self esteem
  - Increased ability for social contact
  - Improved quality of life
  - Improved memory
  - Less symptoms of depression
  - Improved sense of personal control

We still do not know a lot about the effects of exercise and physical activity on the recovery from cancer and the impact on the immune system. But regular moderate exercise does have health benefits for the cancer patient. In some studies, cancer patients who did moderate exercise reported decreased nausea, decreased fatigue, increased physical tolerance for activity and increased quality of life. Aerobic exercise that increases the heart rate increased red blood cell production and improved the functioning of the heart, lungs and circulation.

In elderly people, regular exercise and physical activity have shown not only physical improvements, but psychological benefits such as improved memory, less symptoms of depression, and an improved sense of personal control. The most extensive research on exercise is in those with heart disease. Now, exercise research for other chronic diseases, including cancer, is underway and it looks very promising.

Tips to Reduce Fatigue:

Set up a daily routine that promotes activity when you are feeling your best
Exercise regularly, light to moderate intensity
Get fresh air
Unless you are told otherwise, eat a balanced diet that includes protein (meat, milk, eggs, legumes) and drink about 8 – 10 glasses of water a day
Keep your symptoms controlled, like pain,
OT Services Typically Include:
- Performance skills assessments and treatment
- Comprehensive home and job site evaluations with adaptation recommendations
- Customized treatment programs to improve one's ability to perform daily activities
- Adaptive equipment recommendations and usage training
- Guidance to family members and caregivers

For people with cancer, OT treatments may include:
- Evaluation of muscle strength and mobility.
- Activities of Daily Living (ADL) training, such as bathing, dressing, food preparation, homemaking, job modification, etc.
- Adaptation and/or fabrication of equipment to promote ADL independence, the OT helps the patient to compensate by developing skills and/or using adaptive equipment which make activity possible such as splints, dressing/groom aids, eating devices, communication devices, etc.
- Fatigue management, including instruction in how to conserve energy and protect joints.

nausea, or depression
To save energy, place things you use often within easy reach
Enjoy your hobbies and other activities that give you pleasure
Use relaxation and visualization techniques to reduce stress
Balance rest with activity that does not interfere with nighttime sleep
Ask for help when you need it

Enjoyable
The key is to keep your program simple and enjoyable. Exercise and relaxation techniques are a great reliever of stress. Reducing your stress is a vital element in maintaining health.
For people with cancer, OT treatments may include:
- Wheelchair fittings and instruction.
- Therapeutic exercises and activities to improve or maintain coordination, strength, endurance, range of motion and ADL.
- Upper extremity orthotic and prosthetic equipment management, including proper fitting and training.
- Discharge planning. This may include home-health care instruction, training in the use of durable medical equipment, such as a walker, tub bench or bedside commode. Effective discharge planning also may require coordination and consultation with other health-care providers.

Sample Treatment Focus Area I:
FATIGUE

Fatigue In Cancer: Most cancer patients experience a loss of energy. During chemotherapy and radiation, about 70% of patients have fatigue. For many, fatigue is severe and limits their activity. Inactivity produces muscle wasting and loss of function.

For many people diagnosed with cancer, fatigue may become a critical issue in their lives. Fatigue may influence one’s sense of well-being, daily performance, activities of daily living, relationships with family and friends, and compliance with treatment.

Financial resources may become limited as people suffering from fatigue are forced into disability programs or out of a job. Treatment outcomes may then become compromised because of the difficulties in maintaining health insurance, problems in gaining access to care, or financial barriers to pursuing aggressive treatment.
It is not intended to be either inclusive or exclusive of appropriate interventions.

Sample Treatment Focus Area II: Mental Health

- Depression
- Anxiety and Fear

Numerous factors related to the moods, beliefs, attitudes, and reactions to stressors of people with cancer are thought to contribute to the development of chronic fatigue.

Depression can affect approximately 15% to 25% of persons with cancer. The presence of depression, as manifested by loss of interest, difficulty concentrating, lethargy, and feelings of hopelessness, can compound the physical causes for fatigue in these individuals and persist long past the time when physical causes have resolved.

Anxiety and fear associated with a cancer diagnosis, as well as its impact on the person's physical, psychosocial, and financial well-being, are sources of emotional stress. Distress associated with the diagnosis of cancer alone may trigger fatigue.

It is not intended to be either inclusive or exclusive of appropriate interventions.
Sample Treatment Focus Area II: Lymphedema

- **Indications for Treatment:**
  - Loss of functional use of upper extremities with ADL’s due to size, weight, and loss of motion in the affected extremity
  - Scar tissue limiting tissue motion with ADL’s and hampering lymph fluid movement
  - Palliative care for comfort with the desired level of ADL function a patient desires to maintain that the lymphedema is hampering
  - Loss of range of motion so that a patient maybe unable effectively and functionally move the extremities

Possible Intervention Ideas

- Interventions most commonly used for this:
  - Therapeutic exercise program, home program, strengthening, stretching, range of motion, postural reeducation
  - Manual lymphatic drainage, manual lymphatic bandaging, myofascial release
  - Sensory reeducation for loss of or hypersensitive areas
  - Education on lymphedema precautions, tasks modification, and home program
  - Scar tissue management
  - Compression garment use currently and for the long term

Summary

As new treatments are developed for cancer that provide improved survival, it is imperative that some consideration is given to the long-term sequela of cancer and its treatment.

Cancer survivors should be able to expect to return to a productive, fulfilling life and support is needed for this effort, not only to reduce disability and improve patient function toward a positive and health quality of life. Occupational Therapy is one profession that can assist in improving the individual's quality of life.

It is not intended to be either inclusive or exclusive of appropriate interventions.

Today we have outlined several areas that occupational therapy can address for those diagnosed with cancer and/or their caregivers. The main goal of OT is to determine what the main concerns are or what is causing a loss of independence. OT's will then use their skills and training to modify or adjust these areas and demonstrate ways to increase function, productivity, and quality of life.
Questions

Resources

- **National**
  - American Cancer Society (ACS) Association
    - 1-800-ACS-2345
  - American Occupational Therapy Association
    - 1-800-729-2662

- **Statewide**
  - Local American Cancer Society Cooper Office
    - 303 S. Maple Ave. Ste. 185 Cooper, WY 82001
    - 1-307-577-4802

- **Local**
  - Wyoming Orthopedic Rehabilitation Institute
    - 508 Stockroll St. A, Gillette, WY 82716
    - 1-307-688-4000
  - Cancer Care at Campbell County Memorial Hospital
    - 501 S. Brown Ave., Gillette, WY 82716
    - 1-307-688-1900

\[\text{www.acs.org}\]
Individuals Diagnosed with Cancer

The Role of Occupational Therapy
Presentation for those diagnosed with cancer and/or caregivers

Goals of Presentation
- Introduction to occupational therapy
- Describe various areas treated by occupational therapists
- Describe how occupational therapy could help individuals diagnosed with cancer.

Do you or someone you know need help in any of these areas?

<table>
<thead>
<tr>
<th>Getting dressed, taking a bath or shower?</th>
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<td>Managing side effects of medications?</td>
<td>Coping with stress &amp; anxiety?</td>
</tr>
<tr>
<td>Coping with feelings of depression?</td>
<td>Sweating?</td>
<td>Relaxing?</td>
</tr>
<tr>
<td>Managing surgical scars?</td>
<td>Making your home easier to get around?</td>
<td>Increasing strength and endurance?</td>
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<td>Access to community assistance (support groups, rehabilitation, etc.)?</td>
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We assist people to develop or regain the skills they need for the job of living that are necessary for independent and satisfying lives...a healthy quality of life.

American Occupational Therapy Association

Who are OT Practitioners?

Occupational therapy professionals are educated on human growth and development that focus on how an injury or illness affects a person socially, emotionally and physically.

Where do OT's work?

- Hospitals
- Public/private schools
- Mental health settings
- Home health
- Day care
- Senior centers
- Hospice
- Rehabilitation centers
- Nursing homes
- Child development centers
- Retirement communities
- Private clinics

AOTA Consumer Information Sheet available
http://www.aota.org/featured/are6/index.asp
Services are Determined by:

Formal and informal assessments: screenings, patient and caregiver interviews, and/or checklists.

OT Services Typically Include:

- Looking at how people perform many tasks
- Examining the home or job site for safety and making necessary recommendations
- Personalizing treatment programs to increase function
- Suggestion of possible equipment to make performing daily activities easier
- Guidance to family members and caregivers

For people with cancer, OT treatments may include:

- Evaluating the following areas:
  - Strength
  - How well a person is getting around
  - Ability to perform daily living skills (dressing, bathing, preparing food, toileting, etc.)
  - Making or adapting equipment to make daily skills easier (splints, dressing/grooming aids, eating devices, etc)
  - Managing levels of energy and protecting joints during everyday tasks

Please note that if you or a loved one is in need of occupational therapy please contact your primary care physician or other healthcare professionals in the area.
Slide 10

For people with cancer, OT treatments may include:

- Wheelchair fitting and instructions
- Instruction in exercise and activities to improve strength, coordination, energy levels, joint mobility and daily activities
- Training and instructions for arm or hand orthotics or prostheses
- Planning for transition of treatment (can include home health care instruction, training in equipment use, coordination with other health care providers, etc)

Slide 11

Examples: Occupational Therapy can address the following...

- Fatigue
- Mental Health
- Lymphedema

Fatigue can be defined as how tired a person feels throughout his/her day or the amount of energy they have to complete daily tasks.

Mental Health can be described as your moods, beliefs, attitudes, or reactions to various things that occur on a daily basis.

Lymphedema is basically the swelling that can occur as a result of damage or injury to the lymphatic system in the body.

Slide 12

Sample Focus Area I: FATIGUE

- Fatigue in Cancer: Most cancer patients experience a loss of energy. During chemotherapy and radiation, about 70% of patients have fatigue. For many, fatigue is severe and limits their activity. Inactivity produces muscle wasting and loss of function.

For many people diagnosed with cancer, fatigue may become a critical issue in their lives. Fatigue may influence one's sense of well-being, daily performance, activities of daily living, relationships with family and friends, and compliance with treatment.

Financial resources may become limited as people suffering from fatigue are forced into disability programs or out of a job. Treatment outcomes may then become compromised because of the difficulties in maintaining health insurance, problems in gaining access to care, or financial barriers to pursuing aggressive treatment.
Possible Intervention Ideas

- Teach and demonstrate ways to conserve energy
- Evaluate, recommend and teach the individual how to use adaptive equipment for to save energy throughout their daily routines
- Come up with a daily routine that includes activity
- Teach relaxation techniques
- Instruct the individual on ways to manage pain which may include; rest, exercise, nutrition and positive attitude

Sample Focus Area II: Mental Health

- Depression
- Anxiety and Fear

It is not intended to be either inclusive or exclusive of appropriate interventions.

Numerous factors related to the moods, beliefs, attitudes, and reactions to stressors of people with cancer are thought to contribute to the development of chronic fatigue.

Depression can affect approximately 15% to 25% of persons with cancer. The presence of depression, as manifested by loss of interest, difficulty concentrating, lethargy, and feelings of hopelessness, can compound the physical causes for fatigue in these individuals and persist long past the time when physical causes have resolved.

Anxiety and fear associated with a cancer diagnosis, as well as its impact on the person's physical, psychosocial, and financial well-being, are sources of emotional stress. Distress associated with the diagnosis of cancer alone may trigger fatigue.
Possible Intervention Ideas

- Establish goals important to each person
- Modify tasks so the person is able to complete them successfully
- Encourage people to express their feelings regarding stress, anger, fear, frustration, and sadness
- Explore and identify healthy ways to deal with frustrations
- Encourage healthy lifestyles such as exercise and support groups

Sample Focus Area III:
Lymphedema

- Indications for Treatment:
  - Loss of functional in the arms and hands during daily activities due to size, weight, and loss of motion in the affected extremity
  - Scar tissue that can limit lymph fluid movement and decrease motion during daily activities
  - Making a person comfortable with their activities as they deal with the increased swelling
  - Loss of joint motion so that a patient may be unable effectively and functionally move the extremities

Interventions most commonly used for this:

- Exercise programs, home program, strengthening, stretching, and increasing joint motion
- Hands-on techniques to help with moving the fluids out of the areas; bandaging, types of massage
- Help with making areas less sensitive and painful
- Education on making daily tasks easier
- Scar tissue management
- Introduction and instruction in compression garment use

It is not intended to be either inclusive or exclusive of appropriate interventions.
We still do not know a lot about the effects of exercise and physical activity on the recovery from cancer and the impact on the immune system. But regular moderate exercise does have health benefits for the cancer patient. In some studies, cancer patients who did moderate exercise reported decreased nausea, decreased fatigue, increased physical tolerance for activity and increased quality of life. Aerobic exercise that increases the heart rate increased red blood cell production and improved the functioning of the heart, lungs and circulation.

In elderly people, regular exercise and physical activity have shown not only physical improvements, but psychological benefits such as improved memory, less symptoms of depression, and an improved sense of personal control. The most extensive research on exercise is in those with heart disease. Now, exercise research for other chronic diseases, including cancer, is underway and it looks very promising.

**Tips to Reduce Fatigue:**

Set up a daily routine that promotes activity when you are feeling your best
Exercise regularly, light to moderate intensity
Get fresh air
Unless you are told otherwise, eat a balanced diet that includes protein (meat, milk, eggs, legumes) and drink about 8 – 10 glasses of water a day
Keep your symptoms controlled, like pain, nausea, or depression
To save energy, place things you use often within easy reach
Enjoy your hobbies and other activities that give you pleasure
Use relaxation and visualization techniques to reduce stress
Balance rest with activity that does not interfere with nighttime sleep
Ask for help when you need it

**Enjoyable**
The key is to keep your program simple and enjoyable. Exercise and relaxation techniques are a great reliever of stress. Reducing your stress is a vital element in maintaining health.
Slide 19

Ways to Add Physical Activity to Your Daily Routine

- Remember, only do what you feel up to doing:
  - Take a walk around your neighborhood after dinner
  - Ride your bike
  - Mow the grass or rake the leaves instead of using the blower
  - Scrub your bathroom
  - Wash and wax the car
  - Play active games with the kids, like freeze tag, jump rope, and the games you loved to play when you were a kid
  - Weed your garden by hand

Slide 20

Ways to Add Physical Activity to Your Daily Routine

- Remember, only do what you feel up to doing:
  - Take a friend dancing
  - Do arm curls, squats, lunges, and sit ups while you are watching TV
  - Walk to lunch
  - Park your car in the farthest parking space at work and walk to the building
  - Use the stairs instead of the elevator
  - Get off the bus several stops early and walk the rest of the way to work
  - Make appointments for yourself in your daily planner for 10 minute walking breaks

Slide 21

Summary

As new treatments are developed for cancer that provide improved survival, it is imperative that some consideration is given to the long-term sequelae of cancer and its treatment. Cancer survivors should be able to expect to return to a productive, fulfilling life and support is needed for this effort, not only to reduce disability and improve patient function toward a positive and health quality of life. Occupational Therapy is one profession that can assist in improving the individual's quality of life.

Today we have outlined several areas that occupational therapy can address for those diagnosed with cancer and/or their caregivers. The main goal of OT is to determine what the main concerns are or what is causing a loss of independence. OT's will then use their skills and training to modify or adjust these areas and demonstrate ways to increase function, productivity, and quality of life.

You can contact the following for more information about occupational therapy services or a referral:
- The current physician or oncologist
- Local rehabilitation facilities
- Nursing or home health providers
- Cancer support groups at local, state and national levels
Questions

Resources

National
- American Cancer Society (ACS) Association: 1-800-ACS-2345
  www.cancer.org
- American Occupational Therapy Association: 1-800-722-2582
  www.AOTA.org

Statewide
- Local American Cancer Society Chapter Office: 907 N Peoplar Ave, Ste
  105, Casper, WY 82001  1-307-577-4892

Local
- Wyoming Orthopedic Rehabilitation Institute: 305 S Isletau Str. A
  Cheyenne, WY 82016  1-307-633-1810
- Wyoming Orthopedic Rehabilitation Hospital: 301 S. Durrant
  Ave, Gillette, WY 82714  1-307-682-0000
- Wyoming Orthopedic Rehabilitation Hospital: 301 S. Durrant
  Ave, Gillette, WY 82714  1-307-682-0000
Cancer Support Services

National

- American Cancer Society (ACS) Association
  1-800-ACS-2345
  www.cancer.org

- American Occupational Therapy Association
  1-800-729-2682
  www.AOTA.org

Statewide

- Local American Cancer Society Casper Office
  907 N Poplar Ave, Ste 185
  Casper, WY 82601
  1-307-577-4892

Local

- Wyoming Orthopedic Rehabilitation Institute
  508 Stocktrail Ste. A
  Gillette, WY 82716
  1-307-688-4000

- Cancer Care at Campbell County Memorial Hospital
  501 S. Burma Ave.
  Gillette, WY 82718
  1-307-688-1900
  www.ecmh.net

For a referral to your local occupational therapy department please contact your local physician.

Occupational Therapy

Improving Function

Enhancing Quality Of Life
Occupational Therapy Defined

Occupational Therapy (OT) is a health profession that focuses on maximizing an individual’s ability to participate in everyday tasks and lead meaningful and purposeful lives. This will allow people to be more self-sufficient and lead more enjoyable and fulfilling lives.

Occupational therapists and occupational therapy assistants work with clients of all ages that range from infancy to later adulthood. OT’s can provide treatment in a variety of settings and work with many diagnoses and ailments.

OT can help those diagnosed with cancer in the following daily task areas

- Leisure
- Anxiety
- Coping
- Driving
- Relaxation
- Medication management
- Money management
- Prosthetic training
- Moving around

OT’s can assist with the following side effects and symptoms from cancer and treatment...

- Fatigue
- Depression
- Swelling
- Low appetite
- Low strength
- Pain
- Joint problems
- Low energy level
- Trouble with walking
- Care of wounds
- Weakness

How can OT help family members or caregivers of those diagnosed with cancer?

Education on the following...
- What to expect after varying types of treatment (side effects, challenges with daily tasks, treatment options, etc.).
- Ideas and suggestions on staying productive and active.
- Finding available community resources (support groups, rehabilitation services/facilities, physicians, and literature).
- Learn ways to cope and manage stress.
- Ideas to care for yourself and others so there is more of a balance in your life.
- Ideas to make changes in your home so it is safer and easier to your loved one can do the things they need and want to do.
CHAPTER V
SUMMARY

This packet is specifically designed for patients diagnosed with cancer and/or their caregivers along with a variety of healthcare professionals. Relevant and applicable research and journal articles revealed that occupational therapy is a vital discipline for improving the quality of life of patients diagnosed with cancer. The authors believe it is important to address both populations for effective education.

The educational and promotional materials that comprise the packet will be a valuable resource for the occupational therapy practitioners. It can be used to increase awareness of the profession and hopefully result in increasing the access for those who can benefit from OT and an improvement is quality of life.

Project Limitations

There are several limitations of this project:

1. The educational information designed and presented in this project has never been implemented to assess their effectiveness.

2. Advocacy for distribution of the information and resources such as: accessing cancer websites, knowledge through the college curriculum to new OT students, and informing American Occupational Therapy Association (AOTA) of the importance of OT services in cancer care.
Proposal for Implementation

The literature identifies community health meetings or cancer support groups as suitable areas to educate patients and caregivers/family members. Occupational therapists can utilize support groups and other community based gatherings to educate and inform those diagnosed with cancer about their rehabilitation options. Cancer support groups have the potential to meet the gaps in support services currently experienced by many in mainstream healthcare (Kirsten, Butow, Price, Hobbs, & Sunquist, 2006). An additional benefit to support groups is that they help the patients increase their participation in decision-making and improve their knowledge and ability to cope (Weis, 2003). Support groups provide an avenue for a variety of healthcare professionals to participate in enhancing the lives of those diagnosed with cancer. Kirsten, et al. (2006) states that the “credibility of support groups and recognition of their importance was seen as instrumental to improving the referrals”.

The occupational therapist can utilize in-services to increase the healthcare professionals’ knowledge of occupational therapy services. It would also be beneficial for occupational therapy to be part of the orientation in-services provided to all new employees. Therapists could also offer to do presentations at other facilities connected to the organization such as transitional care, nursing homes or outreach programs.

Recommendations for Future Action, Development or Research

1. Research on patient and physician satisfaction with OT services
2. Evidenced based practice research to demonstrate the improvements in quality of life for those receiving OT services, and
3. American Occupational Therapy Association (AOTA) to take a more active role in educating about the role, services and potential impact of OT. This includes designing and making promotional and educational materials available for the general public as well as occupational therapy practitioners to use.

4. Occupational therapists and occupational therapy assistants continue an active role in educating the public and other healthcare professionals on the benefits of occupational therapy for patients and/or caregivers affected by a diagnosis of cancer.

Conclusions

For those diagnosed with cancer, the lack of educational information is a major reason they may not be receiving appropriate and timely occupational therapy intervention. The intent with this project began as an informational/educational packet for cancer patients and their caregivers and expanded to include healthcare professionals as a result of the literature review. It will be a valuable resource for the occupational therapy practitioners to increase awareness of the profession and hopefully result in access for those who can benefit from OT.
REFERENCES


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