Massage and Physical Therapy: A Collaborative Approach to Patient Care in a Pediatric Oncology Clinic

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BACKGROUND

- Pediatric cancers make up < 1% of all cancers diagnosed each year. An estimated 10,590 new cancer cases will be diagnosed among children 0 to 14 years of age in the US 2018. Cancer is the second-leading cause of death among children ages 1-14 years (after accidents), accounting for 13% of deaths in 2015.
- Massage offers support for managing cancer-related and cancer treatment related symptoms including pain, anxiety and fatigue.
- Physical Therapy in clinic works to evaluate multisytem (neuromuscular, musculoskeletal, and cardiopulmonary) impairments and provide individualized exercise programs for patients undergoing treatment for pediatric cancers.

PURPOSE

In order to provide safe and efficacious support and exercise programs for childhood cancer patients, a multifactorial approach is necessary, which should include input from an interdisciplinary group of experts. In this clinic, Physical Therapy (PT) and Massage Therapy (MT) specialists worked together to assess and provide complementary interventions for patients with cancer.

METHODS

- In September 2018, massage therapy was initiated in the pediatric oncology clinic at our institution with donor support from the Johanna Tyson Foundation Fund.
- Weekly work included attending morning care-coordination rounds with our entire interdisciplinary team, where patient needs for each service were identified.
- Patients were offered both services (PT and MT) to optimize their pain control, muscle balance, and physical functioning.
- Patient needs were prioritized when determining sequence of services and mode of collaboration.

RESULTS

- In the first 4 months, MT and PT specialists collaborated fully to provide ongoing support to 5 individual patients in the oncology clinic. Additionally the MT saw 23 other patients in those months.
- Needs addressed included body pain/discomfort, tightness, and anxiety.
- After introduction of roles to the family, each provider completed their individual assessment and interventions for the patient.
- Providers utilized the clinic structure and flow of patient care to prioritize collaborative discussions before, between, after individual sessions.
- Goals of each provider were appropriately carried over in each session and home programs were established to be complementary and sometimes in conjunction.

SAMPLE PT/MT HOME PROGRAM

<table>
<thead>
<tr>
<th>Type of Day</th>
<th>Physical Therapy</th>
<th>Massage Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good days</td>
<td>Physical Therapy: Leg and back stretches, Leg stretching in supine, Walking outdoors</td>
<td>Massage Therapy: following PT exercise, Hydrotherapy (hot shower), Grandma gives back massage</td>
</tr>
<tr>
<td>Okay days</td>
<td>Physical Therapy: Leg and back stretches, Leg and back stretching in sitting and quadruped, Walking outdoors</td>
<td>Massage Therapy: following PT exercise, hydrotherapy (hot shower), Grandma gives back massage, self neck massage</td>
</tr>
<tr>
<td>Harder days</td>
<td>Physical Therapy: Leg and back stretches, Leg strengthening in supine, Walking indoors</td>
<td>Massage Therapy: following PT exercise, Hydrotherapy (hot shower), Grandma gives back massage</td>
</tr>
</tbody>
</table>

ACKNOWLEDGEMENTS

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REFERENCES


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