

# 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 in 2018. Cancer is the second-leading cause of death among children ages 1-14 years (after accidents), accounting for 13% of deaths in 2015<sup>1</sup>.
- Massage offers support for managing cancer-related and cancer treatment related symptoms including pain, anxiety and fatigue<sup>5</sup>.
- Physical Therapy in clinic works to evaluate multisystem (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<sup>3</sup>. 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



## ACKNOWLEDGEMENTS

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## IMPLICATIONS FOR PRACTICE

- This collaborative approach in the clinic was well received by patients, caregivers, and the interdisciplinary team.
- Maintaining flexibility, ongoing communications, and respecting clinic flow and hierarchy were key.
- Having access to both PT and MT on the same day and location where patients were receiving treatment positively impacted patients' abilities to participate in both services and limited the number of appointments.
- This improved quality of life for the patients who benefited from the services (decreased pain, improved flexibility, improved coping abilities, etc) as well as for their caregivers (decreased days off work for appointments, improved care tools).

## REFERENCES

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