

So your  
**patient**  
has **cancer?**

A guide for  
physiotherapists  
not specialising  
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**D**o you feel concerned when your patient also has a cancer diagnosis? Are you unsure of what to do and what not to do? This guide has been written by specialist cancer physiotherapists to support colleagues working in non cancer specific roles. It will help you feel more confident when treating someone with a current or past history of cancer and it lets you know what issues to look out for.

The guide is split into four sections:

- Understanding cancer
- Managing side effects, symptoms and conditions
- Promoting physical activity
- Red flags.

It signposts you to lots of useful resources and it will help you treat people holistically, as well as know when to refer them to a specialist.

## Understanding cancer

Cancer occurs when normal cells change such that they divide and grow in an uncontrolled way, forming malignant tumors. Most cancers start in one place – this is called a primary tumour. The cancer cells may then spread to nearby areas by pushing their way into healthy parts of the body and potentially damaging them. This is called local spread.

Cancer cells may also spread to distant parts of the body, normally via the blood stream or the lymphatic system. These cells may then start growing in new areas, forming secondary tumours (metastases).

There are over 200 different types of cancer, each with its own specific treatment approach.

## Cancer rehabilitation

There are 2.8 million survivors of cancer living beyond a diagnosis and this number is increasing. They have both physical and psychosocial needs and it is imperative that these are addressed holistically, to improve health and well being no matter what their prognosis.

**There are four stages of cancer rehabilitation:**

1. **Preventative** – aiming to reduce the impact of expected disabilities as a result of cancer and helping people learn to cope with them.
2. **Restorative** – aiming to return the patient to pre-illness level of function without disability.
3. **Supportive** – aiming to limit functional loss and provide support in the presence of persistent disease and the continual need for treatment.
4. **Palliative** – aiming to put in place measures to eliminate or reduce complications and provide support such as symptom management.

## Managing side effects, symptoms and conditions

Cancer rehabilitation is everyone's responsibility and should not be confined to specialist services. The following section should support physiotherapy staff in all settings to recognise the symptoms and conditions associated with a current or past cancer diagnosis, and include their management in ongoing treatment plans.

In some circumstances, advice is provided as to when to seek specialist review or opinion. If a clear mechanism is not in place for liaising with the oncology team, referrals should be facilitated via liaising with the patient's GP particularly if the patient is no longer being followed up by the oncologists.

### Arthralgia

People who are undergoing hormone treatments (used for cancers that are hormone sensitive or hormone dependent) are likely to suffer with arthralgia which can be distressing and disabling.

This can be managed with standard physiotherapy management such as exercise programmes, hydrotherapy, acupuncture and advice.

### Bone metastases

Bone metastases are a common finding in advanced cancer, particularly breast, prostate, lung and kidney.

Treatment for someone with known bone metastases should be on an individual basis and it's important to use mobility and strengthening goals where appropriate (**avoiding high impact activities** such as running). If unsure, discuss with the oncology team.

Maintaining mobility is important for many patients and the risks and benefits must be considered in full discussion with the patient and their multidisciplinary team (MDT).

Someone with suspected bone metastases should be referred back to their oncologist for an urgent review. An indication of bone metastases may be localised pain in the affected area. However, not all pain indicates metastasis and bone metastasis could be present without pain.

## Breathlessness

Breathlessness can be a result of cancer itself or a side effect of treatment and can impact on all aspects of life.

Physiotherapists should be able to inform people of techniques for managing breathlessness such as diaphragmatic breathing, pursed lip breathing, positioning, use of a fan, exercise and pacing techniques. Referrals to other professionals, such as occupational therapists or dietitians, should also be made as appropriate.

For further information, order Macmillan's free publication *Managing Breathlessness* from [be.macmillan.org.uk](http://be.macmillan.org.uk). Alternatively, you can find out more by searching for 'Coping with breathlessness' on the Roy Castle Foundation's site, [roycastle.org](http://roycastle.org)

## Continence

Many people who have cancer affecting the pelvic area will suffer problems with urinary and / or bowel incontinence as a result of their treatment. These patients can receive continence physiotherapy treatment, although electrotherapy treatment (except for electrical biofeedback) should be avoided.

People who have received pelvic radiotherapy may experience continence issues several years later and may require further intervention and investigations from a gastro-intestinal consultant along with dietary advice. Physiotherapists also need to be aware that people may experience other side effects alongside continence issues, such as impotence. Physiotherapists can facilitate appropriate specialist review via the oncology team or the patient's GP.

For information related to physiotherapy and continence, visit The Association of Chartered Physiotherapists in Womens Health website [acpwh.csp.org.uk](http://acpwh.csp.org.uk) and Chartered Physiotherapists Promoting Continence website [cppc.csp.org.uk](http://cppc.csp.org.uk)

For information about changes to the bladder function after bowel cancer treatment, search 'continence' on [macmillan.org.uk](http://macmillan.org.uk). There's also more information available on the Pelvic Radiation Disease Association's website [prda.org.uk](http://prda.org.uk)

## Fatigue

Cancer related fatigue (CRF) is a complex but common symptom for cancer patients which can persist for several years after treatment. Symptoms are multidimensional, but include a persistent lack of energy with sleep and mood both possibly being affected. All physiotherapists should be able to identify CRF and supply basic advice, as well as adapt their treatment depending on severity.

Mild to moderate intensity exercise can help. This should include a cardiovascular component such as walking, as well as targeted strengthening exercises. It should also be timed so as to not exacerbate symptoms of treatment specifically during chemotherapy. Seek oncology advice if necessary.

Educating people about the importance of food as fuel is important (consult dietetic colleagues if eating is difficult).

People should also be taught the five Ps of energy conservation:

- plan
- pace
- priorities
- posture
- permission (should you do it, delay it, delegate it or dump it?).

To find out more about CRF, order Macmillan's free booklet *Coping with fatigue* from [be.macmillan.org.uk](http://be.macmillan.org.uk). You may also want to read The Cochrane Library's review on exercise and cancer-related fatigue by searching 'cancer-related fatigue' at [thecochranelibrary.com](http://thecochranelibrary.com)

## Lymphoedema

Lymphoedema is a chronic swelling of body tissue caused by failure of the lymphatic drainage system.

There is an increased risk of lymphoedema near the area of lymph node cancer treatment, for example at the surgical or radiotherapy site. This is usually

a limb but can also be the trunk, genitals and head and neck regions. It is most often associated with breast, gynaecological, urological, skin, sarcoma and head and neck cancers.

Where possible, pre and post-op limb volume measurements should be taken by the oncology team to aid early diagnosis. The earlier the diagnosis and treatment, the better the outcome. Lymphoedema can occasionally also be a sign of cancer recurrence due to invasion of local lymphatics – it is therefore important for the team to confirm diagnosis and cause.

Any patient with suspected lymphoedema should be referred as soon as possible to their local lymphoedema service (via the oncology team or GP) to facilitate early diagnosis and management.

Lymphoedema can cause psychosocial problems associated with further body image changes or the reminder of a cancer diagnosis. Lymphorrhoea (leaking of the lymph fluid through the skin) may also occur, usually in the more advanced stages of disease.

**Basic advice should be given to all at risk patients, including information about:**

- what lymphoedema is and why they are at risk
- good skin care and hygiene practices (and cellulitis risk and management)
- care when on holidays and travelling such as avoiding sunburn and insect bites
- the benefits of an active lifestyle
- how to maintain a healthy weight
- how to contact the local lymphoedema service.

Further information can be found via local lymphoedema services, the British Lymphology Society [thebls.com](http://thebls.com) the Lymphoedema Support Network [lymphoedema.org](http://lymphoedema.org) or from the Physiotherapy Works' lymphoedema leaflet, which can be downloaded from [csp.org.uk](http://csp.org.uk)

## Nerve damage

Peripheral neuropathy is a common side effect of chemotherapy treatment which is often temporary but in some instances may be permanent. Surgery for cancer treatment may also lead to nerve impairment which should be managed according to symptoms.

Physiotherapy staff may be involved in the provision of mobility aids, orthotics or functional adaptations alongside the occupational therapist. Where there is permanent nerve damage that is showing no improvement, the patient may benefit from referral back to their oncology team.

## Osteoporosis

Some cancer patients, for example those with breast, gynaecological or prostate cancer, are at increased risk of developing osteoporosis due to the treatment they have received.

Advice about bone health and weight bearing exercise should be provided for those patients at risk. Physiotherapists should be aware of the potential risk when assessing and treating these patients.

## Pain

Musculoskeletal (MSK) pain can occur as a result of cancer or its treatment. This MSK pain can be assessed in the same way as other MSK problems and often responds well to physiotherapy, particularly in conjunction with input from other members of the multidisciplinary team (MDT).

Patients can also present with MSK problems unrelated to their cancer diagnosis and treatment. However, physiotherapists need to be aware of any risk factors or contraindications to treatment. Please see section on red flags (page 8) for further information.

Electrotherapy – **TENS is a safe modality** to use for all cancer patients. Other electrotherapy modalities are generally contraindicated over primary and secondary cancer sites.

## Psychological issues

80% of patients have anxiety and depression following a cancer diagnosis but often physiotherapists can help a number of these patients by addressing their symptoms and maximising daily function.

Many people living with or beyond cancer experience psychological problems including anxiety and depression or issues with sexuality or body image. These should be recognised and where appropriate patients should be referred for psychological support.

## Soft tissue restrictions

Soft tissue restrictions can occur as a result of surgery and radiotherapy. Radiotherapy will lead to potential soft tissue/fascia changes in the area for many months to years following completion of treatment.

This can respond to connective tissue massage, exercise and soft tissue stretches, particularly in the early stages but some changes may be permanent.

## Work-related issues

Most people affected by cancer think it is important to continue to work when diagnosed (82%). However, many aren't currently able to remain in, or return to, their jobs – often because they lack the necessary support to do so. In fact, people living with cancer are 37% more likely to be unemployed than the general population.

Yet it is accepted that when provided with the right support, working has a number of important benefits for people affected by cancer. There's strong evidence that work is good for both physical and mental health and well-being – as well as aiding recovery and rehabilitation.

Physiotherapists can help people make informed choices by ensuring they understand the impact of their treatment on their working life, and can signpost them to find out more about work and cancer at [macmillan.org.uk/work](http://macmillan.org.uk/work)

If you would like to know more about how you can help people more effectively in relation to work, please go to [macmillan.org.uk/workandprofessionals](http://macmillan.org.uk/workandprofessionals)

## Promoting physical activity

There is increasing evidence regarding the benefits of exercise for people with cancer when combined with a healthy diet. For cancer patients, physical activity can:

- help overcome some of the side effects of treatment
- reduce the risk of cancer recurrence with certain cancers
- help reduce the risk of long term side effects of treatment which can include diabetes and heart disease.

There is evidence that the diagnosis of cancer provides a “teachable moment”, when discussions about physical activity are likely to be well received by the patient.

Many people need support to change to a healthier lifestyle, especially with physical activity as they may be fatigued, lack confidence and are anxious about causing damage.

Physiotherapists are in a unique position to support people to become more active.

You may wish to attend Motivational Interviewing or other behavioural change training to help you be aware of the style of conversation you use when talking to people about behaviour change. Publications contained within the CSP's Public health and physiotherapy resource pack, for example the evidence briefings on physical activity, facilitating behaviour change and brief interventions, are also useful CPD tools.

Macmillan have also developed some resources to help support behaviour change. This includes the Move More Pack which enables patients to set goals and monitor activity levels and an exercise to music DVD for people to use in their homes. Details of how to order these resources are available from the Macmillan website.

## Recommended levels of activity

During treatment patients should try and minimise the time that they are inactive and try to return to normal daily activities and levels of physical activity as soon as possible after surgery and during adjuvant treatment. After treatment, patients should be encouraged to work towards the recommended levels of physical activity, and continue to build their exercise tolerance as appropriate.

The Department of Health recommendation of adults undertaking at least 150 minutes of moderate physical activity per week are applicable to people with cancer. The emphasis is on exercise being enjoyable and the 150 minutes of activity can be broken down to three 10 minute sessions per day, five days a week. Adults should also to seek improve muscle strength on at least 2 days per week. Remember that even small amounts of activity can be beneficial.

Physiotherapists also need to be aware of the potential risks of physical activity during cancer treatment, for example when an individual has a low white blood cell count or anaemia, or when there are hygiene risks which may preclude swimming. If in doubt, liaise with oncology team.

## Let's Get Moving

Let's Get Moving (LGM) is an evidence-based physical activity care pathway developed by the Department of Health. It provides a systematic approach for identifying and supporting adults to become more active and is based on recommendations from physical activity and behaviour change guidance published by NICE.

To download resources for commissioning Let's Get Moving interventions, search 'let's get moving' at [gov.uk](http://gov.uk)

## Schemes for getting active

A referral to a suitable cancer survivorship programme or local exercise scheme should be considered as appropriate.

Some councils operate exercise referral schemes specifically for people living with and beyond cancer. These schemes should be delivered by fitness professionals with a level 4 cancer and exercise rehabilitation qualification. Check your local council website for details.

Alternatively, you may want to recommend that your patients join a local walking scheme. Together, Macmillan and the Ramblers run Walking for Health in England, which offers short, free walks to help people get and stay active. Details of these and equivalent schemes in the other UK nations can be found at the websites below.

- Walking for Health (England)  
[walkingforhealth.org.uk](http://walkingforhealth.org.uk)  
020 7339 8541
- Paths for all (Scotland)  
[pathsforall.org.uk](http://pathsforall.org.uk) 01259 218 888
- Let's Walk Cymru (Wales)  
[ramblers.org.uk/letswalkcymru](http://ramblers.org.uk/letswalkcymru)  
02920 646890

- Walk NI (Northern Ireland) [walkni.com](http://walkni.com)
- Sport England [sportengland.org](http://sportengland.org)  
020 7273 1551
- Sport Scotland [sportscotland.org.uk](http://sportscotland.org.uk)  
0141 534 6500
- Sport Wales [sportwales.org.uk](http://sportwales.org.uk)  
0845 045 0904
- Sport Northern Ireland [sportni.net](http://sportni.net)  
028 9038 1222
- Spogo Sport and Fitness Finder [spogo.co.uk](http://spogo.co.uk)
- NHS Choices Health and Fitness  
[nhs.uk/livewell/fitness](http://nhs.uk/livewell/fitness)
- Active Scotland [activescotland.org.uk](http://activescotland.org.uk)

## Further information and advice

### Macmillan's website

Macmillan's website has an area that is all about how people with cancer can get more active – you'll find it at [macmillan.org.uk/physicalactivity](http://macmillan.org.uk/physicalactivity)

### Physiotherapy works: cancer survivorship

This information sheet looks at evidence showing how physiotherapy-led exercise is clinically effective and can help cancer patients improve their quality of life. To download it, search 'cancer survivorship' on [csp.org.uk](http://csp.org.uk)

### Public health and physiotherapy resource pack

This resource pack including evidence briefings on physical activity, facilitating behaviour change and brief interventions. To download the pack visit [csp.org.uk/publichealth](http://csp.org.uk/publichealth)

### Start active, stay active

This is a government report on physical activity from the four home countries' Chief Medical Officers. To download it, search 'start active' on [gov.uk](http://gov.uk)

## Red flags for people with a history of cancer

Patients showing any of these symptoms or if there is a suspicion that the cancer has spread should be referred back to the oncology team for advice. If there are no unexplained symptoms then patients should be treated as usual but with appropriate caution.



- Unexplained weight loss
- Night pain
- Constant pain
- Suspected metastatic spinal cord compression – see MSCC section (*right*)
- Signs of cauda equina – requires immediate onward referral
- New, unexplained symptoms.

### Common areas of metastatic spread

This table gives you an indication of where particular primary tumours tend to spread. This may help when a patient with a history of cancer shows suspicious symptoms. However, this is just a guide and some tumours will spread to different areas.

PRIMARY TUMOUR AREA	COMMON AREAS OF METASTATIC SPREAD
Bladder	Local spread, lungs, liver and bones
Brain	Rarely spreads outside brain
Breast	Bones, liver, lungs, brain
Colon	Liver, bones and lungs
Rectum	Local spread, lung, brain and bone
Oesophagus	Local spread
Kidney	Local spread, lungs and bones
Liver	Rarely spreads outside liver
Lung	Liver, bones and brain
Melanoma	Brain, lung, bone and liver
Mouth and throat	Local spread, lungs
Multiple myeloma	Bones
Ovary	Local spread, lungs, liver
Pancreas	Local spread, lungs, bone, brain
Prostate	Bones, brain
Stomach	Local spread, liver, lungs

## Metastatic spinal cord compression (MSCC)

MSCC is an oncological emergency which needs precise assessment of symptoms, urgent investigation and immediate treatment. Correct early management can potentially improve functional outcome. If not caught early enough MSCC can lead to permanent paralysis from the level of the compression.

MSCC most commonly occurs in patients with metastatic lung, breast or prostate cancer, lymphoma and multiple myeloma. The commonest site of compression is the thoracic spine followed by the lumbosacral spine.

### Signs suggestive of MSCC:

- new or worsening back pain that is severe, distressing or different from patient's usual pain
- radicular pain
- limb weakness
- new difficulty walking
- sensory loss
- bladder or bowel dysfunction
- signs of spinal cord or cauda equina compression.

### Symptoms suggestive of spinal metastases:

- pain in the middle (thoracic) or upper (cervical) spine
- progressive lower (lumbar) spinal pain
- severe unremitting lower spinal pain
- spinal pain aggravated by straining (for example, at stool, or when coughing or sneezing)
- localised spinal tenderness
- nocturnal spinal pain preventing sleep.

All physiotherapy teams and departments should have a protocol for managing suspected MSCC. This protocol should include emergency contact details and be known by all staff.

MSCC is part of the Acute Oncology Peer Review Standards and every centre or hospital with an accident and emergency department should have an acute oncology team who should be contacted in cases of suspected MSCC. The team should be contacted using the acute oncology telephone number.

They will provide advice and management and guide you through your local pathway.

Any patient suspected of having MSCC must remain on full spinal precautions until medical assessment and correct clinical imaging have been carried out and a decision about the stability of the spine has been made and documented as part of a case discussion by the local MSCC service.

Physiotherapy management after treatment for MSCC should follow your local guidelines or the NICE guidelines, which can be found by searching 'MSCC guidelines' at [nice.org.uk](http://nice.org.uk)

## Useful websites

### Macmillan's website

If you feel you need to know more about a certain type of cancer then the Macmillan website is a brilliant source of information [macmillan.org.uk/cancertypes](http://macmillan.org.uk/cancertypes)

### Learn Zone

If you would like to do some further learning related to cancer, the Macmillan Learn Zone has a host of online learning opportunities [learnzone.org.uk](http://learnzone.org.uk)

### Chartered Society of Physiotherapy

To contact physiotherapists working in this specialty, for peer support or advice, join the oncology and palliative care iCSP network at [csp.org.uk/icsp/oncology-palliative-care](http://csp.org.uk/icsp/oncology-palliative-care)

### Association of Chartered Physiotherapists in Oncology and Palliative Care

To find out more information about joining the oncology and palliative care professional network or for more information on what the network offers please go to [acpopc.csp.org.uk](http://acpopc.csp.org.uk)

**WE ARE  
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**The Chartered Society of Physiotherapy** is the professional, educational and trade union body for the United Kingdom's 52,000 chartered physiotherapists, physiotherapy students and support workers

As a professional supporting people affected by cancer, you know that cancer is the toughest fight most of us will ever face. People tell us that the support you give them, their families and carers, helps them understand their condition and feel better prepared.

We're here for you and the people you support. From quality information you can share with people affected by cancer to professional development materials, it's all available at [be.macmillan.org.uk](http://be.macmillan.org.uk).

And if the people you support have any questions or want to talk in between appointments, they can call our Support Line on 0808 808 00 00 (Mon-Fri, 9am-8pm). Everyone at Macmillan is specially trained to support people with cancer. So please make the most of us.

Working together, we can ensure that no-one needs to face cancer alone.

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