



Oncology Nursing Society

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Rehabilitation of People with Cancer

Rehabilitation of People with Cancer - Position Statement from the Association of Rehabilitation Nurses (ARN) and endorsed by Oncology Nursing Society

Cancer survivors represent a unique population of men, women, and children with very specific physical and psychosocial needs. Currently, 15.5 million individuals are living with a cancer diagnosis which represents 4.8% of the US population (American Cancer Society [ACS], 2016); Miller et al., 2016). The projected number of cancer survivors in 2026 is 20.3 million (ACS, 2016) and by 2040, the estimate is 26.1 million. This positive trend in survival is primarily attributed to the advances in early detection and treatment as well as the aging of the US population (Miller et al., 2016).

Individuals are considered cancer survivors from the time of diagnosis throughout the balance of life (NCI, 2017). The continuum of cancer care experienced by the survivor may include surgery, irradiation, chemotherapy, and/or hormonal, immune, and targeted therapies. These treatments are associated with morbidities that may occur during active treatment or months and even years after the completion of treatment (ACS, 2016). Such treatment-related morbidities significantly impact the survivor's quality of life (Mishra et al., 2015) and often these morbidities can be addressed through rehabilitation (Alfano et al., 2016). A growing body of evidence suggests survivors who experience fatigue, cognitive impairment, pain, lymphedema, sexual dysfunction, swallowing and communication problems, and bowel and bladder problems could benefit from rehabilitation services (Alfano et al., 2016, ACS, 2016). With the continued growth of this population, the US health care system is challenged to deliver the rehabilitation care needed by survivors in order to optimize overall functioning, reduce disability, and improve quality of life (Stout et al., 2016). At this time, most delivery models of care do not integrate comprehensive cancer rehabilitation services into the cancer care trajectory.

Cancer rehabilitation involves an interdisciplinary approach that should be delivered by trained rehabilitation professionals who are knowledgeable about cancer and the morbidities associated with the disease and its treatments. These rehabilitation professionals are poised to diagnose and treat the physical, psychological, and cognitive impairments for the purpose of maintaining and restoring function, reducing symptom burden, maximizing independence, and improving quality of life (Silver, 2015). Depending upon each survivor's identified needs, the cancer rehabilitation team may include the physiatrist, advanced practice nurse, nurse, care coordinator/navigator, social worker, physical therapist, occupational therapist, speech-language pathologist, psychologist, and vocational rehabilitation specialist. As with rehabilitation for any diagnosis, the team composition may change throughout the survivorship trajectory based upon the survivor's changing needs.

Essential to providing quality cancer rehabilitation is the knowledge of cancer pathologies, the morbidities resulting from the cancer and its treatments as well as the disease- or treatment-related morbidities that are amenable to prevention, restoration, support, or palliation through rehabilitation services. Competency in assessment, decision-making, coordination, and communication skills is a requisite for each discipline. Nurses who specialize in oncology and rehabilitation nursing are particularly positioned to employ these skills specific to the care of the cancer survivor. The rehabilitation nurse and the oncology nurse each bring a unique knowledge base and set of skills to the care of cancer survivors with rehabilitation needs.

Typically, the knowledge and skills of each nursing specialty are employed separately in most settings in which cancer care is provided; yet, the rehabilitation needs of cancer survivors could be best addressed through a collaborative, integrated approach. Therefore, we propose the establishment of The Collaborative Oncology-Rehabilitation Nursing Model which highlights the uniqueness of each nursing specialty yet incorporates the knowledge and skills of both to provide the highest level of cancer rehabilitation to cancer survivors. This requires that the requisite knowledge and skills be fully identified and integrated into the educational content of Association of Rehabilitation Nurses (ARN).

It is the position of ARN that:

- Cancer survivors incur disease and treatment-related morbidities that are amenable to rehabilitation.
- Screening for treatment-related morbidities amenable to rehabilitation should occur at diagnosis, during active treatment, and throughout survivorship.
- Referrals to appropriately trained rehabilitation professionals require knowledge of both oncology and rehabilitation to accurately interpret results of screening for rehabilitation needs.
- Cancer rehabilitation is integral to quality survivorship care and should be accessible to the survivor regardless of the healthcare setting, and at any point in the survivorship trajectory from diagnosis through the balance of life.
- Prehabilitation involves the introduction of rehabilitation assessments and interventions prior to the initiation of cancer treatment in order to prevent and reduce the severity of treatment-related morbidities, and to improve treatment outcomes and quality of life. Prehabilitation services should be considered based on current evidence, provider recommendations, and survivor situation and preference.
- Cancer rehabilitation is patient-centered and goal-directed with full participation of the survivor and, when appropriate, caregiver or family member.
- Effective rehabilitation strategies that lead to better functional outcomes and improved quality of life require evidence derived from rigorously conducted research and continuous quality improvement projects.
- Requisite oncology and rehabilitation nursing knowledge and skills are necessary to provide competent cancer rehabilitation care that traverses the cancer care continuum.
- Cancer rehabilitation is distinctly different from fitness or exercise programs in overall purpose and outcomes for cancer survivors. The education and skill set needed to effectively deliver cancer rehabilitation similarly differs from those needed to effectively deliver fitness or exercise programs.
- Screening for rehabilitation needs may be done by either an oncology professional with additional rehabilitation knowledge and training or by a rehabilitation profession with appropriate oncology training.
- Nurses, with their holistic view of persons and their families/support systems, are especially poised to perform the initial oncology rehabilitation screening.
- Rehabilitation nurses are particularly suited to coordinate the rehabilitation care of individuals referred for further assessment and treatment after a rehabilitation screening by oncology providers.
- Recommend the knowledge and practice of cancer rehabilitation should be acknowledged in oncology and rehabilitation nursing certification programs.

This position statement is endorsed by ONS and was republished with permission from the Association of Rehabilitation Nurses (ARN).

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