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Fact Sheet: Role of Occupational Therapy

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The Role of Occupational Therapy in Oncology

Cancer is a general term used to describe the abnormal growth of cells in any part of the body. There are more than 100 types of cancer, which may affect specific tissues, organs, blood, or lymphatic systems.¹ Treatment for cancer commonly includes surgery, chemotherapy, radiation, and/or hormonal therapy. With earlier detection and improved treatments, there has been a steady increase in the number of cancer survivors over the past decade.¹ Cancer or the treatments involved in one's care may lead to changes in physical, cognitive, and emotional well-being. Sometimes just doing daily activities leaves little energy for leisure, social, or work-related tasks. Occupational therapy practitioners have the knowledge and expertise to modify activities and environments to allow individuals to do the things they want and need to do to maintain quality of life.



Role of Occupational Therapy

The role of occupational therapy in oncology is “to facilitate and enable an individual patient to achieve maximum functional performance, both physically and psychologically, in everyday living skills regardless of his or her life expectancy” (p. 75).² Due to the uniqueness and complexity of human occupation, each individual diagnosed with cancer will experience different limitations in his or her various occupations/roles and restrictions in participation throughout the course of the disease, based on lifestyle choices.

Cancer and its treatment can cause interruptions in daily routines affecting how individuals perform their self-care, work, leisure, or social activities. For example, individuals may experience difficulty with self-care activities such as bathing or dressing. Others may experience difficulty performing essential job functions such as lifting, carrying, or having the mental or physical endurance to work full time. Some individuals with cancer may experience difficulties with leisure activities such as traveling, gardening, or exercising while others may experience difficulty socializing with friends and family. Individuals with cancer may experience these difficulties as a result of the disease or from the effects of its treatment. Common side effects of cancer or its treatment include fatigue, pain, weakness, cognitive difficulties, anxiety or depression, and changes in self-esteem or self-image. Occupational therapy practitioners address these effects through intervention aimed at restoring function such as developing home exercise programs to improve strength and mobility; modifying activities such as teaching individuals ways to conserve energy during important everyday activities; or modifying environments such as the workplace, home, or community.

Occupational therapy intervention methods can remediate, compensate, or adapt a client's abilities to assist him or her in achieving a maximum level of independence and quality of life. Some examples can include:

- Management of activities of daily living (ADLs) such as bathing and dressing through adaptations to the activity and environment, and/or the use of assistive technology.
- Lifestyle management such as preventative health, improved fitness, etc. This may include education emphasizing the person's strengths and positive coping strategies that enable him or her to be in control of lifestyle choices.
- Sleep and fatigue management such as education in and demonstration of energy conservation and relaxation management techniques to support health and the ability to participate in meaningful activities.
- Cognitive strategies to address memory, organizational executive function deficits, and low-energy tasks that focus on restoring engagement in daily occupations such as sitting in the park, reading a newspaper, or conversing with a friend.

- Therapeutic exercise and positioning to maintain functional range of motion, mobility, and strength such as home exercise programs, splinting, wheelchair fitting, bed positioning, etc. to provide support and comfort.
- Lymphedema management to reduce limb swelling, which can limit range of motion and the ability to move and complete ADLs.

Who Can Benefit?

Occupational therapy services are appropriate for individuals throughout the continuum of cancer care, including those who are newly diagnosed, undergoing treatment, receiving hospice or palliative care, or who are in the survivorship phase of care. Caregivers may also benefit from instructions in home programs and/or observing occupational therapy treatment. This will provide them with tools to offer support and assistance to their loved ones in performing daily activities.

Where Are Occupational Therapy Services Provided?

Occupational therapy services for those along the continuum of cancer care may be provided in

- general or specialty hospitals,
- rehabilitation centers,
- hospice units, and
- the home.

In hospital settings, occupational therapy may focus on ADLs such as dressing, bathing, or using adaptive equipment to maintain one's highest level of independence. In rehabilitation centers, occupational therapy services may continue to include those elements but expand to include environmental modification and helping individuals reconnect with leisure activities, community participation, and return-to-work activities. Occupational therapy in hospice units may also address self-care or leisure activities and the use of adaptive equipment or environmental modifications, including positioning and pain management strategies. In the home, occupational therapy practitioners may address home modifications and caregiver education to maximize one's safety and independence.

Many cancer survivors continue to require occupational therapy services once treatment is completed in order to transition back to their daily activities. These interventions are sometimes provided in hospitals or other settings, such as survivorship programs designed to address fatigue, weakness, cognitive difficulties, pain, or depression. Intervention following completion of treatment addresses the long-term or late effects of cancer treatments, which may last for months or years and may affect ongoing participation in daily activities.

Conclusion

Cancer or the treatments involved in one's care may lead to changes in physical, cognitive, and emotional well-being regardless of the current stage of disease or medical intervention. Occupational therapy practitioners use a collaborative, client-centered approach that supports each individual in shaping the therapeutic intervention and identifying meaningful goals. Occupational therapy practitioners look more broadly than at the cancer treatment itself to provide comprehensive interventions that focus on one's ability to successfully participate in everyday activities and maintain or improve quality of life.

References

1. American Cancer Society. (2011). *Learn about cancer*. Retrieved February 1, 2011, from <http://www.cancer.org/Cancer/index>
2. Penfold, S. (1996). The role of the occupational therapist in oncology. *Cancer Treatment Reviews*, 22, 75–81.

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

