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Reaching the Peak

Mary I. Fisher

University of Dayton, mary.fisher@udayton.edu

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Reaching the Peak

Mary Insana Fisher, PT, PhD

Board-certified Clinical Specialist in Orthopedic Physical Therapy and Certified Lymphedema Therapist

Editor-in-Chief, *Rehabilitation Oncology*

The Combined Sections Meeting (CSM) in Denver, CO, in February was everything it was billed to be. With over 14,000 attendees, we all climbed a higher peak. The ability to meet with one another, learn from the experts, and brainstorm strategies for the best oncology care is perhaps one of the greatest opportunities we have at CSM. Our Academy leadership met and set in place one of the most forward-thinking, ambitious strategic plans yet. Stay tuned for more information on this. The record number of platform and poster submissions for the Academy was also the highest quality research to date. This venue allows researchers to get the word out – to present the newest findings and information to guide our care delivery. What we do with this information now that we are no longer in Denver is just as important. It is up to us to take the information into the clinics for the benefit of our patients. We are obligated to do so, especially as oncology care becomes a critical part of the cancer center accreditation process.

Multiple accrediting bodies such as the Commission on Cancer and the Commission for the Accreditation of Rehabilitation Facilities (CARF) both require that rehabilitation be a part of oncology care. How that care is delivered is often merely a check-box on a form that rehabilitation can be ordered. We should instead be a routine part of care. Yet, research by Flores and colleagues¹ points to the mismatch between needs and provider referral. This is despite the proven effectiveness of the Prospective Surveillance Model,² proposed nearly a

decade ago. Hile and colleagues³ provided more support that women diagnosed and treated for breast cancer have decreased postural control and increased risk of falls. And a report by Behnke et al⁴ highlights greater functional mobility deficits among those with chemotherapy induced peripheral neuropathy compared to those without. We need to leverage both the requirements for rehabilitation to be a part of cancer care and the latest evidence highlighting the need for rehabilitation of impairments that result from cancer treatments.

This issue of *Rehabilitation Oncology* contains important findings to support the need for rehabilitation for survivors of cancer. In the study by Wood et al, the link between cancer-related fatigue and increased falls and lower levels of function is highlighted. And in the scoping review by Smith-Turchyn and colleagues, the lack of access to exercise interventions for rural populations is a significant problem. This month's CC focuses on the increased risk that people living with the human immunodeficiency virus (HIV) have for experiencing a stroke, compared to an HIV negative population. The author stresses the important role physical therapists have in screening for stroke risk factors and treating individuals with HIV who have had a stroke, as this population has poorer outcomes than those who HIV negative. All of us practicing oncology rehabilitation have the opportunity to promote rehabilitation as an important part of cancer care, whether this is through attending tumor board or oncology committee meetings, or one-on-one interactions with the health care providers involved in oncology care. The need cannot be disputed, and we have the research to support our effectiveness.

Congratulations to our new officers for the Academy who were installed into office at CSM. I look forward to working with Laura Sheridan as the new President of the Academy. Congratulations to this year's Gudas award winners: Kristin Campbell, PT, PhD; Kerri M Winters-Stone, PhD; Alpa V. Patel, PhD; Lynn H. Gerber, MD; Charles E Matthews, PhD; Anne

M. May, PT, PhD; Martijn M Stuiver, PT, PhD; Nicole L. Stout, DPT; Kathryn H. Schmitz, PhD; and Stephen G. Morris, PT, PhD, for their Executive Summary of the Roundtable on Exercise and Cancer.⁵ The Gudas award honors the first editor-in-chief of *Rehabilitation Oncology*, Steve Gudas, PT, PhD, and is given to the publication that advances the practice of oncology physical therapy. The Executive Summary is also one of the 2019 OncoReads(sm) offerings through the Academy and the APTA Learning Center.

As we go to work each day to make the lives of those surviving cancer better, let us continue to climb the summit to reach our higher peak.

1. Flores AM, Iverson MD, Rosales A, Penedo F, Gradishar W, Hansen N. Health Beliefs about Physical Therapy for Breast Cancer-Related Impairments: Insights from Survivors and Their Providers. *Rehabil Onc* 38(1) e13.
2. Stout NL, Binkley JM, Schmitz KH, et al. A prospective surveillance model for rehabilitation for women with breast cancer. *Cancer*. 2012;118(8 Suppl):2191-2200.
3. Campbell KL, Winters-Stone KM, Patel AV, et al. An Executive Summary of Reports From an International Multidisciplinary Roundtable on Exercise and Cancer: Evidence, Guidelines, and Implementation. *Rehabil Oncol*. 2019;37(4):144-152.
4. Hile ES, Day J, Lin C-C, Dvorak J, Ding K, Whitney SL. Breast Cancer Survivors' Postural Sway Exceeds Expectations for Age or Vestibular Pathology: A Cross-Sectional Analysis. *Rehabil Onc* 38(1) e14.

5. Behnke AD, Gibbs D, Jansen SS, Stewart JC, Westlake FL, Harrington SE. Comparing Functional Assessment in those With CIPN vs. Community Dwelling Older Adults.

Rehabil Onc. 38(1) e15.

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