

section 2.1.1: the role of the multidisciplinary team

3. Physiotherapy

Physiotherapy is concerned with human function and movement and maximising potential. It is a discipline which utilises physical approaches to promote, maintain and restore physical, psychological and social well-being.¹

The physiotherapist plays a valuable role in working with the interdisciplinary team to negotiate goals for the patient and family and through early assessment and intervention, combined with community follow-up, to contribute to the maintenance of independence and quality of life for palliative patients.²

Physiotherapists contribute specifically through the following interventions:

- **relief of pain** through:
 - positioning and reduction of pressure on sensitive areas
 - local heat and cold applications
 - acupuncture
 - electro physical agents such as the use of Transcutaneous Electrical Nerve Stimulation (TENS)
- **maintenance of functional status and mobility** through:
 - prevention of muscle shortening and reducing the effects of atrophy through active and passive exercises
 - maintenance of joint range of movement
 - maintenance of mobility whether in bed, on foot or by wheelchair
 - gait re-education and provision of walking aids or other equipment to maximise independence.
 - awareness of falls prevention
- **respiratory symptom management**
 - management of breathlessness through breathing retraining and forced expiratory techniques
 - education on removal of secretions, use of nebulised medications and oxygen management
- **neurological rehabilitation techniques**, such as gait retraining following neurological disturbance
- **laser therapy** for wound and ulcer management
- **complex physical therapy** including:
 - manual lymphatic drainage, fitting of compression bandages and garments, exercises and skin care to control lymphoedema
 - advice about self care and prevention of further complications to skin
- assistance in **managing incontinence**
- **educational input**
 - providing information to the primary team about complex cognitive and movement disorders
 - providing the family and staff education regarding safe manual handling and patient transfers
 - encouragement of caregiver participation and confidence
 - promoting an understanding of pain behaviour

- **building exercise tolerance**
 - exercise therapy to improve flexibility, strength and function
 - pacing of activities, with regard to arranging the patients activity schedule
- **stress and anxiety management**
 - relaxation and massage therapy
 - distraction
 - deep breathing strategies
- **rehabilitation strategies**
 - that take account of short and medium term goals in a palliative context of care
 - goals which focus on maintaining function and independence following an acute event, the appearance of a new symptom or changes to functional status following a period of hospitalisation

references

¹ Chartered Society of Physiotherapy (2002) Curriculum framework for qualifying programs in physiotherapy. London.

² Laakso, EL, McAuliffe, AJ and Cantlay, A (2003) The impact of physiotherapy intervention on functional independence and quality of life in palliative patients. *Cancer Forum*, 27:15-20.