Physical rehabilitation practice patterns and outcome measures in children and adolescents with cancer across Canada

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BACKGROUND

**STATISTICS**
Over 900 children in Canada will be diagnosed with cancer each year\(^1,2\).

**SIDE EFFECTS**
Children undergoing cancer treatment are at high risk of developing severe side effects\(^3,4\).

**PHYSICAL REHABILITATION**
May help minimizing the severity of side effects of cancer\(^5\).

**LITTLE IS KNOWN**
about the current rehabilitation services to treat late effects of cancer in children.

OBJECTIVES
To gather current rehabilitation practice patterns and clinical programs to inform a strategy to guide future research in pediatric oncology rehabilitation.

- To explore rehabilitation interventions, programs, and guidelines
- To identify barriers and facilitators that impact rehabilitation programs
METHODOLOGY AND RESULTS

Participants
Healthcare professionals (HCPs) who provide rehabilitation to children and adolescents with cancer.

Languages
English and French

Questions
Practice patterns, service provision, and barriers and facilitators.

Canada-wide Web-based survey in REDCap

96% Hospitals
9 Organizations
6 Provinces
N = 35 HCPs

Participants
Languages
Questions
### RESULTS

#### Pediatric Oncology Rehabilitation Interventions
- Higher frequency of physical exercise interventions
- Rehabilitation was mostly offered on inpatients units.
- Rehabilitation interventions primarily during cancer treatments.

#### Barriers and facilitators
- **BARRIERS**
  - Staffing
  - Space
  - Special service, funding, resources
- **FACILITATORS**
  - Space and equipment
  - Multi-team and staffing

#### Programs & Clinical practice guidelines (CPG)
- 62% Settings with programs
- 70% Do not follow CPG
- 91% ‘Important’ CPG
- 70% Very likely support CPG

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Rehabilitation interventions primarily during cancer treatments.
CONCLUSION & FUTURE DIRECTIONS

Higher frequency of physical exercise interventions -> lack of PT evidence

High prevalence of inpatient rehabilitation -> lack of outpatient services

Lack of staffing -> few HCPs specialized in pediatric oncology rehabilitation

High interest from HCPs to support the implementation of CPGs

Interviews to families of children with cancer

Rehabilitation programs for children with cancer

Next steps
REFERENCES


