

# 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, with a current 5-year survival rate of 83%.<sup>1,2</sup>



### SIDE EFFECTS

Children undergoing cancer treatment are at high risk of developing severe long-term side effects including pain, fatigue, weakness, peripheral neuropathy, and deficits in gait.<sup>3,4</sup>



### PHYSICAL REHABILITATION

Rehabilitation may help attenuating and minimizing the severity of side effects of cancer in children.<sup>5</sup> However...



### LITTLE IS KNOWN...

about the physical rehabilitation services currently provided to treat late effects of cancer in children.

## OBJECTIVES

To collate and synthesize the current rehabilitation practice patterns and clinical programs to inform a strategy to guide future research in pediatric oncology rehabilitation.



To explore pediatric oncology rehabilitation interventions, programs, and guidelines across Canada



To identify current barriers and facilitators that impact the implementation of oncology rehabilitation programs

# METHODOLOGY AND RESULTS

We conducted a Canada-wide Web-based survey in a secure database



**9 Organizations**  
Were contacted to identify HCPs



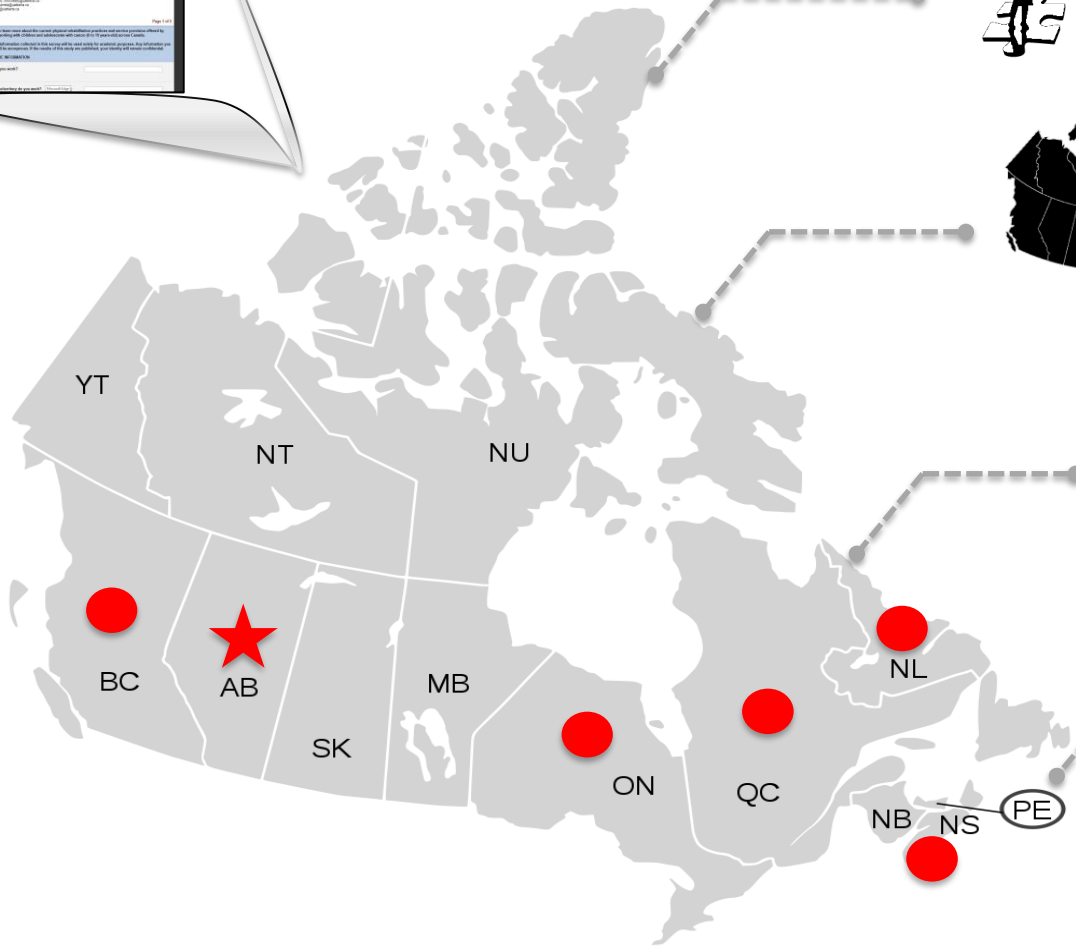
**6 Provinces**  
We received responses from 6 provinces, 50% were from Alberta.



**N = 35 HCPs**  
Completed the survey, and 77% were Physical Therapists



**96% HCPs**  
Worked at Hospitals



**Participants**  
Healthcare professionals (HCPs) who refer to and/or provide rehabilitation services to children and adolescents with cancer.

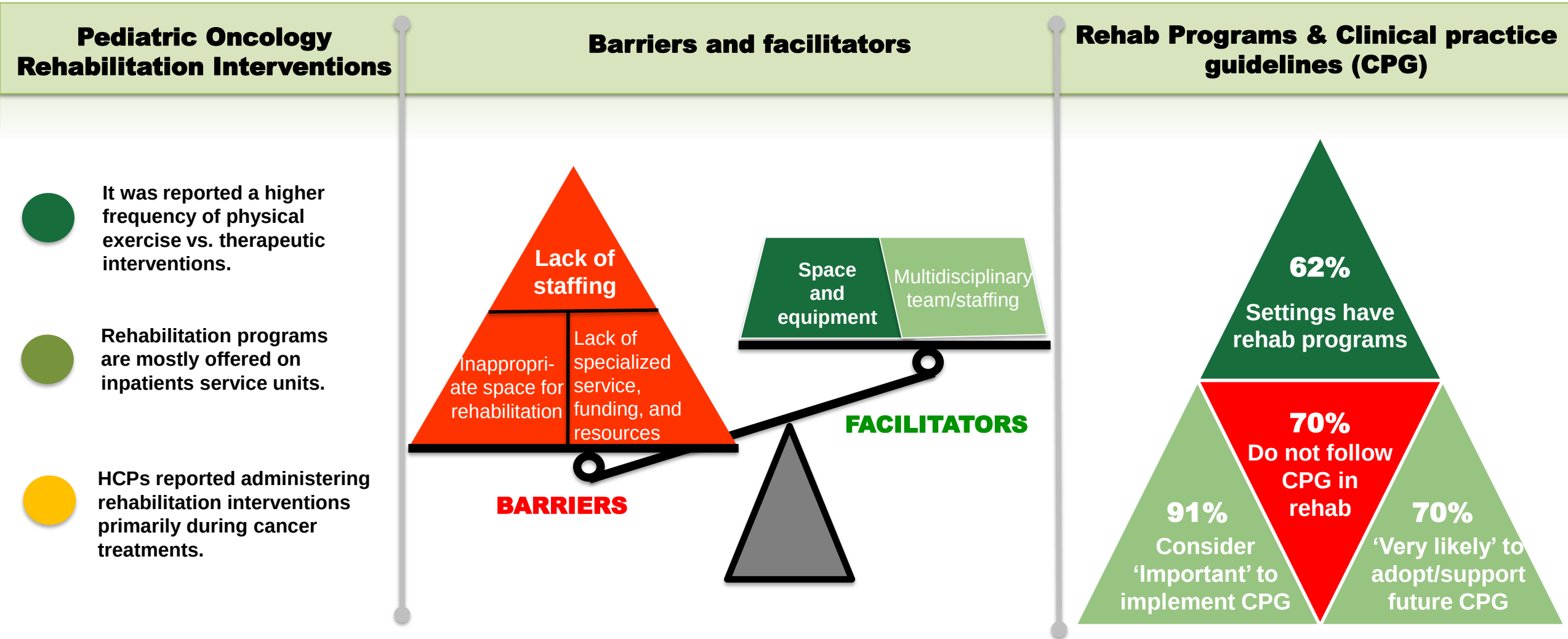


**Languages**  
The survey was available in English and French to allow for the inclusion of HCPs across Canada.



**Questions**  
Included three sections with questions about practice patterns, service provision, availability of pediatric oncology rehabilitation programs, and barriers and facilitators that may impact the provision of care.

# RESULTS



## CONCLUSION & FUTURE DIRECTIONS

Higher frequency of physical exercise interventions could be related by the lack of evidence supporting Physical Therapy interventions in childhood cancer.



High prevalence of inpatient rehabilitation programs may be related to a potential lack of outpatient services, affecting the continuity of care after hospital discharge.



Lack of staffing was the most common barrier reported and it's attributed primarily to a lack of HCPs specialized in pediatric oncology rehabilitation.



Although, several barriers were reported, there is high interest from HCPs to develop and support the implementation of clinical practice guidelines in rehabilitation for children with cancer.



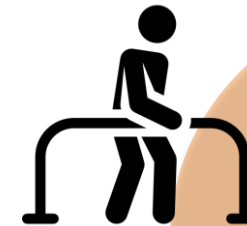
### Next steps



Interview families of children with cancer to identify their needs and activity limitations that may benefit from rehabilitation



Design of rehabilitation programs for children with cancer



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