

Physical Rehabilitation in Cancer Patients with Bone Metastasis: Added Value or Inconvenience?

Reabilitação Física nas Metástases Ósseas: Um Valor Acrescentado ou um Inconveniente para os Doentes Oncológicos?

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Palavras-chave: Neoplasias/reabilitação; Neoplasias dos Ossos/secundárias

Dear Editor,

Most patients referred to our palliative care (PC) unit suffer from advanced cancer, with some of them dealing with bone metastasis (BM). As the average life expectancy in such patients increases, so does the incidence of BM.¹ Patients with BM have a reasonable prognosis and should be physically active.² Nevertheless, several physicians advise against eccentric strengthening exercises of the affected joints/segments, given the empirical proof of increased risk of fracture.

Cancer rehabilitation is focused on the preservation and, where possible, restoration of function throughout the cancer trajectory, in order to maximize independence and improve quality of life.³ Furthermore, rehabilitation programs may be prescribed to cancer patients by physiatrists to prevent potential complications (e.g., those resulting from immobility) and foster social participation.⁴

We feel that the prescription of physical rehabilitation in PC is challenging. Sometimes we face difficulties in referring these patients for physical rehabilitation due to struc-

tural reasons, such as patients' late referral to PC; shortage of physiatrists and physiotherapists (professionals who are not mandatory in PC units); and restrictions that PC patients experience in accessing hospital imaging tests; etc. Another reason that prevents a timely access to rehabilitation in PC is the prospect of bone-related complications. Rehabilitation is considered safe and well tolerated by cancer patients with BM, as long as some considerations are respected: the location, the type and size of bone defects are clearly identified; and the regions with the highest risk of fracture (properly studied through recent imaging tests) are avoided from direct manipulation.

Rehabilitation leads to the improvement, altogether, in functional ability, physical activity level, lean mass and quality of life.^{2,5} The inclusion of physical rehabilitation – in the patient's care plan – can be interpreted as a hopeful event, improving the patient's mood as it is an opportunity to preserve independence. A recent comprehensive narrative review did not find a high fracture incidence with increased mobility.¹

Cancer patients with BM display a positive response to rehabilitation. Gaps in providing cancer rehabilitation services to those who would benefit, namely patients in PC, equates to unnecessary physical and psychological suffering.⁶ Physical rehabilitation should be implemented by PC teams as a part of the multidisciplinary symptom management strategy, without detracting previous patient assessment and the development of an individualized therapeutic plan.¹

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