



The role of the specialist sarcoma physiotherapist in the management of patients with bone and soft tissue sarcoma

L. Richards¹, M. Cumbo²

1. Rehabilitation Unit, The Christie NHS Foundation Trust, Manchester M20 4BX, UK

Lena.richards@christie.nhs.uk

2. Platt 1 Rehab, Manchester Royal Infirmary (MRI), Oxford Road, Manchester M13 9WL

Objective:

To describe why we believe that all patients who are diagnosed with a bone or soft tissue tumour, where their function is likely to be affected, should receive the support of a specialist physiotherapist who is part of the Sarcoma Multidisciplinary team (MDT).

Brief description:

The Specialist Sarcoma Physiotherapist aims to ensure that patients with sarcoma receive a coordinated and seamless rehabilitation programme, when and where they need it, to enable them to achieve maximum function and quality of life. The National Institute of Clinical Excellence (NICE) Sarcoma guidelines (NICE 2006), recommend that all patients should have their care supervised by, or in conjunction with a sarcoma MDT. The role of the specialised physiotherapist on the MDT enables rehabilitation to be provided in a timely and coordinated way (NICE 2006).

Sarcoma and its treatment can have a major effect on the quality of patients' lives. Treatment often involves extensive surgery, coupled with chemotherapy and/or radiotherapy. Rehabilitation of patients with sarcoma is highly specialised. A Specialist Sarcoma Physiotherapy team was set up at The Christie and Manchester Royal Infirmary in 1998. All patients who need it, can access expert rehabilitation and advice. The physiotherapist is a core member of the MDT, attends clinics, MDT meetings and offers seamless rehabilitation to in-patients and out-patients undergoing treatment (surgery, radiotherapy and chemotherapy) for bone or soft tissue sarcoma.

The physiotherapist must have an in-depth understanding of all aspects of sarcoma: treatment modalities, functional and psycho-social issues, and impact of disease progression, etc. Rehabilitation is often intensive and may take months and sometimes years. The physiotherapist will spend many hours with the patient and develops a close relationship where practical as well as emotional advice and counselling become part of the treatment. In the event of metastatic disease, the physiotherapist continues to offer support and helps to maximize independence and function even in the end stages of the disease.

Conclusion:

Access to specialist advice and rehabilitation helps the patient maximise the benefits of treatment, and aims to improve physical, social and emotional outcomes both during and following treatment.