

## McLAREN OAKLAND OUTPATIENT REHABILITATION LOCATIONS

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mclaren.org/oakland

## FIGHTING CANCER IS HARD

REHABILITATION SERVICES CAN HELP OPTIMIZE YOUR RECOVERY





## COMMON CONCERNS AND HOW THERAPY CAN HELP

As a cancer patient and survivor, you can have a positive impact on many concerns you may experience now and in the future. Physical, Occupational, and Speech Therapy can help you prevent, manage, and improve the common concerns listed below:

Weakness/Loss of Function – Restore function through strengthening exercises

**Fatigue** – Improve overall energy levels through exercise

**Swelling/Lymphedema** – Prevent and/or reduce swelling through manual techniques and compression

Loss of Balance/Falls – Balance and coordination exercises to improve stability and sensory awareness and reduce risk of falls

**Decreased Flexibility** – Loosen connective tissue, stiff joints, and tight muscles through stretching and manual techniques

Scar Tissue/Cording – Manual therapy techniques and stretching can improve scar mobility leading to improvement in functional movement

**Incontinence** – Pelvic floor muscles can be strengthened with exercise and manual techniques

**Vaginal Tightness** (with or without pain) – Pelvic floor muscles can be stretched through exercise with instruction in relaxation and behavior modification

Shortness of Breath/Decreased Endurance – Graded aerobic exercises can be performed to improve endurance

**Changes in Posture** – Strength and weight bearing exercises can help build or maintain bone density and reduce risk of bone injury

Numbness/Tingling – Balance and coordination exercises improve stability and sensory awareness while reducing risk of falls

**Difficulty Opening Mouth or Moving Head/ Neck** – Tight jaw and neck muscles can be elongated through manual techniques and exercise to restore function

## **ONCOLOGY FUNCTIONAL ASSESSMENT QUESTIONNAIRE**

- 1. My lifestyle **before** cancer diagnosis
- 2. My lifestyle **since** cancer diagnosis
- I have difficulty performing household chores
   Yes
   No
- I have difficulty performing my job
   ❑ Yes
   ❑ No
- 5. I have difficulty exercising for at least 30 minutes, 5 times/week
  - □ Yes □ No
- I have difficulty shopping for groceries/ clothes (assuming transportation is available)
   Yes
   No
- 7. I have difficulty driving a car
  - □ Yes □ No
- 8. I have difficulty or shortness of breath climbing a flight of stairs at a normal pace
  Yes No
- 9. I have difficulty lifting and carrying groceries □ Yes □ No
- 10. I have difficulty walking
  - □ Yes □ No
- 11. I have difficulty preparing my own meals
- 12. I have difficulty feeding myself
  - □ Yes □ No
- 13. I have difficulty swallowing
  - □ Yes □ No
- 14. I have difficulty dressing/undressing myself □ Yes □ No

- 15. I have difficulty taking care of my own appearance (comb hair or shave)
  □ Yes
  □ No
- 16. I have difficulty bathing or showering □ Yes □ No
- 17. I have difficulty getting in/out of bed □ Yes □ No
- 18. I have difficulty getting in/out of a chair or on/off the toilet
  □ Yes
  □ No
- 19. The quality of my sleep is different from prior to cancer diagnosis
  - □ Yes □ No
- 20. Do you experience a persistent sense of tiredness that is not proportional to activity level, interferes with usual function, and is not relieved by rest?
  - □ Yes □ No
- 21. Do you experience problems with incontinence?
  - □ Yes □ No
- 22. Do you experience a heavy sensation in your arm or leg; tight fitting clothes or jewelry or shoes?
  - □ Yes □ No
- 23. Do you have any swelling in your arm, leg, trunk, head, neck or genital areas?Yes No
- 24. I have difficulty speaking.

□ Yes □ No

25. I have difficulty with my memory and/or □ Yes □ No

If you answered "yes" to any of these questions, you may be a candidate for therapy services. You can use this questionnaire to help guide your discussion with your health care provider. If you have any questions about how therapy can help you get your life back, call McLaren Clarkston Physical Therapy at (248) 922-6820.