

## Preparing for the Oncologic Certified Specialist Examination

The Oncologic Certified Specialist Examination, administered by the American Board of Physical Therapy Specialist (ABPTS), is a certification process for physical therapists (PTs) that are committed to providing the best evidence-based care to cancer survivors. Preparation for the Oncologic Certified Specialist examination requires a commitment of time, energy and focus to the entire process in order to be successful. This document is designed to help you in your preparation for the specialist examination. This document does not attempt to provide an exhaustive list of resources nor a foolproof way of studying. Reviewing and using the resources on this list does not guarantee passing the exam.

This list was prepared by the Academy of Oncologic Physical Therapy as a service to PTs taking the Oncologic Certified Specialist examination.

The ABPTS (<http://www.abpts.org>) states, “Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills related to a particular area of practice.” Oncologic Certified Specialists treat in a wide variety of settings (e.g. acute hospital, rehabilitation units, home care, private practice, skilled nursing facilities, assisted living units, and hospice) and to a diverse population of cancer survivors. For the purpose of this document a cancer survivor is any person diagnosed with cancer. Preparation for the examination must take into account the management of cancer survivors over the life span and with complex acute and chronic medical histories.

### To begin your application process:

1. Request all application materials from ABPTS. The candidate guide is located at: [Candidate Guide \(.pdf\)](#). Check ABPTS Oncologic web page frequently for updates: <http://www.abpts.org/Certification/Oncology/>

- **Resources**

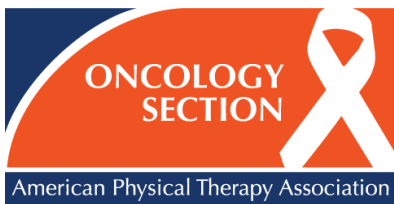
- [Description of Specialty Practice: Oncology](#)
- [Specialist Certification Examination Outline: Oncology](#)
- [What Activities Constitute Direct Patient Care? \(.ppt\)](#)
- [Presentation: Enhancing Professional Development Through Certification](#)

2. Review requirements thoroughly and ensure that you have enough clinical hours in the specialty to sit for the examination, and write and submit your case reflection, or that you have satisfied the requirements to sit based on completion of an accredited residency program in oncologic PT.

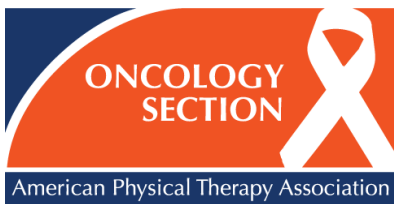
3. Create a timeline for yourself that includes time to complete the application process including writing the case reflection, gather resources, talk and collaborate with others, and thoroughly study for all the elements of the examination.

## Suggestions for Studying for the Oncologic Certified Specialist Exam

- Once you apply for the exam, the ABPTS sends you as part of your application fee the Description of Specialty Practice (DSP) and a self-assessment tool so you can determine areas to focus your review. The DSP for Oncologic Physical Therapy was published by ABPTS in 2017. You can also use the examination outline as a guideline for review in Chapter 4 of the DSP and available at:  
[http://www.abpts.org/Specialist\\_Certification/Oncology/Specialist\\_Certification\\_Examination\\_Outline\\_Oncology/](http://www.abpts.org/Specialist_Certification/Oncology/Specialist_Certification_Examination_Outline_Oncology/)
- Evaluate the time you will need to prepare for the certification examination. Six months is most likely the minimum one should consider though everyone learns at different paces; this is a recommendation only.
- The DSP and self-assessment tool are available for purchase at the APTA online store:  
<http://iweb.apta.org/Purchase/CatalogSearchResults.aspx?Option=2&Topic=Oncology>  
(Oncologic DSP and self -assessment tool are not up on the APTA online store yet, anticipate mid-April, 2018)
- There is no official preparatory course for the Oncologic Certified Specialist examination. Chapter 2 of the DSP provides an expanded content outline for the examination and sample questions are available in Chapter 5 of the DSP provided by ABPTS. Review the practice questions provided and consider how to study for questions that are worded in multiple-choice style where there aren't necessarily wrong answers but **best/better** answers.  
<http://www.abpts.org/Certification/Oncology/>
- Residency programs are designed specifically to educate graduates to become an Oncologic Certified Specialist. Residency programs typically take about 1 year to complete and offer 1:1 mentoring throughout the year with experts, including soon to be Oncologic Certified Specialists. There are several developing Residency Programs for Oncologic PTs with more growth expected. The DSP not only forms the basis for the exam; the DSP is the basis for the Description of Residency Practice which dictates the curriculum in residency programs. There are no accredited oncologic residencies at this time. For a list of APTA oncologic residency programs, visit: <http://www.abptrfe.org/ResidencyPrograms/ProgramsDirectory/>
- As these residency programs in Oncologic PT develop, enrollment in an APTA accredited Oncologic Clinical Residency Program is an excellent way to acquire the skills and knowledge that may help you be successful on the Oncologic Certified Specialist examination.



- Become a member of the Academy of Oncologic Physical Therapy to
  - Receive the peer reviewed journal, *Rehabilitation Oncology*, visit: <http://journals.lww.com/rehabonc/pages/default.aspx>, and subscribe to the RSS electronic table of contents notification and review archived issues of the journal for articles such as systematic reviews on clinical outcome measures from the EDGE Task Force.
- Access other resources that are produced by the Academy (e.g., evidence-based resources such as Clinical Practice Guidelines, Annotated EDGE Bibliography, fact sheets, etc..., and Special Interest Group updates). Dissemination of information to members of the Academy is made through email blast, via listserv, Facebook, and Twitter. It is suggested you sign up for the listserv, and “like” or “follow” the Academy on social media.
- Investigate the current offerings of continuing education courses available on the Academy’s website such as regional courses offered by the Academy, visit for more information: <http://oncologypt.org/education/>. These courses provide education covering the breadth and depth of a variety of settings and diagnoses in which Oncologic PTs currently work. The Academy’s courses are evidence-based and frequently updated, so information is always current and topical. Continuing education courses may count towards CEU requirements in most states.
- Carefully choose continuing education courses that are NOT sponsored by either the Academy, APTA or one of its other components. Though many advertise as oncologic PT courses, one must make sure that the techniques and learning objectives actually represent evidence-based care versus novel concepts and or unproven, complementary-type treatment approaches. Furthermore, it is important that you are aware of the intended audience and the instructor qualifications. These vary widely and definitely impact the level of instruction.
- Use PTNow. This is APTA’s invaluable resource and portal for evidence-based practice. Members of APTA have access to >4,500 journals (full text); Rehab Reference Center (which includes >1,000 peer reviewed clinical summaries, >11,500 drug fact sheets, patient education materials on hundreds of diagnoses, the entire VHI exercise library, and more); a searchable database for clinical practice guidelines, a searchable database for tests and measures (fully interfaced with RehabMeasures.org), and more. This resource is an *excellent* way to keep informed of evidence and to use as a point of care guide for daily patient management. [www.PTNow.org](http://www.PTNow.org).
- Schedule a set number of hours each day or week to specifically study evidenced-based

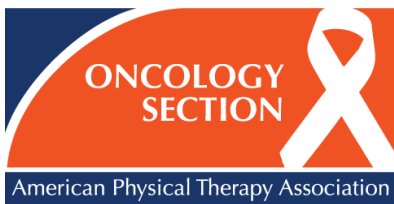


literature and from the recommended texts (see end of this document).

- Evaluate and treat as many cancer survivors/patient/clients with varying diagnoses in your setting. Visit and observe in as many treatment settings as possible to have first-hand knowledge of the types of patients/clients and diagnoses treated by physical therapists in a variety of practice settings.
- Find a mentor. Someone who is currently an experienced PT in oncologic practice who is willing to share knowledge, materials, and time with you. Resources for finding experienced colleagues include:
  - APTA's Find a PT consumer tool <http://aptaapps.apta.org/findapt>
  - ABPTS Find a Specialist: <http://www.abpts.org/FindaSpecialist/> - Currently there are no board certified oncologic physical therapists but check back frequently after the examination is administered
  - APTA's Member Directory ; <http://aptaapps.apta.org/memberdirectory/>
- Attend the APTA Combined Sections Meetings to become immersed in the field; attending courses, studying posters, visiting the Academy's booth, talking to authors and authorities in the field, and receiving first-hand experience with the many therapists who have successfully attained certification in a related practice area such as geriatrics. [www.apta.org/csm](http://www.apta.org/csm)
- Join or form study groups with others in your area who are preparing to take the examination as well.
- Check if you can get access to e-books or printed copies of textbooks through your company or university's library. Amazon and other online vendors may offer textbook rentals, which are frequently cheaper as compared to buying.
- Though the certification examination is heavily weighted in clinical practice, there may be questions related to health care policy, public health knowledge, management principles, etc. It is best to keep a broad perspective in these areas as this represents national viewpoints and not individual carrier or fiscal intermediary policies.

## **Suggested Texts and Resources (not an exhaustive list):**

- DSP and Self -Assessment Tool: APTA. Self-Assessment Tool included with the Description of Specialty. Available free with exam registration or for purchase at: <http://iweb.apta.org/Purchase/CatalogSearchResults.aspx?Option=2&Topic=Oncology>  
(Coming soon – Anticipated date April 2018)



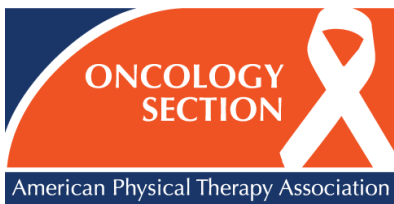
### **Textbooks:**

1. Stubblefield M, O'Dell M, Cancer Rehabilitation: Principles and Practice. 1st Ed, Demos Medical; 2009. ISBN 13: 978-1933864334 (new edition- due out in September 2018)
2. Cheville AL. Adjunctive Rehabilitation Approaches to Oncology, An Issue of Physical Medicine and Rehabilitation Clinics of North America, E-Book. Elsevier Health Sciences; 2016 Dec 3.
3. Zuther J and Noton S. Lymphedema Management: The Comprehensive Guide for Practitioners. NY, NY. Thieme publisher; Dec. 2017. ISBN: 9781626234338
4. Goodman C, Fuller K. Pathology: Implications for the Physical Therapist. 4th ed, St. Louis, Mo. Elsevier/Saunders; 2014. ISBN 13: 978-1455745913
5. Paz J, West M. Acute Care Handbook for Physical Therapists. 4th ed. St. Louis, Mo. Elsevier/Saunders; 2013. ISBN 13: 978-1455728961.
6. Ciccone C. Pharmacology in Rehabilitation (Contemporary Perspectives in Rehabilitation). 5<sup>th</sup>ed. Philadelphia, PA. F.A. Davis; 2015. ISBN 13: 978-0803640290.
7. American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription. 10th ed. Philadelphia, PA. Wolters Kluwer; 2017. ISBN 13: 978 1496339072.
8. O'Sullivan S, Schmitz T, Fulk G. Physical Rehabilitation. 6th ed. Philadelphia, PA. F.A. Davis; 2013. ISBN 13: 978-0803625792
9. Irion J, Irion G. Women's Health in Physical Therapy. Philadelphia, PA: Lippincott, Williams and Wilkins; 2010:548.
10. Földi, M., Földi, E., Strößenreuther, R., & Kubik, S. (Eds.). (2012). *Földi's textbook of lymphology: for physicians and lymphedema therapists*. Elsevier Health Sciences.
11. Marchese. Pediatric Oncology. In: Tecklin JS, ed. Pediatric Physical Therapy. 2014. Lippincott, Williams and Wilkins; Chapter 16; ISBN-13: 9781451173451

### **Monographs**

1. American Cancer Society. *Cancer Treatment & Survivorship Facts and Figures 2016-2017*. . Atlanta: American Cancer Society; 2016. 2016.
2. Commission on Cancer. *Cancer program standards 2012: Ensuring patient-centered care*. American College of Surgeons; 2012.
3. Institute of Medicine: Hewitt M, Greenfield S, Stovall E. *Cancer Patient to Cancer Survivor: Lost in Transition*. Washington, DC2006.
4. Institute of Medicine: Levit L, Balogh E, Nass S, Ganz PA. Delivering high-quality cancer care: charting a new course for a system in crisis. *Institute of Medicine, Washington, DC*. 2013.
5. Commission on Cancer. *Cancer Program Standards: Ensuring Patient-Centered Care*. (2016 Edition). American College of Surgeons. 2016.

### **Journal Publications:**



1. **Rehabilitation Oncology:** More than 25 EDGE reviews on Clinical Outcome Measures and CPG on Secondary Upper Quadrant Lymphedema Diagnosis in Rehabilitation Oncology – look under collections tab on Journal homepage at:  
<https://journals.lww.com/rehabonc/Pages/collections.aspx?collection=Topical>
2. APTA Task Force on Lab Values. Laboratory Values Interpretation Resource. Academy of Acute Care Physical Therapy web site. Available at:  
<http://c.ymcdn.com/sites/www.acutept.org/resource/resmgr/docs/2017-Lab-Values-Resource.pdf>. Updated 2017.

#### **Clinical Guidelines:**

1. American Society of Clinical Oncology - <https://www.asco.org/practice-guidelines/quality-guidelines/guidelines>
2. National Comprehensive Cancer Network  
[https://www.nccn.org/professionals/physician\\_gls/default.aspx](https://www.nccn.org/professionals/physician_gls/default.aspx)
3. National Cancer Institute SEER Staging Training Guide -  
<https://training.seer.cancer.gov/staging/>

#### **APTA Learning Center Courses:**

1. <http://iweb.apta.org/Purchase/CatalogSearchResults.aspx?Option=2&Topic=Oncology>

#### **Continuing Education Seminars:**

1. Academy of Oncologic PT Regional Courses – Dates and locations vary – check back often  
<http://oncologypt.org/education/>

#### **Academy of Oncologic Physical Therapy Partners with Educata for Distance Education Course Hosting – [www.educata.com](http://www.educata.com) or <http://oncologypt.org/education/educata-online-courses/>**

1. Foundations of Oncology for PTs - <https://www.educata.com/courseprofile.aspx?g=16>
2. The Comprehensive Management of Edema -  
<https://www.educata.com/courseprofile.aspx?g=5>
3. Treating a Patient With Cancer: What Outpatient PTs Need to Know -  
<https://www.educata.com/courseprofile.aspx?g=98>

#### **World Confederation for Physical Therapy's Network for HIV/AIDS, Oncology, Hospice and Palliative Care FREE recorded educational sessions - <https://www.wcpt.org/ipt-hope>**

**Highlighted Journal Articles: (grouped by topic for convenience but overlap may occur)** – This list is not designed be a mandatory reading list, but instead should be a guide to help a candidate to select readings that will help fill gaps in their individual knowledge base.

#### **Cancer Rehab - general**

1. Alfano CM, Cheville AL, Mustian K. Developing High-Quality Cancer Rehabilitation Programs: A Timely Need. *Am Soc Clin Oncol Educ Book*. 2016;35:241-249.
2. Alfano CM, Smith T, de Moor JS, et al. An action plan for translating cancer survivorship research into care. *JNCI: Journal of the National Cancer Institute*. 2014;106(11).
3. Boman KK, Hoven E, Anclair M, Lannering B, Gustafsson G. Health and persistent functional late effects in adult survivors of childhood CNS tumours: a population-based cohort study. *Eur J Cancer*. Sep 2009;45(14):2552-2561.
4. Carli F, Silver JK, Feldman LS, et al. Surgical Prehabilitation in Patients with Cancer: State-of-the- Science and Recommendations for Future Research from a Panel of Subject Matter Experts. *Phys Med Rehabil Clin N Am*. 2017;28(1):49-64
5. Cheville AL. Cancer rehabilitation. *Semin Oncol*. Apr 2005;32(2):219-224.
6. Cheville AL, Tchou J. Barriers to rehabilitation following surgery for primary breast cancer. *J Surg Oncol*. Apr 1 2007;95(5):409-418.
7. Cheville AL, Mustian K, Winters-Stone K, Zucker DS, Gamble GL, Alfano CM. Cancer Rehabilitation: An Overview of Current Need, Delivery Models, and Levels of Care. *Phys Med Rehabil Clin N Am*. 2017;28(1):1-17.
8. Deimling GT, Arendt JA, Kypriotakis G, Bowman KF. Functioning of older, long-term cancer survivors: the role of cancer and comorbidities. *J Am Geriatr Soc*. Nov 2009;57 Suppl 2:S289-292.
9. Dronkers JJ, Lamberts H, Reutelingsperger IM, et al. Preoperative therapeutic programme for elderly patients scheduled for elective abdominal oncological surgery: a randomized controlled pilot study. *Clin Rehabil*. Jul 2010;24(7):614-622.
10. Dutta D, Vanere P, Gupta T, Munshi A, Jalali R. Factors influencing activities of daily living using FIM-FAM scoring system before starting adjuvant treatment in patients with brain tumors: results from a prospective study. *J Neurooncol*. Aug 2009;94(1):103-110.
11. Eades M, Chasen M, Bhargava R. Rehabilitation: long-term physical and functional changes following treatment. *Semin Oncol Nurs*. Aug 2009;25(3):222-230.
12. Fialka-Moser V, Crevenna R, Korpan M, Quittan M. Cancer rehabilitation: particularly with aspects on physical impairments. *J Rehabil Med* 2003; 35(4):153-162.
13. Granda-Cameron C, DeMille D, Lynch MP, et al. An interdisciplinary approach to manage cancer cachexia. *Clin J Oncol Nurs*. Feb 2010;14(1):72-80.
14. Gilchrist, L. S., Galantino, M. L., Wampler, M., Marchese, V. G., Morris, G. S., & Ness, K. K. (2009). A framework for assessment in oncology rehabilitation. *Physical Therapy*, 89(3), 286-306.
15. Hunter EG, Gibson RW, Arbesman M, D'Amico M. Systematic Review of Occupational Therapy and Adult Cancer Rehabilitation: Part 2. Impact of Multidisciplinary Rehabilitation and Psychosocial, Sexuality, and Return-to-Work Interventions. *American Journal of Occupational Therapy*. 2017;71(2):7102100040p7102100041-7102100040p7102100048.
16. King MT, Stockler MR, Cella DF, et al. Meta-analysis provides evidence-based effect sizes for a cancer-specific quality-of-life questionnaire, the FACT-G. *J Clin Epidemiol*. Mar 2010;63(3): 270-281.

17. Kjaer TK, Johansen C, Ibfelt E, Christensen J, Rottmann N, Hoybye MT, et al. Impact of symptom burden on health related quality of life of cancer survivors in a Danish cancer rehabilitation program: A longitudinal study. *Acta Oncol* 2011;50(2):223-32.
18. Koroukian SM. Assessment and interpretation of comorbidity burden in older adults with cancer. *J Am Geriatr Soc*. Nov 2009;57 Suppl 2:S275-278.
19. Luciani A, Ascione G, Bertuzzi C, et al. Detecting disabilities in older patients with cancer: comparison between comprehensive geriatric assessment and vulnerable elders survey-13. *J Clin Oncol*. Apr 20 2010;28(12):2046-2050.
20. Maltser, S., Cristian, A., Silver, J. K., Morris, G. S., & Stout, N. L. (2017). A focused review of safety considerations in cancer rehabilitation. *PM&R*, 9(9), S415-S428.
21. Mao JJ, Palmer CS, Healy KE, Desai K, Amsterdam J. Complementary and alternative medicine use among cancer survivors: a population-based study. *J Cancer Surviv* 2011;5(1):8-17.
22. Mustian KM, Sprod LK, Palesh OG, et al. Exercise for the management of side effects and quality of life among cancer survivors. *Curr Sports Med Rep*. Nov-Dec 2009;8(6):325-330.
23. Nekhlyudov L, Levit L, Hurria A, Ganz PA. Patient-centered, evidence-based, and cost-conscious cancer care across the continuum: Translating the Institute of Medicine report into clinical practice. *CA Cancer J Clin*. 2014;64(6):408-421.
24. Schootman M, Aft R, Jeffe DB. An evaluation of lower-body functional limitations among long-term survivors of 11 different types of cancers. *Cancer*. Nov 15 2009;115(22):5329-5338.
25. Siefert ML. Fatigue, pain, and functional status during outpatient chemotherapy. *Oncol Nurs Forum*. Mar 2010;37(2):E114-123.
26. Silver JK, Gilchrist LS. Cancer rehabilitation with a focus on evidence-based outpatient physical and occupational therapy interventions. *Am J Phys Med Rehabil* 2011;90(5 Suppl 1):S5-15.
27. Spelten ER, Sprangers MA, Verbeek JH. Factors reported to influence the return to work of cancer survivors: a literature review. *Psychooncology* 2002; 11(2):124-131
28. Stout, N. L., Silver, J. K., Raj, V. S., Rowland, J., Gerber, L., Cheville, A., ... & Morris, G. S. (2016). toward a national initiative in cancer rehabilitation: Recommendations from a subject matter expert group. *Archives of physical medicine and rehabilitation*, 97(11), 2006-2015.
29. Stout NL. Cancer prevention in physical therapist practice. *Phys Ther*. Nov 2009;89(11): 1119-1122.
30. Stubblefield MD. Cancer rehabilitation. *Semin Oncol* 2011;38(3):386-93.
31. Tay SS, Ng YS, Lim PA. Functional outcomes of cancer patients in an inpatient rehabilitation setting. *Ann Acad Med Singapore*. Mar 2009;38(3):197-201.

## Balance and Falls



1. Bao, T., Basal, C., Seluzicki, C., Li, S. Q., Seidman, A. D., & Mao, J. J. (2016). Long-term chemotherapy-induced peripheral neuropathy among breast cancer survivors: prevalence, risk factors, and fall risk. *Breast cancer research and treatment, 159*(2), 327-333.
2. Chen, T. Y., & Janke, M. C. (2014). Predictors of falls among community-dwelling older adults with cancer: results from the health and retirement study. *Supportive care in cancer, 22*(2), 479-485.
3. Guerard, E. J., Deal, A. M., Williams, G. R., Jolly, T. A., Nyrop, K. A., & Muss, H. B. (2015). Falls in older adults with cancer: evaluation by oncology providers. *Journal of oncology practice, 11*(6), 470-474.
4. Hile, E. S. (2015). Imbalance and falls in older cancer survivors: an evidence-informed model for clinical assessment. *Topics in Geriatric Rehabilitation, 31*(4), E1-E19.
5. Huang, M. H., Blackwood, J., Johnson-Lawrence, V., Godoshian, M., & Pfalzer, L. A. (2016). Risk Factors for Balance Problems and Falls in Older Survivors of Selected Cancers: Non-Hodgkin's, Uterine, Bladder, And Kidney. *Archives of Physical Medicine and Rehabilitation, 97*(10), e47.
6. Huang, M. H., Blackwood, J., Croarkin, E., Wampler-Kuhn, M., Colon, G., & Pfalzer, L. (2015). Oncology Section Task Force on Breast Cancer Outcomes: clinical measures of balance a systematic review. *Rehabilitation oncology, 33*(1), 18-27.
7. Huang, M. H., Lytle, T., Miller, K. A., Smith, K., & Fredrickson, K. (2014). History of falls, balance performance, and quality of life in older cancer survivors. *Gait & posture, 40*(3), 451-456.
8. Kuriya, M., Yennurajalingam, S., de la Cruz, M. G., Wei, W., Palla, S., & Bruera, E. (2015). Frequency and factors associated with falls in patients with advanced cancer presenting to an outpatient supportive care clinic. *Palliative & supportive care, 13*(2), 223-227.
9. Lee, C. E., Warden, S. J., Szuck, B., & Lau, Y. J. (2016). A preliminary study on the efficacy of a community-based physical activity intervention on physical function-related risk factors for falls among breast cancer survivors. *American journal of physical medicine & rehabilitation/Association of Academic Physiatrists, 95*(8), 561.
10. Niederer, D., Schmidt, K., Vogt, L., Egen, J., Klingler, J., Hübscher, M., ... & Banzer, W. (2014). Functional capacity and fear of falling in cancer patients undergoing chemotherapy. *Gait & posture, 39*(3), 865-869.
11. Pandya, C., Magnuson, A., Dale, W., Lowenstein, L., Fung, C., & Mohile, S. G. (2016). Association of falls with health-related quality of life (HRQOL) in older cancer survivors: A population based study. *Journal of geriatric oncology, 7*(3), 201-210.
12. Pullen, L. C. (2017). Falls and disability among female cancer survivors. *CA: a cancer journal for clinicians, 67*(6), 437-438.
13. Wildes, T. M., Dua, P., Fowler, S. A., Miller, J. P., Carpenter, C. R., Avidan, M. S., & Stark, S. (2015). Systematic review of falls in older adults with cancer. *Journal of geriatric oncology, 6*(1), 70-83.

14. Williams, G. R., Deal, A. M., Nyrop, K. A., Pergolotti, M., Guerard, E. J., Jolly, T. A., & Muss, H. B. (2015). Geriatric assessment as an aide to understanding falls in older adults with cancer. *Supportive Care in Cancer*, 23(8), 2273-2280.
15. Winters-Stone, Kerri M., Coleman Hilton, Shih-Wen Luoh, Peter Jacobs, Sarah Faithfull, and Fay B. Horak. "Comparison of physical function and falls among women with persistent symptoms of chemotherapy-induced peripheral neuropathy." (2016): 130-130.

### **Bone Health- Fracture and Osteoporosis**

1. Body JJ. Prevention and treatment of side-effects of systemic treatment: bone loss. *Ann Oncol.* Oct 2010;21 Suppl 7:vii180-vii185.
2. Clines GA, Guise TA. Mechanisms and treatment for bone metastases. *Clin.Adv.Hematol.Oncol.* 2004;2(5):295-301.
3. Curtis JR, Delzell E, Chen L, et al. The relationship between bisphosphonate adherence and fracture: Is it the behavior or the medication? results from the placebo arm of the fracture intervention trial. *J Bone Miner Res.* Oct 11 2010.
4. Ding H, Field TS. Bone health in postmenopausal women with early breast cancer: How protective is tamoxifen? *Cancer Treat Rev.* Jun 14 2007.
5. Gnant MF, Mlineritsch B, Luschin-Ebengreuth G, et al. Zoledronic acid prevents cancer treatment-induced bone loss in premenopausal women receiving adjuvant endocrine therapy for hormone-responsive breast cancer: a report from the Austrian Breast and Colorectal Cancer Study Group. *J Clin Oncol.* Mar 1 2007;25(7):820-828.
6. Isaacs JD, Shidiak L, Harris IA, Szomor ZL. Femoral Insufficiency Fractures Associated with Prolonged Bisphosphonate Therapy. *Clin Orthop Relat Res.* Aug 31 2010.
7. Knobf MT, Insogna K, DiPietro L, Fennie C, Thompson AS. An aerobic weight-loaded pilot exercise intervention for breast cancer survivors: bone remodeling and body composition outcomes. *Biol Res Nurs* 2008;10(1):34-43.
8. McGuire R, Waltman N, Zimmerman L. Intervention components promoting adherence to strength training exercise in breast cancer survivors with bone loss. *West J Nurs Res* 2011;33(5): 671-89.
9. Mirels H. Metastatic Disease in Long Bones. A Proposed Scoring System for Diagnosing Impending Pathologic Fracture. *Clinical Orthopedics Rel Res* 1989;249: 256-264
10. Punzalan M, Hyden G. The role of physical therapy and occupational therapy in the rehabilitation of pediatric and adolescent patients with osteosarcoma. *Cancer Treat Res.* 2009;152:367-384.
11. Schmidt GA, Horner KE, McDanel DL, Ross MB, Moores KG. Risks and benefits of long-term bisphosphonate therapy. *Am J Health Syst Pharm.* Jun 15 2010;67(12):994-1001.
12. Schwartz AL, Winters-Stone K, Gallucci B. Exercise effects on bone mineral density in women with breast cancer receiving adjuvant chemotherapy. *Oncol Nurs Forum.* May 2007;34(3): 627-633.

13. Van Poznak C. Managing bone mineral density with oral bisphosphonate therapy in women with breast cancer receiving adjuvant aromatase inhibition. *Breast Cancer Res.* 2010;12(3):110.
14. Winters-Stone KM, Laudermilk M, Woo K, Brown JC, Schmitz KH. Influence of weight training on skeletal health of breast cancer survivors with or at risk for breast cancer-related lymphedema. *J Cancer Surviv.* 2014;8(2):260-268.
15. Winters-Stone KM, Dobek JC, Bennett JA, Maddalozzo GF, Ryan CW, Beer TM. Skeletal response to resistance and impact training in prostate cancer survivors. *Medicine and science in sports and exercise.* 2014;46(8):1482-1488.

### **Breast Cancer**

1. Aerts PD, De Vries J, Van der Steeg AF, Roukema JA. The relationship between morbidity after axillary surgery and long-term quality of life in breast cancer patients: the role of anxiety. *Eur J Surg Oncol* 2011;37(4):344-9.
2. Braithwaite D, Satariano WA, Sternfeld B, et al. Long-term prognostic role of functional limitations among women with breast cancer. *J Natl Cancer Inst.* Oct 6 2010;102(19):1468-1477.
3. Cantarero-Villanueva I, Fernandez-Lao C, Fernandez DEL-PC, Diaz-Rodriguez L, Sanchez-Cantalejo E, Arroyo-Morales M. Associations among musculoskeletal impairments, depression, body image and fatigue in breast cancer survivors within the first year after treatment. *Eur J Cancer Care (Engl)* 2011.
4. Devoogdt N, Van Kampen M, Christiaens MR, Troosters T, Piot W, Beets N, et al. Short- and long-term recovery of upper limb function after axillary lymph node dissection. *Eur J Cancer Care (Engl)* 2011;20(1):77-86.
5. Ebaugh D, Spinelli B, Schmitz KH. Shoulder impairments and their association with symptomatic rotator cuff disease in breast cancer survivors. *Med Hypotheses* 2011;77(4):481-7.
6. Ewertz M, Jensen AB. Late effects of breast cancer treatment and potentials for rehabilitation. *Acta Oncol* 2011;50(2):187-93
7. Eyigor S, Karapolat H, Yesil H, Uslu R, Durmaz B. Effects of pilates exercises on functional capacity, flexibility, fatigue, depression and quality of life in female breast cancer patients: a randomized controlled study. *Eur J Phys Rehabil Med.* May 6 2010.
8. Hack TF, Kwan WB, Thomas-Maclean RL, et al. Predictors of arm morbidity following breast cancer surgery. *Psychooncology.* Nov 2010;19(11):1205-1212
9. Hayes S, Battistutta D, Newman B. Objective and subjective upper body function six months following diagnosis of breast cancer. *Breast Cancer Res Treat* 2005; 94(1):1-10.
10. Harrington S, Padua D, Battaglini C, Michener LA, Giuliani C, Myers J, et al. Comparison of shoulder flexibility, strength, and function between breast cancer survivors and healthy participants. *J Cancer Surviv* 2011;5(2):167-74.

11. Johnsson A, Tenenbaum A, Westerlund H. Improvements in physical and mental health following a rehabilitation programme for breast cancer patients. *Eur J Oncol Nurs* 2011;15(1):12-5
12. Karki A, Simonen R, Malkia E, Selfe J. Impairments, activity limitations and participation restrictions 6 and 12 months after breast cancer operation. *J Rehabil Med* 2005; 37(3):180-188.
13. Lee SA, Kang JY, Kim YD, et al. Effects of a scapula-oriented shoulder exercise programme on upper limb dysfunction in breast cancer survivors: a randomized controlled pilot trial. *Clin Rehabil.* Jul 2010;24(7):600-613.
14. Leidenius M, Leivonen M, Vironen J, von Smitten K. The consequences of long-time arm morbidity in node-negative breast cancer patients with sentinel node biopsy or axillary clearance. *J Surg Oncol* 2005; 92(1):23-31.
15. Lu W, de Bock GH, Schaapveld M, Baas PC, Wiggers T, Jansen L. The value of routine physical examination in the follow up of women with a history of early breast cancer. *Eur J Cancer* 2011;47(5):676-82.
16. Malicka I, Hanuszkiewicz J, Stefanska M, Barczyk K, Wozniowski M. Relation between trunk muscle activity and posture type in women following treatment for breast cancer. *J Back Musculoskelet Rehabil.* 2010;23(1):11-19.
17. Malicka I, Stefanska M, Pawlowska K, Wozniowski M. Function of muscles of flexors and extensors of the elbow joint in women after treatment of breast cancer. *Ortop Traumatol Rehabil.* Mar-Apr 2009;11(2):111-119.
18. Markes M, Brockow T, Resch KL. Exercise for women receiving adjuvant therapy for breast cancer. *Cochrane Database Syst Rev* 2006;(4):CD005001.
19. Morehead-Gee AJ, Pfalzer L, Levy E, McGarvey C, Springer B, Soballe P, et al. Racial disparities in physical and functional domains in women with breast cancer. *Support Care Cancer* 2011.
20. Nesvold IL, Reinertsen KV, Fossa SD, Dahl AA. The relation between arm/shoulder problems and quality of life in breast cancer survivors: a cross-sectional and longitudinal study. *J Cancer Surviv* 2011;5(1):62-72
21. Rietman J, Dijkstra P, Debreczeni R, Geertzen J, Robinson D, De Vries J. Impairments, disabilities and health related quality of life after treatment for breast cancer: a follow-up study 2.7 years after surgery. *Disabil Rehabil* 2004; 26(2):78-84.
22. Ronka R, von Smitten K, Tasmuth T, Leidenius M. One-year morbidity after sentinel node biopsy and breast surgery. *Breast* 2005; 14(1):28-36.
23. Schmitz KH. Exercise for secondary prevention of breast cancer: moving from evidence to changing clinical practice. *Cancer Prev Res (Phila)* 2011;4(4):476-80.
24. Springer BA, Levy E, McGarvey C, et al. Pre-operative assessment enables early diagnosis and recovery of shoulder function in patients with breast cancer. *Breast Cancer Res Treat.* Feb; 120(1):135-147.

25. Stegink-Jansen CW, Buford WL, Jr., Patterson RM, Gould LJ. Computer simulation of pectoralis major muscle strain to guide exercise protocols for patients after breast cancer surgery. *J Orthop Sports Phys Ther* 2011;41(6):417-26
26. Stout NL, Pfalzer LA, Springer B, Levy E, McGarvey CL, Danoff JV, et al. Breast Cancer-Related Lymphedema: Comparing Direct Costs of a Prospective Surveillance Model and a Traditional Model of Care. *Phys Ther* 2011.
27. Stubblefield MD, Keole N. Upper body pain and functional disorders in patients with breast cancer. *PM R*. 2014;6(2):170-183
28. Tsao JY, Hung HC, Tsai HJ, Huang CS. Can ICF model for patients with breast-cancer-related lymphedema predict quality of life? *Support Care Cancer* 2011;19(5):599-604.
29. Winters L, Habin K, Flanagan J, Cashavelly BJ. "I feel like I am 100 years old!" managing arthralgias from aromatase inhibitors. *Clin J Oncol Nurs* 2010;14(3):379-82.
30. Winters-Stone KM, Dobek J, Nail L, Bennett JA, Leo MC, Naik A, et al. Strength training stops bone loss and builds muscle in postmenopausal breast cancer survivors: a randomized, controlled trial. *Breast Cancer Res Treat* 2011;127(2):447-56.
31. Yang CY, Tsai JC, Huang YC, Lin CC. Effects of a home-based walking program on perceived symptom and mood status in postoperative breast cancer women receiving adjuvant chemotherapy. *J Adv Nurs* 2011;67(1):158-68.
32. Zambelli A, Della Porta MG, Eleuteri E, De Giuli L, Catalano O, Tondini C, et al. Predicting and preventing cardiotoxicity in the era of breast cancer targeted therapies. Novel molecular tools for clinical issues. *Breast* 2011;20(2):176-83.

### Breast Reconstruction

1. Alderman AK, Wilkins EG, Kim HM, Lowery JC. Complications in postmastectomy breast reconstruction: two-year results of the Michigan Breast Reconstruction Outcome Study. *Plast Reconstr Surg* 2002; 109(7):2265-2274.
2. Blondeel N, Boeckx WD, Vanderstraeten GG, Lysens R, Van Landuyt K, Tonnard P et al. The fate of the oblique abdominal muscles after free TRAM flap surgery. *Br J Plast Surg* 1997; 50(5): 315-321.
3. Chang DW, Reece GP, Wang B, Robb GL, Miller MJ, Evans GR et al. Effect of smoking on complications in patients undergoing free TRAM flap breast reconstruction. *Plast Reconstr Surg* 2000; 105(7):2374-2380.
4. DeBono R, Thompson A, Stevenson JH. Immediate versus delayed free TRAM breast reconstruction: an analysis of perioperative factors and complications. *Br J Plast Surg* 2002; 55(2):111-116.
5. Lejour M, Dome M. Abdominal wall function after rectus abdominis transfer. *Plast Reconstr Surg* 1991; 87(6):1054-1068.
6. Nahabedian MY, Tsangaris T, Momen B. Breast reconstruction with the DIEP flap or the muscle-sparing (MS-2) free TRAM flap: is there a difference? *Plast.Reconstr.Surg.* 2005;115(2): 436-44.05; 19(3):583-586.

7. Walton L, Ommen K, Audisio RA. Breast reconstruction in elderly women breast cancer: a review. *Cancer Treat Rev* 2011;37(5):353-7.

### **Chemotherapy Induced Peripheral Neuropathy**

1. Grisold, W., & Grisold, A. (2017). Chemotherapy-induced peripheral neuropathy: limitations in current prophylactic/therapeutic strategies and directions for future research. *Current medical research and opinion*, 33(7), 1291-1292.
2. Johnston DL, Sung L, Stark D, Frazier AL, Rosenberg AR. A systematic review of patient-reported outcome measures of neuropathy in children, adolescents and young adults. *Supportive Care in Cancer*. 2016;24(9):3723-3728.
3. Knoerl, R., Yang, J., Barton, D. L., Williams, D. A., Holden, J., Krauss, J. C., ... & Smith, E. M. L. (2017). Self-guided online cognitive behavioral strategies for chemotherapy-induced peripheral neuropathy (CIPN): A multicenter, single blind, randomized, wait-list controlled trial.
4. McCrary, J. M., Goldstein, D., Boyle, F., Cox, K., Grimison, P., Kiernan, M. C., ... & Horvath, L. (2017). Optimal clinical assessment strategies for chemotherapy-induced peripheral neuropathy (CIPN): a systematic review and Delphi survey. *Supportive Care in Cancer*, 25(11), 3485-3493.
5. Monfort, S. M., Pan, X., Patrick, R., Ramaswamy, B., Wesolowski, R., Naughton, M. J., ... & Lustberg, M. B. (2017). Gait, balance, and patient-reported outcomes during taxane-based chemotherapy in early-stage breast cancer patients. *Breast cancer research and treatment*, 164(1), 69-77.
6. Monfort, S. M. (2017). *Implications of Neurotoxic Chemotherapy on the Functional Stability of Cancer Survivors* (Doctoral dissertation, The Ohio State University).
7. Osumi, M., Sumitani, M., Abe, H., Otake, Y., Kumagaya, S. I., & Morioka, S. (2017). Kinematic evaluation for impairment of skilled hand function in chemotherapy-induced peripheral neuropathy. *Journal of Hand Therapy*.
8. Park, S., Davare, M., Bridgewater, J., Hochhauser, D., Arkenau, H. T., & Koltzenburg, M. (2014). P971: Neurological outcomes following chemotherapy treatment: assessment of functional impairment, precision grip and nerve function. *Clinical Neurophysiology*, 125, S306.
9. Streckmann F, Zopf E, Lehmann H, et al. Exercise Intervention Studies in Patients with Peripheral Neuropathy: A Systematic Review. *Sports Medicine*. 2014;44(9):1289-1304.
10. Simon, N. B., Danso, M. A., Alberico, T., Basch, E. M., & Bennett, A. V. (2015). The prevalence and pattern of chemotherapy induced peripheral neuropathy (CIPN) among women with breast cancer receiving care in a large community oncology practice.
11. Winters-Stone, K. M., Hilton, C., Luoh, S. W., Jacobs, P., Faithfull, S., & Horak, F. B. (2016). Comparison of physical function and falls among women with persistent symptoms of chemotherapy-induced peripheral neuropathy.

### **Colorectal**

1. Chen, B. P., Awasthi, R., Sweet, S. N., Minnella, E. M., Bergdahl, A., Santa Mina, D., ... & Scheede-Bergdahl, C. (2017). Four-week prehabilitation program is sufficient to modify exercise behaviors and improve preoperative functional walking capacity in patients with colorectal cancer. *Supportive Care in Cancer*, 25(1), 33-40.
2. Johnson BL, Trentham-Dietz A, Koltyn KF, Colbert LH. Physical activity and function in older, long-term colorectal cancer survivors. *Cancer Causes Control*. Jul 2009;20(5):775-784.
3. Liu, C., Du, Y., Cheng, H., Dong, H., Tian, H., Li, H., & Liu, H. (2017). Perioperative fast-track rehabilitation protocol contributes to recovery after laparoscopic resection of colorectal cancer. *INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL MEDICINE*, 10(7), 10952-10958.
4. Lupattelli M, Mascioni F, Bellavita R, et al. Long-term anorectal function after postoperative chemoradiotherapy in high-risk rectal cancer patients. *Tumori*. Jan-Feb 2010;96(1): 34-41.
5. Mayo NE, Feldman L, Scott S, Zavorsky G, Kim do J, Charlebois P, et al. Impact of preoperative change in physical function on postoperative recovery: argument supporting prehabilitation for colorectal surgery. *Surgery* 2011;150(3):505-14.
6. McGrath, C., Mihala, G., Beesley, V. L., Lynch, B. M., Graves, N., & Gordon, L. G. (2017). "Cancer Put My Life on Hold": Work-Related Challenges Among Middle-aged Adults 12 Months After a Diagnosis of Colorectal Cancer. *Cancer nursing*, 40(2), 160-167.
7. Minnella, E. M., Bousquet-Dion, G., Awasthi, R., Scheede-Bergdahl, C., & Carli, F. (2017). Multimodal prehabilitation improves functional capacity before and after colorectal surgery for cancer: a five-year research experience. *Acta Oncologica*, 56(2), 295-300.
8. Schram, A., Carli, F., Ferreira, V., & Scheede-Bergdahl, C. (2017). Strategies for minimizing bedrest in colorectal cancer patients: Exercising to ERAS. *Clinical Nutrition ESPEN*, 19, 98.
9. Spence RR, Heesch KC, Brown WJ. Colorectal cancer survivors' exercise experiences and preferences: qualitative findings from an exercise rehabilitation programme immediately after chemotherapy. *Eur J Cancer Care (Engl)* 2011;20(2):257-66.
10. Wiedenbein L, Kris:ansen M, Adamsen L, Hjort D, Hendriksen C. Assessment of rehabilitation needs in colorectal cancer treatment: Results from a mixed audit and qualitative study in Denmark. *Acta Oncol*. 2016:1-7.

### Exercise Prescription

1. Cormie P, Zopf EM, Zhang X, Schmitz KH. The Impact of Exercise on Cancer Mortality, Recurrence, and Treatment-Related Adverse Effects. *Epidemiol Rev*. 2017;39(1):71-92.
2. Courneya KS. Exercise interventions during cancer treatment: biopsychosocial outcomes. *Exerc Sport Sci Rev* 2001; 29(2):60-64.
3. Drake D, Falzer P, Xistris D, Robinson G, Roberge M. Physical fitness training: outcomes for adult oncology patients. *Clin Nurs Res* 2004; 13(3):245-264.
4. Galvao DA, Newton RU. Review of exercise intervention studies in cancer patients. *J Clin Oncol* 2005; 23(4):899-909.

5. Humpel N, Iverson DC. Review and critique of the quality of exercise recommendations for cancer patients and survivors. *Support Care Cancer* 2005; 13(7):493-502.
6. Jones LW, Alfano CM. Exercise-oncology research: Past, present, and future. *Acta Oncologica*. 2013;52(2):195-215.
7. Jones LW, Liang Y, Pituskin EN, Battaglini CL, Scott JM, Hornsby WE, et al. Effect of exercise training on peak oxygen consumption in patients with cancer: a meta-analysis. *Oncologist* 2011;16(1):112-20.
8. LaStayo PC, Marcus RL, Dibble LE, Smith SB, Beck SL. Eccentric exercise versus usual- care with older cancer survivors: the impact on muscle and mobility--an exploratory pilot study. *BMC Geriatr* 2011;11:5.
9. McTiernan A. Physical activity, exercise, and cancer: prevention to treatment--symposium overview. *Med Sci Sports Exerc* 2003; 35(11):1821-1822.
10. McTiernan A. Physical activity after cancer: physiologic outcomes. *Cancer Invest* 2004; 22(1):68-81. 6. Mirels H. Metastatic Disease in Long Bones. A Proposed Scoring System for Diagnosing Impending Pathologic Fracture. *Clinical Orthopedics Rel Res* 1989:249; 256-264.
11. Morris, S. G. (2014). Exercise guidelines for the cancer survivor: why a physical therapist should be a part of the conversation. *Rehabilitation Oncology*, 32(1), 36-38.
12. Schmitz KH, Courneya KS, Matthews C, et al. American College of Sports Medicine roundtable on exercise guidelines for cancer survivors. *Med Sci Sports Exerc*. Jul 2010;42(7): 1409-1426.
13. Stout NL, Baima J, Swisher AK, Winters-Stone KM, Welsh J. A Systematic Review of Exercise Systematic Reviews in the Cancer Literature (2005-2017). *PM&R*. 2017;9(9):S347-S384.
14. Visovsky C, Dvorak C. Exercise and cancer recovery. *Online J Issues Nurs* 2005; 10(2):7.
15. Velthuis MJ, May AM, Koppejan-Rensenbrink RA, et al. Physical Activity during Cancer Treatment (PACT) Study: design of a randomised clinical trial. *BMC Cancer*. 2010;10:272.

## Fatigue

1. Arnold M, Taylor NF. Does exercise reduce cancer-related fatigue in hospitalised oncology patients? A systematic review. *Onkologie*. 2010;33(11):625-630.
2. Berger AM, Gerber LH, Mayer DK. Cancer-related fatigue. *Cancer*. 2012;118(S8):2261-2269.
3. Blackhall L, Petroni G, Shu J, Baum L, Farace E. A pilot study evaluating the safety and efficacy of modafinil for cancer-related fatigue. *J Palliat Med*. May 2009;12(5):433-439.
4. Blaney J, Lowe-Strong A, Rankin J, Campbell A, Allen J, Gracey J. The cancer rehabilitation journey: barriers to and facilitators of exercise among patients with cancer-related fatigue. *Phys Ther*. Aug 2010;90(8):1135-1147.
5. Bower JE, Garet D, Sternlieb B. Yoga for persistent fatigue in breast cancer survivors: results of a pilot study. *Evid Based Complement Alternat Med* 2011;2011:623168.



6. Gerber LH, Stout N, McGarvey C, et al. Factors predicting clinically significant fatigue in women following treatment for primary breast cancer. *Support Care Cancer*. Sep 12 2010.
7. Gerber LH. Cancer-Related Fatigue. *Physical Medicine and Rehabilitation Clinics*. 2017;28(1):65-88.
8. Dimeo F, Schwartz S, Wesel N, Voigt A, Thiel E. Effects of an endurance and resistance exercise program on persistent cancer-related fatigue after treatment. *Ann Oncol* 2008;19(8): 1495-9.
9. Hojan K, Kwiatkowska-Borowczyk E, Leporowska E, et al. Physical exercise for functional capacity, blood immune function, fatigue and quality of life in high-risk prostate cancer patients during radiotherapy. A prospective, randomised clinical study. *Eur J Phys Rehabil Med*. 2016.
10. Kangas M, Bovbjerg DH, Montgomery GH. Cancer-related fatigue: a systematic and meta-analytic review of non-pharmacological therapies for cancer patients. *Psychol Bull*. Sep 2008;134(5):700-741.
11. Levangie PK, Santasier AM, Stout NL, Pfalzer L. A qualitative assessment of upper quarter dysfunction reported by physical therapists treated for breast cancer or treating breast cancer sequelae. *Support Care Cancer* 2011;19(9):1367-78.
12. Litterini AJ, Jette DU. Exercise for managing cancer-related fatigue. *Phys Ther* 2011;91(3):301-4.
13. Luciani A, Jacobsen PB, Extermann M, et al. Fatigue and functional dependence in older cancer patients. *Am J Clin Oncol*. Oct 2008;31(5):424-430.
14. Luctkar-Flude M, Groll D, Woodend K, Tranmer J. Fatigue and physical activity in older patients with cancer: a six-month follow-up study. *Oncol Nurs Forum*. Mar 2009;36(2):194-202.
15. Mustian KM, Alfano CM, Heckler C, et al. Comparison of Pharmaceutical, Psychological, and Exercise Treatments for Cancer-Related Fatigue: A Meta-analysis. *JAMA Oncol*. 2017.
16. Rao AV, Cohen HJ. Fatigue in older cancer patients: etiology, assessment, and treatment. *Semin Oncol*. Dec 2008;35(6):633-642.
17. Schultz SL, Dalton SO, Christensen J, Carlsen K, Ross L, Johansen C. Factors correlated with fatigue in breast cancer survivors undergoing a rehabilitation course, Denmark, 2002-2005. *Psychooncology* 2011;20(4):352-60.
18. Stricker CT, Drake D, Hoyer KA, Mock V. Evidence-based practice for fatigue management in adults with cancer: exercise as an intervention. *Oncol Nurs Forum* 2004; 31(5):963-97
19. van Weert E, May AM, Korstjens I, et al. Cancer-related fatigue and rehabilitation: a randomized controlled multicenter trial comparing physical training combined with cognitive-behavioral therapy with physical training only and with no intervention. *Phys Ther*. Oct 2010;90(10):1413-1425.
20. Velthuis MJ, Agasi-Idenburg SC, Aufdemkampe G, Wittink HM. The effect of physical exercise on cancer-related fatigue during cancer treatment: a meta-analysis of randomised controlled trials. *Clin Oncol (R Coll Radiol)*. Apr 2010;22(3):208-221.

## Head and Neck

1. Clarke LK. Rehabilitation for the head and neck cancer patient. *Oncology (Williston Park)* 1998; 12(1):81-89.
2. Deng J, Ridner SH, Murphy BA. Lymphedema in patients with head and neck cancer. *Oncol Nurs Forum* 2011;38(1):E1-E10.
3. Lauchlan DT, McCaul JA, McCarron T, Patil S, McManners J, McGarva J. An exploratory trial of preventative rehabilitation on shoulder disability and quality of life in patients following neck dissection surgery. *Eur J Cancer Care (Engl)* 2011;20(1):113-22.
4. List MA, Bilir SP. Functional outcomes in head and neck cancer. *Semin Radiat Oncol* 2004; 14(2): 178-189.
5. McNeely ML, Parliament M, Courneya KS, Seikaly H, Jha N, Scrimger R et al. A pilot study of a randomized controlled trial to evaluate the effects of progressive resistance exercise training on shoulder dysfunction caused by spinal accessory neurapraxia/neurectomy in head and neck cancer survivors. *Head Neck* 2004; 26(6):518-530.
6. McNeely ML, Parliament MB, Seikaly H, Jha N, Magee DJ, Haykowsky MJ, et al. Predictors of adherence to an exercise program for shoulder pain and dysfunction in head and neck cancer survivors. *Support Care Cancer* 2011.
7. Papadas T, Charokopos N, Karamouzis MV, Pierakeas C, Symeonidi M, Economou G et al. Rehabilitation after laryngectomy: a practical approach and guidelines for patients. *J Cancer Educ* 2002; 17(1):37-39.
8. Rieger JM, Tang JA, Harris J, et al. Survey of current functional outcomes assessment practices in patients with head and neck cancer: initial project of the head and neck research network. *J Otolaryngol Head Neck Surg*. Oct 2010;39(5):523-531.
9. Rogers LQ, Malone J, Rao K, et al. Exercise preferences among patients with head and neck cancer: prevalence and associations with quality of life, symptom severity, depression, and rural residence. *Head Neck*. Aug 2009;31(8):994-1005.
10. Rogers LQ, Courneya KS, Robbins KT, Malone J, Seiz A, Koch L et al. Physical activity and quality of life in head and neck cancer survivors. *Support Care Cancer* 2006.
11. Simon C, Bulut C, Federspil PA, Munter MW, Lindel K, Bergmann Z, et al. Assessment of peri- and postoperative complications and Karnofsky-performance status in head and neck cancer patients after radiation or chemoradiation that underwent surgery with regional or free-flap reconstruction for salvage, palliation, or to improve function. *Radiat Oncol* 2011;6:109.
12. Smith GI, Yeo D, Clark J, Choy ET, Gao K, Oates J et al. Measures of health-related quality of life and functional status in survivors of oral cavity cancer who have had defects reconstructed with radial forearm free flaps. *Br J Oral Maxillofac Surg* 2006; 44(3):187-192.
13. Tschiesner U, Linseisen E, Baumann S, et al. Assessment of functioning in patients with head and neck cancer according to the International Classification of Functioning, Disability, and Health (ICF): a multicenter study. *Laryngoscope*. May 2009;119(5):915-923.
14. van der Molen L, van Rossum MA, Burkhead LM, Smeele LE, Rasch CR, Hilgers FJ. A Randomized Preventive Rehabilitation Trial in Advanced Head and Neck Cancer Patients

Treated with Chemoradiotherapy: Feasibility, Compliance, and Short-term Effects. *Dysphagia*. Jul 11 2010.

15. van Wouwe M, de Bree R, Kuik DJ, de Goede CJ, Verdonck-de Leeuw IM, Doornaert P, et al. Shoulder morbidity after non-surgical treatment of the neck. *Radiother Oncol* 2009;90(2):196-201.
16. Waters TM, Logemann JA, Pauloski BR, Rademaker AW, Lazarus CL, Newman LA et al. Beyond efficacy and effectiveness: conducting economic analyses during clinical trials. *Dysphagia* 2004; 19(2):109-119.
17. Watkins JP, Williams GB, Mascioli AA, Wan JY, Samant S. Shoulder function in patients undergoing selective neck dissection with or without radiation and chemotherapy. *Head Neck* 2011;33(5):615-9.
18. Zhao SG, Alexander NB, Djuric Z, et al. Maintaining physical activity during head and neck cancer treatment: Results of a pilot controlled trial. *Head and Neck-Journal for the Sciences and Specialties of the Head and Neck*. 2016;38:E1086-E1096.

#### **Hematological Cancers and BMT**

1. Bergenthal N, Will A, Streckmann F, et al. Aerobic physical exercise for adult patients with haematological malignancies. *Cochrane Database Syst Rev*. 2014(11):CD009075.
2. Battaglini CL, Hackney AC, Garcia R, Groff D, Evans E, Shea T. The effects of an exercise program in leukemia patients. *Integr Cancer Ther*. Jun 2009;8(2):130-138.
3. Choi IS, Jang IS, Han JY, Kim JH, Lee SG. Therapeutic experience on multiple contractures in scleroderma chronic graft versus host disease. *Support Care Cancer*. Jul 2009;17(7):851-855.
4. Elter T, Stipanov M, Heuser E, et al. Is physical exercise possible in patients with critical cytopenia undergoing intensive chemotherapy for acute leukaemia or aggressive lymphoma? *Int J Hematol*. Sep 2009;90(2):199-204.
5. Guo Y, Shin KY, Hainley S, Bruera E, Palmer JL. Inpatient rehabilitation improved functional status in asthenic patients with solid and hematologic malignancies. *Am J Phys Med Rehabil* 2011;90(4):265-71.
6. Jarden M, Baadsgaard MT, Hovgaard DJ, Boesen E, Adamsen L. A randomized trial on the effect of a multimodal intervention on physical capacity, functional performance and quality of life in adult patients undergoing allogeneic SCT. *Bone Marrow Transplant*. May 2009;43(9):725-737.
7. Maltser S, Cristian A, Silver JK, Morris GS, Stout NL. A Focused Review of Safety Considerations in Cancer Rehabilitation. *PM&R*. 2017;9(9):S415-S428.
8. Morris GS, Brueilly KE, Scheetz JS, Brannan EA. Functional performance status of hematopoietic SCT recipients in the sub-acute phase of recovery. *Bone Marrow Transplant*. Apr 2010;45(4):755-761.
9. Paul KL. Rehabilitation and exercise considerations in hematologic malignancies. *Am J Phys Med Rehabil* 2011;90(5 Suppl 1):S88-94.

10. Smith SR, Asher A. Rehabilitation in Chronic Graft-Versus-Host Disease. *Physical Medicine and Rehabilitation Clinics*. 2017;28(1):143-151.
11. Wilson RW, Jacobsen PB, Fields KK. Pilot study of a home-based aerobic exercise program for sedentary cancer survivors treated with hematopoietic stem cell transplantation. *Bone Marrow Transplant* 2005; 35(7):721-727.
12. Wolin KY, Ruiz JR, Tuchman H, Lucia A. Exercise in adult and pediatric hematological cancer survivors: an intervention review. *Leukemia*. Jun 2010;24(6):1113-1120.

### Lung Cancer

1. Adamsen L, Stage M, Laursen J, Rorth M, Quist M. Exercise and relaxation intervention for patients with advanced lung cancer: a qualitative feasibility study. *Scand J Med Sci Sports* 2011.
2. Arbane G, Tropman D, Jackson D, Garrod R. Evaluation of an early exercise intervention after thoracotomy for non-small cell lung cancer (NSCLC), effects on quality of life, muscle strength and exercise tolerance: randomised controlled trial. *Lung Cancer* 2011;71(2):229-34.
3. Brunelli A, Charloux A, Bolliger CT, et al. The European Respiratory Society and European Society of Thoracic Surgeons clinical guidelines for evaluating fitness for radical treatment (surgery and chemoradiotherapy) in patients with lung cancer. *Eur J Cardiothorac Surg*. Jul 2009;36(1):181-184.
4. Glattki GP, Manika K, Sichletidis L, Alexe G, Brenke R, Spyrtos D. Pulmonary Rehabilitation in Non-small Cell Lung Cancer Patients After Completion of Treatment. *Am J Clin Oncol* 2011.
5. Granger CL, McDonald CF, Berney S, Chao C, Denehy L. Exercise intervention to improve exercise capacity and health related quality of life for patients with Non-small cell lung cancer: a systematic review. *Lung Cancer* 2011;72(2):139-53.
6. Jones LW, Eves ND, Waner E, Joy AA. Exercise therapy across the lung cancer continuum. *Curr Oncol Rep*. Jul 2009;11(4):255-262.
7. Morris GS, Gallagher GH, Baxter MF, et al. Pulmonary rehabilitation improves functional status in oncology patients. *Arch Phys Med Rehabil*. May 2009;90(5):837-841.
8. Peddle CJ, Jones LW, Eves ND, et al. Effects of presurgical exercise training on quality of life in patients undergoing lung resection for suspected malignancy: a pilot study. *Cancer Nurs*. Mar-Apr 2009;32(2):158-165.
9. Riesenbergh H, Lubbe AS. In-patient rehabilitation of lung cancer patients--a prospective study. *Support Care Cancer*. Jul 2010;18(7):877-882.
10. Sebio Garcia R, Yáñez Brage MI, Giménez Moolhuyzen E, Granger CL, Denehy L. Functional and postoperative outcomes after preoperative exercise training in patients with lung cancer: A systematic review and meta-analysis. *Interactive cardiovascular and thoracic surgery*. 2016;23(3):486-497.
11. Smith SR, Khanna A, Wisotzky EM. An Evolving Role for Cancer Rehabilitation in the Era of Low-Dose Lung Computed Tomography Screening. *PM&R*. 2017;9(9):S407-S414.

## Lymphedema

1. Armer JM, Stewart BR. Post-breast cancer lymphedema: incidence increases from 12 to 30 to 60 months. *Lymphology* 2010;43(3):118-27.
2. Armer JM. Research on risk assessment for secondary lymphedema following breast cancer treatment. *Cancer Epidemiol Biomarkers Prev* 2010;19(11):2715-7.
3. Arsenault K, Rielly L, Wise H. Effects of complete decongestive therapy on the incidence rate of hospitalization for the management of recurrent cellulitis in adults with lymphedema. *Rehab Onc* 2011;29(3):14-20.
4. Asdourian, M. S., Skolny, M. N., Brunelle, C., Seward, C. E., Salama, L., & Taghian, A. G. (2016). Precautions for breast cancer-related lymphoedema: risk from air travel, ipsilateral arm blood pressure measurements, skin puncture, extreme temperatures, and cellulitis. *The Lancet Oncology*, 17(9), e392-e405.
5. Badger C, Preston N, Seers K, Mortimer P. Physical therapies for reducing and controlling lymphoedema of the limbs. *Cochrane Database Syst Rev* 2004;(4):CD003141.
6. Bar Ad V, Chevillat A, Solin LJ, Dutta P, Both S, Harris EE. Time course of mild arm lymphedema after breast conservation treatment for early-stage breast cancer. *Int J Radiat Oncol Biol Phys* 2010;76(1):85-90.
7. Bell, L., & Stout, N. L. (2018). Using Low-Level Light Laser in Your Lymphedema Practice: Benefits and Cautions. *Rehabilitation Oncology*, 36(1), 70-72.
8. Cormier JN, Askew RL, Mungovan KS, Xing Y, Ross MI, Armer JM. Lymphedema beyond breast cancer: a systematic review and meta-analysis of cancer-related secondary lymphedema. *Cancer* 2010;116(22):5138-49.
9. Courneya KS, Mackey JR, Bell GJ, Jones LW, Field CJ, Fairey AS. Randomized controlled trial of exercise training in postmenopausal breast cancer survivors: cardiopulmonary and quality of life outcomes. *J Clin Oncol* 2003; 21(9):1660-1668.
10. Forner-Cordero I, Munoz-Langa J, Forner-Cordero A, DeMiguel-Jimeno JM. Predictive factors of response to decongestive therapy in patients with breast-cancer-related lymphedema. *Ann Surg Oncol* 2010;17(3):744-51.
11. Fu MR, Guth AA, Cleland CM, Lima ED, Kayal M, Haber J, et al. The effects of symptomatic seroma on lymphedema symptoms following breast cancer treatment. *Lymphology* 2011;44(3): 134-43.
12. Gane, E. M., Steele, M. L., Janda, M., Ward, L. C., Reul-Hirche, H., Carter, J., ... & Hayes, S. C. (2018). The Prevalence, Incidence, and Quality-of-Life Impact of Lymphedema After Treatment for Vulvar or Vaginal Cancer. *Rehabilitation Oncology*, 36(1), 48-55.
13. Hayes SC. Role of exercise in the prevention and management of lymphedema after breast cancer. *Exerc Sport Sci Rev* 2010;38(1):2.
14. Jensen MR, Simonsen L, Karlsmark T, Bulow J. Lymphoedema of the lower extremities--background, pathophysiology and diagnostic considerations. *Clin Physiol Funct Imaging* 2010;30(6):389-98.

15. Johansson K, Tibe K, Weibull A, Newton RC. Low intensity resistance exercise for breast cancer patients with arm lymphedema with or without compression sleeve. *Lymphology* 2005; 38(4): 167-180.
16. Kim do S, Sim YJ, Jeong HJ, Kim GC. Effect of active resistive exercise on breast cancer-related lymphedema: a randomized controlled trial. *Arch Phys Med Rehabil* 2010;91(12):1844-8.
17. Lau RW, Cheing GL. Managing postmastectomy lymphedema with low-level laser therapy. *Photomed Laser Surg.* Oct 2009;27(5):763-769.
18. McNeely ML, Magee DJ, Lees AW, Bagnall KM, Haykowsky M, Hanson J. The addition of manual lymph drainage to compression therapy for breast cancer related lymphedema: a randomized controlled trial. *Breast Cancer Res Treat* 2004; 86(2):95-106.
19. Norman SA, Localio AR, Kallan MJ, Weber AL, Torpey HA, Potashnik SL, et al. Risk factors for lymphedema after breast cancer treatment. *Cancer Epidemiol Biomarkers Prev* 2010;19(11): 2734-46.
20. Ochalek K, Gradalski T. Manual lymph drainage may not be a necessary component in lymphedema treatment. *J Pain Symptom Manage* 2010;39(5):e1-2.
21. Ohba Y, Todo Y, Kobayashi N, Kaneuchi M, Watari H, Takeda M, et al. Risk factors for lower-limb lymphedema after surgery for cervical cancer. *Int J Clin Oncol* 2011;16(3):238-43.
22. Ridner SH, Dietrich MS, Kidd N. Breast cancer treatment-related lymphedema self-care: Education, practices, symptoms, and quality of life. *Support Care Cancer* 2010.
23. Schmitz KH, Ahmed RL, Troxel AB, Chevillie A, Lewis-Grant L, Smith R, et al. Weight lifting for women at risk for breast cancer-related lymphedema: a randomized trial. *JAMA* 2010;304(24): 2699-705.
24. Smoot B, Wong J, Cooper B, Wanek L, Topp K, Byl N, et al. Upper extremity impairments in women with or without lymphedema following breast cancer treatment. *J Cancer Surviv* 2010;4(2):167-78.
25. Stout NL, Pfalzer LA, Levy E, McGarvey C, Springer B, Gerber LH, et al. Segmental Limb Volume Change as a Predictor of the Onset of Lymphedema in Women With Early Breast Cancer. *PM R* 2011.
26. Stout Gergich NL, Pfalzer LA, McGarvey C, Springer B, Gerber LH, Soballe P. Preoperative assessment enables the early diagnosis and successful treatment of lymphedema. *Cancer*. Jun 15 2008;112(12):2809-2819.
27. Swaroop, M. N., Ferguson, C. M., Horick, N. K., Skolny, M. N., Miller, C. L., Jammallo, L. S., ... & Taghian, A. G. (2015). Impact of adjuvant taxane-based chemotherapy on development of breast cancer-related lymphedema: results from a large prospective cohort. *Breast cancer research and treatment*, 151(2), 393-403.
28. Tesar, E., & Armer, J. M. (2018). Effect of Common Medications on Breast Cancer-related Lymphedema. *Rehabilitation Oncology*, 36(1), 7-12.
29. Tidhar, D., Armer, J. M., & Stewart, B. R. (2018). What Is Clinically Important in Lymphedema Management? A Systematic Review. *Rehabilitation Oncology*, 36(1), 13-27.

30. Vignes S, Porcher R, Arrault M, Dupuy A. Factors influencing breast cancer-related lymphedema volume after intensive decongestive physiotherapy. *Support Care Cancer* 2011;19(7):935-40.
31. Sander AP, Hajer NM, Hemenway K, et al. Upper-extremity volume measurements in women with lymphedema: a comparison of measurements obtained via water displacement with geometrically determined volume. *Phys Ther.* 2002 Dec;82(12):1201-12.

### Melanoma

1. Dunn J, Watson M. Multi-disciplinary care of patients with melanoma: New frontiers. *Psycho- Oncology.* 2016;25:191-192.
2. Hinrichs CS, Gibbs JF, Driscoll D, et al. The effectiveness of complete decongestive physiotherapy for the treatment of lymphedema following groin dissection for melanoma. *JSurgOncol.* 2004;85(4):187-192.
3. Ma D, Ariyan S. The use of isolated limb perfusion to manage recurrent malignant melanoma. *Clin Plast Surg* 2000; 27(3):441-50, ix.
4. Murphy EA, Davis JM, Brown AS, Carmichael MD, Mayer EP, Ghaffar A. Effects of moderate exercise and oat beta-glucan on lung tumor metastases and macrophage antitumor cytotoxicity. *J Appl Physiol* 2004; 97(3):955-959.
5. Schwitzer, E., Orlow, I., Zabor, E. C., Begg, C. B., Berwick, M., Thomas, N. E., ... & Jones, L. W. (2017). No Association between Pre-diagnosis Exercise and Survival in Patients with High-Risk Primary Melanoma: A Population-Based Study. *Pigment cell & melanoma research.*
6. Thompson JF, Kam PC. Isolated limb infusion for melanoma: a simple but effective alternative to isolated limb perfusion. *J Surg Oncol* 2004; 88(1):1-3.

### Modalities

1. Cheville, A. L., & Basford, J. R. (2014). Role of rehabilitation medicine and physical agents in the treatment of cancer-associated pain. *Journal of Clinical Oncology, 32(16),* 1691-1702.
2. Donnellan CP, Caldwell K. TENS and FES for sensory impairment and gait dysfunction following removal of spinal cord ependymoma--a case report. *Physiother Res Int.* Dec 2009;14(4):234-241.
3. Sicard-Rosenbaum L, Lord D, Danoff JV, Thom AK, Eckhaus MA. Effects of continuous therapeutic ultrasound on growth and metastasis of subcutaneous murine tumors. *Phys Ther* 1995; 75(1):3-11.
4. Sicard-Rosenbaum L, Danoff JV, Guthrie JA, Eckhaus MA. Effects of energy-matched pulsed and continuous ultrasound on tumor growth in mice. *Phys Ther* 1998; 78(3):271-277.
5. Sykes N, Thorns A. The use of opioids and sedatives at the end of life. *Lancet Oncol* 2003; 4(5):312-318.

6. Maltser, S., Cristian, A., Silver, J. K., Morris, G. S., & Stout, N. L. (2017). A focused review of safety considerations in cancer rehabilitation. *PM&R*, 9(9), S415-S428.
7. Pfalzer, L. A. (2001). Physical agents/modalities for survivors of cancer. *Rehabilitation Oncology*, 19(2), 12.

### Neurological and CNS

1. Fu JB, Parsons HA, Shin KY, et al. Comparison of functional outcomes in low- and high-grade astrocytoma rehabilitation inpatients. *Am J Phys Med Rehabil*. Mar 2010;89(3):205-212.
2. Geler-Kulcu D, Gulsen G, Buyukbaba E, Ozkan D. Functional recovery of patients with brain tumor or acute stroke after rehabilitation: a comparative study. *J Clin Neurosci*. Jan 2009;16(1): 74-78.
3. Hile ES, Fitzgerald GK, Studenski SA. Persistent mobility disability after neurotoxic chemotherapy. *Phys Ther*. Nov 2010;90(11):1649-1657.
4. Kvale EA, Clay OJ, Ross-Meadows LA, et al. Cognitive speed of processing and functional declines in older cancer survivors: an analysis of data from the ACTIVE trial. *Eur J Cancer Care (Engl)*. Jan 1 2010;19(1):110-117.
5. Ruppert LM. Malignant Spinal Cord Compression. *Physical Medicine and Rehabilitation Clinics*. 2017;28(1):101-114.
6. Salander P. Facilitating interventions and/or relationships in malignant brain tumors. *Adv Ther*. Jan 2010;27(1):17-27.
7. Tokuhashi Y, Ajiro Y, Umezawa N. Outcome of treatment for spinal metastases using scoring system for preoperative evaluation of prognosis. *Spine (Phila Pa 1976)*. Jan 1 2009;34(1):69-73.
8. Vargo MM. Brain Tumors and Metastases. *Physical Medicine and Rehabilitation Clinics*. 2017;28(1):115-141.

### Ovarian Cancer

1. Ahmed-Lecheheb D, Joly F. Ovarian cancer survivors' quality of life: a systematic review. *Journal of Cancer Survivorship*. 2016;10(5):789-801.
2. Hayes S, Friedlander M, Obermair A, et al. Exercise during chemotherapy for ovarian cancer (ECHO): Study design features and outcomes of a cancer Australia and cancer council australia funded randomised, controlled trial. *International Journal of Gynecological Cancer*. 2014;24(9):200-201.
3. Mizrahi D, Broderick C, Friedlander M, et al. An Exercise Intervention During Chemotherapy for Women With Recurrent Ovarian Cancer A Feasibility Study. *International Journal of Gynecological Cancer*. 2015;25(6):985-992.
4. "Screening Asymptomatic Women for Ovarian Cancer: American College of Preventive Medicine Practice Policy". Retrieved on 2007-09-29.
5. Rosen DG, Wang L, Atkinson JN, et al "Potential markers that complement expression of CA125 in epithelial ovarian cancer". *Gynecol Oncol*. 2005 Nov;99(2):267-77.



6. Hayes SC, Janda M, Ward LC, et al. Lymphedema following gynecological cancer: Results from a prospective, longitudinal cohort study on prevalence, incidence and risk factors. *Gynecol Oncol.* 2017 Sep;146(3):623-629.

### Outcomes Measurement

1. Atkinson, Thomas M., Angela M. Stover, Daniel F. Storfer, Rebecca M. Saracino, Thomas A. D'agostino, Denise Pergolizzi, Konstantina Matsoukas, Yuelin Li, and Ethan Basch. "Patient-reported physical function measures in cancer clinical trials." *Epidemiologic reviews* 39, no. 1 (2017): 59-70.
2. Burgess, F., Galambos, L., Howland, A., Yalamanchili, M., & Pfalzer, L. A. (2016). Oncology EDGE Task Force on Colorectal Cancer Outcomes: a systematic review of clinical measures of strength and muscular endurance. *Rehabilitation Oncology, 34(1)*, 36-47.
3. Cook, K. F., Jensen, S. E., Schalet, B. D., Beaumont, J. L., Amtmann, D., Czajkowski, S., ... & Stone, A. A. (2016). PROMIS measures of pain, fatigue, negative affect, physical function, and social function demonstrated clinical validity across a range of chronic conditions. *Journal of clinical epidemiology, 73*, 89-102.
4. Davies, C., Ryans, K., Levenhagen, K., & Perdomo, M. (2014). Breast Cancer Edge Task Force Outcomes: Quality of life and functional outcome measures for secondary lymphedema in breast cancer survivors. *Rehabilitation Oncology, 32(1)*, 7-12.
5. Davies, C. C., Colon, G., Geyer, H., Pfalzer, L., & Fisher, M. I. (2016). Oncology EDGE Task Force on Prostate Cancer Outcomes: a systematic review of outcome measures for functional mobility. *Rehabilitation Oncology, 34(3)*, 82-96.
6. Fisher, M. I., Lee, J., Davies, C. C., Geyer, H., Colon, G., & Pfalzer, L. (2015). Oncology Section EDGE Task Force on Breast Cancer Outcomes: a systematic review of outcome measures for functional mobility. *Rehabilitation Oncology, 33(3)*, 19-31.
7. Fisher, M. I., Davies, C., Beuthin, C., Colon, G., Zoll, B., & Pfalzer, L. (2014). Breast Cancer EDGE Task Force Outcomes: clinical measures of strength and muscular endurance: a systematic review. *Rehabilitation Oncology, 32(4)*, 6-15.
8. Fisher, M. I., Davies, C. C., Colon, G., Geyer, H., & Pfalzer, L. (2015). Oncology Section EDGE Task Force on prostate cancer outcomes: a systematic review of clinical measures of strength and muscular endurance. *Rehabilitation Oncology, 33(2)*, 37-44.
9. Flores, A. M., Spinelli, B. A., Eden, M. M., & Galantino, M. L. (2015). EDGE Task Force on head and neck cancer outcomes a systematic review of outcome measures for quantifying external lymphedema. *Rehabilitation Oncology, 33(2)*, 15-23.
10. Galantino, M. L., Eden, M. M., Spinelli, B. A., & Flores, A. M. (2015). EDGE Task Force on Head and Neck Cancer Outcomes: A Systematic Review of Outcome Measures for Temporomandibular-related Dysfunction. *Rehabilitation Oncology, 33(2)*, 6-14.
11. Harrington, S., Lee, J., Colon, G., & Alappattu, M. (2016). Oncology Section EDGE Task Force on Prostate Cancer: a systematic review of outcome measures for health-related quality of life. *Rehabilitation oncology (American Physical Therapy Association. Oncology Section), 34(1)*, 27.

12. Harrington, S., Gilchrist, L., & Sander, A. (2014). Breast cancer EDGE task force outcomes: clinical measures of pain. *Rehabilitation oncology*, 32(1), 13.
13. Howell, D., Molloy, S., Wilkinson, K., Green, E., Orchard, K., Wang, K., & Liberty, J. (2015). Patient-reported outcomes in routine cancer clinical practice: a scoping review of use, impact on health outcomes, and implementation factors. *Annals of Oncology*, 26(9), 1846-1858.
14. Jensen, R. E., Potosky, A. L., Reeve, B. B., Hahn, E., Cella, D., Fries, J., ... & Moinpour, C. M. (2015). Validation of the PROMIS physical function measures in a diverse US population-based cohort of cancer patients. *Quality of Life Research*, 24(10), 2333-2344.
15. Kaat, A. J., Schalet, B. D., Rutsohn, J., Jensen, R. E., & Cella, D. (2018). Physical function metric over measure: An illustration with the Patient-reported Outcomes Measurement Information System (promis) and the Functional Assessment of Cancer Therapy (fact). *Cancer*, 124(1), 153-160.
16. Levangie, P. K., & Fisher, M. I. (2013). Oncology Section Task Force on Breast Cancer Outcomes: an introduction to the EDGE Task Force and clinical measures of upper extremity function. *Rehabilitation Oncology*, 31(1), 6-10.
17. Menard, J. C., Hinds, P. S., Jacobs, S. S., Cranston, K., Wang, J., DeWalt, D. A., & Gross, H. E. (2014). Feasibility and acceptability of the PROMIS measures in children and adolescents in active cancer treatment and survivorship. *Cancer nursing*, 37(1).
18. Perdomo, M., Davies, C., Levenhagen, K., & Ryans, K. (2014). Breast cancer edge task force outcomes: assessment measures of secondary lymphedema in breast cancer survivors. *Rehabilitation Oncology*, 32(1), 22-35.
19. Price, W. F., Doherty, D., Adams, A., & Bohde, E. (2014). Breast Cancer EDGE Task Force Outcomes: Evidence-based Cancer-related Fatigue Measurement Tools. *Rehabilitation Oncology*, 32(3), 32-39.
20. Shaw, B. E., Syrjala, K. L., Onstad, L. E., Chow, E. J., Flowers, M. E., Jim, H., ... & Lee, S. J. (2017). PROMIS measures can be used to assess symptoms and function in long-term hematopoietic cell transplantation survivors. *Cancer*.
21. Stover, A. M., & Basch, E. M. (2016). Using patient-reported outcome measures as quality indicators in routine cancer care. *Cancer*, 122(3), 355-357.
22. Wagner, L. I., Schink, J., Bass, M., Patel, S., Diaz, M. V., Rothrock, N., ... & Cella, D. (2015). Bringing PROMIS to practice: brief and precise symptom screening in ambulatory cancer care. *Cancer*, 121(6), 927-934.

### Palliative Care

1. Bush SH, Parsons HA, Palmer JL, Li Z, Chacko R, Bruera E. Single- vs. multiple-item instruments in the assessment of quality of life in patients with advanced cancer. *J Pain Symptom Manage*. Mar 2010;39(3):564-571.
2. Chevillat AL, Kornblith AB, Basford JR. An examination of the causes for the underutilization of rehabilitation services among people with advanced cancer. *Am J Phys Med Rehabil* 2011;90(5 Suppl 1):S27-37.

3. Cheville AL, Basford JR, Troxel AB, Kornblith AB. Performance of common clinician- and self-report measures in assessing the function of community-dwelling people with metastatic breast cancer. *Arch Phys Med Rehabil*. Dec 2009;90(12):2116-2124
4. Cheville AL, Girardi J, Clark MM, et al. Therapeutic exercise during outpatient radiation therapy for advanced cancer: Feasibility and impact on physical well-being. *Am J Phys Med Rehabil*. Aug 2010;89(8):611-619.
5. Clemens KE, Jaspers B, Klaschik E, Nieland P. Evaluation of the clinical effectiveness of physiotherapeutic management of lymphoedema in palliative care patients. *Jpn J Clin Oncol* 2010;40(11):1068-72.
6. Gill TM, Gahbauer EA, Han L, Allore HG. Trajectories of disability in the last year of life. *N Engl J Med*. Apr 1 2010;362(13):1173-1180.
7. Kasven-Gonzalez N, Souverain R, Miale S. Improving quality of life through rehabilitation in palliative care: case report. *Palliat Support Care*. Sep 2010;8(3):359-369.
8. Kim PS. Interventional cancer pain therapies. *Semin Oncol* 2005; 32(2):194-199.
9. McCartney A, Butler C, Acreman S. Exploring access to rehabilitation services from allied health professionals for patients with primary high-grade brain tumours. *Palliat Med* 2011;25(8): 788-96.
10. Moryl N, Santiago-Palma J, Kornick C, Derby S, Fischberg D, Payne R et al. Pitfalls of opioid rotation: substituting another opioid for methadone in patients with cancer pain. *Pain* 2002; 96(3):325-328.
11. Oechsle K, Jensen W, Schmidt T, Reer R, Braumann KM, de Wit M, et al. Physical activity, quality of life, and the interest in physical exercise programs in patients undergoing palliative chemotherapy. *Support Care Cancer* 2011;19(5):613-9.
12. Oldervoll LM, Loge JH, Paltiel H, Asp MB, Vidvei U, Wiken AN et al. The effect of a physical exercise program in palliative care: A phase II study. *J Pain Symptom Manage* 2006; 31(5): 421-430.
13. Paley CA, Johnson MI, Bennett MI. Should physiotherapists use acupuncture for treating patients with cancer-induced bone pain? A discussion paper. *Physiotherapy* 2011;97(3):256-63.
15. Santiago-Palma J, Payne R. Palliative care and rehabilitation. *Cancer* 2001; 92(4 Suppl): 1049-1052.
16. Silver JK, Raj VS, Fu JB, Wisotzky EM, Smith SR, Kirch RA. Cancer rehabilitation and palliative care: critical components in the delivery of high-quality oncology services. *Support Care Cancer*. 2015
17. Sykes N, Thorns A. The use of opioids and sedatives at the end of life. *Lancet Oncol* 2003; 4(5): 312-318.
18. Wilson CM, Mueller K, Briggs R. Physical Therapists' Contribution to the Hospice and Palliative Care Interdisciplinary Team: A Clinical Summary. *J Hospice Palliat Care Nurs*. 2017; 19 (6): 588-596.

19. Wilson CM, Stiller CH, Doherty DJ, Thompson KA. The Role of Physical Therapists Within Hospice and Palliative Care in the United States and Canada. *American Journal of Hospice and Palliative Medicine*. 2017; 34(1) 34-41.

### **Pelvic Floor**

1. Bartlett L, Sloots K, Nowak M, Ho YH. Biofeedback for fecal incontinence: a randomized study comparing exercise regimens. *Dis Colon Rectum* 2011;54(7):846-56.
2. Bartlett L, Sloots K, Nowak M, Ho YH. Biofeedback therapy for symptoms of bowel dysfunction following surgery for colorectal cancer. *Tech Coloproctol* 2011;15(3):319-26.
3. Cornel EB, de Wit R, Witjes JA. Evaluation of early pelvic floor physiotherapy on the duration and degree of urinary incontinence after radical retropubic prostatectomy in a non-teaching hospital. *World J Urol* 2005; 23(5):353-355.
4. Filocamo MT, Li M, V, Del Popolo G, Cecconi F, Marzocco M, Tosto A et al. Effectiveness of early pelvic floor rehabilitation treatment for post-prostatectomy incontinence. *Eur Urol* 2005; 48(5):734-738.
5. Jackson KS, Naik R. Pelvic floor dysfunction and radical hysterectomy. *Int J Gynecol Cancer* 2006; 16(1):354-363.
6. Liu CH, Chen CH, Lee JC. Rehabilitation exercise on the quality of life in anal sphincter-preserving surgery. *Hepatogastroenterology* 2011;58(110-111):1461-5.
7. Shamliyan TA, Wyman JF, Ping R, Wilt TJ, Kane RL. Male urinary incontinence: prevalence, risk factors, and preventive interventions. *Rev Urol*. Summer 2009;11(3):145-165.
8. Stewart CM, Wheeler TL, 2nd, Markland AD, Straughn JM, Jr., Richter HE. Life- space assessment in urogynecology and gynecological oncology surgery patients: a measure of perioperative mobility and function. *J Am Geriatr Soc*. Dec 2009;57(12):2263-2268.

### **Prospective Surveillance Model for Rehabilitation**

1. Boccardo FM, Casabona F, Friedman D, Puglisi M, De Cian F, Ansaldi F, et al. Surgical Prevention of Arm Lymphedema After Breast Cancer Treatment. *Ann Surg Oncol* 2011.
2. Campbell KL, Pusic AL, Zucker DS, McNeely ML, Binkley JM, Chevillie AL, et al. A prospective model of care for breast cancer rehabilitation: function. *Cancer* 2012;118(8 Suppl):2300-11.
3. Carli, F., Gillis, C., & Scheede-Bergdahl, C. (2017). Promoting a culture of prehabilitation for the surgical cancer patient. *Acta Oncologica*, 56(2), 128-133.
4. Chang SB, Askew RL, Xing Y, Weaver S, Gershenwald JE, Lee JE, et al. Prospective assessment of postoperative complications and associated costs following inguinal lymph node dissection (ILND) in melanoma patients. *Ann Surg Oncol* 2010;17(10):2764-72.
5. Demark-Wahnefried W, Campbell KL, Hayes SC. Weight management and its role in breast cancer rehabilitation. *Cancer* 2012;118(8 Suppl):2277-87.
6. Gerber LH, Stout N, McGarvey C, Soballe P, Shieh CY, Diao G, et al. Factors predicting clinically significant fatigue in women following treatment for primary breast cancer. *Support Care Cancer* 2011;19(10):1581-91.

7. Gerber LH, Stout NL, Schmitz KH, Stricker CT. Integrating a prospective surveillance model for rehabilitation into breast cancer survivorship care. *Cancer* 2012;118(8 Suppl):2201-6.
8. Hayes SC, Johansson K, Stout NL, Prosnitz R, Armer JM, Gabram S, et al. Upper-body morbidity after breast cancer: incidence and evidence for evaluation, prevention, and management within a prospective surveillance model of care. *Cancer* 2012;118(8 Suppl):2237-49.
9. Harris SR, Schmitz KH, Campbell KL, McNeely ML. Clinical practice guidelines for breast cancer rehabilitation: syntheses of guideline recommendations and qualitative appraisals. *Cancer* 2012;118(8 Suppl):2312-24.
10. Lai L, Binkley J, Jones V, et al. Implementing the Prospective Surveillance Model (PSM) of Rehabilitation for Breast Cancer Patients with 1-Year Postoperative Follow-up, a Prospective, Observational Study. *Ann Surg Oncol.* 2016;23(10):3379-3384.
11. Lauchlan DT, McCaul JA, McCarron T, Patil S, McManners J, McGarva J. An exploratory trial of preventative rehabilitation on shoulder disability and quality of life in patients following neck dissection surgery. *Eur J Cancer Care (Engl)* 2011;20(1):113-22.
12. Levy EW, Pfalzer LA, Danoff J, Springer BA, McGarvey C, Shieh CY, et al. Predictors of functional shoulder recovery at 1 and 12 months after breast cancer surgery. *Breast Cancer Res Treat* 2012;134(1):315-24.
13. Lu W, de Bock GH, Schaapveld M, Baas PC, Wiggers T, Jansen L. The value of routine physical examination in the follow up of women with a history of early breast cancer. *Eur J Cancer* 2011;47(5):676-82.
14. Mayo NE, Feldman L, Scott S, Zavorsky G, Kim do J, Charlebois P, et al. Impact of preoperative change in physical function on postoperative recovery: argument supporting prehabilitation for colorectal surgery. *Surgery* 2011;150(3):505-14.
15. McNeely ML, Binkley JM, Pusic AL, Campbell KL, Gabram S, Soballe PW. A prospective model of care for breast cancer rehabilitation: postoperative and postreconstructive issues. *Cancer* 2012;118(8 Suppl):2226-36.
16. Morehead-Gee AJ, Pfalzer L, Levy E, McGarvey C, Springer B, Soballe P, et al. Racial disparities in physical and functional domains in women with breast cancer. *Support Care Cancer* 2012;20(8):1839-47.
17. Partsch H, Stout N, Forner-Cordero I, Flour M, Moffatt C, Szuba A, et al. Clinical trials needed to evaluate compression therapy in breast cancer related lymphedema (BCRL). Proposals from an expert group. *Int Angiol* 2010;29(5):442-53.
18. Santa Mina D, Brahmhatt P, Lopez C, et al. The Case for Prehabilitation Prior to Breast Cancer Treatment. *PM&R.* 2017;9(9):S305-S316.
19. Schmitz KH, Stout NL, Andrews K, Binkley JM, Smith RA. Prospective evaluation of physical rehabilitation needs in breast cancer survivors: a call to action. *Cancer* 2012;118(8 Suppl): 2187-90.
20. Schmitz KH, Speck RM, Rye SA, DiSipio T, Hayes SC. Prevalence of breast cancer treatment sequelae over 6 years of follow-up: the Pulling Through Study. *Cancer* 2012;118(8 Suppl): 2217-25.

22. Silver JK. Cancer prehabilitation and its role in improving health outcomes and reducing health care costs. *Semin Oncol Nurs*. 2015;31(1):13-30
23. Springer BA, Levy E, McGarvey C, et al. Pre-operative assessment enables early diagnosis and recovery of shoulder function in patients with breast cancer. *Breast Cancer Res Treat*. Feb; 120(1):135-147.
24. Stout NL, Pfalzer LA, Levy E, McGarvey C, Springer B, Gerber LH, et al. Segmental Limb Volume Change as a Predictor of the Onset of Lymphedema in Women With Early Breast Cancer. *PM R* 2011.
25. Stout Gergich NL, Pfalzer LA, McGarvey C, Springer B, Gerber LH, Soballe P. Preoperative assessment enables the early diagnosis and successful treatment of lymphedema. *Cancer* 2008;112(12):2809-19.
26. Stout NL, Pfalzer LA, Springer B, Levy E, McGarvey CL, Danoff JV, et al. Breast cancer-related lymphedema: comparing direct costs of a prospective surveillance model and a traditional model of care. *Phys Ther* 2012;92(1):152-63.
27. Stout NL, Binkley JM, Schmitz KH, Andrews K, Hayes SC, Campbell KL, et al. A prospective surveillance model for rehabilitation for women with breast cancer. *Cancer* 2012;118(8 Suppl): 2191-200.
28. Stout NL, Andrews K, Binkley JM, Schmitz KH, Smith RA. Stakeholder perspectives on dissemination and implementation of a prospective surveillance model of rehabilitation for breast
29. cancer treatment. *Cancer* 2012;118(8 Suppl):2331-4.
30. Stubblefield MD, McNeely ML, Alfano CM, Mayer DK. A prospective surveillance model for physical rehabilitation of women with breast cancer: chemotherapy-induced peripheral neuropathy. *Cancer* 2012;118(8 Suppl):2250-60.
31. Torres Lacomba M, Yuste Sanchez MJ, Zapico Goni A, Prieto Merino D, Mayoral del Moral O, Cerezo Tellez E, et al. Effectiveness of early physiotherapy to prevent lymphoedema after surgery for breast cancer: randomised, single blinded, clinical trial. *BMJ* 2010;340:b5396.
32. Winters-Stone KM, Schwartz AL, Hayes SC, Fabian CJ, Campbell KL. A prospective model of care for breast cancer rehabilitation: bone health and arthralgias. *Cancer* 2012;118(8 Suppl): 2288-99.

### Prostate

1. Galvao DA, Taaffe DR, Spry N, Joseph D, Newton RU. Acute versus chronic exposure to androgen suppression for prostate cancer: impact on the exercise response. *J Urol* 2011;186(4): 1291-7.
2. Galvao DA, Spry N, Taaffe DR, et al. A randomized controlled trial of an exercise intervention targeting cardiovascular and metabolic risk factors for prostate cancer patients from the RADAR trial. *BMC Cancer*. 2009;9:419.
3. Galvao DA, Taaffe DR, Spry N, Joseph D, Newton RU. Combined resistance and aerobic exercise program reverses muscle loss in men undergoing androgen suppression therapy

- for prostate cancer without bone metastases: a randomized controlled trial. *J Clin Oncol*. Jan 10 2010;28(2):340-347.
4. Galvao DA, Taaffe DR, Spry N, Joseph D, Turner D, Newton RU. Reduced muscle strength and functional performance in men with prostate cancer undergoing androgen suppression: a comprehensive cross-sectional investigation. *Prostate Cancer Prostatic Dis*. 2009;12(2):198-203.
  5. Glazener C, Boachie C, Buckley B, Cochran C, Dorey G, Grant A, et al. Conservative treatment for urinary incontinence in Men After Prostate Surgery (MAPS): two parallel randomised controlled trials. *Health Technol Assess* 2011;15(24):1-290, iii-iv.
  6. Hansen PA, Dechet CB, Porucznik CA, LaStayo PC. Comparing eccentric resistance exercise in prostate cancer survivors on and off hormone therapy: a pilot study. *Pm R*. Nov 2009;1(11): 1019-1024.
  7. Mosbah A, El Bahnasawy M, Osman Y, Hekal IA, Abou-Beih E, Shaaban A. Early versus late rehabilitation of erectile function after nerve-sparing radical cystoprostatectomy: a prospective randomized study. *J Sex Med* 2011;8(7):2106-11.
  8. Mulhall JP, Bella AJ, Briganti A, McCullough A, Brock G. Erectile function rehabilitation in the radical prostatectomy patient. *J Sex Med*. Apr 2010;7(4 Pt 2):1687-1698.
  9. Namiki S, Ishidoya S, Kawamura S, Tochigi T, Arai Y. Quality of life among elderly men treated for prostate cancer with either radical prostatectomy or external beam radiation therapy. *J Cancer Res Clin Oncol*. Mar 2010;136(3):379-386.

### Psychosocial and QOL

1. Avery K, Hughes R, McNair A, Alderson D, Barham P, Blazeby J. Health-related quality of life and survival in the 2 years after surgery for gastric cancer. *Eur J Surg Oncol*. Feb 2010;36(2): 148-154.
2. Levangie PK, Santasier AM, Stout NL, Pfalzer L. A qualitative assessment of upper quarter dysfunction reported by physical therapists treated for breast cancer or treating breast cancer sequelae. *Support Care Cancer*. Jul 22 2010.
3. Loizzo JJ, Peterson JC, Charlson ME, et al. The effect of a contemplative self-healing program on quality of life in women with breast and gynecologic cancers. *Altern Ther Health Med*. May-Jun 2010;16(3):30-37.
4. Luckett T, King M, Butow P, Friedlander M, Paris T. Assessing health-related quality of life in gynecologic oncology: a systematic review of questionnaires and their ability to detect clinically important differences and change. *Int J Gynecol Cancer*. May 2010;20(4):664-684.
5. Pinto e Silva MP, Sarian LO, Morais SS, Pace do Amaral MT, Freire de Oliveira MM, Derchain S. Implications of a postoperative rehabilitation program on quality of life in women with primary breast cancer treated with sentinel lymph node biopsy or complete axillary lymph node dissection. *Ann Surg Oncol*. Dec 2008;15(12):3342-3349.
6. Mandelblat JS, Hurria A, McDonald BC, et al. Cognitive effects of cancer and its treatments at the intersection of aging what do we know; what do we need to know? *Semin Oncol*. 2013;40(6):709-725

## Radiation Therapy

1. Cooper JS, Fu K, Marks J, Silverman S. Late effects of radiation therapy in the head and neck region. *Int J Radiat Oncol Biol Phys* 1995; 31(5):1141-1164.
2. Crawford JS, Simpson J, Crawford P. Myofascial release provides symptomatic relief from chest wall tenderness occasionally seen following lumpectomy and radiation in breast cancer patients. *Int J Radiat Oncol Biol Phys* 1996; 34(5):1188-1189.
3. Hom DB, Simplot TC, Pernel KJ, Manivel JC, Song CW. Vascular and epidermal effects of fibroblast growth factor on irradiated and nonirradiated skin flaps. *Ann Otol Rhinol Laryngol* 2000; 109(7):667-675.
4. Pugliese GN, Green RF, Antonacci A. Radiation-induced long thoracic nerve palsy. *Cancer* 1987; 60(6):1247-1248.
5. Rodemann HP, Bamberg M. Cellular basis of radiation-induced fibrosis. *Radiother Oncol* 1995; 35(2):83-90.
6. Sarna L, Conde F. Physical activity and fatigue during radiation therapy: a pilot study using actigraph monitors. *Oncol Nurs Forum* 2001; 28(6):1043-1046.
7. Sarcoma Limb Salvage
8. Carty CP, Bennett MB, Dickinson IC, Steadman P. Electromyographic assessment of Gait function following limb salvage procedures for bone sarcoma. *J Electromyogr Kinesiol*. Jun 2010;20(3):502-507.
9. Carty CP, Dickinson IC, Watts MC, Crawford RW, Steadman P. Impairment and disability following limb salvage procedures for bone sarcoma. *Knee*. Oct 2009;16(5):405-408.
10. Cribb GL, Loo SC, Dickinson I. Limb salvage for soft-tissue sarcomas of the foot and ankle. *J Bone Joint Surg Br*. Mar 2010;92(3):424-429.
11. Smith SR. Rehabilitation Strategies and Outcomes of the Sarcoma Patient. *Physical Medicine and Rehabilitation Clinics*. 2017;28(1):171-180.

## Scar Tissue

1. Ferreira RL, Laier FR, Costa Gurgel MS. Axillary web syndrome: practical implications. *Breast J* 2005; 11(6):531.
2. Leidenius M, Leppanen E, Krogerus L, von Smitten K. Motion restriction and axillary web syndrome after sentinel node biopsy and axillary clearance in breast cancer. *Am J Surg* 2003; 185(2):127-130.
3. Moskovitz AH, Anderson BO, Yeung RS, Byrd DR, Lawton TJ, Moe RE. Axillary web syndrome after axillary dissection. *Am J Surg* 2001; 181(5):434-439.
4. Reedijk M, Boerner S, Ghazarian D, McCready D. A case of axillary web syndrome with subcutaneous nodules following axillary surgery. *Breast* 2006; 15(3):411-413.
5. Koehler LA, Blaes AH, Haddad TC, et al. Movement, function, pain, and postoperative edema in axillary web syndrome. *Phys Ther*. 2015 Oct;95(10):1345-53.
6. Yeung WM, McPhail SM, Kuys SS. A systematic review of axillary web syndrome (AWS). *J Cancer Surviv*. 2015 Dec;9(4):576-98.