

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**

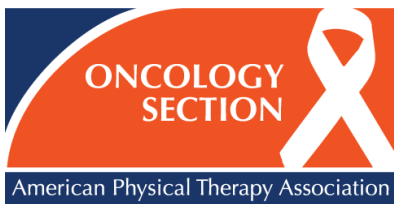
- [Description of Specialty Practice: Oncology](#)
- [Specialist Certification Examination Outline: Oncology](#)
- [What Activities Constitute Direct Patient Care? \(.ppt\)](#)
- [Presentation: Enhancing Professional Development Through Certification](#)

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.

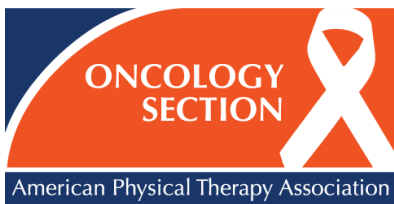
3. Create a timeline for yourself that includes time to complete the application process including writing the case reflection, gather resources, talk and collaborate with others, and thoroughly study for all the elements of the examination.

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/
- 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, please check back soon)
- 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.
- Schedule a set number of hours each day or week to specifically study evidenced-based

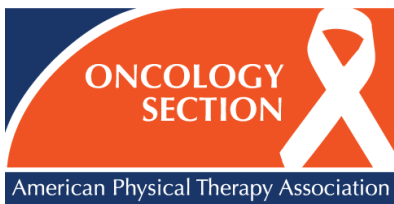


literature and from the recommended texts (see end of this document).

- 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
- 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)



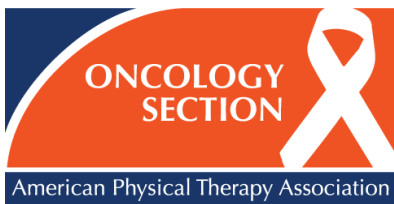
Textbooks:

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). 5thed. 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
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 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
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