

PRESS RELEASE

Missing rehab due to COVID-19 increased distress in women with breast cancer

September 28, 2020 – [Beyond the tragic surges in hospitalizations and deaths, the first months of the COVID-19 pandemic disrupted healthcare for people with a wide range of medical conditions – including cancer](#). For women recovering after breast cancer treatment, COVID-19-related interruptions in rehabilitation care led to emotional distress and other effects on health and well-being, reports a study in the October issue of [Rehabilitation Oncology](#), official journal of the APTA Oncology, an [Academy of the American Physical Therapy Association](#). The journal is published in the Lippincott portfolio by [Wolters Kluwer](#).

"Increased distress is one potential negative effect arising from reducing or eliminating rehabilitation services, effects known to cause their own adverse health effects," according to the new research by Erin Helm, PT, DPT, PhD, Director of Oncology Rehabilitation Services at Helen F. Graham Cancer Center and Mary Lou Galantino, PT, MS, PhD, MSCE, FAPTA, of Stockton University, Galloway, N.J. With their interprofessional team, including Katelyn A. Kempinski, OTR/L, the researchers examined the impact of cancelled appointments among women receiving ongoing rehabilitation services for lymphedema after treatment for breast cancer.

Missed Rehab Appointments Affected Mental and Physical Health for Breast Cancer Survivors

The study included 15 breast cancer survivors undergoing therapy for lymphedema: a common complication of cancer treatment that occurs due to damage to lymph nodes or lymphatic vessels. Damage to the lymphatic system results in swelling and tissue changes in the affected limb. Patients with lymphedema experience swelling and limitation of function of the limbs or other areas and are at increased risk of infection. (The APTA has information on physical therapy for lymphedema: [PDF link](#))

Rehabilitation therapy for lymphedema includes manual lymphatic drainage, compression bandaging, and other approaches to prevent progressive lymphedema with chronic pain and disability. Dr. Helm and colleagues were concerned that mandated closures due to COVID-19 were affecting health and well-being for these patients.

The patients were surveyed as they resumed rehabilitation care after COVID-19 closures. Most of the women had a diagnosis of lymphedema after mastectomy, with symptoms of shoulder pain and stiffness. The study assessed the emotional impact of the disruption in care, along with effects on various aspects of quality of life.

On a standard "distress thermometer," the patients reported significantly increased levels of emotional distress at the time of COVID-19 closures, which decreased when they returned to rehabilitation care. Increased distress at the time of closure was associated with reduced physical activity; the reductions in distress after resuming care were related to reductions in fatigue.

The increase in distress at the time of closure, and the reduction in distress on resuming care, tended to be greater in older women. Emotional distress was unrelated to sleep quality.

Five women had telehealth visits during the closure. While this was not enough patients for statistical analysis, women receiving telehealth tended to have lower fatigue and increased physical activity. Since therapists were unable to provide manual lymphatic draining or other hands-on therapy, rehabilitation therapists had to develop "creative strategies for self-management" for their telehealth patients.



“Rehabilitation services have been shown to improve physical, psychosocial, and emotional constructs of cancer survivorship,” Dr. Helm and coauthors write. Although a growing number of studies have focused on the emotional impact and psychological responses to the COVID-19 pandemic, the new study is one of the first to assess the unique implications for health and well-being in cancer survivors.

“Prevalence of distress during a cancer diagnosis and reduced physical activity and decreased quality of life in breast cancer survivors are compounded when uncertainty prevails,” Dr. Galantino comments. “Interprofessional teams via telehealth may assist in mitigating the distress during a pandemic and these researchers are exploring further best practices in telehealth with this primary goal in mind.”

[Click here to read “Effect of Disrupted Rehabilitation Services on Distress and Quality of Life in Breast Cancer Survivors During the COVID-19 Pandemic.”](#)

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About *Rehabilitation Oncology*

Rehabilitation Oncology is the official quarterly publication of the APTA Oncology, an Academy of the [American Physical Therapy Association](#). The journal is the primary peer-reviewed, indexed resource for advancing oncologic physical therapy practice and cancer rehabilitation through the dissemination of definitive evidence, translation of clinically relevant knowledge, and integration of theory into education, practice, and research.

About the APTA Oncology

The [APTA Oncology](#) advances physical therapist practice to maximize the lifelong health, well-being and function of persons affected by cancer and HIV. The association consists of professional Physical Therapists managing the musculoskeletal, neuromuscular, integumentary and cardiopulmonary rehabilitative needs of patients resulting from the treatment of active cancer disease. This encompasses acute secondary sequela of cancer treatments such as surgery, radiation therapy, and chemotherapy; long-term secondary sequela of said treatments and palliative care.

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Media Contact:

Connie Hughes



Wolters Kluwer

Director, Corporate Communications

Health Learning, Research & Practice

+1 (646) 674-6348

Connie.Hughes@wolterskluwer.com