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An SPTs Journey Through the Intersections Between Oncology and Pelvic Health

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I have always had an interest in the intersections of health and fitness, as I am sure is a thread with many a PT. Coupled with my vague desire to “help” people, it seemed appropriate (if not all-too-predictable) to begin my undergraduate career with intent for physical therapy. However, through my university career progression, I have been exposed to a small sampling of the variety of interests, peoples, and communities that the world has to offer. Through these personal and professional experiences, my cursory and superficial interest in physical therapy has been transformed into a passionate commitment and confidence in my choice of profession.

While gaining experience at an outpatient orthopaedic clinic, I observed a physical therapist treat a patient who was in her third trimester of pregnancy. I was fascinated by how her gait and posture changed as a result of her pregnancy and how these factors impacted the physical therapist’s assessment and treatment of this client. As time progressed, this patient had adapted to her bodily changes with interesting and



complex movement patterns that required extra consideration. Furthermore, the mobility issues she was facing continued to grow more complex after she had delivered her baby. I found myself thinking that working with women prenatal and postpartum to help them adapt to bodily changes would be an enriching line of work. As such, my interest in women's health was born. Now, there are plenty of health professionals, from nurses to gynecologists who aid in these processes, so this again begs the question, "why physical therapy?"

My decision to commit to this field began in June of 2019 when my 17-year-old sister was diagnosed with non-Hodgkin's lymphoma, a cancer of the lymphatic system. As she started chemotherapy treatments, things shifted for my family as hospital trips became more and more frequent. In addition to the more obvious symptoms and side-effects that she was experiencing, there was one thing that really stood out to me. There was a dramatic shift in the amount of movement she was able to withstand as the detaining influenced the ways that her body moved. I saw how her mobility was in a state of constant flux as she shifted from walking to bed rest and back again throughout her treatment. Along with seeing how the cancer was impacting my sister's body, I was able to witness the incredible amounts of strain that cancer put on the bodies of the other children in her pediatric oncology ward. I saw children regressing in their mobility with the extension of their treatments as they shifted towards an increased reliance on wheelchairs. I saw children in remission who had to maintain their drive as they began the slow-moving journey to regaining their strength. As I was exposed to people living in these situations, I was a witness to how small changes in their ability to move often crept out to affect their motivation for recovery and their will to persevere. While supporting my sister through her journey, I began to realize how much rewarding and heartbreaking work there is within the field of oncology. It was in the midst of this that things "clicked" for me.

At this point, I knew that I had strong interests in women's health and oncology, two very different fields. It was then that I came to a simple but important realization. In some way or another, whether it be from a wheelchair, a bed, or standing on two feet, movement is the universal constant for us all. It has an intrinsic impact on our daily routines and quality of life. Therefore, it only makes sense to pursue a career in which the goal is to promote health through the utilization of movement. I love that physical therapy uses movement, our unifying factor, for both prevention and treatment. Because of this focus, it is a profession that can be applied anywhere and to anyone. The vast number of specialties within the field of physical therapy would



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allow me to make a difference everywhere, whether it be the marathon-runner who is 1 month post-partum to the cancer survivor who has acclimated to her “new normal” of a leaky bladder and painful sex. From the pregnant woman about to welcome in a new life to the cancer patient who is forced to say goodbye to theirs to everyone in between, we are all positively or negatively impacted by changes in mobility. Therefore, my decision to pursue physical therapy goes beyond my desire to “help” people. Rather, it stems from my belief in the integral importance of movement in helping others.

I am now in my third semester as an SPT at California State University, Long Beach. Through this past (almost full) year, I have had the pleasure of meeting a variety of incredibly diverse professors and fellow students. It has truly opened my eyes to the endless possibilities that can happen in physical therapy. Learning more about ovarian or urogenital cancers has reaffirmed my passion for both pelvic floor and oncology therapy. Exploring the debilitating urinary incontinence and sexual dysfunction that these patients experience gets me fired up to soak up as much knowledge as I can to treat these women as best as I can. At the start of my SPT journey, everything was black and white to me. I felt that I needed to choose between pelvic floor and oncology. But, as I am going through school, I am starting to understand that patients are not boxes with carefully separated sides. So to, their presentations are not clean-cut or one dimensional. As I enter clinicals and eventually the workplace, I am excited more than ever to explore the intersections between pelvic floor therapy and oncology rehab.