
## ASSESSMENT FORM

**CLIENT DETAILS**

Name:
Date of Birth:
Cancer Type:
Date of Diagnosis
Medical insurance: ☐ yes ☐ No

**ASSESSMENT DETAILS**

Date of Referral:
Name of Referrer
Date of Assessment:

**MEDICAL HISTORY**
**Example – May include details of the following:**
Surgery Type and date :_____

☐ Lymph node removal Number of nodes removed **R** **L**
**Cancer treatments :**
Hormone therapy: ☐ yes ☐ No ☐ to come
Chemotherapy: ☐ yes ☐ No ☐ to come
Radiation Therapy: ☐ yes ☐ No ☐ to come

Additional Adjuvant Intervention information:

## ASSESSMENT FORM

- Current medications:
- Side effects from medication:
- Ongoing plan for cancer treatment:
- Experiencing post op or constant pain: ☐yes ☐No
  Pain intensity 0 – 10 scale
- Body site:
- Aggravating factors:
- Other current musculoskeletal issues:

## ASSESSMENT FORM

◆**Functional Limitations:**
- Home: Work:
- Exercise prior to cancer diagnosis:
- Current exercise:
- Average time spent exercising each week:
- Fatigue: ☐1 – 3 (mild) {☐4 – 6 (mod) ☐7 – 10 (severe)} →complete additional fatigue assessment

## FATIGUE ASSESSMENT FORM

Name: Date:

Fatigue: ☐1 – 3 (mild) {☐4 – 6 (mod) ☐7 – 10 (severe)} →complete this fatigue assessment

Fatigue onset, pattern and duration:

Change over time:

Associated or alleviating factors:

Physical/emotional/mental status:

Interference with function:

Activity: changes in exercise or activity pattern/de-conditioning

**Cancer Treatment**

Hormone therapy: ☐yes ☐No ☐to come
Chemotherapy: ☐yes ☐No ☐to come
Radiation Therapy: ☐yes ☐No ☐to come Current medications:

**Assessment of Primary Factors**

Pain: pain intensity 0 – 10 scale

Emotional distress:

Sleep disturbance:

If unable to detect reason for level of fatigue, refer client to GP for further investigation – Anaemia/Thyroid problems, medications, co-morbidities (cardiac, pulmonary, renal dysfunction, infection), nutritional metabolic assessment etc.

**Strategies for coping with fatigue**

1)
2)
3)

| Date | Treatment Plan/HEP and Exercise Plan |
|---|---|
| | |

Therapist:_____ Signed: _____ Date: _____

**Reassessment Plan**

| Date | Treatment Plan/HEP and Exercise Plan |
|---|---|
| | |

## ASSESSMENT FORM

◆Musculoskeletal Objective Assessment example:
- **Upper quarter screen**
- Resting posture observations: (sh height/scap symmetry/breathing)
- Movement patterns / Scapula stability: active scapula retraction /scapular stability in weight bearing /compensatory muscle activity
- ROM Goniometer measures:
- flex. **R** **L** abd. **R** **L** intl rot. **R** **L** ext rot. **R** **L** ext. **R**
- Muscle strength:

## ASSESSMENT FORM

**Scar Tissue Assessment**

- Visual inspection
  - Colour
  - Vascularity
  - Hypertrophic
- Palpatory inspection
  - Pulling of adjacent tissue
  - Adhesive to the underlying structures
- Functional inspection
  - Limiting ROM
  - Limiting lymphatic flow

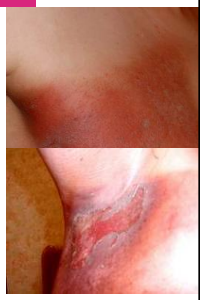

## ASSESSMENT FORM

**Skin screening example**

- Skin changes observation: NAD☐
  - (Including radiation changes (acute v's chronic), lymphatic compromise, malignant lesions)
- Scar tissue assessment:
- Cording: (palpation / limiting ROM)

**Assessing Irradiated tissue example**

- Identify the radiation field
  - Tattoo markers
  - Skin colour changes
- Tissue texture
- Presence of fibrosis – adherence to underlying tissue
- Impact of mechanics on adjacent joints
  - Tight pect muscles
  - Protective posture



## ASSESSMENT FORM

**Lymphoedema screen example**

- Sensory changes: (heaviness/fullness/acheness/ tightness)
- Volume difference observations: (limbs, hands and fingers)
- Circumference measurements:
  - Wrist
  - 5cm above wrist
  - 5cm above elbow

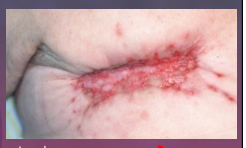
**Lymphatic compromise = look out for:**

- Signs and symptoms of swelling
- Reports of sensory changes
- Palpable fibrosis
- Pitting
- Extent of extremity involved – does not have to be whole limb

| FUNCTIONAL TEST EXAMPLES | PROTOCOL | UNABLE TO ACHIEVE START POSITION | RESULTS | COMMENTS |
|---|---|---|---|---|
| 30 second sit to stand test | Sit in the middle of the chair, place each hand on opposite shoulder, place feet on the floor. Keep arms against chest and on go rise to a full standing position and then sit down again. | Able to do 30 seconds | # of reps | |
| Core strength: Lower ab test | Table top position, ability to maintain neutral spine, measure hip flexion +/- 90 deg | Date | Hip flexion +/- 90 | |
| Cardio: 2 min step up test | | Date | # of steps HR | |
| Balance Test: Walk the line | Eyes straight ahead, walking heel to toe, count how many steps before going off imaginary line | Date | # of steps | |
| Balance Test: One leg standing | 10 second intervals: 1) Flamingo stand 2) Hands on head 3) Eyes closed | Date | Level achieved | |

## Red Flags ⌶ of the History and Physical Examination

- History of cancer
- Pain longer than 6 weeks
- Age less than 20 or over 50 years
- Neurologic complaints
- Incontinence of bowel or bladder
- Night pain
- Unrelenting pain
- Fever, chills, and night sweats
- Unexplained weight loss
- Breathing dysfunction



•Local cancer recurrence ⌶
Commonly looks like red lumps or rash
Commonly around scar site

## Person-centred goal setting

All cancer rehab assessments should include a global question to explicitly identify a patient's goals and priorities.
These may include:

- What is important for you to do in the next few weeks/few months/short while?
- What are your best hopes for … this session/the next few months?
- Together with the patient formulate an 'action plan' to support achievement of the goal
- You may need input from other medical professionals to best support each patient's personal goals

## Goals in the spectrum of cancer rehab:

- Restorative Goal – i.e. return patient to a previous level of function
- Preventative Goal example - i.e. prevent avoidable deterioration in function
- Supportive Goal example –i.e. maximising participation in meaningful activities
- Palliative Goal example – i.e. supporting people to adapt to and come to terms with irreversible changes in function

13

## Expectations of sessions

- Make a plan
- Break it down
- Expectations of patient / physio/OT
- Time it will take
- Re-assessments important

14

## In Summary

- Take the time to do a thorough assessment
- Provide support to the patient as a whole person
- Establish trust and show your nuturing side
- Use appropriate language for patient understanding
- Work collaboratively

ListenUp.

15