

# Telerehabilitation benefits patients with late-stage cancers

April 4 2019

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Recent research led by Andrea Cheville, M.D., a Mayo Clinic physical medicine and rehabilitation physician, suggests that remotely delivering rehabilitation services to patients with late-stage cancer improves their

physical function, pain and quality of life while allowing them to spend less time in hospitals and nursing homes. The findings are published in the online issue of *JAMA Oncology*.

"Patients with late-stage cancers often lose their functional abilities and, with this loss, have a poorer quality of life and lowered ability to tolerate their cancer treatments," says Dr. Cheville. "We know that rehabilitation and exercise can reverse or slow these losses, but it is often hard for [patients](#) to find, much less get, these services. The result is that too many people lose the ability to care for themselves and become needlessly dependent on others. We were interested in finding out whether an easily accessible telerehabilitation program could improve the function and independence of these patients."

For this study, telerehabilitation, began with a physical therapist delivering individualized physical conditioning programs to participants by telephone. Progress was monitored and feedback about patients' level of pain and physical function was shared between the [physical therapists](#) and patients online or by telephone, depending on patient preference. When necessary, patients were referred to local physical therapists for further refinement of their programs.

The trial involved 516 participants with late-stage cancers who were experiencing functional limitations. Subjects were randomly placed into one of three groups. The first was a [control group](#), where patients continued their usual care and activities. The second group received the telerehabilitation intervention. A third group received medication-based pain management in addition to telerehabilitation. This third group was included to assess whether the addition of pain management would enhance benefits of telerehabilitation.

The results indicated that the subjects assigned to telerehabilitation alone had the largest benefits: higher levels of function and independence,

lessened pain, and fewer days spent in hospitals and nursing homes. "We were not surprised that telerehabilitation was beneficial, but we were very surprised that the addition of medication-based [pain management](#) did not further improve outcomes. We plan to explore this finding in future research," says Dr. Cheville.

Overall, this study suggests that expanding cancer care to include telerehabilitation, and a focus on maintaining strength and function, can help people with cancer improve their quality of life and protect them from longer hospitalizations and nursing home stays.

Provided by Mayo Clinic

Citation: Telerehabilitation benefits patients with late-stage cancers (2019, April 4) retrieved 26 April 2024 from <https://medicalxpress.com/news/2019-04-telerehabilitation-benefits-patients-late-stage-cancers.html>

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