

# Preceptor

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**Easy Living  
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January 2015

Providing a complete comprehensive continuum of care

## THE ROLE OF PHYSICAL THERAPY IN THE CANCER PATIENT

by Jayne Ziehm, PT



Physical Therapists (PTs) play a valuable role as a member of the interdisciplinary team in meeting the needs of individuals with cancer. This could include a broad range of clients; those who are post surgical or

responding positively to treatments, those who are receiving palliative or hospice care, as well as cancer survivors. PTs are specially trained to determine safe exercise and address cancer related symptoms associated with the cancer itself or side effects of treatments.

Physical Therapists not only are important in providing treatment to clients directly, but also in educating clients and their caregivers or family members, as well as fellow healthcare professionals, on safe, effective interventions. It is estimated that 30% of cancer deaths are related to poor exercise and nutrition. What is considered a safe, appropriate exercise program may be very different between individuals. The type of cancer, age of the client, other medical conditions the client may have, as well as the type and timing of cancer treatments or stage of recovery are factors that must be considered. PTs are in a unique position to recommend the type, frequency, intensity, and timing of exercise.

Physical Therapy may treat some of the side effects of cancer or the treatments. These might include symptoms of focal muscle weakness, deconditioning, cancer related fatigue, lymphedema, chemotherapy induced peripheral neuropathy, and pain. Physical Therapists help alleviate pain through providing manual treatment, heat, cold, positioning, TENs, or other modalities. Other important areas a PT may address are recommending assistive devices or equipment needed, balance retraining, and fall



*Jayne Ziehm,  
Physical Therapist*

Jayne Ziehm received her Masters in Physical Therapy from Concordia University Wisconsin after undergraduate coursework at Marquette University. She has been a Physical Therapist since 1997 whose passions are to work with the geriatric and neurologically impaired populations and educating others, be that clients, caregivers, colleagues, or future therapists. She is a member of the American Physical Therapy Association,

Wisconsin Physical Therapy

Association, Geriatrics Section, Home Health Section, and various community organizations.

She has experience in a variety of settings including home health, subacute, skilled nursing facilities, outpatient services provided in a clinic or home setting, and cardiac rehabilitation.

Jayne has instructed student Physical Therapists at the University level and as a Clinical Instructor. She serves as a preceptor for therapists and is committed to life long learning. She is currently working on a Healthcare Ethics, Law, Management, and Policy Certification, and is studying for her COS-C certification.

risk prevention. This might include suggesting environmental modifications for home safety or teaching work simplification and energy conservation techniques. For clients who are less mobile, treatment may focus more on educating caregivers vs. direct treatment to a client. For example, the therapist may spend time teaching caregivers on positioning the client for comfort and how to prevent skin breakdown and muscle/joint contractures. In addition, time may be spent ensuring caregivers know how to safely move the client without risking injury to the client or themselves.

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## CLIMBING FOR HOSPICE

### ANDY LAND, RN CLIMBING MOUNT EVEREST FOR HOSPICE

by Tina Thull RN, BSN

Andy Land who serves on the Board of HOPE (Hospice Organization and Palliative Experts) of Wisconsin,

believes that climbing the tallest Mountain for Hospice is a tribute to the 26,000 patients and their families served by hospice in Wisconsin.

I have gotten to know Andy over the last year as we serve together on the HOPE Board for Wisconsin. When he initially told us his idea to climb Mount Everest as a tribute to hospice patients and heighten the awareness of hospice care it sparked a passion in all of us to jump on board and help make his vision a reality.

During an interview he recently did for the Kewaskum Statesman newspaper, Andy stated, "I see how much climbing is a metaphor for life, we all have our own Mount Everest's in some way. These patients are climbing mountains far higher and more intimidating than anything I have seen."

Being an avid climber, Andy knows the dangers he may face during the climb. No other person has ever done the climb in honor of Hospice patients and their families. Andy's goal of raising funds for the nonprofit HOPE of Wisconsin, for increasing hospice awareness is the driving force. Monies received through the fundraiser will be used to begin an extensive educational effort about better end of life care.

Contributions that are tax-deductible can be made by phoning HOPE of Wisconsin at 1-800-210-0220 or through the website [www.climbingforhospice.org](http://www.climbingforhospice.org). Andy's climb which will take place this spring will go over a three month period and can be watched through Facebook, Twitter and by accessing the website.

*"BE KIND...  
for everyone you meet is  
fighting a hard battle."*



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## SPOTLIGHT:

### PRECEPTOR HEALTH CARE IN THE COMMUNITY

by Tanya Damrow

With the holiday season behind us and the promise of cold months ahead, many of us have already started the countdown to summer time. Winter can be a tough time for many reasons. For some families, heating bills, warm clothes, and rent may not leave much money left over for the grocery bill. Our staff recently partnered with Hunger Task Force to raise nearly 150 pounds of donations to help put healthy and nutritious food on the table for everyone from children to seniors in our communities. Since 1974 Hunger Task Force has been distributing food to a network of food pantries, homeless shelters, and soup kitchens, free of charge. If your organization is interested in participating in Preceptor Health Care's next donation drive this spring, please contact us at 262-735-4297.



### STRATEGIES FOR FIGHTING THE FLU

by the Centers for Disease Control

#### HOW DOES THE FLU SPREAD?

Flu viruses are thought to spread mainly from person to person through droplets made when people with flu cough, sneeze, or talk. Flu viruses also may spread when people touch something with flu virus on it and then touch their mouth, eyes, or nose. People infected with flu may be able to infect others beginning 1 day **before** symptoms develop and up to 5-7 days **after** becoming sick.

#### WHAT ARE EVERYDAY PREVENTIVE ACTIONS?

- Try to avoid close contact with sick people.
- If you get sick with flu like illness, CDC recommends that you stay home for at least 24 hours after the fever is gone and limit contact with others as much as possible.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol based hand rub.
- Avoid touching your eyes, nose, and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.
- Routinely clean frequently touched objects and surfaces, including doorknobs, keyboards, and phones, to help remove germs.
- If you begin to feel sick while at work, go home as soon as possible to avoid infecting others.

For more information, contact **Preceptor Health Care**  
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