

Treatment with Physiotherapy in End-of-life Care

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ABSTRACT

Physiotherapy is an essential part of symptomatic recovery for cancer survivors who are also receiving palliative care. Its main goal is to enhance their overall quality of life. This is accomplished, among other things, by reducing the most bothersome symptoms associated with cancer and other illnesses that limit patients' behaviours.

KEYWORDS: Exercises, yoga, Muscle.

INTRODUCTION

1. Maintaining a feasible degree of physical activity and self-reliance in patients under the boundaries set by the disease's particulars is often critical, as is actively assisting them in adapting to their new functional limitations. Cancer-related fatigue is one of the signs that has been seen to have a significant impact on overall quality of life in those cases (CRF). Unfortunately, CRF is often misdiagnosed by doctors as a genuine cause, and is thus rarely mentioned when addressing detailed coping mechanisms with patients. The lack of physical exercise among patients is one of the reasons that aggravates CRF. As a result, aerobic workouts have become one of the most important aspects of non-pharmacological fatigue syndrome therapy. Many trials have shown the relative efficacy of different types of physical exercise in CRF patients who are already undergoing intensive cancer care, as well as in the general population. In the demographic of patients with advanced cancer who are already receiving palliative treatment, even fewer clinical programmes have been undertaken. Our analysis included 60 patients with CRF who received palliative treatment in the hospital or at home. Patients were allocated to either a therapeutic or a monitoring group at random. The rehabilitation group had six physiotherapy sessions over the course of two weeks. Each physiotherapeutic intervention lasted 30 minutes and included therapies such as Myofascial Release (MFR), Proprioceptive Neuromuscular Facilitation (PNF), and active physical conditioning. Patients were also asked to rate their level of fatigue using the Brief Fatigue Inventory (BFI) and other ESAS (Edmonton Symptom Assessment Scale) ratings. The participants in the control group did not receive any physiotherapy and were simply

asked to rate their exhaustion and other symptoms on the above-mentioned scales. Having multiple physiotherapeutic approaches successfully merged within the same intervention programme was our initial concept, which was based on our extensive experience working with advanced cancer patients. Every therapy session began with passive interventions (MFR), which did not enable the participants to exert any effort. Following that, chosen PNF techniques based on isometric and isotonic contraction combinations with little resistance were added. Finally, the patients were asked to do basic physical tasks at the end of each session. According to the study's findings, the suggested physiotherapy regimen significantly decreased patients' fatigue levels, as measured by the BFI questionnaire. Furthermore, the intervention significantly increased the patients' general mood while also alleviating concomitant symptoms such as discomfort, drowsiness, hunger, and a feeling of despondency. In the test group, no such findings were observed. The findings show that physiotherapy may be an important part of the non-pharmacological care of CRF in cancer patients nearing the end of their lives. Clearly, more analysis is needed to discuss this topic in greater detail. In terms of practise, it will therefore be wise to assess the particular forms of physiotherapeutic care are the most valuable to patients. Despite this, we can confidently assert that physiotherapy is an essential and frequently highly beneficial part of symptomatic care at the end of life. A physiotherapist gives patients "true hope," so that he is actively interested in overcoming minor issues for them, assists in the removal of various minor challenges so that daily life can be made a little easier, and is usually there to enable the patient to fully celebrate some little victories, while recognising the process of death and all its associated limitations.

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