7th May 2009, 12.30 – 4.30 pm

Austria Center Vienna
Bruno-Kreisky-Platz 1
A-1220 Vienna, Austria

EAPC Physiotherapy Premeeting „Physiotherapy in Palliative Care"

11TH CONGRESS OF THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE
7th – 10th MAY 2009
VIENNA AUSTRIA

EAPC

physioaustria
palliative care
und hospizwesen

Dear participants,

it is our pleasure to be your hosts during this premeeting „Physiotherapy in Palliative Care“!

We wish you a pleasant and informative day!

Welcome to Vienna

L. Radbruch	EAPC President
F. Nauck	Chair Scientific Committee
P. Larkin	Co-Chair Scientific Committee
PrH.-G. Kress	Chair Org. Committee
R. Simader	Org. Committee Premeeting
P. Nieland	Org. Committee Premeeting

Content

PREMEETING – TIMETABLE

Time	Speaker	Topic
12.30 pm – 12.45 pm	Rainer Simader (AUT), Silvia Mériaux – Kratochvila (AUT), Pam Firth (UK)	Greetings from the organisers
12.45 pm – 1.25 pm	Key Speaker Jenny Taylor (UK)	Breathlessness and Fear – a Challenge to Autonomy and Independence
1.30 pm – 1.50 pm	Unni Vidvei Nygaard (NOR)	Physical Exercise Program for Palliative Cancer Patients An Ongoing Randomized Controlled Study
1.55 pm – 2.15 pm	Jacob van den Broek (NL)	TENS as Adjuvant for Neuropathic Pain Relief in Palliative Care
2.20 pm – 2.40 pm	Peter Nieland (GER)	Physiotherapeutic Management of Head Oedema in Palliative Care Patients
2.45 pm – 3.15 pm		Coffee break
3.15 pm – 3.35 pm	Eleonora Putz (AUT), Elisabeth Durec (AUT), Rainer Simader (AUT), Paul Kazunari Abe (JAP)	Poster Session: Postgraduate Education and Training for Physiotherapists in Palliative Care, Current Trend of Palliative Rehabilitation in Japan
3.40 pm – 4.30 pm	Peter Nieland (GER), Elisabeth Wahlberg (SWE), Jenny Taylor (UK)	Round Table: The Right Time for Physiotherapy Interventions in the Palliative Care Process? Is There a „Too Late"?
	Rainer Simader (AUT) Peter Nieland (GER) Elisabeth Wahlberg (SWE) Jenny Taylor (UK) all	3.40 pm – 3.45 pm introduction 3.45 pm – 3.55 pm 3.55 pm – 4.05 pm 4.05 pm – 4.15 pm 4.15 pm – 4.30 pm: discussion / questions
4.30 pm	Rainer Simader (AUT)	Take Home Message

Opening Ceremony 11th Congress of the European Association for Palliative Care: from 5 pm to 7pm, Hall D
Get Together Party & Dinner: until 9 pm, exhibition area, on the same floor as the opening ceremony

ABSTRACTS PLATFORM PRESENTATIONS

Jenny Taylor (UK)

Breathlessness and Fear – a Challenge to Autonomy and Independence.

A physiotherapist plays a key role in managing the complex symptom of breathlessness in palliative care. A multi-professional holistic approach should carefully balance pharmacological and non-pharmacological interventions. While the physiotherapist's skills to treat respiratory and functional problems are all appropriate in the management of breathlessness, symptoms presenting at this stage are not only respiratory but also emotional and existential. Anxiety and panic can be a very significant, but often covert component of the symptoms presented by patients referred for breathlessness.

In addition to addressing breathing control, chest clearance, coping strategies and the pacing of functional activities, the anatomy and physiology of respiration should be sensitively explored with patients so that they can be helped to understand the impact of anxiety and the mechanism of panic. This knowledge serves to empower through building confidence and independence. Helping patients control their breathing through non-pharmacological management instils a sense of dignity, resilience and coping which should sit at the centre of good palliative care.

Unni Vidvei Nygaard (NOR)

Physical Exercise Program for Palliative Cancer Patients

An Ongoing Randomized Controlled Study

Physical activity can improve the possibility for independence in activities of daily living. To be independent as long as possible, to manage without help, is of vital importance for every human being. Training and physical activities as group activities, are offered to our palliative patients at Hospice Lovisenberg more often now, than some years ago. The main reason for the increased physical activity among the patients at the Hospice is that we are participating in an ongoing randomized controlled study. We also participated in the pilot study completed in 2005.

The aim of the ongoing study is to investigate the effect of physical exercise on fatigue, quality of life (QOL) and physical performance in palliative cancer patients compared to a control group.
Methods: Patients with incurable cancer disease with life expectancy below one year and Karnofsky performance status above 60 are recruited into the study from five palliative outpatients units in Norway. The patients in the physical intervention arm participate in a 60 minutes group exercise twice a week for eight weeks. The patients in the control arm received standard medical care. Fatigue is measured by the Fatigue Questionnaire (FQ). QOL is assessed by the European Organization for Research and treatment Core Quality of Life Questionnaire (EORTC QLQ-C30). Physical performance is measured by four tests; „Shuttle Walk" (walking capability), „sit to stand" (functional strength in the lower limb), „hand grip test" (isometric strength) and maximal step length (balance). The outcome variables are measured before and after the intervention.

By the end of January 2009, 224 patients were recruited into the study and 70 and 78 patients have completed in the physical exercise arm and the control arm respectively. The data collection started in October 2006 and according to the plans the study will close in May 2009. At the conference I hope to present some preliminary results from the study!

Jacob van den Broek (NL)

TENS as Adjuvant for Neuropathic Pain Relief in Palliative Care

Jacob van den Broek, hospice kuria, Amsterdam, Netherlands; Jaap Gootjes, hospice kuria, Amsterdam, Netherlands; Corry van Tol-Verhagen, hospice kuria, Amsterdam, Netherlands;

Wouter Zuurmond, Dept Anesthesiology Vrije Universiteit Medical Centre, Amsterdam, Netherlands; Roberto Perez, Dept. Anesthesiology Vrije Universiteit Medical Centre, Amsterdam, Netherlands

Indroduction: 70% of all terminal ill patients suffer from moderate to severe pain. Pain treatment is often difficult in terminally ill patients, especially in the case of neuropathic pain. The effect of the use of Transcutaneous Electric Nerve Stimulation (TENS) as adjuvant treatment in pain relief may be a simple and often forgotten method. The purpose of this study was to evaluate retrospectively the efficacy of TENS in terminally ill patients in hospice kuria.

Method: In cancer patients suffering from myofascial and neuropathic pain in the hospice kuria the physiotherapist or trained nurse applied TENS and explained the procedure. During the last five years about 15–20% of the patients received TENS as adjuvant treatment. The nurses continued to give regular instructions. If possible, the patient apply TENS by themselves or with help of relatives.

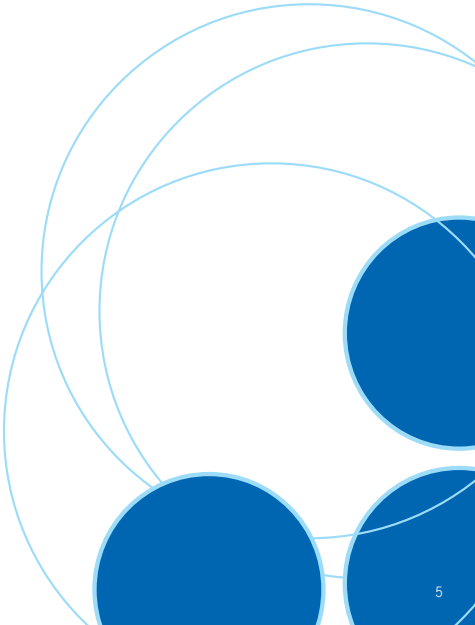
Results: All the patients gave their comments on the use of TENS. Patients expressed some beneficial effect and continued to use it as long as possible. The patients were content, that they could do something themselves to achieve better pain control.

Conclusion: The use of TENS in terminally ill cancer patients is a useful adjuvant for pain relief in palliative care.

Peter Nieland (GER)

Physiotherapeutic Management of Head Oedema in Palliative Care Patients

Tumors and oedemas developed from the antineoplastic therapy such as operative, chemo- and irradiation treatment, are often manifested by a visible and painful restriction of movement due to burdening the joints. The sensitivity to pressure and the tension ache of the affected extremities are extremely high. Clinical input results in decrease of the swelling or the tension and a corresponding pain relief. For example the head oedemas are often accompanied with strong pain in the face. We often found pressure pain in the neck and shoulder region. In these cases, the manual lymphatic drainage for the face, as well as light, careful neck massages, combined with gentle exercise for the upper part of the body often achieved pain relief. Elastic compression treatment in the form of bandaging the head was only partly or in a few cases possible. The additional therapy interventions for managing the condition of oedema successfully are: correct positioning, compression treatment if possible, loose clothes, to avoid wounds caused by injections. The intensity of pain can be improved in the majority of patients after manual lymphatic drainage. ■



ABSTRACTS POSTER PRESENTATIONS

Paul Kazunari Abe (JAP)

Current Trend of Palliative Rehabilitation in Japan

According to The Yomiuri on 29th March 2009, we have over two hundred hospices/palliative care units (PCU) in Japan. And 82% of the institutes have a rehabilitation service for the patients with advanced cancer. It has been quite a contrast with our nation-wide survey of 1998, ten years ago. There were only 8 % of a hundred institutes providing rehabilitation interventions at that time. So the situation has changed a lot, especially physiotherapy in hospice/PCU. It did not succeed in improving functional disability but quite improved Quality of life (QOL) of those kinds of patients and their families. It reflected the definition of palliative care by WHO in 2002. So we have established a role for palliative rehabilitation in hospice/PCU in Japan nowadays.

Elisabeth Durec, Eleonora Putz, Rainer Simader (AUT)

Postgraduate Education and Training for Physiotherapists in Palliative Care

Besides the fact that the undergraduate physiotherapy education rarely deals with Palliative Care topics in Austria, Germany and Switzerland physiotherapists have quite few possibilities to do a further education and training in this field. This poster points out the special physiotherapy postgraduate education and training opportunities and it shows some Palliative Care education in which physiotherapists can participate. This presentation is focused on the German speaking countries in Europe.

In *Austria* graduated physiotherapists have two opportunities to participate in a special course in „Physiotherapy in Palliative Care“. The first one is a 16 lesson introduction[1], the second one is a 40 lesson training[2] that is taught by various members of the Palliative Care professionals. These two trainings are held once a year.

Comparable opportunities exist for physiotherapists in *Germany*. In total 15 trainings (8 á 25 lessons, 7 á 40 lessons) are planned for 2009[3]. The 40 lesson training course is based on the Curriculum „Physiotherapy in Palliative Care“ (Mehne, Nieland, Simader 2007).[4] These two opportunities are especially for those physiotherapists who work or want to work in Palliative Care, those who need more detailed and specific information about this topic, who want to exchange experiences in their professional group or for those who do not have the opportunities to do a longer education and training in this field.

In *Switzerland* one day training sessions are offered by appointment.[5] Of course the interdisciplinary Palliative Care postgraduate education and training is also important for physiotherapists and other professionals.

In Austria, Germany and Switzerland there are several opportunities to do a middle- or long-term education in Palliative Care. These programs are mostly 120–160 lesson courses[6] or special Master–programs[7] which are open for physiotherapists as well. We also would like to recommend a special education and training in London, UK. The St. Christopher's Hospice offers a Multi-Professional Week in Palliative Care[8] in May and November each year. ■

1 www.fortbildungsakademie.at
2 www.physioaustria.at
3 For further information please send an email to peter.nieland@malteser.de
4 Mehne S, Nieland P, Simader R (2007) Basiscurriculum Physiotherapie in Palliative Care. Pallia Med Verlag Bonn To order please contact eva.schumacher@malteser.de Currently translated into English
5 www.physioswiss.ch
6 http://www.die-akademie-wels.at/akademie/site/48215761016447505_0_0,de.html, www.Bfi-ooe.at, http://www.kardinal-koenig-akademie.at/
7 www.hospiz.at, www.pmu.ac.at; http://www.fhsg.ch;
8 http://www.stchristophers.org.uk/page.cfm/link=912/GoSection=7

ABSTRACTS ROUND TABLE PRESENTATIONS

The Right Time for Physiotherapy Interventions in the Palliative Care Process. Is there a „Too Late“?

Elisabeth Wahlberg (SWE)

Is There a „Too Late“ for Physiotherapy Interventions in the Palliative Care Process?

The role and the function of the physiotherapist in palliative care may need to be further defined and clarified. For example there are different opinions about how late in the palliative process it is appropriate for physiotherapy interventions. A final answer to the question „Is There a Too Late?“ is difficult to present, but there are some basic aspects that would be important to take into consideration in a wider discussion:

- The specific need in the patient informs who and what intervention is accurate. An early contact between the patient and the physiotherapist in an early palliative phase prepares for the continuing relationship.
- The need of evidence or at least guidelines for treatment strategies for physiotherapy in palliative care.
- The importance of education in palliative care should be a part of physiotherapy education.
- Physiotherapists – as all team members in palliative care – have different personal capabilities for facing the final stages in life. What do you need to stay in palliative care without getting a burnout?

Jenny Taylor (UK)

„Too Late for Rehabilitation?“ Is There a Right Time for Physiotherapy Intervention in the Palliative Care?

Rehabilitation may be wrongly assumed to be a contradiction in the field of palliative care. Patients who are experiencing the downward trajectory in their illness will be weak, fatigued and frequently demoralised when they come onto the caseload of a palliative care physiotherapist. The role of the multi-professional team will be paramount in addressing the multi-factorial symptoms presented, and management should be collaborative.
The physiotherapist’s approach to rehabilitation should be positive, honest and optimistic, while supremely focussing on problem-solving. Goals will constantly change but should always be achievable and realistic, and established in discussion with the patient. Mobility and function is a spectrum, and enlisting the support of the nursing team, carers and family will be crucial to maximise potential at the end of life.

Peter Nieland (GER)

The Right Time for Physiotherapy Interventions in the Palliative Care Process? Is there a „Too Late“?

Physiotherapy has an important role in the assessment and management of multiple symptoms in palliative medicine. The best time for physiotherapy is most frequently after a primary medical pain treatment.
But secondary additional options are:

1. Preparation of the patient for medical, operative or radiation treatment or other measures by physiotherapy (pneumonia prophylaxis, improvement of the circulation system and metabolism, atrophy etc.)
2. Accompaniment of the current medication or other therapies, including the treatment of primary or secondary side effects (prophylaxis, relaxing massages, lymphatic drainage, colon massages, exercises, electrotherapy, hydrotherapy etc.)
3. Primary usage of physiotherapy as treatment of pain symptoms (muscle- and joint pains), dyspnoea, constipation, oedema, paraesthesia etc.
4. Usage of physiotherapy after medical therapy for the patient´s functional rehabilitation, respectively supporting the transition to the active home environment (supply of therapeutic appliances, training of relatives in handling the patient, organisation of further mobility treatment through GPs including home visits) ■

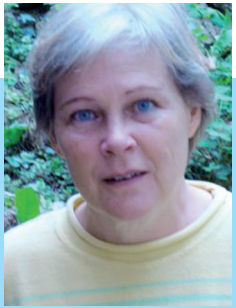
SPEAKERS (ALPHABETICAL ORDER)

Paul Kazunari Abe (JAP)

My name is Paul Kazunari Abe, a first rehabilitation oncologist (coming from occupational therapist registered) in Japan, Senior specialist of rehabilitation oncology, Clinical Professor of Hiroshima University; School of Medicine, a full time staff of department of rehabilitation oncology in Chiba Cancer Centre from 1995, belonging to the member of palliative care team from 1997, and a full time member of palliative care unit from 2003. My background was rehabilitation staff of mental disorder from 1984 to 1995, having master degree of social welfare of mental health from Shukutoku University. I have experienced a multi-professional week in St. Christopher's Hospice in 2003. Individual member of Japanese Society of Palliative Medicine and Japanese Society of Clinical Oncology from 1997, Asia Pacific Hospice Network from 1999, European Association of Palliative Care from 2001, The Association of Chartered Physiotherapists in Oncology and Palliative Care from 2003, International Psycho-oncology Society from 2005, International Union Against Cancer and Japanese Cancer Society from 2007.

Jacob van den Broek (NL)

Born on April 24th, 1962 in Ens, The Netherlands.
Education: International Academy of Physiotherapy, Utrecht, the Netherlands. Working as of 1988 as Physiotherapist in a general hospital and private institute.
Since 1999 related with education in pain relief and palliative care. From 2003 working as physiotherapist in palliative care in high care hospices in Amsterdam and other parts of the Netherlands. Among others in hospice kuria in Amsterdam, a high care hospice which is associated with the department of Anesthesiology Vrije Universiteit Medical Centre in Amsterdam for research as well as supplying education programs for several disciplines. I participate in giving classes to f.e. physiotherapist in mono- and interdisciplinary settings.



Elisabeth Durec (AUT)

Born 1954, physiotherapist.
For about 20 years I have been working as a self-employed mobile therapist to care for very weak, mainly neurologic, oncologic and geriatric patients. In 2002 I passed the basic course in palliative care offered by the hospice association in St. Pölten, Austria. I work in connection with the hospice association in Mödling and with the palliative consulting team of the public hospital in Mödling.
At the present time I am studying at the interuniversity college for health and developement, Graz/Seggau. Right now I am working at my masterthesis with palliative care and hospice affairs as the subject matter.
My main concerns are the integration of incurability, dying and death into health idea, to guarantee autonomy and quality of life for each individual until the end and assure a high quality of work for all concerned professions.

Peter Nieland (GER)

Born 23.05.1962
Address: Malteser Hospital Bonn / Rhein.Sieg
Von – Hompesch – Str. 8, 53229 Bonn
Phone: +49 (0)228-6481-323, Mail: peter.nieland@malteser.de
Nationality: German
Profession: Senior Physiotherapist
Education: Since 1988 Head of the Department of Physiotherapy and Rehabilitation, Malteser Hospital Bonn/Rhein-Sieg
Interests and Abilities:

- since 1994 Instructor for Physiotherapy in Palliative Care
- since 1999 Chair of the Workgroup Physiotherapy in Palliative Care of the German Association of Palliative Care
- Author of different papers about Physiotherapy in Palliative Care and Co-Author of the Basic-Curriculum for Physiotherapy in Palliative Care
- Co-Writer in the German Textbook for Palliative Medicine

SPEAKERS (ALPHABETICAL ORDER)

Unni Vidvei Nygaard (NOR)

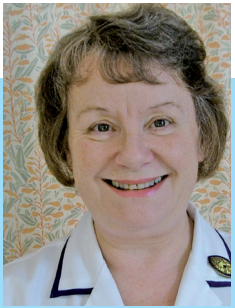
Physiotherapist, specialist in oncology and lymphodema
Physiotherapy leader at Hospice Lovisenberg, Oslo, Norway
2003-2007 leader of Norwegian Association for Palliative Care
I have been working at Hospice Lovisenberg since 1995.
The Hospice ward at Lovisenberg opened in 1994, and I saw it as an interesting new direction in physiotherapy. I am surprised to see how much physiotherapy can do for palliative patients and how often the patients are asking for our knowledge and support.
I appreciate working in a team with different other professions to the best for every patient. After fourteen years I am still at the Hospice, because I think we give good support to patients and relatives. Besides that I appreciate the teamwork between good qualified colleagues and the leadership at Hospice.

Eleonora Putz (AUT)

Directress of the Academy of Physiotherapy, Schloß Jormannsdorf 1, 7431 Bad Tatzmannsdorf
My primary education of physiotherapy was at the General Hospital of Vienna from 1980–1983, afterwards I worked there at the MTF-School as an educational therapist till 1988. From 1988 to 1992 I worked at my own physiotherapy practice in Linz. From 1992–1993 I worked in a cardiologic rehabilitation hospital in Bad Tatzmannsdorf. From 1993 till 1999 I stayed at home to raise my 3 children. Then I started to work at a physiotherapy practice near Graz and Hartberg. I got some experience at palliative care at a nursing home. After finishing the lymph drainage education I got some more contact with oncological, mostly breast-cancer patients. In this nursing home the interdisciplinary team was quite effective but I could realise some deficits in the ambulatory care especially by speech therapists, occupational therapists and also physiotherapists. The reasons were due to the small number of therapists and also because of the specific situation of the palliative patients. Since 2003 I am the Head of the academy of physiotherapy in Burgenland and I teach the subject “physiotherapy in geriatrics” including the palliative care.
Therefore I am joining the working group in palliative care for physiotherapy to increase the necessity of this part in the undergraduate education. To point at the situation of physiotherapists in palliative care I would desire more advanced studies and at least one finishes the degree as a PhD in palliative care.

Rainer Simader (AUT)

Rainer Simader, born 1974, is lecturer at the Academy for physiotherapy in Wels, Austria and self-employed physiotherapist in the field of geriatrics, neurology and palliative care (homecare setting). In 2008 he founded the task force „Palliative Care“ from the Austrian Physiotherapy Association (physioaustria). Additionally he has an education in dance therapy (a body centered kind of psychotherapy) and especially works with chronic pain and oncology patients. Besides other areas in his work as a teacher he focuses on the opportunity to educate and train students and physiotherapists in psychosocial matters including dealing with death, dying and of course Palliative Care. He has published articles concerning these topics and was invited as a speaker and lecturer at international conferences.



Jenny Taylor (UK)

Senior Physiotherapist [MCSP.SRP], Head of Allied Health Professional Team
Jenny Taylor is a Senior Physiotherapist at St. Christopher’s Hospice, London, UK, with 17 years experience in palliative care. In her role as head of a team of Allied Health Professionals, she is strongly committed to developing a multi-professional approach to rehabilitation. She has spearheaded „The Rehab. Project“, an innovative programme of training sessions for the multi-professional team. Its aim is to reinforce rehabilitative approaches, and thus enhance the seamless delivery of care to patients on the in-patient unit. Jenny’s specialist interest is in the non-pharmacological management of breathlessness.
She has published articles that promote a collaborative management approach, and has lectured widely to audiences both within the palliative care setting and other health care professionals and user groups involved in end of life care. Jenny was awarded a Clinical Excellence prize for her work in this field. Other interests include the clinical education of students, relaxation and stress management for carers, and the use of breathing control strategies to manage anxiety and panic.

SPEAKERS

Elisabeth Wahlberg (SWE)

Physiotherapist, private practitioner.
Certified specialist in physiotherapy in oncology.
I have been working for twenty years in oncology and palliative care, including patients in palliative units, homecare and outpatients. This has been a main interest for me since in this field you have to use all your professional skills and you are directly in contact with the existential meanings of life and how the body and soul connects.

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