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## **An Exploratory Study of Rehabilitation Services Available for Soft Tissue Sarcoma Patients in the Outpatient Setting**

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### Introduction

Sarcoma has been referred to as the “forgotten cancer,” as it receives much less fiscal support and attention in the literature compared to more prevalent cancer types. Less than 1% of all adult cancers are malignant sarcomas and their cause is still poorly understood (Butler, 2012; Hoefkens et al., 2017).

Soft tissue sarcomas (STS) originate in muscles, tendons, adipose tissue, cartilage, blood vessels, lymph vessels, or nerves (Kumar, 2017, American Cancer Society, n.d). In 2019, only 13,500 people in the US were diagnosed with STS (Siegel, Miller, & Jemal, 2019). There are no clinical practice guidelines or standard rehabilitation protocols for evaluating or treating STS. The literature lacks descriptive information on therapeutic interventions and assessments used by PTs, OTs, and other rehabilitation providers to evaluate and treat this unique population.

The purpose of this qualitative study is to analyze the perspectives and experiences of rehabilitation therapists who are evaluating and treating STS patients in the outpatient setting. A secondary purpose of this study is to demonstrate the added value OT services can provide to cancer patients in outpatient clinics in order to enhance patient care.

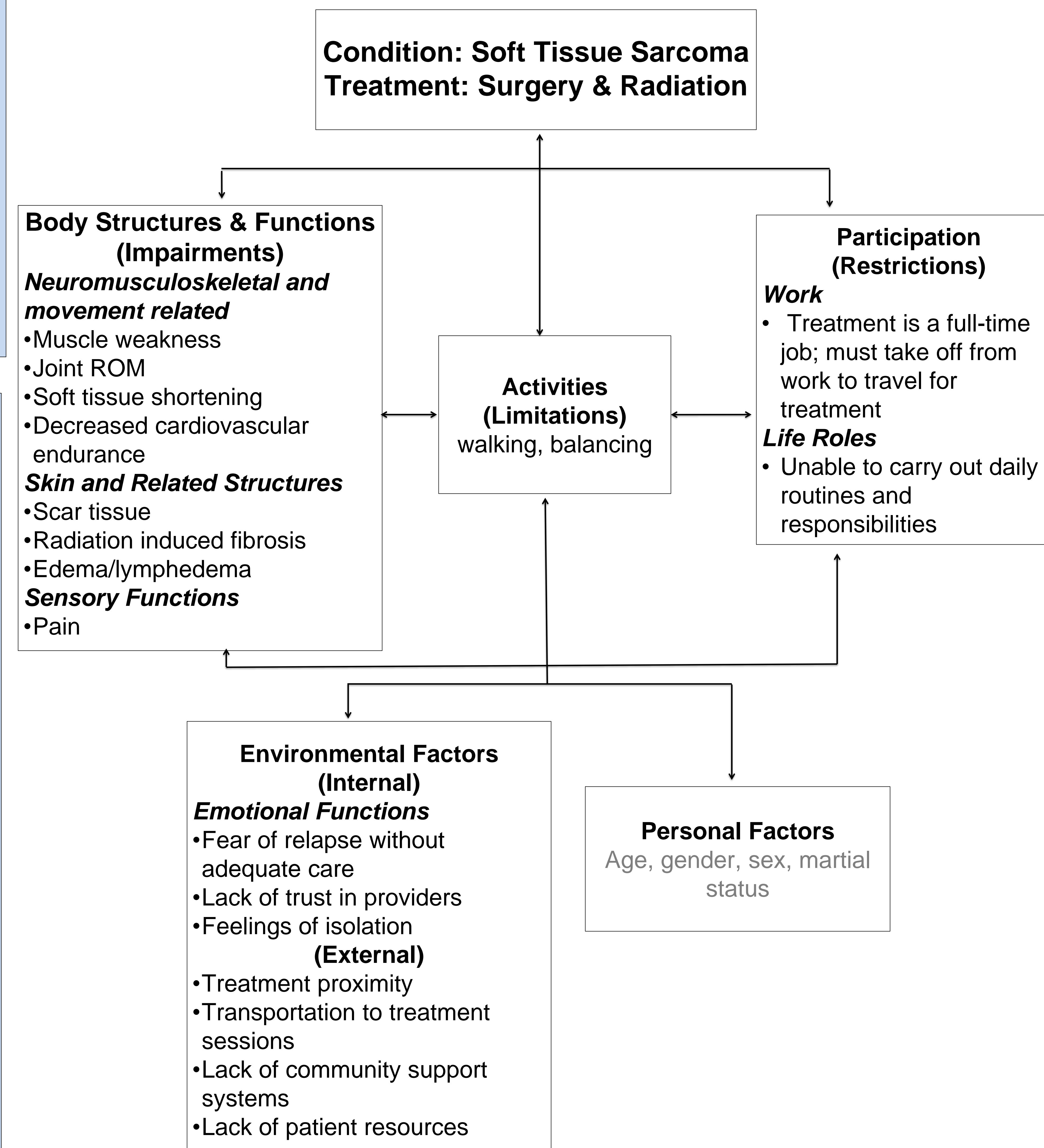
### Methods

- Data were generated using qualitative research methods and participants were recruited using convenience sampling methods
- Semi-structured interviews with three physical therapists employed by a Select Medical outpatient facility were conducted via Zoom
- One interview was conducted with each participant by the primary investigating student
- Inclusion criteria: licensed rehabilitation therapist (PT, OT, SLP), currently working in an outpatient clinic, has treated at least one patient with STS sometime in the last two years
- Interview questions were designed to address service provisions and explore the experiences of therapists who treat STS patients in the outpatient setting
- Interviews were manually transcribed on a word document, then coded using the the International Classification of Functioning, Disease, and Health (ICF) Framework.
- Data were analyzed using the 5 steps of the framework analysis method: familiarization, identification of a thematic framework, indexing, charting, mapping/interpretation

**This study was approved by A.T. Still's Institutional Review Board**

### Results

“Soft tissue sarcoma may be relatively rare, but there are many people having surgeries for cancer and then having similar modalities to follow it up. Looking at clinical pathways and treatment guidelines, and best practice type things for other types of cancer- GI, colorectal, more systems based rather than necessarily soft tissue” (PT--02).



The ICF schematic was modified to represent the researcher's interpretation of the dataset

### Additional Findings

- Neuromusculoskeletal and movement related functions were consistently evaluated with a basic ROM assessment, manual muscle testing, grip strength, and if applicable, the 6-minute walk test and 30 second sit-to-stand
- PTs are not screening or assessing STS patients for cognitive impairments
- PTs are more likely to refer STS patient to a SLP rather than an OT if cognitive deficits are suspected
- PTs are more likely to refer to counselors vs. OTs if psychosocial deficits are suspected
- STS patients that need to relocate for treatment are unable to carry out their daily routines or participate in their life roles which can result in a loss of identity and feelings of isolation
- STS patients do not have access to the same patient support resources as more prevalent cancer types

### Conclusions

- PTs in outpatient clinics evaluate and treat STS patients with physical assessments and interventions that are used to physically rehabilitate patients with other cancer types who have undergone surgical intervention and radiation therapy
- More evidence-based literature that specifically addresses rehabbing STS is needed for best practice
- Harnessing the multidisciplinary team members as a primary resource is important for guiding rehab decisions for STS
- PTs are not readily using cognitive screenings to identify cognitive decline in STS patients, yet the literature depicts cancer related cognitive decline affects 75% of cancer patients during active treatment and 60% of patients post medical treatment (Vardy & Dillion, 2018)
- PTs note their STS patients face more barriers to receiving rehabilitative care than patients with other types of cancer

### Implications for Occupational Therapy

- It is within the scope of practice for OTs to screen, assess, treat, and monitor cognitive function and psychosocial deficits
- OTs can implement cognitive and psychosocial rehab interventions that impact self-care skills, leisure activities, and community living skills in outpatient clinics
- Specialized OTs can provide services that help improve cognitive domains such as executive functioning, memory, and information processing
- Outpatient clinics would benefit from having OTs on staff who can assess and treat cancer patients