

Prehabilitation and rehabilitation in action

Case study template

	Description
<p>Summary of patients social history and relevant past and current medical history</p>	<p>Prostate Cancer diagnosed Dec 2023 after recurrent kidney stones/infections The patient is on hormone therapy - 3 monthly prostap injections. This is giving him some hot flushes They started radical radiotherapy + lymph node irradiation 17th July 2023 for 4 weeks with curative intent</p> <p>Breathlessness has been a problem - Has had antibiotics for chest infection earlier in the year Has an intermittent, unproductive cough that he has had for a while has had chest x-rays and PET scan to rule out malignant cause of breathlessness. He is a smoker - smokes about 15 a day, would like to give up and says he has been referred to smoke stop Denies anxiety over diagnosis and planned treatment - appears calm and pragmatic about everything during discussion The breathlessness does not necessarily concern him, he just feels its something that should not be there, finding it increasingly difficult to walk up hill Fatigue - he believes this is due to regular nightly wakes due to need to pass urine, is up 3-4 times a night so classes it more as tiredness than fatigue. Lives alone independently in a ground floor flat Until recently he played cricket - he did try to join in a game a few weeks ago but had to stop. Works as a cleaner but has had to stop for the time being as it was too much for him so he is signed off sick and has been since the beginning of the year Walks every day - motivated by playing a game on his phone (pokemon go) distance is unlimited but he often does have to stop to catch his breath, especially if going uphill. Able to get his own shopping Does not drive at the moment (believes the information leaflet he was given about hormone therapy told him not to drive) Has large supportive family who intend to help him get to appointments and will support him with practical things during treatment</p>

	Recent holiday with his family to Lanzarote - felt limited what he was able to do as couldn't walk as far as they could and there was a big hill to get back to the apartment
Type of prehabilitation, rehabilitation screening undertaken and by whom (which roles)	Referred to physiotherapist by Primary Care Network (PCN) Cancer Nurse Specialist for breathlessness and fatigue symptoms following initial cancer care review
Type of prehabilitation/rehabilitation assessment(s) undertaken and by whom (which roles)	PCN cancer physiotherapist – pilot role Saw patient at home to complete holistic assessment Breathlessness assessment
Interventions delivered	
Universal	Psychosocial support: patient has identified good family network for support Other: Basic smoking cessation advice
Targeted	Exercise: Advice on what to expect during treatment and how to maintain levels of activities safely Breathlessness management advice Pacing and fatigue management Psychosocial support: Patient has contact details for cancer physio and cancer nurse specialist to discuss any needs that arise – they can refer onto more specialist support if required
Monitoring and evaluation	Mid treatment phone contact – patient reported he was managing with support of family and is generally keeping up with a short walk every day which he feels is helping to maintain his physical fitness, although finding it tiring to go to hospital every day. No worsening of breathlessness symptoms. Reminded of some pacing advice and prioritising activities. He is just focused on getting through the treatment. Plan to contact patient post treatment to continue working on longer term goals
Outcome measures used	Clinical Frailty Score



	<p>Patient set goals and feedback:</p> <ul style="list-style-type: none">- To be able to complete radiotherapy and maintain physical activity- Long term he would like to get back to work, not necessarily to his previous job as a cleaner but has a retail job in mind
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