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REHABILITATION PROGRAM STRIVES TO GET CANCER PATIENTS BACK TO WORK

COLUMBUS, Ohio -- People treated for cancer can get the help they need to re-enter the work force whenever possible through a new program at Ohio State University’s Arthur G. James Cancer Hospital and Research Institute.

The Comprehensive Oncology Rehabilitation (COR) Program is designed to help patients regain more than just physical function; it also helps patients cope with psychological, social, vocational, spiritual and financial concerns.

“Comprehensive cancer rehabilitation means helping patients to be as comfortable as possible in all these areas because they are all related to returning to a normal life style,” said Patricia Schmitt, a certified rehabilitation counselor and program manager for the COR program.

“The hallmark of successful rehabilitation is a return to work. We design rehabilitation plans for patients that re-integrate patients into a normal life to the highest degree possible, whether that’s a life of retirement and recreation in the -more-
case of older patients, or a return to work and gainful employment for patients still in the work force."

It's important to help people return to work as quickly as possible because in this country we don't have support systems that will carry people through a recovery period, said Kathleen Young, a patient care resource manager with the Head and Neck Oncology Program at The James. "People who are not living extravagantly but who are making it might have to sell their home or farm, which might have been in the family for generations, to qualify for Medicaid."

Many cancer patients are members of the working poor -- the night-shift dispatcher or the person who works four days a week as a painter -- who have no insurance or are under-insured. Often, these individuals don't realize they are under-insured until they have a serious illness. They might have coverage for hospital care or in-hospital drugs, for example, but lack coverage for drugs or care needed after they return home.

While rehabilitation plans produced through the COR program aim to get many people back to work, the plans are tailored to the individual patient. "The needs of a 37 year-old mother with breast cancer are different from those of a 52-year old man with head and neck cancer," said Young.

The concerns of a breast-cancer patient may include range of motion and physical mobility for her arm, emotional adjustment, and a prosthesis; the patient with head and neck cancer will likely be concerned about appearance, swallowing, and speaking, she said.

"Cancer rehabilitation begins at the moment of diagnosis," said George Lewandowski, clinical assistant professor of obstetrics and gynecology and program director of the COR program.

"We try to predict from the beginning what a patient's status will be following treatment, given their type of cancer and stage of disease."

Some problems that will affect a cancer patient's rehabilitation, such as tobacco use, are evident at the time the patient is first seen by a physician at The James. Rehabilitation for such a patient would include help with smoking cessation.

But physicians, nurses, and social workers are also sensitive to less obvious needs, as well. "Some doctors might not think of spousal support as a component of a patient's rehabilitation plan," said Young. "But if a patient's wife cries throughout the patient's initial interview, we will probably recommend
psychological support for her as part of the patient's rehabilitation plan."

Support for the family is important because changes in health care are shifting where patient-care is given. "Much of that care is being given at home," said Schmitt.

"A strength of our program is its focus on the whole person, not just on restoring physical function," said Schmitt. "We also help with the psychological changes that occur with the loss of hair, or the loss of a limb or breast."

Some of patients struggle with anorexia, infection, and fatigue. The inability to sleep well can be a problem when people are taking certain treatments, and that can affect rehabilitation. Others cope with psychosexual concerns, such as the loss of fertility or intimacy problems.

"We want to address those thing that concern the patient most, and that will restore them to the best possible quality of life," said Schmitt.

Contact: Patricia Schmitt, (614) 293-6428; Schmitt.1@osu.edu
George Lewandowski, (614) 293-3873
Kathleen Young, (614) 293-6548; Young.252@osu.edu

Written by Darrell E. Ward (614) 292-8456; Ward.25@osu.edu