

Interprofessional rehabilitation - engaging in a palliative approach

Host: Holly Finn, Pallium Canada

Presenters:

Julie Wilding, Occupational Therapist; PhD Candidate, Lancaster University (UK) - Palliative Care

Jennifer Forward, Occupational Therapist - Primary Healthcare, NLHS

Naomi Dolgoy, Occupational Therapist; Assistant Professor - Occupational Therapy, University of Alberta

Lisa Carroll, Senior Director, Professional Practice | Canadian Physiotherapy Association

Jennifer Cameron-Turley, Interim Director of Speech-Language Pathology and Communication Health Assistants Speech-Language & Audiology Canada

Bonnie Cooke, Director of Audiology | Speech-Language & Audiology Canada

Date: 7 February 2025



Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.



Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Introductions

Host

Holly Finn, Senior Manager Program Delivery, Pallium Canada

Presenters

Julie Wilding

Occupational Therapist; PhD Candidate, Lancaster University (UK) - Palliative Care

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Welcome and Reminders

- For comments and introductions, please use the Chat function!
- For questions, please use the Q&A function, these questions will be addressed at the end of the session.
- This session is being recorded—this recording and slide deck will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session.

Conflict of Interest

Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

Host/Presenter

- Holly Finn: nothing to disclose
- Julie Wilding: Nothing to disclose
- Jennifer Forward: Nothing to disclose
- Naomi Dolgoy: Nothing to disclose
- Bonnie Cooke: nothing to disclose
- Lisa Carroll: nothing to disclose
- Jennifer Cameron-Turley: nothing to disclose

Session Learning Objectives

Upon attending this webinar, participants will be able to:

- Summarize what a palliative care approach means, and the importance of championing this approach across a broad spectrum of care settings
- Describe the diverse range of healthcare providers that can be involved in palliative care
- Explain how occupational therapists, physiotherapists, speech-language pathologists and audiologists can support individuals with life limiting illnesses and their caregivers
- Recall case studies that illustrate examples of the important role that these inter-disciplinary health care providers can play
- Demonstrate the Importance of accessible communication when providing a palliative care approach

Occupational Therapy: Interprofessional
rehabilitation - engaging in a palliative
approach to care

Palliative Approach to Care



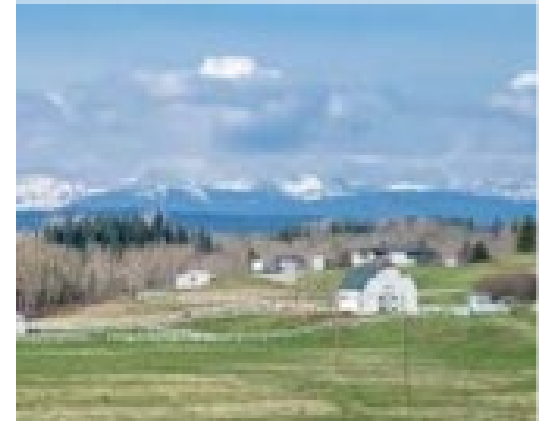
Palliative Approach to Care and Joe's Case Study

Early identification of palliative needs at time of diagnosis

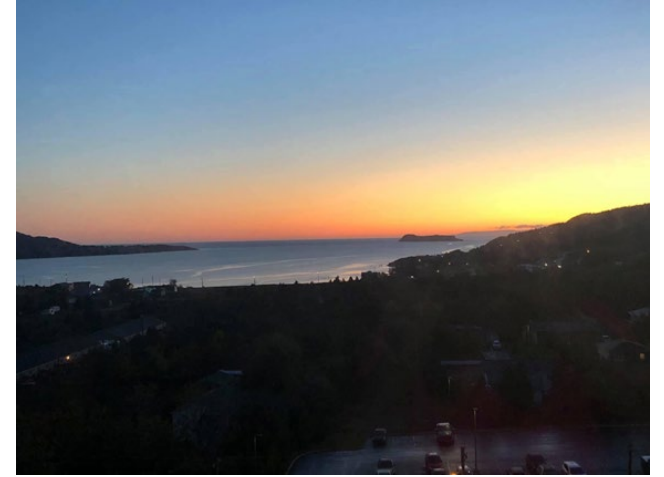
Openness to engage and connect to establish person centered goals

Seeing and hearing Joe as a whole, physical, social, emotional and spiritual person

Identification of person-focused care for Joe by all members of the healthcare team



Palliative approach to care – Occupational Therapy perspective



Occupational therapists promote occupational participation

Palliative care supports people to live comfortably and fully

Occupational Therapy and the palliative approach to care a natural fit

Role of OT in palliative care

CAOT - Palliative Care Practice document

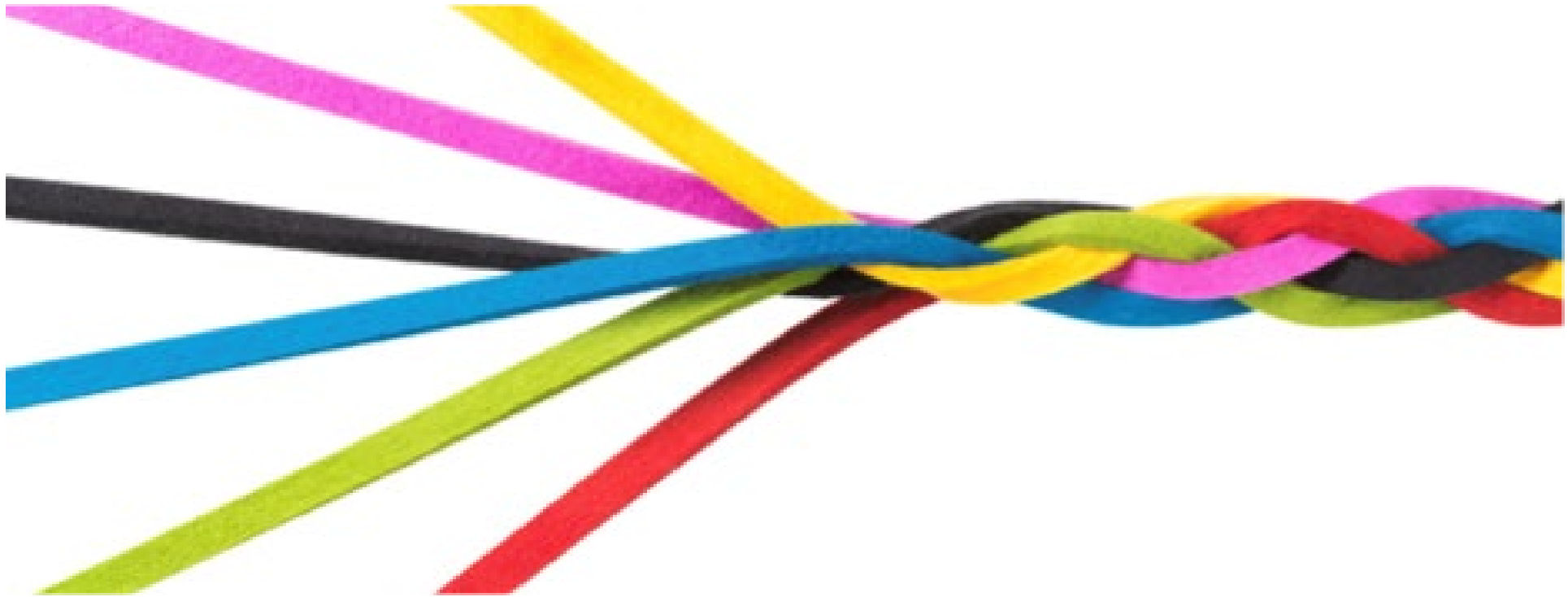
<https://caot.ca/site/prac-res/documents>



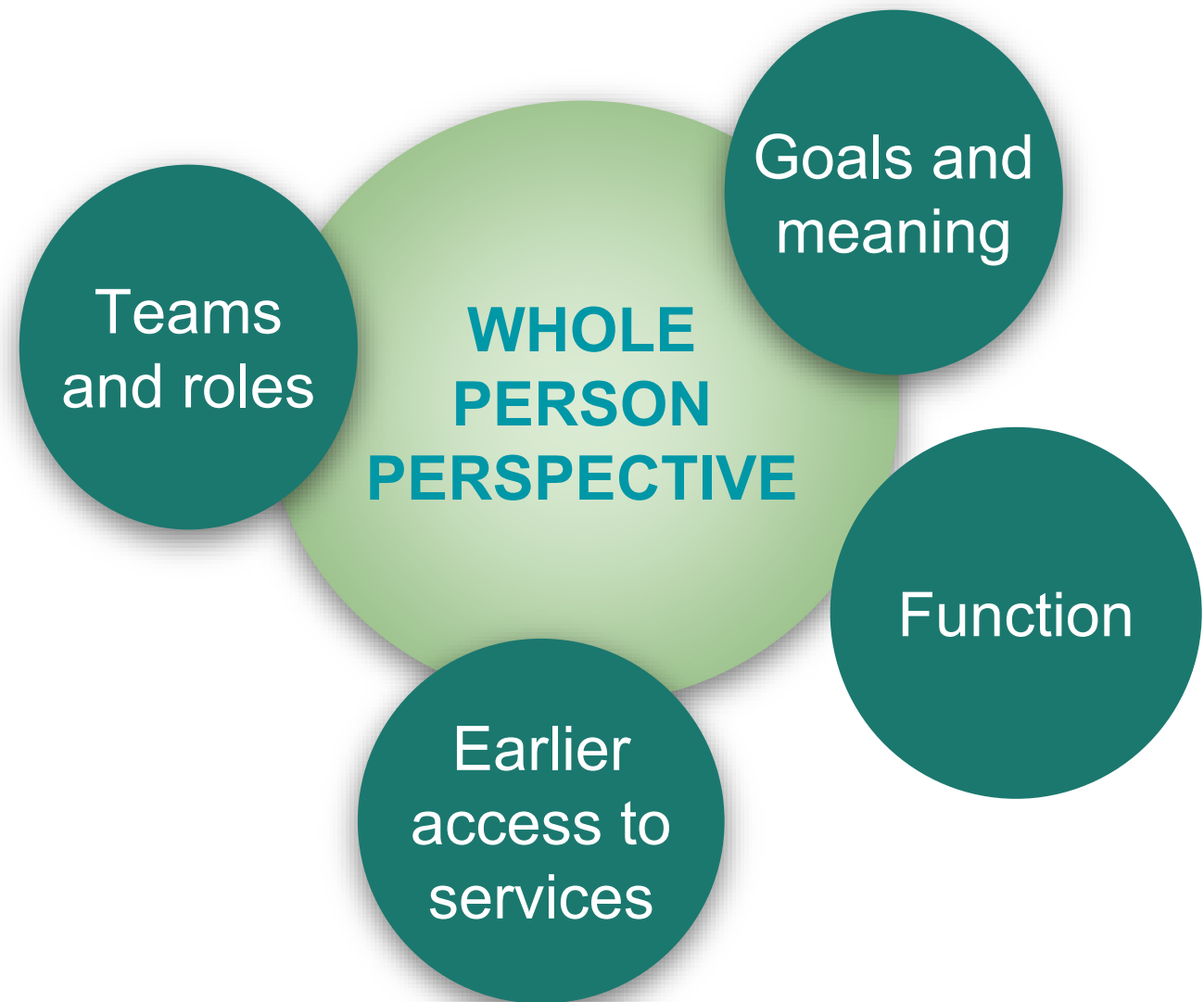
Collaboration, across lifespan, across continuum of care

Comprehensive assessment - goal identification - occupational participation, meaningful occupations

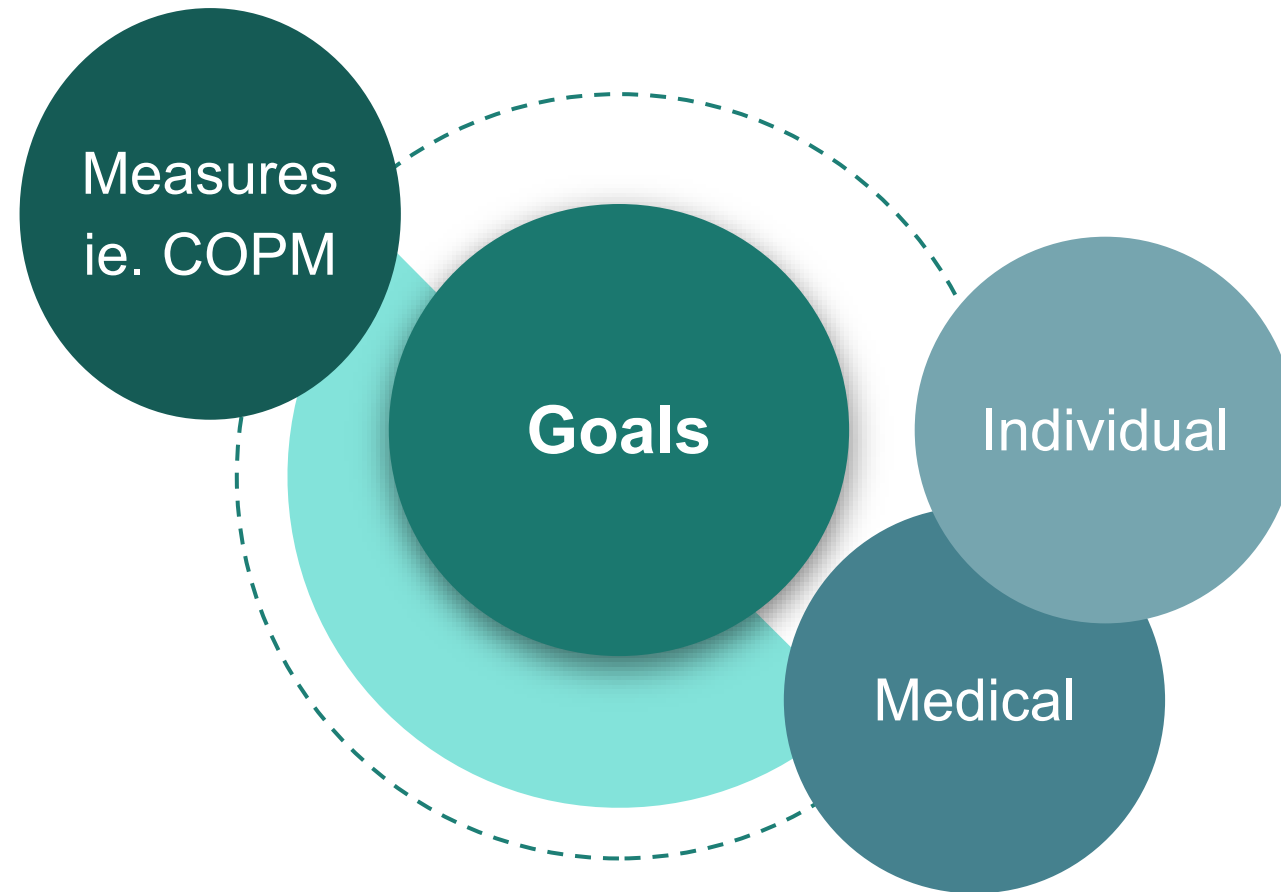
Caring relationships enable meaningful occupation



Collaboration



Goals



Measuring meaning



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Physiotherapy: Finding the balance in palliative care

What is physiotherapy in palliative care?

Finding the balance: Physiotherapy in palliative centers on providing the **maximum potential comfort** for the patient while **maintaining the highest level of physical function** regardless of disease state or stage.

Physiotherapy professionals play an essential role in supporting individuals with life-limiting illnesses and their caregivers by focusing on improving quality of life (QoL), managing symptoms, and enhancing mobility.

The following are key areas where physiotherapy professionals, such as physiotherapists, physiotherapist/rehabilitation assistants or physiotherapy technologists contribute to care:

Pain & Symptom Management

Pain Relief: Physiotherapy interventions, such as manual therapy and gentle exercises, can help alleviate pain and discomfort in palliative care patients.

Breathlessness Management: Breathing exercises prescribed by physiotherapists can assist in managing dyspnea, a common symptom in conditions like chronic obstructive pulmonary disease (COPD) and advanced cancer.

Improving Mobility and Independence

Exercise Programs: Tailored exercise regimens can help maintain or improve strength, balance, and coordination, enabling patients to perform daily activities more independently.

Assistive Devices: Physiotherapists assess the need for and train patients in the use of assistive devices such as walkers, rollators or wheelchairs to enhance mobility and prevent falls.

Fatigue Management and Energy Conservation; Psychosocial and Emotional Support

Energy Conservation Techniques: Physiotherapy professionals educate patients and caregivers on pacing activities and using energy saving strategies to manage fatigue effectively.

Enhancing Well-being: Engaging in appropriate physical activity can improve mood and reduce anxiety, contributing to better overall mental health in palliative care patients.

Caregiver Education and Support

Training Carers, Caregivers and Care Partners: Physiotherapy professionals provide caregivers with instruction on safe patient handling techniques, including transfers and positioning, to prevent injuries and ensure patient comfort.

End-of-Life Comfort Care

Comfort Measures: In the final stages of life, physiotherapy professionals focus on non-invasive interventions such as gentle movements and positioning to reduce discomfort and prevent complications like pressure sores.

Cancer Rehabilitation and Care

Cancer rehabilitation and exercise plays a vital role in supporting return to regular activity, home life and work both during and after cancer treatment. With the use of a variety of therapies, including physiotherapy, cancer rehabilitation aims to reduce and manage cancer-related side effects, while promoting function, independence and overall well-being.

Cancer Rehabilitation and Care

Physiotherapists can play an essential role as part of a cancer care team. A physiotherapist trained in cancer rehabilitation can help manage and minimize many of the side-effects associated with cancer treatment, including and not limited to:

- Pain
- Weakness
- Fatigue
- Decreased range of motion and flexibility
- Radiation Fibrosis Syndrome
- Chemotherapy Induced Peripheral Neuropathy
- Swelling or Lymphedema
- Decreased balance and coordination
- Impairments in your activities of daily living
- Difficulty with walking and prevention of falls
- Difficulty with physical activities at home and at work
- Return to work difficulties

By addressing these areas, physiotherapists contribute significantly to the well-being of individuals with life-limiting illnesses and provide essential support to their caregivers.

Source: Oncology Physiotherapy, A Division of the Canadian Physiotherapy Association

Speech-Language Pathology & Audiology

Palliative care approach – Speech-Language Pathology perspective

Speech-Language Pathologists promote **communication access and dysphagia support**

Palliative care supports people to live comfortably and fully

S-LP services to support end-of-life care is a natural fit

Speech-Language Pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders across the lifespan.

Scope of Practice includes (but is not limited to):

1. **Speech** (e.g. articulation)
2. **Voice**
3. **Language** (comprehension and expression)
4. **Cognition** (e.g. attention, memory, executive functioning)
5. **Dysphagia** (i.e. feeding and swallowing)

Communication Access

Communication difficulties affect the ability to:

- express needs, hopes and fears
- acknowledge and or communicate pain
- comprehend information
- weigh up options and express a preference
- maintain and enjoy relationships: social closeness

Communication strategies need to be responsive to fluctuations in patient's abilities, linked to, for example, medications or physical or mental health; there may be optimal times in the day for important conversations.

All patients should be able to **receive** communication in the way that they best understand and **express** themselves in the way that works best for them.

Communication Support

S-LP contributions:

Support communication strategies of the person, family and staff alongside changing capabilities, enabling the person to participate in decision-making, and maintain social closeness to family and friends through:

- **Speaking strategies:** repetition, spelling, key words, maximize breath support for voice, energy/voice conservation, voice or speech banking;
- **Conversation strategies:** communication partner training, confirmation, context, attitude, humor;
- **Non-verbal strategies:** positioning, gesture, vocal tone, facial expression, eye contact;
- **Augmentative and Alternative Communication (AAC):** communication chart, spelling board, low or high tech, etc.

Dysphagia management

- **Assess, diagnose, and manage** eating, drinking, and swallowing difficulties, which can include sensory, physical, environmental, and behavioral aspects.
- **Assess issues of swallowing** and determine risks of aspiration, dehydration, and choking.
- **Share these risks** with the patient and their family to enable informed decision-making over beginning or withdrawing artificial nutrition and/or hydration, and/or to support the team in making the least restrictive decision that aligns with the family's wishes.
- **Liaise with the team** to determine the appropriate method of medication administration.
- **Educate the team** about oral care recommendations to minimize aspiration of oral bacteria and maximize comfort.
- **Educate and train** family, carers, and the multidisciplinary team

SLPs educate individuals with terminal illnesses, their care partners, and other team members on cognitive, swallowing, and communication deficits and on intervention approaches to optimize quality of life by addressing the needs and wishes of the individual and their care partners.

“Mr. B was able to inform the social worker about his concerns. He was worried about what would happen to his wife after he died, especially in the area of finances.”

“I am so incredibly grateful we were able to share that last meal together.”

Palliative care approach - Audiology perspective

Audiologists promote **communication access**

- Palliative care supports people to live comfortably and fully
- Audiology services and the palliative approach are a natural fit

“Hearing and communication are so critical at the end of life because at this stage, what people are left with is the need to communicate with family, physicians, and other caregivers. Doctors are so concerned with patient-centered care, but they often have not been educated to appreciate the role that better hearing can play in that care.” – Weinstein

Case study: Joe

Tinnitus is the perception of sound in the absence of an actual external source. It can sound like ringing, whooshing, hissing, clicking, humming, buzzing, pulsing or chirping. Tinnitus can be mild or very bothersome. It can affect a person's work and social life. In severe cases, it can cause headaches, tiredness, insomnia, anxiety, irritability and depression.

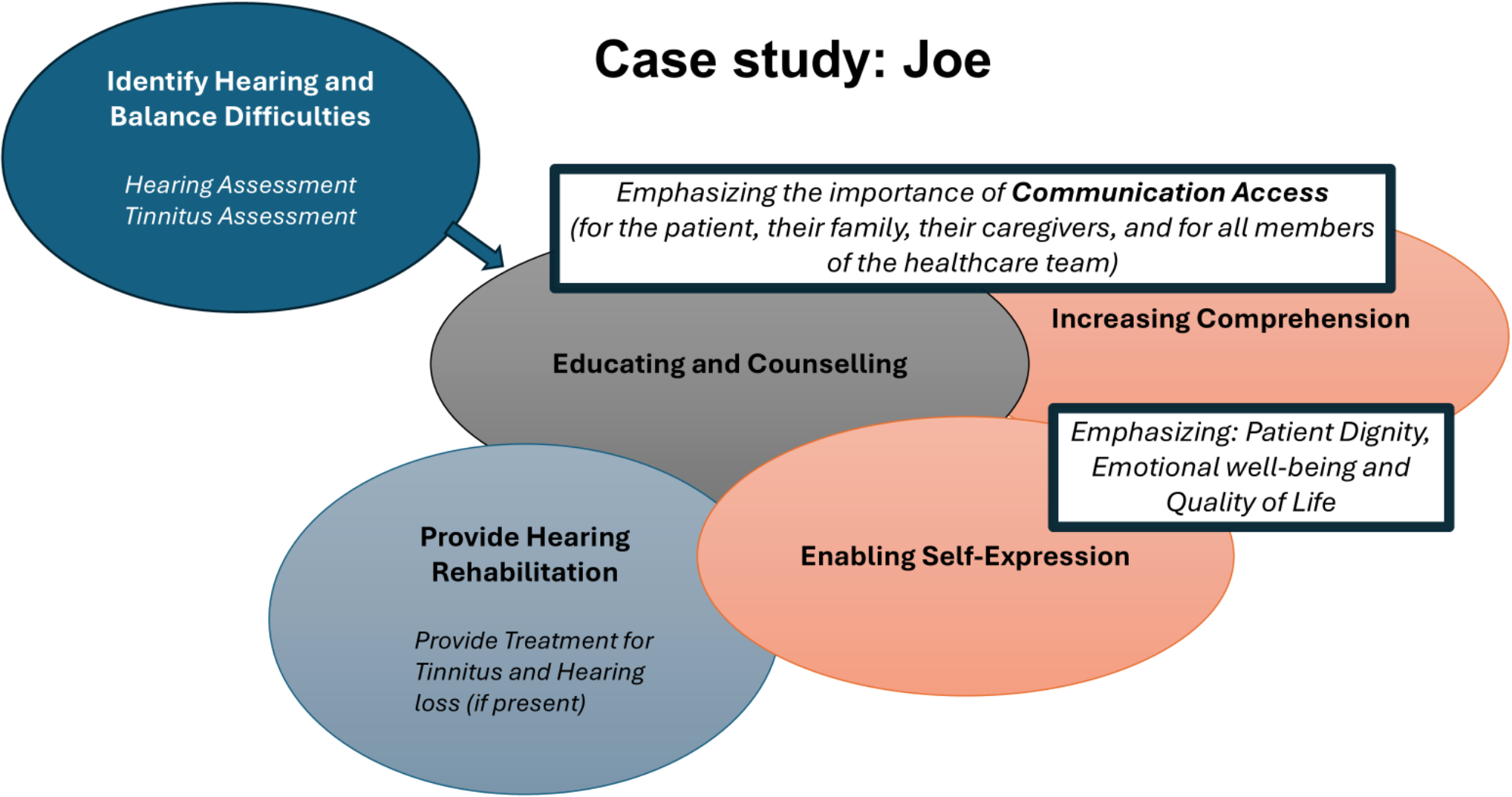
Possible causes:



The infographic lists six possible causes of tinnitus, each with a corresponding icon: Hearing loss (orange person with sound waves), Noise exposure (blue speaker), Ear disease (blue ear), Cardiovascular issues (black heart with red ECG), Stress (yellow head with brain), and Medications (green pill bottle).

Tinnitus is a symptom, not a disease.

Case study: Joe



Quote from a Palliative Care Physician at Sunnybrook Hospital in Toronto, ON:

“Audiology services have honestly been life-changing at the end of life for some of our patients. Many patients have shared that because of audiology interventions, they were able to hear the voice of their loved one for the first time in years, or engage in music therapy near the end of their life. Some families shared that due to barriers to accessing appropriate hearing devices prior to coming to our unit, their loved one had not been able to engage in conversations about their own health nor were they able to express wishes about end of life, and that it was incredibly dignifying for their loved one to be part of their own health care conversations now. The support and interventions offered by the Audiology team have been imperative to the quality of life and comfort for our patients in the Palliative Care Unit.”

Case based discussion

Case study: Joe

- Joe is an adult male, 45 years of age. He values his role as a father of two young children, and considers himself a good husband, happily married for 10 years. Joe works as a Chief Financial Officer for a large multinational corporation. He has a positive relationship to his work. His insurance and pension provide excellent coverage, so Joe feels assured his home can be adapted to meet his needs and that his family will be taken care of.
- Joe lives on an acreage in a smaller community outside of Calgary and commutes to downtown for work.
- Joe developed a lump on his neck about three years ago. His only symptom was a sore throat. A biopsy taken was positive for Epstein-Barr Virus (EBV) and on further investigation, a cancerous nasopharyngeal mass was found. From time of diagnosis a palliative approach was implemented involving the interprofessional team including physiotherapists, speech language pathologist, audiologists and occupational therapists to meet Joe's comprehensive and changing needs. Joe underwent immediate radiation and ongoing chemotherapy, but the cancer was very aggressive. The cancer spread to the lymph nodes in his neck, and were recently found in his tongue, lungs and in his brain. Joe has entered the advanced stage of his disease progression, it is believed he may have up to 6 months to live.

Joe's symptoms have worsened, including:

- Full body edema making it difficult to walk up the stairs and to grasp and use small objects in his hands;
- Difficulty with swallowing, managing hard foods;
- Reduced taste and smell;
- Dry mouth and salivary issues;
- Difficulty being understood when speaking;
- Memory issues and high fatigue;
- Mood changes including overwhelming feelings of sadness followed by overwhelming feels of appreciation and gratefulness;
- Ringing in his ears and difficulty following auditory conversations and video content.

Q & A



Session Wrap Up

- Thank you for joining us!
- Please fill out the feedback survey following the session—a link has been added into the chat!

Thank You



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