

# Clinician Follow Up Reference for Supportive Care

## Physical Activity –

### Normal and Mild Total Score

| Start With<br>adding answer scores<br>to get Total Score  | Approach   | Next Step  | Timing  |
|---|--|--|---|
| <p>Total of 5 Screening Tool Physical Activity Answers:</p> <ul style="list-style-type: none"> <li>Without any difficulty (+1)</li> <li>With a little difficulty (+2)</li> <li>With some difficulty (+3)</li> <li>With much difficulty (+4)</li> <li>Unable to do (+5)</li> </ul> | <p><b>Total Score of 0 – 9 = Normal</b></p> <ul style="list-style-type: none"> <li>Patients scoring within the category of “Normal”</li> <li>Does not need to be assessed further</li> <li>No follow-up referral</li> <li>Inform patient about future routine screenings</li> </ul> <p><b>Total Score of 10 – 14 = Mild</b><br/>For Total Scores &gt;14, see Physical Activity Moderate/Severe Follow Up</p> <p><b>Options/Recourse</b></p> <ul style="list-style-type: none"> <li>May not need in-depth assessment</li> <li>Assess ECOG Performance Status</li> </ul> <p>General, intuitive strategies that can be suggested to patient:</p> <ul style="list-style-type: none"> <li>Lifestyle modifications</li> <li>Realistic expectation management</li> <li>Discuss:               <ul style="list-style-type: none"> <li>pacing</li> <li>delegating</li> <li>limiting naps and sleep hygiene</li> <li>fatigue-inducing medications/timing</li> <li>chemotherapy expectations</li> </ul> </li> </ul> | <p>Refer to Physician/APN or Nurse</p> <p>Advise PT/OT if already involved</p> <p>Social Worker or Case Manager</p> <ul style="list-style-type: none"> <li>Can assess but should route back to Nurse or Physician/APN</li> <li>Could offer caregiving resources and durable medical equipment resources if necessary</li> </ul> <p>Share Patient Links and Handouts as appropriate</p> <p>See Reference Links below for additional information</p> | <p>Discuss same day or Routine- within 1 week</p> |

## Notes

**Stages I-III:** Teach that fatigue may be a symptom throughout treatment and even in survivorship. Discussion with oncologist regarding causes and acceptable levels of fatigue. Early consideration for rehab to improve QOL. Review importance of activity in improving survival. Review that some retrospective studies in certain cancers demonstrate that vigorous physical activity may improve survival and how he or she tolerates therapies.

**Stage IV:** Teach the patient and family about expectations going forward, managing and balancing rest with nap limits ensuring a good sleep-wake cycle. Educate on opioid-related fatigue (expectation that fatigue will always increase with medication increase, improvement may happen over time). Set realistic expectations and goals. Limiting activity may be more important as fatigue progresses.

**Geriatric:** Reduced physical activity more common in this population. Geriatric patients tend to overstate how well they are doing on physical function questionnaire screening. Patients 65 – 74 consider basic physical ability screen, (e.g. [FTSST](#)) for possible physical therapy referral and for Patients 75 and over, screen for physical ability (e.g. [FTSST](#)). Increased sleep can be trigger for depression or cognitive issues. If suspect loss of physical activity may be due to cognitive issues, screen with Mini-Cog™.

## Patient Links and Handouts:

- > [American Cancer Society, Physical Activity and the Person with Cancer](#)
- > [Cancer.net, Coping with Changes to Your Body as a Young Adult](#)
- > [Cancer.Net, Physical Activity and Cancer Risk](#)
- > [NIH, Keep Up with Your Daily Routine](#)

CSOC Patient Handout can be accessed at:  
<http://cancer-help.me/being-active>

## References:

- > [Clinical Implementation of Exercise Guidelines for Cancer Patients: Adaptation of ACSM’s Guidelines to the Italian Model](#)  
Stefani, Laura et al. “Clinical Implementation of Exercise Guidelines for Cancer Patients: Adaptation of ACSM’s Guidelines to the Italian Model.” (2017).
- DME Resource [Devices 4 the Disabled](#)