

The Role of the Physiotherapist

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- The Physiotherapist on the Regional Head and Neck Cancer Centre works closely with the Nurses, Doctors and other members of the multi-disciplinary team (MDT) to provide holistic care for the patient.
- The role of the Physiotherapist is to assess each individual to identify their problems and to establish aims of treatment, thus devising an individual treatment plan.

Pre-Operative Assessment

- The majority of patients undergoing surgery for head and neck cancer will be assessed by the Physiotherapist prior to their operation.

This is in order to establish a good relationship with the patient and also to discuss post operative treatment plans.
- During this assessment the Physiotherapist will normally examine your chest, your neck and shoulder movements, and also your general mobility levels.

This is also a time for the patient to ask the Physiotherapist any questions you may have about your post-operative recovery.

Post-Operative Assessment

- All patients will be assessed the day after their operation, whether that is on the Critical Care Unit or on the ward, and will be treated daily until the patient is either discharged or no longer needs Physiotherapy input.
- The treatment given will comprise of chest clearance exercises, neck and shoulder exercises, donor flap site exercises and general mobility rehabilitation.

Chest Clearance Exercises

- Many patients undergoing surgery for head and neck cancer will require a temporary breathing tube (tracheostomy) to help with their breathing.

Whilst this tube is in place, and also when removed, patients will be taught breathing exercises in order to clear any excess secretions off their chest.
- Patients will also be taught techniques on how to effectively cough and clear secretions through their tracheostomy tube, and advice on how to use additional suction to clear secretions.
- Maintaining a clear chest is very important in the first few days following surgery so patients will be expected to continue with their breathing exercises on a regular basis during the day.

Neck and Shoulder Exercises

- As a long neck incision is often made during surgery patients will need advice on exercises to ensure a maximum recovery of their neck and shoulder movements.
- All patients' neck and shoulder movements will be assessed to establish any weaknesses that may be present and therefore to plan what specific exercises should be carried out.
- In some cases weaknesses may persist until the day of discharge from hospital therefore further out-patient Physiotherapy may be arranged at your local hospital.
- Exercise and advice sheets will be given to all patients so they are able to follow the specific exercises taught.

Donor Flap Site Exercises

- In the majority of patients an area of tissue or bone may be used to reconstruct the inside of your mouth where the cancer was removed.
- Common flap sites include the back of the forearm (radial forearm free flap), the shoulder blade (scapula), the rim of your pelvis (DCIA), and the fibula bone in the lower leg.
- Whatever flap site is used this will need to be exercised, again to restore all the movements you had prior to surgery.
- Specific exercise sheets will be given to each patient depending on what flap site is used, so that the patient can continue with their exercises when the Physiotherapist is not present.

Mobility Rehabilitation

- Most patients will want to get back onto their feet as soon as possible, and as Physiotherapists we agree with that too.
- After your operation you will be encouraged to sit out in a chair, often on the second day after your operation.
- From here the Physiotherapist will be able to progress your mobility daily, which may initially require the use of a zimmer frame or walking aids, until you reach a stage where you are able to walk safely by yourself.
- Prior to discharge you may also require a 'stair assessment' to ensure that you are both safe and confident mobilising up and down stairs when you return home.

Discharge Advice

- When you are ready for discharge your Physiotherapist will be able to advise you as to what exercises you should or should not be doing, advice about lifting heavy objects, and also issues regarding driving.
- If you require ongoing Physiotherapy following discharge from hospital then your Physiotherapist will refer you to your local hospital for treatment.

Further information:

For any further information feel free to contact your Physiotherapist;

Ruth Price/Barry Scott
Specialist Head and Neck Physiotherapist

Telephone Number: 0151 525 5980
and ask for Bleep 3335

Or;

0151 529 5195 (Ward 29)

0151 529 5239 (Ward 28)

www.headandneckcancer.co.uk

Merseyside Regional Head and Neck
Cancer Centre

www.csp.org.uk

The Chartered Society of Physiotherapy



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