



PT *for* ME?

By Marcia Gurche



Wait! I'm confused! I'm a cancer survivor and I'm telling you I'm fatigued and you're telling me I need to exercise. How does that make sense? If I'm tired, I can't make myself go out and exercise, can I? This was just one of the questions addressed during **Deb Doherty's** enlightening presentation to our group about the "*Common Adverse Effects of Ovarian Cancer Treatment and PT Intervention.*"

Deb Doherty, PT, PhD, is a physical therapist who specializes in the treatment of persons diagnosed with cancer. She shared with us how physical therapy is a quickly growing intervention for cancer patients. She mentioned that there are many physical therapists who are trained and work primarily with this patient population.

In answer to the original question regarding how to combat **fatigue**, Deb had some helpful and easy suggestions. Begin slowly, with 150 minutes a week of aerobic exercise, such as walking, and two days a week with some resistance training. It is best to begin at diagnosis, but it's *NEVER TOO LATE* to start. She suggested seeing a therapist to get a written prescription for an exercise program, and, if possible, get a personal trainer. Following the presentation, our members discussed how important it is to have an "exercise buddy" – even a remote one – who spurs you on and helps keep you motivated to get out and exercise.



One to One is devoted to the on-going support of those newly diagnosed, those in remission and those in recurrence.

100% of contributions directly benefit our group by providing activities and paying for expenses.

Donations are gratefully accepted and can be made by check payable to **One to One Ovarian Cancer Support Group** c/o Marilyn Brozovic 4793 Alton Dr. Troy, MI 48085

A receipt will be provided for tax purposes.

Peripheral neuropathy refers to nerve damage to peripheral nerves which can cause decreased functions of the hands and feet, and possibly lead to an increase in falls. Peripheral neuropathy can affect the following:

- Sensory nerves of the hands and feet
- Balance
- Rectal nerve (incontinence)
- Phrenic nerve – diaphragm (shortness of breath)



Peripheral neuropathy may be caused by some chemotherapies and can have various symptoms: pain/pressure; tingling/numbness; swelling; weakness; balance issues; hearing loss; incontinence; shortness of breath.

Chemo-induced peripheral neuropathy can be addressed as follows:

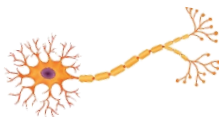
Prevention: use cold packs on the hands and feet during infusion.

Treatment: education; exercise – extremities/ breathing/pelvic floor; capsaicin cream for hands and feet; massage hands & feet.

Deb explained that **muscle weakness** is a decreased strength in the arms, legs and trunk/core with postural and functional difficulty. It is caused by sedentary behavior due to adverse effects of treatment like fatigue, depression and anxiety, pain, insomnia, weight loss/gain, loss of muscle mass and diminished appetite. Physical therapy can help with weakness, through education and resistance exercise, depending on the patient's status. Use of gravity and body weight; yoga/Pilates; stability ball; bands; ankle/hand weights and machines can all combat muscle weakness and help build up strength over time.

Ovarian cancer patients who are treated with radiation often experience **Radiation Induced Fibrosis (RIF)** or **Radiation Fibrosis Syndrome (RFS)**, which can appear four to twelve months after treatment and may progress over several years. The resulting problems can include:

- A loss of elasticity, shortening and contracture in muscle/connective tissue/tendons/ligaments/fascia
- Decreased movement of joints
- Nerve damage & pain
- Lymphedema



RIF/RFS can be addressed through *patient education; prehab (preventive therapy); stretching and strengthening exercises; postural exercises; manual therapies (myofascial release, manual stretching and massage)*

Another important issue is **pain management**. For a person undergoing cancer treatment, pain may refer to unexpected flareups not controlled by medicines, lasting up to an hour, or cancer pain syndrome, which is due to the actual tumor or its treatment, such as in neuropathic pain. Pain management involves the following: *education; exercise; manual therapy; relaxation techniques; yoga; meditation.*

Lymphedema occurs when the lymphatic system gets damaged and it cannot adequately remove water and proteins, causing swelling in the extremities and trunk. Currently there is no cure but if left untreated, it will progress. Lymphedema may be caused by malignant tumors, surgery, radiation, trauma, infection and immobility. Management includes: *education; manual lymph drainage; exercise; compression wraps/leggings.*

Pelvic Floor Dysfunction is caused by exposure to chemotherapeutic drugs and radiation. It can cause:

- Muscle/ligament weakness
- Irritation
- Incontinence of bladder and bowel
- Decreased sexual function
- Decreased quality of life



Pelvic floor dysfunction is treated most often by referral to a Pelvic Floor Physical Therapist, along with the following: *education; manual therapy; exercise.*

Cardiotoxicity is physical damage to the heart muscle tissue due to exposure to chemotherapy and/or radiation. It is treated by: *150 minutes per week of aerobic exercise; two days a week resistance exercise; flexibility training daily.* It is best to begin a program at diagnosis, but once again, it's *never too late* to start and it will assist in decreasing fatigue. Have a physical therapist write a prescription for an exercise program, join a gym or get a personal trainer.

Lastly, **Cancer Related Cognitive Impairment (CRCI)**, commonly referred to as “Chemo Brain,” manifests itself in various ways:

- Trouble concentrating, focusing, or processing information
- Difficulty remembering things, names, or a word that you use regularly
- Difficulty with problem-solving, organizing and multitasking
- Can cause fatigue, anxiety and depression



To combat CRCI you can *train yourself to make lists and keep a calendar and use memory tools.* Once again, *exercise* is invaluable to help overcome the side effects of the chemotherapy or radiation.

You probably noticed that *education* and *exercise* were repeated over and over in Deb's presentation. It is imperative that we understand what is causing us to feel a certain way in order to figure out how to combat the culprit.

We are so appreciative of Deb for her time and informative presentation and for generously sharing her slides with us. Is PT for YOU?

Deb Doherty is an instructor at Oakland University and our *One to One* group has had the privilege of working with the physical therapy students there on many occasions. They have generously come and put on informative, interactive seminars for us and shared a great deal of helpful tips. There is no need to suffer with side effects from chemotherapy or radiation - a good physical therapist is just a phone call away.

The Stress – Cancer

CONNECTION



Barry Bittman, MD, is a neurologist, author, international speaker and researcher who presently serves as a national healthcare consultant.

In the September 2003 issue of our *One to One* newsletter, we printed excerpts from an article Dr. Bittman wrote, in which he described a study done by Italian researchers. The study's intention was to help understand why certain anti-tumor therapies often fail to control cancer. Here is a portion of our 2003 newsletter article:



Very briefly, the study was conducted in two phases, using two groups of mice. The first phase consisted of injecting the mice with lung tumor cells to create metastasis. Mice in the control group were untreated, while mice in the experimental group were given a chemotherapy agent known to be effective against the tumor cells. Results were straightforward. The control group all had detectable tumors, while the experimental group had none after treatment with the chemo agent.

Now for phase two. Here, both groups of mice received injections of the tumor and were treated with the chemo agent. The control group this time was just treated with the drug, while the experimental group received the drug and was exposed to “restraint stress,” whereby the mice were restrained for one hour a day during each day of treatment. So, both groups of mice were treated in precisely the same way with chemotherapy, while only one group was exposed to stress. Dr. Bittman reports that “The scientists demonstrated that survival time was extended in all members of the control group treated with Cytoxan, and four out of 17 mice were actually cured. For the mice that additionally experienced restraint stress, the beneficial effects of Cytoxan were completely abolished, and survival was reduced to the level observed in the non-treated group with tumors.”

Bottom line, Dr. Bittman states that “the results suggest that restraint stress negatively impacts immune responses that are capable of preventing tumor growth and spread.” The research shows that the anticancer effects of a drug depend on more than just the drug itself – our immune response plays a major role as well. Dr. Bittman, who is a strong proponent of “whole person” care, feels that the medical establishment’s approach to retreatment of cancer patients must change. He says, “it is senseless to develop cancer treatment strategies without including approaches for helping individuals to reestablish a sense of peace of mind through stress reduction and coping techniques.” He goes on to say that scientific evidence supporting the links between mind, body, and spirit continues to shed new light on our understanding of maintaining and reestablishing the gift of a healthy life.

We should never underestimate the power of the mind, body, and spirit connection in fighting cancer. Our One to One members are well aware of this power and make use of it every time we meet and on special occasions, such as our yearly weekend getaway.

This seems like a perfect segue into our invitation to our Annual Girls’ Getaway Weekend (see next page!)

It should be noted that since the original article was written, the medical community has come a long way in recognizing the importance of alternative modalities in combination with traditional treatments, as evidenced by the addition of Alternative Medicine departments to most major health care systems in recent years.

Girls Getaway weekend

Our *Girls' Getaway Weekend*, sometimes also referred to as "Me, Myself & I Weekend," is just what the doctor ordered in terms of helping reduce stress in our lives. It is geared to help us relax, refresh, and reconnect in a peaceful and stress-free environment. We invite you to join us and leave the world behind for a couple days over Labor Day weekend, and enjoy some time filled with sharing, fun, creating and laughter.

This year we will be holding our special event at the *St. Paul of the Cross Retreat Center* on Schoolcraft Rd. in Detroit. Whether you come alone or invite a friend, a sister, a mother or a daughter to accompany you, you will enjoy the comfortable and private rooms with private baths, delicious meals and a selection of interesting, optional sessions to attend. The grounds are tranquil with walking trails and landscaped gardens. In all the years we have been hosting the retreat, we have seldom experienced inclement weather. Massages will be available, and the meals are especially tasty -- what more can you ask for?

Leaving the retreat center on Sunday morning is always difficult, but the deep friendships we depart with and the renewed spirit and body we possess helps us go on to face whatever awaits us in our everyday lives.

Look for more information regarding our "Girls Get-Away Weekend" in the next edition of the newsletter. In the meantime, save the date: **September 3 – 5, 2021.**



Please join us for our ZOOM meetings at 4:30 pm on the second and fourth Thursdays each month.

* April 8 and 22 *

* May 13 and 27 *

* June 10 and 24 *

An email will be sent to everyone four days prior to each video support group meeting asking if you would like to participate. A separate email with a link will be sent to those who reply one day prior to the meeting.

I finally ~~did~~ it!
Bought a new pair of shoes
with memory foam insoles.
No more forgetting why I
walked into the kitchen.



If your SURVIVORSary is missing, we did not receive an updated form from you.

Please contact Marilyn Brozovic via email: brozovicm87@gmail.com

Newsletter information is presented in summary form, is general in nature and provided for informational purposes only. It is not intended in any way to be a substitute for professional medical advice, diagnosis or treatment.

HAPPY SURVIVORSary!



Suzanne Kauffman	23 years!
Michelle Shepherd	17
Barb Livingston	16
Patti Pfaendtner	9
Arlene Beyma	5
Kathy Dominczak	5
Pam Peplinski	1

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Objectives of support group:

- ◆ Provide a forum for ovarian cancer patients to address concerns;
- ◆ Support each other through initial treatment phase, during potential recurrence, and with issues related to long term survival;
- ◆ Establish core group of survivors willing to visit newly diagnosed patients;
- ◆ Increase awareness of ovarian cancer, including its symptoms and risk factors, in the hope of achieving earlier detection and treatment.