The role of the physiotherapist in palliative care: a narrative review

O papel do fisioterapeuta no cuidado paliativo: uma revisão narrativa

DOI:10.34119/bjhrv4n4-274

Recebimento dos originais: 23/07/2021
Aceitação para publicação: 23/08/2021

Tuane Sarmento
Especialista em Urgência, Emergência e Cuidados Intensivos pelo Programa de Pós-Graduação em Residência Multiprofissional do Hospital Regional de São José Doutor Homero de Miranda Gomes – HRSJHMG – São José (SC), Brasil.
Instituição: Universidade do Estado de Santa Catarina (UDESC)
E-mail: tuanesarmento@gmail.com

Alice Henrique dos Santos Sumar
Doutoranda no Programa de Pós-Graduação em Ciências Médicas da Universidade Federal de Santa Catarina – UFSC – Florianópolis (SC), Brasil
Endereço: Rua. Adolfo Donato da Silva, s/n - Praia Comprida, São José (SC), Brasil, 88103-901.
E-mail: alice.sumar@gmail.com

ABSTRACT
Introduction: The physiotherapist plays a key role within the context of the palliative care (PC), acting at all levels of care, promoting pain relief, encouraging independence, among many other benefits that directly reflect the quality of life of patients. Objective: To identify the role of physical therapists in PC, as well as their main conducts according to each phase of the disease progression. Method: Bibliographic search based on searches in MedLine databases, CAPES and LILACS journals between 2000 and 2020 using the keywords: palliative care; physiotherapy; quality of life. Results: For totally dependent individuals, it is important to provide comfort, prevent immobility and its complications, as well as optimize the respiratory system. For the dependent but ambulant patient, the main purpose of the physiotherapist is to maintain the ability to move, as well as self-care and functionality. In relation to independent but vulnerable individuals, the biggest challenge is to prevent damage, as well as improve functional capacity and gain muscle strength. For each degree of functionality, a list of physiotherapeutic behaviors was arranged, divided into three categories: respiratory, motor and comfort. Conclusion: The physiotherapist is an essential professional within the context of PC, it is through him that the individual's functionality is increased or maintained. According to the literature, the measures do not farmacológic the are also able to promote pain relief providing comfort, reflecting the increased quality of life and well-being of the patient as a whole.

Keywords: Palliative Care, Physiotherapy, Quality of life.

ABSTRACT
Introdução: O fisioterapeuta desempenha um papel fundamental no contexto dos cuidados paliativos (PC), atuando em todos os níveis de cuidados, promovendo o alívio da dor, incentivando a independência, entre muitos outros benefícios que refletem diretamente a
qualidade de vida dos pacientes. Objetivo: Identificar o papel do fisioterapeuta no PC, assim como suas principais condutas de acordo com cada fase da progressão da doença. Método: Pesquisa bibliográfica baseada em pesquisas em bancos de dados MedLine, revistas CAPES e LILACS entre 2000 e 2020 usando as palavras-chave: cuidados paliativos; fisioterapia; qualidade de vida. Resultados: Para indivíduos totalmente dependentes, é importante proporcionar conforto, prevenir a imobilidade e suas complicações, assim como otimizar o sistema respiratório. Para o paciente dependente mas ambulante, o principal objetivo do fisioterapeuta é manter a capacidade de movimentação, bem como o autocuidado e a funcionalidade. Em relação aos indivíduos independentes, mas vulneráveis, o maior desafio é evitar danos, bem como melhorar a capacidade funcional e ganhar força muscular. Para cada grau de funcionalidade, foi organizada uma lista de comportamentos fisioterapêuticos, dividida em três categorias: respiratória, motora e de conforto. Conclusão: O fisioterapeuta é um profissional essencial dentro do contexto do PC, é através dele que a funcionalidade do indivíduo é aumentada ou mantida. De acordo com a literatura, as medidas não farmacológicas também são capazes de promover o alívio da dor proporcionando conforto, refletindo o aumento da qualidade de vida e do bem-estar do paciente como um todo.

Palavras-Chave: Cuidados Paliativos, Fisioterapia, Qualidade de vida.

1 INTRODUCTION

Palliative care (PC) can be defined as an approach applied to people who have an incurable and irreversible disease. The care provided by a multidisciplinary team is capable of achieving an improvement in the quality of life of patients and their families, through the prevention and relief of suffering. PC identify early, assess and carefully treat aspects of pain, biopsychosocial and spiritual, thus promoting comfort (WHO, 2017; WHPCA, WHO, 2014; ROBINSON, 2017).

Unfortunately many patients in CP experience symptoms such as fatigue, muscle weakness (Kuhara, 2009), pain, anxiety and dyspnea, which in turn can lead to physical suffering, ps e chemical and spiritual. It is up to health professionals to actively seek to control each symptom in order to remedy or reduce as much as possible the discomfort suffered by patients (TAVARES, 2012).

As the disease progresses, comfort actions must gradually surpass curative measures. However, regardless of the severity of the disease, palliative care should start its conduct as soon as possible, ideally at the time of the patient's diagnosis, so that it is possible to provide comprehensive care to the individual at an early stage (WHO, 2017; WHPCA and WHO, 2014).

The physiotherapist has a fundamental role within this context, and is often underused (Putt, 2017). He is a qualified professional to encourage and provide
movement and responsible also for promoting al í saw the pain and suffering, through specific techniques, stimulating the patient to be more active than their enable capacity, which can reflect directly on the quality of life and your well-being. By means of individual questionnaires and ratings are able to develop a specific treatment plan. According to the physiotherapeutic diagnosis report, it is able to apply treatment plans with a wide range of techniques, therapies and resources (TAVARES, 2012).

The aim of this study was to identify the role of physical therapists in PC, as well as their main conduct according to each stage of disease progression. Therefore, it is expected to reveal greater elucidation of the role of this professional within the context of PC. In this sense, a non-systematic narrative review is presented in order to expose the main findings.

A literature search was carried out based on searches in MedLine databases (International Literature and Health), CAPES and LILACS (Latin America and Caribbean in Health Sciences) databases between 2000 and 2020 using the keywords: care palliatives; physiotherapy; quality of life. Articles that refer to pediatric practices were eliminated.

Physiotherapeutic approaches can be guided according to the patient's degree of dependence, as well as their progression of functionality. It can be classified into three phases: I. Totally dependent; II. Dependent yet wandering; and III. Independent (PERRACINI, 2000; TAVARES, 2012).

I. Fully dependent

For patients who need complete assistance for activities of daily living (ADLs), the physiotherapist’s objective is to provide comfortable postures, prevent immobility and its complications, maintain range of motion (ROM), optimize the functioning of the breathing system, avoid the formation of edema, avoid the accumulation of pulmonary secretions that generate discomfort, promote pain relief or pressure injury, and once installed, one should try to reduce as much as possible its negative impact (Tavares, 2012). At this stage, it is important that the main focus is on comfort, with physical therapy being able to promote it through non-pharmacological measures (Pils, 2016). Any physical therapy conduct that may cause pain or discomfort to the individual must be reassessed and discussed regarding its cost-effectiveness (TAVARES, 2012).

From the recognition of the objectives of physiotherapy at this stage, it is possible to find appropriate approaches, which can be divided into categories: respiratory,
motor and comfort. The proposals can be found in the literature, verified as shown in Table 1.

Table 1. Physiotherapeutic conducts for totally dependent individuals according to performance groups

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Motor</th>
<th>Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>● breathing exercises</td>
<td>● passive or active-assisted myolymphokinetic exercises</td>
<td>● exchange of decubitus</td>
</tr>
<tr>
<td>● bronchial hygiene maneuver</td>
<td>● passive triple-bending exercise</td>
<td>● exchange of placements and environments</td>
</tr>
<tr>
<td>● lung re-expansion maneuver</td>
<td>● passive joint mobilization exercise globally</td>
<td>● use of cushions for positioning</td>
</tr>
<tr>
<td>● directed cough</td>
<td>● passive muscle stretches</td>
<td>● acupuncture</td>
</tr>
<tr>
<td>● exercise to strengthen the respiratory muscles (inspiratory and expiratory)</td>
<td>● mobilization of the neuromeningeal system</td>
<td>● cryotherapy</td>
</tr>
<tr>
<td></td>
<td>● lymphatic drainage or manual methods</td>
<td>● hot water bag</td>
</tr>
<tr>
<td></td>
<td>● Neuromuscular bands</td>
<td>● electrotherapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● massage therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● foot reflexology</td>
</tr>
</tbody>
</table>

Author's own production table, based on data taken from the literature.


Preventing immobility is essential since the relationship of the time variable is directly linked to the greatest aggravation of its negative effects. The longer the downtime, the greater the risk of deterioration of the respiratory, cardiovascular, neural systems, among others (DA SILVA, 2010).

Among the comfort features electrotherapy enables the use of transcutaneous electrical nerve stimulation (TENS), galvanic currents and currents interference that are intended to promote pain relief, being able to reduce the use of Cork, Ireland the ides and also reducing the use of morphine (Amaral, 2012), thus avoiding a possible chemical dependency (SOARES, 2007).

Some behaviors, such as proper positioning that optimizes comfort and stretching, for example, can be performed by family members, as long as they are instructed. These behaviors can be performed concomitantly with physiotherapy.
II. Dependent but wandering

At this stage, the individual has a certain degree of limitation and needs external assistance to perform their ADLs, but they still have the ability to move around independently. The objective of the physiotherapist at this stage focuses on maintaining the ability to move, as well as self-care and functionality (Tavares, 2012). The physiotherapist must develop strategies in the search for the patient's empowerment in their ADLs (Dahlin, 2009). After adjusting the goals, it is possible to find appropriate behaviors that are illustrated in Table 2.

Table 2. Physiotherapeutic conducts for dependent but ambulant individuals according to performance groups

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Motor</th>
<th>Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>● breathing exercises</td>
<td>● home and community gait training</td>
<td>● acupuncture</td>
</tr>
<tr>
<td>● bronchial hygiene maneuvers</td>
<td>● posture transfer training</td>
<td>● cryotherapy</td>
</tr>
<tr>
<td>● lung re-expansion maneuvers</td>
<td>● walking aid devices</td>
<td>● hot water bottle</td>
</tr>
<tr>
<td>● directed cough</td>
<td>● suitability of tasks for AVDs;</td>
<td>● electrotherapy</td>
</tr>
<tr>
<td>● respiratory muscle strengthening exercise (inspiratory and expiratory)</td>
<td>● global mobilization</td>
<td>● massage therapy</td>
</tr>
<tr>
<td></td>
<td>● coordination and balance exercises</td>
<td>● reflexology</td>
</tr>
<tr>
<td></td>
<td>● muscle stretching</td>
<td>● myofascial release</td>
</tr>
<tr>
<td></td>
<td>● elimination of risk factors for falls</td>
<td></td>
</tr>
</tbody>
</table>

Author's own production table, based on data taken from the literature.


Indicating and carrying out constant reassessments of the proper use of assistive gait devices are competences of the physiotherapist, in addition to providing guidance to the patient and their families. The correct use of the device is closely related to preventing the occurrence of falls, drastically reducing the number of incidents and its inherent complications (GLISOI, 2012).

According to Jeyaraman (2010), when performing physiotherapy, it is possible that patients themselves report feeling an improvement in their quality of life with high
frequency, this is because there is often a gain in functional capacity and, as a consequence, an increase in independence.

### III. Independent

At this stage, there are fully independent functional individuals, but with vulnerability due to their disease. The main objective at this stage is to delay the progression of dysfunctionality, that is, to prevent damage (Pils, 2016). The improvement of functional capacity and muscle strength gain are also objectives (Tavares, 2012). According to the study by Psyszora (2017), from the adoption of a physical therapy protocol, it was possible to reduce the severity of fatigue. This protocol, established by the author for three times a week, of 30 minutes each, lasting two weeks, in addition to reducing fatigue, there was also no progression of the disease or increase in the severity of symptoms.

From the proposed global physiotherapist goal it is possible to divide the pipeline in physiotherapy acting categories as Table 3.

<table>
<thead>
<tr>
<th>respiratory</th>
<th>Motor</th>
<th>Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>● respiratory kinesiotherapy; ● respiratory muscle strengthening exercise (inspiratory and expiratory)</td>
<td>● postural orientation ● gait training ● coordination and balance exercises ● muscle stretching ● kinesiotherapy to gain ROM and muscle strength ● ADL training ● aerobic exercises (ergonomic treadmill, static or dynamic bike, among others) ● walking aid devices, if necessary ● elimination of risk factors for falls</td>
<td>● acupuncture ● cryotherapy ● hot water bottle ● electrotherapy ● massage therapy ● reflexology ● myofascial release</td>
</tr>
</tbody>
</table>

Table 3. Physiotherapeutic conducts for independent individuals according to performance groups

2 CONCLUSION

In this study, the wide variety of physiotherapeutic approaches for every objective outlined according to the degree of physical dependence of each patient undergoing PC were described. The physiotherapist is an essential professional within the context of this context, it is through him that there is an increase in functionality or maintenance of bodily functions. Through non-pharmacological measures, it is also able to promote pain relief, providing comfort, thus reflecting an increase in the quality of life and well-being of the patient as a whole.
REFERENCES

AMARAL, JIM The impact of physical therapy on the quality of life of cancer patients hospitalized in palliative care . 2012. Dissertation (Masters) - Faculty of Medicine, University of Porto, Portugal, 2012.


