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A Breath of Fresh Rehab

Reducing back pain with Pilates' breathing techniques

Therese McNerney, PT, CPI

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Recovery and Discovery

For complete breast cancer rehabilitation,
don't neglect the powerful role of exercise

by Annie Toglia, MES, CSCS, ACSM

Nearly 8 years have passed since I was diagnosed with breast cancer. The initial surgery, mastectomy, and transverse rectus abdominis muscle (TRAM) flap reconstruction led to years of adjuvant therapies and additional surgical procedures. I still need occasional follow-up visits with my PT, Meryle Richman, MS, PT, for myofascial release or craniosacral therapy to relieve ambient pain from scarring and skeletal misalignments.

During my early therapy, I developed a personal exercise regimen that I integrated with my long-term physical therapy. At first, my Oncology Nurse Practitioner and friend Cynthia L. Teepie,

This validation from PTs and others empowered me to forge ahead, write a book, and create a Web site. As the book evolved, medical professionals invited me for in-services. Eventually, we organized full-day conferences that encompassed every nuance of breast cancer rehabilitation.

My therapists and medical practitioners generously share their time and speak at these conferences to spread the word about the merits of exercise in combating breast cancer. During their presenta-

I would often find myself 'imported' or 'exported' to nearby chairs during chemotherapy sessions to counsel new breast cancer patients about exercise or quality-of-life issues.

tions, the audience typically hears that more research is needed, but all studies to date point toward the positive contribution of exercise.

When I was completing my book, *Staying Abreast, Rehabilitation Exercises for Breast Cancer Surgery*, I invited Cindy Teepie to write the forward, because she shares my belief that patients' quality of life should be as important as the treatments they receive. Cindy recognized that my personal exercise regimen, along with my commitment to long-term physical therapy, was a major component of my recovery.

The program I developed begins with phase 1 (immediately postsurgery), continuing to phase 2 (4 to 6 weeks after surgery), phase 3 (6 to 10 weeks), and phase 4 (10 weeks). However, there is no "exact" formula for exercise prescription after breast surgery. Instead, this is a fundamental plan for patients who do not experience surgery/treatment-related complications.

My most important recommendation is that all postsurgery patients be evaluated by PTs who are well informed about various breast surgeries, methods of reconstruction, adjuvant therapies, lymphedema prevention, and specific safety guidelines for exercise rehabilitation. Never underestimate your impact as knowledgeable and caring PTs. Give patients the kind of support and care that I received—the kind that helped save my life. ❖

Annie Toglia, MES, CSCS, ACSM, is a medical exercise specialist and a strength training consultant. Toglia is the author of Staying Abreast, Rehabilitation Exercises for Breast Cancer Surgery. She can be reached through her Web site: www.stayingabreast.com.



seemed skeptically "amused" by my endless cycles of physical therapy and exercise with fitness balls and resistive bands. However, as she and her colleagues watched my physical condition improve, they began to refer patients to me for fitness consultations. I would often find myself "imported" or "exported" to nearby chairs during chemotherapy sessions to counsel new breast cancer patients about exercise or quality-of-life issues. My surgeons encouraged me to design my own program by combining my academic knowledge with my personal experience.