

Exercising with Cancer and into Remission

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National Health Guidelines

this is not specific to cancer

- 150min of moderate intensity activity per week
- 2-3 resistance exercise sessions per week (1 round of 8-10 exercises)
- 5-10 min of stretching 3 days a week (4)



Flexibility & Mobility

Mobilisation stretching and flexibility is conditioning that addresses limiting elements to joint ROM.

Performing these exercises daily ease tightness and scarring that limit lymphatic flow, decrease pain, affected joint(s) ROM and improves posture.

Mindful breathing through stretching can increase positive results. (1)



HIIT & Threshold Training

High Intensity Interval Training (HIIT) is highly taxing on the cardiorespiratory system and is **NOT** a recommended exercise modality for cancer patients due to a reduced cardiac and pulmonary function.



Common Barriers to Exercise & Summary

Most common barriers reported for PA and cancer is fatigue (78%), pain (71%), motivation (67%) and discipline (65%). Important to recognise these, support each other and modify exercise programs where necessary. (5)



Many studies show the benefits of physical activity during and post treatment as an effective mechanism of increasing efficacy of treatment, reducing pain and increasing quality of life.
It is recommended for the greatest results that both aerobic and resistance training should be combined during the week.

*Physical Activity has some **AMAZING** benefits for improving your health both during and after treatment. So lets see how we can stay safe while exercising.*

Aerobic Based Activity

Proven that 6wks of aerobic exercise has beneficial effects on cancer-related fatigue (post chemotherapy and/or radiotherapy)

Brisk walking and jogging is safe and advised both during and immediately post treatment. Build intensity as cardiorespiratory fitness increases.

Ideally, 5x per week, 15-30min @50-75% HRM (heart rate max). (3)



Resistance Training

Recommendation:

Start with warmup and follow by 8-10 exercises, starting at bodyweight and progressing from there

Strength work increases muscle mass and muscle endurance which will improve pain, function and balance, preventing further injury.



Acute Post-Surgical Implications

Psychological implications can include: anger, fear, depression and anxiety surrounding post surgical scarring and pain.

Physiological implications can include: site infection, pain, restricted range of motion (commonly shoulder ROM), hematoma, increased fatigue and lymphedema.



Movement is encouraged immediately post-surgery (beginning with 5-10min walking) to reduce the negative side-effects of these complications, however, affected joint ROM should be limited to avoid excessive pain and intensity should be reduced according to relative fatigue. (2)

- (1)Wilson, Donna J. (2017). Exercise for the Patient after Breast Cancer Surgery. *Seminars in Oncology Nursing*, 33(1), 98–105. doi:10.1016/j.soncn.2016.11.010
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- (3)Jarden M, Baadsgaard MT, Hovgaard DJ et al (2009) A randomized trial on the effect of a multimodal intervention on physical capacity, functional performance and quality of life in adult patients undergoing allogeneic SCT. *Bone Marrow Transpl* 43:725–737
- (4)Australian Government Department of Health. Australia's Physical Activity and Sedentary Behaviour Guidelines. <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines> Accessed: November 2021.
- (5)Romero, S., Brown, J. C., Bauml, J. M., Hay, J. L., Li, Q. S., Cohen, R. B., & Mao, J. J. (2018). Barriers to physical activity: a study of academic and community cancer survivors with pain. *Journal of cancer survivorship : research and practice*, 12(6), 744–752. https://doi.org/10.1007/s11764-018-0711-y

Sources