

[MUSIC PLAYING]

MARYANNE So we can get started. I don't have any disclosures, unfortunately. So I'm doing a little bit of a sort of brief
HENDERSON: literature review with some recent things that have come out, some online journals. And one of them was called "Soccer is Medicine."

And it basically talked about the effect of exercise-- take my badge off, sorry-- and what it did for it, not cancer patients, but for people with high blood pressure. And it actually had more of an effect in lowering blood pressure for people who have hypertension, but it also lowered it and people without it, but it was more effective than just their medication or whatever.

So they use soccer-- and this is a European study because it's very popular there. But they also used it because it's very cheap. It's not an expensive sport. You don't need a lot of equipment. So I think that it's just a small example of really what a little regular exercise can do-- that it doesn't have to be fancy. You just have to get moving.

I have a patient who some of the therapists in the audience know real well, who believed that her passion for cleaning her house was good enough exercise. And I don't disagree with Dr. March's comment about-- at least move if you can't get into formal exercise. But I also think that the kind of exercise where you get your heart rate up a little bit is really much more beneficial than just cleaning your house, which maybe for some people gets their heart rate up, but it doesn't for me.

So I have another article. And I think this is from May 16 of this year. So I think that's a typo. It should be March because I'm not psychic or I wouldn't need this job. And they found that leisure time physical activity was associated with a decreased risk of colon cancer, breast cancer, endometrial cancer, and you can read the rest. It also involved some of the blood cancers, cancers of the head and neck. And so there was an actual statistical significance with those in the top paragraph and an association with those in the bottom.

So again, another reason why we should be exercising more regularly. I think in this population of cancer patients that a lot of us treat, that there's an issue with cancer-related fatigue. And so you tell your patient you have to exercise, and they look at you like, I can't walk across the room without wanting to go back to bed. And it's challenging.

This is the last one that I have. And this is about pre-habilitation, so this is a pre-operative exercise program, and it reduced post-operative complication rates by 48% and decreased length of hospital stay by three days. So we all run into the insurance company doesn't want to pay for this kind of rehab, but they're willing to pay for you to stay in the ICU for another 10 days. So I don't get that. And I think a lot of this has to do with educating the people that are holding the purse strings.

So what is exercise? As Dr. March said, it's a lifestyle decision. It's a discipline. It can be adapted to your needs. It's associated with better sleep, better mood, and a pathway to better health. It's not torture. And I think I have a lot of patients who think-- I say, we're going to go to physical therapy, or we're going to go to rehabilitation, or I want you to walk 10 minutes a day, and it's like I'm stabbing them in the heart.

I don't tell people what I don't think they can do. And I know there are some therapists in the audience-- we have like minds. Generally speaking, not hazardous to your health. It should be a one of your activities of daily living. It should be just as ingrained in us as brushing our teeth when we get up in the morning or go to bed at night. And sometimes we just need to do it with therapy because people are frail or don't know how to pace themselves, and they are at risk to get injured.

So when do we want to work on exercise? Well, really, there is not a bad time. So I think if we know our patient has to go into surgery, pre-surgery, like the one literature review I just mentioned, can help decrease co-morbidities in the hospital, decreased length of stay. Personally, I feel pre-cancer treatment with chemo or radiation-- we need to see these patients at baseline and get information about them-- particularly, high risk patients.

So if I have a chemotherapy agent that's going to cause a peripheral neuropathy and I have a diabetic who already has a peripheral neuropathy, what do you think's going to happen? This person is going to be at much greater risk for more problems down the road. And well, I'm not going to say that because it will sound like I'm throwing someone under the bus.

But I think that it's really important to capture these people early on and actually pretreatment. Understand what's going on in their bodies and their other medical problems that are going to contribute to any complications they might get from their chemo or the radiation. And then we need to direct them to keep doing, even if it's easy gentle exercise after a procedure-- how to keep doing this at home safely.

There is a group of inpatient therapists sitting here, and they know that we do in hospital pre-, peri- post-. Get up and move the day of your surgery. There's no rest for the weary anymore. I remember my mother telling me when my sisters and I were born, she was in the hospital for two weeks and wasn't allowed out of bed for a week.

Now, you know, I had back surgery in 2010. And I had all these tubes and everything. And this little physical therapist came in at Presby, and said, we're going to-- and they were all being nice to me because they knew I was a doctor. But they didn't know what kind. And I had terrible nausea from the pain medicine. So I was overdosing on Zofran so they gave me Compazine, which just made me a jittery mess, and I was shaking in the bed.

And then the therapist came in, and she said, we're going to go for a walk. And I was like, there's no way. And she said, well, what kind of doctor are you? And I was like, ooh, I'm a rehab doctor, you know? And it was just mortifying. So I went for a walk.

[LAUGHTER]

And my back's great. So sometimes back surgery works. Not always, but sometimes.

So why do we exercise? You've heard a lot of this from people already today. You get a diagnosis. You get a plan for treatment. What you need to be in is optimal shape to go through whatever your process is or it's going to be. And really, the simplest, best way to do this is to walk. And if you can walk, like Dr. March said, with a buddy. If you can walk, take your dog for a walk. Just raise the bar a little bit for you.

I've dealt with some patients with really significant cancer-related fatigue. And I'm not going to say to them, you need to get on the treadmill for half an hour. You need to take a five minute walk and rest, and try to do that three times a day. And then try to raise the bar next week and do seven minutes. Just little gradual steps.

Because if I put them in a program where they're going to have to do an hour and a half of exercise a day, they're going to quit because they can't do it, or they go home and they collapse and they can't function. So that's where our great therapists come in to help us direct some of this.

So we've already talked-- there's many reasons for exercise, and a lot of different kinds of exercise that I think that the therapists I worked closely with really are fantastic at helping to direct the loss of function in this list that you can read. I'm not going to read them all to you.

So when I work with a skilled therapist, I say, physician-guided. Really, I have set my cleaning up so that I have a PT with me in clinic, which is awesome. Because then we just put our heads together, and what's the best place for them? Who's the best therapist? They know the people that are in our system, and there's also a number of multi-disciplinary clinics that are popping up.

And I'll use the head and neck clinic, for example. One of our therapists works there. There's a speech therapist. There's a dentist. There's an EMT doctor. So trying to get everybody to work as a team-- it's just so critical. And making it patient-focused not doctor-focused is really the most important part. And we need to see them regularly to make sure they're making progress or not falling backwards.

So exercise is good for your well-being, heart health, bone health, avoiding loss of independence, pain relief, maximizing-- same thing-- and improving quality of life. And you never know how strong you are until being strong is the only choice you have.