

Function and Movement for Patients with Breast Cancer

Definition and Requirements

The NAPBC-accredited program must develop and implement a protocol to do the following:

- Assess the physical functional status of patients with breast cancer at the start of treatment
- Recommend/refer patients to appropriate movement programming to address physical function during and after active therapy

This must be done for all patients with breast cancer receiving treatment, including surgical care, reconstructive surgery, medical oncology care, and radiation oncology care, at the NAPBC-accredited program.

Functional Assessment

The functional assessment may be performed by any member of the patient care team, including, but not limited to, medical assistants, physical therapists, occupational therapists, nurses, advanced practice providers, and physicians. The physical function assessments before the start of active therapy are communicated to the treatment team. The program determines how this information is communicated. For example, the functional assessment results may be included in the medical record or methods within the workflow that are visible to the treatment team.

The protocol for functional assessments must include the following elements:

- Timing of the functional assessment before the initiation of treatment
- Method of functional assessment utilized to assess patients with breast cancer

Functional assessments that meet compliance with this standard include but are not limited to:

- Objective testing (both upper and lower body tests must be done)

Examples:

- Upper body range of motion (ROM) testing
- Timed “Up and Go” test

OR

- Patient surveys (survey(s) on both upper and lower body must be done)

Examples:

- QuickDASH survey for upper body function
- Lower Extremity Function Scale

Both the upper and lower body must be assessed regardless of what tool is utilized.

If a patient had both an upper and lower body assessment within six months of diagnosis of breast cancer, the assessment does not need to be repeated by the NAPBC-accredited program.

The following tables provide examples of thresholds for the functional assessment to trigger recommendations for exercise or referral to physical or occupational therapy. If a patient has met the threshold for a physical or occupational therapy referral, the referral must be to physical or occupational therapy, even if other tests suggest recommendations for exercise. Referrals to physical or occupational therapy can be made onsite, online, or through community referrals and should occur during active therapy to address common symptoms and side effects.

Objective Testing

| | Physical/Occupational Therapy Referral | Exercise Recommendations |
|------------------------|--|---------------------------------------|
| Upper Body ROM Testing | Shoulder elevation <120 degrees | Shoulder elevation \geq 120_degrees |
| Timed Up and Go Test | \geq 12 seconds | <12 seconds |

Survey Testing

| | Physical/Occupational Therapy Referral | Exercise Recommendations |
|-------------------------------|--|--------------------------|
| QuickDASH | > 25 | \leq 25 |
| Lower Extremity Function Test | \leq 60 | > 60 |

Eastern Cooperative Oncology Group (ECOG) Performance Status and similar scoring systems, such as Karnofsky Performance Status, do not meet the measure of compliance for this standard.

Movement

Exercise is recommended for all patients during active breast cancer therapy, per guidelines from the American Society of Clinical Oncology. At a minimum, the NAPBC-accredited program must provide educational materials regarding exercise recommendations. The NAPBC has developed an educational poster that can be used to meet this requirement. If the NAPBC-accredited program develops their own materials, they must include the same information as the NAPBC poster, at a minimum.

Evaluation by the BPLC

Each accreditation cycle, the Breast Program Leadership Committee (BPLC) must review and assess the following:

- The protocol for functional assessment

The BPLC evaluation and discussion must be documented in the BPLC meeting minutes.

Requirements for NAPBC Network Programs

The NAPBC network program must meet compliance with this standard as written. The required protocol must also document how functional assessment and movement recommendations services are organized either centrally at the network level or at the individual facilities within the network. In either case, functional assessment services must meet compliance with this standard as written.

Documentation

Submitted with Pre-Review Questionnaire

- Required protocol

Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

The NAPBC-accredited program fulfills all compliance criteria:

- Patients undergoing treatment for breast cancer must undergo functional assessment at least once before the initiation of treatment.
- Educational materials regarding exercise recommendations are provided that include, at least, the same information as the NAPBC poster.
- A protocol is developed and implemented to address functional assessment and appropriate recommendations for exercise or referral to physical or occupational therapy.
- **Networks:** The required protocol must also document how functional assessment and movement referrals are organized either centrally at the network level or at the individual facilities within the network.



Resources

www.movingthroughcancer.org: Resource for identifying movement programs

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