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Role of yoga in intervention of physical impairments following treatment for head and neck cancer

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In 2016, it is estimated that 61,760 individuals will be diagnosed with head and neck cancer (HNC) in the United States, with approximately 13,190 deaths from the disease. This can include mantle-field radiation for treatment of Non-Hodgkins lymphoma, tonsillar cancer and oral cavity cancers. Mainstay treatment is combination of surgery, adjuvant chemotherapy and radiation therapy. Side effects from these interventions have a wide sequella of physical impairments ranging from radiation fibrosis, dropped head syndrome, cervical dystonia and impaired proprioception of the neck and trunk. These side effects can have prolonged latency of onset as well as a slow recovery period, which makes rehabilitation challenging. Furthermore, effectively creating a plan of care that fits within current reimbursement models can be untenable given the pernicious nature of these impairments. Yoga is growing in its use for physical therapy in the patient with cancer; however it is underutilized and under-explored as an intervention for patients with myelopathy and radiation fibrosis of the head and neck. Not only can yoga be an effective adjunct to conventional physical therapy, it can be a non-clinical adjunct to maintain functional improvement after the conclusion of PT. The objective of this presentation is to share the experience gained through initial efforts in the outpatient cancer rehab setting and introduce yoga as a safe, cost effective adjunct to the physical therapy care of the patient with cancer following cancer treatments directed at the head and neck which improves quality of life, self-care tasks and increases functional capacity. A secondary goal of this presentation is to encourage other rehabilitation departments to collect data on the effectiveness and implementation of yoga programs in outpatient oncology rehabilitation.

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