

news

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT DALLAS

Southwestern medical school - graduate school of biomedical sciences - school of allied health sciences

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****** Cancer victims, who often face and feel unwarranted pessimism, will get new help from an upbeat rehabilitation program.*

DALLAS--A better quality of life for the cancer patient is the goal of a new Cancer Rehabilitation Program being organized by The University of Texas Health Science Center at Dallas.

With the contract from the National Cancer Institute totaling \$1,071,356 for a three year period, the Department of Physical Medicine and Rehabilitation at Southwestern Medical School is assembling teams of experts to provide a service to all types of cancer patients.

There has been an "unwarranted pessimism" among medical personnel regarding rehabilitation of the cancer patient, state medical school doctors, and this often created a chronic dependency.

The new Cancer Rehabilitation Program, intended to serve as a model to demonstrate cancer rehabilitation facilities, eventually will be taken into an eight county North Central Texas area comprising Collins, Dallas, Denton, Ellis, Johnson, Kaufman, Rains and Tarrant counties. There were 19,344 cases of cancer in these eight counties in 1969.

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first add cancer rehabilitation

Initially, the program will be available in Parkland Hospital, Dallas Rehabilitation Institute and to out-patients from the community on referral. During the second year, the program will include Presbyterian Hospital. The teams will be prepared to offer a wide variety of service to the cancer patient ranging from physical restoration programs, to specialized nursing service, maxillofacial prosthetic (head and face restoration) consultation, dietary counseling and counseling of not only the patient but the entire family if warranted.

Dr. Phala Helm, Acting Chairman of the medical school's Department of Physical Medicine and Rehabilitation, is project director and Dr. Ralph Johnson, assistant professor in the department is Assistant Director for the new program.

"It is our feeling there exists a pessimistic attitude in some people who treat the cancer patient," said Dr. Helm. "Part of our program is to help change attitudes, beginning with our own staff.

"There are many types of cancer patients with good survival rates and a significant percentage of patients are cured. It is one of the major objectives of this program to help rehabilitate these patients physically, emotionally, socially and vocationally so that they may function to the best of their ability in today's society. We feel all patients with cancer need some form of rehabilitative care whether it is physical restoration, psychological counseling or support. We are utilizing the multidisciplinary team approach," explained Dr. Helm.

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second add cancer rehabilitation

Under current plans, the cancer patient's primary physician would be the source of all referrals for cancer rehabilitation services. Referral will be made to a coordination unit under the direction of Dr. Fred Cromes which will assign a "Basic Rehabilitation Team." This team would consist of a rehabilitation physician, psychologist, rehabilitation nurse and a social rehabilitation counselor who acts as the patient advocate.

The team would evaluate the patient's needs, then hold a planning conference where specific rehabilitation goals and treatment would be decided. These would be subject to review and approval by the primary physician. Close communication with the patient's doctor is one prerequisite of the program.

It is anticipated most cancer patients' needs would be filled by the Basic Rehabilitation Team. But additional services could be provided by medical consultants and rehabilitation services staff. The former group would be comprised of a neurosurgeon, oral surgeon, anesthesiologist and general surgeon. The later group is composed of a chaplain, dietician, enterostomal (intestinal surgery) therapist, maxillofacial prosthodontist (head, face and dental parts specialist), physical therapist, occupational therapist, speech therapist, prosthetist (artificial parts specialist), vocational counselor and dental technician. The variety of disciplines of the primary and consultative teams illustrates the number of problems faced in cancer rehabilitation.

In head and neck cancer, for instance, many of the surgical procedures leave the patient with a need not only for plastic surgery, but artificial parts and dental work. Consultation on diet and dental hygiene often is needed.

third add cancer rehabilitation

Prosthetic replacement, psychological counseling and rehabilitation with exercise are but a few of the things involved in breast cancer, whether the problem is treated with surgery or other means.

In rectal and colon cancer, a colostomy sometimes is done and this brings on dietary, psychological and vocational problems.

In addition to the major contract for \$938,047 over a three year period, the National Cancer Institute has added a \$133,309 for personnel from the School of Allied Health Sciences in rehabilitation counseling and dietetic areas.

Timetable for the new Cancer Rehabilitation Program provides for recruitment, training and development of materials during the first six months of the program.

Then, first delivery of the multidisciplinary approach (after the first of the year) would be at Parkland Memorial Hospital and Dallas Rehabilitation Institute. Implementation of a program at Presbyterian Hospital would follow.

Demonstration of the model system to house staff, medical students and allied health professionals would begin at the end of the second year and demonstration hospitals of the eight counties of the target area would take place in the third year.