

Case Diagnosis

66-year-old male with CNS Lymphoma who presented to inpatient rehabilitation in between his 5th and 6th cycles of chemotherapy.

Case Description

A 66 year old previously healthy man developed weight loss with progressive difficulty walking and found to have diffuse large B cell lymphoma presented to acute rehabilitation after being hospitalized for his chemotherapy.

The patient initially came to rehab before he underwent his 6th round of chemotherapy. When he presented, he was confused and agitated with a Ranchos Los Amigos score of IV. As a patient with an acquired brain injury, his sleep-wake cycle was severely impacted which affected participation in therapy. After multiple different trials of medication, there was success with methylphenidate which allowed him to participate in therapy. His functional level went from being max assistance, almost dependent to contact guard assistance.

Subsequently, he was discharged back to receive another round of chemotherapy. One week later he returned to acute rehab and was significantly better functionally than his first admission. He did not decline in function after intense chemotherapy.

AM-PAC Scores



After a 2 week stay, the patient's AM-PAC scores improved as shown in the bar graph. The patient was able to improve greatly with his functional skills, and his family was able to take him home and successfully transitioned to outpatient therapy.

Discussion

On initial presentation to the acute rehabilitation unit, the patient suffered from severe cognitive, mobility, and behavioral deficits. The patient improved his cognition and behavior, and the family was very happy with the patient's gains. All of the therapies that were provided in between chemotherapy sessions helped to improve subsequent AM-PAC scores. AM-PAC was calculated by the therapists on the first and subsequent discharges. Basic mobility level improved from 31.22 to 39.09. Daily activity improved from 31.95 to 33.93. Cognitive applied improved from 20.88 to 26.68.

CONCLUSION

This case demonstrates that there is a need for acute rehabilitation prior to radiation/chemotherapy as it can dramatically improve post-chemotherapy functional outcomes. There is better integration within the community and patients are better equipped to tolerate additional chemotherapy treatments. Prehabilitation has been shown in the literature to be essential in the treatment of cancer patients. It bridges the gap between inpatient and outpatient, as well as improving healthcare outcomes.

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