



# Physiotherapy Aids Cancer Sufferers Psychological Well-Being

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## Introduction

Oncology physiotherapy is a practice that is closely linked to cancer treatment approaches. Physical exercise, in all of its forms, both passive and active participation of the motor system, is the most important tool for persons with cancer to enhance their health. In the global information system, "motor activity" is referred to as "physical activity." It's an important part of living a healthy lifestyle. Any health plan, its maintenance and multiplication, and, in the case of children, healthy development, is all impossible without it. Physical activity is a fundamental determinant of fitness and physical efficiency, both of which are health indicators.

Physical activity has a significant impact on physical performance in both healthy and sick people, and it is an essential component of a healthy lifestyle, so it must be included in the strategy for maintaining health, which is defined not only as the absence of disease, but also as complete physical, mental, and social well-being. This corresponds to the WHO's definition of mental health, which states that it is a condition in which a person recognizes their potential and is able to cope with a wide range of life events, engage in social activities, and work successfully [1]. Physical activity has been shown to benefit not only the somatic but also the mental health of patients. People who begin or continue to exercise have a lower risk of developing depression, according to epidemiological research [2]. A study found a lower risk of depression in Harvard College male alumni aged 35-74 years who engaged in high physical activity, such as >2,500 kcal burned per week (relative risk of depression 0.72), and moderate physical activity, such as 1,000-2,000 kcal burned per week (relative risk of depression 0.83), compared to those who engaged in low physical activity, defined as energy expenditure below 4.5 MET metabolic equivalent [3].

Farmer et al. discovered a 2-fold greater incidence of clinical depression in women with limited physical activity during an 8-year follow-up. Physical exercise can also be used as a type of therapy for depression, as it minimises the risk of sickness and recurrence [4]. People who exercised were less depressed than those who did not (total mean effect-0.72), according to the findings of 30 research. Both aerobic and resistance exercise are useful in the treatment of depression, according to research, and the benefit of aerobic training is equivalent to psychotherapy approaches [5]. In oncology, the utilisation of various supporting kinds of therapy is very crucial. Scars that limit tissue mobility, contractures, joint mobility disorders, statics disorders, edoema, and a variety of other problems connected to the course of therapy are all caused by cancer treatment methods- conservative, surgical, and radiation. These restrictions have an impact on functional disability, quality of life, and, as a result, mental health. Severe stress caused by the disease's diagnosis, uncertainty about the prognosis, a lack of social support, strained relationships with medical personnel, and the influence of traumatic life experiences are at the base of these reactions. Young age, loss of independence, coherence disorders, a sense of imminent death, physical pain, medical interventions, a lack of control over the course of the disease, hospitalizations, and changes in physical appearance all increase the risk of depression in oncology patients and influence its progression [6].

Patients find it difficult to accept the mere possibility of cancer.

Mental problems may also be caused by the very stressful process of diagnosis, treatment implementation, and therapy course. Depressive and anxiety disorders, sleep difficulties, exhaustion syndrome, and impaired quality of life are the most common mental illnesses that arise after cancer therapy. As a result, it becomes crucial to recognize them early in oncological patients and give psychological support while also considering the need of full oncological rehabilitation. Implementation of broadly defined rehabilitation in patients during chemotherapy, radiotherapy, and surgical treatment at all stages of cancer is a standard of treatment management, and psychophysical aspects of patients' improvement should be carried out in collaboration between a psychologist and a physiotherapist at every stage of oncological treatment. Physical exercise, as previously stated, can play an important role in cancer prevention and, more importantly, in helping the cancer treatment process. The utilization of movement during rehabilitation aids healed patients in resuming their usual activities. Physical activity is an excellent way to support cancer therapy and also plays a key role in cancer prevention. Patient cooperation improves when physiotherapy programs are tailored to the individual. Patients in advanced stages of cancer should be provided programmes that involve information, motivational counseling, and tailored fitness instruction in order to overcome difficulties. Patient's motivation to engage in physical exercise can also be influenced by collaboration with mental health practitioners. It is obvious that several interventions may have a favorable effect on a single symptom, and that the results are dependent not only on the type of intervention but also on how and when it is presented. More research is needed to develop specific guidelines for the use of physical activity in cancer patients based on their somatic and psychological status.

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