THE EFFECT OF THE ADAPTED PHYSICAL ACTIVITY PROGRAM ON THE PSYCHOMOTOR PERFORMANCE AND THE QUALITY OF LIFE FOR PATIENTS WITH BREAST CANCER

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Background

The theoretical provisions of the research embraced the idea of Fully Functioning Self Theory that person-centered therapies help a person to realistically assess their opportunities and increase their personal activities as well as target them for rehabilitation and education purposes (pioneered by C. Rogers (1902–1987)).

Purpose: to determine the effect of the Adapted Physical Activity Program (APAP) on the psychomotor parameters (PP) and the quality of life (QL) in women with breast cancer in the late postoperative period.

Research methods and organization

Research participants were 40 subjects aged 55 ± 19 years. The evaluated PP of the subjects were: muscle strength of the hand – by a dynamometer, degree of lymphadema – by a centimeter strip, pain sensation – by a visual pain scale (VPS), physical fitness tolerance – 6 min walking test; the quality of life – the EORTC QLQ-C30 and BR23 questionnaires.

Results

The PP of the experimental group improved after the application of the APAP ($p < 0.05$): the average shoulder range of motion improved on average – bending by 17 degrees (51.5%), a retraction by 18 degrees (56.75%), stretching – by 5 degrees (11.5%); the hand grip strength of the operated arm increased by 1 kg (2.9%) on average; 6 min. walking test improved on average by 36 m (84.3%); after the application of physical activity, the pain in patients decreased an average by 0.5 points (32.3%). Physical parameters of the control group did not change ($p > 0.05$). In the experimental group, significant correlations were found between the QL scales and physical parameters ($r = 0.40–0.69$).

Conclusions

1. The APAP applied during rehabilitation improved PP ($p < 0.05$) in the experimental group, while the parameters in the control group remained unchanged ($p > 0.05$); subjectively evaluated pain decreased in the study group ($p < 0.05$).
2. The impact of morbidity on the QL was determined in the following areas: a positive shift in the emotional functioning, body imagination scales in the experimental group, and a negative shift in fatigue, side effects of systemic treatment and response to hair loss scales ($p < 0.05$); in the control group there was a positive shift in roles and social functioning scales ($p < 0.05$).

References

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