Chordoma Care-Rehabilitation

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What is the role of rehabilitation?
• Rehabilitation aims to relieve symptoms, improve quality of life, enhance functional independence, and prevent further complications.

Chordoma-sacroccocygeal and spine
• Clinical manifestations
  – Urinary dysfunction
  – Bowel dysfunction
  – Sexual dysfunction
  – Changes in spinal anatomy & alignment

Urinary dysfunction
• Bladder pattern depends on location of lesion
  – Bladder symptoms can range from frequency and urgency to complete urinary retention.
• Physiatric evaluation
  – Physical examination
  – Voiding diary
  – Assessment of ratio voided: post void residual volume
  – Urodynamic studies

Establish a bladder program
• Medications
  – Anticholinergics vs cholinergics
  – Alpha blockers
• Dietary modifications
  – Pelvic floor therapy
  – Catheterization
    – Intermittent catheterization
    – Indwelling: urethral/suprapubic
    – External catheter
• Credé/Valsalva
• Reflex voiding

Disclosures
I have nothing to disclose.
Bowel dysfunction

- Bowel dysfunction can create difficulty with evacuation of stool, resulting in social inconvenience, infection, and skin breakdown
- Bowel pattern based on location of lesion

Establish a bowel program

- Goal—allow individual to have control over the time and place of their bowel movements with the desired frequency and without incontinence.
  - Dietary modifications
  - Ensure adequate fluid intake
  - Oral agents
  - Digital stimulation, manual removal, suppository
  - Pelvic floor therapy

Bowel dysfunction

- Physiatric evaluation
  - Physical examination
  - Stool dairy
  - Stool studies
  - Abdominal films
  - CT scan
  - Colonoscopy

Sexual dysfunction

- Poor body image/self esteem
- Impairments in mobility, hand function, and sensation
- Difficulty with positioning
- Pain
- Erectile and ejaculatory dysfunction (M)
- Impairments in vaginal lubrication and vaso-congestion (F)

Sexual dysfunction

- Physiatric evaluation
  - Discussion of concerns
  - Physical examination

- Management
  - Medications
  - Assistive devices
  - Physical/Pelvic floor therapy
  - Education

Changes in spinal anatomy and alignment

- Physiatric evaluation
  - Physical examination
  - Imaging
Changes in spinal anatomy and alignment

- Management
  - Education on spinal precautions
  - Spinal orthoses
  - Physical therapy
    - Core strengthening, paravertebral muscle strengthening, weightbearing exercises, resistance exercises
  - Nutritional assessment

Is Rehabilitation Safe?

Yes, but.......

- Appropriate precautions must be placed
- Must have consistent communication between members of the oncology team, rehab team, patient and family
- Take into account current medical/oncologic status
  - The patient's medical status can dictate appropriateness for and response to rehabilitation efforts.
  - The patient's medical condition often follows their oncologic status.
  - Pre-morbid conditions can be exacerbated by cancer or complications from cancer care and can heavily impact a patient's rehabilitation.

THANK YOU!!!!!

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