



THE UNIVERSITY OF TEXAS
MDAnderson
~~Cancer~~ Center

Making Cancer History®

5th International Institute on
Kielhofner's Model of Human
Occupation (MOHO)

Applying MOHO with Adolescents & Adults with Cancer

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Learning Objectives

At the end of this session participants will be able to:

- Explain the challenges to occupational performance experienced by adolescents and adults with cancer.
- Explain the advantages of using the Model of Human Occupation as an underlying conceptual practice model to guide practice in clients with cancer
- Describe the use, functionality and limitations of MOHO based assessments in inpatient oncology rehabilitation

The Population of Persons with Oncology

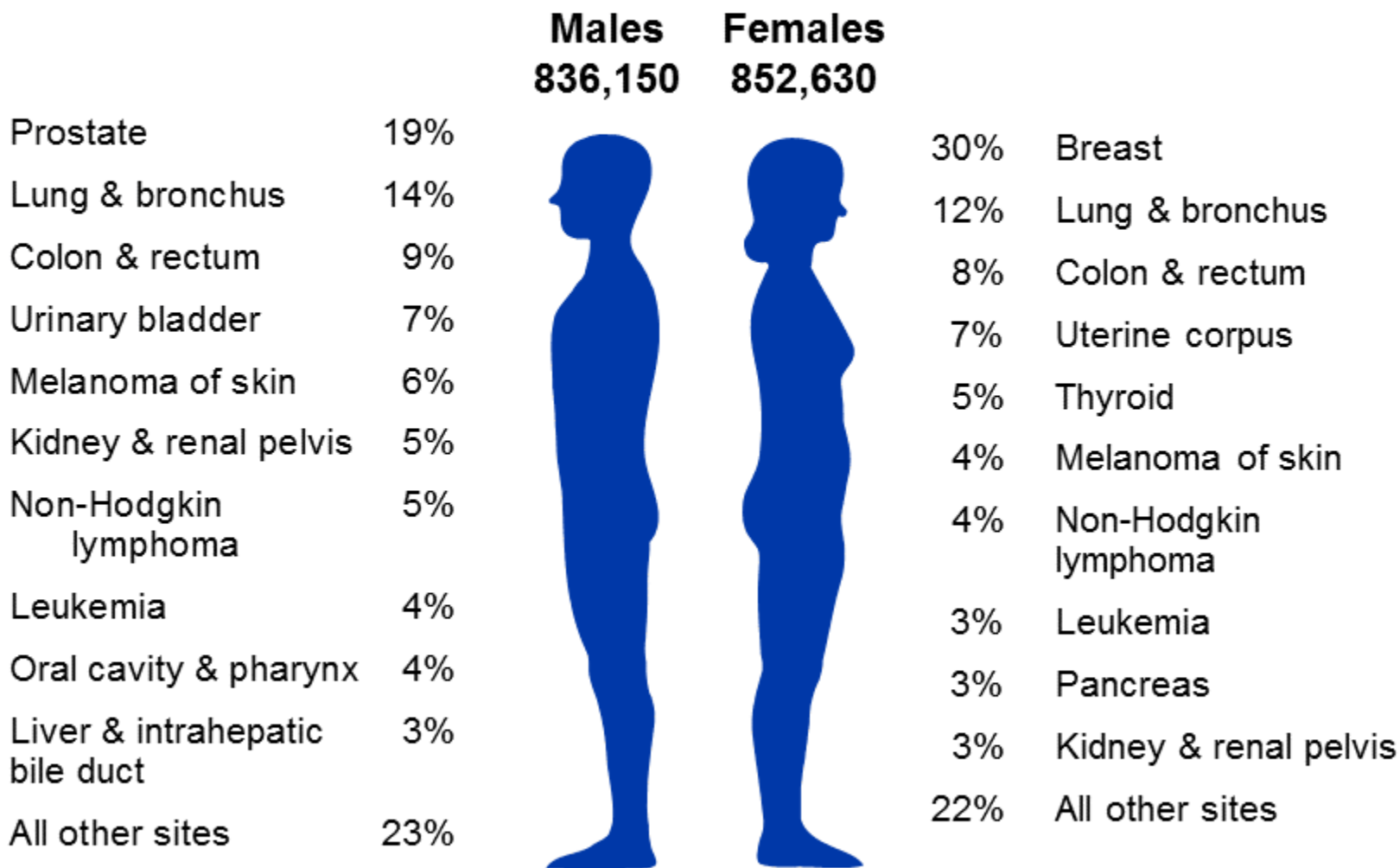
Primary forms of cancer (where cancer originates):

- Melanoma
- Carcinoma
- Sarcoma
- Leukemia
- Lymphoma, Multiple Myeloma
- Central Nervous System

12 most common symptoms

- **Weakness**
- Dry mouth
- Anorexia
- **Depression**
- **Pain**
- **Insomnia**
- **Swollen legs**
- Nausea
- Constipation
- Vomiting
- **Confusion**
- **Dyspnea**

Estimated New Cancer Cases* in the US in 2017



*Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

Cancer Treatments

- Surgical removal of cancer cells/tumors from the body.
- Radiation therapy focused on killing cancer cells and shrinking tumors.
- Chemotherapy using drugs to kill cancer cells.
- Immunotherapy focused on strengthening and using a person's immune system to fight cancer.
- Hormone therapy uses hormones to slow or stop cancer cell growth.
- Stem cell transplants which restore blood-forming cells destroyed by high dose chemotherapy or radiation.

Impact of Cancer on the Occupational Performance of Adults

- Work
- Education
- Self-care
- Family roles
- Play and leisure
- Instrumental activities of daily living

The Cancer Care Continuum

- **Pretreatment**
 - Newly diagnosed, no treatment initiated
- **Active Treatment**
 - Presently receiving treatment with a curative goal
- **Maintenance**
 - Long-term therapy to maintain remission
- **Post treatment**
 - Medical treatment is complete with no evidence of disease
- **Palliative care**
 - Palliative treatment for incurable cancer
 - Optimize comfort
 - Decrease caregiver burden
 - Patient-centered goals

Rehabilitation Across the Cancer Care Continuum

Stage of Care	Example of Rehabilitation Interventions
Prevention	Lifestyle redesign, healthy behaviors, exercise and weight loss
Early Detection and Screening	Primary and secondary prevention of functional deficits
Diagnosis	Early intervention to maintain function and promote positive psychological health. Prepare clients for intervention. Pre-habilitation.
Treatment	Fatigue, cognition, ADL, IADL, mobility etc., symptom management, medication management, falls reduction.
Survivorship	Lifestyle redesign, healthy behaviors, exercise and weight loss
End of Life Care	Full range of interventions promoting function and self-determination, goal attainment

Theoretical Base

The Model of Human Occupation

- Volition
- Habituation
- Performance Capacity
- Environment

MOHO Assessments

- Model of Human Occupation Screening Tool (MOHOST)
- Occupational Self-Assessment (OSA)
- Elements of the Occupational Performance History Interview (OPHI-II)

Model of Human Occupation Study Group

- Initiated in 2016 by Lauro Munoz as a result of several efforts in conjunction with Patricia Bowyer from Texas Woman's University.
- Bi-weekly meetings to review and discuss key chapters from the MOHO Text
- Review of assessments appropriate for use with patients at MDACC
- Discussion of application of principles in treatment
- Exploration of key concepts such as narrative reasoning, client-centered practice, narrative slope etc.

MOHO and “Pre-Hab” for Adults with Cancer

- Multiple enhanced recovery programs (ERP) have been initiated at MDACC
- Significant success in interprofessional ERP with surgical patients
- Initiation of Enhanced Recovery for Stem Cell Patients (ER-SCT)
- Occupational therapy is included in an interprofessional pre-admission clinic
- Intervention focused on promoting occupational performance during long inpatient stay (28 days) and 90 day follow-up in Houston
- Collaborate with other disciplines including PT, Gerontology, Nursing, PM&R, Nutrition, PharmD to avoid duplication of services

Roger

- 65 plus
- Scheduled to undergo an allogenic SCT
- No physical performance deficits (fatigue a 3 at rest, reports some breathlessness climbing stairs etc.)
- Working, highly active and motivated
- Our task is to prepare Roger for inpatient stay and to maintain some sense of normalcy by promoting occupational participation in existing roles
- Interview and initial assessment informed by MOHO

MOHO with Adolescents and Young Adults

Donna Kelly OTR/L, Med, CLT

Barriers to Occupational Performance in the AYA Population

Impairments

- Motor, communication, organization and processing skills, sequencing of actions, pain, sensation impairments, myopathies, loss of strength, impaired balance

Disease Treatment Process & Side Effects

- Nausea, diarrhea, vomiting, fever, neutropenia, pain, fatigue, mucositis, peripheral neuropathies, hearing and vision changes, fibrosis

Environment

- Hospital room, prolonged stay, multiple lines, loss of control of daily routine

Social

- Loss of roles (student, athlete, clubs/organizations), changes in appearance (body image), feelings of being left out or left behind, decreased access to friends, loss of independence at an important developmental stage.

Moho Based Occupational Assessments

MOHOST & SCOPE

- Based on information gathering, easy to administer throughout continuum of care, assesses psychosocial and physical needs
- Similar assessments with SCOPE including assessment of family routine

The Pediatric Interest Profile

- The Adolescent Leisure Interest Profile (ages 12-21)
- 83 item assessment with focus on sports, outside activities, exercise, relaxation, intellectual activities, creative activities, socializing, and community organizations

The Occupational Self-Assessment

- Captures occupational competence while also assessing importance of everyday activities.

The Role Checklist

- Assesses participation in occupational roles and the value a client may place on that role
- Based on weekly participation in each role, can be completed quickly.

Claire

16 yo female with history of pharyngeal carcinoma. Presented to MDA for surgical neck dissection following recurrence (1st resection at 9yo). Referred to OT services POD 1 following R radical neck dissection with reconstructive properties due to prior surgical interventions at OSH.

- Pt. is an only child, lives with supportive parents. Currently in 10th grade, attending H.S. Pt. is the mascot at her school (large bulldog costume) and is very involved with the cheerleading and football teams. Enjoys shopping, being with her friends, and being involved at school. Reports moderate fatigue following surgery.
- Pt. displaying body image impairments, reports to therapist, “I love being the mascot, its fun to put on a costume and pretend to be someone else.” Pt. reports concerns on how to show her friends her surgery.

Evaluation displayed full AROM within surgical precautions, MMT WFLs with functional tasks, pain at surgical site, significant edema at surgical site (and throughout face/unable to open R eye)

SCOPE indicated impairments in the areas of social groups, occupational demands, and family routine

Thank you

Questions?

Contact

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