

Objective: This review explored the use of PT Navigator roles, decision-making processes, interventions delivered, and barriers and facilitators in acute cancer care settings.

Background:

- With advancements in treatment and early detection, more individuals are living beyond cancer (1)
- However, many individuals experience lasting side effects from cancer and its treatment (2)
- International guidelines advocate for including physiotherapists (PTs) in cancer care, but these services are not universally available (3)
- Healthcare navigators have been shown to streamline care and reduce clinical costs (4,5)

Methods:

- Five databases and grey literature were searched from inception to July 2024
- Eligible studies included: 1) adults ≥ 18 years living with cancer, 2) PT-led navigation roles or care models, and 3) occurring in acute cancer care settings
- Two independent reviewers conducted screening and data extraction
- Descriptive statistics and narrative summaries were presented

References:

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Results: (n=13)

- 13 references were included; 7 from databases and 6 from grey literature
- Nearly all studies were conducted in the United States of America (84.6%), with the remaining conducted in Canada (7.7%) and Mexico (7.7%)
- Most PT navigators (76.9%) interacted with patients soon after diagnosis or early in treatment (e.g., preoperatively, during the second treatment visit) and followed-up at various intervals (weekly, monthly, or as needed)
- Decision-Making: based on clinical reasoning (100%), AMPAC score (25%), EXCEEDS score (8.3%)
- Overall satisfaction with this role was high across studies

PT Navigator Roles:

- Triageing rehabilitation services based on assessment findings (100%)
- Exercise planning and prescription (69.2%)
- Referrals to appropriate services (53.8%)
- Treatment and rehabilitation barrier identification (38.5%)
- Education provision (30.8%)
- Goal setting (15.4%)

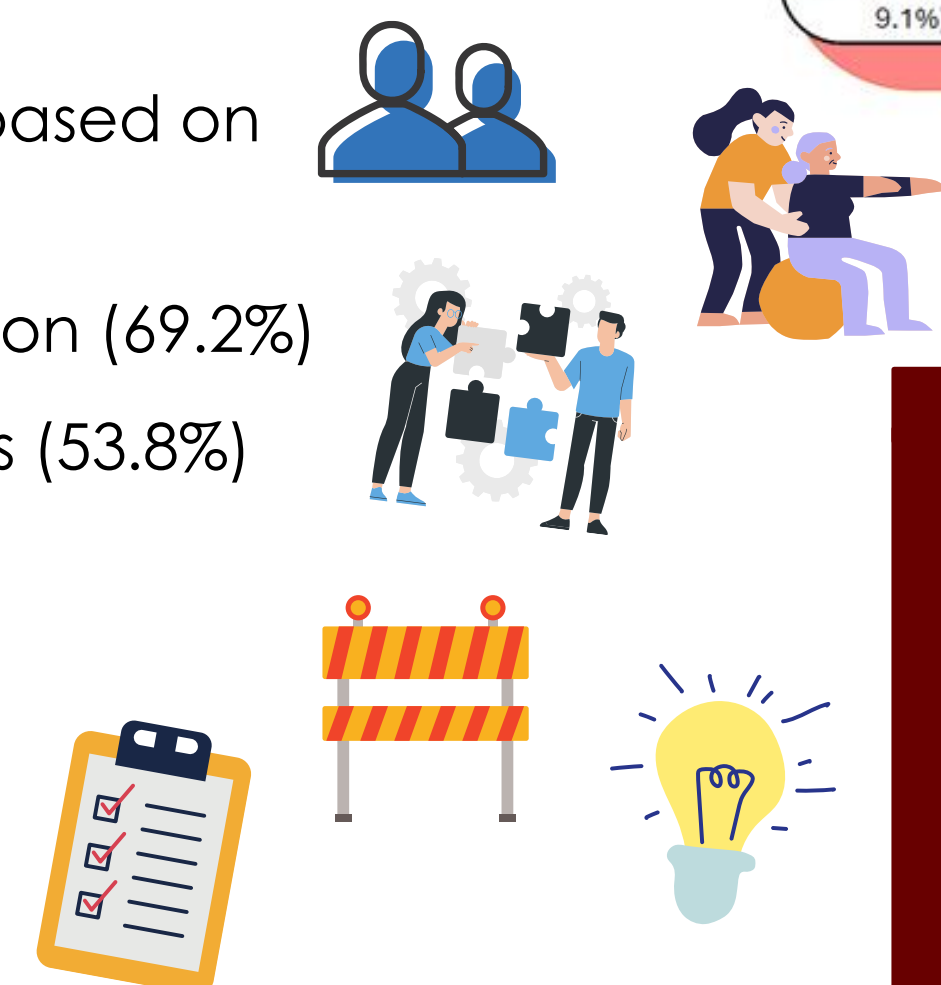


Figure 1. Barriers and Facilitators

Barriers (n=11)	Facilitators (n=10)
<ul style="list-style-type: none"> • Funding/Costs (n=5; 45.5%) • Insurance payments (n=2; 18.2%) • Electronic health record (EHR) access/capabilities (n=2; 18.2%) • Human resource challenges (n=2; 18.2%) • Lack of access to physiotherapy services/program infrastructure (n=2; 18.2%) 	<ul style="list-style-type: none"> • Onsite services (n=4; 40%) • Collecting/leveraging data (n=4; 40%) • Engaging hospital directors/administrative support staff (n=3; 30%) • Alignment to strategic priorities (n=2; 20%) • Pilot program to demonstrate value (n=1; 10%) • Including all types of cancer (n=1; 10%)
<ul style="list-style-type: none"> • Medical team receptivity/knowledge of rehabilitation (n=4; 36.4%) • Advanced oncology knowledge/skills needed of the PT Navigator (n=3; 27.3%) • Lack of role delineation (n=3; 27.3%) • Provider awareness of program availability (n=2; 18.2%) • Oncology providers limited time with patients to discuss rehabilitation (n=1; 9.1%) 	<ul style="list-style-type: none"> • Support from the medical team (n=9; 90%) • Providing ongoing education on rehabilitation/role of PT Navigator with the medical team (n=5; 50%) • Building relationships with the medical team/additional referral sources (n=4; 40%) • Having PT Navigator participate in rounds/tumour board meetings (n=3; 30%) • Consultative approach (n=1; 10%)
<ul style="list-style-type: none"> • Costs (n=4; 36.4%) • Time (additional appointments) (n=3; 27.3%) • Distance/transportation issues (n=2; 18.2%) • Buy-in if asymptomatic (n=1; 9.1%) • Readiness to receive extra information at time of diagnosis (n=1; 9.1%) • Prior negative experiences with physiotherapy (n=1; 9.1%) 	<ul style="list-style-type: none"> • No cost to interacting with the PT Navigator (n=2; 20%) • Parking/travel reimbursement (n=1; 10%) • Early contact with the PT navigator (n=1; 10%) • Supervised interventions (e.g., exercise) (n=1; 10%) • Navigator visits timed with cancer treatment appointments (n=1; 10%) • Appointment Reminders (n=1; 10%)

Conclusions:

This review summarized evidence on PT navigator roles in acute cancer care. Further research and clinical program development are needed to support the role's expansion, evaluate cost-effectiveness, and facilitate broader implementation.