

## BACKGROUND

- In Canada, many people living with and beyond breast cancer face **limited access to physiotherapy**<sup>1</sup>:
  - Public services: Limited availability
  - Private services: Cost-prohibitive for many
- This increases risk of **upper extremity (UE) impairment** (e.g., decreased shoulder mobility, pain, lymphedema) and associated **physical and psychosocial sequelae**<sup>2</sup>.
- Project Aim: Explore **patient perceptions** of a **virtual education** class for breast cancer rehabilitation and **co-adapt improvements** with patient partners and physiotherapists.

## METHODS

### Step 1: Survey (January to November 2024)

- Online questionnaire completed by individual ≤5-year post-breast cancer diagnosis who attended a virtual class via a non-profit organization in British Columbia, Canada.
- Collected data (1-7 Likert Scale) on:

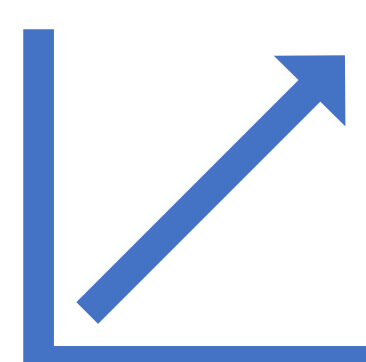


#### Accessibility

- Demographic data and open-text feedback also collected.
- Analysis: Descriptive statistics and thematic analysis.



#### Content Relevance



#### Effectiveness

### Step 2: Co-Adaptation Workshop (April 2025)

- A 90-minute **virtual workshop** was held with patient partners, physiotherapists, and researchers to generate recommendations based on Step 1 findings.
- Used the **Nominal Group Technique (NGT)**, a structured consensus-building method that supports equal participation and prioritization of idea. Participants engaged in idea generation, ranking/prioritization of ideas, and group discussion.

## REFERENCES

<sup>1</sup>Rafn, B. S., Midtgaard, J., Camp, P. G., & Campbell, K. L. (2020). Shared concern with current breast cancer rehabilitation services: A focus group study of survivors' and professionals' experiences and preferences for rehabilitation care delivery. *BMJ Open*, 10(7), e037280. <sup>2</sup>Stubblefield et al., *PM&R* 2014;6(2):170-183. <sup>2</sup>Stubblefield, M. D., & Keole, N. (2014). Upper body pain and functional disorders in patients with breast cancer. *PM&R*, 6(2), 170–183.

### Step 1: Surveys

- 55 participants** completed the survey
  - Mean age: 52±12 years
  - All identified as cisgender women, 54.5% resided in large urban centres, 83.6% spoke English as a primary language, 89.9% completed post-secondary education

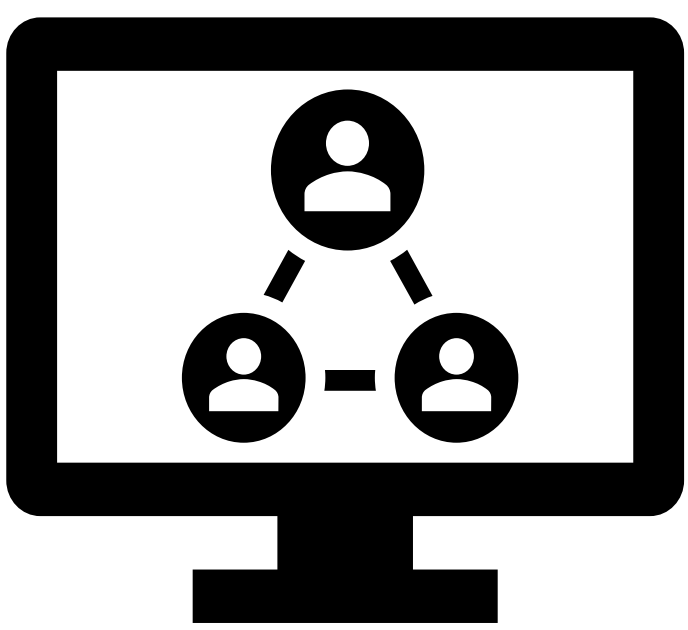
### Participant ratings (1-7 Likert Scale):

Category	Mean±SD
Ease of access	6.0±0.5
Sufficient content	6.6±1.2
Relevant information	6.2±1.4
Increased confidence to self-manage	6.1±1.4

### Participant feedback (themes & subthemes):

Theme	Key Subthemes
Access	<ul style="list-style-type: none"><li>Finding out about class earlier (e.g., preop)</li><li>Virtual format = convenient, easy</li></ul>
Delivery	<ul style="list-style-type: none"><li>Information generally relevant</li><li>Photos &amp; video of postop concerns helpful</li><li>More information on breast reconstruction</li><li>Increased confidence self-managing</li></ul>
Follow Up	<ul style="list-style-type: none"><li>Opportunity to review information after</li><li>Sharing resources relevant to locations other than large urban centres</li></ul>

### Step 2: Co-Adaptation Workshop



Consisted of the following participants:

**4 patient partners**

**5 physiotherapists** (n=4 public, n=1 private)

**4 researchers** (n=1 moderator)

## FUNDING & CORRESPONDENCE



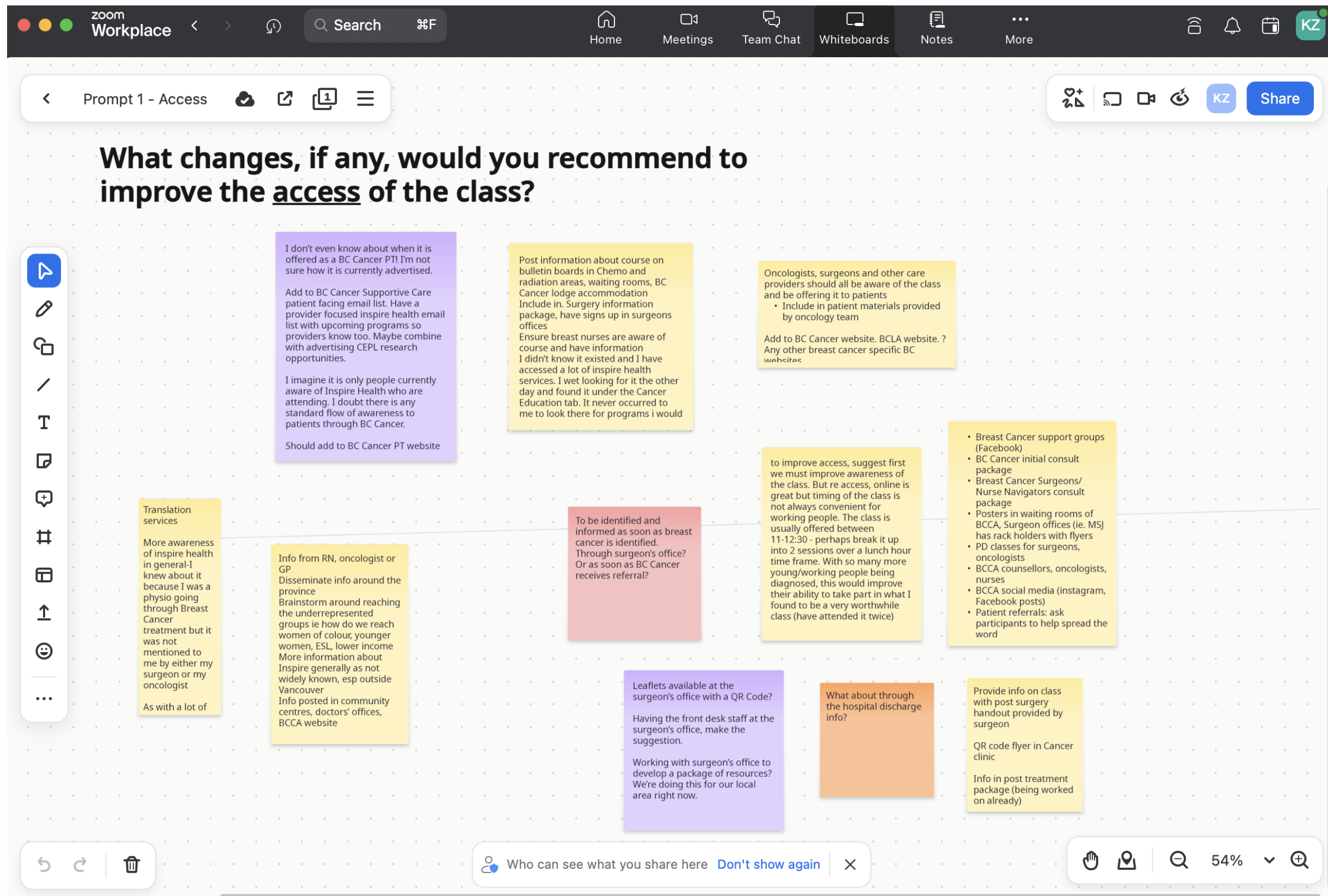
Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada



La Fondation de physiothérapie du Canada

E: [kendra.zadravec@ubc.ca](mailto:kendra.zadravec@ubc.ca)

## RESULTS



**Figure 1:** Example of idea generation exercise from co-adaptation workshop. This was done using the Zoom Whiteboard feature.

### Key workshop insights included:

Theme	Key Recommendations
Access	<ul style="list-style-type: none"><li>Promoting at cancer centres &amp; hospitals***</li><li>Sharing through social media</li><li>Reaching underserved groups (e.g., rural, English as additional language)</li></ul>
Delivery	<ul style="list-style-type: none"><li>Tailoring content to treatment phase (e.g., preop)</li><li>Enhancing interactivity (e.g., goal setting, Q&amp;A)</li></ul>
Follow Up	<ul style="list-style-type: none"><li>Summary sheets</li><li>Asynchronous content (voiceover PowerPoint)***</li><li>Centralized resource list***</li></ul>

\*\*\* = key priority identified by group

## CONCLUSIONS & FUTURE DIRECTIONS

- Findings will **guide the next iteration of the class**, in partnership with the non-profit group that currently delivers it.
- The overall aim is to develop **relevant, meaningful patient education** to support prevention and self-management of breast cancer-related UE impairments.
- This could contribute to **decreasing prevalence of breast cancer-related UE impairments** and may also support patients in managing other treatment side effects.