### Exercise Prescription and Modification Considerations

<table>
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<tr>
<th>Cancer related consideration</th>
<th>Exercise modification</th>
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| **Bony Metastases** | - Consider location of bony metastases and limit loading of bone metastases site  
- Avoid excessive spinal flexion, extension and rotation; clarify with medical team need for bracing  
- Monitor for increasing functional pain – refer on for medical evaluation  
- Avoid manual muscle testing in affected limb  
- Exercise as tolerated as limited by pain (Lancet)  
- Minimise fall or impact risk |
| **Lymphoedema** | - Mixed aerobic and resistance training recommended  
- Under controlled circumstances, exercise does not exacerbate lymphoedema  
- No strong evidence to support wearing compression garments during exercise however it is known to be safe and is generally recommended or left to patient preference (Maltser, Campbell)  
- No need to wear compression garment during hydrotherapy  
- Monitor for signs of redness, erythema, pain, new onset or exacerbation of swelling – refer for medical management |
| **Haematological Cancers** | - Review blood pathology results as able  
- Consider avoiding group exercise if significantly immune-compromised  
- Minimise falls risk  
- See Safety Reference Table under ‘Exercise Prescription’ for more specific considerations |
| **Stomas** | - Empty ostomy bag prior to exercise  
- Start resistance training with low resistance and progress slowly (risk of parastomal hernia)  
- Monitor and correct form to manage intra-abdominal pressure – observe for bulging or feelings of pressure  
- If participating in contact sports – consider wearing an ostomy protector |
| **PICC line or Portacath (Peripherally inserted central catheter)** | • No available evidence suggesting that exercise can cause PICC damage or dislodgement during  
• May cause some discomfort or unpleasant sensation during arm movement  
• Change dressings over PICC if they become soiled during exercise  
• Ensure that PICC is fully covered or take care to avoid catching it on anything  
• Slowly introduce upper limb exercises if the patient is anxious about using the arm with the PICC inserted |
| **Peripheral Neuropathy and Balance Deficits** | • Assess stability, balance and gait prior to exercise  
• Consider alternative aerobic exercise (stationary bike, arm ergo) rather than walking if neuropathy is affecting gait stability  
• Seated versus standing resistance exercises  
• Monitor discomfort in hands when holding weights/equipment and modify as able  
• Prescribe balance exercises with close monitoring of safety  
• Minimise falls risk |
| **Poor Bone Density** | • Minimise falls risk  
• Consider period of moderate to high intensity resistance exercise prior to introducing impact loading  
• Functional weight bearing exercise, progressively increased impact loading as appropriate |
References:

