**Case Description**

- 73 year-old male with stage II adenocarcinoma of the rectum.
- Admitted to the hospital for elective surgery to receive a permanent colostomy.
- Previous treatment: Radiation and chemotherapy.
- PMH: Pre-hypertension.
- Malnutrition and dehydration 2° to cancer treatment.
- Social: Retired corrections officer, lived with his wife, well respected in his community, one daughter who lived a few hours away, enjoys fishing.
- Home set up: Split level 3 story home, bedroom on top floor, walk in shower.
- Prior level of function: Independent with ADLs and mobility, ambulated with rolling walker, report of decreased activity tolerance due to cancer treatment which limited his ability to perform IADLs and go fishing.
- PT ordered to evaluate and treat post-operative day (POD) one.
- Systems Review revealed:
  - Global weakness
  - Fatigue
  - Stage I pressure ulcers at C 6/7 and sacrum.

**Interventions**

- Bed Mobility
  - Supine to side lying
  - Supine to sit
  - Sit to supine
  - Sit to stand
  - Step Pivot
- Functional Mobility
  - Ambulation
  - Stairs
  - Transfers
  - Le & Trunk AROM
  - Resisted exercise
  - Mini Squats
  - Bridges
  - Side Stepping
- Therapeutic Exercise
  - Walking

**Patient Instruction**

- Out of bed for all meals starting POD one (CPG recommendation)
- Positioning to prevent further skin breakdown
- Ambulate 4x/day (CPG recommendation)
  - Once with PT
  - Once with OT
  - Twice with nursing or wife
- Safe transfer techniques
- Ankle pumps to encourage blood flow and prevent blood clots

**Outcomes**

- **Task**
  - Initial Evaluation (POD 1)
  - Discharge (POD 7)
- **BED MOBILITY**
  - Supine to side lying
    - I, with use of bed rail
    - I, no use of rail
  - Supine to sit
    - Min A, VC to bend knees and lift torso
    - Independent
  - Sit to supine
    - Mod A, able to move legs off bed but required assistance with lifting his torso
    - Independent
  - Sit to stand
    - Min A, VC to push from the bed
    - Independent
  - Step Pivot
    - CGA, with RW
    - I, with RW
- **TRANSFERS**
  - Stand to sit
    - CGA, VC to reach for chair
    - Independent
  - Ambulation
    - CGA, 150 ft, RW step through pattern, on flat level hard surface
    - S, 350 ft, RW step through pattern, on flat level hard surface
  - Stairs
    - Patient unable to perform
    - CGA, 9 consecutive stairs up and down with hill bar rails.

**Discussion**

- This patient had the benefit of receiving early mobilization guided by a skilled PT.
- Due to this patient’s prior deconditioned state he may have benefited from pre-operative therapy as the current CPG recommends considering pre-habilitation for patients with multiple co-morbidities or patients with significant deconditioning (weak recommendation with moderate quality evidence 2B).
- Further research should continue to investigate how pre-habilitation affects patient outcomes and discharge placement specifically with cancer survivors.

**Acknowledgements and References**

The author acknowledges Amy Litterini, PT, DPT, for guidance and support in case report conceptualization, Elissa Parker, MPT, for her supervision and assistance with treatment as well as the patient for participating in this case report.

2. Baldini R, Carmichael J, Keller D, Bordeianou L. Colorectal cancer (CRC) is a malignancy that begins in the colon or rectum. In 2016 there were 724,690 men and 727,350 women living with a history of CRC.
3. PMH: Pre-hypertension.
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