Integrating rehabilitation into cancer care

When CARF International conducted market research and analysis in 2012 among cancer rehabilitation specialists, a consensus emerged that CARF was at a critical juncture for bridging a gap in the cancer field. Many acute care and oncology specialists had limited experience and expertise in providing rehabilitation care, and cancer rehabilitation professionals were seeking a framework for integrating their specialty into the cancer care continuum.

In 2013, CARF convened an International Standards Advisory Committee (ISAC), which brought together experts in the field of cancer rehabilitation, cancer survivors, family members of survivors, service providers, academicians, and representatives of the National Cancer Institute at the National Institutes of Health and the American Cancer Society® to draft a new set of standards for cancer rehabilitation specialty programs.

The ISAC’s intensive work was reviewed through two comment phases, which CARF calls field reviews. First, members of CARF’s International Advisory Council provided feedback on the proposed standards. Then other service providers and the public were invited to comment on the standards. Close to 200 individuals participated in the comment phases. The feedback was used to further improve the standards.

CARF’s Cancer Rehabilitation Specialty Program standards were published in the 2014 CARF Medical Rehabilitation Standards Manual. These standards can be applied in a variety of settings, including hospitals, healthcare systems, outpatient clinics, and community-based programs. The standards call for accredited programs to communicate and collaborate with other healthcare providers to provide integrated services that address the needs of the persons served and deliver coordinated and seamless transitions in care.

Cancer Rehabilitation Specialty Program standards in the new healthcare environment

A CARF-accredited cancer rehabilitation specialty program provides ongoing access to information, services, and resources to enhance the lives of the persons served within their families, support systems, communities, and life roles. This approach to rehabilitation care includes the capability to manage the long-term chronic conditions of a high-risk patient population that often needs continued care, support, and follow-up beyond the acute course of care.

ISAC participant Vish Raj, M.D., vice chair of clinical operations and director of oncology rehabilitation at the Department of Physical Medicine and Rehabilitation of Carolinas Rehabilitation in Charlotte, North Carolina, explained, “As the
landscape of healthcare changes, it is imperative for rehabilitation facilities to adapt and adjust treatment plans and protocols to accommodate patients with functional needs. Individuals with cancer have often been underserved in terms of opportunities for rehabilitation interventions. With the newly established CARF standards, departments and institutions will, for the first time, have the opportunity to use accreditation standards and guidelines to help develop comprehensive programs for the rehabilitation of individuals with cancer.”

Cancer rehabilitation offers many benefits for patients. Dr. Raj continued, “Rehabilitation is imperative as it can help to improve both psychological and physical status, which, in turn, can promote wellness and advanced treatment for cancer diagnoses. The key to effective cancer care is to promote evidence-based standards, starting from the time of diagnosis. Rehabilitation provides the opportunity for cancer survivors to integrate psychological and physical well-being with the acute oncological plan of care, in hopes that patients will receive the maximum benefit from all interventions.”

Carolinas Rehabilitation has experienced a reduction of acute hospital readmissions when post-acute care is delivered. Between 2012 and 2013, an improvement project at resulted in a 3.5 percent reduction in transfers to acute care through better co-management of medically complex patients across the care continuum.

A person-centered approach to cancer rehabilitation

CARF-accredited programs focus on implementing a person-centered philosophy. A person-centered cancer rehabilitation specialty program applies a holistic, interdisciplinary team approach to address the unique rehabilitation needs of persons who have been diagnosed with cancer.

The clinical staff members who provide cancer care specialty rehabilitation services use evidence-based practices to deliver services that address the unique preventive, restorative, supportive, and palliative rehabilitation needs of the persons served. The program also supports future improvements in care by advocating for or participating in cancer research.

CARF’s Cancer Rehabilitation Specialty Program standards align with the CoC Cancer Program Standards 2012 Version 1.2: Ensuring Patient-Centered Care’s focus on improving the quality of care and patient outcomes. Since CARF’s founding in 1966, the CARF standards and consultative accreditation process have promoted continuous quality improvement of services and optimal outcomes that enhance the lives of the persons served.

The new standards also reflect trends in the cancer care field. Julie K. Silver, M.D., associate professor at Harvard Medical School in the Department of Physical Medicine and Rehabilitation in Boston, said, “CARF’s commitment to quality improvements in cancer rehabilitation is entirely consistent with the recent report released by the Institute of Medicine of the National Academies, Delivering High-Quality Cancer Care: Charting a New Course for a System

More information


To learn more about applying CARF’s Cancer Rehabilitation Specialty Program standards, attending CARF trainings, or applying to achieve accreditation in this area, please contact Christine MacDonell, managing director, Medical Rehabilitation and International Aging Services/Medical Rehabilitation, CARF International, cmacdonell@carf.org or toll-free (888) 281-6531, extension 5007.
Rehabilitation should be well integrated into the oncology care continuum and offered to all survivors who may benefit from this care rather than to a select few.”

Collaboration across the cancer care continuum to improve functional independence

Rehabilitation is an essential part of quality cancer care. Cancer rehabilitation specialty programs must focus on strategies to optimize outcomes from the time of diagnosis through the trajectory of cancer to prevent or minimize the impact of impairments, reduce activity limitations, and maximize participation for the persons served. The CARF standards reinforce the importance of cancer rehabilitation specialists establishing partnerships with acute care oncology, radiology, and other providers along the continuum.

ISAC participant Pam Roberts, Ph.D., OTR/L, stated, “With improved survival rates and increasing numbers of cancer survivors, a host of issues related to the rehabilitation of cancer patients has arisen. It is important to identify and address problems in order to optimize participation and improve the quality of life for the persons served and their families. Rehabilitation across the continuum can be highly effective in improving functional independence.”

The value of cancer rehabilitation is not confined by national boundaries. Christina May Moran de Brito, M.D., Ph.D., physiatrist and medical coordinator of the rehabilitation service of the Cancer Institute of the State of São Paulo in Brazil, observed, “Cancer rehabilitation has gained progressive relevance as cancer treatment has provided greater survival rates. The focus of not only ‘living longer’ but also ‘living better’ has grown.”

She continued, “As the world population ages, the incidence of cancer and of rehabilitation needs has increased substantially. As such, setting global standards will benefit not only a great number of patients, but also will help the providers toward quality care improvement and collaboration.”

A framework for quality improvement across the cancer care continuum

Guided by the individual preferences, strengths, and needs of the persons served, a CARF-accredited cancer rehabilitation specialty program assists persons served and their families and support systems to manage their own health, encourages their appropriate use of healthcare systems and services, and supports their efforts to promote personal health and wellness and improve quality of life throughout their lifespan.

The use of performance indicators ensures that a CARF-accredited cancer rehabilitation specialty program measures the effectiveness and efficiency of services, access to services, and the satisfaction of persons served across the continuum offered.

Cancer rehabilitation specialty programs provide advocacy on behalf of persons who have been diagnosed with cancer, including outreach to regulators, legislators, educational institutions, research funding organizations, payers, and the community.

CARF’s leadership in framing standards is backed by its 48-year history of accrediting health and human services. CARF International accredits close to 50,000 programs on five continents. More than eight million persons of all ages are served annually in CARF-accredited programs.

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A holistic interdisciplinary team approach

A person-centered cancer rehabilitation specialty program utilizes a holistic interdisciplinary team approach to address the unique rehabilitation needs of persons who have been diagnosed with cancer. A cancer rehabilitation specialty program may be provided in a variety of settings, including hospitals, healthcare systems, outpatient clinics, or community-based programs. Personnel demonstrate competencies and the application of evidence-based practices to deliver services that address the preventive, restorative, supportive, and palliative rehabilitation needs of the persons served.

Cancer rehabilitation is an integral component of quality cancer care. The cancer rehabilitation specialty program focuses on strategies to optimize outcomes from the time of diagnosis through the trajectory of cancer in an effort to prevent or minimize the impact of impairments, reduce activity limitations, and maximize participation for the persons served. The program communicates and collaborates with healthcare providers to deliver coordinated care and promote seamless transitions in care.