

SYSTEMATIC REVIEW

Palliative treatment in cancer patients from a physiotherapeutic perspective: systematic review

Tratamiento paliativo en pacientes con cáncer desde la perspectiva fisioterapéutica: revisión sistemática

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ABSTRACT

Introduction: cancer continues to be one of the leading causes of mortality worldwide, generating a profound impact on those who suffer from it, especially in advanced stages. In this context, physical therapy, as an integral part of palliative care, gains relevance by mitigating physical and emotional symptoms that significantly affect patients' quality of life.

Method: a systematic review was conducted following PRISMA guidelines, consulting recognized databases such as PubMed, EMBASE, and Scopus. Studies from 2015 to 2025 that specifically addressed physical therapy interventions in palliative cancer patients were selected, assessing their methodological quality using validated tools such as RoB 2, NOS, and AMSTAR-2.

Results: of 130 initially identified articles, 14 publications were ultimately included, demonstrating that active physical therapy interventions, combined with manual therapy and nutritional support, significantly improve patient functionality, autonomy, and overall well-being.

Conclusions: physiotherapy is positioned as an essential intervention in palliative care for cancer patients, demonstrating positive effects in reducing fatigue, pain, and dyspnea, as well as promoting emotional and social well-being. Its interdisciplinary integration, adapted to the clinical context and local resources, is key to maximizing the patient's quality of life in their final stages of life.

Keywords: Cancer; Physiotherapy; Rehabilitation; Palliative Care; Palliative Treatment.

RESUMEN

Introducción: el cáncer continúa siendo una de las principales causas de mortalidad a nivel mundial, generando un impacto profundo en quienes lo padecen, especialmente en estadios avanzados. En este contexto, la fisioterapia, como parte integral de los cuidados paliativos, adquiere relevancia al mitigar síntomas físicos y emocionales que afectan significativamente la calidad de vida de los pacientes, por lo tanto, el objetivo de esta investigación es evaluar la magnitud de los efectos observados en la intervención fisioterapéutica en pacientes con cáncer en fase paliativa.

Método: se realizó una revisión sistemática siguiendo las directrices PRISMA, consultando bases de datos reconocidas como *PubMed*, *EMBASE* y *Scopus*. Se seleccionaron estudios entre 2015 y 2025 que abordaron específicamente intervenciones fisioterapéuticas en pacientes oncológicos paliativos, evaluando su calidad metodológica mediante herramientas validadas como *RoB 2*, *NOS* y *AMSTAR-2*.

Resultados: de 130 artículos inicialmente identificados, se incluyeron finalmente 14 publicaciones que evidenciaron que las intervenciones fisioterapéuticas activas, combinadas con terapia manual y apoyo nutricional, mejoran notablemente la funcionalidad, autonomía y bienestar integral del paciente.

Conclusiones: la fisioterapia se posiciona como una intervención esencial en cuidados paliativos oncológicos, demostrando efectos positivos en la reducción de fatiga, dolor y disnea, así como en la promoción del bienestar emocional y social. Es clave su integración interdisciplinaria, adaptada al contexto clínico y recursos locales, para maximizar la calidad de vida del paciente en su etapa final.

Palabras clave: Fisioterapia; Cuidados Paliativos; Cáncer; Calidad de Vida.

INTRODUCTION

Cancer continues to generate deep fear as it is seen as a silent enemy that acts imperceptibly. It has become a symbol of suffering and pain, testing our emotional and intellectual capacities. Statistics show that, in one way or another, we will all be involved, either directly or indirectly, with the disease. Currently, more than 20 million people worldwide are living with cancer, most of them in developing countries.^(1,2,3,4,5)

Knowing this global figure, data shows that in half of the countries in Latin America and the Caribbean, cancer is the leading cause of premature death, and its impact is expected to continue to grow. This represents a major challenge in organizing effective prevention and treatment services in a region where one in three inhabitants lives in poverty.⁽²⁾ In 2024, the most common cancers according to statistics are breast, prostate, lung, colorectal, skin melanoma, bladder, kidney, non-Hodgkin's lymphoma, endometrial, pancreatic, leukemia, thyroid, and liver cancer. In men, prostate, lung, and colorectal cancers account for 48 % of diagnoses, while in women, breast, lung, and colorectal cancers account for 51 % of new cases.⁽³⁾

It should be noted that all types of cancer can be caused mainly by exposure to carcinogens in the environment or at work, as well as by personal habits such as tobacco use, poor diet, or viral infections such as hepatitis B and HPV, which are more relevant factors than genetic inheritance. Prevention consists of reducing exposure to these causes and minimizing individual vulnerability, which is the most effective and cost-effective strategy for long-term public health.^(1,6,7)

The challenge of modern medicine is to care for cancer patients, not only from a rehabilitative perspective but also by knowing how to manage the social approach to provide comprehensive care, from diagnosis to the end of life, even years after completing treatment.⁽⁴⁾ To this end, early diagnosis is essential in cancer prevention, as it allows for detection in the early stages, reducing the high costs associated with advanced treatments. In the terminal stages, cancer often causes physical and emotional complications, requiring palliative care to relieve pain and improve the patient's quality of life. Therefore, it is essential to speed up diagnosis and provide comprehensive care at all stages of the disease.^(5,8,9)

However, when curative treatment does not respond adequately to the disease, supportive treatment and palliative care become the best option.^(6,10,11) Although this type of care is often mistakenly associated only with pain management or the terminal stage, its objective is much broader. It seeks to improve the physical, emotional, and psychological well-being of the patient and their family, reduce the burden on caregivers, and avoid unnecessary hospitalizations.^(7,12,13,14) This, in turn, can be achieved by combining relief therapies, early identification of complications, and personalized treatment with a multidisciplinary team, as shown in figure 1.^(8,15,16,17,18)

This research sought to address these gaps by conducting a systematic review, and its overall objective is to evaluate the magnitude of the effects observed in physiotherapy intervention in patients with cancer in the palliative phase. which is why this research contributed significantly to the existing literature by offering a rigorous and up-to-date synthesis on physical therapy in palliative care, whose practical implications include improving care for patients with terminal cancer, optimizing the resources available in the health system, and promoting the training of health professionals to implement physical therapy strategies that improve the overall well-being of patients.

METHOD

This study was developed using a systematic review approach, following the guidelines established by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)* methodology, with the aim of analyzing the impact of physical therapy on the palliative treatment of cancer patients.

To this end, an exhaustive search of scientific literature was carried out in high-impact databases, including *PUBMED*, *EMBASE*, and *SCOPUS*. Inclusion and exclusion criteria were defined to ensure the validity, relevance, and methodological quality of the selected studies.

The inclusion criteria were:

1. Studies published between 2015 and 2025.
2. Publications in English or Spanish.
3. Research that directly addresses physiotherapeutic intervention in the context of palliative care in cancer patients.

Exclusion criteria included:

1. Studies not focused on palliative care.
2. Research conducted in animal models.
3. Publications with insufficient sample sizes or that did not meet adequate methodological standards.

For the specific search for information, keywords and combinations of related terms were used, applying Boolean operators (AND, OR) in order to refine and optimize the identification of relevant studies. The search strategies included the following combinations:

- Physical therapy in palliative care for cancer patients (“palliative care” OR “supportive care”) AND (“cancer patients” OR “oncology patients”) AND (“physiotherapy” OR “physical therapy”)
- Oncological rehabilitation and pain management through physical therapy (“oncology rehabilitation” OR “palliative rehabilitation”) AND (“physiotherapy intervention” OR “exercise therapy”) AND (“pain management” OR “symptom relief”)
- The relationship between physical therapy and pain relief in palliative treatment (“cancer pain” OR “chronic pain in cancer”) AND (“physiotherapy treatment” OR “manual therapy”) AND (“palliative medicine”)
- The benefits of physiotherapy on the quality of life and functionality of advanced cancer patients (“advanced cancer” OR “terminal cancer”) AND (“physiotherapy benefits” OR “rehabilitation outcomes”) AND (“quality of life” OR “functional independence”)
- Physiotherapy as a tool for improving emotional well-being and quality of life in the terminal phase of cancer (“end-of-life care” OR “hospice care”) AND (“physiotherapy interventions” OR “physical therapy interventions”) AND (“psychosocial well-being” OR “emotional support”)

The search strategies were adapted to the selected databases, using MeSH (Medical Subject Headings) terms and DeCS (Health Sciences Descriptors) descriptors. Once the studies had been compiled, they were organized and analyzed. Initially, duplicates were eliminated using Mendeley bibliographic management software.

Subsequently, an initial review of titles and abstracts was conducted to exclude those that did not meet the previously defined criteria. The selected articles were read in detail to extract key information, including the study objective, the type of intervention applied, the sample size, and the main findings reported.

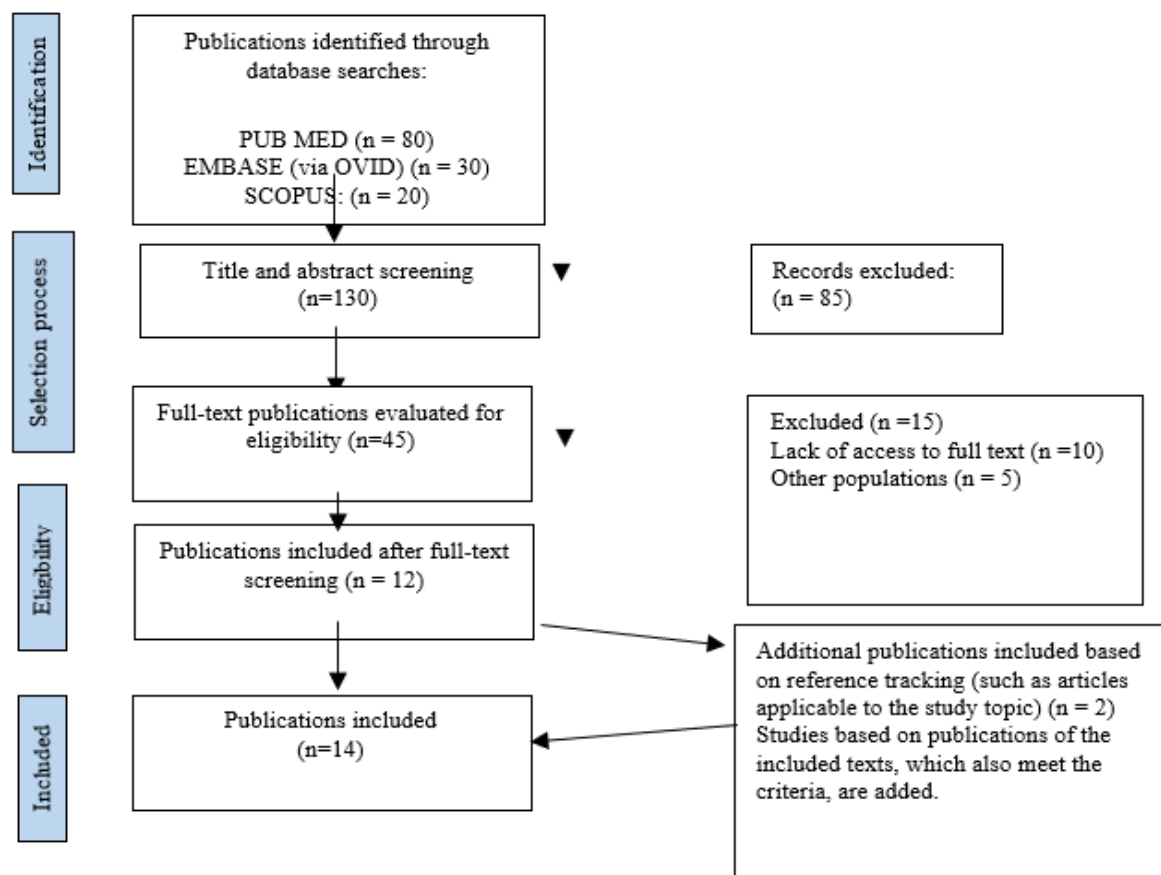


Figure 1. Flowchart of article selection

In order to assess the methodological quality and risk of bias of the studies, validated tools were used, such as the *Cochrane Risk of Bias Tool (RoB 2)* scale for clinical trials, the *Newcastle-Ottawa Scale (NOS)* for observational studies, and the *AMSTAR-2* tool for systematic reviews and meta-analyses. Only studies with acceptable methodological quality were considered, ensuring the robustness of the evidence analyzed.

The information search and selection process was carried out systematically, beginning with a search of the *PUBMED*, *EMBASE*, and *SCOPUS* databases, which identified an initial total of 130 publications. After a thorough and careful review of the titles and abstracts, 85 articles that did not fit the study's focus were excluded. Subsequently, a more detailed evaluation of the full texts of 45 articles was carried out, excluding an additional 15 due to difficulties in accessing the full text or because they addressed populations other than those in the study. Finally, after applying these specific criteria, 12 relevant publications were selected. In addition, aware of the importance of including valuable information that may have been initially omitted, two additional publications were incorporated, identified through manual reference tracking or complementary searches, resulting in a final total of 14 articles included. This rigorous and thoughtful process ensured that the information obtained was reliable and truly useful in responding to the objectives set out in the research.

Figure 1 represents the most significant results of the publications included in this study.

RESULTS

Table 1. Summary of various studies on palliative therapies in cancer patients from a physiotherapeutic perspective

#	Title	Authors	Year	Journal	Type of Study	Sample Size	Main Findings
1	Physiotherapy applied to palliative care patients a descriptive practice-based study	Navarro - Meléndez et al. ⁽⁹⁾	2023	BMC Palliative Care	Prospective and descriptive observational study	63	Physical therapy significantly improved functional independence and ambulation in patients in palliative care units (PCUs), especially those with metastatic cancer
2	Physiotherapy program reduces fatigue in patients with advanced cancer receiving palliative care randomized controlled trial	Pyszora et al. ⁽¹⁰⁾	2017	Support Care	Clinical trial	60	The program significantly reduced fatigue and improved symptoms such as pain and depression in patients with advanced cancer in palliative care
3	Individual specialist physical activity assessment and intervention in advanced cancer patients on a palliative care ward; the 3STEPS study	Blum et al. ⁽¹⁹⁾	2020	Ann Med	Palliat Prospective observational study	437 evaluated, 6 started intervention, 4 completed it	An individualized intervention of Physical activity showed improvements in the few patients who completed the study. Feasibility limited by patient frailty patients.
4	The efficacy of specialized rehabilitation using the Op-reha Guide for cancer patients in palliative care units	Nishiyama et al. ⁽²⁰⁾	2020	BMC Palliative Care	Multicenter randomized clinical trial (study protocol)	135	The use of the Op-reha Guide could be more effective in maintaining activities of daily living (ADL) in patients with terminal cancer hospitalized in palliative care units than conventional rehabilitation.
5	A Randomized Controlled Trial of a Physical Activity Intervention for Self-Management of Fatigue in Adolescents and Young Adults with Cancer	Erickson et al. ⁽²¹⁾	2021	Cancer Nursing	Randomized clinical trial	44	No significant differences between groups, although positive trends were observed in fatigue, self-efficacy, and physical activity in the intervention group.

6	Effect of combined therapies including nutrition and physical exercise in advanced cancer patients: A pooled analysis	Storck al. ⁽¹²⁾	et	2023	Frontiers in Nutrition	Combined analysis of two trials	110	Significantly improved grip strength in the intervention group. No significant differences in BMI or body composition were found at 3 months.
7	Collaborative goal setting in palliative rehabilitation: a case report	Heng CSH ⁽¹³⁾		2024	BMC Palliative Care	Case study	1	A patient-centered approach with collaborative goals improved physical function, autonomy, mood, and well-being in a patient with advanced lymphoma.
8	Role of Physical Therapy Intervention in Patients With Life-Threatening Illnesses	Putt et al. ⁽¹⁴⁾		2017	Am J Hosp Palliat Care	Review of qualitative studies	13 studies	Supports the use of physical therapy in palliative care to improve physical, social, and emotional well-being in patients with terminal illnesses.
9	Specific Autonomy Recovery. program in A comprehensive rehabilitation on functionality and respiratory parameters in oncological patients with dyspnoea: Study protocol	Fernández-Rodríguez et al. ⁽¹¹⁾		2021	BMC Nursing	Prospective randomized clinical trial protocol Prospective, randomized, and controlled	50 patients	The aim is to evaluate whether a comprehensive rehabilitation program that combines multimodal physical exercise and re-education in daily activities significantly improves functionality, physical performance, and respiratory parameters in cancer patients with dyspnea, compared to multimodal exercise alone.
10	Prescribing Exercise to Cancer Patients Suffering from Increased Bone Fracture Risk Due to Metastatic Bone Disease or Multiple Myeloma	Crevenna al. ⁽¹⁶⁾	et	2023	Cancers	Perspective article	Not applicable	Interdisciplinary proposal to individualize exercise prescription exercise prescription in patients at risk of bone fracture. It emphasizes coordination between oncologists, physiatrists, and therapists.
11	Typical aspects in the rehabilitation of cancer patients suffering from metastatic bone disease or multiple myeloma	Keilani al. ⁽¹⁷⁾	et	2019	Wiener Klinische Wochenschrift	Narrative review and clinical experience report	Narrative review and clinical experiences of 20 years at a specialized center specialized center	Specific guidelines are highlighted for physical activity and rehabilitation in patients with bone metastases or multiple myeloma, prioritizing safety through individualized assessment. It is noted that exercise is possible and beneficial in most cases if bone stability is considered and clinical contraindications.

12	Integrated Short-term Palliative Rehabilitation to improve quality of life and equitable care access in incurable cancer (INSPIRE): a multinational European Research project	Bayly et al. ⁽¹⁸⁾	2023	Palliative Care & Social Practice	Multinational, parallel, randomized, controlled clinical trial with blinded assessment	Not specified in the protocol	Expected to be intervention of integrated palliative rehabilitation significantly improves quality of life and reduce disability, and decrease the burden of symptoms, and promote the achievement of individual goals in patients with incurable cancer, as well as providing information on the economic cost-effectiveness, equity, accessibility, and effectiveness of the implementation in different European healthcare systems
13	Physical exercise training interventions for children and young adults during and after treatment for childhood cancer	Braam al. ⁽²²⁾	et 2016	Cochrane Database Syst Rev	Narrative review	171	Positive effects were found on body composition, muscle strength, physical condition, and quality of life, although the evidence was of low quality and more research is needed.
14	Role of Physical Therapy Intervention in Patients With Life-Threatening Illnesses	Putt et al. ⁽¹⁴⁾	2017	Am J Hosp Palliat Care	Combined analysis	13 studies	Supports the use of physical therapy in palliative care to improve physical, social, and emotional well-being physical, social, and emotional well-being in patients with terminal illnesses.

Among the most notable physiotherapeutic interventions in advanced cancer patients were combined therapies, which include active physical exercise, manual therapies, and personalized resistance exercises. The combination of physical exercise with nutritional counseling significantly improves muscle strength, as assessed in particular by grip strength, a key indicator of physical well-being and potential survival.⁽¹²⁾

Another widely applied strategy is the collaborative establishment of personalized therapeutic goals. It also emphasizes that interventions focused on specific goals, tailored to individual preferences, not only increase patient motivation and active participation but also generate a sense of control and purpose during this stage of life.⁽¹³⁾

In terms of the benefits for prevalent symptoms such as fatigue, pain, and muscle weakness, it was found that physical therapy, through exercises adapted to each patient's abilities, contributes significantly to improving quality of life.⁽¹⁴⁾ This approach addresses not only physical symptoms but also emotional and social aspects, underscoring the comprehensive value of physical therapy in oncological palliative care. On the other hand, in recent years there has been an exponential increase in cancer treatments and their side effects, including asthenia and dyspnea. They also compare the effects of comprehensive rehabilitation with those of an isolated intervention based solely on a physical exercise program, evaluating its impact on the functionality and physical performance of cancer patients with dyspnea.⁽¹¹⁾

In relation to quality of life, physiotherapy interventions have proven to be crucial in palliative contexts, documenting significant improvements in patients with pancreatic cancer when combining exercise with nutritional counseling, with a notable increase in survival compared to the control group.⁽¹²⁾

Furthermore, through the European INSPIRE project, they demonstrated that integrated palliative rehabilitation, based on brief, multidisciplinary interventions, improves not only physical aspects but also

psychological and social aspects, positioning itself as a scalable and effective strategy for patients with incurable cancer.⁽¹⁸⁾

Finally, the importance of prescribing specific exercises for patients at high risk of bone fractures due to metastasis is highlighted, recommending a coordinated approach by multidisciplinary teams to ensure both safety and quality of life benefits. This comprehensive approach reinforces the need to personalize physiotherapeutic interventions according to each patient's individual conditions.⁽¹⁶⁾

DISCUSSION

The literature review conducted shows that physiotherapeutic interventions play an important role in palliative care for cancer patients, providing significant physical and emotional benefits.

Multimodal exercise programs and individualized patient-centered therapies have been shown to provide valuable relief from common symptoms such as fatigue, dyspnea, and pain, improving physical parameters such as muscle strength, functional independence, and patient-perceived quality of life.^(9,10) In addition, comprehensive approaches that combine physical rehabilitation with nutritional strategies or re-education in daily activities show additional improvements in patients' overall well-being and functional autonomy.⁽¹¹⁾ Similarly, specific therapies tailored to patients with complications such as bone metastases or multiple myeloma have proven to be safe and effective in preserving mobility and autonomy, highlighting the need for interdisciplinary teams in their implementation.⁽¹²⁾

In this sense, physiotherapeutic interventions are emerging as an integral component of humanized palliative care in oncology, offering symptomatic relief as well as dignity, autonomy, and active patient participation in the therapeutic process, which are fundamental aspects for improving quality of life in advanced stages of the disease.^(13,23,24)

The research integrates and synthesizes findings from multiple studies related to the effectiveness of physical therapy and other interventions in cancer patients, particularly those in advanced stages or receiving palliative care. The results obtained are broadly consistent with previous studies, highlighting the value of specific physical therapy programs in improving quality of life, reducing fatigue, managing coexisting symptoms, and promoting functional autonomy.

Specific physical therapy programs can stabilize and slow functional decline in terminally ill patients, leading to significant improvements in overall well-being.⁽⁹⁾ A particular focus on active exercises and proprioceptive neuromuscular facilitation techniques has shown a considerable reduction in fatigue, as well as significant improvements in coexisting symptoms such as pain and lack of appetite. These findings are in line with evidence on the effectiveness of comprehensive functional rehabilitation programs, especially in patients with cancer-related dyspnea, as suggested.^(10,11)

Furthermore, it is noteworthy that the combination of nutritional therapy and physical exercise significantly improves muscle strength and physical performance in patients with advanced cancer, highlighting the importance of comprehensively addressing the patient's condition from multiple therapeutic perspectives.^(25,26,27) Likewise, the importance of establishing collaborative goals in palliative rehabilitation is highlighted, allowing patients to actively participate in defining their therapeutic goals, which improves their motivation and overall satisfaction.⁽¹³⁾

That said, physiotherapy intervention not only improves physical well-being but also promotes emotional and social well-being, underscoring the integral and holistic role of physiotherapy in palliative care. On the other hand, there is evidence that regular physical exercise can generate therapeutic effects, including an improved immune response and a reduction in tumor growth, further strengthening the integration of physical exercise into oncological therapies.⁽¹⁵⁾

Studies highlight that, in patients with metastatic bone disease or multiple myeloma, it is essential to carefully assess the risk of fracture before implementing exercise programs, emphasizing the importance of interdisciplinary approaches to managing these risks.^(17,18) In addition, initiatives such as the INSPIRE project reinforce the need for brief, integrated palliative rehabilitation programs to significantly improve quality of life and equitable access to care in patients with incurable cancer.⁽¹⁹⁾

It should be noted that other research complements these findings by highlighting the need to consider additional factors in the planning of exercise programs, such as the importance of assessing bone stability using advanced imaging techniques and tailoring exercise programs to the patient's functional and cardiovascular status.^(16,17)

The clinical application of the findings compiled on physical therapy in palliative cancer care requires a realistic approach adapted to the local conditions of each healthcare setting, although the benefits of physical therapy interventions have been widely demonstrated, from reducing fatigue and pain to improving the functional, emotional, and social well-being of patients with advanced cancer. Therefore, their implementation must be adjusted to the structural, human, and economic limitations that often characterize health systems, especially in contexts of low and medium resource availability.^(28,29)

A feasible avenue for integration is the design of low-cost rehabilitation programs based on brief, accessible interventions led by interdisciplinary teams. For example, the *INSPIRE* study proposes short-term palliative rehabilitation models that do not require sophisticated equipment and can be implemented by previously trained personnel, even in community or home settings, with positive results in patient functionality and quality of life. In this regard, the continuous training of healthcare personnel, including physical therapists, nurses, and caregivers, is key to ensuring the effectiveness and sustainability of these strategies.⁽¹⁸⁾

In addition, the adoption of simple but effective assessment tools, such as the MRC dyspnea scale or the Barthel index, allows progress to be monitored without the need for complex technologies.⁽¹¹⁾ Similarly, the integration of personalized therapeutic goals through collaborative processes strengthens patient commitment and promotes care focused on their priorities and actual capabilities. In the case of higher-risk patients, such as those with bone metastases or multiple myeloma, it is essential to perform an interdisciplinary assessment of fracture risk before prescribing exercise. This does not exclude physiotherapy intervention, but rather guides its personalization toward safe exercises that maintain mobility and prevent dependence.^(16,17)

On the other hand, combining exercise strategies with nutritional advice and psychological support can enhance the benefits without requiring large investments, and is feasible to implement in day clinics, general hospitals, or even on an outpatient basis. Ultimately, the key to translating these findings into clinical practice lies in adaptability, interdisciplinary collaboration, and a person-centered approach. Therefore, interventions must be realistic, and ambitious in their purpose of dignifying the life of the cancer patient, even in the final stages, through therapeutic support that does not necessarily cure, but alleviates, strengthens, and humanizes.

It is necessary to recognize certain limitations inherent in this analysis, which is why it is important to consider whether the methodological aspects and findings presented come from studies that are diverse in design and scope, introducing considerable heterogeneity in terms of the interventions applied, the measurement techniques used, and the populations studied. This variability can generate biases that make it difficult to directly compare results and limit the ability to make specific and generalizable recommendations. Some of the studies reviewed have small samples or qualitative methodologies that, although they enrich practical knowledge, reduce the statistics necessary to draw definitive conclusions about the effectiveness of physiotherapy interventions in all cancer patients. The generalization of results should be approached with caution. Most of the studies analyzed were conducted in specific contexts or countries with well-structured healthcare systems, so successful implementation in contexts with limited resources could face additional barriers not considered in these studies.

In addition, most studies focused predominantly on older adults with advanced or terminal cancer, leaving significant gaps regarding the applicability of these findings to younger patients or those with other types and stages of cancer. Therefore, future research should consider broadening the population spectrum and clinical contexts explored to validate and adjust these therapeutic interventions, thereby improving their universal applicability and practical effectiveness.

Based on the review of the role of physical therapy in oncological palliative care, it is clear that there are still many areas to be explored and studied in greater depth. One of the priority areas would be to investigate how to adapt and implement physiotherapy interventions in contexts with limited resources, considering economic and geographical barriers and barriers to access to specialized personnel. Future studies could focus on designing simple, effective, and low-cost programs that do not depend strictly on complex or advanced equipment. Thus, various clinical experiences have shown the need to develop practical, accessible, and humanized programs, particularly in rural or marginalized areas.⁽³⁰⁾

Along the same lines, the potential of telerehabilitation represents an important opportunity for the near future. Although there are already initial experiences that demonstrate its usefulness in other clinical areas, further research is needed on how to effectively and safely implement this technological tool in the rehabilitation of cancer patients in palliative care. Evaluating the effectiveness, patient satisfaction, and operational feasibility of tele-rehabilitation interventions would overcome physical barriers and facilitate continuous care for patients who, due to geographical or social circumstances, cannot regularly attend specialized centers.

In addition, it would be valuable to further evaluate interdisciplinary programs that combine physical therapy with nutritional, psychological, and educational interventions, as integrated interventions have shown promise but still require rigorous scientific validation. Robust clinical trials are needed to measure not only physiological and functional variables, but also the emotional well-being, autonomy, and overall quality of life of patients and their families, considering the integration of different therapeutic perspectives.

On the other hand, there is the cultural adaptation of physical therapy interventions, as patients' cultural values, beliefs, and expectations can significantly influence treatment adherence and effectiveness. Qualitative and quantitative studies could explore how cultural differences influence the perception of pain, disability, and the disease itself, providing valuable data for adapting interventions to diverse communities and specific population groups.^(15,16)

Finally, the need to strengthen interdisciplinary research in palliative care is a key aspect that deserves

special attention. Collaborative research between professionals from different disciplines such as oncology, physical therapy, psychology, and social work can offer comprehensive perspectives and substantially enrich the quality of care. Interdisciplinary dialogue not only increases the scientific quality of research, but also humanizes care, significantly improving the patient experience and the clinical effectiveness of interventions.^(17,18)

CONCLUSIONS

From a physical therapy perspective, palliative treatment in cancer patients represents an effective therapeutic alternative that goes beyond physical care, positively impacting the patient's emotional and social dimensions. Therefore, based on the analysis carried out, it is concluded that palliative physical therapy contributes to preserving functionality, reducing symptoms such as pain and fatigue, and improving autonomy and quality of life, even in advanced stages of the disease. In this sense, the evidence reviewed reinforces the need to adopt a comprehensive and interdisciplinary approach, with personalized programs and collaborative goals, adapted to the specific needs of each patient and the contextual conditions of health systems. Therefore, the active inclusion of physical therapists in palliative care teams and the need to continue researching viable strategies in resource-limited settings are justified.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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