NAME OF THE ACTIVITY
Moving Cancer Care

LEADING ORGANISATION
Artevelde University of Applied Sciences

COUNTRY
Belgium

HEPA-RELATED TOPIC
HEPA for NCD prevention

TYPE OF ACTIVITY
Education, referral, coaching

TARGET GROUP
Fitness and sports clubs; nurses and doctors; physiotherapists

OBJECTIVES
Scientific evidence shows that exercise programmes should increasingly be seen as standard additional treatment during and after cancer treatment. Adopting an active lifestyle during cancer treatment has a positive impact on quality of life and reduces the risk of cancer mortality and recurrence. Despite the positive effects of exercise during cancer, too few cancer patients have access to a supervised or independent exercise programme. In this project we have gathered good practices and tools for coaches, trainers, nurses, doctors and physiotherapists in order to motivate cancer patients and to find safe and feasible PA activities. The aim of Moving Cancer Care is not only to get the cancer patient moving, but by extension also to mobilise cancer care itself.

ACTIVITIES
The main activity is to develop training for all target groups, including health care staff and physical activity coaches. The results of the Moving Cancer Care research will be translated into practically usable instruments that strengthen the role of healthcare and exercise professionals. Our handbook provides the professional field with a source of information, practical examples and concrete applications that can inspire them to guide patients towards more and better exercise during cancer. The guides are on the one hand (1) a discussion guide - to get started with the patient to exercise more and on the other hand (2) a checklist - to develop a qualitative range of exercise.

TIPS & TRICKS
In order to design a feasible and motivating exercise programme for cancer patients undergoing treatment, it is first important to take into account the thresholds they experience with respect to exercise. In addition, the capacity and load of the team of professionals involved should be taken into account when developing and rolling out the programme. A third success factor is situated at the level of the organisation where the necessary preconditions such as adequate funding must be met. As far as content is concerned, it is best for the exercise programme to be as close as possible to scientifically substantiated insights in the field of physical activity and training of cancer patients (‘design criteria’). Finally, it is important to recognise the place of the exercise programme in the overall exercise provision for patients, the prevention-care continuum and the specific healthcare system.

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