Rehabilitation after treatment for brain and spinal cord cancer

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A brain or spinal cord tumour – or treatment for it – may affect some of the normal functions of the body and brain, such as speech, personality, memory, movement, balance and coordination. You or your family may notice changes in your thinking and behaviour, such as how easily you can have a conversation or how you respond emotionally in certain situations. If you or your family members have noticed some changes, talk to your doctor, nurse or care coordinator.

The Cancer Institute NSW and NSWOG Neuro-Oncology have developed 16 fact sheets that provide important information about many of the thinking and behaviour changes people may experience after a brain tumour.

The brain can sometimes heal itself after treatment but this may be a slow process. Most patients require some kind of rehabilitation to help to restore their abilities or manage the changes. The type of therapy you have depends on your needs, choices and what is available.

Types of rehabilitation

Cognitive rehabilitation – If your memory, language skills or concentration is affected, a neuropsychologist may help you to improve your cognitive skills using memory activities, diaries and language puzzles.

Physiotherapy – In some cases, physiotherapy can help you learn how to move more easily. It can also help you to develop, maintain or regain strength and balance.

Moving and strengthening your muscles can help reduce tiredness.

If you can’t move easily you may be able to learn compensation techniques such as using a walking stick. You may also be given advice on how to exercise safely and stimulate parts of your body to improve circulation and reduce swelling.

Speech therapy – If your ability to talk has been affected, a speech pathologist may be able to help. Speech pathologists also work with people who have difficulty swallowing (dysphasia), which can cause problems with speaking or eating.

Occupational therapy – This helps you increase or maintain your independence using your individual abilities.

Assistance for the vision impaired – Some people may lose some or all of their sight as a result of a brain tumour or surgery.
Driving

Benign and malignant tumours, seizures and certain treatments and medications (such as anti-convulsants and some painkillers) can cause changes in vision, mobility, coordination, perception and judgment. These changes can affect a person’s driving skills.

You must inform your driver licensing authority you have a tumour especially if you have had brain surgery or have had seizures in the past six months. The licensing authority will request information from your doctor to help decide if you are medically fit to drive.

You may have an occupational therapy driving assessment. This will help determine the type of difficulties you are experiencing while driving (e.g. a slow reaction time). If you hold different classes of licence (e.g. car, motorcycle or truck) you will need to be assessed separately in each of these types of vehicle.

The focus of a driving assessment is not to cancel or suspend your licence. In some cases an occupational therapist is able to teach you driving techniques to address your weaknesses or instruct you on how to use car modifications (such as additional mirrors). You may also be able to drive with restrictions such as only in daylight or only short distances from home.

Some people feel upset or frustrated if they are no longer able to drive or they have restrictions placed on their licence. These reactions are natural and understandable.

Changes in your ability to drive can affect your sense of independence and may impact on your family too. However it may help to remember that the decision is made for your safety and well-being. It is also made for the safety of passengers and other road users. If you have to stop driving, you may want to talk to a counsellor or someone who has been through a similar experience.

Depending on your situation and your ongoing health you may be able to return to driving at a later stage.

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