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Essay

The Vital Role of Home Health Occupational Therapy During the Prehabilitation Phase of Chemotherapy

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ABSTRACT

While it is well-known that chemotherapy significantly impacts clients physically and emotionally, what tends to be overlooked are the impacts on clients before chemotherapy treatment begins. Prehabilitation in the cancer care continuum, the time after cancer diagnosis, but prior to acute treatment, is a critical, preparatory time. Research indicates that early interventions during prehabilitation benefit clients and improve their functional outcomes, yet no clear standard of care exists. Indeed, occupational therapy is not typically offered during chemotherapy prehabilitation, even though many of the areas impacted fall well within the scope and practice of occupational therapy. This essay details the unmet needs of clients during prehabilitation and provides an in-depth analysis of how home health occupational therapy can play a vital role in filling this gap in care. Specific interventions addressed include precautions in the home, as well as chemotherapy-induced peripheral neuropathy, cognition, chemotherapy-induced alopecia, cancer-related fatigue, pre-existing conditions, and emotional distress.

Keywords: prehabilitation, chemotherapy, Home Health Occupational Therapy, gaps in care

INTRODUCTION

While treating cancer with intravenous chemotherapy technically starts when the first drops of medicine enter the bloodstream, the real-life impacts are felt much earlier: the moment an individual is told that chemotherapy is indicated. In the United States, approximately one million individuals will hear this life-altering news each year (Centers for Disease Control and Prevention [CDC], 2024). Potential side effects are significant: nausea, vomiting, diarrhea, chemotherapy-induced alopecia (CIA), cancer-related fatigue (CRF), chemotherapy-induced peripheral neuropathy, mouth and throat sores, skin changes, weight loss, and cognitive deficits (Johns Hopkins Medicine, n.d.). These side effects negatively affect activities of daily living (ADLs), instrumental activities of daily living (IADLs), participation in everyday life, and quality of life (QoL) (Newman et al., 2024).

Until recently, much of the research and rehabilitation focused on the time during and after chemotherapy (Mina et al., 2017; Pietrakiewicz et al., 2025). Although managing chemotherapy-related side effects as they occur is critical, the prehabilitation phase is an essential part of the cancer care continuum, providing an early opportunity to strengthen clients' readiness, resilience, and functional capacity before and during treatment.

Positionality

My lived experience as a female patient who underwent chemotherapy for breast cancer introduced me to the gaps in prehabilitation care. Indeed, it was the driving force behind writing this essay. Many aspects of my chemotherapy regimen were advantageous: easy access to a well-regarded oncology team in the United States, excellent health insurance coverage, and a good baseline of health. Having few barriers to treatment allowed me to hone-in on areas that were deficient. However, I recognize that my experience with cancer treatment may have affected my approach to this essay. Physical side effects from chemotherapy differ from patient to patient; my personal experiences may have caused an unrealized bias in my research. In addition, we all bring forward our own unique perception of "cancer." The complex interplay between my personal history and belief system, my diagnosis, and my perception of the healthcare system may have affected the tone of this essay.

This essay was informed by my training as a certified occupational therapy assistant. As an occupational therapy practitioner, my knowledge base afforded me insight into potential avenues for improved delivery of oncological care. I observed, firsthand and in real time, areas that could be addressed by occupational therapy and, as such, felt moved to learn more about why gaps in care exist and how to meet these needs. However, I recognize that my longstanding passion for, and identification with, the occupational therapy profession may introduce bias in how I understand, value, and present its benefits. For example, individuals in other professions may emphasize different challenges during prehabilitation; I approached this essay through the lens of occupational therapy. Despite these biases, and perhaps because of them, I believe my passion for occupational therapy, in conjunction with the needs of this population group, bring critical light to this under-researched area.

Prehabilitation and the gap in care

Cancer prehabilitation has been defined by Silver and Baima (2013) as "a process on the cancer continuum of care that occurs between the time of cancer diagnosis and the beginning of acute treatment and includes physical and psychological assessments that establish a baseline functional level, identify impairments, and provide interventions that promote physical and psychological health to reduce the incidence and/or severity of future impairments" (p. 715). It is a vulnerable time for clients, with an onslaught of new healthcare information and time-sensitive issues to navigate, such as precautions in the home and prevention of chemotherapy-induced peripheral neuropathy and CIA. Then there are the proactive considerations, such as how to prepare for potential CRF and complications with comorbidities. In the backdrop of all these issues lies the heavy emotional toll of cancer and dread of chemo.

Research indicates that interventions during prehabilitation improve clients' outcomes. By focusing on the physical and emotional issues of chemotherapy before they occur, treatment tolerance and functional outcomes of clients improved, along with their

emotional wellbeing (Pietrakiewicz et al., 2025; Stout et al., 2021). In a scoping review by Kwan et al. (2026), interventions during prehabilitation were "generally described as feasible, well-accepted, and associated with improvements in both patient-reported and objective outcomes" (Section 4.6 Study Outcomes). Macmillan Cancer Support (2020) concurs, emphasizing, "Interventions targeted at improving physical and/or mental health should start as early as possible and in advance of any cancer treatment (not just the first cancer treatment)" (p. 10).

Despite the needs of clients and the growing body of positive research, the amount and type of prehabilitation offered varies; no official guidelines for care exist (Pietrakiewicz et al., 2025). Many oncology offices offer clients an educational session before chemotherapy to review precautions, medications, and potential side effects. This education, if offered, is a crucial first step. However, even with this session, the benefits may not be realized due to this unimodal approach being an in-office, one-time event (Gallegos et al., 2019). Recently, some oncology teams have begun to implement a multimodal approach, adding disciplines such as nutrition, exercise and psychology to enhance client care (Kwan et al., 2026). Including these disciplines brings a much-needed holistic approach. Still, gaps in care remain due to the unique and pressing needs of these clients. It is in this gap where the home health occupational therapy practitioner plays a key and pivotal role.

Occupational Therapy's role during chemotherapy prehabilitation

The domain of occupational therapy includes not only occupations, such as ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation, but also the context, performance patterns, performance skills, and client factors (AOTA, 2020). The wide breadth of the occupational therapy profession melds perfectly with the complex, multi-faceted needs of clients during chemotherapy prehabilitation. Occupational therapy interventions in the home are client-centered, helping clients prepare for precautions, facilitate new habit/routines, locate resources, prevent/prepare for chemotherapy-induced peripheral neuropathy and CIA, prevent falls, and compensate for pre-existing conditions. Utilizing their holistic toolkit, occupational therapy practitioners can also address the early and insidious side effects of cognitive issues and emotional distress through proactive coping skills training.

Despite its clear role during prehabilitation, occupational therapy is not a common discipline involved at this stage of cancer care. Pergolotti et al. (2016) states, "Occupational therapy has the potential to limit and reverse cancer-related disability, yet it remains severely underused" (p. 314). Referral rates to occupational therapy by oncology are low. In their 2015 study, Pergolotti et al. investigated referral patterns to occupational therapy and physical therapy for older adults with cancer who presented with documented functional deficits. Their findings indicated a substantial gap in supportive care, with only 9% of patients receiving a therapy referral within one year despite evidence of functional need. Home health occupational therapy, in particular, which considers clients' environment and context, would be particularly useful prior to starting chemo. Unfortunately, oncology does not frequently refer clients to home health occupational therapy during chemotherapy prehabilitation (Stout et al., 2021). This low referral rate may be due to a lack of knowledge about the occupational therapy profession and/or how clients can benefit

from occupational therapy (Pergolotti et al., 2016). As such, this essay details how occupational therapy interventions can meet the unique needs of clients during prehabilitation, focusing on precautions, chemotherapy-induced peripheral neuropathy, cognition, CIA, CRF, comorbidities, and emotional distress.

Occupational therapy interventions: precautions for self, others, and pets

Clients undergoing chemotherapy are typically immunocompromised and, therefore, more susceptible to illness (CDC, 2024). occupational therapy practitioners facilitate wellness by helping clients develop new habits and routines for frequent handwashing, hand sanitizer use, and mask utilization. Skin care, an ADL in the purview of occupational therapy, includes education on photosensitivity, visual cues for SPF lotion/head coverings, and possible cognitive training for protective clothing selection (National Cancer Institute, 2022). Medication management is paramount; occupational therapy practitioners can recommend safe medication storage if pets, children, or confused individuals are present. Caregiver education may also be needed. Prevention of chemotherapy-induced peripheral neuropathy starts with client education on compression or cryotherapy garments, which must be acquired prior to initiating chemotherapy (Winters-Stone et al., 2017). In addition, information on hand and foot exercises may be beneficial as new research indicates that exercise before chemotherapy may minimize future chemotherapy-induced peripheral neuropathy (Brownson Smith et al., 2025).

Precautions to prevent chemotherapy exposure to others in the home need to be taken for the first two to three days post-infusion (OncoDaily, 2025). Secondary exposure can occur 48-72 hours post-chemotherapy due to the high concentration of chemotherapy in the client's body being eliminated through bodily fluids, i.e., urine, saliva, sweat, feces, and vomit (Houlihan, 2015). To minimize exposure in the bathroom, occupational therapy practitioners can educate on towel, toothbrush, and trash management. In addition, occupational therapy practitioners can create visual and tactile cues to establish new habits, such as closing the toilet lid prior to flushing and flushing twice, which prevents chemotherapy in urine from contaminating the bathroom (OncoDaily, 2025). Laundry modifications include a new system for separating clients' soiled garments from others and new routines, such as washing clients' clothes and bed linens separately, two times in hot water (Houlihan, 2015; OncoDaily, 2025). Again, occupational therapy practitioners can aid clients with visual cues and environmental modifications. In the kitchen, education on dedicating utensils or using disposable cups, plates, and forks to limit exposure from saliva are beneficial. Bedroom precautions include changing bed linens and practicing safe sex due to chemotherapy in bodily fluids during this time (OncoDaily, 2025). All these interventions fall well within the scope of occupational therapy and can be facilitated by occupational therapy practitioners prior to clients starting chemotherapy.

Occupational therapy practitioners can also educate clients on precautions regarding the IADL of pet care. Many oncologists recommend minimizing licks from pets on the face to prevent germs that can lead to illness [American Cancer Society (ACS), 2025]. Educating clients on ways to engage with their pets while also protecting their skin from pet scratches is also beneficial (ACS, 2025; UT MD Anderson, 2023). In addition, clients who own birds or reptiles should be educated on the risks these animals pose due to the

possibility of carrying salmonella; ideally, they should not be handled by clients on chemotherapy (ACS, 2025). Cleaning cat litter also is not recommended, so identifying and procuring support for this IADL is needed (ACS, 2025; UT MD Anderson, 2023).

Occupational therapy interventions: cognition, chemotherapy induced alopecia, cancer-related fatigue, pre-existing conditions, and emotional wellbeing

Within days of receiving a devastating diagnosis, clients are often expected to navigate an overwhelming amount of information, including new healthcare professionals, unfamiliar medical terminology, complex treatment decisions, medication management, appointments, precautions, and anticipated side effects. Even for clients with intact cognition, this influx of information may be daunting, requiring a wide range of cognitive skills: attention, memory, multi-tasking, mental flexibility, executive functioning (planning and problem-solving). Factoring in the potential psychological impacts, such as anxiety, fear, anger, and depression, can cause even further cognitive impairments (Kessels, 2003).

Occupational therapy interventions in cognition focus on organization, planning, and resources. Occupational therapy practitioners can facilitate compensatory strategies, like planners and shared group calendars for appointments, while visual/auditory cues are useful medication reminders. Telehealth options are helpful for side effect tracking, resources, and social supports (Kwan et al., 2026). If clients have preexisting cognitive dysfunction, caregiver training by occupational therapy practitioners may be beneficial (Mina et al., 2021). Once chemotherapy starts, complex IADLs, such as managing finances, may be deprioritized or forgotten. By creating automated systems or checklists now, before chemo, clients may be better organized in the weeks and months ahead. Finally, chemotherapy-related cognitive impairment (aka chemo brain) is a common side effect, affecting up to 75% of clients with impacts on memory, attention, processing speed, and executive functioning (Das et al., 2020). Having systems, checklists, cues, and new routines already in place is a proactive approach that helps individuals who may later develop chemo brain.

Chemotherapy-induced alopecia consistently ranks as the most stressful side effect for individuals on chemotherapy (Gaumond et al., 2026; Wikramanayake et al., 2023). Occupational therapy's role in the prehabilitation phase of hair loss follows one of two routes: CIA prevention or CIA management. Some clients may elect to prevent/minimize alopecia by utilizing a scalp cooling system. Clients wear tight-fitting, extremely cold caps the entire duration of a chemotherapy infusion, with the cold limiting the amount of chemotherapy directed to hair follicles, thereby minimizing hair loss. These special caps must be procured prior to the initiation of chemo, as missing even one capping may result in complete hair loss (Wikramanayake et al., 2023). Some infusion sites offer scalp cooling systems on-site, taking an incredible burden off clients; many do not. As such, clients choosing to scalp cool independently face intensive research, financial strain, and coordination issues (Wikramanayake et al., 2023). Occupational therapy practitioners can play a valuable role in supporting timely access to scalp-cooling interventions by emphasising the importance of early preparation, providing practical resources such as equipment checklists, for example, dry ice, gloves, and moleskin, and assisting clients to navigate financial and logistical barriers.

Other clients may opt to allow their hair to fall out, with occupational therapy practitioners during prehabilitation providing much-needed and timely education to ease this transition. The psychological impacts of CIA cannot be overstated; it negatively impacts clients' body image, sexuality, psychosocial wellbeing, and self-esteem (Boland et al., 2020; Gaumond et al., 2026; Naeem et al., 2023). To support clients prior to this stressful event, occupational therapy practitioners can provide strategies for coping, like journaling, mindfulness, meditation, guided imagery, or breathwork (Newman et al., 2024). The Kawa Model, which uses a river metaphor to symbolize the flow of life, may prove useful as a way for clients to express difficult emotions (Iwama, 2006). Educating clients on the benefits of peer groups and providing resources may ameliorate anxiety prior to starting chemotherapy (Naeem et al., 2023).

On a more practical note, occupational therapy practitioners can provide education on safe hair removal to prevent cuts or infections for those clients who elect to shave their heads in advance of the loss. In addition, resources for head covering may provide solace, comfort, and dignity for clients. For example, wigs selected prior to losing hair may ensure the closest match of current hair. Occupational therapy practitioners can provide information on non-profits offering free head coverings, helping to ease the transition and reduce anxiety.

Cancer-related fatigue is one of the most common side effects of chemo, defined as a "persistent, subjective sense of tiredness related to cancer and cancer treatment that interferes with usual functioning" (Hofman et al., 2007, p. 6). This profound exhaustion may interfere with many daily occupations and negatively affect a client's QoL due to its pervasive nature (Hofman et al., 2007). Occupational therapy practitioners can educate clients on proactive home modifications and adaptive strategies to prepare clients for CRF. For example, occupational therapy practitioners identify environmental modifications to reduce energy expenditure, such as placing commonly used items at counter height, strategically setting up refrigerator shelving, and using disposable plates and utensils (Pergolotti et al., 2016). Proper seating height, armrests, and ergonomics throughout the home alleviate excess effort as well. Occupational therapy practitioners help clients identify physically demanding IADLs within the home environment, such as yard maintenance, pet care, taking out the trash, household cleaning, and grocery shopping. Exploring ways to delegate, pay for services, defer, or eliminate these tasks before chemotherapy is a proactive approach to maintain clients' QoL once chemotherapy commences (Omura et al., 2022). Introducing energy conservation concepts like planning, prioritizing, and pacing may help clients who experience CRF later. Occupational therapy practitioners provide education on the benefits of seated activities, therapeutic rest breaks, and hydration. In addition, clients may benefit from adaptive equipment, such as a shower chair or a handheld showerhead, by reducing energy expenditure, as well as building-in safety (Omura et al., 2022; Pergolotti et al., 2016).

Occupational therapy practitioners can identify and address pre-existing physical deficits to ensure safety in the home. Clients with low vision or poor grip strength could face safety concerns when managing new medications. By implementing compensatory strategies, such as increased lighting, larger-font labels, and easily accessible bottles, barriers to wellbeing are removed. Proactive screening in advance of chemotherapy helps

identify these preexisting physical dysfunctions and builds in safety and functionality (Silver et al., 2013). In addition, a fall risk assessment may prevent future injury. Grab bars, non-skid mats, removal of throw rugs, and education on proper footwear are client-centered, proactive approaches that promote safety in the home. These modifications may also prove to be invaluable if clients develop chemotherapy-induced peripheral neuropathy later in treatment (Hines et al., 2025).

Anxiety surrounding diagnosis, stress related to impending chemotherapy, and fear about future health outcomes all contribute to the substantial emotional burden experienced by people with cancer; yet this dimension of cancer care is often overlooked within healthcare practice (Macmillan Cancer Support, 2020). Occupational therapy practitioners can fill this gap, providing guidance on how exercise, including yoga and walking, can alleviate emotional distress. Research supports the use of mindfulness, meditation, life review, and creative arts interventions for people living with cancer (Newman et al., 2024), all of which offer meaningful opportunities for occupation-centered intervention. Stress and anxiety may also be addressed through relaxation-based approaches, including progressive muscle relaxation, guided imagery, and diaphragmatic breathing. Occupational therapy practitioners are well positioned to support psychological well-being through engagement in meaningful occupations, adaptive coping strategies, and cognitive-behavioural approaches, which have demonstrated benefit for this population (Macmillan Cancer Support, 2020; Silver et al., 2013). Through occupation-centered prehabilitation interventions, occupational therapy practitioners can support clients to develop practical self-management strategies that enhance self-efficacy. This is a critical consideration before chemotherapy, as research indicates that addressing self-efficacy for coping during the prehabilitation phase can improve emotional wellbeing and quality of life (Pereira et al., 2021).

Looking ahead

Occupational therapy's potential role in prehabilitation is clear, but only with an increase in early referrals and screenings can its benefits be realized. According to Stout et al. (2021), "early referral to prehabilitation and rehabilitation services should become a standard in the cancer care continuum" (pp. 284-285). One strategy to increase referrals is to ensure oncologists understand the role and benefits of occupational therapy practitioners (Pergolotti et al., 2016). Once referred, a screening tool could be implemented that considers clients' cognitive functioning, home environment, fall risk, social supports, and/or emotional regulation. A notable cancer prehabilitation screening resource is Macmillan Cancer Support's Holistic Needs Assessment, particularly the Concerns Checklist: Identifying Your Concerns. Widely used across cancer services in the United Kingdom, this tool supports the systematic identification of clients' physical, emotional, psychological, spiritual, and practical needs (Macmillan Cancer Support, 2024). In addition, prehabilitation research is needed to examine the functional outcomes associated with occupational therapy interventions and to strengthen the evidence base informing future occupational therapy protocols in oncology care (Mina et al., 2017; Pietrakiewicz et al., 2025). Encouragingly, the recently updated AOTA guidelines highlight the expanding role of occupational therapy practitioners across the cancer care continuum (Newman et al., 2024). These evidence-based guidelines may help increase occupational therapy's visibility and

integration within oncology services, particularly as cancer care continues to adopt a more multimodal and person-centered approach.

CONCLUSION

This essay has identified specific ways in which occupational therapy interventions can support clients during the prehabilitation phase, with the aim of contributing to meaningful change in practice. The cancer journey is often long, unpredictable, and emotionally demanding; therefore, timely occupational therapy involvement before treatment begins may help clients develop the functional capacity, coping strategies, and confidence needed to navigate the challenges ahead. Strengthening occupational therapy's role in prehabilitation is not simply an adjunct to cancer care, but an essential step toward more holistic, proactive, and occupation-centered support for people navigating the cancer journey.

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