

# INTRODUCTION

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Cancer is an inherently destructive disease process responsible for significant morbidity and mortality in the United States. The American Cancer Society estimates greater than 1 million Americans will be diagnosed this year.<sup>1</sup> Approximately 500,000 people will succumb to this disease. The survivors will join over 7 million individuals in the United States who have had a diagnosis of cancer.

The causes of morbidity in cancer patients are well known. All organ systems may be adversely affected. The musculoskeletal system is subject to both primary malignancies (e.g., multiple myeloma, osteogenic sarcoma, and rhabdomyosarcoma) as well as metastatic lesions.

Additionally, curative and palliative interventions may have a deleterious effect on the musculoskeletal system. For example, high doses of corticosteroids may result in a proximal myopathy, as well as promote osteoporosis. Radiation therapy may cause local bone necrosis, peripheral nerve and plexus injury, and cause scar tissue to form in soft tissues, including muscles.

Cancer pain is another prevalent cause of morbidity. A variety of syndromes exist, which for the most part, are amenable to multidisciplinary therapies. However, poor understanding of cancer pain, in conjunction with reluctance to use aggressive pharmacotherapies, as well as other appropriate analgesic interventions may lead to its undertreatment.

For the physiatrist in general practice, consultation with the cancer patient may appear daunting. The myriad of complaints, and lack of available pertinent reference material makes rehabilitation evaluation of these patients difficult. This issue of the *Journal of Back and Musculoskeletal*

*Rehabilitation* is dedicated to providing the practicing rehabilitationist with a resource that will address common problems frequently affecting the cancer patient. The contributing authors all have expertise in cancer and were selected because of their ability to communicate their understanding of these important issues. Since the problems encountered are of neurologic, orthopaedic, and physiatric natures, authors from all three specialties as well as physical therapy have been solicited for their input.

The format of this issue provides interrelated topics, which build upon each other. For instance, the first article details the variety and incidence of various musculoskeletal complications. The ensuing reviews provide insight into the consultation process of the cancer patient, and provide an understanding as to the role of the physiatrist in evaluating the individual patient. Subsequent articles look at common problems such as evaluation and management of bone metastases; diagnosis and treatment of epidural disease; pain management, both pharmacologic and physiatric; rehabilitation of spinal injured patients; and physical therapist intervention. After reading these sections, it is the editor's hope that this issue will serve as enlightening resource for the practicing physiatrist and therapist.

*Michael J. Brennan, MD, Issue Editor*

## REFERENCE

1. American Cancer Society. Cancer facts and figures—1991. Atlanta, GA, 1991.