

Nurses and Physioterapists working group meeting in Malmö 4-5 December 2023

We were a small group this year, 10 nurses and 2 physioterapists attended. We believe this is due to severe travel restrictions at several hospitals in Denmark and Sweden. These have made it difficult for nurses and physioterapists in particular to attend this meeting.

Despite this, we had an interesting program with many fruitful discussions.

Merete Lia Johansen showed the newest results from her study MAGUS. Some results are now published.

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Muscle strength characteristics following megaprosthesis knee reconstruction for bone sarcoma

Merete Lia Johansen^{a,*}, Ola Eriksrud^b, Joachim Thorkildsen^c, Ole-Jacob Norum^c, Torbjørn Wisløff^d, Ingeborg Taksdal^e, Tormod S. Nilsen^b

^a Division of Cancer Medicine, Department of Clinical Service, Section for Cancer Rehabilitation, Oslo University Hospital, Oslo, Norway
^b Institute of Physical Performance, The Norwegian School of Sport Sciences, Oslo, Norway
^c Division of Orthopaedic Surgery, Oslo University Hospital, Oslo, Norway
^d Health Services Research Unit, Akershus University Hospital, Lørenskog, Norway
^e Division of Radiology and Nuclear Medicine, Department of Radiology, Oslo University Hospital, Oslo, Norway

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ABSTRACT

Objective: To assess muscle strength characteristics in patients with resection and megaprosthesis reconstruction of the knee for bone sarcoma compared to age- and sex-matched controls.

Methods: This was a cross-sectional, case-control study. Muscle strength characteristics for knee extension and flexion were assessed isometrically at three different joint velocities: 60, 120 and 180°/s, and by the rate of force development (RDFmax) in knee extension. The Toronto Extremity Salvage Score (TESS) was used in patients.

Results: Eighteen patients (01.6 months median) and 18 controls were included. Relative to controls, patients

We had a joint session together with the orthopedic surgery group where *Martine Karlsen Ødegaard* and *Ole-Jacob Norum* talked about how they plan to improve their outpatient clinic through task shifting. We also had some interesting discussions about the nurses role on the outpatientclinics in the different Scandinavian countries.

Nurse driven outpatient clinic

New hospital → how to improve the outpatient clinic?

Use expertise and resources correctly: in the right place at the right time

The distribution of tasks from doctors to nurses must be justified and managed wisely to reduce the risks of unfortunate events = training

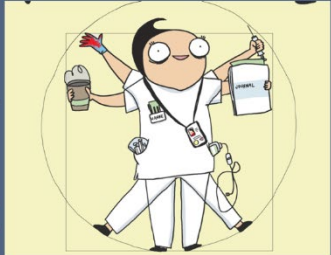

All sarcoma care in one location - outpatient clinic divided in two: orthopaedics and oncology - wednesdays = patients followed across sections.

The idea is not for nurses to become "mini-doctors", but within their competence and knowledge to be able to contribute to increased efficiency and a wider range of services for those we follow.

Resources will be freed up among the doctors + hopefully lead to fewer admissions if the patients receive closer outpatient follow-up

Challenges: when facing progressive disease / metastatic situation - where is the distinction between what nurses has the authority to give information about? Should every task be done in the name of the doctor?

Discussion: What are your thoughts on dividing tasks between professions like this?

Annica Pettersson talked about a networking event for Swedish sarcoma nurses. Two of these events have been held in collaboration with “sarkomföreningen”. The first one in 2022 and another in 2023 and we are now planning for the third one in 2024. The events have been highly appreciated by the participants. She also send a big Thank You to sarkomföreningen for making this possible.



A networking event for Swedish sarcoma nurses in collaboration with Sarkomföreningen”

- 2022, 2023 planing for 2024

We also discussed a case presented with a video where a young woman with an alvilar soft tissue sarcoma was interviewed. She had been living with a metastatic disease for 11 years. The diskussion led to the conclusion that it is difficult to find your professional boundary. And to find it you sometime need to cross that boarder to find it.

Some of the meeting was also used for necessary discussion about our program on the ssg Congress in Gothenburg. We came up with a few topics that we will now try to fill with presentations.



SSG
Congress in
Gothenburg

Program and
topics