

Objective and Literature

Objective: This case study discusses how the interplay between diverse strategies of physical and emotional rehabilitation impacted the treatment of a patient with breast cancer.

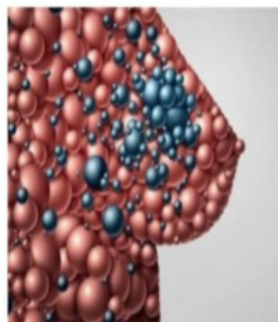
Literature: According to current literature on breast cancer survivors, dance – ballet in particular (Boing et al, 2017; Karkou et al, 2021; Letton et al, 2020; Macdonald, 2022; Mirandola, 2015), aquatic exercises (Muñoz-Gómez et al, 2022), psychotherapy (Deshpande, 2026), and massage therapy (Mansilla et al, 2025) all can help in diverse ways the physical and emotional health of these patients' quality of life.

Research Question

How did the interplay between diverse strategies of physical and emotional rehabilitation impact the treatment of a patient with breast cancer?

Contextualisation

Contextualisation: Diagnosed with breast cancer during the pandemic of COVID-19, professional ballet dancer and professor with 43 years old had a mastectomy with reconstruction, followed by hormonal treatment (Tamoxifen). Patient had family breast cancer history (mother twice-35y/75y; cousins, great-grandmother, and grandmother's sister). Before diagnosis patient was a high-performance athlete doing professional ballet performances, swimming, walks and gym.



Discussion and Final Considerations

Final considerations:

Psychotherapy, medical support and family care were crucial until today to face the emotional trauma of the mastectomy and breast cancer treatment.

Limitations in strength, flexibility and pain continues in July 2026. The patient's ability to dance ballet resumed to 3x, swim 3x, teach ballet 2x, rehearse 3-5x a week, and three ballet performances per year.

Implications from this case to other patients with cancer:

Emotional support through psychotherapy, medical team and family care were crucial to give hope and inner strength for the patient to practise sensorial experiments with textures, movements through physiotherapy, ballet, swimming, walks, breathing exercises, massage therapy, laser therapy and meditation. Although pain on the mastectomy side continues, the variety of rehabilitation strategies are mostly used until today (5 years later) contributing to the patient's rehabilitation of the upper body and well being to work as professional ballet dancer, professor of ballet and live as cancer survivor. This ballet dancer's case serves as inspiration to patients and medical teams due to the interplay of physical and emotional strategies and braveness to face the disease, stimulating the person's well being to live after cancer.

Future directions

We suggest further research on breast cancer and cancer patients to discuss the impact of the interplay of mixed physical and psychological strategies for rehabilitation and treatment considering a holistic view of the patient and their quality of life.

Methodology

Methodology: qualitative research; case study and self-ethnographic methods collected from February 2021 until March 2026 (field diary and documents- photography, video, medical files).

Results

Results: Between surgeries from February to December 2021 during the pandemic of Covid-19 online physiotherapy followed a light protocol on movement recovery (focused on stretches, motility and strength), including breathing exercises, meditation, walks, ballet classes and teaching; all which were allowed dependent on the patient's pain.

Patient performed sensory stimulation in the pectoral, shoulder, scapula, and left upper limb regions, active movements of the shoulder girdle, cervical spine, and relaxation of the temporomandibular joints, in addition to lung expansion exercises and stimulation of diaphragmatic breathing. Different textures and temperatures' exercises brought sensorial awareness to the area. The second physiotherapeutic strategy was scapulothoracic gliding stimulation with gain in final ranges of shoulder flexion, dissociation of the scapular and pelvic girdles.

After the 2nd (May) and 3rd (July) surgeries in 2021, the patient returned to work in August with significant pain condition (VAS – 6 out of 10), when she restarted sensory stimuli. Myofascial self-release techniques in the pectorals, teres major, and glenohumeral joint exercises were added.

In October, patient began strength exercises in the rotator cuff, biceps, and triceps brachii, and in a closed kinetic chain, gradually unloaded body weight onto the left upper limbs, but the persistent pain caused irritability and fatigue. Patient did laser treatment during 2022, and in-person myofascial massages from 2021 until today.

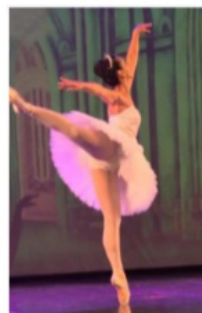


Figure 1. Patient performing after breast cancer mastectomy

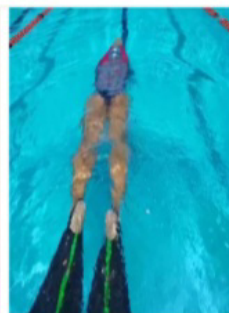


Figure 2. Patient swimming with less mobility after the mastectomy



Figure 3. Patient teaching ballet after mastectomy and pectoral major muscle resection



Figure 4. Myofascial massage therapy for tension and pain release was crucial on the patient's recovery



Figure 5. Emotional support from psychotherapy, family and friends had a crucial influence on the patient's treatment



Figure 6. Holistic strategies on the treatment of the patient with cancer

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