

FENICE PROTOCOL IN BREAST CANCER REHABILITATION: A CASE SERIES

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Background and Aims

Background: Breast cancer (BC) is among the most common cancers in women, and its treatment often leads to long-term physical and psychological sequelae. Rehabilitation strategies play a key role in managing these effects, improving quality of life (QoL), and supporting functional recovery. The Fenice Protocol introduces fencing as an innovative form of Adapted Physical Activity (APA) for non-metastatic breast cancer women (BCWS), aiming at psychophysical reconditioning and social reintegration. **Aims:** To describe the implementation and effects of the Adapted Training Exercise by Fenice Project (ATEF) through two illustrative cases of post-surgical BC rehabilitation.

Methods

Methods: Two BCWS underwent personalized rehabilitation pathways, including Motor Re-educational Programs (MRP) and ATEF. Functional assessments were performed at one month from surgery (T0), after the first 4 weeks (T1), and after 4 months (T2), using validated clinical scales (VAS, DASH, CONSTANT, NDI, Barthel, SF-36) and upper limb circumference measurements to monitor recovery and detect lymphedema.

Results

Results: Both cases showed improvements in pain, joint mobility, upper limb functionality, and QoL, without signs of lymphedema. Fencing proved to be effective not only for physical recovery but also for enhancing self-esteem, emotional well-being, and patient engagement in the rehabilitation process.

Conclusion

Conclusion: The Fenice Protocol, combining MRP and fencing-based APA, appears to be a safe and valuable rehabilitation strategy for BCWS. It fosters holistic recovery by addressing both physical and psychological needs, and may represent an innovative model in multidisciplinary cancer rehabilitation.

Keywords: Breast, Cancer, Rehabilitation, Holistic, Approach