Because of advancements in the methods of early detection and treatment of cancer, about 14.5 million Americans with a history of cancer were alive on January 1, 2014; by January 1, 2024, estimates project that this number will increase to about 19 million (American Cancer Society [ACS], 2014). With slightly less than 1 in 2 men and a little more than 1 in 3 women predicted to be diagnosed with cancer in their lifetime (ACS, 2015), the need for services that focus on quality of life during and after treatment is becoming increasingly important. Cancer treatment can cause a person to lose as much as 35% of his or her physical ability, limiting participation in activities of daily living, negatively affecting social and emotional function, and spurring other physical problems (e.g., bone loss, weakened heart and lung function) (Justice-Gardiner & Heston, 2011; Schwartz, 2004). The adverse effects of cancer treatment may be immediate, resolving during a period of days or weeks, or they may be persistent, lasting years after treatment is completed (Schmitz et al., 2010).

Since the first research study on patients with cancer and exercise was conducted in 1986, a growing body of evidence has demonstrated that exercise during and after cancer treatment is safe and minimizes the adverse effects of treatment (Karvinen, Carr, & Stevinson, 2013; MacVicar & Winningham, 1986). Exercise has been shown to improve cardiovascular fitness, muscle strength, body composition, fatigue, anxiety,