

# Breast Cancer Rehabilitation

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## What Type of individual would be appropriate?

Post surgical breast cancer patients that have: limited (UE) and trunk (AROM), patients with pain that is consistent along the chest wall/flank and arm, tight and immobile scarring, tightness anywhere along the chest wall, expected areas of swelling typically seen post surgically, swelling along the trunk, axilla or scapula and nowhere else, inability to perform normal daily functions, excessive fatigue, and post –radiation fibrosis.

## Manual Treatment of Soft tissue dysfunction:

- Myofascial release is a gentle form of manual therapy that has been proven effective in the treatment of acute and chronic fascially based pain and dysfunction
- Use soft tissue taping techniques and methods that are appropriate for upper quadrant dysfunction of oncologic patients with soft tissue hypo mobility.
- Evaluate and provide soft tissue mobilization: soft tissue massage/myofascial release with movement to facilitate improved range of motion and lymphatic drainage of the upper quadrant.
- Utilize preexisting understanding of the stages of wound and tissue healing to treat post-surgical patients.
- Special attention would be given to the evaluation and treatment of axillary web syndrome/cording

## Comprehensive Scar Management

- Elastic sports taping using kinesiotape to modify and shape scar tissue that if left unchecked would hamper lymphatic flow.
- Application of scar modifiers using: foam packs, vibration, self -myofascial release, scar molds, prefabricated product lines.
- Evaluation and suggestions for clothing and prosthetic choices that may impact scar tissue formation and lymphatic flow.
- Manual scar release techniques.

## Re-establishing and Maintaining Functional Movement and Strength

- The shoulder for all its wonderful motion is one of the most unstable joints in the whole body. The shoulder is highly dependent on a complex balance of musculature to allow for movement.
- Soft tissue hypomobility can lead to poor active range of motion, increased pain, protected patterns of movement, decreased functional strength, and general fatigue.
- Clinical evidence indicates that breast cancer survivors are at higher risk for scapular-humeral dysfunction
- Restoration of pre condition functional activity levels (through individualized exercise programs)

## Reduce and Define causes of pain post-surgically:

- Is it myofascial?
- Is it postural?
- Is it both?

## Comprehensive Education in Infection and Lymphedema Risk Reduction

- Adaptation of work and daily ADL routine

Time spent in evaluation with patient would effectively screen for post surgical lymphedema as opposed to post-surgical edema (not heavily protein based).

Typically these patients show dramatic improvement in AROM after several visits and most studies show that treatments are completed in 6-12 treatments. This has been my experience with this type of patient as well (provided no lymphedema involvement).

I would like to extend the opportunity to benefit from these treatment techniques to patients that do not have lymphedema and may be having difficulty with pain or tight scar tissue as a result of needed surgical intervention.

The primary diagnosis of breast cancer with an ICD-9 code of 174.9 has covered all the patients that we have worked with in a Breast Cancer Rehabilitation setting.

Please contact me any time to discuss a particular patient that you may feel would benefit from what our therapeutic staff can offer.