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Choosing Life and Movement For Breast Cancer Survivors

UCSF Cancer Survivorship Program

WHAT DO SURVIVORS NEED?

- Comprehensive follow-up care
- Symptom management
- Spiritual and emotional support
- Information on adopting and maintaining a healthy lifestyle
- Physical therapy intervention on the side effects that may present years after treatment

Physical Therapy Intervention

The earlier PT intervention, the better, preferably at initial diagnosis because of the unique and special needs of the patient who has undergone breast cancer diagnosis, surgery and /or treatment.

Physical Therapy Goals

- Improve quality of life (ultimate goal of PT with every patient we treat)
- Prevention (lymphedema, limitations, dysfunction)
- Wellness (restore to pre-morbid levels) – join Team ProActive for the “Race for the Cure” on Sunday, September 27, 2009
- Rehabilitation
- Physical Educators

Home Exercise Program

- Self manual lymphatic drainage to “open up the drains” – especially when exercising or flying
- Diaphragmatic breathing to improve rib excursion for lymphatic flow
- Improve posture in the neck and back to improve lymphatic flow
- Level out the pelvis to improve lymphatic flow and muscle function
- Improve subclavian drainage with cervical, upper thoracic, and upper extremity function
- Improve the “pump” via the upper & lower extremities
- Specific stretching and strengthening exercises

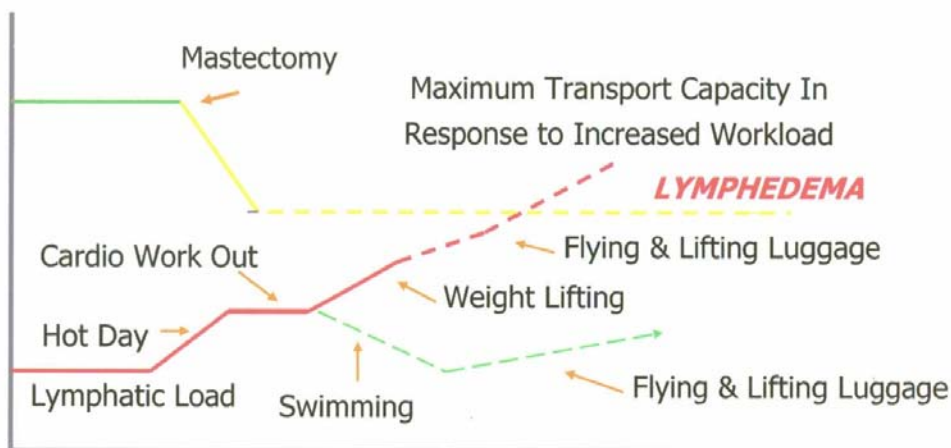
Forward Shoulder Posture Results In:

- A decreased lymphatic drainage to the thoracic duct in the neck area
- Irritation of the Sympathetic Nervous System with severe trigger points
- Neural Symptoms: Thoracic Outlet Syndrome or Upper Limb Tension Signs

- Muscle & fascia tightness and scarring which decreases lymphatic flow
- Spinal, rib, sternum, & shoulder dysfunctions which results in spine pain and a decrease in range of motion
- Decreased diaphragm excursion which decreases the ribs from pumping the lymph fluid from the abdomen to the thoracic duct and inhibit gut motility

Lymphedema

- In the breast cancer post op patients, there is a dynamic insufficiency & a decrease in workload capacity for the lymphatic system to transport fluid.
- All breast cancer post op patients are “at risk patients” who need to pay attention to the environment at the particular moment
 - E.G. If the weather is hot and you’ve done excessive housework, don’t add on other strenuous tasks like exercising or gardening if the arms feel achy because the lymphatic system is already compromised in transporting additional fluids. Thus, a backlog may occur!



- “At Risk” patients with lymph node dissections have a decrease capacity to remove excess lymphatic load
- Swimming and cold water acts as compression to the lymph system and is a great way to exercise to decrease the lymphatic load

Compression Garments For At Risk Patients

- Consult a trained lymphedema therapist
- If there is mild swelling (less than 2 cm girth), wearing a compression stocking can act like a tourniquet and cause more swelling!
 - This is also true with flying
- Guidelines for wearing a compression garment for flying.
 - Perform self manual lymphatic drainage to the abdomen, neck, chest, and arm area in the morning
 - Wear a minimum of 20 mg compression sleeve AND gauntlet if there is more than 2 cm of girth
 - Put it on in the morning after showering
 - Leave it on for at least a couple of hours after landing because there is a tendency for rebound swelling if the compression sleeve is removed immediately after landing

Exercise Guidelines As Recommended by the American College of Sports Medicine

GENERAL AEROBIC EXERCISE RECOMMENDATIONS FOR CANCER SURVIVORS AND EARLY STAGE CANCER PATIENTS

Parameter Recommendation

- **Mode** Most exercises involving large muscle groups especially walking and cycling
- **Frequency** 3 – 5 times/week. Daily exercise preferable for deconditioned cancer patients performing lighter-intensity and shorter duration exercises.
- **Intensity** Moderate: 60-80% maximum heart rate
- **Duration** 20-30 min of continuous activity, but may be multiple intermittent shorter bouts (e.g. 5-10 min) with rest intervals in deconditioned patients or those experiencing severe side effects of treatment
- **Progression** Initial progression should be frequency and duration. Only when these goals are met should intensity be increased. Progression should be slower and more gradual for deconditioned patients or those with severe side effects of treatment

GENERAL RESISTANCE EXERCISE RECOMMENDATIONS FOR HEALTHY BREAST CANCER SURVIVORS

Parameter Recommendation

- **Muscle group & exercise** Incorporate weight training and stretching into an exercise program to increase muscle strength and endurance and to maintain and improve flexibility. Exercises that target the muscle groups of the chest, back, arms, abdomen, and legs include: seated row, bench press, lat pull, triceps extensions, biceps curls, back extensions, sit-ups, leg curls, leg press, and calf raises.
- **Frequency** 3 workouts per week with a minimum of 1 day off between workouts
- **Intensity** Start with very light weight to start and increase slowly (<10% of weight/week) and gradual. Patients should do a 7-10 min of stretching before and after each workout
- **Duration** Two sets of 10 repetitions of each exercise for the first 2 weeks, then increase to 2 sets of 15 repetitions
- **Progression** Initial progression is the number of repetitions per set. Once patients are comfortable with 2 sets of 15 repetitions, they can increase to 3 sets of 15 repetitions. Only after this is easily achieved is the resistance increased. For each increment in resistance, it is desirable to decrease the number of sets to 2 and progress as before.