

WHAT DOES LYMPHEDEMA **Feel Like?**

Recognizing signs of lymphedema in the patient's description is an important first step towards treatment.

Early Signs BEFORE Swelling

- Tightness or heaviness in the limb
- Achiness
- Pins and needles
- Tenderness in the elbow or feet
- "Odd" sensations
- "Pain of congestion"
- Discomfort
- NOT "unbearable pain," which might be malignant lymphedema or radiogenic plexopathy
- NOT muscle soreness



At Kitsap Physical Therapy, we have 5 therapists who are trained in evidence-based protocols for lymphedema management, offering location preference and convenience for patients.

Kara Stadshaug, PT, DPT, CLT, PHC
Poulsbo Village (360) 779-3777

Kirsten Bakke, PT, DPT, CLT-UE
Silverdale (360) 613-1834

Shannon White, PT, DPT, CLT
Bremerton (360) 792-1015

Linne Stringer, PT
Hayley Siegenthaler, PT, DPT, CLT
Bainbridge Island (206) 842-6288



**CLT: Certified Lymphedema Therapist*

kitsap
physical
therapy
AND SPORTS CLINICS

Lymphedema

*Physical therapy approach
for the treatment and management
of lymphedema*

INTERESTING INSIGHTS

“Lymphedema is the swelling of a body part, most often the extremities. It is not considered to be a curable condition due to the permanent damage to, or absence of, various lymphatic system components.”

Stages of Lymphedema

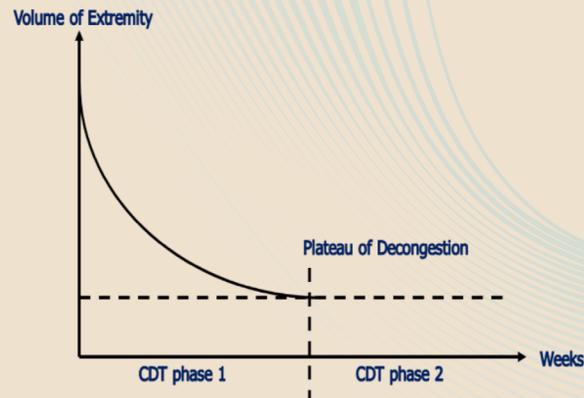
Lymphedema occurs when the volume of lymphatic fluid exceeds the transport capacity. Although there is an inconsistent consensus on staging, there are 4 stages that are generally considered:

Stage 0: Latent, sub-clinical. Patients are asymptomatic but may report a feeling of heaviness.

Stage 1: Spontaneously reversible. Swelling presents with very soft pitting edema but no fibrosis. Elevation of the limb leads to resolution of swelling.

Stage 2: Spontaneously irreversible. Lymphedema is present despite elevation or rest. Fibrosis decreases tissue suppleness and skin infections are more common in this stage.

Stage 3: Lymphostatic elephantiasis. Significant increase in the severity of fluid volume, fibrosis, and other skin changes (including papillomas, cysts, fistulas, and hyperkeratosis).



GOLD STANDARD TREATMENT

“Complete Decongestive Therapy (CDT) for upper and lower extremity lymphedema is found to be the most effective form of treatment.”

Lymphedema Treatment

CDT is a two-phase program consisting of a treatment phase and a maintenance phase.

Treatment Phase: Consists of manual lymphatic drainage (MLD), compression wrapping, skin and nail care, and therapeutic exercise. This phase lasts on average 2-4 weeks in which a patient receives treatment 3-5 days per week. The first treatment session will focus on patient education and establish baseline measurements. MLD may begin during the second treatment and compression wrapping supplies will be purchased in preparation for full treatment. MLD will be used in combination with compression wrapping, with frequency and possible instruction in self-wrapping dependent upon the patient's response. Light active exercise along with diaphragmatic breathing is incorporated into treatment as well. Once girth and volume measurements have plateaued and maximal benefit is achieved, measurements will be retaken for custom garments and the patient can be transitioned to the second phase.

Maintenance Phase: Consists of life-long self-care to maintain the size and function of the limb. Custom garments specific to the patient's improved limb volume will be obtained in order to provide consistent compression. Patients will receive instruction in donning and doffing their garments along with a follow up appointment to ensure effectiveness and appropriate fit of garment. Consistent care in this phase is essential to improved quality of life.

EVIDENCE-BASED RESEARCH

One of the larger case studies to date examined 299 patients with upper and lower extremity lymphedema with results as follows:

CDT Effectiveness

Avg. Reduction in UE Vol.	59.1%
Avg. Reduction in LE Vol.	67.7%
Avg. Treatment Length	15.7 days*
Adherent Pt. Retention	90% of Initial Reduction
Non-adherent Pt. Retention	67% of Initial Reduction

* Bilateral cases may require additional treatment time.

Lawenda, B., Mondry, T., & Johnstone, P. (n.d.). *Lymphedema: A primer on the identification and management of a chronic condition in oncologic treatment*. CA: A Cancer Journal for Clinicians, 2009(59), 8-24. doi:10.3322/caac.20001.

Principles of Lymphedema

The same principles of treatment may be used for a variety of conditions that may result in persistent swelling, including:

- Radiation / Cancer Treatment
- Post-Surgery
- Obesity
- Venous Insufficiency / Obstruction
- Congestive Heart Failure
- Hepatic / Renal Disorders
- Nutritional Disorders
- Immobility / Dependency
- Lipedema
- Complex Regional Pain Syndrome (formerly RSD)