

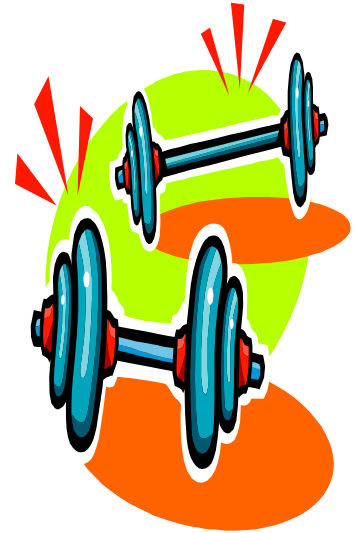
Upper Extremity Lymphedema Treatment Phase Exercises

A Manual for
Lymphedema Therapists

Madeline Chatlain, CLT/LANA, LMT, CPT

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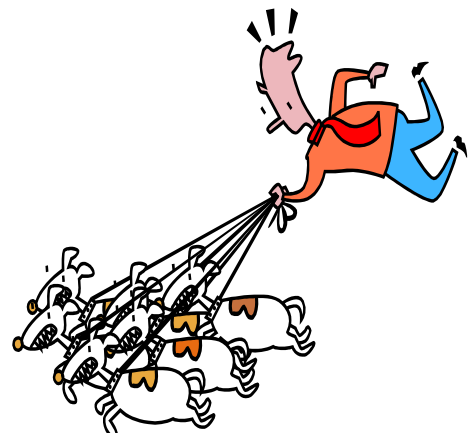
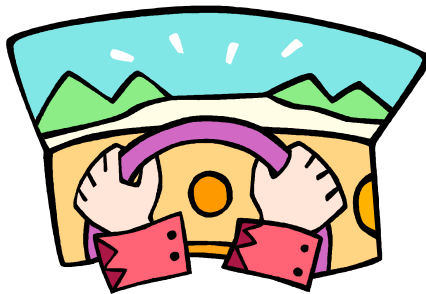
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Upper Extremity Lymphedema

Treatment Phase Exercises & Daily Activities (A Manual for Therapists & Patients)

Madeline Chatlain, CLT(LANA), LMT, CPT



Preface

The principle goal in creating this manual was to share the author's perspective and treatment protocols with other therapists in the hope to elicit safer and more effective outcomes for their lymphedema patients during the initial treatment phase. The inclusion of exercises in lymphedema decongestive therapy has been widely prescribed, but to date, there has been a dearth of real scientific research done in this part of lymphedema pathophysiology. What few exercises have been given to our patients do not take into consideration the unique medical and physical history of each of our patients. Additionally, they don't show the exercises being performed correctly while wearing their compression bandages.

In this manual, each exercise is condensed into one page for ease of reproducibility and contains step-by-step instructions for performing the exercise proper, photographs, an exercise log and common mistakes to avoid with tips to help cue the patient for better results. However, it is up to the therapist to make the appropriate recommendations for each exercise, its applicability and safety. With this in mind, we hope that you will use this manual to provide your patients with safe, effective exercises that they can use in a real world setting.



Instructions for the Therapist

As a lymphedema therapist, myofascial trigger point therapist, certified personal trainer, and aspiring occupational therapist, I look at my patients from a unique perspective: a holistic one. The manual is divided into distinctive anatomical sections but it is up to the therapist to choose which exercises you deem appropriate and in what order you prescribe them. Additionally, before doing any of these exercises I want to share some important concepts with you:

1) Pain. **Never** prescribe stretching or strengthening exercises until you have broken the pain cycle of your patient. Although lymphedema is generally not associated with pain, in almost twenty years of practice I have yet to encounter a person who did not have trigger points (and therefore pain) in their bodies. With this in mind, consider that an edematous, non-dominant arm will already be predisposed to trigger points, and even a normal, dominant one will most likely become overloaded during the treatment phase and acquire some. Also, we are not just treating the hand and arm, consider the whole body, and treat it accordingly. I would advise all therapists to purchase Dr. Travell's books on Myofascial Pain and Dysfunction (see Resources for Therapists) and consider your patients from a holistic standpoint.

2) Range of Motion. Once you have broken the pain cycle and addressed perpetuating factors, work on attaining functional or normal or ranges of motion for the involved area. The importance of a proper initial and continued neuromotor status evaluation cannot be over-emphasized: safety and successful results are contingent upon it.

3) Stretching. Stretches **are** exercises and should be the first step in your exercise treatment plan and should not be overlooked or undervalued. With this in mind, I would recommend purchasing an Aaron Mattes stretching manual (see Resources for Therapists) which is by far the safest and best manual I have found in over twenty years of practice.

4) Posture & Grading. One of the biggest mistakes clinicians make is either not paying attention to the patient's form during their stretches and exercises and/or allowing them to continue when they are not within functional levels of being able to safely do so. It takes 12-15 weeks to achieve permanent myofibril changes in skeletal muscle fibers and it is important that you not only explain this to them so they do not get discouraged or have unrealistic expectations, but you properly grade the exercises for both safety and efficacy.

5) Attitude. Your knowledge is important, but your attitude and your consistency in working with and reviewing your patient's progress will make the difference between success and failure. Trust me on this one. Do not just hand out these sheets and expect great results. Take the time to watch your patients: use a goniometer if you have one or add a different level of resistance with an exercise band to make it more challenging to your patient, but don't underestimate ***your*** attitude. Remember, their arm may be swollen, but their brain isn't! There isn't anything wrong with their perceptual skills so don't just act interested, ***be*** interested: treat your patient as you would want to be treated.

6) Compliancy. Keep in mind this is not a competition: not all of your patients will be able to perform these exercises and that is "okay". However, if they are not compliant or interested in participating in this aspect of their treatment plan then the consequences of their apathy will be apparent in their volumetric measurements. It is important to be diplomatic but firm in communicating this with them from Day 1: this is not a spa treatment, it is a therapeutic treatment.

7) Disclaimer. Like all litigiously petrified therapists I have to remind you that you need to use your own clinical judgment in using this manual. If in doubt, be sure and get a second opinion from your patient's doctor before you proceed with any aspect of this exercise program.



Resources for Patients



Author's Choice
"Best Pick"

Magazines

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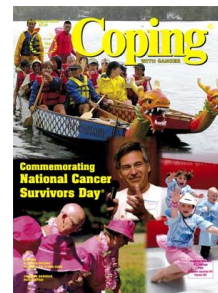
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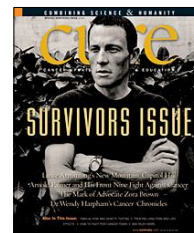
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Resources for Patients



Author's Choice
"Best Pick"

Stretching Manual

Aaron Mattes Active Isolated Stretching (AIS)

The Active Isolated Stretching (AIS) method of muscle lengthening and fascial release is a type of Athletic Stretching Technique that provides effective, dynamic, facilitated stretching of major muscle groups, but more importantly, AIS provides functional and physiological restoration of superficial and deep fascial planes.

Over the past few decades many experts have advocated that stretching should last up to 60 seconds. For years, this prolonged static stretching technique was the gold standard. However, prolonged static stretching actually decreases the blood flow within the tissue creating localized ischemia and lactic acid buildup. This can potentially cause irritation or injury of local muscular, tendinous, lymphatic, as well as neural tissues, similar to the effects and consequences of trauma and overuse syndromes.

Aaron Mattes AIS Technique is an effective treatment for deep and superficial fascial release, restoring proper fascial planes for optimal physiologic function. Performing an Active Isolated Stretch of no longer than 2.0 seconds allows the target muscles to optimally lengthen without triggering the protective stretch reflex and subsequent reciprocal antagonistic muscle contraction as the isolated muscle achieves a state of relaxation. These stretches provide maximum benefit and can be accomplished without opposing tension or resulting trauma.

Aaron Mattes Method myofascial release technique, which incorporates AIS, uses active movement and reciprocal inhibition to achieve optimal flexibility. Using a 2.0 second stretch has proven to be the key in avoiding reflexive contraction of the antagonistic muscle. Without activating muscle group contraction, restoration of full range of motion and flexibility can be successfully achieved.

Contact: Aaron Mattes
P.O. Box 17217
Sarasota, FL 34276-0217

Phone (941) 922-1939
Fax (941) 927-6121



Websites



1) <http://www.lymphnet.org>



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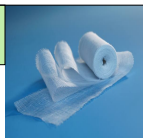
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3) <http://www.lymphnotes.com>



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2) <http://www.lymphedemaproducts.com>



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1) Oncology Nursing Society

Oncology Nursing Society
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RIDC Park West
Pittsburgh, PA 15275-1214
866-257-4ONS, toll free
412-859-6100, local
877-369-5497, fax
customer.service@ons.org, e-mail



2) Lymphology Association of North America

L.A.N.A.
P.O. Box 466
Wilmette, Illinois 60091
773-756-8971



Websites for Information & Research



1) E-medicine: <http://www.e-medicine.com>



2) Lymphatic Research Foundation

<http://www.lymphaticresearch.org>
(Articles and Abstracts section)

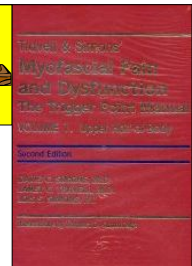


Books

1) Travell & Simons' Myofascial Pain and Dysfunction: The Trigger Point Manual

By, David G. Simons, Janet G. Travell, Lois S. Simons, Barbara D. Cummings
Hardcover: 1664 pages
Publisher: Lippincott, Williams & Wilkins;
2nd ed., 2 Volume Set edition (January 1999)

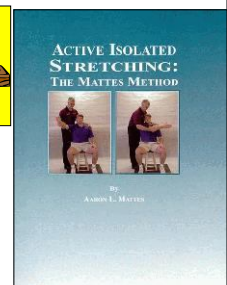
ISBN: 0683307711



2) Aaron Mattes Active Isolated Stretching (AIS)

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