

Physical Therapy for Post Operative Mastectomy

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For women undergoing any surgical procedure associated with breast cancer, post-operative physical therapy can speed recovery, and return to activities of daily living regardless of the procedure.

Physical therapy serves to regain normal use of the affected limb in a number of ways including managing, reducing and/or preventing lymphedema after lymph nodes have been removed, minimizing loss of motion due to contractile scarring, prevention of frozen shoulders, pain management, return of functional strength and range of motion.

Lymphedema is managed through manual techniques by moving fluid starting from the anterior and posterior chest wall and progressing distally down the extremity. Benefits include a comfortable process and a passive relaxation to a limb that may be guarded and painful as a result. More persistent edema may require pneumatic compression through an inflatable sleeve followed by custom or on the shelf JOBST compression stockings. These garments decrease the heavy feel for the patient, increase available active range of motion, and prevent fibrosis in patients who develop chronic lymphedema during recovery. The stocking garments are typically worn during waking hours and can be difficult to manage for the patient.

Loss of functional range of motion in a post-mastectomy upper quarter can also be attributed to disuse atrophy and weakness from muscle dissection occurring during the procedure. Keloid or hypertrophic scarring, as well as mechanical dysfunction from trigger points due to spiraling pain cycles are also commonly recognized post-op complications.

Once return of passive range of motion has been reestablished, functional strength and endurance exercise can begin. At this stage dynamic stabilization and reproduction of activities of daily living occurs including lifting, reaching, hobbies and sports activities. Often the patient will require guidance as to the appropriate levels of activities if they are undergoing chemo or radiation therapy as an adjunct to the mastectomy.

Scar massage and regular mobilization of the glenohumeral joint can keep a keloid scar from becoming functionally restrictive. As with any number of surgical procedures, post-operative pain in combination with stress from the patient's health status and/or other life issues can cause myofascial restrictions resulting in mechanical dysfunction of active motion of the shoulder. Trigger point release, myofascial release, soft tissue mobilization, electrical stimulation, relaxation techniques and manual PROM are all used to prevent and/or decrease guarding from creating mechanical imbalances, particularly in the extremely mobile shoulder joint.

Early physical therapy intervention is considered essential to an efficient recovery. Additionally there are psychosocial benefits for the patients who are actively involved in their own self-care. Motivated patients who are guided through a strong home program for edema control, strength and range of motion return report decreased perceptions of pain and limitations of function.

