

Case Study re: Lydia
Colleen Pascoe, OTR, CST, LLCC
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Lydia is a 62-year-old female who was referred to me for treatment re: progressive left arm lymphedema on 3/24/08. Lydia is a clinical psychologist and lives alone. Her pertinent medical history includes Stage II left breast cancer diagnosed in 1979. Surgery consisted of a modified radical left mastectomy with the removal of a significant amount of axillary nodes. Lydia had one month of radiation in 1979 and one year of chemotherapy. She also underwent reconstructive surgery on the left chest wall in 1984. Since then, Lydia has traveled outside the U.S. and swims regularly. Her current medications include Premarin cream and Boniva taken monthly. Lydia slowly developed lymphedema in her left arm over the past 20 years. She occasionally uses a Juzo arm sleeve that she was fitted for in 2003.

Lydia's symptoms included intermittent pain up to a 2/10 in the left arm, described as a mild ache occurring primarily at the end of the day. These symptoms most often escalated after being on her feet all day or with excessive activity. She found that elevation or use of the arm sleeve subsided pain levels. Moreover, she reported having increased difficulty fitting into blouses and jackets for work and often felt uncomfortable wearing short-sleeved shirts.

Lydia was first evaluated by me on 3/24/08. At that time she received education on lymphedema and its precautions, as well as the Complex Decongestive Physiotherapy (CDP) program. Manual Lymphatic Mapping (MLM) and Lymph Drainage Therapy (LDT) were also conducted. I determined a CDP program for left arm lymphedema was highly advised with an added treatment regimen consisting of CranioSacral Therapy (CST) and SomatoEmotional Release (SER) as needed to help control pain, create balance in the central nervous system and give emotional support. Lydia felt hesitant to initiate an immediate CDP program due to the psychological adjustment she would have to make with her clients and friends. Nonetheless, she agreed to the commitment after receiving the recommended bandages in late April 2008. In the interim, Lydia agreed to two

times a week treatment sessions consisting of LDT, CST and SER from 3/24/8 to 4/16/08----a total of five treatments. Initially, she mapped normal in the right upper quadrant, face, neck and bilateral lower quadrants. Abnormal mapping was shown in the anterior and posterior left upper quadrant. Moderate congestion was palpated throughout the body; however, stagnation of lymph flow was found in the entire left arm, left anterior upper quadrant, liver, kidneys, right pleura and colon. During the assessment, the superficial anterior left upper quadrant already started re-routing to the ipsilateral inguinal nodes and the posterior left upper quadrant was re-routing to the posterior contralateral axillo-axillary pathway. The left arm skin temperature was cool with normal coloring, and the digits showed mild decreased sensation. The left humeral area showed minimal pitting and moderate firmness to the touch; the distal arm had no pitting present. Lydia's old Juzo sleeve was visibly worn, snug in the upper arm, and often slipped down during the day---about three inches distally to the axilla. No gauntlet was ever used. In addition, Lydia presented with poor vitality of the craniosacral rhythm, (+) sphenobasilar dysfunction and a right lateral shift of the brainstem. She was independent with her ADL's and showed normal range of motion and strength of the extremities. Subjectively, Lydia rated a 1-2 out of 5, stating that her left arm felt full, numb, stiff and achy. She voiced embarrassment about the limb's appearance, and rated that a 3-4 out of 10.

The first five sessions were hour-long treatments. However, LDT treatment started with 15 minutes and increased to 30-minute increments to avoid potentially harmful detoxification. During this time, Lydia wore her old arm sleeve 24 hours a day, except during bathing. After the first and second session, she reported increased sweating of the left axilla and mammary node areas with noticeable tingling of the entire left arm. Sessions 3-5 resulted in observable decreased lymphedema in the left forearm and the proximal arm became much softer to the touch. She also reported increased sensitivity to touch on the left arm and left anterior chest wall. Lydia started becoming much more emotional, as all this treatment "brought back many memories" of her cancer and surgery. At the end of the fifth treatment, Lydia showed approximately 50% improved lymph flow in the left arm, stronger re-routes with the left arm beginning to re-route to the posterior ipsilateral axillo-clavicular pathway.

Lydia started her CDP program 4/21/08, after receiving her arm bandage kit from Bandages Plus. Treatment sessions lasted from 45 minutes to one hour, five times a week (Monday-Friday) for three weeks; two times a week for two weeks; the last two treatments four weeks apart. Lydia was seen for a total of 18 treatments. Lymphedema was measured starting 4/21/08. Limb measurements were as follows: Left arm = 3324 mL; Right arm = 2543 mL (a 31% difference). Her first round of bandages were applied this day and wrapped from her digits up to the axilla. Bandages used consisted of Tricofix stockinette, Transelast Classic (4cm), Artiflex, Rosidol Soft, and Rosidol K (6 cm, 8 cm and 10 cm). Silk cloth tape was used to affix the bandages.

Daily treatment during Lydia's CDP program consisted of removal of bandages, skin inspections, home program review, exercise instruction, counseling as needed, LDT and arm bandage application until 4/25/08. At that time, Lydia's friend was instructed on the application of the bandages for weekend assistance. However, there were conflicts in scheduling with her friend, thus bandaging assistance did not work out. Nevertheless, Lydia taught herself how to wrap her arm independently. The above CDP program continued until 5/21/08. Treatment then decreased to two times a week, and Lydia performed independent bandaging in between treatment sessions. Lymphedema was re-evaluated every 4-5 days for three weeks, as well as the last two treatments on 6/6/08 and 6/28/08.

Lydia showed fluctuated tolerance after treatment sessions. She reported good tolerance to LDT without side effects. After two days of bandaging, Lydia developed increased discomfort from the left elbow distally with increased redness on the forearm observed. It was suspected she had a possible sensitivity to the Artiflex; thus this padding was eliminated from the bandaging program. From that time forward, the only padding utilized was Rosidol Soft. After removal of Artiflex, the redness and discomfort quickly resolved. In addition, Lydia occasionally complained of mild compression above the left elbow and increased slippage of the proximal bandage near the axilla. A piece of one-inch foam was cut and applied circumferentially just proximal to the elbow hinge which appeared to solve both problems simultaneously and resulted in a much more comfortable

bandage. Lydia then tolerated daily bandaging with occasional tenderness and irritation at the forearm &/or web space areas; however, these symptoms were alleviated with subtle changes of compression during wrapping with the distal bandages.

On 5/21/08, lymphedema measurements started to plateau, and it was advised Lydia meet with a Juzo garment fitter for a new sleeve and gauntlet. At this time, her old sleeve had become too loose for therapeutic benefit. Gauntlet wear was advised as needed due to occasional mild increased lymphedema measured at the digits throughout her treatment sessions. By her next treatment on 6/6/08, Lydia received a new garment and wore it during the day while continuing bandaging at night. She did not obtain a gauntlet but decided to monitor the swelling of the digits and agreed to get a gauntlet if necessary. To further assist in lymph flow, Lydia incorporated swimming into her home program.

Lydia's last treatment was 6/26/08. Lymphedema outcome measurements were as follows: Left arm = 2609 mL; Right arm = 2294 mL (a 14% difference). Overall, Lydia showed a 17% reduction in lymphedema from 4/21/08. She maintained strong lymphatic re-routes from 4/9/08 and moderate overall lymph congestion. Upon observation of her bandages, the Rosidal soft and Rosidol K bandages were getting too loose and new bandages were advised. She relayed the feeling of fullness, numbness, stiffness and aching had been reduced more than 50%.

Lydia occasionally had difficulty coping with the entire bandaging program. As a psychologist, she regularly found clients asking her about her "injury" and close friends often worried about her. Lydia worried clients were anxious about her health affecting professional support for them. She related feeling more vulnerable during the process, as it brought her back to the trauma of her painful journey through cancer. Nonetheless, Lydia showed excellent compliance to the CDP program; and, good tolerance to nighttime bandaging and daytime use of the arm sleeve.

Although Lydia attained good results, she continues to show considerable lymphedema of the proximal left arm, without pitting, despite compliance with the CDP program. She measures an average of 3 cm greater on all areas of the left humerus vs. the right. She has also expressed a significant amount of fatigue during the last month of her program. It is her hope that the lymphedema continues to improve and her fatigue levels subside so she may have a more functional and fulfilling life.

I, [redacted] (alias Lydia), state that the information of my case study done by Colleen Pascoe, OTR, CST, LLCC is true and accurate to the best of her ability. I agree to let the Upledger Institute, Inc. to publish this case study to help illustrate LDT treatment results.

8/8/08
Date

[redacted]
Signature

[redacted]
Printed name

Colleen Pascoe, OTR, CST, LLCC
Witness signature

Colleen Pascoe, OTR, CST, LLCC
Witness printed name

Authorization for the use of Photographs

I hereby authorize Colleen Pascoe, OTR, CST, LLCC of A Touch Above therapies to make and use any photographs, digital pictures, slides, and videotapes of me for educational purposes only. This authorization extends to copies of any said photographs, digital pictures, slides, and videotapes. I do not expect compensation of said photographs.

6/6/08

Date

[Redacted Signature]

Client's signature

[Redacted Name]

Client's printed name

Colleen Pascoe, OTR, CST, LLCC

Witness signature

Colleen Pascoe, OTR, CST, LLCC

Witness printed name

Case Study Photographs

Re: Lydia

Colleen Pascoe, OTR, CST, LLCC

Taken: December, 2007



Case Study Photographs

Re: Lydia

Colleen Pascoe, OTR, CST, LLCC

Taken: June 6, 2008



Case Study Photographs

Re: Lydia

Colleen Pascoe, OTR, CST, LLCC

Taken: June 6, 2008

