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Recent Trends and Growing Knowledge about Physiotherapy Management in Breast Cancer - Related Lymphedema

Chawla Simran¹, Sharma Kajal¹, Chawla Karishama²¹*Student, Faculty of Physiotherapy, Shree Guru Gobind Singh Tricentenary University, India,*²*Assistant Professor, Faculty of Physiotherapy, Shree Guru Gobind Singh Tricentenary University, India*

Abstract

Breast cancer is the most common malignant tumor in women. Surgery often carries a lot of unwanted changes as follows: limitation of mobility in the shoulder joint on the operated side, secondary lymphoedema, reduction of muscle strength or disorders in body posture. Therefore, the implementation of physiotherapeutic activities that are designed to prevent and eliminate postoperative complications seems very important. The main aim of this work was to present recent advances in the physiotherapeutic management in cancer treated women based on the analysis of available literature. The purpose of the study was to analyse recent advances along with the current techniques that are effective in the treatment of breast cancer related lymphedema (BCRL). The poster focuses on spreading awareness about the recent PT management techniques to treat the problems. This study is a narrative review for which 50 articles were retrieved from different search engines out of which 8 are assessed. Articles included were published in last 5 years, included subjects with unilateral BCRL and PT intervention for stage II BCRL and also had circumferential measurement as one of the primary outcome measure. Articles including subjects with lymphedema due to any other condition, mixed approach towards lymphedema, and those which provide inadequate knowledge about methodology were excluded. The articles analysed proved efficacy of new techniques i.e., kinesio taping, virtual reality and tele-rehabilitation in BCRL and continued to support the traditional methods (manual lymphatic drainage, strengthening exercises, pneumatic compression). This article is implied to spread awareness about recent trends being followed for the treatment of lymphedema so that these techniques can be included in the physiotherapy treatment protocol.

Keywords: *Breast cancer related lymphedema, Pneumatic compression, Manual lymphatic drainage, tele-rehabilitation.*