



UNDERSTANDING LYMPHEDEMA

A PATIENT EDUCATION HANDOUT



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Table of Contents

Contact Information	1
Lymphedema	1
Two types of lymphedema	1
Signs and symptoms of lymphedema	2
How is lymphedema diagnosed?	2
Treatment options for lymphedema	3
Ways you can reduce your risk of getting lymphedema	3
How lymphedema can make it hard to move	4
Surgical options for lymphedema	4
Liposuction.....	4
Lymphovenous Bypass (LVB).....	6
Vascularized Lymph Node Transplant (VLNT).....	7
Frequently asked questions	10
Appendix 1:.....	13
Exercises for shoulder mobility	13
Exercises for axillary cording or contracture	20
Appendix 2:	21
Basic exercises	21
Exercises for upper extremity lymphedema	22
Exercises for head/neck lymphedema	24
Exercises for lower extremity/genital lymphedema	25

Contact Information

For questions and to schedule an appointment, call **1-888-LYMPHUM (596-7486)**.

For information on cancer-related lymphedema, visit <https://umiamihealth.org/sylvester-comprehensive-cancer-center/treatments-services/lymphatic-and-venous-disorders>.

For general information on the Lymphatic Program, visit <https://umiamihealth.org/treatments-and-services/university-of-miami-lymphatic-program>.

Lymphedema

Our bodies have 3 highways that help control fluid:

- **Arteries:** highways that carry oxygen-rich blood from the heart to the organs in our body.
- **Veins:** highways that bring blood back to the heart.
- **Lymphatic vessels:** make up a fluid transportation system that surrounds the arteries and veins. It has small collectors under our skin called lymph nodes that collect extra fluid leaking from the arteries and veins.

The lymphatic system works together with the circulatory system to control and filter fluid in our body. We call this fluid lymph fluid. The lymphatic vessels are important for your immune system to work. If there is a problem with the lymphatic system, excess fluid made up of water, proteins, waste, and fats can build up in the tissue and cause a condition called lymphedema, which leads to swelling. Without treatment, swelling can lead to inflammation and fat and fibrosis (scar tissue) formation.

There are two different types of lymphedemas:

- Primary lymphedema
- Secondary lymphedema

Primary lymphedema, also known as congenital lymphedema. It is a condition that you are born with, or you develop later in life. This type of lymphedema happens when the highways that normally carry the lymphatic fluid around the body are absent or don't develop normally.

Secondary lymphedema occurs when something damages the lymphatic system. Damage can happen due to a major injury to a body part, surgery, cancer, or cancer treatments.

For example, some patients develop secondary lymphedema when:

- Their doctor removes lymph nodes or uses radiation and chemotherapy to treat cancer.



- They have a condition where their veins have a hard time regulating fluids and moving blood back to the heart called Chronic Venous Insufficiency.

You are more likely to develop lymphedema if you are overweight.

Signs and symptoms of lymphedema include:

- **Swelling** in your arms, hands, legs, toes, chest, trunk, pelvis, genital area or the face and neck.
- **Feeling of heaviness and tightness** in your arms, hands, legs, toes, chest, trunk, pelvis, genital area or the face and neck.
- **Not being able to move your arm or leg fully**, decreasing your range of motion.
- **Pain, achiness or discomfort** when moving the body part with lymphedema
- You may see or feel **skin changes** such as hardening or thickening.
- You have a higher chance of getting an **infection** in the areas with lymphedema.

How is lymphedema diagnosed?

Your doctor will ask about your medical history and symptoms and do a physical exam. Your doctor will carefully examine the area of concern and check for swelling, changes in the skin, and other symptoms of lymphedema. Using all of this information your doctor can determine if you have lymphedema.

Your doctor may decide to do some tests to help decide if you have lymphedema.

These tests include:

- **Lymphoscintigraphy:** We use a special dye that has a small amount of radiation. Your doctor injects the dye into the body where you may have lymphedema. Your doctor can see your lymph nodes and how they are working. We can find out what might be causing the problem. This test can show deep lymphatic vessels.
- **Indocyanine green (ICG) lymphography:** We use a different type of dye that lets your doctors see small lymphatic vessels in real-time. It helps to detect lymphedema early. However, this test cannot show deep lymphatic vessels.
- **Computed tomography (CT) scan:** We can do a CT scan of your veins and take pictures of your body from different angles. We can see if any blockages or problems are causing your swelling.
- **Magnetic resonance imaging (MRI):** Your doctor can view the details of your lymphatic vessels using an MRI.

- **Doppler ultrasound:** This test uses sound waves to check for problems in the lymph nodes or vascular system.
- **The Lymphedema Index (L-Dex):** A way for healthcare providers to measure both your arms or legs and see if one of them is collecting too much fluid. This measurement system helps them detect lymphedema early before it gets worse.

Treatment for lymphedema can include any of the following treatments:

- **Manual lymphatic drainage (MLD):** Manual Lymphatic Drainage (MLD) is a special massage technique done by a trained therapist who helps move the lymphatic fluid in your body. They use gentle massage movements to redirect the fluid towards healthy channels to help it drain properly. MLD is usually done 2-3 times a week.
- **Compression sleeves/stockings:** Compression sleeves or stockings are special clothes that add pressure to the swollen body part(s). Your doctor will tell you if you need them. You will work with a specialist to make sure your sleeves or stockings fit you correctly. While awake you should always wear your sleeves or stockings including while working on the computer, cleaning the house, exercising, and even during air travel. You need to get new ones every 6 months.
- **Multi-layer bandaging:** If your lymphedema gets worse, we can use a technique called multi-layer bandaging. A certified therapist will apply multiple layers of bandages to your arm(s) or leg(s) to help reduce swelling and size.
- **Pneumatic compression devices:** Pneumatic compression devices are another tool to help drain lymphatic fluid. This device uses a pump and a special sleeve to add pressure to your arms or legs.
- **Weight management:** To manage your lymphedema you should lose weight, if needed, and maintain a healthy diet.
- **Decongestive exercises:** Decongestive exercises activate your “highways” that control how fluid moves in your body (cardiovascular system). As you pump your muscles the lymph fluid moves away from the swollen body part. You should do these exercises using slow and controlled movements. Base your exercise on what you can do comfortably.

Always check with your medical provider before starting any exercise routine.

Ways you can reduce your risk of getting lymphedema:

- Wear loose-fitting clothes and jewelry. Tight clothes and jewelry may make your condition worse.
- Use insect repellent (bug spray) and protective clothing to prevent mosquito/insect bites.

- Use your arm that doesn't have lymphedema for taking your blood pressure or for blood draws.
- Keep your skin hydrated by applying low pH skin lotions/creams (Eucerin, Aquaphor, Aveeno, etc.)
- Apply sunblock and wear SPF clothing to prevent burns.
- Work with your doctor to determine your healthy weight goal. Create a plan to meet or maintain your healthy weight including a healthy, balanced diet.
- Exercise to move the lymphatic fluid around your body. Wear your compression sleeve on the at-risk limb during exercise.

How lymphedema can make it hard to move:

Detecting and treating lymphedema when it first starts is crucial to preventing complications. When you don't get your lymphedema treated right away, the body part with swelling (shoulder, arm, hand, hip, knee, foot) may feel heavy and stiff. This feeling could get worse over time and can lead to problems with your muscles, bones, and joints. Your ability to move the body part may decrease, and this may limit your ability to do your daily activities.

Some complications of lymphedema include:

- **Frozen shoulder:** Pain and limited motion of the shoulder
- **Abnormal movements of your shoulder blade**
- **Swelling of the tendons of your shoulder muscles**
- Skin infections
- **Skin ulcers:** Open sore on your skin
- Injuries
- Pain

The best way to prevent complications is to see your doctor for early diagnosis and treatment. Taking this step is important for your physical well-being and preventing complications due to lymphedema.

In the cancer rehabilitation clinics, we will treat and help you decrease your risk of complications by checking for and treating your lymphedema. We can help you stay as active and independent as possible by using therapy, exercise, and in some cases, medicines.

Surgical options for lymphedema:

Liposuction

When extra lymphatic fluid spills into the surrounding tissues, it can cause swelling and make fat cells grow. To treat this, a plastic surgeon specializing in lymphedema can perform liposuction to remove the extra fat.

General information on liposuction:

- 2-4 weeks before the procedure, you should see your lymphedema therapist for lymphatic massage and bandaging to remove as much fluid as possible.
- Right after surgery we wrap your arm or leg in bandages.
- You will have a tube called a Jackson Pratt drain that helps drain fluid. Your doctor will remove the drain during a follow-up visit, 1-2 weeks after your surgery.
- You will stay overnight in the hospital.
- Our certified lymphedema therapist will rewrap you with the multilayered bandages the following day.
- You can start walking right after the procedure and it is very important to start lymphatic therapy within a week.
- You will take an antibiotic for 1 week to prevent infection.
- You will take a blood thinner for at least 1 week to prevent blood clots.
- You will see your doctor 1-2 weeks after surgery for a check-in. They will check the surgical sites and make sure everything is healing well. They will help wrap you with bandages before you leave.
- At first, you might see your providers every week or every other week to monitor the Jackson Pratt drain and to make sure everything is healing well.
- You may shower in these bandages as they are hard to get off.
- When you see your therapist, s/he will change the bandages.
- At first, the swelling may get worse because of the surgery, but over a few months, you should see the swelling decrease.
- You will keep seeing your therapist for wrapping and therapy to help with swelling.
- In time, your therapist will fit you with new compression sleeves or stockings to maintain the results.

Please refer to the chart below for liposuction recovery milestones:

Milestones related to recovery from liposuction								
	Week 1 Ends: __/__/__	Week 2 Ends: __/__/__	Week 3 Ends: __/__/__	Week 4 Ends: __/__/__	Week 5 Ends: __/__/__	Week 6 Ends: __/__/__	Week 7 Ends: __/__/__	Week 8 Ends: __/__/__
How long will I have my drains?	☑	☑						
When can I begin therapy?	☑							
When can I shower?	☑							
When can I walk?	☑							
When can I resume normal activities?						☑		
When can I resume exercise?						☑		
When can I fly?								☑

Lymphovenous Bypass (LVB)

If you have damaged lymphatic vessels and nodes, it can cause a “traffic jam” for the lymphatic fluid. This block of flow can cause fluid to build up.

Your surgeon can create a new path for the lymphatic fluid by going around the damaged area. Your surgeon can connect the healthy lymphatic vessels and nodes directly to your veins.

In this surgery, the surgeon uses specialized super micro-surgery techniques and equipment, including a high-powered microscope, to change the path of your lymphatic system.

General information on LVB:

- Two weeks before your surgery, you will see your therapist for lymphatic massage and bandaging to remove as much fluid as possible.
- We do LVB as an outpatient surgery for most patients.
- The surgeon may need to take a vein from your hand or foot for the bypass if the veins in your arms or legs are not good.
- You can go home the same day or the very next day.
- After the surgery, you will have stitches along the incisions. Your doctor will remove your stitches during a follow-up visit, 2 weeks after your surgery.
- You will take aspirin as a blood thinner for a month.

- Your doctor will decide if you need a 2nd blood thinner to prevent blood clots.
- You will take antibiotics for a week.
- Patients may see quick results from the LVB. You will continue improving for 1-2 years after surgery.
- Lymphatic therapy will start again within a week, and your therapist will use short stretch bandages for four weeks before switching to compression sleeves or stockings.
- When your incision has healed about 4 weeks after surgery, you may restart your lymphatic treatments, including pneumatic pump, compression, and lymphatic massage.
- 3 months after your surgery, we repeat the L-Dex measurement to make sure everything is improving.
- You will repeat this every 3 months for the first year, then every 6 months for the next year.

Please refer to the chart below for LVB recovery milestones:

Milestones related to recovery from LVB								
	Week 1 Ends: __/__/__	Week 2 Ends: __/__/__	Week 3 Ends: __/__/__	Week 4 Ends: __/__/__	Week 5 Ends: __/__/__	Week 6 Ends: __/__/__	Week 7 Ends: __/__/__	Week 8 Ends: __/__/__
How long will my sutures stay in?	✓	✓						
When can I begin therapy?	✓							
When can I shower?	✓							
When can I walk?	✓							
When can I resume normal activities?						✓		
When can I resume exercise?						✓		
When can I fly?								✓

Vascularized Lymph Node Transplant (VLNT)

For this complex procedure, your surgeon takes a group of lymph nodes and lymphatic vessels from a healthy part of your body and moves them (transplants) to the area with lymphedema. This will “rewire” the lymphatic system and promote new lymphatic vessel growth. Typically, your surgeon takes the lymph nodes and vessels from the area just above your collarbone or groin.

Often doctors do this surgery and lymphovenous bypass surgery at the same time.

Two weeks before your surgery, you will see your therapist for lymphatic massage and bandaging to remove as much fluid as possible.

General information on VLNT:

- Following your surgery, you will stay in the hospital for 5 days so we can make sure you are doing well and don't have any complications.
- Nurses in the hospital will check to make sure your lymph nodes that the doctor moved to the area of lymphedema are healing.
- Your nurses will check your pain level and give you pain medicines.
- Once you leave the hospital, keep your leg or arm elevated for the next 2 weeks.
- You will take aspirin as a blood thinner for a month.
- Your doctor will decide if you need a 2nd blood thinner to prevent blood clots.
- You will take antibiotics for a week.
- You should start seeing results around 6 months to 1 year after surgery. During this time your new lymphatic pathways regrow. Your lymphatic pathways will continue to improve over the next 1-2 years after surgery.
- If you had a lymph node transplant in your arm you may let the arm down as much as you are able after 2 weeks.
- If you had a lymph node transplants to the legs you need to follow a dangling protocol for 4 weeks:
 - Day 1: Let your leg down for 3 minutes 2x/ day.
 - Day 2: Let your leg down for 3 minutes 4x/day.
 - Day 3 and after: If you can tolerate Day 2, add 30 seconds to each session until you can do 15 minutes 4 x/day, and you can comfortably let your leg down as much as needed.
- When your incision has healed about 4 weeks after surgery lymphatic therapy will start again.
 - Your therapist will use short stretch bandages for four weeks before switching to compression sleeves or stockings.
 - Your therapist will do lymphatic massage to the new lymph nodes and vessels.
 - You may restart your pneumatic pump therapy.

Please refer to the chart below for VLNT recovery milestones:

Milestones related to recovery from VLNT								
	Week 1 Ends: __/__/__	Week 2 Ends: __/__/__	Week 3 Ends: __/__/__	Week 4 Ends: __/__/__	Week 5 Ends: __/__/__	Week 6 Ends: __/__/__	Week 7 Ends: __/__/__	Week 8 Ends: __/__/__
How long will my drains?	✓	✓						
When can I shower?	✓							
How long do I have to elevate my arm or leg?	✓	✓						
When can I start the dangling protocol?			✓	✓				
When can I start therapy?				✓				
When can I resume normal activities?						✓	✓	✓

Frequently asked questions

1. Is it ok to exercise?

Yes, we want you to exercise as an important way to manage your lymphedema. Exercise helps reduce swelling in your limbs. Your lymphatic vessels need your muscles to pump and push the fluid back into the lymphatic system.

When you exercise, you should wear compression wraps or clothes. These items apply pressure and squeeze fluid upwards to your heart. Combining exercise with these compression wraps helps move more fluid out of your body parts with lymphedema.

2. What is the role of the recommended exercises in the treatment of lymphedema?

Exercises in Appendix A are crucial for treating arm lymphedema. During exercise, muscles function as a pump, aiding the movement of lymphatic fluid within the lymphatic vessels.

Engaging in an exercise program helps prevent muscle, joint, and bone complications.

Complications of lymphedema may include:

- Shoulder complex dysfunction
- Rotator cuff tendinopathy
- Adhesive capsulitis (frozen shoulder)

Your cancer rehabilitation doctors will assess these conditions during your appointments in the lymphedema clinics.

3. How long will I have lymphedema for?

Right now, we do not have a cure for lymphedema.

The goal of treatment is to manage the condition and improve your quality of life.

We focus your treatment on the following:

- Decreasing swelling
- Preventing infections
- Stopping lymphedema from getting worse.

4. My surgery or cancer treatment was many years ago, why do I have lymphedema now?

Cancer treatment may damage your lymphatic system which can lead to lymphedema.

Lymphedema can present weeks after your cancer treatment or as late as many years after your treatment.

5. How often should I use my pneumatic pump?

We want you to use your pneumatic pump 30 – 60 minutes per day, every day if possible. If you are seeing a therapist, you can use the pneumatic pump when you see your therapist 2 - 3 times a week. On days you do not see your therapist, use your pump at home.

6. Is flying a risk factor?

Flying is not a risk factor. However, due to the change in pressure, your swelling may worsen during flying.

We recommend waiting 2 months after your surgery before flying.

If you fly, wear your compression sleeve 4 hours before getting on the plane, the whole time you are on the flight and 4 hours after you land.

7. How often should I wear my sleeve/stocking?

Your doctor or therapist will tell you how often you should wear your compression sleeve or stocking. Some patients need to wear them every day, but some only need them during certain activities such as flying, exercising or strenuous activity.

Typically, you should wear your sleeve or stocking during the day and remove it at night. The best practice is to put it on after you wake up in the morning when your limbs are less swollen.

8. Does my diet matter?

Yes, eating a healthy diet can:

- Improve lymphedema symptoms
- Prevent it from getting worse
- Help you maintain a healthy weight

You should follow a low-fat diet with nutritious foods like lean proteins, green leafy vegetables, fruits, and whole grains. You should avoid foods that have a lot of salt. Salt can cause your body to hold onto more fluid and lead to more swelling.

Drinking alcohol can also make the swelling worse because it makes blood vessels expand and allows more fluid to build up in the affected area.

If you have diabetes, managing your blood sugar is important. High blood sugar can lead to skin infections, slow wound healing and cause ulcers.

9. How long after my breast surgery can I use my compression sleeve?

You can start wearing your compression sleeve the day after your breast surgery. Your doctor will write a “prescription” that you can take to a medical supply store to get your compression garment.

10. How long after my breast surgery can I start exercising?

After breast surgery, you should take it easy for the first few weeks.

You cannot raise your arms above shoulder level for the first two to four weeks after surgery. This allows your surgical incisions time to heal and prevents any pulling on the surgical incisions. During this time, you can move your arm up to shoulder level.

After two to four weeks, you can begin to move your arms slowly above shoulder level. Your therapist will work with you and assist with range-of-motion exercises. Attending therapy and doing your home exercises is very important to prevent a frozen shoulder.

See Appendix 1 for home exercises to prevent frozen shoulder.

See Appendix 2 for range-of-motion exercises to do at home.

11. Can I use my compression sleeve at night?

Your doctor prescribes your compression clothes to wear during the day. If you need a night garment, your doctor will prescribe specialized sleeves and clothes made to wear at night.

12. How often should I go to the lymphedema clinic?

The frequency of your visits depends on the care plan that your doctor gives you.

Your doctor will see you every 3 to 6 months, depending on your needs. Once the amount of your lymphedema doesn't change, your visits will space out to every 6 to 12 months.

Appendix 1:

Specific exercises focused on shoulder mobility and axillary cording.

Exercises for shoulder mobility:

SCAPULAR RETRACTIONS



Move your shoulder blades back and down. Hold, relax and repeat.

Repeat: 15 times

Hold: 2 seconds

Complete: 1 set

Perform: once a day

PENDULUM CIRCLES - CODMAN

Shift your body weight in circles to allow your injured arm to swing in circles freely. Your injured arm should be fully relaxed.

Duration: 60 seconds

Complete: 5 sets

Perform: once a day



SHOULDER FLEXION AAROM - SUPINE - CANE

Lying on your back and holding a wand or cane, slowly raise the wand towards overhead. Use your unaffected arm to assist with the movement.

Repeat: 10 times

Hold: 1 second

Complete: 2 sets

Perform: once a day



ELASTIC BAND ROWS



Tie the middle section of an elastic band in a knot and place it at elbow height on the other side of a door and shut the door on it.

Hold the elastic band with both hands and then pull the bands back as you allow your elbows to bend near the side of your body. Squeeze your shoulder blades down and together.

Return to starting position and repeat.

Repeat: 10 times

Hold: 1 seconds

Complete: 2 sets

Perform: once a day

ELASTIC BAND SCAPULAR RETRACTIONS

Tie the middle section of an elastic band in a knot and place it at waist height on the other side of a door and shut the door on it.



Hold the ends of the band with your elbows straight and arms by your side. Pull the band back until your arms are by your side. Squeeze your shoulder blades down as you retract them together during this motion.

While holding your arms at your side, allow your shoulder blades to protract forward and then retract them again.

Repeat: 10 times

Hold: 1 second

Complete: 2 sets

Perform: once a day

PECTROAL STRETCH WITH RAISED ARM (at 90 degrees)



Stand at a corner or doorway. Place the front of your shoulder and entire arm onto the wall.
Slowly turn your body away from the wall until you feel a gentle stretch in the front of your shoulder and chest.

Repeat: 10 times
Hold: 3 seconds
Complete: 5 set
Perform: once a day

SUPINE ELASTIC BAND HORIZONTAL ABDUCTION

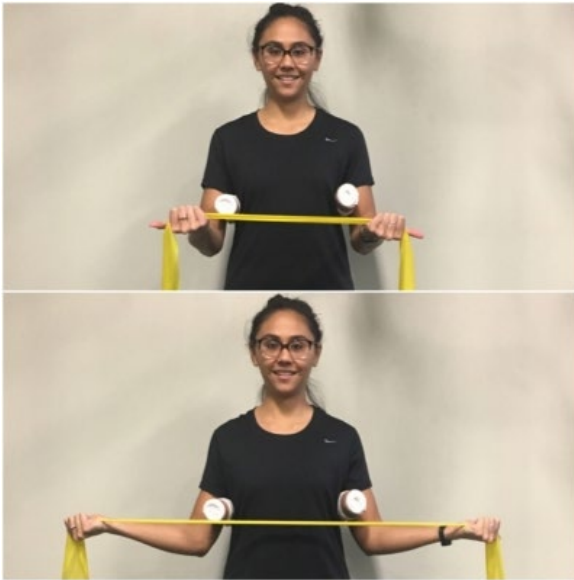


Lie on your back holding an elastic band up towards the ceiling.
Next, pull your arms apart and towards the floor as shown.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day



BILATERAL SHOULDER EXTERNAL ROTATION



Standing with an upright posture, hold the middle of a piece of the band with both hands (thumbs outwards). With your elbows at your side and arms bent at 90-degree angle, pull your hands outward, and squeeze your shoulder blades down and together.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day

SHOULDER INTERNAL ROTATION STRETCH - BEHIND BACK - WAND / CANE



While holding a wand/cane behind your back as shown, gently pull the wand up your back for a stretch to your shoulders. Lower back down and repeat.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day

FREE WEIGHT FLEXION IN NEUTRAL ROTATION



Start with your arms down by your side. While holding a free weight with your palm facing your side and your elbow straight, raise up your arms forward as shown then return to starting position and repeat.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day

OVERHEAD PRESS - ALTERNATING



Extend one hand overhead as you extend your elbow as shown. Lower it back down and then raise the other side up overhead. Lower back down and repeat this alternating movement.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day

ARM SIDELYING ABDUCTION - 90



While lying on your side and arm at your side, slowly raise up your arm towards overhead and away from your side. Stop when your arm is pointed straight up (90 degrees) as shown. Lower your arm back down and repeat.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day

TABLE SLIDE – SCAPTION



While sitting in a chair and resting your injured arm on a table, gently slide it forward and to the side by leaning in that direction. Move at 45-degree angle and then return to starting position and repeat.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day

WALL WALK



Place your affected hand on the wall with the palm facing the wall. Next, walk your fingers up the wall towards overhead. Lastly, slide your hand back down the wall to the starting position.

Repeat: 10 times
Hold: 1 second
Complete: 2 sets
Perform: once a day

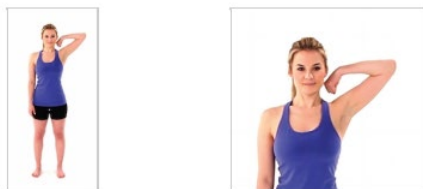
Exercises for axillary cording or contracture:

CHICKEN WING



Reps: 10
Sets: 3
Daily: 1
Weekly: 7

STANDING MEDIAN NERVE GLIDE



Reps: 10
Sets: 3
Daily: 1
Weekly: 7

SUPINE PECTORALIS STRETCH



Reps: 10
Sets: 3
Daily: 1
Weekly: 7

STANDING SHOULDER ABDUCTION SLIDES AT WALL



Reps: 10
Sets: 3
Daily: 1
Weekly: 7

CHILD'S POSE STRETCH



Reps: 10
Sets: 3
Daily: 1
Weekly: 7

Appendix 2:

Basic exercises you can do before starting therapy and before you get your home exercise program

Basic exercises:

BREATHING EXERCISE

Always start with deep diaphragmatic breathing to stimulate your deep lymph nodes and vessels. Do this several times a day. Breathe at least 5 times each time you do it.

**INSTRUCTIONS:**

Start with your back supported. Place your hands on your belly near your navel. Slowly take a deep breath in through your nose.

As you breathe in, the hand on your belly should rise. When you breathe out, the hand on your belly should lower and put a gentle pressure to your belly with your hands.

SHOULDER ROLLS



INSTRUCTIONS:

Sit upright with your hands on your legs or by your side. Relax your neck.

Move your shoulders forward, then up towards your ears, backward, and down. Repeat, continuing to move your shoulders in a circular motion. Rotate to the opposite side Repeat x10 times.

TRUNK ROTATION



INSTRUCTIONS:

Sit upright with your arms crossed and held in front of your chest. Relax your neck.

Breathe in, slowly turn your head and shoulders as far as you can to one side, breathe out and return to center. Breathe in again and repeat to the opposite side. Repeat x10 times.

Exercises for upper extremity lymphedema:

OVERHEAD Y



INSTRUCTIONS:

Sit upright with your hands by your side. Relax your neck.

While breathing in, move your arms up to a "Y" then breathe out while you come forward trying to reach the floor in front of you. Repeat x10 times.

SIDE BEND WITH ARM STRETCH

**INSTRUCTIONS:**

In standing or sitting, with your posture erect.

Raise one arm overhead and rest the other hand on your hip or lap. Slowly lean toward the opposite side of your raised arm until you feel a stretch. Breathe in and out. Return to the middle, switch arms, and repeat to the other side. Repeat x10 times, each side.

ARM LATERAL RAISE

**INSTRUCTIONS:**

In standing or sitting, with your posture erect and arms to your sides.

Slowly raise both of your arms straight out to your side with your thumbs up until they are at shoulder height, then lower your arms back down. Repeat x10 times.

BICEP CURL

**INSTRUCTIONS:**

In standing or sitting, with your posture erect.

Place your arms to the side and your palms open and facing up. Bend both of your elbows to bring your hands up towards your shoulder, then lower back down stretching your fingers open. Repeat x 10 times.

FOREARM INS AND OUTS

**INSTRUCTIONS:**

In standing or sitting, with your posture erect.

Place your arms in front of you, start to alternate between rotating your forearm inwards with your palms facing down towards the floor and turning your forearm outwards with your palms facing up towards the ceiling. Feel the stretch. Repeat x10 times.

Exercises for head/neck lymphedema

CROSSED ARM FORWARD WITH SCAPULAR SQUEEZE



INSTRUCTIONS:

In standing or sitting, with your posture erect. Bring your arms up to shoulder height with your elbows bent and your palms facing down. Cross one arm over the other so you can touch the opposite elbow. Then bring your elbows back while squeezing your shoulder blades together, repeat x10 times.

CHIN TUCKS



INSTRUCTIONS:

In standing or sitting, with your posture erect and head always looking forward.

Gently draw your head directly backward (like something smells awful), while keeping your eyes fixed on something in front of you. Hold for 5 seconds, repeat x10 times.

CERVICAL RANGE OF MOTION (UP/DOWN, SIDE TO SIDE, EAR TO EAR)



INSTRUCTIONS:

In standing or sitting, with your posture erect.

Gently and slowly, move your head and neck to look up at the ceiling and down at the floor. Repeat x10 times. Then, start to rotate your head to look to the left and right. Repeat x10 times. Finally, side bend your head

from left to right, trying to touch your ear to the shoulder. Repeat x10 times. Go up to your available pain-free range of motion.

Exercises for lower extremity/genital lymphedema

TRUNK SIDE BENDING



INSTRUCTIONS:

In standing or sitting, with your posture erect.

Gently and slowly bend your body from side to side, lowering your arm to the ground, then return to the starting position and repeat to your other side. Make sure to breathe deeply as you bend to the other side. Do not bend forwards or backwards. Repeat x10 times.

HIP MARCHES



INSTRUCTIONS:

In sitting, with your posture erect.

Gently and slowly flex your hip up and down, alternate to the opposite side, like marching. Repeat x10 times each leg.

KNEE KICKS



INSTRUCTIONS:

In sitting, with your posture erect.

Gently and slowly straighten one knee so that your leg is straight out in front of you. Hold for 2-3 seconds and then lower it back to the starting position, repeat to your other side. Repeat x10 times each leg.

ANKLE PUMPS

**INSTRUCTIONS:**

In sitting, with your posture erect.

Gently and slowly pump your ankle, bend your foot up and toes toward your body, then pointing your ankle and toes away from your body. You can do both feet together or one at a time. Repeat x10 times each leg.