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HAPPY SPRING!

PHYSICAL THERAPY FOR LYMPHEDEMA HAS BEEN PROVEN TO BE A SUCCESSFUL, NON-INVASIVE TREATMENT OPTION

By, Roseanne Cruz, DPT

According to the National Cancer Institute, about 26% of women who undergo breast cancer surgery will develop lymphedema. Lymphedema can also develop 6 to 8 weeks after surgery or radiation.

Lymphedema is a persistent swelling of a body part due to a blockage in lymphatic flow when nodes or vessels are damaged or abnormal. Individuals who have lymphedema may complain of discomfort or pain in an affected limb, feeling of fullness in the limb, fatigue, or decreased flexibility. They may also complain of breast pain, tight-feeling skin, difficulty fitting

into clothes, or tightness when wearing rings, bracelets, watches, socks, or shoes.

Lymph drainage therapy (LDT) consists of a gentle massage technique that aids in the circulation of body fluids, drains toxins from the body, stimulates the immune system



Upper Extremity Lymphedema

and the parasympathetic system, reduces pain and/or mus-

cle spasms, increases range of motion, and decreases swelling. LDT can be used to treat conditions such as lymphedema due to lymph node removal, fibromyalgia, chronic fatigue syndrome, infertility, painful periods, constipation, and irritable bowel syndrome. After treatment, the patient may experience increased sleep time or better quality of sleep, an increase in the amount of urine, tension release and/or emotional release, or improved senses. Stillwell(1) and Boris et al(2) conducted research which demonstrated that compliance with physical therapy treatment was associated with an immediate reduction in

**Therapeutic Applications of Yoga for
Chronic Pain**

By, Anne Taylor

Yoga can be an effective adjunct to physical therapy and especially beneficial in supporting patients dealing with the physical pain as well as the accompanying stress traditionally associated with chronic pain or pelvic floor dysfunction. "Hatha Yoga is one of these modalities which has

been extremely useful to many patients in reducing the suffering seen with chronic urologic conditions such as: prostatodynia, chronic orchitis, chronic epididymitis, vulvodynia, interstitial cystitis, etc.." (Ripoll and Mahowald, 306-309, World Journal of Urology, 20 (5) November 2002) . Often times, chronic pain can have accompanying symptoms of anxiety and depression which can fur-

ther undermine physical health. An ideal therapeutic yoga practice consists of 1:1 instruction in which the postures and breathing practices are sequenced according to the needs of the individual and are modified to reflect changes during the course of treatment. A recommended treatment regimen includes a combination of active



“Out of Cluster, Find Simplicity”
-Albert Einstein



Therapeutic Applications of Yoga for Chronic Pain

(continued from pg 1) poses to gently stretch which can help to "lengthen chronically tight muscles and help alleviate muscle pain" (Meadows, Urologic Nursing, March 1999, 19(1), p. 33-35) and strengthen the body along with restorative yoga to promote relaxation.

Restorative yoga can be a highly effective means to help patients get relief from the discomfort associated with pelvic floor dysfunction and may sometimes be identified as the initial course of treatment before moving on to a more active practice.

For those not familiar with restorative yoga, it is a gentle practice which utilizes simple poses with the body propped

with blankets and bolsters to provide gradual muscle release. The poses are sequenced according to support healthy functioning of the nervous system and can also be beneficial for those experiencing trouble sleep. The goal behind restorative yoga is to allow the nervous system to move out of sympathetic activation (fight or flight mode) and into parasympathetic activation (relaxation response) to promote healing.

As neuroscience continues to progress in its understanding of the mind/body connection, it has become increasingly evident that yoga can be used to treat a variety of medical conditions. Yoga is part of the standard offerings of many

hospitals and clinics, further advancing the case for an integrated treatment model.

Anne Taylor is a registered yoga teacher with specialized training in mind/body therapeutics. Anne completed her first training at the Kripalu Center for Yoga and Health and then went on to do additional training with her primary teacher bio psychologist and yoga teacher Bo Forbes PsyD. Anne is an affiliated practitioner for the Center For Integrative Therapeutics (www.elementalyoga.com). Anne has been working with patients at Beyond Basics Physical Therapy since 2005.

*www.springerlink.com/content/e7yjjdye8c1977fp/

PHYSICAL THERAPY FOR LYMPHEDEMA HAS BEEN PROVEN TO BE A SUCCESSFUL, NON-INVASIVE TREATMENT OPTION

continued from pg 1) lymphedema, as well as after a 3 year follow-up.

About the author:

Roseanne Cruz, DPT received her B.S. and doctoral (DPT) degree from New York University. Roseanne has been interested in working with patients with pelvic pain, pelvic floor dysfunction in adults and children, and lymphedema for

many years and has spoken in the Greater New York area on these topics. Roseanne has had extensive training in Lymph Drainage Therapy through the Upledger Institute.

References:

(1) Stillwell GK. Treatment of postmastectomy lymphedema. *Mod Treatment*. 1969;6:396-

(2) Boris M, Weindorf S, Lasinshki

B. Persistence of lymphedema reduction after noninvasive complex lymphedema therapy. *Oncology*. 1997;11(1):99-109.

(3) American Cancer Society: www.cancer.org

(4) National Cancer Institute: www.cancer.gov

(5) National Lymphedema Network (NLN): www.lymphnet.org



Lower Extremity Lymphedema

BBPT Staff NEWS: Welcome Christine Vlahos, MSPT. Christine received her MSPT from Thomas Jefferson University and is trained in lymphedema therapy, pelvic floor dysfunction, and general orthopedics.

Insurances that the Physical Therapists accept: Aetna, Cigna and United Healthcare PPO and POS plans.

