

A certified lymphedema therapist close to home here at Logansport Memorial Hospital.



**Erica Heater,
PT, DPT, CLT - LANA**

Erica Heater is a 2016 graduate of Indiana University's Doctorate of Physical Therapy program and has a Bachelor of Science from Purdue University. She has attended the Klose Training and Consulting Lymphedema Certification Course and is a Certified Lymphedema Therapist, by the Lymphology Association of North America, skilled in all components of lymphedema management. She has practiced physical therapy in both inpatient and outpatient settings. Erica also has experience in and is passionate about treating:

- **Wounds from chronic venous insufficiency and arterial insufficiency**
- **Surgical debridement**
- **Various other traumas**
- **Orthopedic injuries**

Expert care for physical therapy services.

Logansport Memorial Hospital's experienced physical therapy team helps patients develop, maintain and restore maximum movement and function when those abilities have been threatened by aging, injury, disease or environmental factors.

To learn more about our services, please contact:

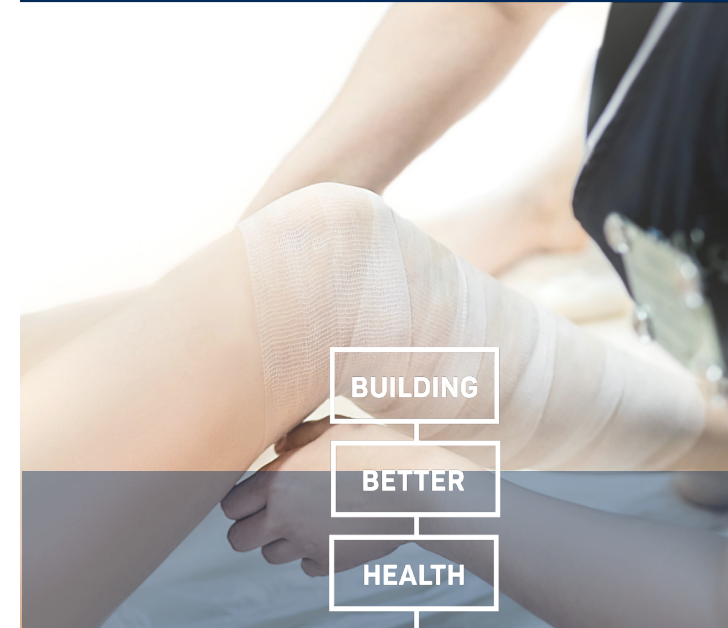
574. 753. 1380

or visit LogansportMemorial.org/Physical-Therapy



LogansportMemorial.org

Lymphedema therapy and management



Physical Therapy



Lymphedema Therapy Services

from Logansport Memorial Hospital

What is Lymphedema

Lymphedema is a chronic disease that results in a build up of lymph fluid (protein-rich swelling) that occurs when the lymphatic system is either faulty or damaged. There are many causes, but the most common is cancer treatments that remove or damage lymph nodes or lymph vessels. There is no cure for lymphedema, but it can be effectively treated.

Primary lymphedema

In some cases, lymphedema can occur from hereditary or genetic abnormalities that cause malformation of the lymphatic system. This is called **primary lymphedema**. It can impact any part of the body and may involve swelling in multiple limbs or body regions.

Primary lymphedema is rare as a cause of lymphedema. Because of the linkages between primary lymphedema and genetic conditions, individuals diagnosed with primary lymphedema should seek genetic counseling to determine whether additional testing is needed.

Secondary lymphedema

Secondary lymphedema occurs because of damage or trauma to the lymphatic system. Common causes include:

- cancer-related surgery
- traumatic injury
- parasitic infection

Diagnosing lymphedema

Lymphedema is typically diagnosed on the presenting symptoms, including:

Clinical symptoms

- Swelling in the limb or body region where lymph nodes were removed or damaged.
- Slow progressive onset of swelling.
- Visible asymmetry of the limbs.
- Swelling comes and goes in early stages but becomes more persistent in time.
- Tissue changes that include thickening, firmness, and pitting.

Patient self-reported symptoms

- Sensation of heaviness or aching in the limb or region.
- Light tingling symptoms in the limb or region.
- Clothing or shoes that no longer fit or feel tight.
- Jewelry that used to fit comfortably is now difficult to get on/off or to wear.
- Swelling in the tissue that comes and goes regularly.

Clinical treatment

Complete Decongestive Therapy (CDT) is the Standard of Care for lymphedema treatment, typically done in two phases. Phase one is an intensive phase that requires treatment intervention by a trained therapist to maximally decongest the swollen tissues. Phase two is the self-care phase that requires individualized strategies to maintain the tissue decongestion achieved in phase one.

Components of this treatment include:

Manual lymphatic drainage (MLD)

MLD is a specialized form of massage that stimulates the lymphatic system to improve its ability to absorb and transport fluid. It uses a light skin stretching technique to stimulate healthy lymphatic vessels and to enable decongestion of swollen body regions.

Compression bandaging

Compression bandages are applied following the MLD treatment in phase one. Bandages increase tissue pressure and assist with the absorption and transport of lymphatic fluid from the limb and into the normal circulation. The bandages provide support and comfort when the limb is at rest and facilitate gentle pumping pressures when the limb is moving.

Exercise

Exercise is incorporated in both phases of CDT. These exercises are low intensity, repetitive and should be done with compression bandages on the limb. The exercises encourage gentle muscle pumping, which aids the absorption and transport of lymphatic fluid out of the limb. New research suggests that exercise is not only safe for individuals with lymphedema, it is encouraged to help improve the limb volume, build muscle strength, and promote a healthy lifestyle.

Skin care

Proper skin care promotes healthy tissue and can prevent skin breakdown and infections in the affected tissues.

Compression garments

Compression garments are the primary mode of compression. Garments play a key role in maintaining the results achieved in Phase One. Compression garments need to be fit with the correct size and proper pressure based on the individual's condition, severity of swelling, and physical ability.

Absolute contradictions to treatment:

- Acute skin infections (cellulitis)
- Acute decompensated congestive heart failure
- Acute DVT (MLD contraindication only)
- Undiagnosed abdominal pain / colitis
- Abdominal aortic aneurysm
- Chronic inflammatory bowel disease (for abdominal MLD)

