

Clinical Considerations **(PTOT-2.0)**

Lymphatic Considerations (PTOT-2.2)

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Lymphedema is typically characterized by an abnormal build-up (volume) of lymphatic fluid within the tissues beneath the skin that causes localized edema accumulation, which may lead to further integumentary sequelae. Accumulation of edema can impact an individual's ability with ADLs/IADLs through restricting mobility of associated joints and tissues and increasing the overall weight of affected areas. The accumulation may impact the health and function of other body systems in the affected area such as circulation, nerve, skin, and internal organs. It is the result of a disruption to the normal flow of an individual's lymphatic system. Lymphedema is a chronic condition with varying stages and care needs over time.

Consideration of the need for skilled care of an individual with lymphedema necessitates determining the stage of progression (i.e. Stage 0-III from International Society of Lymphology) and any associated ADL/IADL deficits.²⁹ Baseline measures of volume, function, and ability should be assessed at the initiation of, and throughout, an episode of care (See PTOT-2.0: Clinical Considerations).

Current peer-reviewed recommendations suggest commencing skilled care when limb volume is demonstrating regular asymmetrical swelling of approximately >5% in the upper extremity or >10% in the lower extremity.³⁰ One isolated measurement of excessive volume is generally not sufficient to indicate a need for regular skilled care. It is understood that lymphedema will not always remain confined to easily measurable body areas or to one limb or region only. The individual's medical history and symptoms also play a role in diagnosis and treatment. Attempts to quantify and track the edema should still be made. Past history should also be used to inform on the chronicity of the swelling, including previous treatment and self-management.³¹

An individual may be seeking skilled care for lymphedema that is the result of surgeries or procedures to address cancer or other pathologies. Techniques and approaches for these surgeries and procedures will vary greatly, and each individual will respond differently. Their need for skilled care will be assessed based on all clinical information presented that meets the indications for care in consideration of associated complexities and complications, including specific post-surgical limitations and protocols.

Published peer-reviewed clinical practice guidelines and systematic reviews for lymphedema support that skilled care can reduce swelling and transition individuals to a self-maintenance program to be used over time. Current recommendations correlate with what stage of lymphedema an individual is experiencing.^{29,30} The less severe stages may only require self-care, occasional monitoring, elevation and/or compressive garments.^{30,32} As the edema

progresses in severity, an episode of skilled care for complete decongestive therapy (CDT) is recommended.²⁹⁻³³ Treatment generally consists of two phases: Decongestive and maintenance. CDT encompasses physically active strategies (e.g. elevation, exercise), education on skin hygiene, adherence to daily self-care home program, and appropriate manual lymphatic drainage. As the edema stabilizes, care should transition to the maintenance phase. This phase includes education to transition the individual to self-management via appropriate compression options (garments, bandages, pumps), self-massage, positioning, skin care, caregiver assistance, and activity levels.