

Share Cording Protocols Project - 2014

A project to help women recover from breast cancer surgery complications.

For Therapists and Health Professionals treating women after breast cancer:

Do you want to learn more about physical treatments for axillary cording or axillary web syndrome?

Do you have a great treatment protocol for cording - you are happy to share with other therapists across the world?

Do you want to benchmark your physical treatment for cording?

Research into axillary web syndrome or cording lacks adequate information regarding origin, assessment, course and treatment. As clinicians, we know that cording has many levels of severity and depending on the women's cancer treatment—the cording may or may not incur radiotherapy. There are many variables that will impact on both assessment and treatment.

Do we wait for the research - firstly to find a valid and reliable assessment and then a control vs treatment group with sufficient matched variables between the subjects in each group?

Or can we engage in a new and exciting way- and collaborate via world wide digital technology eg Youtube, to share and compare treatments used by experienced therapists across the world.



Be part of the **SHARE CORDING PROTOCOLS PROJECT 2014** and submit photographs or video detailing your treatment protocol using a specific case. By submitting before and after photos, improvements can be better demonstrated and verified. To improve the reliability of our communications there is an assessment and language/terminology video or poster available for purchase. [Detailed instructions and responsibilities](#) will be available to all persons wishing to submit their treatment protocol.

CONTACT DETAILS: Denise Stewart Occupational Therapist www.breastandshoulder-rehab.com
or deniseot@bigpond.net.au

Share Cording Protocols Project- 2014

Organized by Denise Stewart

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Introduction

There is world-wide recognition that the upper- body impairments secondary to breast cancer treatments are adverse and chronic for many women.

One of the adverse post-surgical complications, causing significant pain and movement restrictions is cording or otherwise known as axillary web syndrome.

Research regarding cording is not sufficient for clinicians to rely on as evidence based research, to guide assessments or treatment protocols. To date this has been mostly single case studies showing a variety of cording presentations - each having a significant negative impact on shoulder movement. The treatment to date has mostly referred to the use the general term of physical therapy. The lack of detail regarding treatment or assessment does not help the clinician or women experiencing cording.

Finally, axillary cording may still be negatively influencing shoulder function— even when we see that it is only present on end range abduction or not seen using the test of abduction (as test position inadequate). More information about the assessment and impact of cording is required.

Aim of this project

This project is aimed to increase the exchange of information about cording assessment and treatment protocols between experienced therapists across the world. Therapists will be able to share and then compare their treatment protocols and time frames.

Additionally, it will be a format that can be available to other health professionals who work with women after breast cancer aswell as to the women themselves. Visual (photo/videos) data is a valuable way of exchanging information- especially when complicated words are used to describe a problem eg axillary web syndrome. This exchange of information fits within the call made by clinicians in the Cancer April 2012 journal, to reduce barriers to women accessing breast cancer rehabilitation services.

By collecting this type of data we are also helping to:

Establish parameters and variables for future researchers

Providing real examples of possible improvements for new therapists to the field of Breast Cancer Rehab.

It is recognized that this type of information collection will be informal, variable, and will rely on the accuracy of individual therapists in presenting this information. However the benefits will be that it will allow therapists to evaluate the information for themselves and new ideas may be shared. This compares to the possibility that a researcher takes on cording as a research topic and evaluate first, a reliable and valid assessment, and then treatment protocols. This process is both expensive and takes time eg 3-5 yrs to get research published. This makes it hard for the clinicians who are working in the clinics and often in isolation to their professional peers.

Creating great data and evidence to share.

To improve the accuracy of this information exchange, the following will be offered:

A single collection location of data (with Denise Stewart) will be collated to be presented in a similar format. If the data submitted is altered then the format will be returned to be approved by the clinician/ therapist before it is included into the public access data.

Clinicians who participate will have internet access to the cases submitted and accepted to the project.

The presentations will be collated into a playlist on Youtube and will be open to public access.

A training video will be made available for purchase to facilitate the use of similar assessments and use of similar language.

A training poster for recommended assessment and language will be available for purchase.

Photos or videos of the case (person) presented.

Respect and privacy to the person used in photos/ videos is important in this project.

There should be no features eg face, that can be recognized to the person used as the case. Recognizable features will or should be either cropped or not included. It is recommended that the nipple not be included in the photo/ video.

It is the therapist/ clinicians responsibility to gain permission for the photos to be used in this project.

Time frame descriptions:

Include adequate information about date since surgery.

Include the approx date cording was noticed by the person used as the case.

Number of treatment sessions and length of session, treatment commencement timeframe post surgery, to be included.

Date of photos used in the presentation should be accurate.

Treatment protocol description:

List or itemize the treatments used in the treatment sessions.

Identify treatment location.

If you wish to maintain ownership of the treatment protocol details- then please only share enough information required to adequately describe the type of interventions used.

Additional case data:

The photo should identify the location of the cording and the thickness of the bands.

Describe the relevant cancer treatments incurred eg surgery, chemo, radiotherapy. Or include other medical info that may be relevant eg— previous diagnosis of capsular tightness over breast implant.

The therapist/ clinician submitting the case is responsible for getting approval from the person in the photos/ video and should hold evidence of this in their records.

Additional and Important Photo recommendations:

To facilitate uniformity, use photos demonstrating cording with arm in **abduction— either in side-lying or supine**. Full abduction is easier to attain in sidelying. Goniometer measures are not required to be taken if the photo demonstrates shoulder ROM clearly (this will involve a photo with the top of shoulder in relation to head /ear)- Test 1.

If your patient attains full abduction, you may also demonstrate, by photo, ability to reach backward from abduction eg pec major-stretch (Test 2).

Further instructions about Test 1 and Test 2 for cording can be purchased from Denise Stewart— but is not a requirement of this project.

Submit data/information:

Use photos and data on power point presentation and email to deniseot@bigpond.net.au
OR

Short video (less than 5 mins) that can be uploaded to YouTube initially with **unlisted access** and send to:
deniseot@bigpond.net.au.

It is your responsibility to choose to include or not include your hospital or treating clinic details- based on your own diligent assessment of the impact of this situation.

Disclaimers for the Project at Youtube stage-public access :

There will be a disclaimer used on Youtube presentation regarding:

This information is **not given** for individuals to use as a prescription for their own use.

Individuals to use the advice of their own treating medical staff.

There will be recognition that treatment protocols will vary from country to country and hospital to clinic—based on local policy and local resources and the extent of the cording.

Examples of What To Submit

Photo 1

Pt lying in supine or side-lying with arm at end range abduction . All visible cording to be seen in the photo. Include top of should and side of head/ear.

Photo 2

Taken when greater movement has been achieved with changes in the cording. Use same supine or side-lying position to demonstrate the improve ROM and the change in the visible cording.

If you are submitting a short video, please use the same criteria. Keep the total length of the submitted video to < 15mins. Preferable 3-5 min videos as viewing the entire content is more likely by others.

Identify on one of the photos the location of the treatment area or describe this in enough detail:

- In axilla only
- At the cording in the arm
- At the location that the cording is attached to the breast scar or fascia.
- No treatment along the length of the cording

Identify the types of treatment used eg:

- Lymphatic massage
- Scar tissue release at attachment point
- Fascia stretch
- Kinesiotape
- Low Level Laser
- Arm stretches (comment on the recommendations made to the case about frequency etc)
- Any other treatments not mentioned

Frequency of Treatment:

Identify when you commenced treatment post breast cancer surgery.

Identify the number of treatment sessions.

Identify if /when cessation of treatment.

Identify any other factors that influenced treatment timeframes.