

Daisy C. Millett, LMT

✓ Good

July 15, 2009

To Whom It May Concern:

The information provided in this Lymphedema Case Study for a 72 year-old male is true and accurate to the best of my ability.


Daisy C. Millett, LMT

PERSONAL

72 year-old-male, retired truck driver, currently working part time as a handy man, also doing lawn maintenance.

HISTORY

Pertinent Medical History

Diagnosed with metastatic oropharyngeal, squamous cell carcinoma of the LT tonsillar fossa, prior to August 31, 2006.

Other Medical History

December 14, 2008 patient fell and suffered bad bruising of LT lower anterior ribs resulting in more edema.

? 2007? motorcycle wreck, broken ^R shoulder. ↓ ROM

June 08, 2009 patient was in an auto accident. His vehicle was struck on the right side causing him to spin round and round at 65 mph. He was wearing his seatbelt and the airbag did not deploy. His upper torso was very sore. He hit the LT side of his head resulting in edema that would have drained but, due to surgical removal of lymph nodes for CA of head and neck could not.

Subjective Complaint

Chronic pain and lymphedema resulting from tonsillar fossa cancer treatment.

Limited range of motion moving head LT and RT of center.

Other Treatment Procedures:

Chemotherapy: received three weekly cycles, one treatment per week (cisplatin for the first, carboplatin for the last two). Chemotherapy was stopped due to intolerance to the drugs.

Radiation Therapy: treatments delivered between 8/31/06 and 10/16/06, 42 treatments over 30 treatment days using the concomitant boost technique.

The bilateral low neck received 5000 cGy in 25 fractions with 6 MV x-rays. The LT low neck was boosted an additional 1000 cGy in five fractions with 6 MV x-rays.

Tumor regressed completely by completion of treatment.

Patient had lymphedema in his throat area causing a restriction in swallowing. He did not want to have this aspirated again. His Otolaryngologist prescribed "Massage treatments to neck for chronic pain to lymphedema resulting from treatment of head and neck Ca."

Pt dilated by Dr. M. in December 2007, at which time the Chest CT revealed slightly increased pulmonary nodule."

CT scan performed 05/31/07 showed "increase in size of previously seen nodules as well as a new pulmonary nodules which is concerning for metastatic disease."

Physician with ENT group noted on 05/22/08; "The results of Chest CT scan performed 05/05/08 reveals progressive metastatic disease throughout all lobes of the lungs..." "The largest nodule in the RT lower lobe of approximately 1.5 cm in diameter."

CT scan performed 04/16/09 showed "...nodules had remained stable since Chest CT three months prior." Patient reported coughing up red blood, just in the mornings, at May 2009 visit.

Chest X-ray: compared to scout radiograph done of a CT 04/06/09, demonstrates multiple bilateral pulmonary nodules consistent with metastatic disease.

SYMPTOMS

Presented with a complaint of loss of saliva and uses Oasis (saliva replacement) 10-12 times daily.

He cannot swallow large pills or food.

Lymphedema of LT jaw area from TMJ to almost the point of the LT side of his chin with a 'knot' approximately 1½" to 2" from the point of the chin.

Diagnosis (if one made by a physician)

Metastatic oropharyngeal, squamous cell carcinoma of the LT tonsillar fossa.

Metastatic disease throughout all lobes of the lungs

Medication/Surgery

Pain is controlled with Hydrocodone.

August 15, 2006, LT neck aspirated.

November 28, 2006 removed 13 lymph nodes from LT side of neck.

November 29, 2006 underwent a LT modified radical neck dissection for persistent lymphadenopathy.

OTHER TREATMENT PROCEDURES: (incl manual therapy: beginning date, frequency & type)

Active Isolated Stretches to bilateral neck with some gentle myofascial release on LT neck area.

6/10/08 to 10/30/08 LDT every visit mixed with Deep Muscle Massage, Myofascial Release, Soft Tissue Release and Active Isolated Stretches.

Subsequent sessions after 10/30/08 to present were almost exclusively LDT with occasional, DMM, MFR, STR or AIS.

EVALUATION AND ASSESSMENT

Manual Lymphatic Mapping & other findings:

No flow of lymph from LT neck area

Upper mandible, along teeth area, had noticeable Lymphedema with no lymphatic movement

Some swelling posterior LT axilla with reduced lymphatic flow

Minor Lymphedema present on lateral border of LT scapula

LT clavicle drainage feels restricted due to presence of scar tissue

LT neck extremely sclerotic (hard as a rock)

Sclerosis extends from mastoid process to clavicle near posterior scalene under collar bone and extends from a line between and over to just lateral of the center of the chin and running down to the origin of the SCM.

Objective results:

Pathways were found after trial and error that would direct lymph to a drainage area. These pathways did not stay completely open from session to session.

Subjective results:

Client was pleased with relief from restrictions in swallowing, lymphedema in jaw area, and better ROM.

LDT TREATMENT

Average length of sessions: 15 to 60 minutes

Number of sessions: 96 as of 07/02/09

Total treatment span: June 10, 2008 to date and ongoing, twice weekly

(6/10/08 through 10/30/08 primarily performed LDT starting with clavicle, big 4 and abdomen. Various pathways were explored. Used very gentle and slow MFR, STR, AIS and MM to area affected by radiation therapy burn.

10/30/08 to 06/04/09 focused primarily on LDT to LT neck area.

06/09/09 to present (after motor vehicular accident, MVA) additional areas such as top LT head were incorporated.)

Outcome Objective:

Lymphedema reduced, range of motion increased and swallowing became easier. Saliva increased so he only has to use Oasis 2-3 times daily. Learned by masticating he can increase saliva.

Outcome Subjective:

Patient is pleased with increased ROM, better salivation and being able to swallow easier. Also reported he no longer feels like his "air is cut off" when he looks down.

Percentage of improvement/measurements

After first treatment patient indicated "bump" in LT jaw where he felt like another tooth was growing was gone.

Date	Side	ROM before treatment	ROM after treatment
07/24/08	LT	40°	60°
07/24/08	RT	30°	50°
12/11/08	LT	50°	60°
12/11/08	RT	35°	45°

Outcome immediately after sessions

Decrease in lymphedema, better ROM, increased saliva, swallowing with less restriction.

Lasting effects

Benefits of LDT and other techniques last from 2-10 days. When original problems reoccur, they were never as severe as they were before treatment started.

COPING

Comments on patient compliance (or lack of)

Patient was unable to develop manual LDT but he found he could relieve lymphedema between sessions by using detachable shower head. He did this by running water from LT jaw line up the LT side of his face, over his head and down the RT side of his face. He also used this shower head technique starting on LT side of face, across mouth to RT side and commented he "could tell when it started to flow."

Psychosocial issues, if appropriate

Pt is 72 years old and has been forced to admit his body is slowing down. He does not have the physical strength he used to and this bothers him. In addition to the side effects of tonsillar fossa cancer surgery and treatment, since starting LDT has been injured in both a motorcycle and motor vehicular accident. He is further plagued by metastatic cancer to his lungs and general aches and pains.

Patient and/or family coping of condition and treatment

Patient enjoys a good support system.