

The Active Life

A new regular column by chartered physiotherapist Nicola Bolger



Shoulder and arm pain following breast cancer treatment

THE incidence of breast cancer in women is one-in-nine. Fortunately, with technological advancement in the early detection of breast cancer and treatment options, survival rates are increasing. However, the occurrence of upper limb related pain and musculoskeletal disorders is very common. Statistics reveal that seven in eight women experiencing musculoskeletal or nerve-related issues following treatment for breast cancer.

As impressive as current oncology treatments are, surgery, radiation and chemotherapy create significant trauma to the surrounding tissue and cells. With more extensive cancer diagnosis and treatments, the increase in collateral trauma can be responsible for the varied and numerous side-effects of breast cancer treatment. This article will cover some of the more common musculoskeletal and nerve-related disorders that can be experienced following breast cancer.

ROTATOR CUFF TENDINOPATHY

Rotator cuff tendinopathy is very common in the general population due to the high demands placed on a mobile complex joint. It is also one of the most common causes of shoulder pain in people who have had treatment for breast cancer.

The rotator cuff is a collection of muscles and their associated tendons that stabilise the shoulder joint, keeping the upper arm bone in contact with the shoulderblade as the arm moves. Following treatment for breast cancer, there can be a number of reasons why a rotator cuff tendinopathy may develop.

Weakness can be secondary to altered use (post-op restrictions) or disuse (due to pain, tightness, fear). The main symptom is pain with shoulder movement when reaching overhead and lifting with an outstretched arm.

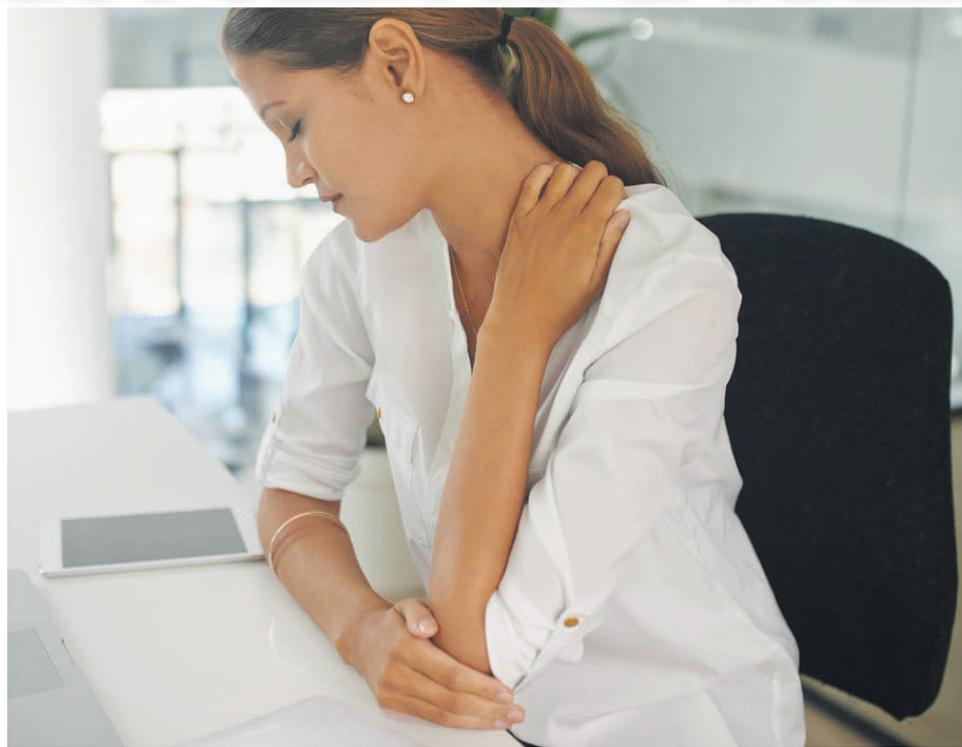
Postural changes, scarring from surgeries and radiation can all cause shortening of the muscles around the shoulder, which leads to a restriction in movement and subsequent overload of tendons with activities.

ADHESIVE CAPSULITIS

Also known as 'frozen shoulder', adhesive capsulitis is frequently seen following breast cancer treatment.

The reason for its development is not fully understood, but it is speculated that shoulder inactivity is one of the main contributing factors. Following breast cancer treatment, patients are recommended to minimise their shoulder movement to allow surgical scars to heal or their shoulder movement may be limited due to pain or the fear of pain.

Symptoms include shoulder pain, which can be worse at night in the initial stages, and reduced movement.



TRAPEZIUS MYALGIA SYNDROME

Trapezius myalgia (myalgia is muscle pain) refers to neck-shoulder tension in the large trapezius muscle that attaches the spine and scapula to the back of the head/neck.

There are several risk factors that may cause an individual to develop this, including holding prolonged positions at work, repetitive tasks, weakness in the upper body and a history of neck pain.

Tightness across the chest, secondary to breast cancer treatment, can cause a restriction in the shoulder's range of movement. Combined with postural changes and stress, it can cause this condition to develop. Symptoms include muscle tension, soreness and tenderness to touch. There can be limited neck range of movement and trapezius myalgia can cause headaches.

WHAT TO DO WITH MUSCULOSKELETAL-RELATED SHOULDER DISORDERS?

See your GP or chartered physiotherapist, who are familiar with treating post-cancer musculoskeletal disorders, to get a correct diagnosis and treatment plan

Be mindful not to overly protect your shoulder following breast cancer and seek treatment for any residual muscle tightness or pain that maybe restricting shoulder movement. A simple progressive mobility and strengthening programme can be prescribed to address any symptoms

Modify or avoid physical activity that could predispose you to overloading the shoulder muscles – build up activities slowly and steadily

If you are experiencing pain in the neck or

shoulder region that is not improving you should see a health professional for assessment and treatment to prevent symptoms deteriorating further.

CERVICAL RADICULOPATHY

Cervical radiculopathy is a nervous system disorder resulting from trauma to the nerve roots originating in the cervical spine. It can be seen in the general population, but after breast cancer treatment it can be exacerbated in response to chemotherapy. The symptoms include weakness in the shoulder/upper limb, numbness, tingling or burning sensation in the neck, shoulder, arm or hand.

CHEMICAL INDUCED PERIPHERAL NEUROPATHY (CIPN)

CIPN is a common complication of breast cancer treatment which results in trauma or dysfunction of the motor, sensory and autonomic nerves. The symptoms depend on which nerve is affected and to what degree. It can present with severe pain that may be intermittent or constant, a burning or tingling sensation and a loss of feeling with difficulties picking up and holding objects in the fingers. It is caused by neurotoxicity from chemotherapy drugs. The risk of developing CIPN is greater for patients if they suffer from diabetes, have had previous chemotherapy or radiculopathy.

POSTMASTECTOMY PAIN SYNDROME AND PHANTOM BREAST SYNDROME

Postmastectomy pain syndrome presents

as pain in the chest, armpit, surgical scar and upper inner arm that continues beyond the normal time period for post-surgical pain. It is thought to occur due to trauma to the nerve arising from surgery or radiation damage.

Symptoms are described as a burning, aching, stabbing pain or tightness around the shoulder/shoulderblade exacerbated by movement and therefore contributing to a secondary reduction in range of movement of the shoulder and subsequent complications.

Phantom breast syndrome can be very common after a mastectomy. Symptoms are similar to postmastectomy pain but more irregular and can even occur months or years after a mastectomy.

BRACHIAL PLEXOPATHY

This is a dysfunction of the brachial plexus that maybe transient or permanent. It is most commonly seen after radiation therapy or when a tumour has grown in the brachial plexus region. The brachial plexus is a collection of nerve fibres that originated at the spine and travels through the neck and armpit into the arm. Common symptoms include pain, loss of sensation, tingling or burning sensation in arm/hand weakness in shoulder or limb.

WHAT TO DO WITH NERVE-RELATED SHOULDER DISORDERS?

See your health professional for a full assessment and correct diagnosis

A physiotherapist who has experience in dealing with post-cancer musculoskeletal and nerve disorders will be able to perform scar tissue mobilisation, skin desensitisation, joint mobilisation and prescribe an exercise programme to increase mobility and strength

Discuss with your GP the possibility of medication to relieve pain. If the pain is more tolerable this can allow you to move your shoulder easier, reducing the likelihood of further complication

Consider acupuncture. It has been shown to be very effective in this patient group to reduce pain and increase function.

DATE FOR THE DIARY

On 22 September, Relay for Life Carlow will be held in Duckett's Grove. This is a great opportunity to celebrate the lives of cancer survivors and to remember those who are no longer with us. Active Life Physiotherapy is looking forward to being involved in this great event and will be there on the day to assist with any niggles or injuries.

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