

Cording

SELF ASSESSMENT GUIDE



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For breast cancer survivors who need help
to regain great arm movement.

“Why is it so tight under my armpit?”

“Why is it so painful?”

“I feel like there is a band across my chest.”

“I can feel tight strings at my elbow.”

“There is a tight vertical band under my breast.”

“Why am I feeling a stinging, pulling pain in my arm when I reach out?”

“This doesn’t make any sense, the surgery was at my breast.”

“Why hasn’t my surgeon told me about treatments for this problem?”

If you have at least one of these thoughts, then you are not alone.

Cording is now recognized as a common complication after breast cancer surgery.

This e-book has been written in response to the repeated requests by women to help explain why they have difficulty with their movement and persistent pain, after breast cancer surgery.

Read about cording and go through the steps to see if you could have cording.
Then decide what steps to take to get the help you need.

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Message from the author

The information contained in this book is not intended to replace a one-on-one relationship with a doctor or qualified healthcare professional. Therefore, this information is not intended as medical advice, but rather a sharing of knowledge and information based on research and experience.

Please do not do this test if your scar or surgical wound has not healed completely. For most women this may be two weeks after surgery, for some women it may take a little longer. If you have been advised to exercise your arm and raise your arm above your head and stretch the elbow back behind your body, then you should be able to progress into these tests.

If you have had surgery in the last 2-4 weeks, your treating doctor and physical therapist can and should advise about your arm exercise and stretch regime and restrictions specific to your surgery. Your exercise and stretch regime and recovery time will depend on the extent of the surgery and any post-surgical healing complications. For example, surgery that includes chest muscle dissection will have an extended recovery time in comparison with surgery that did not involve muscle dissection. Another example may be a case in which seroma forming and filling with fluid will delay the use of arm stretches and exercise and the recovery time.

If you already have a shoulder strain injury, shoulder tendon tear, or a rotator cuff injury, you should only perform this test after you have consulted your treating doctor or physical therapist.

If you have just completed radiotherapy and your skin is still really burnt, then please take a few weeks to recover before you commence this assessment. If you have had some very extensive radiotherapy and your skin is thickened and tight, then stretch gently before assessment.

This self-assessment is gentle and should not cause unmanageable pain. If unmanageable pain does occur, immediately cease the assessment and seek advice from your medical practitioner or physical therapist.

Also, just a reminder, this self- assessment guide does not allow you to diagnose cording, as diagnosis is the specific responsibility of a medical practitioner. If you **suspect** cording could be your problem, then contact your breast surgeon, oncologist or breast cancer team and they should assist in the diagnosis and your treatment plan.



The Cording self-assessment guide will help you:

- **know the latest physical testing for cording;**
- **know more about your body's response to surgery; and**
- **be confident to take the steps needed to get treatment that will make a difference.**

My extensive rehabilitation work with women after breast cancer has led to me questioning the standard medical beliefs about physical recovery, especially concerning surgical breast scarring and radiation damage to the skin and muscles.

This e-book will focus on cording (AWS) as it is a common complication after surgery and radiotherapy. Cording can cause temporary or permanent problems for many women.

How do you know whether you have cording? Cording cannot be diagnosed by a blood test and there is no standard scan procedure. Cording currently relies on an experienced health professional to physically assess if cording is present.

This self-assessment guide takes you through the most comprehensive physical testing for cording available. The **Reach-Out-The-Back Test** is a brand new test for cording assessment and is designed to better assess a wide range of cording experiences.

This guide will help you make your own movement assessment and then take action. Seek treatments to reduce pain, soften and stretch the tight tissue and recover vital shoulder movement.