Physiotherapy advice and exercises from four weeks after neck dissection surgery

Patient Information Series PI 47

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Physiotherapy advice and exercises from four weeks after neck dissection surgery

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Introduction

This leaflet offers advice and provides details of exercises to patients from four weeks after head and neck dissection surgery. The information may not be needed by patients at other stages in their recovery.

If there is anything in this leaflet that is unclear, please ask your physiotherapist. If you have not yet been referred to a physiotherapist, please speak to your consultant or Clinical Nurse Specialist (CNS) who will arrange this for you.

The exercises are designed to improve the strength of your shoulder muscles, to allow you to regain as near to normal arm movement as possible. This will also allow you to regain and then keep your neck movement. Your physiotherapist will guide you through the exercises.

As the scar from the surgery heals, it will tend to become tighter and thicker. So it is very important you look after your scar as part of your treatment to minimise these effects.

It is important that you do the exercises and gentle scar massage regularly to get the best range of movement of your shoulder and neck, and to reduce the effects of the scarring.

Some patients may also need to have radiotherapy after their operation, which can cause further scar tissue to form over a period of time.

For these patients, it is better if the effects of scarring from the surgery are reduced as much as possible before their radiotherapy starts.
Effects of surgery

Scar Tissue
Scar tissue is produced as a result of the body’s normal healing mechanism following injury or surgery. It takes about 18 months to 2 years for scars to fully develop.

The symptoms of tightness and thickening can be greatly reduced by:
- regular firm massage with a non-perfumed cream
- regular gentle stretching
These should only be done if the skin is well healed and intact.

By doing this early on in your recovery, you will help to ensure you regain some of the movement you may have lost. Your physiotherapist will show you how to do this.

To start with it may seem as though you are not making much difference. However, if you carry on you will begin to notice a change in the feel of your neck and the range of your head movement.

Special care should be taken during any radiotherapy as your skin may become more fragile. Any red or sore skin should be seen and assessed by the nursing staff.

Range of movement
The range of movement in your shoulder may be reduced as a result of the surgery and/or radiotherapy which may weaken some of the muscles that enable your arm to move.

If this happens, the exercises in this leaflet are designed to restore as much movement as possible, and to strengthen muscles that will help to compensate for the loss from any nerve damage.

The range of movement in your neck may also be reduced because of the surgery and/or radiotherapy. The neck exercises shown in this leaflet aim to help you to regain and keep as much movement as possible.

General advice
After an operation, it is usual to feel tired for some time. It is important that you pace yourself during the day so that you are able to carry out the exercises in this booklet on a regular basis.

You may need to reduce the number of repetitions or the number of times you do them, but it is important that you do some exercises every day. Please ask your physiotherapist if you are concerned.

Household activities
It is important to begin by doing light activities, such as dusting, pegging out light clothing, washing up and putting out the rubbish. You can gradually introduce heavier activities such as gardening from six weeks onwards.

Driving
Your consultant will advise you about when you may drive again. To ensure you are safe on the road and have full control of your vehicle, you must:
- be able to turn your head enough to look behind you
- have regained good strength in your arms
- be able to make an emergency stop
**Returning to work/sports**

Returning to work/sports will depend on whether or not you are to have radiotherapy after your surgery. Please check with your consultant.

**Exercises**

The exercises on the following pages are designed to help you regain or improve normal movement in your neck and shoulder. If you are unable or unsure of how to do them, please contact your physiotherapist for help.

It is important these exercises are done correctly to prevent abnormal movement patterns. You should take time to do these well, and try not to rush them. Exercises should be done in a warm environment and in comfortable clothing.

Please try to do the exercises three times a day, increasing or reducing the number of repetitions depending on the condition of your skin after radiotherapy or on your pain level.

Any discomfort from doing the exercises should settle quickly. If it does not settle, please ask your physiotherapist for advice.

Your physiotherapist may also give you some more shoulder exercises to do to suit your own needs.

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**Neck exercises**

Repeat each exercise _ _ _ _ _ times, 3 times a day

**Exercise 1**

Tilt your head away from the affected side to give gentle stretch. Hold for 15 seconds.

**Exercise 2**

Use your hand to pull your head gently further over

**Exercise 3**

Turn your head to look over your shoulder and give a gentle stretch. Hold for 15 seconds.
Shoulder exercises

These exercises should only be done under the supervision of a physiotherapist (who may alter or add to those shown here depending on your own needs).

Repeat each exercise ............... times, 3 times a day.

Exercise 1
Sit or stand.
Lift your shoulders towards your ears and slowly roll them backwards. Relax and repeat.

Exercise 2
Square your shoulders by bringing the edges of your shoulder blades together in the middle of your back.

Exercise 3
Use your hand to push your head gently further round.

Exercise 4

Exercise 5
In a sitting position, tilt your chin upwards to give a stretch.

Exercise 6
Holding your affected shoulder down, turn your head away and give a gentle stretch.

Exercise 7

Exercise 8

Exercise 9

Exercise 10

Exercise 11

Exercise 12

Exercise 13

Exercise 14

Exercise 15

Exercise 16

Exercise 17

Exercise 18

Exercise 19

Exercise 20

Exercise 21

Exercise 22

Exercise 23

Exercise 24

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Exercise 26

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Exercise 48

Exercise 49

Exercise 50

Exercise 51

Exercise 52

Exercise 53

Exercise 54

Exercise 55

Exercise 56

Exercise 57

Exercise 58

Exercise 59

Exercise 60
Exercise 3
Sit or stand. Keep your elbows at right angles and into your side. Move forearms outwards and back again.

Exercise 4
On your back with knees bent, hold stick with hands shoulder-width apart. Raise arms above head slowly, then lower.

Exercise 5
Lying comfortably on the bed, place your hands at the side of your head and push your elbows gently into the pillow.

Exercise 6
Attach theraband securely. Hold other end and pull band towards your stomach, and slowly return.

Exercise 7
Attach theraband securely. Hold other end and pull band outward, keeping your elbow into your side.
What to do if the nerve to your shoulder is affected

The accessory nerve supplies one of the big muscles involved in shoulder movement. If this nerve is affected during surgery or radiotherapy, you will have difficulty lifting your arm above your head.

A separate list of exercises is available for patients who have been affected in this way, see leaflet PI 47a - Exercises for patients with altered nerve function to the shoulder following neck dissection and/or radiotherapy. The exercises focus on strengthening and stabilising specific muscles to help allow for the loss of movement in the shoulder.

Postural advice

It is important to do the following:

- when sitting, use a firm support in the small of your back
- when standing, stand tall, with your shoulders squared, but relaxed

These positions place your joints and soft tissues in a good position. You will need to practice these until they become your normal posture.

It may be helpful to look at yourself in a mirror whilst doing this to ensure that your head and shoulders are in a good position. The improvement in your posture will aid the movement of your shoulders and neck.

Conclusion

If you have any difficulties with any of the exercises or the advice given in this booklet, please ask your physiotherapist. Contact details of all members of your health care team may be kept on page 2.

Other help and support

The Lynda Jackson Macmillan Centre (LJMC) offers information and support to patients and their families and is located next to Chemotherapy Suite by Gate 3. The staff at the LJMC work as part of the overall team caring for you.

People who have cancer often say that during their illness they experience a range of emotions. Many find it to be a stressful, anxious and confusing time. Please feel free to drop in before, during and after any of your visits to Mount Vernon Cancer Centre to find out more about the LJMC services that you may find helpful.

The volunteers and healthcare professionals at the LJMC provide help, support and information in a relaxed setting to help patients cope with cancer and its treatment.

LJMC services include a range of complementary therapies, counselling, relaxation sessions and financial advice. You can drop in without an appointment or call the LJMC helpline on 020 3826 2555. More information is on the back of this leaflet.

If you normally pay for NHS prescriptions

People undergoing treatment for cancer do not have to pay NHS prescription charges if they have a valid medical exemption certificate. To get an exemption certificate, ask your GP for an application form.
Consent

It is a legal requirement to have a signed consent form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details against your treatment sheet every time you attend.

Pregnancy/fathering a child

Female patients must not be pregnant or become pregnant and male patients must not father a child during a course of radiotherapy or for some months afterwards. Please discuss this with your cancer specialist.

If you think there is a chance, however small, of you or your partner being pregnant during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

Female patients will be asked to confirm their pregnancy status prior to radiotherapy. This applies to all women between the ages of 12 - 55 years. This is a legal requirement.

This publication has been produced by the Information team at the Lynda Jackson Macmillan Centre. Contributors include professionals, patients and carers from Mount Vernon Cancer Centre who have expertise and experience in the topics covered by this publication. All our publications are reviewed and updated regularly. If you would like any details of the references used to write this information please contact the LJMC on 020 3826 2555.

Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

Drop-in centre for support and information
Telephone helpline
Complementary therapies*
Counselling*
Benefits advice*
Relaxation classes
Look Good...Feel Better™ beauty workshops
The Way Ahead headwear workshops
Self-help courses

The Lynda Jackson Macmillan Centre is situated between the Cancer Centre and Gate 3 (White Hill)

Please drop in or call to find out how we may be able to help you

Opening hours: Monday–Friday: 9.30am–4.30pm
Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN
Telephone Helpline: 020 3826 2555
Website: www.ljmc.org

* Service only available to NHS patients under the care of an oncologist based at Mount Vernon Cancer Centre

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