

Coping with Post-Treatment Issues

*You have to accept whatever comes,
and the only important thing is that you meet it with courage.*
—Eleanor Roosevelt

Once you have completed your treatments for breast cancer (including surgeries, chemotherapy, radiation therapy, etc.), you will naturally want to “get on with your life.” Although breast cancer survivors go through the experience of breast cancer differently, there may be some common issues to deal with immediately or long after treatment is over. You may not have to face any one of them. However, being aware of the possibilities puts you in a better position to know how to deal with them or where to turn for help if and when one arrives in your life.

In this section, we address some of the more common “post-treatment” issues that may concern breast cancer survivors. Along with the *Resources* we list at the end of this section, you should consult with your doctor or healthcare provider about any health situation that gives you concern.

HORMONE REPLACEMENT THERAPY (HRT)

I have breast cancer and took hormone replacement therapy before I was diagnosed. Should I continue to take it?

Your doctor should advise you about whether to continue this drug at the time you are diagnosed with breast cancer. Generally, hormone replacement therapy (HRT) is not recommended for women who have been diagnosed with breast cancer. Recent studies have found that hormone replacement therapy raises the risk of breast cancer and has other unwanted health effects.

Is hormone replacement therapy similar to the hormone therapy sometimes given to women with breast cancer?

No. Researchers have found a way to use hormones, such as tamoxifen, in therapy against breast cancer. This is different from hormone replacement therapy, which is given to increase levels of hormones (such as estrogen

or progesterone) in the body after menopause (when monthly periods end). See *Hormone Therapy* on page 28 for a description of hormone therapy for breast cancer.

LYMPHEDEMA

What is lymphedema?

Lymphedema is swelling that may occur in your arm, hand, upper trunk or breast after breast cancer surgery. During breast cancer surgery, lymph nodes are usually removed from under the arm. This slows the flow of lymph fluid in the area. The fluid may build up and cause swelling. Removing many lymph nodes and/or having radiation therapy can increase the chances of having this swelling. The problem can happen right after surgery, or months to even years later.

What is lymph fluid?

Lymph fluid is a colorless fluid containing the white blood cells that fight infection and disease. Lymph fluid travels through the lymph system in your body much like blood travels through arteries and veins.

What are lymph nodes?

Lymph nodes are small, pea-sized organs located in the lymph system. Their job is to trap bacteria or cancer cells to keep them from spreading throughout the body. They are clustered in areas throughout your body such as underarms, groin, neck, chest and abdomen. The ones in your chest and underarm are the ones that collect the lymph fluid from your breast. This is why they are often removed and looked at while in surgery.

What are some safety precautions?

You will need to protect the arm and hand on the treated side for the rest of your life. You must take extra caution to protect your hand and arm from injury, cuts, scrapes

and insect bites. You may have less protection against infection in that arm. It is important to remind healthcare workers to avoid drawing blood and measuring your blood pressure on that arm. Some people wear a medical alert bracelet with this information on it. Blood pressure can be taken on your leg, if necessary.

It is also recommended that you wear gloves while doing housework, gardening and other activities that may put your arm or hand at risk for injury. Because it is possible for lymphedema to occur years after you have finished your treatment, protecting your arm and hand is key to avoiding this swelling or taking care of it as soon as it happens.

If you are at risk for developing lymphedema, the National Lymphedema Network recommends wearing a compression sleeve during air travel. A change in cabin pressure may bring on the first signs of lymphedema. You can get a compression sleeve from a lymphedema therapist with a doctor's order. See our listing of lymphedema therapists on page 53.

What about using anti-perspirant or deodorant under my arm?

You should not use deodorants or anti-perspirants while you are healing from surgery on the underarm on the

SAFETY PRECAUTIONS IF YOU ARE AT RISK FOR LYMPHEDEMA

- Avoid wearing tight clothing or jewelry on the affected arm
- Carry your purse or luggage with the other arm
- Use an electric razor to avoid cuts when shaving the underarm
- Have shots, blood tests, and blood pressure measurements taken on the other arm
- Wear gloves to protect your hands when gardening or using strong detergents
- Take care of skin and nails carefully, and avoid cutting your cuticles
- Avoid burns or sunburns to the affected arm and hand

Adapted from *What You Need to Know About Breast Cancer*, from the National Cancer Institute, 800.4.CANCER or www.cancer.gov.

side of your surgery. Once you are healed, you may use either anti-perspirants or deodorants. Some doctors will recommend use of deodorants only. You should talk about this with your healthcare team.

What can I do about the swelling? Is it permanent?

You should talk with your doctor about this. Sometimes, elevation of the arm for brief periods throughout the day helps the fluid drain. Other methods to reduce swelling include arm exercises, gentle massage to help the fluid drain, and wearing a compression sleeve. Your doctor should refer you to a therapist who specializes in lymphedema treatment if you have a persistent problem with this. If your doctor does not refer you, ask for a referral, or see our listings of lymphedema therapists in North Carolina on page 53. Lymphedema can be a permanent condition. Treatment should begin when you first notice swelling or tightness in the arm, hand, underarm or breast. This is the best way to prevent long-term problems.

What is Complete Decongestive Therapy?

Complete Decongestive Therapy (CDT) consists of manual lymph drainage and compression therapy. Therapists believe that by improving the flow of lymph fluid, and then maintaining improvement with a compression sleeve, lymphedema can be successfully treated. The therapy also includes exercises and skin care that the patient can do at home.

Manual lymph drainage (MLD) is a massage technique using light, rhythmic strokes to improve the flow of lymph fluid.

How do I choose a lymphedema therapist?

Lymphedema therapists have a range of training options. The programs they attend vary in length. When you are choosing a therapist, you might want to consider how much training he or she has. See *North Carolina Lymphedema Therapists* on page 53 for more information about training programs.

If you have questions about the trainings, call the National Lymphedema Network at 800.541.3259 or see www.lymphnet.org.

SOME QUESTIONS TO ASK THE LYMPHEDEMA TREATMENT CENTER

- Does it provide Complete Decongestive Therapy (CDT)? This includes skin care, Manual Lymphatic Drainage (MLD), bandaging and exercises.
- What training/experience do the therapists have in CDT?
- Is there a physician with training in lymphedema treatment available for consultation?
- Does the center provide patient education in exercises, skin care, self-massage and self bandaging?
- Will the initial therapy be done daily, and for how many days? (Generally, therapy is given at least five days in a row for early stage, and up to four weeks if the lymphedema is more advanced.)

MENOPAUSE (Natural and Chemically-Induced)

What is menopause?

Menopause is the time in a woman's life when monthly menstrual periods end. This can occur naturally with aging or it can occur from damage to the ovaries. Menopause naturally occurs in women beginning in their 40s and 50s (but sometimes as young as the 30s).

Before menopause, your ovaries produce the hormone estrogen. Estrogen is responsible for your monthly menstrual periods. After menopause, your ovaries no longer produce estrogen.

Will chemotherapy cause menopause?

Some chemotherapy drugs can damage the ovaries. If the damaged ovaries stop making hormones, the woman may have symptoms of menopause, such as hot flashes or vaginal dryness. Her monthly periods may not be regular or may stop. After treatment some women resume their menstrual cycle. However, for other women this type of menopause can be permanent and has the same effect on the body as naturally occurring menopause. However, women who have early, chemically-induced menopause sometimes have more severe menopause-related

symptoms than women who have natural menopause. Ask your doctor if your chemotherapy drugs could lead to early menopause.

What are some typical symptoms of menopause?

Hot flashes, night sweats, sleep problems, trouble concentrating, vaginal dryness and changes in sexual function are the most common effects of menopause. Women can also feel more depressed, anxious or irritable around this time. Longer term, post-menopausal women have an increased risk of high cholesterol, heart disease and stroke. Also, women often lose bone faster after menopause and may be at risk for osteoporosis.

What can I do about menopause symptoms, such as hot flashes and vaginal dryness?

You should discuss menopause and how it affects you with your doctor or nurse. They may be able to prescribe medications to help with hot flashes or other symptoms. Vaginal dryness can be addressed through the use of lubricants prior to sexual activity. There are many products available without prescription to help with this problem.

Many people are beginning to explore the use of alternative therapies, such as herbs or soy food products, to help hot flashes and other symptoms. Some that have shown promise in helping menopause symptoms include black cohosh, red clover, hops, dong quai, flax seed and soy. Be sure to check with your doctor before trying alternative therapies. You must always be cautious about the possibility of taking something that may interfere with treatment or be unsafe for your health condition.

You should seek advice from your healthcare provider about actions you can take to keep your bones and heart strong, such as exercising, quitting smoking, maintaining a healthy weight, and taking calcium and Vitamin D.

Could chemotherapy cause infertility?

Possibly. Because chemotherapy drugs can damage the ovaries, it can make a woman infertile (unable to become pregnant). For women over the age of 35, infertility may be permanent. However, if a woman remains fertile during chemotherapy, she may be able to become pregnant.

SOME TIPS TO HELP WITH HOT FLASHES

Figure out if there is a “trigger” for your hot flashes, such as stress, caffeine, spicy foods, hot drinks or alcohol. For some women, avoiding a trigger can help reduce the number of hot flashes.

- Sleep in a cool room
- Dress in layers that can be removed if a hot flash starts
- Have a drink of cold water or juice when you feel a hot flash coming on
- Use sheets and clothing that lets your skin “breathe,” such as cotton or other natural fibers
- Avoid spicy foods, alcohol and caffeine

Remember that once you are past menopause, the hot flashes should lessen. They usually stop completely in a few years.

Adapted from *Menopause: One Woman's Story, Every Woman's Story*, from the National Institute on Aging, 800.222.2225 or www.nia.nih.gov.

OSTEOPOROSIS (Natural and Chemotherapy-Induced)

What is osteoporosis?

Osteoporosis or “porous bones” is a condition of decreased bone mass. It causes bones to weaken. Bone is living tissue that continuously undergoes two processes: the breakdown of old bone and the formation of new bone in its place. When more bone is broken down than is replaced with new tissue, osteoporosis can result. Peak bone mass is usually reached by age 38. Then, bone begins to lose mass as part of the aging process. As bone mass is lost, bones become brittle and more fragile, and more likely to break. Men generally lose 20 to 30 percent of their bone mass over their lifetime, and women generally lose 45 to 50 percent of their bone mass.

Why is this important to me now, and what are the risk factors?

As a person receiving cancer treatment, you may be at increased risk for osteoporosis. Risk factors for osteoporosis include:

- Age — the older you are, the greater your risk

- Gender — women are more likely to have osteoporosis
- Early menopause
- Chronic malnutrition
- Lifestyle — smoking, drinking too much alcohol, not getting enough weight-bearing exercise or calcium
- Family history and personal history of fractures
- Race — more prevalent in White and Asian women
- Long-term use of medication such as corticosteroids, anti-seizure or thyroid medications, some chemotherapy drugs and others
- Bone structure and body weight — small-boned and thin women (under 127 lbs.) are at greatest risk
- Immobility (not being able to move because of disability or other reason)

Chemotherapy can damage the ovaries and interfere with your body producing hormones such as estrogen. If this happens, especially if you end up in menopause, you are at increased risk for osteoporosis. The chemotherapy drug methotrexate can also cause bone loss. It is important that you discuss prevention and treatment strategies with your doctor or nurse.

Would I know if I had osteoporosis?

Early changes in bone density usually cannot be felt and are painless. Osteoporosis is a “silent” disease, and most people don’t know they have osteoporosis until they break a bone. That is why it is important to know the risk factors and to learn what you can do to prevent bone weakening.

Can I be tested for osteoporosis?

Yes. Testing can be done for osteoporosis. First, you should have a thorough health history and physical exam to determine your risk factors for osteoporosis. Your doctor may recommend that you have a Bone Mineral Density (BMD) test if you are at high risk for osteoporosis. It is a safe, painless and non-invasive test. This establishes your baseline bone density (to compare to future tests) and provides useful information in determining the best course of action for you.

In North Carolina, Bone Mineral Density (BMD) tests are being done in some pharmacies. The cost of measuring the BMD in the heel is generally around \$30, and will give you a good idea of how dense your spine bone is. However, this test reveals very little about the hip bones, so you will not get the whole picture. The test will give you some information that you can take to your doctor to see if further testing is needed. The test takes about five minutes or less and is painless. You can have this test done without a referral from your doctor.

TIPS FOR PREVENTING OSTEOPOROSIS

There are a number of prevention strategies that can help reduce your risk for osteoporosis:

- Eat a well-balanced, nutritious diet
- Include Vitamin D and calcium in your diet
- Avoid excessive salt and caffeine
- Quit smoking
- Avoid excessive alcohol intake
- Take medications that reduce the natural bone breakdown process, such as Fosamax
- Increase your weight-bearing exercise, such as walking, running, stair climbing or using weights to exercise.

Again, your healthcare team should advise you in regard to these strategies, but you should not hesitate to bring this up with them.

SEXUALITY

(Body Image, Relationships and Physical Changes)

Every woman's body image and sense of sensuality and sexuality is unique. No two people have exactly the same response or feelings when they learn they have breast cancer. If a woman has a mastectomy, it can be overwhelming and emotionally difficult for some women. For others, it is a relief to have the cancer removed.

Breasts are a part of many women's sexual identity. Breasts are symbolic of nurturing, sustaining new life and intimacy. The loss of a breast can be threatening to your sense of self. It is important for you to be open about your feelings for yourself and your spouse, lover or partner.

When should I think about breast reconstruction?

It is very important that you discuss this fully with your surgeons. You may want to consider options regarding breast reconstruction before the time of your initial surgery. If so, you should be referred to a plastic surgeon for a full discussion of your options. In some situations, reconstructing the breast is not advised at the time of your initial surgery, but can be done at a later date after all of your cancer treatment has been completed. Reconstruction can also be chosen years down the road. Or, you may choose not to reconstruct the breast at all.

What if I choose not to have breast reconstruction?

If you wish, external breast forms (called "protheses") are available to help minimize the look or impression of losing a breast. There are many different options available to you. You might want to consider this when deciding about surgery and potential reconstruction options. (For more information, see *Reconstruction* in *After the Diagnosis* on page 29.) You may decide not to have breast reconstruction or may be comfortable not using a breast form.

Will my spouse or partner feel differently about me after surgery?

It is very important that you talk with your partner. Open, honest communication about your feelings, and theirs, will help your overall sense of well being and the intimacy you have with your partner before and after treatment. Your healthcare team may include a social worker or psychologist who can help you address your feelings and fears regarding sexuality and intimacy. Your own acceptance of your body changes can affect how others react or respond to you.

I'm single and not in a relationship. How and when do I tell someone new in my life about my breast cancer and surgery?

Only you can decide whether you are ready to enter into a new relationship. You are the only person who can know whether you feel comfortable and "safe enough" in a new relationship to share your feelings, your experience and your body. While not a question with any easy answers, there are some things you can consider when you find yourself in a new relationship.

- First, have you come to terms with your body changes and your experience with breast cancer?
- Have you accepted the possible changes to your body that might later become issues in a relationship, such as early menopause and inability to bear children, or the possibility of cancer coming back (recurrence)?
- Are you comfortable enough with yourself and your experience to share it with someone else? Decide whether this new person is one who would be caring and sensitive to your needs. If not, then perhaps either the timing is not right or the person is not the right one for you.

Will my sex life be different after breast cancer?

Very possibly, yes. Chemotherapy for breast cancer can sometimes cause a woman to go into early menopause. For some women, this can be a difficult time physically, emotionally and sexually. The symptoms of early menopause are sometimes more severe than those that occur with natural menopause. These symptoms can include hot flashes, vaginal dryness and low sexual desire, as well as depression, anxiety and increased irritability.

What are some solutions to sexual problems I may face?

The good news is that there are products and strategies that can help with these problems.

Hot flashes and night sweats can be treated with specific drugs prescribed by a doctor. Some women have also found soy products or herbs to be helpful (see the *Menopause* section on page 47 for more information on handling hot flashes).

Vaginal dryness can be improved with the liberal use of a lubricant available in drugstores. Replens, a vaginal moisturizer, has been shown to be effective. Recent studies have found that Estrace (an estrogen cream used vaginally) helps restore the vaginal tissue. Topical doses of estrogen in mild doses may be effective in relieving vaginal dryness. However, some of the estrogen does get absorbed into the body. Check with your doctor about whether these options are right for you.

Low sexual desire is sometimes treated with hormones called androgens. You can have your hormone levels checked and discuss this option with a doctor. There are

other personal ways to increase desire, such as reading erotic literature or watching videos. Almost all women who took pleasure in sex before cancer treatment can do so again, although sometimes it takes relearning and practice.

Healthcare providers can prescribe therapies that address other menopausal issues (depression, anxiety, irritability, increased risk of heart disease and osteoporosis). Several new therapies are now available.

Although your breasts may have played a part in your self esteem or sexual identity prior to surgery, remember that *your breasts do not define who you are as a person*. You are special no matter what the size or shape of your body, and you deserve to be in an open, honest and loving relationship with someone who cares about you — and accepts you — because of who you are in your heart, mind and soul.

RESOURCES

Organizations

American Cancer Society (ACS)

800.ACS.2345 or 866.228.4327 (TTY)

www.cancer.org

Provides information and services for all forms of cancer; diagnosis, treatment and many other topics. Has free booklets about sexuality and cancer, and lymphedema.

Cancer Care

212.221.3300 or 800.813.HOPE (4673)

www.cancercare.org

All services are free. Provides emotional support, information and practical help. Staffed by trained oncology social workers. Also has "Breast Cancer and Sexuality: Surviving and Thriving."

The Hormone Foundation

800.HORMONE (800.467.6663)

www.hormone.org

Publishes "Menopause: What Every Woman Should Know," a free resource about menopause helpful for women who have had breast cancer.

Living Beyond Breast Cancer

610.645.4567 or 888.753.LBBC (5222)

www.lbbc.org

Addresses post-treatment needs of women with breast cancer through educational programs, newsletter, helpline for survivors and family members. Toll-free survivor's helpline above is available Tuesdays, 11:00 am to 3:00 pm.

Lymphology Association of North America (LANA)

773.756.8971

www.clt-lana.org

Includes a listing of LANA-certified therapists, and information for therapists on how to certify.

National Cancer Institute's Cancer Information Service

800.4.CANCER (800.422.6237)

www.cancer.gov

One of the best resources available for cancer patients, this government organization provides the toll-free hotline above in English and Spanish for any questions about any type of cancer. Has free booklets about hormone replacement therapy and sexuality.

National Lymphedema Network, Inc.

510.208.3200 or 800.541.3259

www.lymphnet.org

Education and guidance for lymphedema patients, healthcare workers and the general public. Referrals to treatment centers, therapists and support groups.

National Osteoporosis Foundation (NOF)

202.223.2226

www.nof.org

Offers education, information, support and advocacy. Has several informational booklets (one in Spanish) and an osteoporosis exercise video. Has an electronic support group called "Linking Up," which offers peer support for men and women ages 20 to 50.

National Women's Health Network

202.628.7814

www.womenshealthnetwork.org

A national, non-profit organization focused on women's health issues. Has information on many topics, including breast cancer, menopause, osteoporosis and more.

National Women's Health Resource Center

877.986.9472

www.healthywomen.org

Offers comprehensive information on women's health topics. Has "Take Charge of Your Menopause" kit.

North American Menopause Society

440.442.7550 or 800.774.5342

www.menopause.org

Has information about menopause-related issues, lists of healthcare providers, discussion groups and a reading list. Offers a "Menopause Guidebook."

Osteoporosis and Related Bone Diseases National Resource Center (ORBD-NRC)

202.223.0344 or 800.624.BONE

www.osteoporosis.org

Comprehensive information about osteoporosis, Paget's disease and related disorders. Includes an osteoporosis ListServ (online discussion group) sign-up.

Osteoporosis Coalition in North Carolina

Older Adult Health Branch

919.715.0122

Provides information about osteoporosis programs in North Carolina. Offers written information and support groups.

Resolve: National Infertility Association

781.334.4692 (administration) or 888.623.0744 (Helpline)

www.resolve.org

Has information about fertility, how to select an infertility specialist and resources in your area.

Books and More

After Breast Cancer, by Musa Mayer (2003). Reviews research on best practices for follow-up testing after breast cancer. Offers insight on how women cope with cancer. See www.patientcenters.com/breastcancer.

After Cancer: A Guide to Your New Life, by Wendy Schlessel Harpham, MD (1995). An overview written by a physician and cancer survivor. Discusses sexuality in the chapter "Where Did my Libido Go?" and offers practical advice.

Coping With Lymphedema: A Practical Guide to Understanding, Treating and Living with Lymphedema, by Joan Swirsky, RN, and Diane Sacket Nannery (1998). A guide to understanding, treating and living with lymphedema.

Dr. Susan Love's Menopause and Hormone Book, by Susan M. Love, MD, with Karen Lindsey (2003). Offers comprehensive information on menopause and coping with symptoms, and addresses concerns about breast cancer.

Guide to Body Image and Cancer. This guide gives women tips about clothing types and styles to wear while undergoing treatment and beyond. Available through Women Helping Women in North Carolina (919.846.1203) or call 800.799.690 or see www.shopwellwithyou.org.

Lymphedema: A Breast Cancer Patient's Guide to Prevention and Healing, by Jeannie Burt and Gwen White, PT (2000). Provides clear information on what lymphedema is, why it occurs, and discusses prevention and treatment.

One Move at a Time!: Exercises for Women Recovering from Breast Cancer, (video, 1996). Has simple, gentle exercises to restore range of motion and aid in the recovery of feeling in the arm. Order from 800.586.9062 or see www.cancerclub.com.

Pause (formerly Managing Menopause). Free magazine that includes helpful information on dealing with symptoms of menopause and women's health issues. Published twice a year and available in OB-GYN offices.

Sexuality and Fertility After Cancer, by Leslie R. Schover, PhD (1997). Offers help for breast cancer survivors and partners to enjoy sex again and make informed choices about having children.

Strong Women, Strong Bones: Everything You Need to Know to Prevent, Treat and Beat Osteoporosis, by Miriam Nelson, PhD, with Sara Wernick, PhD (2001). Teaches women how to recognize, prevent and treat osteoporosis through exercise and nutrition.

Thriving After Breast Cancer: Essential Healing Exercises for Body and Mind, by Sherry Lebed Davis with Stephanie Gunning (1999). Features an exercise program developed by a former dancer and breast cancer survivor to help women heal from breast surgery, regain mobility and prevent or minimize lymphedema. Has a companion video, Focus on Healing Through Movement and Dance for the Breast Cancer Survivor. See www.lebedmethod.com.

Web Sites

Cancer-Sexuality Discussion List

www.acor.org

An online information and support group for people with cancer and sexuality concerns.

Circle of Hope Lymphedema Foundation

<http://lymphedemacircleofhope.org>

A non-profit organization with information about lymphedema, including travel, psychological aspects, insurance and other issues.

Lymphedema Discussion List

www.acor.org

An online information and support group for people with lymphedema.

Lymphedema People

<http://lymphedema.omno.org>

Created by lymphedema patients, this site addresses many lymphedema issues.

The National Woman's Health Information Center

www.4women.gov

Provides free, reliable health information for women. Has a new "Menopause and Hormone Therapy" section. Information can be ordered from 800.994.9662.

Oncolink: Coping with Cancer

www.oncolink.org/coping

Includes information on cancer and sexuality.

Power Surge: A warm and caring community for women in menopause

<http://power-surge.com>

Information and frequently asked questions about menopause, interactive chats, medical consultants, message board, Ask the Experts and more.

SusanLoveMD.org: The Web Site for Women

<http://susanlovemd.org>

This site has comprehensive information about breast cancer and related issues. Includes information about hormones, menopause and osteoporosis.

NORTH CAROLINA LYMPHEDEMA THERAPISTS

The following list is current through March 2006.

We do not guarantee that this is a complete list of all lymphedema therapists in North Carolina. Check with your local hospital, cancer center or rehabilitation center for additional therapists.

Lymphedema Training and Certification Programs

LeDuc (6 days of training), Klose-Norton (12 days), Lerner (14 days), Casley-Smith (14 days), Academy of Lymphatic Studies (ACOLS)(14 days), Foldi (20 days), and Vodder (20 days). Some programs teach Vodder “techniques,” but only therapists who have completed the 20-day program are “Vodder credentialed.”

Recently, the Lymphology Association of North America (LANA) began certifying lymphedema therapists who also passed a comprehensive national exam, have a minimum of 135 hours of training in Complete Decongestive Therapy, and at least one year of work experience. These therapists have “CLT-LANA” after their names.

If you have questions about the trainings, call the National Lymphedema Network at 800.541.3259 or see www.lymphnet.org.

ALAMANCE COUNTY

Ballard Therapeutic Massage

Nancy Ballard, LMT (Vodder credentialed)
2001 Rendall Street, Burlington, NC 27215
336.229.1053

Norma Noah, LBMT (Vodder credentialed)
1311 South Main Street, Burlington, NC 27215
336.229.5600

BUNCOMBE COUNTY

Cancer Care of Western Carolina
Maureen Joette Steiner, RN, OCN, CLT (ACOLS)

445 Biltmore Avenue, Suite 100, Asheville, NC 28801
828.253.4262

Glasser Lymphedema Services
Peter Glasser, LBMT (Lerner)
1085 Tunnel Road, Suite 5, Asheville, NC 28801
828.299.4105 or 800.268.4262
www.uhealth.net

Mission Hospitals Wound Therapy Center
Kathleen McLoughlin, PT, CLT-LANA
(Casley-Smith, Vodder credentialed)
445 Biltmore Avenue, 2nd floor, Asheville, NC 28801
828.213.4600 or 828.253.2846

BURKE COUNTY

Blue Ridge Healthcare System
Christine Hoban, OTR/L, CLT-LANA (ACOLS)
Grace Rehabilitation Center
2201 South Sterling Street, Morganton, NC 28655
828.580.6808

Blue Ridge Healthcare System
Shela Bridges (Casley-Smith)
Valdese Hospital
720 Malcolm Boulevard, Valdese, NC 28690
828.879.7592

CABARRUS COUNTY

Northeast Medical Center
Michelle DeFazio (LeDuc)
487 Lake Concord Road, Concord, NC 28025
704.783.1705

CALDWELL COUNTY

Caldwell Memorial Hospital
Foothills Area Lymphedema Treatment Center

Jaime Penley, OTR/L, MLD, CDT (Klose-Norton)
 Jean Powell, OTR/L, MLD, CDT (Klose-Norton)
 1031 Morganton Boulevard, Suite A, Lenoir, NC 28645
 828.757.6226

CARTERET COUNTY

Therapy Center of Cedar Point
 James E. Tracy, PT (Vodder credentialed)
 702 Cedar Point Boulevard, Cedar Point, NC 28584
 252.393.8828 or tcpjtracy@bizec.rr.com

CATAWBA COUNTY

Frye Regional Medical Center, Outpatient Rehab
 Stephanie Hollar, OTR/L, CLT (ACOLS)
 420 North Center Street, Hickory, NC 28601
 828.324.3379

CLEVELAND COUNTY

Cleveland Physical Therapy Association
 Stacy Rumfelt, OTR/L, CLT -LANA (ACOLS)
 1129 East Marion Street, Shelby, NC 28150
 704.471.0001

Cleveland Regional Rehabilitaton
 Tonya Craig, OTR/L (Foldi)
 411 Cherryville Road, Shelby, NC 28150
 704.482.1191

CRAVEN COUNTY

Haliburton Naval Hospital
 Daniel Higgins (ACOLS), Tracy Scott (ACOLS)
 PSC 8023, Cherry Point, NC 28533
 (practice restricted to military personnel/families)

CUMBERLAND COUNTY

HealthPlex
 Cape Fear Valley Health Systems
 Clara Womack (LeDuc)
 1930 Skibo Road, Fayetteville, NC 28314
 910.409.4001

Southeast Regional Rehab
 Cape Fear Valley Health Systems
 Christopher Bierman (LeDuc), Lucas Henry
 (Supervisor)(LeDuc), Douglas Yarboro (LeDuc)
 1638 Owen Drive, Fayetteville, NC 28314
 910.609.6194

DUPLIN COUNTY

Glencare
 Robert Erkstam, OTR/L, CLT (ACOLS)
 214 Lanefield Road, Warsaw, NC 28598
 910.293.3390
 (also serves locations in Burgaw and Hampstead, NC)

DURHAM COUNTY

Health Associates
 Maryska Bigos, LMT (Vodder credentialed)
 906 Broad Street, Durham, NC 27705
 919.286.7688 Ext. 7

Lenox Baker Children's Hospital
 Adult Outpatient Services
 Alison Valdepenas, CLT, DPT (Vodder techniques), Lisa
 Massa, CLT-LANA (ACOLS), Tina Lyons-Bowman, OTR/L,
 CLT (ACOLS), Jen Mckelvey, OTR/L, CLT (ACOLS)
 3000 Erwin Road, Durham, NC 27705
 919.684.0874 or 919.684.4543 (appointment line)

FORSYTH COUNTY

Martinat Outpatient Center
Michelle Keider, OTR/L (Vodder techniques, Casley-Smith), Summer Henson, OTR/L
1903 South Hawthorne Road, Winston-Salem, NC 27103
336.718.6700

North Carolina Baptist Hospital
OT/PT Department
Ann Fleischer, OTR/L, CLT-LANA (Vodder credentialed)
Medical Center Boulevard, Winston-Salem, NC 27157
336.716.3350

GASTON COUNTY

Gaston Memorial Rehab and Sports Medicine
Laurent Prunet, LMT (Vodder credentialed)
660 Summit Place Crossing, Suite 208
Gastonia, NC 28054
704.671.5730

GUILFORD COUNTY

High Point Rehabilitation Center
600 North Elm Street, High Point, NC 27262
336.878.6915

Moses Cone Outpatient Rehabilitation
Amy Arnold, PT, Marti Cooper-Smith, PT
603 Volley Madison Road, Suite 202
Greensboro, NC 27410
336.315.4760

HENDERSON COUNTY

Pardee Rehab & Sports Therapy Services
Siobhan Gore, MS, OTR/L, CLT (ACOLS)
212-B Thompson Street, Hendersonville, NC 28792
828.698.6774

JACKSON COUNTY

West Care Health System
Susan Ransbottom, OTR/L, CLT (ACOLS)
Amanda Mercure, OTR/L, CLT (ACOLS)
68 Hospital Road, Sylva, NC 28779
828.586.7236

LENOIR COUNTY

NovaCare Rehabilitation
Charlie Ingle, PT, CLT-LANA (Lerner)
1610 North Queen Street, Kinston, NC 28501
252.522.1960 or 252.522.3298

LINCOLN COUNTY

Lincolnton Medical Center
Jill Jones, OTR/L (Casley-Smith, Foldi)
Susan U'Ren, OTR/L (Casley-Smith, Foldi)
200 Gamble Drive, Box 677, Lincolnton, NC 28093
704.732.5548

MECKLENBURG COUNTY

Adair and Associates
Jennifer Merritt-Nemrava (Vodder credentialed)
6211 Carmel Road, Suite 204, Charlotte, NC 28226
704.542.5420

Charlotte Institute of Rehabilitation
William Bockneck, MD (Medical Director) or
Sharon Kanelos, MD, Missy Davis, PT, Delane Frutiger,
PT, CLT (ACOLS), Lisa Griffith, OTR/L, Calvin Hung, PT,
Elizabeth Koenig, OTR/L, CLT-LANA, and Mamta Patel
(all Vodder 'techniques')
1100 Blythe Boulevard, Charlotte, NC 28203
704.355.4450

Charlotte Integrative Therapy Services, LLC
Tanya Wilson, LMT, CLT (ACOLS); Taheera Kahn, OT,
CLT (Klose-Norton)
841 Baxter Street, Suite 120, Charlotte, NC 28202
704.332.3393 or naturalchoices@earthlink.net

Life Roots Lymphatic & Massage Therapy Center
Stan Swider, M.Ed, LMT, CLT (ACOLS, Vodder, MLD)
20901 Torrence Chapel Road, Suite 103,
Cornelius, NC 28031
704.987.9987
www.liferootscenter.com

Lymphatic Therapy Specialists, Inc.
Lisa Malec, OTR/L, CLT-LANA (Vodder credentialed)
906 Pelican Avenue, Charlotte, NC 28205
704.649.7660

Physical Therapy Specialists
Erin C. Moreau, OTR/L, CLT (ACOLS)
9718-B Sam Furr Road, Huntersville, NC 28078
704.655.0200

Presbyterian Lymphedema Services
Presbyterian Cancer Center
Debbie Curtis (Casley-Smith)
Jana Van Rooyen (Casley-Smith)
200 Hawthorne Lane, Charlotte, NC 28204
704.384.3691

NASH COUNTY

Heather Rogers, OTR/L (Vodder credentialed)
124 North Englewood Drive, Rocky Mount, NC 27804
252.451.9085

NEW HANOVER COUNTY

Lymphedema Management of Wilmington
Alicia Donatone, OTR/L, CLT-LANA (Vodder
credentialed)
219 Racine Drive, Suite C, Wilmington, NC 28403
910.264.9233

Mariner Health
Kimberley Kiernan, OTR/L, CLT-LANA (Vodder
credentialed)
820 Wellington Avenue, Wilmington, NC 28401
910.343.0425

NHRMC Outpatient Oleander Rehab
New Hanover Regional Medical Center
Michelle DuPree Zumbo, PT (LeDuc)
Catherine "Beth" Moody, PT (LeDuc)
5220 Oleander Drive, Wilmington, NC 28403
910.452.8104

Physical Therapy for Women
Leslie Clark, MPT, CLT-LANA (Vodder techniques)
Arboretum Centre, 5919 Oleander Drive, Suite 123
Wilmington, NC 28403
910.798.2318

ONSLOW COUNTY

Onslow Memorial Rehabilitation Center
Linda Larson, OTR/L, CLT (ACOLS)
237 White Street, Jacksonville, NC 28546
910.577.2372

ORANGE COUNTY

Lymflo Therapies
Joanna Burgess, RN, Carol Johnson, OTR/L, CLT-LANA,
Doris Laing, LMT, Gabriele Melville, OTR/L, CLT, Theresa
Gilliam, MS, OTR/L, CLT (all Vodder credentialed)
2226 Nelson Highway, Suite H, Chapel Hill, NC 27517
919.493.1170 or lymflo@aol.com
www.lymflo.com

Plum Spring Clinic
Juil Bruin, CMLT, (Vodder credentialed), Alma Vinje-
Harrewijn, PT (Upledger credentialed)
104 Market Street, Chapel Hill, NC 27416
919.945.0300
www.plumspring.com

PITT COUNTY

Outpatient Rehabilitative Services at ViQuest Center
 Dana Kimberly, MS, OTR/L, CLT-LANA (ACOLS)
 Allyson Daugherty, PT, CLT (ACOLS)
 2610 Stantonsburg Road, Greenville, NC 27834
 252.847.7547

ROBESON COUNTY

Southeastern Lifestyle Center for Fitness & Rehabilitation
 Jamie Sickles, OTA, CLT (ACOLS), Jyutika Zope, OTR/L
 4895 Fayetteville Road, Lumberton, NC 28358
 910.738.4554

ROCKINGHAM COUNTY

Morehead Outpatient Therapy
 Debbie Dabbs, PT
 640 South Van Buren Road, Eden, NC 27288
 336.627.6199

RUTHERFORD COUNTY

One Source Rehab
 Linda DeArmond, PT (Vodder credentialed)
 671 Oak Street, Suite 202, Forest City, NC 28043
 828.247.1588

SAMPSON COUNTY

Sampson Regional Medical Center, Outpatient Rehab
 Carmel Spaulding, PT, CLT (ACOLS)
 405 Beaman Street, Clinton, NC 28328
 910.596.4244

SCOTLAND COUNTY

Scotland Physical Therapy
 Amy Kushner, PT, CLT-LANA (ACOLS)
 500 Lauchwood Drive, Laurinburg, NC 28352
 910.291.7800 or amykushner@scotlandhealth.org

VANCE COUNTY

Maria Parham Medical Center
 Elizabeth Karan, MS, OTR/L, CLT (ACOLS)
 566 Ruin Creek Road, Henderson, NC 27536
 252.436.1600

WAKE COUNTY

Blue Ridge Medical Group
 Aisha Shoman, DPT, CLT (ACOLS)
 3214 Charles B. Root Wynd, Suite 217
 Raleigh, NC 27612
 919.789.4696

Center for Stress and Pain Management
 Maria Parra, LMT (Vodder credentialed)
 Karen Watko, LMT (Vodder credentialed)
 3509 Haworth Drive, Suite 402, Raleigh, NC 27609
 919.785.0705

Duke Health Raleigh Hospital Outpatient Rehabilitation
 Carol Johns, PT, CLT-LANA (Lerner)
 3325 Executive Drive, Suite 222, Raleigh, NC 27609
 919.954.3492

Dunn Physical Therapy
 Jennifer Maddocks, MPT, MLD, CDT (ACOLS)
 3701 NW Cary Parkway, Suite 301, Cary, NC 27513
 919.388.0111

Linda Griffin (Vodder credentialed)
 119 West Judd Street, Zebulon, NC 27597
 919.269.8194

Moonshadow Therapeutic Massage

Miriam Reid, OTR/L, LMBT, CLT-LANA (ACOLS)
216 East Chatham Street, Cary, NC 27511
919.466.9494
www.moonshadowmassage.com

Oasis Personalized Wellness Therapies

Christine P. Thomas, MS, PT, CLT (Klose-Norton)
101 Grandtree Court, Cary, NC 27519
919.624.6274 or cpthomas_99@yahoo.com

Rex Outpatient Rehabilitation Services

Celeste Blankenship, PT, Nancy Reifstock, OTR/L, Assunta
Rossler, PTA, Shelley Bridges, OTR/L, Connie Nehls, PT
(all ACOALS)
2709 Blue Ridge Road, Suite 200, Raleigh, NC 27607
919.784.4696

WakeMed Outpatient Rehabilitation

Lorraine Gupton, OT, CLT (ACOLS), Valerie Hunsel,
OTR/L (ACOLS)
3000 New Bern Avenue, Raleigh, NC 27610
919.350.8551

WakeMed Outpatient Rehabilitation

Cinthia Williford, DPT, CLT (ACOLS)
3701 Wake Forest Road, Raleigh, NC 27609
919.350.4200

Wellness One

Michelle Sydnor, OTR/L, CHT, CLT-LANA, Shannon
Holt, OTR/L (ACOLS), Jennifer Speri, PT, Vivian Mast, PT,
Ann Marie Benjamin, PT (all Vodder credentialed)
2418 Blue Ridge Road, Suite 100, Raleigh, NC 27607
919.782.5954
www.wellnessone.com

Wellness One

Debra Albrecht, PT (Vodder credentialed)
200 Asheville Avenue, Suite 30, Cary, NC 27511
919.859.9333
www.wellnessone.com

WAYNE COUNTY

Southeastern Medical Oncology Center
203 Cox Boulevard, Goldsboro, NC 27534
919.580.0000 or 800.849.0203

WILKES COUNTY

Wilkes Regional Medical Center Rehabilitation Services
Cindy Bentley, OTR/L (Modified LeDuc)
Sandra Cannon, OTR/L (LeDuc)
1370 West D Street, North Wilkesboro, NC 28659
336.903.7850
www.wilkesregional.org

WILSON COUNTY

Wilson Medical Center

Lori Boswell, PT, CLT-LANA (ACOLS), Teresa Maier, PT,
CLT-LANA (ACOLS)
1705 South Tarboro Street, Wilson, NC 27893
252.399.8147