

# Abridged Report: UK Treatments & Experiences of Head and Neck Lymphoedema (HNL)

## Summary of the Phase 1 Service Evaluation

**Status:** Independent Service Evaluation (Community-Led Engagement Tool)

**Online:** 1st March 2026 (PhysioPod® UK Newsmagazine & Website)

### 1. Introduction

Between October and December 2025, PhysioPod® UK Limited conducted an independent, company-led service evaluation to capture the "real-world" experiences of the Head and Neck Lymphoedema (HNL) community. Analysing feedback from 84 respondents—comprising NHS professionals (50%), private practitioners (31%), and patients (19%)—this report identifies current treatment trends and significant gaps in care.

*Note: This report is classified as a service evaluation/scoping exercise, not a clinical trial. Its primary purpose was to identify the "strong signals" of unmet need that would justify subsequent formal academic work.*

### 2. The Evolution of Care: From "Core 4" to "Core 6"

The evaluation suggests that the standard "Core 4" of Complete Decongestive Therapy (MLD, Compression, Skin Care, Exercise) is evolving. UK practitioners are proactively integrating additional modalities to manage the complex needs of HNL patients.

- **Kinesio Taping:** Now utilised by **90%** of practitioner respondents.
- **Scar Therapy:** Now utilised by **75%** of practitioner respondents [Source 518].

### 3. Identifying the "Fibrosis Gap"

A key finding was the challenge of managing radiation-induced fibrosis ("woody" scarring). Respondents who relied solely on standard Manual Lymphatic Drainage (MLD) frequently described deep-seated fibrosis as a barrier to effective drainage. In contrast, the **DOT Group** (practitioners integrating Deep Oscillation Therapy) reported consistent observations of "significant softening" of indurated tissue. This aligns with the modality's mechanism of action, which permeates tissue to a depth of **8 cm**, addressing deep-tissue resistance that manual techniques may struggle to resolve.

### 4. Restoring "Personhood"

Beyond fluid reduction, the evaluation highlighted the restoration of **"Personhood"**—defined as the recovery of identity through essential functions like speech and swallowing. Patient narratives indicated that softening deep-tissue fibrosis was critical for restoring cervical mobility and reducing the functional burden of the condition.

## 5. Systemic Barriers: The "Postcode Lottery"

The evaluation validated the existence of systemic inequities in care provision:

- **Prescription Inequality:** Patients reported that while compression garments for limbs are routinely prescribed, head and neck garments are often excluded or difficult to access via the NHS.
- **Resource Scarcity:** NHS professionals cited "staffing restrictions" and a "capacity crisis" as major hurdles to delivering optimal survivorship care.

## 6. Next Steps: The Phase 2 Research Initiative

While this Phase 1 evaluation has successfully scoped the landscape, it relied on subjective reporting. To translate these "strong signals" into robust evidence, we are planning a formal **Phase 2 Research Initiative**.

Guided by **Mr Neil Shah** (Consultant Head & Neck Surgeon), who combines clinical expertise with personal experience of head and neck cancer treatment, Phase 2 will utilise clinically validated outcome measures (such as the **Glasgow Benefit Inventory**) to generate data suitable for peer-reviewed publication.

The complete Phase 1 Analysis, including the full open-text patient narratives and detailed data breakdowns, will be available for download from the PhysioPod® UK website from **1st March 2026**.

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