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## December 2022 - Issue 26 PhysioPod UK NewsMagazine



Good Morning,

Another fabulous issue awaits you. Jam-packed with case reports, health news, research and blogs.

A huge thank you to this month's contributors; without you, this publication would not be possible, so please keep sending in your news and views, and let's keep this online publication thriving.

In particular, we would like to thank the following ladies: Emma Holly, Dr. Alison Merrick, Dr. Dana Allen, Michelle Rudd, Christine Talbot, Maxine McGinley, Dra Solangel Tapanez, Fernando Tossi, Ericka Chaves, María Del Rosario Pineda, Paola Yañez Chandía, Fernanda Tossi, and Justyna Pogorzelska for their contribution to the new video in this newsmagazine, which has an overview of Deep Oscillation with a particular focus on scars.

So in our now typical #CamelCaseHashtag style, the content for this month is as follows:

#CaseReports #CatchUpWithRaminShayan #ChristmasSelfCare  
#DupuytrenContracture #Endometriosis #FibroticAnkles  
#FibrocysticBreastDisease #Fibromyalgia #Hivamat #Lipoedema  
#Lymphoedema #LymphologyConferences #LymphaticSystem  
#LymphVsBlood #MammogramAsymmetry #MLD  
#NationalLymphedemaNetwork  
#NewDeepOscillationVideo #PanAmericanLymphologyConference

Julie and I are taking a well-earned break (in our minds!) from 8th to 22nd December, and we will not be contactable so we can relax completely. So if you need consumables or wish to order a unit, please do so asap, and we will endeavour to fulfill your requirements. Any messages by email or phone will be responded to immediately upon return.

Our next newsmagazine is due out on 1st February 2023.

Until then, have a wonderful Christmas and wishing you all a healthy, happy and peaceful New Year.

Very Best Wishes



Mary Fickling and Julie Soroczyn  
Sisters and Directors

[PhysioPod UK](#) and [PhysioEquipment UK](#)

"Loving My Hivamat"

**With thanks to Tacy Ammons, OTR/L, BSOT,  
MFA, CLT, CLWT, Certified Oncology**



**"I am a seasoned occupational therapist, CLT, CLWT, Certified Oncology Rehabilitation Specialist, a Vodder trained lymphedema therapist living/working in Philadelphia, PA. the USA.**

In 2019 while attending a recertification weekend for Vodder, I learned about the Hivamat from another OT/Vodder lymphedema therapist from Lowe. She had been in practice for more than 15 years and described how much faster she could move fluid around for her patients when she combined her Hivamat with MLD. She had been using the deep oscillation machine for a few years prior to when I met her.

I researched the product here in the States, received a loaner to trial and convinced my managers to purchase the machine when I reduced one of my patient's wrist circumference by 5 cm (which stayed reduced!). It's been an excellent adjunct to treatment for both my lymphedema patients and my hand patients. I use the machine with great success, especially for post-surgical pain and swelling reduction. All my patients love how it makes them feel.

Most recently, I treated a patient beginning one-week post-ORIF to repair a distal radius fracture seeing her twice a week for four weeks before her return to her surgeon. At that follow-up, the surgeon told her from the X-rays that she had complete healing, which was about 2½ weeks ahead of schedule. When she told him about me using this "weird" machine called a Hivamat, the surgeon replied that he had heard of it but was unaware anyone in the area was actually using one. We were all pleasantly surprised by the findings.

I continue to tell everyone who will listen just how helpful this gentle oscillating movement can be. I think that "jiggling" up cells and molecules to line up in a more normalizing healing pattern with rhythmic movements is a key component of the process of tissue and bone healing. Of course, I was also trained as a dancer many years ago and continue to do my yoga regularly so....."

30+ years experience in outpatient orthopedics/hands to shoulders, work-related injuries of UB, Certified Lymphedema Therapist with Wound Certification, Certification in Oncology Rehabilitation in Breast Cancer, Certified in Chemotoxicity & Cancer Exercise, Certified in Head and Neck Cancer Rehabilitation, now Certified Oncology Rehabilitation Specialist through PORi, outpatient hands to shoulder, acute/long term acute/subacute, CCRC, HH, INF, ALF, SNF, LTC

## DEEP OSCILLATION - AN OVERVIEW WITH SPECIAL FOCUS ON SCAR MANAGEMENT

**This video will appear in a new online course created by Hannah Poulton, women's health physiotherapist and scar specialist. The course will look at ways to treat scars, best practice and products available for scar recovery. Out end of January 2023 (download ebook version available). To contact Hannah regarding the course you can do so through [www.hlp-therapy.co.uk](http://www.hlp-therapy.co.uk) or email Hannah at [Info@hlp-therapy.co.uk](mailto:Info@hlp-therapy.co.uk)**



## **DEEP OSCILLATION® THERAPY (also known as HIVAMAT® therapy).**

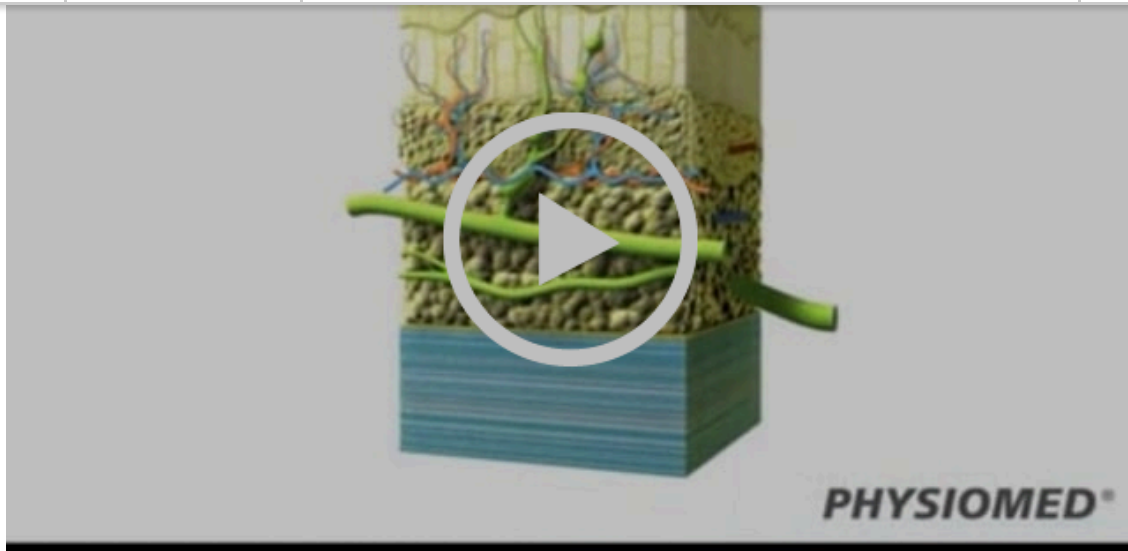
Deep oscillation is intermittent, electrostatic, electromechanical field therapy using a frequency range of 5 - 250 Hz applied via gloved hands (supporting and intensifying massage) or special applicators, also enabling self-treatment. It is internationally patented and is used in 83 countries worldwide. Please note this is not magnetic therapy.

Because of this therapy's non-invasive, non-traumatic, gentle nature, very early possibilities of application are possible following sports and occupational injury and from day one postoperatively. Chronic pain conditions can be worked upon with effective results, and in the case of stubborn fibrosis and old scar management, it proves effective where other techniques have not. Implanted pins/plates, prostheses and breast implants are not contraindicated. No heat is generated with this therapy.

Tried and tested for almost 34 years, this highly effective treatment method from Physiomed Elektromedizin AG in Germany enables rapid therapy success lessening the reliance on medication and maybe surgical intervention. Treatment success is generally noticeable after a short course of sessions. In some cases, effective results may be observed after the initial treatment or following just two or three sessions. Deep Oscillation is used in many NHS Lymphoedema services and by private practitioners throughout the UK and Ireland. A map of therapists can be [viewed here](#). The sporting elite began using it in their medical backrooms in the UK in early 2008.

[READ FULL ARTICLE \(3 MINUTE READ\).](#)

**The Effect of Deep Oscillation on  
the Lymphatic System**



Oedema and haematomas result from bleeding and destruction or damage of lymphatic capillaries by mechanical or surgical trauma.

In the acute inflammatory phase of wound debridement, there is also increased phagocytosis and a generally higher need for the transport of extracellular protein, blood cells and other particles, this results in an enormous interstitial increase in the lymphatic load.

As a result, post-traumatic oedema develops by overloading the lymph transport system and backing up in the interstitial space, despite the increase in the lymphatic flow rate.

Several clinical studies have shown increased resorption of subcutaneous oedema by deep oscillation. Two hypotheses can explain this.

One would be that mechanical stimulation at the level of the interstitial ground substance produces a mixing of materials to be transported with the lymph, enhances its distribution and thus increases the surface area for resorption.

Another would be that mechanical impulses generate deforming forces that act on the collagenous fibre structures of the interstitial space, and these apply tensile forces to the endothelial layer of the initial lymphatic vessels (the lymph capillaries and pre-collectors) via anchor filaments. This way, they could open junctions in the endothelial layer for fluid inflow and assist the interstitial drainage mechanism.

The lymphatic system contributes to homeostasis by influencing the volume of extracellular fluid, the interstitial protein concentration and the tissue pressure.

## Self-Care this Christmas and Mastering the Moment



At the start of the year I discussed the definition of [Self-Care](#).

The Practice of taking action to preserve or improve one's own health.

The Practice of taking an active role in protecting one's own well-being and happiness, in particular during periods of stress.

I went on to further explain that there are over 14,660,000,000 results given from Google on the topic of 'Self-Care'.

With so many articles on Google, why are we struggling to master Self-Care OR, I feel the deeper question we each need to ask ourselves is:

“For what reason am I not allowing myself to be kind to myself?”

**---- Thinking needed at this point ----**



For so long we have unequivocally convinced ourselves that if we criticise ourselves hard enough, that the criticism will lead to change....

If we are harsh enough, we believe we will end up being kind...

If we shame ourselves, we believe we will end up loving ourselves.

This is so very wrong. There is no circumstance where shame will lead to love.

Only love leads to love!

This Christmas, Self-Care for me is an absolute must. Why, you may ask?

Well, my Christmas this year is going to be about change – and we all know how much everyone likes change...

I took a step back from writing these articles and a fair amount of my work back in July due to my father's ill health. My family and I were informed of his diagnosis towards the end of June, he sadly passed a few months later on the 11<sup>th</sup> October. I was fortunate enough to be able to enjoy so much of his company in his final months and I was with him through his last breaths.

Left with the hole that both of my parents have now passed.

I am in pain and the grief is truly shite, plus the effect it is having on my emotions, my behaviours, my motivations or lack thereof is notable.

[READ FULL BLOG 4 MIN READ](#)

## Case Report: Deep Oscillation and Acupuncture in Scheuermann's Disease



**With thanks to Chris Boynes  
Consultant Chartered Sports & Spinal Physiotherapist**



## Introduction

Scheuermann's disease (SD) is referred to as a rigid hyper-kyphosis secondary to vertebral wedging occurring during adolescence. Its incidence ranges between 1 and 8% in the general population. The main complaints are back pain and poor posture associated with unacceptable cosmesis. There are two types of SD according to the apex of the kyphotic deformity, type-1 with the apex at the midthoracic level and type-2 with the apex at the thoracolumbar junction. Operative treatment is indicated in the presence of neurological symptoms and failure of non-operative treatment, including physiotherapy and brace in symptomatic patients. A meticulous selection of fusion levels,

## Background

Patient is a 54-year-old male with a very long history of painful and restrictive arthritis in the neck and spine continuously suffering from a nasty painful, type 1 [Scheuermann's](#) disease.

[VIEW FULL CASE REPORT](#)

### A Message From Vasu Karri



# WINTER SKIN CARE TIPS



L-W-O Community  
Primary, Secondary & Paediatric  
Lymphoedema  
Online & in the Community  
Promoting Lymphatic Health &  
Community Engagement



With thanks to Gaynor Leech, Lymphoedema Patient Advocate,  
[Founder of LWO Community](#)

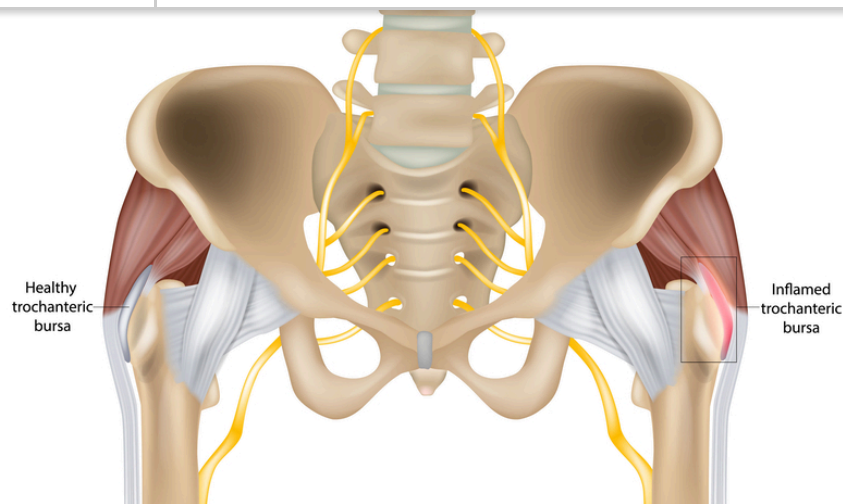
If you are living with Lymphoedema then you will know that a great emphasis is placed on looking after your skin in hot weather. However it is just as important to look after our skin in cold weather. I have created this video of tips for you, I hope it's helpful.



# Trochanteric Bursitis Treated Effectively With Deep Oscillation



## A Case Report with thanks to Ben Neves of Hull Sports Massage



## Background

John is an 82-year-old veteran who has dementia and high blood pressure controlled with medication. He has suffered from trochanteric bursitis for two years, during which time he has had two steroid injections to no avail. Physiotherapy has not helped, as the hip area is too painful to move.

## Initial Presentation

John first attended the clinic on 27th July 2022 with his daughter, who is there for support. John used a Zimmer frame, barely shuffling, very antalgic in gait. He was unable to sleep on the affected side. Pain was measured on the VAS of 8/10 (severe).

## Physical Examination

Atrophy to affected leg, pain radiating from the trochanteric region, limiting the range of movement and power to remain stable in standing.

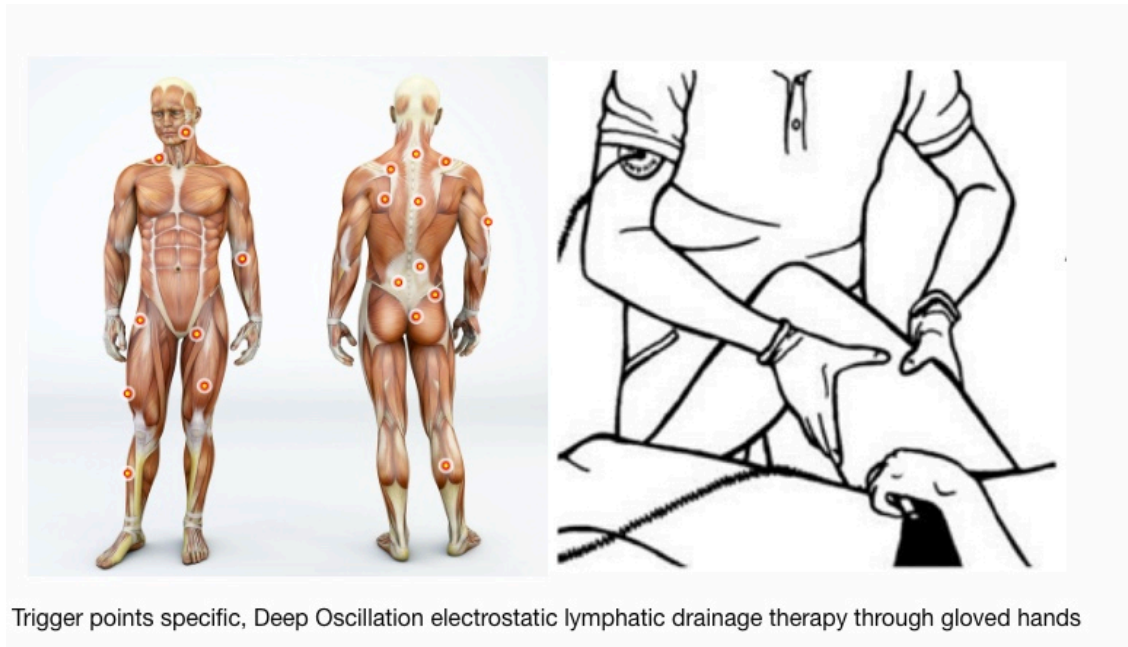
## Clinical considerations/Aims

Initial considerations were to use shockwave therapy; however, due to poor tissue mass and frailty and discussion with John, we decided to use [Deep](#)

I really did want to relieve his pain from this chronic condition. Because of the previous two steroid injections, I thought it incumbent to break down stubborn fibrotic remodelling of the area. In addition, it was plain that several trigger points were situated around the Tensor fasciae latae, gluteus minimus and medius, which had some bearing on the pain down the lateral leg Ilio-tibial band causing dull lateral knee pain.

Initial aims were to reduce pain, enhance muscle relaxation to prevent spasming, to re-introduce normalisation of walking patterns to aid proper muscle firing and thus to walk better.

## Treatment Protocol/Method



Trigger points specific, Deep Oscillation electrostatic lymphatic drainage therapy through gloved hands

200-250 Hz - 10 minutes

60 Hz - 5 minutes

40 Hz - 5 minutes

The massage pattern was trigger point specific with the insertion and origin of muscle groups and lymphatic drainage points around the inguinal ligament and popliteal area. Effleurage strokes with finger circles around bony landmarks (greater trochanter) with slow pumping actions to aid lymphatic drainage.

## [FULL CASE REPORT \(4 MIN READ\)](#)

# Investigation of clinical characteristics and genome associations in the 'UK Lipoedema' cohort



Published: October 13, 2022

Grigoriadis D, Sackey E, Riches K, van Zanten M, Brice G, et al.  
(2022) Investigation of clinical characteristics and genome associations in the  
'UK Lipoedema' cohort. PLOS ONE 17(10):  
e0274867. <https://doi.org/10.1371/journal.pone.0274867>

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## Abstract

Lipoedema is a chronic adipose tissue disorder mainly affecting women, causing excess subcutaneous fat deposition on the lower limbs with pain and tenderness. There is often a family history of lipoedema, suggesting a genetic origin, but the contribution of genetics is currently unclear.

A tightly phenotyped cohort of 200 lipoedema patients was recruited from two UK specialist clinics. Objective clinical characteristics and measures of quality of life data were obtained. In an attempt to understand the genetic architecture of the disease better, genome-wide single nucleotide polymorphism (SNP) genotype data were obtained, and a genome wide association study (GWAS) was performed on 130 of the recruits.

The analysis revealed genetic loci suggestively associated with the lipoedema phenotype, with further support provided by an independent cohort taken from the 100,000 Genomes Project. The top SNP rs1409440 ( $OR_{meta} \approx 2.01$ ,  $P_{meta} \approx 4 \times 10^{-6}$ ) is located upstream of LHFPL6, which is thought to be involved with lipoma formation.

Exactly how this relates to lipoedema is not yet understood. This first GWAS of a UK lipoedema cohort has identified genetic regions of suggestive association with the disease. Further replication of these findings in different populations is

## [DOWNLOAD FULL PDF \(4 MIN READ\)](#)

# PhysioPod catch up with Ramin Shayan, Associate Professor at University of Melbourne, Australia



Assoc. Prof Ramin Shayan & Dr. Tara Karnezis



**Background:** Last year, PhysioPod shared the important new study “New discoveries make steps toward lipoedema diagnosis and treatment,” published in the International Journal of Obesity, which Dr. Tara Karnezis and Associate Professor Ramin Shayan led. The study identified a stem cell in lipoedema and a gene that drives excess fat growth – elements key to diagnosing and treating the condition. Dr. Karnezis said of the study, “Our findings confirm, consistent with the lived experience of families, that lipoedema is a legitimate medical condition, and that it is not the same as obesity – our team has identified a key stem cell and some of the genetic and molecular mechanisms that underpin it.”

***Hi Ramin, it's been a little while since we last communicated. Has there been anything you would like to share with our readers in the meantime?***

Hello again Mary!

It has been about three months since we last spoke, around the time of Lipoedema Awareness Month and just after. At that time, we had just been involved in the Hobart meeting and, more recently, the biannual conference of the Lipoedema Australia organisation.

The Sydney conference was brilliantly organised and included international and

management features. The conference was extremely well-received by both in-person and virtual attendees. In addition, the talk was available on demand for a further three months.

Since Sydney, we have presented two major presentations.

1. The SIGVARIS Medical Online Hub (MOH) Webinar on Lipoedema was held on August 27th, 2022.



The session was entitled: “Lipoedema: Latest insights in the Lipoedema pathophysiology and potential new therapeutic pathways and was moderated by Sylvain Gaillard and the UK’s Christine Moffatt (Head of the ILF), with the input of an expert panel consisting of Dr. Karen Herbst and Dr. Asmaa Alderaa.

Tara and I spoke about “uncovering a cellular and molecular basis for lipedema,” in which we discussed the clinical treatments we employ, the results of our research program, and St Vincent’s Institute for Medical Research. These included published data relating to the Bub1 paper and the next projects and future directions coming out of our lab.

Professor Stanley Rockson presented the ‘Paradoxes and Possibilities of Lipedema’ - a tour de force of lymphoedema and lipoedema mechanism, diagnosis and clinical identification; and his excellent work on “Platelet Factor 4 (PF4) as a biomarker for lymphatic-promoted disorders”.

It was indeed an honour to be asked to engage in robust discussion with such well-respected luminaries, and the debate continued until well after 3 am Australian Eastern Time. However, it was a riveting discussion!

## Conference of Lymphatic Diseases, held at the picturesque Renaissance Tuscany Il Ciocco in the hills above Luca, Italy.



Along with the giants of the lymphatic field, Tara presented novel findings from her Lipoedema program. Chaired by Dr. Timothy Padera and Taija Makinen, this excellent forward-thinking program boasted two dedicated talks on Lipoedema.

***It sounds like a fascinating few months. And how is the constant funding battle coming along?***

It has been busy! The age-old quest to have enough funding to carry out the actual program is always a priority. Happily, we were granted a three-year grant by our local funding bodies. In addition, after three rounds of application, Tara has made the final round of the Lipedema Foundation funding grants. Next week, she will attend the Scientific Retreat of the Lipedema Foundation in Reston, Virginia, USA. I will update you on these and other exciting developments from Down Under in the new year.

***Thank you so much Ramin. Wishing you a safe festive season, and I look forward to catching up in 2023!***

# Deep Oscillation featured in the 1st Pan American Congress of Lymphology held in Bucaramanga, Colombia

Organised by the Colombian School of Lymphology

**A workshop was presented by**  
[María Del Rosario Pineda](#)





Bucaramanga, 29th November 2022

Lie. **ROSARIO PINEDA**  
Rosario, Argentina

The Organizing Committee of the 1st Pan-American Congress of Lymphology presents to you the most sincere thanks for your presence; with your experience and recognition, we were able to obtain a congress of very high scientific level; the brotherhood of all the participants in the magic world of Lymphology, was a determining point for the development of the same, to obtain as a result:

**PAN AMERICAN SOCIETY OF LYMPHOLOGY**

A recognition for excellence from "the Beautiful City of Colombia".



Dr. **ALEJANDRO LATORRE PARRA**  
President of the 1st Pan-American Congress of Lymphology

**Kismet Exhibit HIVAMAT (DEEP  
OSCILLATION) at National  
Lymphedema Network Conference,  
USA**

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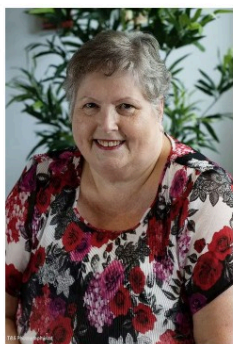
"[NLN 2022](#) at the Cleveland Clinic (Cleveland, OH, USA) was Kismet's first introduction of Hivamat into the Lymphedema space. The show was phenomenal for us as it was the most engaged, communicative and excited group of attendees we've ever seen – and we are a combined group of professionals with 75+ years of experience in the Rehab/PT/OT industry who have exhibited at many conferences all over the world. We learned so much from this group of specialists: how they best utilize Hivamat for their patient population, why they are obsessed with this technology, and how they bill and get reimbursement.

The Hivamat booth was, by far, the busiest booth throughout the course of the exhibition. Many attendees had heard of this phenomenal technology but had never had the opportunity to feel it until then – and of course, once Hivamat is felt by the therapist, it sells itself with the pleasant oscillation and electrostatic friction.

gratitude for their passion about this product, Kismet raffled off a Hivamat Personal. The lucky winner was none other than [Rochelle Brannan](#) – one of the biggest advocates of Hivamat in the US, who calls it an “outstanding therapy medical device.” Kismet is the lucky one, as we will benefit from the case studies that she will kick off with Hivamat on her oncology patients living with Lymphedema.

Kismet is honored to be part of this lymphology space and appreciates that the global community recognizes how important a happy lymph system is!"

# REBOUNDING



L-W-O Community  
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Lymphoedema  
Online & in the Community  
Promoting Lymphatic Health &  
Community Engagement

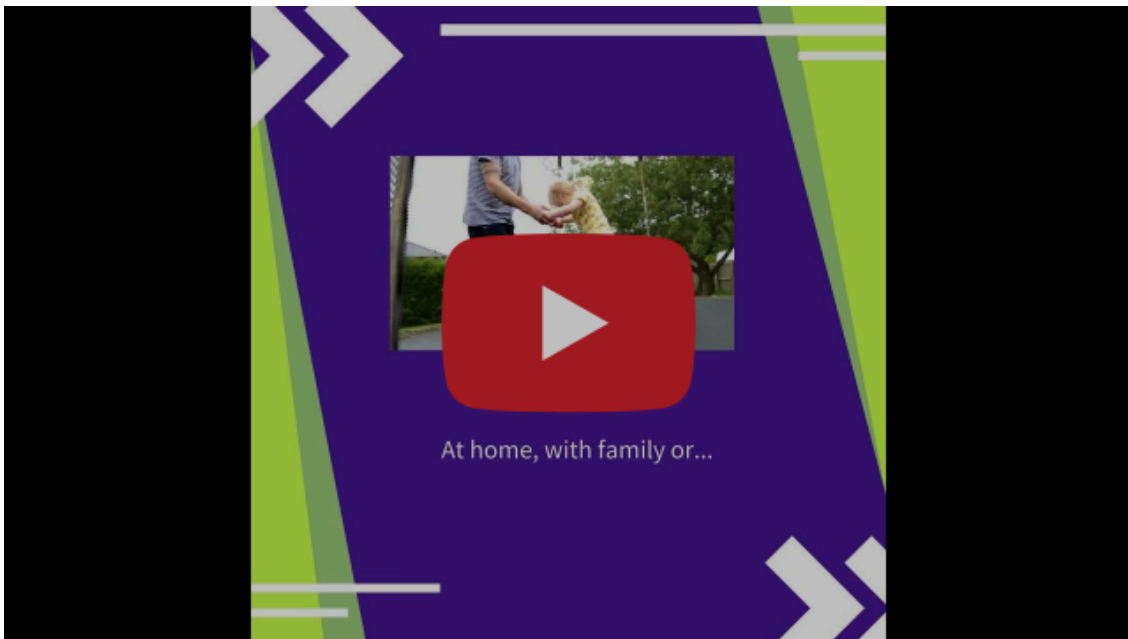


With thanks to **Gaynor Leech, Lymphoedema Patient Advocate and [Founder of LWO Community](#)**

This video was created as part of Self Care Week 14th November - 20th November 2022. The theme Exercise for Life. L-W-O Community took a look at how Rebounding can help with our theme of [#getmoving](#)

Movement is key to control lymphoedema, reduce swelling, keep lymph fluid flowing which will improve lymphatic health. The lymphatic system circulates lymph fluid from head to toe.

This is your defence mechanism to fight infections, viruses, bacteria, and disease, Therefore the lymphatic system relies on you to move it because it



Another video of interest you may wish to look at...

[Lymphatic System and Rebounding on the bellicon](#)

LOCATE A BOOGIE BOUNCE CLASS IN THE UK



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uses a mini trampoline and gravity as resistance. This gives a whole new dimension to the High Intensity Interval Training (H.I.I.T) principle. Rebounding challenges the cardiovascular system and is incredibly effective and efficient at burning fat, while also helping protect the main joints of the body and increasing muscle and bone density.

NASA even agrees that bouncing is “the most efficient and effective exercise yet devised by man”. Studies by NASA scientists show that bouncing around on a mini trampoline is 68% more effective than jogging and yet requires less effort! You can also develop both upper and lower body strength just as effectively as weightlifting without the strain or threat of pulled or torn muscles"

## [FIND CLASSES](#)

### **Patient Self Treatment Report: Use of Deep Oscillation Therapy for reduction of symptoms of endometriosis and ‘endo belly’**

**A huge thank you to our patient (identity withheld on request) for this detailed report.**



## Introduction

Endometriosis is a disease in which tissue that normally grows inside the uterus grows outside it. The main symptoms are pelvic pain and infertility. Nearly half of those affected have chronic pelvic pain, while in 70 pain occurs during menstruation. Pain during sex is also common. Infertility occurs in up to half of women affected. Less common symptoms include urinary or bowel symptoms. About 25 of women have no symptoms. Endometriosis can have both social and psychological effects.

## Patient Background

50 year old female with a 10 year history of endometriosis. Main symptoms were:

- Painful heavy periods
- Tar-like black blood during day 1 and often day 2 of the period
- Dull, burning and stabbing pains a few days around ovulation
- Pain and severe bloating in the week before the period
- A notable increase over the last 6 months of 'endo belly' i.e. gradual increase in size of belly after ovulation as well as tenderness and a hardness. This distension still partly remained after each period had finished.
- An uncomfortable tightness across the bottom of the abdomen just above the pubic region, like a tight elastic band cutting in, which was very noticeable during the week before a period. This sensation had appeared about 4 months previous and was getting gradually worse.

concerned about the increasing girth of her abdomen and the feeling of tenderness – like a bruised feeling, and tight band sensation. She felt that Deep Oscillation might be of benefit in reducing debris, inflammation and potential adhesions that had built up in her abdomen due to the internal bleeding that arises from endometriosis when the endometrial tissue bleeds into the abdominal cavity and the debris has no clear exit

## Treatment Protocol

10 treatments of deep oscillation therapy on her abdomen, using the 9.5 cm oscillator head, moving it around the whole of the bottom of her abdomen and briefly on the upper abdomen.

[READ FULL CASE REPORT \(4 MINS READ\)](#)

## NEW RESEARCH IN WOMEN'S HEALTH - ENDOMETRIOSIS



BMC Womens Health 2022 Nov 18;22(1):455.

PMID: **36401252** PMCID: [PMC9673303](#) DOI: [10.1186/s12905-022-02028-x](#)

## The association between endometriosis and risk of endometrial cancer and breast cancer: a meta-analysis

## Abstract

**Purpose:** Endometriosis (EMS) is confirmed pathophysiologically to be an estrogen-dependent disease, similar to endometrial hyperplasia/cancer and breast cancer. Epidemiological and biological data on endometriosis might explain links between endometriosis and these cancers. We sought to identify the differences in the risk of endometrial cancer and breast cancer between women with and women without endometriosis.

**Methods:** We searched PubMed, EMBASE, the Cochrane Library, and four Chinese databases (CNKI, VIP, WanFang, CBM) to identify relevant studies published online between January 2011 and March 2021. In our meta-analysis, we used the Newcastle-Ottawa Scale (NOS) to evaluate the design and quality of all studies, and we calculated the pooled risk ratio (RR) using the random model. The Q test and  $I^2$  were used to evaluate the degree of heterogeneity of eligible studies. We used funnel plots and Begg's and Egger's tests to assess publication bias.

**Results:** Of the 1369 articles, we finally included 14 cohort studies and seven case-control studies. Data from large cohort and case-control studies indicate that women with endometriosis had an increased risk of both endometrial cancer [RR, 1.662; 95% CI, (1.148-2.407)] and breast cancer [RR, 1.082; 95% CI, (1.001-1.169)].

**Conclusion:** Endometriosis can increase the risk of endometrial cancer and breast cancer, and women with endometriosis are recommended to receive routine screening in long-term management.

**Keywords:** Breast cancer; Endometrial cancer; Endometriosis; Meta-analysis; Risk.



FIBROTIC ANKLES



@mariadelrosario.pineda In this short clip Maria saves time working on fibrotic ankles.

"What I like the most is when I can save time working both legs with the Deep Oscillation"

This is also the way Julie prefers to work on ladies living with Lipoedema

**What Does Asymmetry on a Mammogram Report Mean?**



Breast asymmetry on a [mammogram](#) report means that part of the breast looks different from other parts of the same breast or the other breast.<sup>1</sup> This is often due to benign (not harmful) changes.

However, a significant variation or sudden change in aspects, such as density, could indicate a problem. Discuss the results with your healthcare provider.

Learn more about [breast asymmetry](#), its causes, how it relates to cancer, testing, and more.

## Asymmetry on Mammogram Results

Asymmetry results on a mammogram indicate that the image shows something different on one breast than the other or to other parts of that same breast.<sup>1</sup>

Types of breast asymmetry seen on a mammogram include:<sup>2</sup>

**Focal asymmetry:** A difference in the breast seen on two or more mammogram images.

**Developing asymmetry:** Focal asymmetry that appears to [grow or change](#) compared to previous tests.

**Global asymmetry:** More breast tissue in one breast or one area of a breast.

When breast asymmetry is detected, additional testing may be recommended.<sup>1</sup> However, this does not mean that breast asymmetry is cancerous.

## The Effect of Deep Oscillation Therapy in Fibrocystic Breast Disease. A Randomized Controlled Clinical Trial

- Solangel HernandezAsociación Médica Latinoamericana de Rehabilitación
- Marilyn de Jesús Socas FernándezUniversity Clinic. Luis de la Puente Uceda.
- Yinet IturraldeUniversity Clinic. Luis de la Puente Uceda.
- Addiel Suárez FernándezUniversity Clinic Luis de la Puente Uceda

DOI: <https://doi.org/10.3823/2555>

### Abstract

**Introduction:** Fibrocystic breast disease is the most widespread disorder in women during their phase of sexual maturity. Deep oscillation (DO) therapy has been used on patients who have undergone an operation for breast cancer as a special form of manual lymphatic drainage.

**Method:** Experimental, prospective case-control studies were conducted in 401 women diagnosed with fibrocystic breast disease. The sample was selected at random and was divided into three groups, a study group and two control groups.

**Results:** Pain was reduced in the three therapies applied. This was statistically significant in the study group. The sonography study presented a predominance of its fibrous form. Upon completion of the treatment a resolution of the fibrosis was observed in the study group. The women were using their bra in an incorrect manner.

**Conclusions:** Pain was reduced in the three therapies applied. In the study group this reduction was statistically significant. It is possible to verify the magnitude of the resonant vibration in the connective tissue from surface to deep layers by viewing the effect of the deep oscillations through the use of diagnostic ultrasound. The most frequent sonographic finding was fibrosis. Deep oscillation therapy produces a tissue-relaxing, moderate vasoconstriction effect, favours local oedema reabsorption and fibrosis reduction. A factor that may affect breast pain is incorrect bra use. The majority of women studied were using their bra incorrectly.

[DOWNLOAD PDF](#)

## Dupuytren's Contracture Occupational Therapist Assessment - Before and After 6 weeks of Deep Oscillation Treatment

With thanks to Elisabeth Marriott, Senior Occupational Therapist in  
Rheumatology, YORK NHS Foundation Trust



hand. Both hands were [re-assessed approximately 6 weeks later 4/10/22](#) post therapy intervention using the deep oscillation therapy on a machine manufactured by Physiomed Elektromedizin AG.

Visually both hands have improved MCP extension which is allowing both hands to lie flat on their palmer surface. The Dupuytren's was quite marked on assessment 1/9/22 under the second and third digit and was pulling the fingers into pseudo ulna drift. On assessment today, the [Dupuytren's contracture](#) is reduced in appearance is lies more flat. The fingers now are in proper alignment (pseudo ulna drift reduced).

Extensor lag at MCP's of both hands has improved and now both hands can achieve 0 – neutral extension at the MCP's.

Palmer circumference has increased – most likely due to both hands having a more flatter presentation rather than the concave shape that they initially showed.

There is a large improvement on the SARA hand assessment from an overall score of 29 down to 15 out of 50. This represents that the client subjectively feels that their hands function and perform much better than they did pre – therapy"

# Lymph vs Blood

One is well known, the other obscure.  
Both are body liquids vital to human life.

Clear or White	Colour	Red
15 minutes of medical school	Medical Study	Hematology is 2-3 year speciality
Lymphedema	Medical Conditions	Hemophilia Leukemia
Lymph nodes and lymphangions	Pump	The heart
4 Litres	Total Volume in human body	5 Litres
Lymph and Chyle	Types	A, B, AB and O

Lymph fluid is important for the circulatory system, immune function and digestion. Time to stop ignoring this vital force and let's create awareness. Share if you agree.

@cancer\_lymphedema\_dietitian

**Please share to your social networks to get word of the importance of lymphatic health out there**

**Why MLD should be started as early as possible**



[With thanks to Jan Douglass](#)

Consultant and educator, lymphology and MLD

"There's nothing quite so satisfying as reading a well written paper which summarises everything interesting that we know about the lymph system.

In this regard, the recent paper by Weber et al (1) is a good read for anyone fascinated by lymphatics, regardless of academic ability. Personally I can't help but make connections with the descriptions given, and what I know about lymphatic physiology and the effects of MLD.

It's also very affirming when new understandings in lymphology, support the basic tenets and mechanisms of MLD.

[Published on November 2022](#)  
[\(5 min read\)](#)

**NEWS FOR 2023 FROM GEMMA LEVINE**



Gemma Levine will be putting on an event at  
The Royal Academy Of Music

“CONVERSATIONS WITH SIR KARL and LADY JENKINS  
- COMPARE JOHN SUCHET “ with music.

Thursday, 20th April 2023

All proceeds to go to Lymphoedema Research Fund  
at St George’s Hospital

(Email [gemmalevine@aol.com](mailto:gemmalevine@aol.com) for tickets after Christmas)

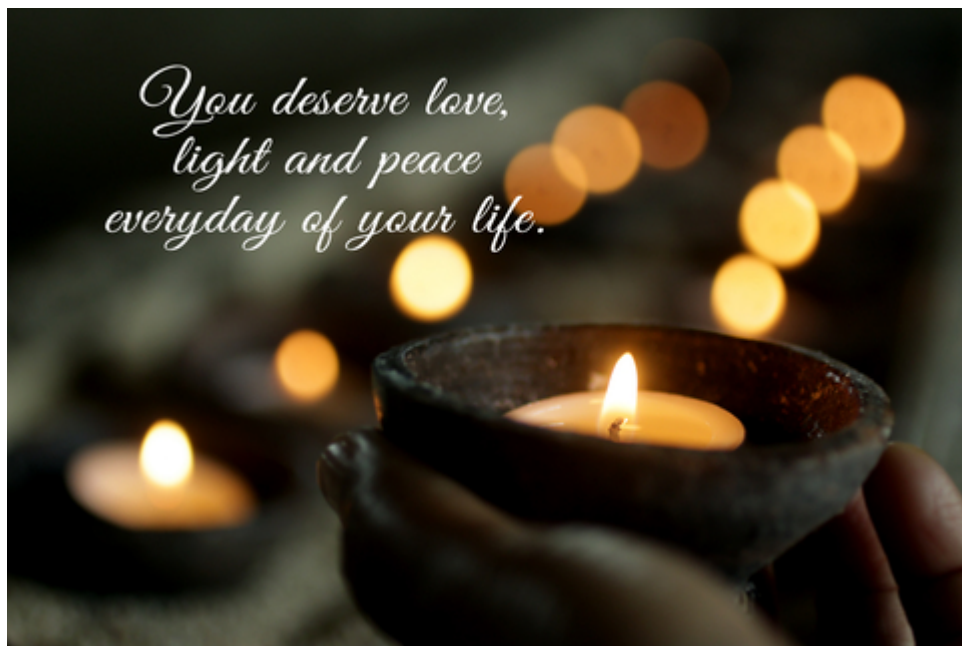
**Christmas Self Care Reminders**



Wishing you all a very merry Christmas and a Happy New Year - Mary and Julie x

**Planet Marla**

Self explanatory we think! Marla, Daisy and Arabella



See you in 2023! x

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