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References

If you require a full list of references for this leaflet please email
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Physiotherapy after head and neck surgery

Physiotherapy Department
www.ulh.nhs.uk

Aim of leaflet

The aim of this leaflet is to introduce the role of the physiotherapist in your care following your surgery and how we can help with exercises to restore function.

Problems which are highlighted here should have been discussed with you before surgery by your consultant and so should not come as a surprise to you.

Once the extent of your surgery is known and we have assessed you, a treatment plan can be developed to help your recovery.

The main areas for concern are your shoulder and neck movements. Should these have been directly affected by the surgery, we may need to wait for a few days to start increasing movement, to allow healing to start and make sure there are no other problems that we may affect.

Whatever exercise we do is within your control and you must let us know if discomfort or pain is increased.

4. Bend your elbows to 90 degrees and keep by your side at the same time keeping your shoulder blades pulled together. Do not let your arms fall onto your chest.
5. Shrug your shoulders slowly bringing your shoulders up and release slowly.
6. Elbows bent take your arms away from your body keeping your shoulder blades pulling together and slowly take back to the sides.
7. Elbows bent - lift one arm off the bed towards the ceiling and lower again controlling the shoulder blade.
8. Repeat exercise 1 again, this time trying to keep the shoulder blade controlled as before.

Exercises 3 to 7 can be done lying on your good side to allow gravity to work in a different way.

Exercises 1 to 8 can all be done sitting on a chair and using the back of the chair to help maintain a good posture and feel square.

The main problem that happens is that you are unable to bring your arm above 90 degrees, which affects how you raise your arm to reach a shelf, for example. The shoulder blade is not held on to the chest wall as strongly and tends to 'wing out' - sticks out. This can lead to more dysfunction and pain around the area.

By exercising, this disability may be reduced and allow you to use your arm better.

Initially we will start the exercises lying down as you will have more control in this position and then once you are stronger they can be done sitting.

- Do the exercises 2 to 3 times each day.
- Do not exercise into pain or overdo the exercises to cause aching.
- Monitor your pain in the shoulder region/shoulder blade. If it increases stop exercising for the day. Ask yourself if you have done anything differently, done more activity without realising it and overstretched the area.

Exercises

Lying on the bed - do 5 each to begin with slowly and steadily.

1. Hands together, arms straight. Use the good arm to help the weaker arm to lift over your head. Use this to start movements and loosen up.
2. Gently roll your shoulders backwards and round to pull the shoulder blades together and then release. Try to keep your neck muscles relaxed.
3. Arms by your sides - pull your shoulder blades together feeling the stretch at the front of the chest not in your neck.

Getting going

Getting out of bed and walking will depend on how you are feeling. Once you are up and about it is important to walk with as good a posture as possible - this will depend on drains, feeding lines or pain.

Neck Exercises

When to start

These should be done slowly and gently and not cause any pain.

Initially do them lying and then sitting and repeat 5 times each.

1. Bend your head forward to your chest and then bring back up.
2. Tilt your head backwards with your mouth shut and then bring back to the centre.
3. Tilt your head to one shoulder, back to the middle and then tilt to the other side.
4. Turn your head and look over one shoulder and then back to the centre. Repeat to the other side.

Shoulder Exercises

Your surgery may mean that you are left with a problem with your shoulder.

This may be for two reasons:

1. **Pectoralis major flap**

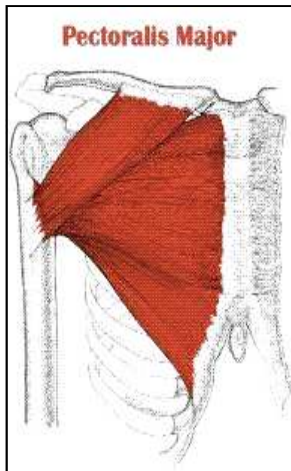
Your chest muscle has been used to allow reconstruction during the surgery.

2. **Accessory nerve damage**

The nerve supplying the trapezius muscle has been damaged which may be permanent or temporary.

These two problems require different treatment plans and are explained further within this leaflet and the exercises shown.

Pectoralis major flap



This muscle has been turned round to allow closure of your wound and initially you are very sore and bruised from the surgery.

How quickly we can increase movement on the affected side will be guided by the surgeon.

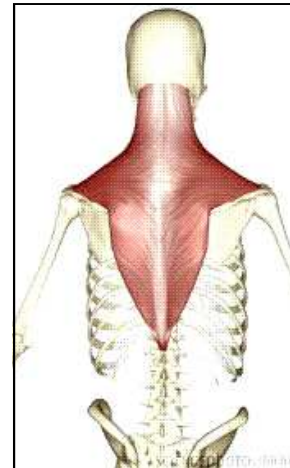
Initially just move your arm gently and do not overstretch.

Once allowed we can start to move your arm more and let you use it normally.

The aim will be to get full movement in all directions providing you had full movement before.

- Abduction - Take your arm out to the side and lower back to your body (wash under your arm).
- Elevation - Lift your hand as high over your head as possible and lower back down (reach up for a high shelf).
- Medial Rotation - Put your hand around the middle of your back and bring forward again (scratch your back).
- Lateral Rotation - Put your hand behind your head (scratch your neck).

Accessory nerve damage



The trapezius muscle runs from the neck to the spine and controls how the arm works at the shoulder and positions the shoulder blade in the right way to allow this to happen.

The nerve that supplies the trapezius muscle can be affected by the surgery especially where the lymph nodes have been involved.

It can just be bruised or get swollen causing the nerve not to work properly and control the trapezius affecting how your arm will move.

In some cases the nerve has to be cut and this will lead to permanent problems with the shoulder.