

A GUIDE FROM WELLTH PHYSIO & PILATES

Your cancer recovery roadmap

For women navigating breast cancer treatment and recovery — what to expect, and how physiotherapy can help at every stage.

01 Prehab	02 Surgery	03 Treatment	04 Rebuilding	05 Survivorship
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01 · A NOTE FROM ADITI

A breast cancer diagnosis changes everything — in ways you expect, and in ways you don't. Surgery and treatment can leave your body feeling unfamiliar, and it's easy to feel unsure about what it needs, and when.

I wrote this guide to give you a clear, stage-by-stage picture of what to expect physically, and how specialist physiotherapy can support you along the way. It's grounded in the Clinical Oncology Society of Australia (COSA) Position Statement on Exercise in Cancer Care and current clinical evidence. Go straight to the phase you're in, or read it from start to finish.

Whether you're reading this before surgery, mid-treatment or years into survivorship — you're in the right place. You don't have to navigate this alone.

Aditi Dand

Physiotherapist & founder, Wellth Physio & Pilates, Petersham

AT A GLANCE

Your recovery pathway

A structured physiotherapy pathway for women with breast cancer — from diagnosis to life after treatment.



01 • Prehabilitation

BEFORE SURGERY

Baseline shoulder & arm measurements · safe-movement and lymphoedema education · mobility, breathing & posture

Go into surgery stronger, prepared and confident to move.



02 • Surgery, early recovery & scar care

WEEKS 0-6+

Shoulder & chest wall mobility · scar and soft tissue care, including LLLT · early detection of cording

A safe, steady return of arm and shoulder function.



03 • Active treatment

CHEMO, RADIATION & HORMONE THERAPY

Fatigue-aware exercise · managing pain, tightness & cording · lymphoedema monitoring

Keep your strength and ease the physical toll of treatment.



04 • Rehabilitation & rebuilding

MONTHS 3-12

Progressive strength training · Clinical Pilates · return to work, lifting & the things you love

Rebuild strength, function and independence.



05 • Survivorship

12 MONTHS & BEYOND

Bone health & menopause-aware exercise · long-term lymphoedema self-management · annual review

The confidence to stay active for life.



ONGOING MAINTENANCE

Cancer Rehab Pilates at Little BIG House, Summer Hill, plus regular lymphoedema checks.

Start at any stage — it's never too early or too late.

No referral needed — you can book directly with me.

Call 0435535126 for your free 15-minute chat.

PHASE 01 · BEFORE SURGERY

Prehabilitation — preparing your body



Prehabilitation, or "prehab", means building your strength, mobility and fitness before surgery. It's a recognised part of best-practice cancer care, and it can reduce complications after surgery, shorten your hospital stay and help you get back to everyday life sooner.

WHAT THE EVIDENCE SAYS

The COSA Position Statement recommends exercise be embedded as standard care from the point of diagnosis. Prehabilitation before breast surgery has been shown to optimise strength, physical function and upper limb mobility, and can reduce post-operative complications and support recovery (Denehy & Edbrooke 2022; Santa Mina et al. 2017, PM&R).

WHAT WE'LL WORK ON TOGETHER

- Shoulder and chest mobility exercises
- Deep breathing and rib cage expansion
- Posture and upper limb strength
- Baseline arm measurements, so we can monitor for lymphoedema
- Scar and skin preparation
- What to expect after surgery
- Strategies to manage fatigue
- An introduction to compression, if you need it
- Setting goals for your recovery
- Coordinating with your surgical team

Who prehab helps most

- You're awaiting a mastectomy, lumpectomy or breast reconstruction
- You carry a BRCA gene variant and are planning risk-reducing surgery
- You already have some shoulder stiffness or lower fitness
- You want to feel prepared and in control before surgery

The earlier you start moving, the better. COSA recommends exercise as early as possible in your cancer care — including before surgery. You don't need a referral to book prehab.

PHASE 02 · WEEKS 0-6 AFTER SURGERY



Surgery & early recovery

The first weeks after surgery are about healing, easing discomfort and gently getting you moving again. The evidence is clear: the sooner you begin guided rehabilitation, the better your long-term outcomes.

WHAT THE EVIDENCE SAYS

Early physiotherapy after breast cancer surgery significantly improves shoulder range of motion, reduces upper limb dysfunction and lowers lymphoedema risk. The Australian Physiotherapy Association (2024) recognises the key role physiotherapists play in preparing people for surgery and supporting their recovery afterwards.

WHAT YOU MIGHT NOTICE

- Tightness and restricted movement in your shoulder, chest and armpit
- Cording (axillary web syndrome) — tight, rope-like bands down the inner arm
- Scar tightness and sensitivity
- Swelling in your arm, chest wall or breast
- Rounded posture as you protect your chest
- Fatigue and lower exercise tolerance
- Nerve sensitivity, numbness or tingling in your arm or hand

HOW I'LL HELP IN THIS PHASE

I work within your surgeon's post-operative protocol and tailor everything to your surgery and how you're recovering.

- Gentle, progressive shoulder range-of-motion exercises
- Scar massage and desensitisation, once wounds have healed (usually 6-8 weeks)
- Manual therapy and stretching for cording
- Lymphoedema education and baseline arm measurements
- Posture correction and diaphragmatic breathing
- Guidance on drains and activity restrictions
- A home exercise program you can do with confidence

Surgeries I support recovery from

Lumpectomy (breast-conserving surgery)

Mastectomy — skin-sparing, nipple-sparing or total

Axillary dissection (ALND) & sentinel node biopsy (SLNB)

Reconstruction — implant, DIEP, latissimus dorsi, TRAM

Oncoplastic surgery & therapeutic mammoplasty

Lipomodelling (fat grafting)

PHASE 02 · SCAR CARE, ONCE YOUR WOUNDS HAVE HEALED



Scar management

Your scars are part of your story, but they don't have to limit how you move or feel. After breast surgery and radiation, scar tissue can become tight, thick, sensitive or "stuck" to the tissue beneath — pulling on your shoulder, chest wall and posture. With the right care, scars can become softer, flatter and more comfortable.

WHAT YOU MIGHT NOTICE

- Tightness or pulling across your chest, armpit or reconstruction site
- Raised, thickened or firm scar tissue
- Scars that feel "stuck" and don't glide as you move
- Sensitivity, numbness or itchiness around the scar
- Shoulder movement limited by scar tightness
- Changes in how your body looks and feels to you

HOW I HELP

Scar mobilisation

Gentle, hands-on techniques — scar massage, skin and tissue gliding, and myofascial release — that help your scar and the tissue around it move freely again, easing tightness and improving flexibility. I'll also teach you how to do this safely at home.

Low-level laser therapy (LLLT)

Gentle, painless light therapy (also called photobiomodulation) that may support tissue healing, help soften and remodel scar tissue, and ease sensitivity. I often combine it with scar mobilisation for the best results.

WHEN TO START

WHILE HEALING

Follow your surgeon's wound care advice and keep moving gently around the area.

ONCE HEALED

When your wound has fully closed and your surgeon is happy (often 6–8 weeks), we can begin.

MONTHS TO YEARS

Scars keep remodelling for 12–18 months or more — so it's never too late to start.

CARING FOR YOUR SCAR AT HOME

- Moisturise daily with a gentle, unscented cream
- Do your scar massage little and often
- Protect your scar from the sun with SPF 50+
- Use silicone gel or sheets if recommended

Even older scars can soften and move better with the right care. If a scar is holding you back, let's take a look together.

PHASE 03 · CHEMOTHERAPY, RADIATION & HORMONE THERAPY



Active treatment

Many women are surprised to learn that physiotherapy can continue — and really helps — during active treatment. Keeping you moving, managing side effects and protecting your physical function can ease the burden of treatment and speed your recovery.

COSA'S KEY RECOMMENDATION

Exercise should be embedded as standard practice in cancer care and viewed as an adjunct therapy that helps counteract the adverse physical and psychological effects of treatment. Every member of the cancer care team should promote physical activity and encourage people with cancer to follow exercise guidelines (COSA, MJA 2018; updated 2020).

SIDE EFFECTS PHYSIO CAN HELP WITH

Cancer-related fatigue

The most common, and often most draining, side effect. Graded aerobic and resistance exercise is the best-evidenced treatment — and works better than rest (Meneses-Echávez et al. 2015, BMC Cancer; COSA).

Cording (axillary web syndrome)

Can persist or come back during treatment. Manual therapy combined with targeted stretching is the main treatment.

Lymphoedema risk & flare-ups

Changes to your lymphatic system can trigger or worsen swelling. Early monitoring and compression management are protective.

Chest tightness from radiation

Gentle chest stretches and breathing exercises keep your rib cage mobile during and after radiotherapy.

Shoulder & arm stiffness

Common during and after radiotherapy as tissues tighten (radiation fibrosis). Manual therapy and progressive exercise restore movement and ease pain.

Peripheral neuropathy (CIPN)

Numbness, tingling or pain in your hands and feet from chemotherapy. Balance and proprioception training lowers your falls risk and improves function.

Bone density changes

Hormone therapies (aromatase inhibitors, ovarian suppression) can reduce bone density. Weight-bearing and resistance training twice a week help protect your bones (ACSM 2019; COSA).

You don't need to wait until treatment ends. Physio alongside treatment can make it easier on your body.

PHASE 04 · MONTHS 3-12 AFTER PRIMARY TREATMENT



Rehabilitation & rebuilding

For many women, finishing active treatment brings relief — and a new challenge. The intensive medical support steps back just as the cumulative physical effects peak. This is when structured rehabilitation makes the biggest difference.

WHAT THE EVIDENCE SAYS

Exercise after treatment — aerobic, resistance and stretching — significantly improves pain, fatigue, upper limb function, lymphoedema and quality of life. Progressive resistance training is safe and effective, including for women with or at risk of lymphoedema (Cheema et al. 2014, Breast Cancer Res Treat; ACSM 2019; COSA).

WHAT WE'LL FOCUS ON

- Rebuilding shoulder strength and full range of motion
- A progressive return to exercise — walking, swimming, Clinical Pilates, the gym
- Managing fatigue and pacing your energy
- Ongoing lymphoedema monitoring and compression review
- Joint aches and bone health on hormone therapy
- Scar remodelling with manual therapy and exercise
- Returning to work, family and the things you love
- Reconnecting with your body through movement

WHY CLINICAL PILATES FITS THIS PHASE

Clinical Pilates builds core strength and postural stability, reconnects breath and movement, and can be adapted precisely around surgical sites, restricted movement or fatigue. COSA endorses exercise — including structured group programs — as a core part of cancer rehabilitation.

Cancer Rehab Pilates

- A small, supportive group designed for women with cancer
- At Little BIG House, Summer Hill — 2nd and 4th Thursday of every month
- For women in active treatment and survivorship
- Your first class is free · then \$25 per session
- Led by me, a PINC Cancer Rehabilitation Physiotherapist

BOOK YOUR FREE CLASS

PHASE 05 · 12 MONTHS AND BEYOND

Survivorship & long-term wellbeing



Survivorship isn't the end of your journey — it's the start of a new chapter. Many women live with physical effects for months or years after treatment ends, and COSA recognises survivorship as a distinct and important phase of cancer care.

COSA ON SURVIVORSHIP

Physical activity is associated with lower cancer recurrence and mortality in breast cancer survivors. Regular exercise improves fatigue, anxiety, depression, quality of life, physical function, sleep and bone health across survivorship (Schmid & Leitzmann 2014; ACSM 2019; COSA).

COMMON LONG-TERM EFFECTS

- Persistent fatigue — often underestimated
- Shoulder stiffness and upper limb pain
- Joint aches from aromatase inhibitors
- Lymphoedema — stable or progressing
- Peripheral neuropathy
- Osteoporosis risk from hormone therapy
- Pelvic floor changes with menopause
- Worry about recurrence
- Less confidence in being active
- Changes in weight and body composition

WHAT ONGOING SUPPORT LOOKS LIKE

Survivorship physio doesn't need to be frequent — many women see me monthly, seasonally or as needed. The goal is to keep you active, pick up changes early and step in before small problems become established ones.

- An annual lymphoedema check — arm measurements and compression review
- Exercise review and progression so you keep meeting COSA guidelines
- Bone health monitoring and weight-bearing exercise to help prevent osteoporosis
- Care for late-onset radiation fibrosis or soft tissue changes
- A confident return to sport, the gym or more demanding work
- Ongoing Cancer Rehab Pilates for maintenance, connection and wellbeing

Finishing treatment doesn't mean you're on your own. Survivorship care is an essential, evidence-based part of your long-term health.

CHAPTER 09 · PREVENTION, EARLY DETECTION & MANAGEMENT

Understanding lymphoedema



Breast cancer-related lymphoedema (BCRL) is ongoing swelling of the arm, hand, breast or chest wall. It can develop when lymph nodes are removed or damaged during treatment, and affects up to 20–30% of women after axillary lymph node dissection. The earlier it's picked up and managed, the better the outcome.

WHAT THE EVIDENCE SAYS

COSA recommends exercise for people with or at risk of lymphoedema, supervised by a physiotherapist experienced in cancer care. Progressive resistance training does not increase lymphoedema risk, and improves symptoms in women with established BCRL (ACSM 2019; Cheema et al. 2014; Schmitz et al. 2010, NEJM).

Early warning signs — contact me or your doctor if you notice:

- Heaviness, tightness or fullness in your arm or hand
- Swelling in your arm, hand, fingers, chest wall or breast
- Clothes, rings or your watch feeling tighter on one side
- Aching or tingling in your arm
- Skin that feels firm, or doesn't spring back when pressed (pitting)

Redness, warmth or a sudden increase in swelling? Seek urgent medical review — this may be an infection (cellulitis).

HOW WE TREAT IT: COMPLETE DECONGESTIVE THERAPY & MORE

Manual lymphatic drainage (MLD)

A gentle, specialised hands-on technique that moves lymph fluid away from congested areas.

Therapeutic exercise

Progressive movement that uses your muscle pump to help lymph drain — including resistance training, with the right guidance.

Low-level laser therapy (LLLT)

Gentle, painless light therapy that may support lymphangiogenesis (the growth of new lymphatic vessels) and help soften and remodel scar tissue.

Compression therapy

Custom-fitted garments or bandaging to reduce and maintain swelling. I can assess, measure and prescribe your garments.

Skin care & self-management

Looking after your skin lowers your infection risk — a key lymphoedema trigger.

I'm an ALA Certified Lymphoedema Therapist, so your assessment, treatment and compression can all happen in one place.

CHAPTER 10 · MOVEMENT AT EVERY STAGE

Your COSA-aligned exercise guide



Exercise is one of the most powerful — and most underused — tools in cancer rehabilitation. COSA recommends that everyone with cancer avoids inactivity and works towards the guidelines below, tailored to your capacity and where you are in treatment.

THE COSA EXERCISE GUIDELINES

Work towards at least 150 minutes of moderate-intensity aerobic exercise a week (or 75 minutes vigorous), plus 2–3 resistance training sessions a week at moderate intensity — prescribed and guided by a physiotherapist or exercise physiologist experienced in cancer care (COSA; ACSM 2019).

EXERCISE BY PHASE

PHASE	AEROBIC	RESISTANCE	NOTES
Before surgery	Walking 20–30 min daily, low–moderate intensity	Light resistance if cleared by your surgeon; bodyweight exercises	Shoulder mobility and breathing; baseline measurements
Weeks 0–6 after surgery	Short walks (10–15 min), building gradually	Avoid lifting more than 1–2 kg; no overhead work at first	Follow your surgeon's protocol; prioritise range of motion and wound healing
Active treatment	Work towards 150 min a week; ease off on hard days — any movement counts	Progressive resistance twice a week; safe with lymphoedema when supervised	Wear your compression garment if prescribed; monitor symptoms
Months 3–12	150 min a week, moderate: walking, swimming, cycling, Pilates	2–3 sessions a week, progressing loads across all major muscle groups	Return to the gym, sport or hobbies; supervised programs recommended
Survivorship	150+ min a week; higher-level activity as tolerated	Keep up 2–3 sessions a week; weight-bearing exercise for bone health	Annual review; adjust for aromatase inhibitor side effects

A NOTE ON STRENGTH TRAINING AND LYMPHOEDEMA

Women were once told to avoid upper body resistance exercise after axillary surgery. That advice is now outdated. The ACSM guidelines (2019) and the landmark Schmitz et al. (2010) NEJM study show that supervised, progressive resistance training does not increase lymphoedema risk — and can reduce symptoms. The key is gradual progression with the right clinical guidance.

Any movement is better than none. If you're not sure where to start, book a physiotherapy assessment first.

CHAPTER 11 · WHO'S WHO

Your care team & Medicare



You're at the centre of a multidisciplinary team. Here's how everyone fits together — and how to access the support you need.

Breast surgeon

Performs your lumpectomy, mastectomy or oncoplastic surgery, and manages your post-surgical follow-up.

Plastic & reconstructive surgeon

Performs immediate or delayed reconstruction — implant, DIEP, latissimus dorsi or fat grafting.

Medical oncologist

Prescribes and monitors chemotherapy, targeted therapy and hormone therapy.

Radiation oncologist

Plans and delivers radiation therapy to the breast, chest wall or armpit.

Breast care nurse

Your key coordinator, educator and emotional support throughout treatment.

Cancer rehab physiotherapist

Leads your physical rehabilitation: surgical recovery, lymphoedema, exercise, fatigue and bone health. COSA recommends referral to a physio experienced in cancer care.

GP

Coordinates your ongoing care and can set up a care plan for Medicare-rebated physiotherapy.

You

The centre of it all. Ask questions, share what you notice in your body, and lean on your team.

Accessing physio through Medicare

With a GP Chronic Condition Management Plan (GPCCMP), you may be eligible for up to five Medicare-rebated allied health sessions each calendar year. This plan replaced the GP Management Plan and Team Care Arrangement (GPMP/TCA) from 1 July 2025.

Ask your GP whether you're eligible — many women with a breast cancer diagnosis are. If you have private health insurance with extras cover, you may also be able to claim physiotherapy; check with your fund.

CHAPTER 12 · FAQs & HOW TO BOOK

Your questions, answered



How many sessions will I need?

It depends on your surgery, your treatment and your goals. Many women come more often at first, then space sessions out as they get stronger and more confident. After your assessment, I'll map out a clear plan with you — and we'll review it together as you progress.

When should I start physio after surgery?

Ideally within 2–4 weeks of surgery, once your surgeon has cleared you to begin. Starting early is strongly supported by evidence — and a prehab appointment before surgery is even better.

Is exercise safe if I have lymphoedema?

Yes, with the right guidance. Current evidence (ACSM 2019; COSA) shows progressive exercise, including resistance training, is safe and beneficial for women with or at risk of lymphoedema. Wear your compression garment during exercise if it's been prescribed.

What if something changes between appointments?

Call or message me on 0435535126 if you notice new swelling or heaviness, cording, or pain or tightness that's limiting your movement — it's always better to check early. If your arm or chest is red, hot and swollen, or you feel unwell with a fever, see your GP or go to emergency straight away, as this may be an infection (cellulitis).

Where are you located?

Wellth Physio & Pilates is at Shop 25, 301 Stanmore Road, Petersham, in Sydney's Inner West. In-clinic appointments run on Thursdays, 8am–6pm, and Mondays, 2pm–6pm.

Ready to start your recovery?

Book a free 15-minute phone consultation. We'll talk through where you are, and what support would help most.

CALL 0435535126 FOR YOUR FREE 15-MIN CALL

wellthphysioandpilates.com.au · @aditidand_physio

This guide is for general education and isn't a substitute for individual medical advice. It's aligned with the COSA Position Statement on Exercise in Cancer Care and current clinical evidence. Always check with your treating medical team before starting or changing an exercise program; an individual physiotherapy assessment is recommended for personalised guidance.