Lymphedema is a chronic condition that can occur following treatment for breast cancer. Although the mechanism is not fully understood, lymphedema can be progressive. Initially, swelling is caused by interstitial accumulation of fluids and plasma proteins, which is followed by increased deposition of adipose tissue and connective tissue, as well as an increase in numbers of fibroblasts and neutrophils (Jensen, Simonsen, Karlsmark, & Bulow, 2010). Size and shape distortions of affected areas, increased risk of infection, skin changes, discomfort, and psychosocial impacts all can be significant for those with lymphedema (International Consensus, 2006). Treatment for lymphedema aims to reduce the amount of fluid and prevent additional accumulation, with the ultimate goal of halting or reversing the effects. International guidelines recommend compression, massage, skin care, exercise, and elevation to treat lymphedema. In addition, surgical, pharmacologic, complementary and alternative medicines (CAMs), and other interventions are used (Hayes, 2008; International Consensus, 2006; Moseley, Carati, & Piller, 2007). However, research into the efficacy of those modalities generally has been of poor methodologic quality and limited in focus (Badger, Preston, Seers, & Mortimer, 2004; Karki, Anttila, Tasmuth, & Rautakorpi, 2009). In addition, attention to symptomatic relief is lacking, with outcome measures reported only on the physical changes (Devoogdt et al., 2011; Karki et al., 2009; Torres Lacomba et al., 2010). Research also is limited on the management of lymphedema in the chest wall or breast region, which can present secondary to treatment of breast cancer.