Cancer survival rates are increasing every year (National Cancer Institute, 2011). However, this also presents other challenges, including issues such as an increase in reported cases of lymphedema, a condition that may occur after surgical treatment, radiation therapy, or both. Cancer-related lymphedema (CRL) is a chronic condition that may contribute to impairment in range of limb motion, loss of strength, and functional limitations with activities, therefore decreasing quality of life (Medical Services Advisory Committee, 2004; Shih et al., 2009). CRL also can have significant economic consequences (Beaulac, McNair, Scott, LaMorte, & Kavanah, 2002); for example, it represents an average annual expense of $3,125 per patient (Stout et al., 2012). The physiologic insufficiency of the lymph system leads to the accumulation of fluid in the interstitial tissues, which can happen immediately after treatment or even several months or years later (International Society of Lymphology [ISL], 2003; Lymphoedema Framework, 2006). Although the number of individuals suffering from CRL is not known, Rockson and Rivera (2008) estimated that 2–3 million people in the United States may be affected by CRL or primary lymphedema, a hereditary or congenital problem (e.g., lymphatic system malformation).

Several studies have shown varying percentages of CRL depending on the type of cancer (Armer, 2005; Cormier et al., 2010; Crane-Okada & Loney, 2007). For breast cancer, the reported incidence is around 5%–20% (Rockson & Rivera, 2008), although the percent varies widely from 6%–63% depending on the study population, measurement scale, and length of follow-up (Armer, 2005, 2010). Based on a systematic review and meta-analysis, Cormier et al. (2010) showed that the overall incidence of lymphedema in conditions other than breast cancer is 16% and varies with site of malignancy (sarcoma, 30%; lower extremity, 28%; gynecologic, 20%; melanoma, 16%; genitourinary, 10%; upper extremity, 5%; and head and neck, 4%). In addition, the risk for developing lymphedema increases for patients undergoing radiation therapy (31%) and pelvic dissections (22%).