

## Foreword to the Third Edition

As a nurse researcher focusing on secondary lymphedema following cancer treatment, it is my privilege to write this foreword to the third edition of *Lymphedema Management—The Comprehensive Guide for Practitioners*.

It is estimated that more than 1 million men, women, and children in the United States are living with lymphedema. Although it is a long-term condition, with support and adequate treatment, there is much that can be done to decrease swelling and manage other symptoms. During the last 20 years, more and more health care professionals, including physicians from various disciplines, have made lymphedema management part of their practice.

In addition to all of the features presented in the first two editions of Joachim E. Zuther's *Lymphedema Management*, which have been updated (complete anatomy, physiology, and pathology of the lymphatic system; a comprehensive guide to the management of lymphedema and its related conditions (venous insufficiencies, lipedema, axillary web syndrome, and wounds); descriptions of the components of complete decongestive therapy (CDT); and detailed treatment sequences), the following topics have been extensively revised, with contributions from internationally recognized authors. Expanded features include: filariasis; surgical and pharmaceutical options for lymphedema; edema versus lymphedema; obesity as it relates to lymphedema; radiation-induced brachial plexopathy; nutritional aspects of lymphedema; low-level laser therapy; intermittent compression therapy; care for compression garments; exercises; truncal lymphedema; and diagnosis. New contributors to the third edition include co-editor Steve Norton, John Beckwith, Michael Bernas, Joy C. Cohn, Janice N. Cormier, Kate D. Cromwell, Marga F. Massey, Maureen McBeth, Linda McGrath Boyle, Judith Nudelman, Nicolle Samuels, Brad Smith, Sarah A. Stolker, and myself.

*Lymphedema Management* is written and edited by Joachim E. Zuther and Steve Norton, both of whom are highly respected educators of lymphedema in the United States and abroad. Each, as acting director of his respective school (Academy of Lymphatic Studies, Norton School of Lymphatic Therapy), has trained numerous practicing lymphedema therapists in the United States, championing CDT from its introduction more than 20 years ago. The additional contributors assembled include highly respected practicing clinicians, many of whom conduct

specialized workshops for treating patients with less common kinds of lymphedema (e.g., truncal, head and neck, genital, neurologic impairment, stage 3 limbs), and researchers in the field.

Practicing therapists require tangible and practical tips for adapting the basics of CDT to advanced patients with complicated diagnoses. The third edition of this book is a valuable addition to the limited resources that are available. The authors offer current empirical and evidence-based techniques for clinical success. As a companion book for the CDT certification courses offered by both of these leading schools, this publication is designed to act as a teaching manual for newly minted lymphedema specialists. Thus, the third edition includes new topics that are likely to be of great interest to practicing therapists, updates to previously published topics, and practical guidelines for the application and adaptation of CDT for patients with limb edema as well as other less common types of swelling and those in the palliative care setting. The authors incorporate "how to" technique guidelines for several topic areas. I believe practicing lymphedema specialists will gravitate to this book and find it accurate and evidence-based, yet less burdensome and less scientifically dense than the alternatives. It will act as a bridge from the classroom to the clinic and become a continuing reference for practice.

In addition to providing practical guidelines for the adaptation of CDT for basic and complex cases, the text provides a sound overview for researchers, physicians, and other health care professionals in understanding the issues and complexities of lymphedema care. The numerous full-color drawings, figures, and photos highlight several key points to enhance the understanding for therapists, clinicians, educators, and researchers alike. The depth of knowledge, diversity, and rich experience of the editors is evident throughout the book.

Whatever the therapist's background and circumstance, the main aim of lymphedema management is to better understand the condition of lymphedema and to help the patient attain his or her optimal health and functional status. I am sure the authors share this same main objective. I applaud my respected colleagues Joachim E. Zuther and Steve Norton for this fine contribution to the medical literature.

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