Breast cancer is the most common cancer in women, with an estimated 203,500 new invasive cases diagnosed in 2002 (American Cancer Society [ACS], 2002). Although breast cancer is the second leading cause of cancer deaths in women, with an estimated 39,600 deaths in 2002, death rates have declined during the past decade, with the largest decline in younger women (ACS). Five-year relative survival rates by stage at time of diagnosis are now 96% for local stage tumors, 78% for regional stage tumors, and 21% for metastatic breast cancer (ACS). These statistics suggest that a growing number of women will survive breast cancer. About 2.5 million breast cancer survivors live in the United States (Col et al., 2001).

Lymphedema is a serious problem for many breast cancer survivors. Lymphedema results from an imbalance in capillary filtration and lymph drainage (Ramos, O’Donnell, & Knight, 1999), which leads to collection of fluid and protein in the extravascular and interstitial spaces of the affected limb. Axillary lymph node dissection, radiation therapy, and postsurgical infections appear to be contributing factors (Coward, 1999). Lymphedema can occur during treatment or many years later (Ramos et al.; Stanton, Levick, & Mortimer, 1997) and often is chronic and disfiguring. Prevalence of lymphedema appears to be influenced by type of breast cancer treatment (Hull, 2000).