Purpose/Objectives: To chart the incidence and course of three types of arm morbidity (lymphedema, pain, and range of motion [ROM] restrictions) in women with breast cancer 6–12 months after surgery and the relationship between arm morbidity and disability.

Design: Longitudinal mixed methods approach.

Setting: Four sites across Canada.

Sample: 347 patients with breast cancer 6–12 months after surgery at first point of data collection.

Methods: Incidence rates were calculated for three types of arm morbidity, correlations between arm morbidity and disability were computed, and open-ended survey responses were compiled and reviewed.

Main Research Variables: Lymphedema, pain, ROM, and arm, shoulder, and hand disabilities.

Findings: Almost 12% of participants experienced lymphedema, 39% reported pain, and about 50% had ROM restrictions. Little overlap in the three types of arm morbidity was observed. Pain and ROM restrictions correlated significantly with disability, but most women did not discuss arm morbidity with healthcare professionals.

Conclusions: Pain and ROM restrictions are prevalent 6–12 months after surgery, but lymphedema is not. Pain and ROM restrictions are associated with disability.

Implications for Nursing: Screening for pain and ROM restrictions should be part of breast cancer follow-up care. Left untreated, arm morbidity could have a long-term effect on quality of life. Additional research into the longevity of various arm morbidity symptoms and possible interrelationships also is required.

Key Points . . .

➤ Lack of standardized and substantiated measures for assessing arm morbidity symptoms may inhibit the response of healthcare professionals.

➤ Arm morbidity pain significantly affects activities of daily living and the quality of life of breast cancer survivors.

➤ Healthcare professionals may increase their ability to assess, treat, and educate patients through pertinent questioning of patients regarding activities of daily living.

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