

Angela Howard: My name is Angela Howard. I'm a PT and certified lymphedema therapist here at Ephraim McDowell, and I've been here for 25 years. Actually was a student here before that with Donna. So I came back to work here, so a little bit longer than that. I had been certified for lymphedema therapy for 22 years starting at the hospital some at first, and then been out here in outpatient for 13 to 14 years.

Basically, the majority of people I see do come from the cancer center for post mastectomy or ovarian cancer, hysterectomies, skin cancers, things like that, lung cancer. But I do also have a working relationship with the wound care center and Dr. Cole for venous insufficiency and wound care that the lymphedema management treatment program can help and assist with edema reduction and trying to get the wounds to heal and get them in the right external compression to help them maintain a wound free leg or arm or whatever. So that's other services we offer here through the lymphedema program.

Typically, you go to the doctor, they'll try to do a medication at first to see if that helps or some type of test. If your symptoms have persisted longer than four to six weeks, four to eight weeks, then you need to see a therapist. Usually with my certification of lymphedema, the sooner you can get into me the better. Even coming to see me preoperatively for lymphedema education, precautions, things like that, we can cause a lot of things to not happen if you knew the education beforehand or things to look for.

I see a lot of cancer patients, that's what I do. So sometimes we have them for postsurgical mastectomies, hysterectomies, prostatectomies. Sometimes they have range of motion issues from the mastectomy or cording issues with the axillary area that I see them for that, not necessarily just the lymphedema services. Sometimes they're weak from chemotherapy or radiation, and sometimes we work on treating to strengthen them up for that.

Well, we have a good group to work with. I don't know how many therapists we have now as far as physical therapists, 30 to 40. So there's a different variety of knowledge, a vast amount of knowledge. There's something you may not know, there's somebody else that you can potentially ask. I feel like we try to put the patient first. I treat people like they're my family, that's my mom or my dad or my sister, and they're going to get the best care for me here, outside of work, wherever. And I feel like we all try to put the patient first and what they need versus a reimbursement issue or any type of thing like that. So we all get along well and we really try to work to help the patients along.