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NHS Foundation Trust

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# Physiotherapy after your head and neck operation

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**Physiotherapy Department**

**Patient Information**



**NHS**



## Physiotherapy Department

Physiotherapy is an important part of your recovery following surgery and/or radiotherapy.

This booklet contains information and advice for patients who have had treatment for conditions affecting their mouth, jaw, face and/or neck. A physiotherapist will discuss this information with you. If there is anything which you do not understand or which is unclear, please ask the physiotherapist or contact the physiotherapy department.

### Why do you need to see the physiotherapist?

The role of the physiotherapist is to assess your needs, identify any problems which can be helped by physiotherapy, and devise an individual treatment plan for you.

The physiotherapist will give you information and advice about exercises for your neck and shoulder to help you:

- Regain movement and improve your posture
- Prevent joint and soft tissue stiffness (particularly if you are going on to have radiotherapy treatment)
- Strengthen your shoulders.

### When will you see the physiotherapist?

The physiotherapist will visit you on the ward after your operation to teach you the exercises and discuss the information in this booklet.

It is safe to start these exercises **after the drains in your neck have been removed.**

These exercises are suitable for both during and after radiotherapy. Whilst undergoing radiotherapy, perform these exercises as your pain and skin condition allows.

# Physiotherapy exercises

## Neck exercises

**These exercises should be performed twice daily. Repeat each exercise five times.**

These exercises should not cause pain but just a gentle stretch in the early stages after surgery. They can be progressed after radiotherapy as advised by your physiotherapist. If you are finding any of the exercises painful, please contact the Physiotherapy Department.

### Neck rotation

Lie on your back with one pillow supporting your head or sit comfortably in a chair.

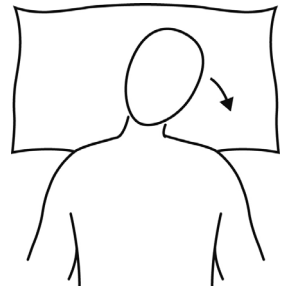
- Slowly turn your head to one side until you feel a gentle stretch on the opposite side
- Hold for a count of two
- Return to starting position
- Repeat on the opposite side
- To progress, use the opposite hand on the side of your face to provide a gentle stretch.



### Neck side flexion

Lie on your back with one pillow supporting your head or sit comfortably in a chair.

- Take your head to one side so that you are bringing your ear nearer to the tip of your shoulder, without turning your head or lifting your shoulder
- Hold for a count of two
- Return to starting position
- Repeat on the opposite side.



## Neck extension

Sit upright.

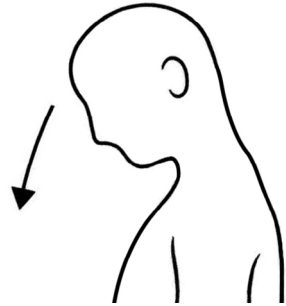
- Slowly take your head backwards. Support your head with your hand if you find this more comfortable
- Return to starting position.



## Neck flexion

Sit upright.

- Slowly take your head forward to bring your chin towards your chest
- Return to starting position
- To progress, tuck your chin in before you take your head forward.



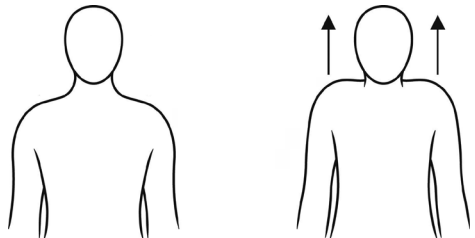
## Shoulder and arm exercises

These exercises should be performed twice daily. Repeat each exercise five times.

### Shoulder shrug

Sit upright with your arms relaxed.

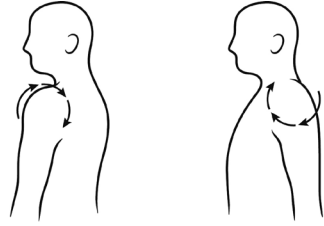
- Shrug your shoulders up towards your ears
- Hold for a count of two
- Slowly return to starting position.



## Shoulder circling

Sit upright with your arms relaxed.

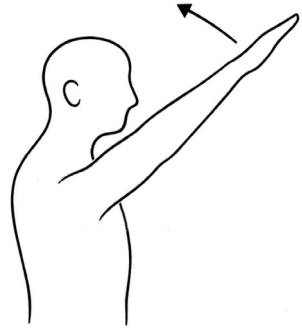
- Slowly rotate your shoulders backwards
- Return to starting position.



## Forward arm lifting

Lie on your back with one pillow supporting your head and your arms by your sides. You can also perform this exercise in sitting or standing.

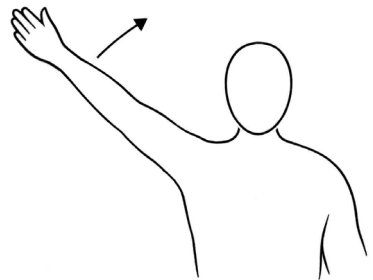
- Lift your arm forwards and above our head, keeping the elbow straight
- Go as far as you can until you feel a gentle stretch
- Hold for a count of 10
- Return to starting position
- Repeat using the other arm.



## Side arm lifting

Sit upright.

- Leading with your thumb, lift your arm out to the side and up alongside your head
- Go as far as you can until you feel a gentle stretch
- Hold for a count of 10
- Return to starting position
- Repeat using the other arm.

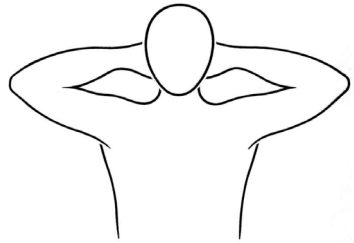


If it is difficult, you can use a wall for support to slide or ‘crawl’ your hand up. In doing this, you can gently increase the amount you raise your shoulder. Discuss this with your physiotherapist if you have any concerns.

### **Shoulder rotation**

Lie on your back with one pillow supporting your head.

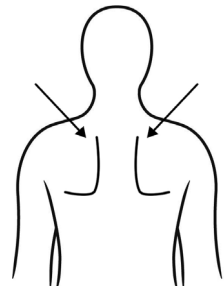
- Clasp your hands behind your neck and point your elbows to the ceiling
- Ensure your head remains on the pillow
- Stretch your elbows to the side, trying to touch the bed with them
- Hold for a count of 10
- Return to starting position.



### **Shoulder blade pinching**

Sit upright or lie on your back with one pillow supporting your head.

- Pinch your shoulder blades together (in the direction of the arrows)
- Hold for a count of five
- Relax.



## Continuing your neck and shoulder exercises

If you go on to have radiotherapy to your neck area, you should continue with your neck and shoulder stretches during your treatment and after it has finished for a minimum of two years. After this time, you should continue with the stretches once a day, indefinitely. This will help to reduce any tissue tightness, which can cause neck and shoulder stiffness at a later date.

If you feel you are not progressing with the exercises or that you are having problems with your shoulder or neck, please contact the physiotherapy department.

### Donor flap site exercises

An area of tissue or bone may have been used to reconstruct the inside of your mouth or part of your face/neck where tissue was removed – this is called the flap. The area where the flap was removed from is called the donor flap site.

Common flap sites include:

- the front of the chest (pectoralis major)
- part of the forearm (radial forearm free flap or RFFF)
- part of your abdomen/tummy (transverse rectus abdominus myocutaneous or TRAM)
- the front of your thigh (anterolateral or ALT)
- the fibula bone in the lower leg.

Your donor flap site may need additional exercises in order to optimise movement. These will be provided individually by your Physiotherapist.



## Scar massage

After your surgery/radiotherapy, the scar and surrounding tissue will tend to become thicker and tighter as part of the healing process. Massaging the scar can help to improve the size and appearance of your scar and the range of movement at your neck. Massage should only be started once the wound is fully healed (when there are no scabs or open areas) and you have finished any radiotherapy, as your skin will be more fragile during this time.

## General advice

Following your surgery, you may experience changes in sensation around your scar (for example, numbness, tingling, or extra sensitivity to touch). These sensations are common and often subside a few months after your surgery. Sometimes gentle stroking or tapping around the area may ease the discomfort. However, you may be left with some lasting numbness.

Some swelling around the scar is normal following surgery, but if you feel that your face or neck is swollen and not improving, then please speak to a member of your team. In some cases, a referral to the Lymphodema service for assessment and advice may be appropriate.

## Good posture

It is important to regain good posture after your surgery, so avoid slumped positions. Good posture will help to avoid long term problems with your neck and shoulder.

## Physical activity

Try to keep as active as you can during and after your treatment. Going for regular walks and engaging in any additional physical activity, which has been discussed with your physiotherapist, is recommended during your treatment. If you feel tired, try doing shorter blocks of physical activity, more often.

## **Sport and leisure**

Most leisure and sporting activities can be restarted once you have good neck and shoulder movement with minimal discomfort. The time this takes will vary between individuals. Please contact your physiotherapist if you need advice about your particular sport or hobby.

## **Lifting and household activities**

For the first four to six weeks after your operation, only lift light objects with your affected arm. For example, a light shopping bag or kettle. Avoid heavy or repetitive tasks that may strain your neck or shoulder, such as window cleaning or vacuuming.

After four to six weeks your operation scar will be well healed, and you can gradually increase the amount you are doing.

## **Driving**

It is sensible not to drive until after your first outpatient clinic appointment following your operation. Resume driving only when you are able to:

- Move freely and turn your head to look in blind spots without pain or stiffness
- Comfortably tolerate holding your arms up to the steering wheel for the necessary length or time
- Perform an emergency stop
- Concentrate sufficiently
- Tolerate the pressure of the seat belt over your wound.

When you do start, initially go for short trips and gradually increase the distance, as you feel able. Check that your insurance is valid after major surgery. You may want to refer to information on the DVLA website:

[www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency](http://www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency)

## **Avoid smoking**

It is advisable to avoid smoking as this will help your wound to heal and can help to reduce your risk of other problems. Please ask your health professional if you would like support to help quit smoking.

## **Good nutrition**

Good nutrition (eating healthily) is vital to help your wound to heal and enhance your overall recovery. Please follow the advice from your dietitian and any swallowing advice from the speech and language therapists.

## **Returning to work**

When you return to work will depend on what your job involves. Your doctor or physiotherapist will be pleased to discuss your work with you and give you more specific advice.

## Contact details

Physiotherapy Department:

Chelsea      020 7808 2821 (answer phone)

Sutton      020 8661 3098 (answer phone)

Clinical Nurse Specialist: .....

Tel: .....

Alternatively, please call

**The Royal Marsden Macmillan Hotline: 020 8915 6899**

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all The Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for The Royal Marsden patients.

## Notes and questions

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## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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[royalmarsden.org](http://royalmarsden.org)

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