



COMPARISON OF CERVICAL MOBILITY, SCAPULAR DYSKINESIA AND UPPER-LIMB FUNCTIONAL IMPAIRMENT AMONG WOMEN FOLLOWING DIFFERENT BREAST CANCER SURGERIES



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85

women after surgery

3

surgery groups

−8.1°

left neck side-bend, simple mastectomy
vs BCS

WHY WE DID IT

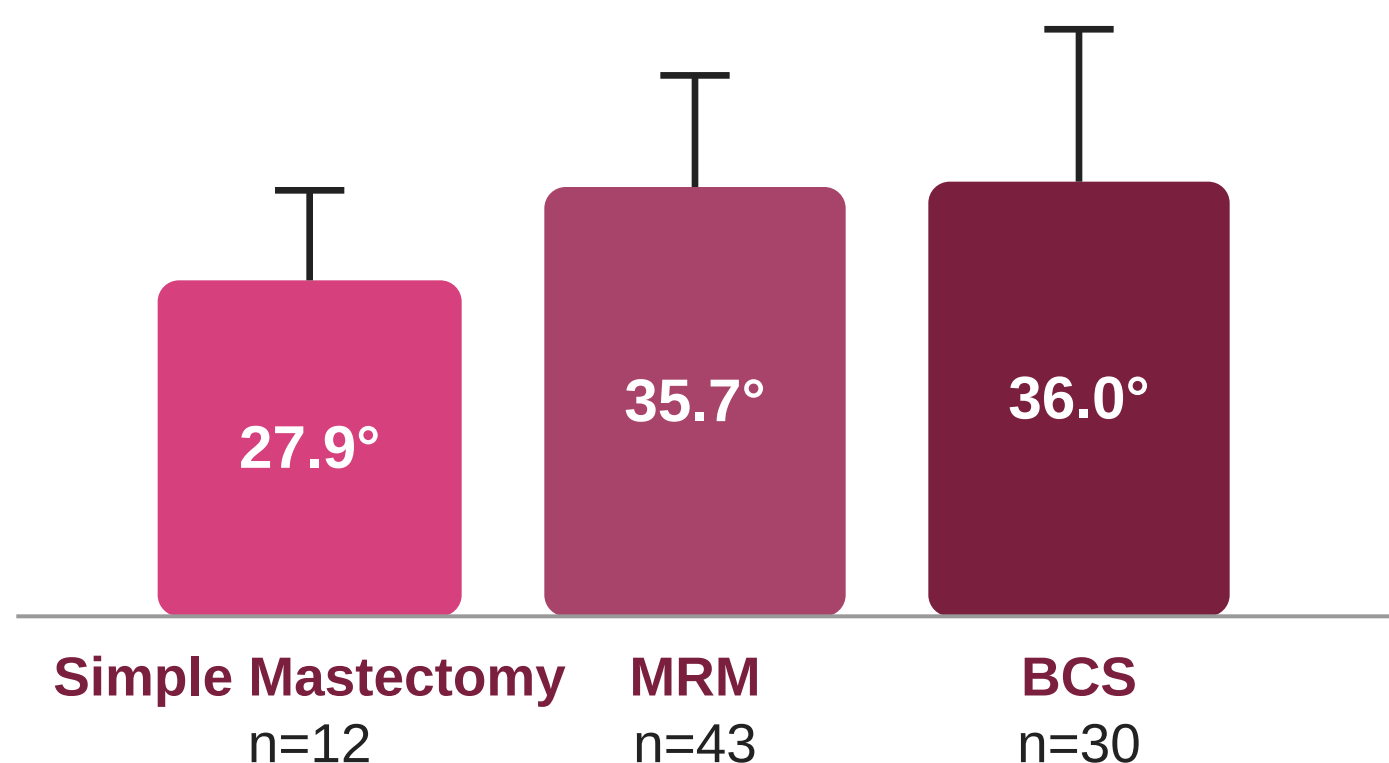
Survival after breast cancer surgery is improving, but how **different types of surgery** affect the neck, scapula and arm is poorly understood.

WHAT WE DID

Cross-sectional study, 85 women, CMH Lahore and INMOL Cancer Hospital. Goniometry, scapular slide test, manual muscle testing, QuickDASH. ANOVA / Kruskal-Wallis, $p \leq 0.05$.

KEY FINDING: NECK SIDE-BENDING (LEFT)

Mean $\pm$ SD, degrees



Dunnett post-hoc, BCS as reference. Overall ANOVA $p = 0.05$.

−8.1°

Simple mastectomy vs BCS

95% CI −15.9 to −0.3

$p = 0.042$ (significant)

−0.3°

MRM vs BCS

95% CI −5.7 to 5.2

$p = 0.991$ (not significant)

NO SIGNIFICANT DIFFERENCE BETWEEN GROUPS



Scapular dyskinesia

33% · 51% · 33%

Simple Mastectomy · MRM · BCS
 $p = 0.25$



Upper-limb strength

3.5–4 / 5

median MMT, all groups
all $p \geq 0.26$



Upper-limb function

42 · 39 · 38

QuickDASH median
 $p = 0.45$

TAKE-HOME MESSAGE

Simple mastectomy was linked to about 8° less neck side-bending than BCS — a borderline finding from a small group ($n=12$). Screen neck mobility after **every** breast surgery, not only the most extensive. Larger, longitudinal studies are needed.

Limitations: only 12 simple mastectomies; no radical mastectomies; cross-sectional; convenience sample; no pre-surgery baseline.