

Starting with breast cancer Breast cancer is one of the most significant medical issues that is currently being addressed. It is thought to be the most prevalent type of cancer that affects women and the major cause of mortality. Breast cancer in younger women (under 40 years old) has a greater histological grade and an unfavorable hormonal status, as well as a higher mortality rate among young women of the affected age. Compared to other malignant tumor types, breast cancer in the elderly has a tendency to have a more aggressive biological character, a higher tumor grade, and a higher portion of the spread with vascular invasion. Breast cancer is treated using a variety of methods. By staging the axillary lymph nodes carefully during surgery, the malignant tumor should be removed. In order to treat breast cancer effectively, surgery is required. The durability of distant metastases and disease recurrence are two significant problems, though. As a result, radiation and chemotherapy (adjuvant and neoadjuvant) are a necessary component of the treatment of breast cancer. Men can develop breast cancer as well; it is not just a female disease. Only 1% of males are affected, and new medical reports suggest that there has been a rise in the number of men receiving breast cancer diagnoses. Less than 1% of all other forms of cancer in males are breast cancer, making it a rare disease in men. Lymphedema: A buildup of lymph in the extracellular space causes lymphedema, which causes swelling in one or more body regions. It is frequently chronic, deteriorates if left untreated, causes infection, and significantly lowers quality of life. The surgical technique to treating breast cancer is one of the most significant factors that contribute to lymphedema. One of the most upsetting and crippling side effects for breast cancer sufferers is lymphedema. Lymphedema surgery: Today, it is usual to perform surgery as part of a strategy for treating cancer. Sentinel lymph node dissection is one of the surgical techniques utilized on patients with breast cancer. Despite this, patients who undergo sentinel lymph node dissection may experience certain unfavorable side effects. In order to establish whether any side effects of surgery were present in a group of Sudanese women who had undergone surgical treatment for breast cancer, the method of evaluating side effects was used to determine whether they were present or not. The patients were followed up for 18 months, and at the end of the study, the result was that 42% of them reported having negative effects: 21,9 % suffered from numbness 15,6% suffered from seroma 9,4 % reported the presence of lymphedema 9% reported the occurrence of infections at the surgical site. Numbness and seroma were the most common adverse effects compared to the other adverse effects, and the study thus proved the occurrence of adverse effects that follow surgical treatment for patients with breast cancer. Activities of daily living: The phrase "activities of daily living" (ADLs) refers to a group of basic abilities, including eating, bathing, and moving around independently. Sidney Katz initially used the phrase "activities of daily living" in 1950. An individual's ADL are utilized as a gauge of their functional level. The basic ADL include the following categories: ●Ambulating: The extent of an individual's ability to move from one position to another and walk independently. ●Feeding: The ability of a person to feed oneself. ●Dressing: The ability to select appropriate clothes and to put the clothes on. ●Personal hygiene: The ability to bathe and groom oneself and maintain dental hygiene, nail, and hair care. ●Continence: The ability to control bladder and bowel function ●Toileting: The ability to get to and from the toilet, using it appropriately, and cleaning oneself. The instrumental ADLs are those that require more complex thinking skills, including organizational skills. ●Transportation and shopping: Ability to

procure groceries, attend events Managing transportation, either via driving or by organizing other means of transport. ●Managing finances: This includes the ability to pay bills and managing financial assets. ●Shopping and meal preparation, i.e., everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life. ●Housecleaning and home maintenance. Cleaning kitchens after eating, maintaining living areas reasonably clean and tidy, and keeping up with home maintenance. ●Managing communication with others: The ability to manage telephone and mail. ●Managing medications: Ability to obtain medications and taking them as directed. The inability to perform ADLs results in the dependence of other individuals and/or mechanical devices. The inability to accomplish essential activities of daily living may lead to unsafe conditions and poor quality of life. Measurement of an individual's ADL is important as these are predictors of admission to nursing homes, need for alternative living arrangements, hospitalization, and use of paid home care.”

Limiting constraints for daily tasks include old age and the corresponding decline in physical fitness, a rapid sense of exhaustion, and muscle weakness. And any physical or neurological conditions, as well as the side effects of those conditions or the side effects of the treatments used to cure them; cancer is the most common of these conditions. The findings of research have demonstrated that the majority of persons with cancer (more than half) experience impairments in conducting regular living activities, Personal hygiene, walking, and transfers were the fundamental ADLs that were most frequently impacted across the activities under investigation, while housework, shopping, and transportation were instrumental ADLs. This demonstrates the value of occupational evaluation and therapy specialists in the context of cancer care. Quick DASH standardized assessment: The DASH Outcome Measure is condensed into the Quick DASH. The Quick DASH employs 11 items rather than 30 to assess physical function and symptoms in individuals with one or more musculoskeletal diseases of the upper limb. The Quick DASH features two alternative modules, similar to the DASH Outcome Measure, that are designed to assess symptoms and function in athletes, performers, and other employees whose occupations demand a high level of physical performance. These optional models receive their own scores. Was Quick DASH Assessment shown to be trustworthy, and could it be utilized in evaluations in place of DASH Assessment? The researchers administered both DASH and Quick DASH to a group of patients. After analyzing the results of both assessments, they discovered that both had comparable reliability for the cross-section and re-testing as well as discrimination abilities. This confirms the reliability of Quick DASH assessment and the possibility of using it in evaluation. There are certified copies of these cements available in various languages because the Dash and Quick Dash cements are some of the most often utilized cements in cases of hand injuries and disabilities to determine the limitations that these disabilities cause on everyday activities. similar to the Arabic language. In a research to test the validity and reliability of the DASH assessment in its Arabic translation, a sample of patients underwent this assessment in addition to other tests. Results showed great internal consistency and test-retest reliability for the DASH Arabic version.