The Most Common Compression Garment Mistakes

Introduction

Compression garments are among the most effective tools for managing chronic edema, lymphedema, lipedema, venous insufficiency, and post-surgical swelling. Yet despite their importance, they are also one of the most misunderstood aspects of treatment.

Many patients assume that once they receive a garment, their swelling will remain under control indefinitely. In reality, the effectiveness of compression depends just as much on proper selection, fit, wear schedule, and replacement as it does on the garment itself.

Here are some of the most common mistakes therapists encounter—and how patient education can prevent them.

Mistake #1: Wearing the Wrong Compression Level

More compression is not always better.

Patients often believe that choosing the highest compression class will produce faster results. However, excessive compression can be uncomfortable, difficult to don, and may even discourage compliance. Conversely, compression that is too light may provide little therapeutic benefit.

Compression should always match the patient's diagnosis, stage of edema, tissue characteristics, vascular status, functional ability, and treatment goals.

The "right" garment is the one the patient can wear safely and consistently.

Mistake #2: Continuing to Wear an Old Garment

Compression garments lose elasticity long before they appear worn out.

A garment that looks perfectly fine may no longer be providing the prescribed therapeutic pressure. Daily use, washing, body oils, and repeated stretching gradually weaken the fibers.

Most medical compression garments require replacement approximately every 4–6 months with regular use, although wear time varies by manufacturer and patient activity.

Patients frequently mistake familiarity for effectiveness.

Mistake #3: Assuming Off-the-Shelf Always Fits

Ready-to-wear garments work well for many patients—but not every patient.

Individuals with the following may require custom garments to achieve adequate pressure distribution:

- Significant limb shape changes
- Skin folds
- Fibrosis
- Lobules
- Very small or very large limb circumferences
- Post-surgical contour irregularities

A poorly fitting garment often creates localized constriction while leaving other areas under-compressed.

Mistake #4: Ignoring Changes in Limb Size

Compression should not be viewed as a "one-time prescription."

Weight changes, successful decongestion, disease progression, surgery, pregnancy, or changes in activity level can all alter limb measurements.

A garment that fit perfectly six months ago may now be ineffective—or even harmful.

Periodic reassessment is essential.

Mistake #5: Rolling or Folding the Garment

Patients commonly roll their sleeves below the elbows or their stockings below the knees for comfort.

Unfortunately, rolling creates a narrow band of extremely high pressure that can obstruct lymphatic and venous return rather than improve it.

The same problem occurs when garments bunch inside joints or are folded over.

Compression should remain smooth and evenly distributed across the entire limb.

Mistake #6: Wearing Compression Only When Swelling Appears

Many patients wait until swelling becomes noticeable before putting on their garment.

By that point, fluid has already accumulated.

Compression is most effective when applied before edema develops—often first thing in the morning when limb volume is lowest.

Preventing swelling is much easier than reducing established swelling.

Mistake #7: Neglecting Skin Care

Compression works best on healthy skin.

Dry skin, fungal infections, open wounds, or poorly managed skin conditions can reduce tolerance and increase the risk of complications.

Daily skin inspection and moisturizing (using products compatible with compression materials) should be part of every patient's routine.

Healthy skin supports healthy lymphatic function.

Mistake #8: Believing Compression Alone Solves the Problem

Compression is one component of comprehensive edema management—not the entire treatment.

Long-term success often requires a combination of:

- Manual lymphatic drainage when appropriate
- Exercise
- Muscle-pumping activity
- Weight management
- Skin care
- Patient education
- Compression

No garment can replace movement or an individualized treatment plan.

The Therapist's Role

One of the greatest opportunities therapists have is teaching patients *why* compression works—not simply *how* to wear it.

When patients understand that compression supports fluid movement, improves tissue mechanics, and helps maintain treatment gains, compliance often improves dramatically.

Small adjustments—proper fit, timely replacement, consistent wear, and regular reassessment—can make the difference between persistent swelling and long-term management success.

Compression garments are remarkably effective when used correctly. As therapists, our role extends beyond prescribing or recommending a garment. We are educators, problem-solvers, and partners in helping patients develop habits that protect their long-term outcomes.

The garment is only part of the treatment. Knowing how to use it correctly is what makes it therapeutic.

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