

Dr. Vodder School™

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THERAPY NEWS

Volume 16 Issue 1

FEBRUARY 2012

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Editorial

Robert Harris, HND, RMT, CLT-LANA

In these days of rapid communication, a wired world, barely enough time to stop and breathe, relax and feel in touch with ourselves, it is nice to know that one woman has reached 100 and is still practising MLD! Congratulation to Miss Emmaline Barker, Vodder therapist who had her milestone birthday on

February 01.

Dr. Judith Nudelman, an assistant professor at Brown's University in the USA offers us her perspective of the dilemmas in diagnosing lymphedema. Thank you to all who have contributed to this issue of Therapy News.§

Challenges in Lymphedema Diagnosis

By Judith Nudelman, MD



Judith Nudelman, MD

A 47-year-old woman, who has been treated with breast conservation for breast cancer, presents with recurrent cellulitis of the breast, a feeling of fullness in the axilla and pain in the posterior axillary region. Her arms measure equal volume: does she have lymphedema?

A 60 year old man who has received extensive

radiation and chemotherapy for metastatic non-small cell lung cancer presents with difficulty swallowing and fullness under his chin: does he have lymphedema?

A 50-year-old woman who has received breast conservation presents with subtle swelling of the dorsum of her hand, obscuring of the wrist tendons and olecranon prominence. She reports pain on making a fist: her arm volumes are grossly equal: does she have lymphedema?

A 36 year old woman lost 100 lb and notes that her legs are still large, but equal. She thinks her mother's legs are disproportionately large for her body habitus, there is no pitting on exam and leg volumes are equal: does she have lymphedema?

Lymphedema is a disease without a single, unifying diagnostic criteria. When a thorough literature review was performed by the Agency for Healthcare Research and Quality, AHQR, they concluded that there is no "gold standard" to formally grade or measure the severity of lymphedema. (1)

Several common diagnostic protocols are commonly used in clinical practice. Most focus on unilateral limb edema.

Commonly, a 2cm inter-limb discrepancy is considered significant for quantifying the diagnosis of lymphedema. Yet, when Armer, et al, followed women after breast cancer treatment, they found that a single 2 cm inter-limb discrepancy diagnosed 91% of women over a 30-month follow up. (2)

Volume measurements, using either multiple limb measurements, perometer or volume displacement are frequently employed to diagnose lymphedema. A 10% volume increase in a unilateral limb is considered significant, yet analyzing the Armer data, the CREST guidelines from Northern Ireland found that a 10% increase corresponded to 49% sensitivity, while a 5% increase had a 91% sensitivity rate. And, in several studies, Stout et al have used a 3% increase to define subclinical lymphedema, and have achieved improved patient outcomes in treating this preclinical, stage zero lymphedema. (3)

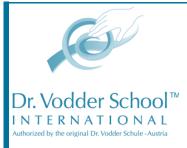
Despite a proposed incidence of up to 70% of breast/ truncal lymphedema in breast cancer patients, there are no quantifiable diagnostic measurements. (4) Head and neck cancer patients are felt to have up to a 50% incidence of both internal and external lymphedema. (5)

Lymphedema is a dynamic process, and as swelling may change, reliance on physical exam, to the exclusion of history, will miss a significant number of patients. Lymphedema creates patient symptoms: heaviness, tightness, warmth, cyclic swelling, and or aching. Truncal lymphedema is associated with significant discomfort. Armer has created a symptom survey for breast cancer patients, the LBCQ questionnaire.

In 2006, AW Stanton wrote an article on diagnosis of limb lymphedema, where he proposed that long before a patient had a 2 cm inter-limb discrepancy, subtle clinical signs were apparent: changes in the subcutis, smoothing of the medial elbow contour, loss of tendon visibility. (6)

All the patients in the initial paragraph have lymphedema, the first patient has secondary breast/truncal lymphedema, the second has both external and internal secondary head and neck lymphedema, the third has secondary stage 1-2 lymphedema presenting distally, and the final patient has primary lymphedema of both legs. Yet none of these patients have an inter-limb volume discrepancy.

There is no gold standard for lymphedema diagnosis, and reliance on significant inter-limb discrepancies will miss many cases of clinically significant lymphedema. All patients should be questioned about their symptoms, and a careful exam of the area involved is required. Patients' physical exams will change with time and treatment, so if a patient is



Hear Dr. Judith Nudelman speak at the Review in Stowe, Vermont on Sunday May 20

Challenges in Lymphedema Diagnosis

Cont'd from page 1

compliant and their exam normalizes, they still have lymphedema, but perhaps their International Society of Lymphoedema Stage has regressed.

At this point in time, no technology is able to diagnose lymphedema with significant accuracy-bioimpedance spectroscopy simply measures extra-cellular fluid, and requires careful serial measurements and awareness of the technology's limitations. It is not marketed nor intended to be a stand-alone method to diagnose or predict lymphedema, but simply an additional tool to be utilized in a full assessment. With no gold standard, and a chronic disease that changes over time, clinicians must be aware of subtle changes, patient history of symptoms and predisposition to disruption of the lymphatic system and not substitute arbitrary measurements for a thorough exam with attention to subtle changes in the patients' examinations.

For example, I saw a patient recently who was treated for breast cancer with breast conservation and radiation. She had a sentinel node biopsy with 5 negative nodes removed and about 4 years after treatment, developed focal lymphedema of the upper arm. She had a course of CDT approximately one year prior to the most recent exam. She had been discharged from therapy with daytime sleeve and gauntlet, no truncal compression garments were advised and no lymphedema therapy follow up was advised. Reviewing her prior exams, she has breast lymphedema as well. On her re-examination, I disrobed her to evaluate the entire quadrant at risk, and questioned her about symptoms and compliance with compression garments. She continues to have clinically apparent breast lymphedema with thickening and a faint "peau d' orange" consistency of her breast, and her focal upper arm lymphedema persists by measurement and palpation. Her arms show subtle obscuring of boney prominences and tendons in the hand. And, she reports tingling and aching as the day proceeds. Her lymphedema is ISL stage 1 or 2, and she is compliant with daytime compression. Night time compression and further treatment to address possible fibrosis are indicated. But, her lower arms measure equal in circumference: only by a thorough exam and history is her lymphedema revealed.

References:

- 2) 30-Month Post-Breast Cancer Treatment Lymphoedema, Armer JM, Stewart BR, Shook RP. J Lymphoedema. 2009 Apr 1; 4(1): 14-18, www.ncbi.nlm.nih.gov/pubmed/20182653 accessed 1/28/12, full text: www.ncbi.nlm.nih.gov/pmc/articles/PMC2826842/
- **3**) Northern Ireland Cancer Network: Crest Guidelines Lymphoedema 2008,
- www.gain-ni.org/Publications/Guidelines/ CrestGuidelines.pdf accessed 1/28/12
- **4)** Breast and Trunk Oedema after Treatment for Breast Cancer, Williams, A, Journal of Lymphoedema, 2006, Vol 1, no. 1 www.lymphoedema-uk.com/journal/0101 breasttrunk.pdf accessed 1/28/12
- 5) J Pain Symptom Manage. 2012 Feb; 43(2): 244-52. Epub 2011 Jul 30. Prevalence of secondary lymphedema in patients with head and neck cancer. DEng, Ridner SH, Dietrich MS, Wells N, Wallston KA, Sinard RJ, Cmelak AJ, Murphy BA. www.ncbi.nlm.nih.gov/pubmed/21802897 accessed 1/28/12
- 6) Diagnosing breast cancer related lymphedema in the Arm Anthony Stanton, Stephanie Modi, Russell Mellor, Rodney Levick, Peter Mortimer, J Lymphoedema, 2006, Vol 1, No 1 P.15, http://lymphedema-research.org/References/Stanton2006 LymphedemaDiagnosis arm.pdf accessed 1/28/12

Dr. Judy Nudelman is Assistant Professor of Family Medicine, Brown University and can be contacted at judith_nudelman@brown.edu \&

Emmaline Barker turned 100 years old on February 1st

By Kathryn Thrift



Miss Emmaline Barker

At an age (72 years old) when most folks are thinking about or have retired, Miss Emmaline (that's the Southern way of speaking about older women who are not your relation) began a new phase of her life: learning Manual Lymph Drainage (MLD). She convinced her friend, Dinks, to go

to Houston, TX to study MLD with Günther and Hildegard Wittlinger. Miss Emmaline had studied lymphatic massage with Dr Reilly of the Cayce-Reilly School of Massotherapy a few years earlier after she had retired from her original profession of psychology. So, in March 1984 Miss Emmaline and Dinks began

their voyage into the wonderful world of MLD. In July 1984 they went back to Houston and took Therapy I with Hildegard (by that time, sadly, Günther was not able to travel). At that time, there were no books translated into English so they could only work from their lecture notes. This was a time when there were no cell phones, digital cameras, internet or email. Whenever they had a question about a hand position, they would take a Polaroid photo and mail it to Hildegard in Austria-via what we now call snail mailand await a return reply which often took 2 or 3 weeks. Such dedication!

Then in July 1985, they along with five other women from the US went to Austria to complete their studies. Little did they realize the classes would be taught in German, a language totally foreign to them. After the first day of class, they approached Hildegard and she was able to arrange a private class for them in the

Emmaline Barker turned 100 years old on February 1st

Cont'd from page 2

dining room at the school. Each day, these seven women gathered with Hildegard to hear her lecture and do the hands-on-work. They returned to the US as some of the first American graduates.

I often say Miss Emmaline is why I am in this work. She was first my MLD therapist and then my mentor. She was the one who encouraged me to take the training. She's the reason I began this work so in a very real sense, everyone who has been a student of mine owes Miss Emmaline thanks for taking the giant leap to learn this work and to encourage others in this work. She and Dinks sponsored Hildegard to teach

classes in Dallas for a number of years so many of the Dallas-Fort Worth group came to take the training because of this partnership. We learned the passion for the work from not only Hildegard but also from Miss Emmaline.

While we all are seeds of Hildegard's teachings, Miss Emmaline was the gardener who tended to us while Hildegard was away. She's the one who nurtured us as we began this difficult journey. She was the cheerleader who gave us inspiration to move forward when it seemed impossible. She was our inspiration and she definitely continues to be mine. §



Lymphedema Treatment Act, USA

We need your continued help spreading awareness about the Lymphedema Treatment Act. We'd like to make it easier for you to get your patients informed and involved by sending you some information cards. These are a standard "rack" card size and printed on durable card stock.

If you can help by distributing these to your patients and colleagues please send your requests to info@LymphedemaTreatmentAct.org. Please include your complete mailing address and an estimation of

how many cards you anticipate needing throughout 2012; and if/when you run out please don't hesitate to ask for more.

Thanks for your help and support of the Lymphedema Treatment Act!

Heather Ferguson Chair, Lymphedema Advocacy Group

www.LymphedemaTreatmentAct.org; info@LymphedemaTreatmentAct.org §



Register for a
Review in 2012 by
visiting the Dr.
Vodder website at
http://www.yodderschool.com/student/course/search/therapist

To our newly Certified Therapists!

Deborah Benson, PT



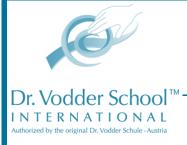
Therapy II / III Class in Victoria, BC - November 2011

Jo Bershenyi, RCMT - BCST
Jessica Decker, RMT
Ghazal Eslamy, RMT, BSc
Alexandra (Sasha) Goudriaan, RMT
Devon Jones, RMT
Teresa Koelewyn, RMT
Connie Legate, RMT
Emily Lints, LMT
Sally McIntosh, RN, RMT
Darlene Rahn, RMT
Darlene Spence, RMT, BSc
Heather Tobin, RMT

Johann Unterganschnigg, RMT Fumiko Yamamura Fairbanks, AK, US
Glenwood Springs, CO, US
Victoria, BC, CA
Vancouver, BC, CA
Toronto, ON, CA
Pender Island, BC, CA
Vancouver, BC, CA
Fort McMurray, AB, CA
Twisp, WA, US
Sydney, NSW, AU
Guelph, ON, CA
Blackstock, ON, CA
Castlegar, BC, CA
Ottawa, ON, CA
Maibara City, Japan

THE QUALITY IS IN OUR HANDS: TRAINING EXCELLENCE

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Consider publishing a case report of your work.....report on your successes or challenges and help your fellow therapists.

Manual Lymphatic Drainage (MLD) and Combined Decongestive Therapy (CDT) Used to Reduce Edema After Total Knee Arthroplasty-A Case Report

By Beth Meacham, DPT and Monica Sety, OTR/L, CMLDT

Introduction

Residual pain, edema and functional problems are often reported after total knee arthroplasty (TKA) 1. Common physical therapy modalities like electrical stimulation, compression sleeves, and exercises often fail to reduce these deficits. Manual lymphatic drainage (MLD) and combined decongestive therapy (CDT) have been effectively used to treat lymphedema after cancer treatment and to reduce edema in post-surgical orthopedic cases, specifically in the hand and foot2. However, there is limited evidence for MLD and CDT for post-operative pain and edema. This case report was done to see if the application of MLD and CDT is effective in reducing post-operative edema and other functional deficits in a subject 14 months after undergoing a total knee arthroplasty.

MLD and CDT

The lymphatic system is the body's primary source to remove waste and inflammation after injury or surgery. MLD involves a series of light massage strokes that stimulate the lymphatic system to pump more efficiently, facilitating the removal of bacteria, cellular debris, and excess water from the interstitial spaces. CDT is the use of compression to bring the lymph vessels closer to the muscles, increasing drainage of the lymphatic fluid back into the general circulation. Initially, multi-layer bandages are worn, followed by use of a compression garment.

Method

A 67 y.o. female with persistent complaints of pain, swelling and limited functional activities after a TKA was treated 2x / week for 6 weeks with MLD and CDT. Treatment was given by a Vodder-trained manual therapist. Circumferential measurements for edema and other outcome measures were taken initially and at 6 weeks. After 6 weeks, MLD was stopped and the subject was fitted with a compression garment. Outcome measurements were taken again at 9 weeks.

Results



Figure 2: Percentage decrease in edema volume in the right lower extremity over 9 weeks.

Conclusion

After 6 weeks of MLD and CDT, this subject experienced a substantial decrease in pain and edema while making gains in knee ROM, short duration walking speed, walking endurance, stair climbing speed and power. Improvement was also demonstrated on the WOMAC scale, a disease specific quality of life questionnaire. Further gains were made after





Figure 3. Right knee before and after 6 weeks of MLD and CDT

wearing compression stockings 3 more weeks. For this client, MLD and CDT appear to be effective in reducing residual edema, pain, and improving functional outcomes even 14 months after undergoing a TKA. Further studies are indicated to investigate this relationship further.

Outcome Measure	Initial value	Week 6	Week 9	Normal Values
Knee ROM (degrees) Flexion				
Extension	102 5	111 -2	112 -2	109.8+/-5* 1.1+/- 2.6*
Strength (MMT) Quadriceps	4-/5	4+/5	5/5	
VAS Pain Scale-pain walking	5-7/10	0/10	0/10	
VAS Satisfaction Score (mm)	57/78	58/78	60/78	
Gait Speed: 10 Meter Walk (m/s)	.93	1.29	1.32	1.29**
Endurance 6 Min Walk (m)	169	275	321	571+/-90***
Stair Climbing Power (watts)	71.6	78.9	201	
WOMAC Scale	74/96	43/96	32/96	72.7+/-20.6*

Figure 4: Changes in Functional Outcomes

REFERENCES:

1. Alzahraniet al, Prevalence of Clinically Significant Improvement Following Total Knee Replacement, The Jour of Rheum, 2011, 38:4, 1-6 2. Kessler et al, The effect of MLD after hind foot operations, Physiotherapy Research 2003, (2), 101-110 3. Eur Jour of Obst and Gyn and Repr Biol2010, 149, 3-9 *Miner et al, Knee ROM After Total Knee Arthroplasty, The Jour of Arthroplasty, 18:3,286-294 **Bohannon R, Comfortable and maximum walking speed of adults aged 20-79 years, reference values and determinants, Age and Aging 1997, 26:15-19

***Bade et al, Outcomes before and after TKA compared to healthy adults, Jour of Orth & Sports PT, 2010, 40 (9), 559-567 §

Review Reports 2011/2012

Singapore Review November 2011

The second review to be held in Singapore was organised through Singapore General Hospital (SGH), Post Graduate Allied Health Institute. 17 therapists



Singapore Review 2011

from Singapore, Japan, Brunei and the US attended to share many cases, experience and build community as well as get their hands checked! The review started out with a lecture from Prof. Dr. Tan, a plastic and reconstructive surgeon from SGH who described super-microscopic surgical techniques for lymph vessel anastomoses and lymphovenous anastomoses



H. Hosain, D. Lim, S. Kou, Dr. Ng & Dr. Tan

performed at the hospital. This was followed by Dr. Ng, an associate consultant in plastic and reconstructive surgery who has specialised in vascularised lymph node transplant using a pedicle flap of skin. We also were able to discuss two very interesting patients who attended the session, one a young man with primary lymphedema and challenges



Fliariatic elephantiastic LE

was a male with severe filariatic lymphedema resulting elephantiasis of one leg and e x t r e m e pappilomatosis

with foot and toe edema. The second

case

on both lower legs and feet. The patient is being treated at SGH by three Vodder therapists (Doris Lim, PT, Sieow Wei Kou. PT and Hozaidah Hosain, PT). Many case presentations were made by the therapists including: patients with endometrial cancer (Emiko Misumoto, RN and Mei Lan Tai, PT); Klippel Trenauny syndrome in a patient with primary lymphedema (Elizabeth Chan, PT); patient with renal failure and DVT as well as primary lymphedema (Reddy Potturi, PT); various types of mastectomy patient (Lisa Sim, OT, Germaine Yee, PT, Yi Fen Sia, PT, Cammy Chia, PT); a patient with large venous ulceration on the foot (Buff Whiteley, RN). Practical sessions were led by Robert Harris

Asheville, NC Review January 2012

The first review held in North Carolina was located at the outpatient rehab department of Care Partners in Asheville. Three Vodder-trained therapists at CarePartners Center helped to coordinate the event. 20 therapists attended and we started out with three excellent presentations on managing head and neck cancer patients who develop lymphedema.



Asheville, NC Review 2012

Dr. Kellie Condra, radiation oncologist discussed head and neck radiation treatment and complications that arise; Beth Carver, speech language pathologist discussed head and neck cancer speech therapy



Dr. Kellie Condra

treatment; Jean Coletti, PT discussed rehabilitation of the head and neck cancer oncology patient and had one of her patients attend the session who she has been treating and who also has scleroderma.

Case presentations were made by Monica Sety, OTR on a patient who developed lymphedema subsequent to a total knee replacement; Jean Coletti, PT on a patient with Complex Regional Pain Syndrome. Practical classes were led by Robert Harris.§



See page 6 of the Newsletter for a job opportunity for a certified therapist

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PROFESSIONAL

TRAINING IN

MANUAL LYMPH

DRAINAGE

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Articles

Manual Lymph Drainage Improving Upper Extremity Edema and Hand Function in Patients With Systemic Sclerosis in Edematous Phase. Maddali-Bongi, S et. al. Arthritis Care & Research, Vol. 63, No. 8, August 2011, pp 1134–1141 This study from Italy showed that the application of

Dr. Vodder's MLD is effective in the treatment of the hand in edematous scleroderma by reducing hand volume, edema, and pain, and improving hand function and perceived QOL. It was a small study of 28 patients, randomly divided into control and intervention groups. §

Conferences 2012

MLD UK conference:

May 12 – 13, 2012, Lane End, Bucks. www.mlduk.org.uk

Australasian Lymphology Association Conference May 24 – 26, 2012, Cairns QLD, Australia. www.alaconference.com.au

ILF Conference

June 28 – 30, 2012, Montpellier, France. www.lympho.org

NLN Conference

September 5 – 9, 2012, Dallas, TX, USA. www.lymphnet.org

Lana Recertification: Attending a Dr. Vodder Review meets the recertification requirement for LANA. www.clt-lana.org

LANA Exam dates:

April 16 – May 5, 2012. September 24 – October 13, 2012

LANA's "Paper and Pencil" date

September 5, 2012-8am to 10am§

Reviews 2012

Please register early. Space is limited.

For more information contact info@vodderschool.com

Victoria, BC

April 21 to 23, 2012 Also offering Elastic Taping & Conscious Clinician.

Stowe, VT

May 18 to 20, 2012 Also offering Advanced Creative Bandaging, Conscious Clinician & Elastic Taping.

Walchsee, Austria

July 02 to 06, 2012:

Contact: office@vodderschule.com

Toronto, ON

July 13 to 15, 2012 Also offering Elastic Taping

Montreal, QC (French language)

August 24 to 26, 2012

Contact: info@kineconcept.com

Dallas, TX

September 9 to 11, 2012

Also offering Conscious Clinician & Elastic Taping.

Melbourne, Australia

November 24 to 26, 2012: debs@rabbit.com.au §

In Brief

Visit the new Dr. Vodder clinic website in Austria — www.lymphedema-clinic.com. You and your patients might want to read this testimonial about the clinic: www.lymphedema-clinic.com/navid.117/lymphedema-treatment-therapy.htm

The Wittlinger clinic will be giving presentations for North American patients in Miami, FL, April 18th, 5.30 to 8.30pm and also at the BCLA conference in Vancouver, BC, April 21st. For more information and to register for the Miami event, please go to www.lymphedema-clinic.com

Just Added: Elastic Taping class in Toronto, ON, July 16th with Ruth Coopee, MOTR. Class will fill rapidly so sign up now. Registration forms below.

Full time Dr. Vodder therapist sought for

Virginia G. Piper Cancer Center at Scottsdale Healthcare. PT or OT or COTA required. Contact Lindsay Thomas, Director 480-323-1253 or lthomas@shc.org

MLD UK Conference. MLD UK is a therapist support organisation made up primarily of Vodder therapists. The 2012 conference has an impressive line-up of speakers including Prof. E. Foeldi, MD, Willie Fourie PT, Dr. Alex Munnoch, plastic surgeon (chairperson of the British Lymphology Society) and Dr. Dennis Wolf. The two day conference is located just west of London (see listing above).§



2012 Reviews Courses



- Stay abreast of the changes in MLD and CDT as well as the field of lymphology.
- Update and renew your MLD, bandaging and treatment skills and update your theory.
- Share your experiences with your colleagues and network with therapists.
- Update on the latest research in Lymphology and the treatment of lymphedema.
- Class size may be limited, so please register now.

"I had such a wonderful experience this past weekend at the Review class. Thank you for an excellent recertification course. I feel very renewed in my work and find I am taking more time with my strokes and paying more attention to my hands." Scottsdale, AZ (2011)

Katie Hughes, MA, OTR/L, CLT-LANA, CKTP,

Victoria, BC – April 21, 22 & 23, 2012

Join Hildegard and Robert in Victoria at the Victoria Executive Centre Guest presenters to be announced

Stowe, VT – May 18, 19 & 20, 2012

Join Hildegard and Robert in Stowe at the Golden Eagle Resort
Guest presenters to be announced

Toronto, ON – July 13, 14 & 15, 2012

Join Robert and Koby in Toronto at Kikkawa College Guest presenters to be announced

Dallas, TX - September 9 (pm), 10 &11, 2012

Location to be announced
Join Hildegard and Robert in Dallas
Follows immediately after NLN conference.

For courses in; Victoria, BC; Stowe, VT; Toronto, ON and Dallas, TX please send your completed application and deposit to:

Tel.: (250) 598-9862 Fax: (250) 598-9841 E-Mail: info@vodderschool.com



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2012 Advanced Courses

The Conscious Clinician

Behavioral Management and Integrative Practice in Lymphedema Rehabilitation

Victoria, BC – April 20, 2012 from 8.00am to 5.30pm **Stowe, VT – May 20, 2012** from 8.00 am to 5.30 pm

Dallas, TX – September 4, 2012

from 8.00am to 5.30pm

Advance your practice in the evaluation and treatment of the complex lymphedema patient. We will discuss various principles of practice of the master clinician, such as identifying and working with behavioral limitations, and developing an integrative approach. Labs will include experiential practice of concepts. Case studies will be presented to facilitate effective treatment planning. This is an interactive course that will provide lecture, discussion, and experiential activities to encourage participants to integrate this information into personal development as well as treatment planning and execution. Instructed by Sara A. Nelson, PT, MOMT, CHT, CLT-LANA and certified Dr. Vodder School therapist

ADVANCED CREATIVE BANDAGING

Stowe, VT - May 20, 2012

This course shows the application of multi-layered bandaging for people with lymphedema and other types of edema requires patience, skill and knowledge of the products. In this 8 hour workshop, emphasis will be placed on identification of products and how to use them. By knowing what is available, the practitioner can become creative in applying these products. Through group interaction, therapists will be encouraged to share experiences in how they have adapted the bandaging materials for difficult cases in their clinical settings. Instructed by Renee Romero RN, BSN, MS, LMT is an adult educator and certified Dr. Vodder School therapist.

from 1:30 pm to 7:30 pm

COOPEE TEST (Techniques for Elastic Sports Taping)

Victoria, BC – April 24, 2012 from 8.00 am to 5.30 pm

Stowe, VT – May 21, 2012 from 8.00 am to 5.30 pm

Toronto, ON – July 16, 2012

Dallas, TX - September 4, 2012

from 8.00 am to 5.30 pm

from 8.00 am to 5.30 pm

This course explores all types of elastic tapes and provides a science based approach to how they work, differences in product and application techniques for Lymphedema patients. **Instructed by Ruth Coopee MOTR/CHT and certified Dr. Vodder School therapist**

Please Note: The courses will be confirmed at least one month prior to the start date. This will depend on the number of students who have registered with us. All courses have a limited number of places and your place can only be confirmed after we receive the completed application form and deposit. We organize sufficient teachers, based on the number of confirmed applicants.

For courses in; Victoria, BC; Stowe, VT; Toronto, ON and Dallas, TX please send your completed application and deposit to:

Tel.: (250) 598-9862 Fax: (250) 598-9841 E-Mail: info@vodderschool.com

APPLICATION FORM

NOTES:

FOR TRAINING IN DR.	VODDER'S MANUAL LYMP	PH DRAINAGE:
(PLEASE USE LARGE CLEAR	BLOCK LETTERS / NUMBERS)	STATE/PROVINCE LICENSE #
Title: Ms. / Mrs. / Mr. / Dr. NA	ME:	
HOME Address:		
Citv:	Province/State:	Postal/Zip CodeCountry:
WORK Address:		
City:	Province/State:	Postal/Zip CodeCountry:
Phone #(s): Home:	Business:	Fax:
Email:	Websi	site:
QUALIFICATIONS (PLEASE		
Other:		□ CMT □ MT □ RN □ LPN □ DC □ LAc urse location and write course(s) and dates on lines provided
		and dates on lines provided
	☐ REVIEW	☐ COOPEE TEST / ELASTIC TAPING
	Conscious Clinician	☐ ADVANCED CREATIVE BANDAGING
		——————————————————————————————————————
IF FULL PAYMENT IS RECEIVED ● \$440 USD OR CAD	30 days before start of class 1 ; in <i>BC</i> , add 12% HST (\$492.80))); IN <i>ON</i> , ADD 13%HST (\$497.20)
• IN USA \$220 USD OF FULL PAYMENT IS RECEIVED	30 DAYS BEFORE START OF CLASS I	\$246.40); in <i>ON,</i> add 13%HST (\$248.60)
· · · · · · · · · · · · · · · · · · ·	GE TABLE (\$25 REFUND IF TABLE IS I	•
PAYMENT ENCLOSED: \$	TE TABLE (\$25 REPUND IF TABLE IS I	REZURED). L. 113 L. 140
· 	MasterCard #:	_Expiry:
Deposit of \$100.00 for each		is required to confirm a space and is non-refundable
days prior to start of course the course.	. Administration fee of \$50 for o	changes/cancellation. Receipt will be given at the end
	ABOVE INFORMATION IS TRUE AN	
		MonthDayYear tored safely and in compliance with Privacy Policy regulations.
		ct us or visit our web site at <u>www.vodderschool.com</u>
ADMINISTRATOR USE C		A
DATE RECEIVED PAYMENT: PAID BY: Visa / MasterCard/ Cheque/ C		AMOUNT RECEIVED: \$ EXPIRY DATE::
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Rev 02/22/12