



Therapy News

**Dr. Vodder School
- North America**

Volume V
February 2002

Editorial

Many of you will know our esteemed teacher, Howard Douglass. I am sorry to report his passing but very happy to have known Howard over the past years. He will be warmly remembered not only as a teacher but an astute, quiet leader who introduced many therapists to the Dr. Vodder method of MLD. I have also featured articles by two of the great presenters we have invited to our

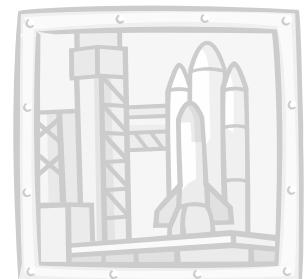
Reviews, Prof. Neil Piller and Ruth Coopee. Over the past six months we have been working hard on a new logo and image for the Dr. Vodder School. We are dedicated and passionate about the Vodder method and we have worked on creating an image that truly reflects our work and passion.

Regards,
Robert Harris, Director



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Howard Douglass 1923 - 2001

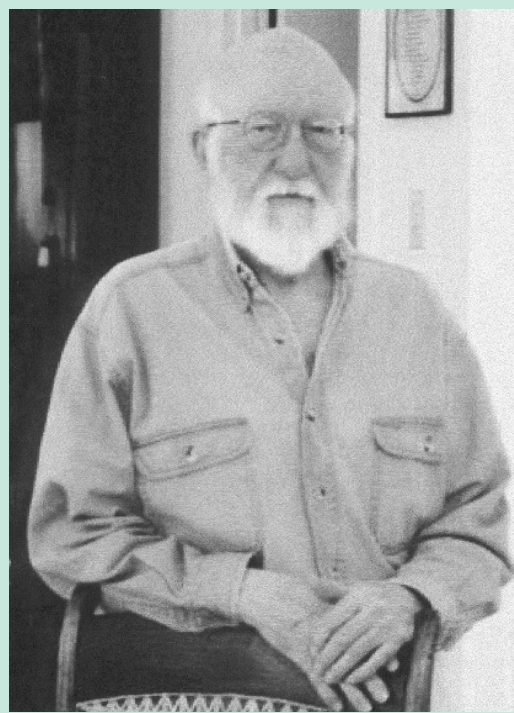
We were very saddened to hear about the death of our beloved teacher, Howard Douglass of Cleveland, Ohio. Howard was a much respected and active teacher with the Dr. Vodder School and we will all miss his presence. His students have fond memories of the gentle, committed, dedicated and patient teacher who loved teaching and sharing his knowledge. As teachers we saw Howard at least once a year at our teacher meetings and his thoughtful insights and presence were always welcomed.

Howard started out his working life in a completely different career: rocket science. He earned his BSc. in chemistry from the Massachusetts Institute of Technology (MIT) and worked for NACA, the predecessor for NASA and then later for NASA where he became chief of the Division of Space Propulsion and Power before retiring in 1980, receiving numerous

awards for his work. However that was only one phase of Howard's working life! In pseudo retirement, he began studying massage therapy in Ohio, graduating and being licensed in 1988. This is when he began his studies in MLD with Hildegard Wittlinger, which he completed in Austria in 1990. Howard found his true calling and became a dedicated practitioner of the Vodder method.

In 1991, at the first North American Review in Houston, he helped to found the organization of Vodder trained therapists in North America (NAVALT). He served on the founding committee and as president during NAVALT's formation.

In 1993, Howard also became a Basic Teacher, passing his exams in Vancouver, BC. It was at the 1993 Review, atop Grouse Mountain overlooking Vancouver that Howard was awarded the





Howard Douglass cont.



meritorious award for outstanding leadership by NAVALT. One of Howard's last requests was to have a scholarship fund set up in his name which would enable deserving therapists to be able to attend the NAVALT conferences. If you would like to send a contribution to the NAVALT Scholarship Fund please send a note to that effect, with payment to NAVALT and addressed to Ms. Eloise Frey, President, NAVALT, 505 Point Ridge Road, Racine, WI 53402 USA.

Howard's teaching career then took off and many remember the Basic Teaching manual he developed as well as the small sachets (Barbie Bags) of cornstarch to keep their hands dry, made by his wife, Barbara. Howard kept a busy schedule teaching all over the USA and

inspired many students to become Vodder MLD Therapists. During his eight years as a Basic teacher with the Vodder School, Howard taught over 100 classes with more than 500 students.

Even as late as July 2001, Howard continued teaching despite a growing problem with congestive heart failure. By late September he was admitted to hospital, was released to home and spent his last four days in a lovely hospice facility on Lake Erie, passing peacefully on October 25th. A memorial service was held on November 26th. Howard is survived by his wife Barbara, son Howard Winn, daughter Christen Lauraine, and grandchildren.

An audio tape of the memorial service can be borrowed from the School.

Rural Issues in the management of Lymphoedema by Prof. Neil Piller

Working as a new or young isolated practitioner in any rural or remote area can be daunting. No apparent support network except for perhaps phone or irregular net contact with an expert and often a plethora of difficult cases who come to you because they have not had satisfaction in terms of progressing or solving or at least halting their problems.

How do you overcome this and really step out and make a difference to these isolated practitioners and their clients? I am not pretending for one moment that we have all or any of the solutions in South Australia but so that you might move forward from our position I offer you the following.

The Lymphoedema Assessment Clinic at the Flinders University Medical Centre in South Australia has since 1993, run outpatient clinics in rural and remote areas of the State. This has covered areas up to 700 kms away from Adelaide by road. The team has usually consisted of 3-4 lead by Professor Neil Piller, usually accompanied by an allied health profes-

sional such as a nurse, laser therapist and other physiotherapists. These events are complimented and assisted by local health professionals and therapists. These visiting clinics are usually 2 days in each of a variety of centers. With appropriate fore warning, this has meant that health professionals and General Practitioners and other professionals in the communities can refer difficult cases to the visiting assessment and first line treatment group for advice, for short term treatment for the provision of a management plan. A recent trend has been for the referral of patients at risk of developing lymphoedemas.

These visits are generally sponsored by local support groups such as the country women's associations or health professionals associated with a hospital or local practice group or more recently by Lions International Clubs. The latter has recently supported significantly some rural risk assessment screening sessions not for those with lymphoedema but for those who perceive themselves to be of risk of developing it. To date in 3 screen-

How do you really step out and make a difference to these isolated practitioners and their clients?



ings we have detected almost 600 people at risk and provided relevant educational materials and advice and where necessary, management or treatment indications. Screening and the early detection it offers are very important for two reasons – firstly once a person develops a swollen limb they essentially have it for life and secondly its treatment and management costs around \$3000 Aus (\$1500 US) per year and on top of that is the time lost to work, its impact on quality of life and activities of daily living. For every person who can be prevented from developing lymphoedema the cost saving to the individual is in the region of \$60,000 ((\$30,000 US) over their remaining average life, not to mention the cost saving to the health care system.

What happens in one of these sessions? Perhaps the most important is the history taken prior to the assessment.

It is initially important to determine what factors are impacting on lymphatic load – that is what factors (no matter how seemingly unimportant) might be making it higher than necessary. Reasons for this can range from poor skin care, psoriasis, skin irritation, poor wound management, high blood pressure, stress, an abnormally functioning thyroid, being overweight etc. These additional loads need to be dealt with and removed or at least reduced since all of them will cause a lymphatic system to become overloaded even if its one unaffected by damage such as might occur with surgery or radiotherapy.

Having ascertained the influence of the above factors the next stage is to determine if there are any heritable factors which may influence lymph transport (or load). For instance is there any underlying

ing primary lymphoedema – was there the suggestion of any problems before the current precipitating event? Also is there any lipoedema underlying.?

The next stage is to determine as objectively as possible the changes which have occurred to the person's lymph drainage capacity – that is to the lymphatic transport system and to devise ways to improve it – that is by some lymphostimulatory process like MLD. Of course there is also the possibility of facilitating the regrowth of lymph capillaries – lymphogenesis by removing any of the indurated tissues perhaps by using some appropriate frictional massage or

low level laser as we have demonstrated.

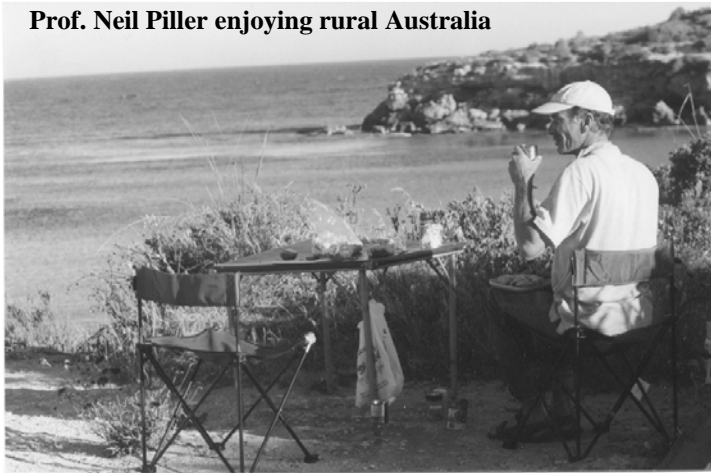
It does not matter to much how you determine these changes whether it be by simple circumference

measurement and by the feel of the tissues by gently pinching and rolling them or by perometry (which measures limb circumferences every 4 mm), tonometry (which measures fibre) and bio-impedance (which measures fluids) as long as you do things consistently in the same position at a similar time of day in a repeatable manner. Let your fingers and hands provide you also with information as to how the toughness/subtleness of the tissues are changing and whether it feels like a particular path is draining well or not.

Be confident in what you do but seek help and state clearly when you feel out of your depth – we all do at some time and there is nothing wrong with it – it is from this we can learn. Above all seek advice. Even in a rural environment help may not be far way – email your case to

For every person who can be prevented from developing lymphoedema the cost saving to the individual is in the region of \$60,000 (\$30,000 US) over their remaining average life.

Prof. Neil Piller enjoying rural Australia



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Rural Issues cont.

your mentors or post it in a health chat board – take care in interpreting what you get back but often the response may contain some good ideas.

Another important point no matter where you are is to remember that even if the condition of the patient does not get any worse than it is today then that is a win. Getting it to improve is of course fantastic but be happy with stabilization.

After an intensive (or at least concentrated) treatment phase – which may last only a few days the patient may again return to their own small town far away from even your rural practice. As they leave make sure they have a clear management plan, they know their role in that plan and have an opportunity to report to you from time to time as to how they are progressing. In a rural environment establishing trust and trying to inform and educate is all important. From this comes informed questioning, a knowing of the patient role in the treatment/management process and hopefully a better outcome. Developing a

partnership is more important than ever in a rural/remote situation.

Working alone is not pleasant when difficult cases present but it can be a challenge and offer you a chance to advance your knowledge and competency. Update your experience with courses and opportunities as they arise by visiting and working in big town clinics or partnerships and gain confidence and experience from each new case you meet. Most of all a rural/remote experience is unique, it is ever changing and ever challenging. Most of those we have met would not give it up for the world and for us in the city who visit them it's always a warming, two way learning experience.

Prof. Neil Piller, Flinders University Adelaide, Australia.

More about these topics and current research from Australia will be presented by Prof. Piller at the 2002 Review in Victoria this August.

Kinesio
Taping
Certification

Kinesio Taping for Lymphedema by Ruth Coopee

What is Kinesio Taping and how does it affect Lymphedema? Kinesio Taping is a method that was developed by Dr. Kenzo Kase a Japanese chiropractor. It employs the application of a specially developed highly elastic woven cotton tape directly to the skin. As MLD therapists we know the importance of skin and the movement of skin in treatment of Lymphedema. More research is emerging regarding this fact (T Ryan, Lymphology 1999). Kinesio Tex Tape is adhered directly on stretched fascia and lifts the skin to create a negative interstitial pressure. During active physical movement it replicates the therapists hands in directing the lymphatic flow toward a specific quadrant or lymph node area.

Clinical research is underway and though no formal studies have been published there are an overwhelming number of antidotal cases that support

the effectiveness of Kinesio Taping in softening fibrosis and decreasing edema. Post surgical and traumatic bruising and hemorrhages as well as scar remodeling and mobility have also been reported.



This is an example of a patient 24 hours post application of Kinesio Tape. The white lines in the area of hemorrhage is where the tape has been removed. Personally I have been using Kinesio



Taping since its arrival to the USA in 1995 and instructing this technique nationally and internationally since that time. Studying with Dr. Kase resulted in Certification as a Kinesio Taping Instructor and invitation to be the Occupational Therapy Advisor to the USA Kinesio Taping Association. In clinical practice (orthopedic, neurological and lymphedema populations) personal experiences and reports/communications from other MLD therapists I have trained confirm the incredible results in the ability of the tape to soften fibrosis and move/redirect lymph. This is not to say that MLD will be replaced, however it may shorten the length of treatment, and with the cost and limitations of health care providers, Kinesio Taping is a welcomed assistant. In November of 1999 I was invited to present some preliminary research at the 15th International Kinesio Taping Conference in Tokyo, Japan on the "Use of Kinesio Taping Method in the Treatment of Lymphedema".

There are many clinical applications for this technique and a good understand-

ing of the neurophysiological and physiological working mechanisms are essential to therapeutic effectiveness. Thanks to the support of Robert and Hildegard and many therapists who have attended the brief introductions held over the past 2 years at the reviews, a full day course is now available in conjunction with the reviews.

This full day laboratory class will provide the therapist with a comprehension of the underlying physiological mechanisms and ample lab application practice to assure proper application technique for lymphedema and venous insufficiency patients. Credit will also be provided towards Certification as a Kinesio Taping Practitioner for those who are interested in becoming instructors in the future trainings as it fulfills clinical condition requirements for KT2 credit. Information regarding the benefits of Kinesio Taping Certification and Kinesio Taping is available at www.kinesiotaping.com.

Ruth Coopee MOTR/L, CHT, MLD/CDT, CKTI

Dr. Vodder School Graduates



Therapy II & III graduates—November & January

November 2001: Victoria, BC

Sharla Shipley
Christine Kraayvanger
C. Julie Chatelain
Ingrid Stenersen
Shizuko Yoshikuni
Angelique Smith
Shayna Portman

Mesa, AZ
Invermere, BC
Victoria, BC
Victoria, BC
Chiba, Japan
Austin, TX
Bellaire, TX

Patricia Grote
John Lima
Shawn Schneider
Mary Ellen Pfeiffer
Wendy Reeves
Kate Schlapfer

Pearland, TX
Kalama, WA
Kirkland, WA
Sumner, WA
Sequim, WA
Spokane, WA



If you would like to contact or refer patients to any of these new therapists, please check our website first at www.vodderschool.com, as most of them will be listed there. If you cannot locate them, please call the office of the School at (250) 598-9862, Monday – Friday.



More Dr. Vodder School Graduates

Congratulations
to all our
New Graduates!



February 2002: St. Petersburg, FL

Holly Deen	Jacksonville, FL	Linda Griffin	Zebulon, NC
Joyce Shing	P.B.Gardens, FL	Paula Duvall	Albuquerque, NM
Linda Dwyer	Secor, IL	Vanessa Houser	Pittsburgh, PA
Diana Powell	Lake Charles, LA	Jay Sullivan	Pittsburgh, PA
Ginelle Milburn	Kirbyville, MO	Jeanne Nourse	Anderson, SC
Marjorie Storck	Knob Noster, MO	Laura Crabtree	Surfside Beach, SC
Karen Biennu	Cary, NC	Gayla Lane	Dyersburg, TN
Elizabeth Koenig	Charlotte, NC	Steven Clark	Nashville, TN
Heather Rogers	Rocky Mount, NC	John Sponaugle	Brandywine, WV

Review in St. Petersburg, FL

A well-attended Review took place in sunny Florida at the end of January. Eckerd College was a great location with an excellent cafeteria! It is situated 10 minutes from the beach and St. Petersburg and within easy reach of Tampa airport. Hildegard and Andreas Wittlinger from the Dr. Vodder Schule Austria as well as Robert Harris from the North America School led the practical sessions and Andreas gave a workshop on Marnitz therapy for lymphedema. Dr.



Kasseroller gave a very good theory and research update. Renee Romero from Bandages Plus gave an excellent update of all the latest bandaging materials. Case presentations on lymphedema patients were made by David Drier, DC, Fred Vallejo, MSPT, Melinda Schuler, MSPT, Linda DeArmond, PT and Rosalind Fusco, LMT.

The Review was followed by a one-day workshop on Kinesio Taping with Ruth Coopee, OTR. We will be holding a Review here next year again.



New ICD 10 Codes in Lymphology: Dr. Kasseroller

The new International Classification of Diseases for edema related conditions are now available. The importance of these codes is that they are internationally recognized by physicians. When a condition has a code, it has more "recognition and status". These codes are now given in the Reviews and II and III classes.

I 97.2 Arm Lymphedema after Mastectomy
 I 89.2 Leg Lymphedema (Primary or Secondary)
 I 89.9 Other diseases of lymph vessels
 R 60.0 Edema in Cardio Vascular Insufficiency and I 87.2
 R.60.9 Lipedema and E.88.2
 R 78.8 Cyclic Idiopathic Syndrome

New Logo coming.....

Our logo (as on the front page) has been used by the Dr. Vodder School since its inception in 1994. This is a trademark of the Dr. Vodder Schools and has identified our circular, precise movements. The Austrian School now uses a different logo and we felt it was time to develop our own, yet keep the essence of the old one. After much thought, consultation and debate, the

Dr. Vodder School—North America has developed a new logo that we feel represents the School and method. We hope you like it and so far the feedback has been very positive. You will start to see this on our stationary, adverts and a completely redesigned School brochure. This is a trademark of the Dr. Vodder School North-America and may not be used without permission of the School.



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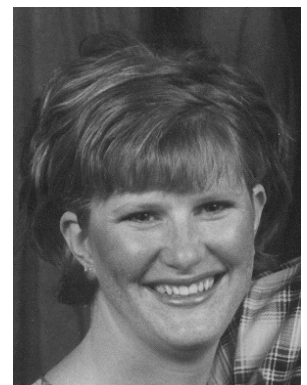
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Articles and Books

Balzarini, A. et al: Ultrasonography of arm edema after axillary dissection or breast cancer: a preliminary study. *Lymphology* 34 (2001), 152-155.

The study compared ultrasound (US) measurements on lymphedematous limbs with palpatory findings. The authors found a significant comparison and that in the early stages of edema, were able to detect fibrosis using US. They conclude that US is useful to follow the evolution of lymphedema and to direct rehabilitation programs to optimize therapy.

Pollot P.J: *Lymphedema, Finding the Holistic Approach* (2001). Phillip Pollot, 471 Spencer Rd., Rochester, NY 14609.

This 45 page booklet describes for the patient in straightforward language, ways that might help the management of their lymphedema using various dietary measures (food combining). These are recommendations based on Phillip's (a Vodder certified therapist and LMT) experience. While it is not a scientific study, it does contain some basic sound advice that some practitioners may find useful.

Conferences and Reviews: 2002/2003

Australasian Lymphology Association Conference: April 19-22, 2002, Adelaide, Australia. Contact Sapro, Tel: 61 8 8227 0252, Fax: 61 8 8227 0252 or email: sapro@camtech.net.au

NAVALT conference and Annual Member's Meeting. May 03-05, 2002 Cleveland, OH. Tel: (888) 462-8258, Fax: (303) 776-1891

National Lymphedema Network Conference: "The Quest for Understanding". August 29-September 01, 2002 Chicago, IL, USA. Contact the NLN at nlm@lymphnet.org, www.lymphnet.org or call (510) 208-3200.

MLD UK Conference. September 7-8, 2002, Daventry England. Info@mlduk.org.uk or tel/fax 01592 840799

Society for Dr. Vodder's MLD (Austrian School), September 26-28, 2002 in ULM, Germany. Contact the Dr. Vodder Schule, Walchsee at 43 5374-52454 (Fax) for further details.

Reviews in 2002 / 2003

April 16-18	Adelaide, Australia
May 31-June 02	Stowe, VT
July 15-19	Walchsee, Austria
August 02-04	Victoria, BC
September 03-05	Chicago, IL
January 31-February 02, 2003	St. Petersburg, FL

Kinesiotaping in 2002

June 03:	Stowe, VT
August 05:	Victoria, BC
September 02:	Chicago, IL

Dr. Vodder School - North America™

PO Box 5701, Victoria, BC V8R 6S8
Tel: (250) 598-9862 Fax: (250) 598-9841

Email: info@vodderschool.com

Website: <http://www.vodderschool.com>