

THERAPY NEWS

VOLUME 13 ISSUE 1

FEBRUARY 2009

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Administration

Editorial

Robert Harris, HND, RMT, CLT-LANA

The harder economic times can be challenging for us all as the available funds for education decrease. On the other hand, people are turning to education in order to improve their chances of getting a better job. As well as keeping your skill level very high, staying currently-certified ensures a place on our referral list,

directing patients to you. We strive to provide you with the best possible skill level and in-turn, for you to give the best quality care to your patients and clients using the original method of Dr. Vodder's MLD. The quality truly is in our hands.§

Micro-lymphatic Surgery for Lymphoedema

By Denise Hardy, BSc., RN, Clinical Nurse Specialist - Kendal Lymphology Centre. Nurse Advisor to the Lymphoedema Support Network, Vodder-certified therapist, England, UK

Searching for a 'cure' for lymphoedema is foremost in the minds of many patients – preferable in their eyes to the daily, often time consuming daily management programme we inflict upon them.

However, although present conservative treatment options are not ideal – they are on the whole, deemed preferable to the often unsightly limbs that many health care practitioners have seen as a result of surgical intervention. **Figure 1** – illustrates a 'Homan's' operation (a de-bulking procedure) that failed to heal; the patient subsequently required amputation. Other such procedures which can result in extensive scarring, often help reduce a limb initially, but cause further problems years later.

Liposuction for breast cancer related lymphoedema is a relatively new surgical procedure that has shown to stabilise stubborn swelling (now being extended to leg lymphoedema patients); but availability in the UK is very limited and long term results are still being evaluated.

So when one of my patients was referred to Professor Baumeister in Germany for a 'lymphatic transplant', I was intrigued (if not a little apprehensive) about what this intervention would entail. Although I had met one patient who had undergone such surgery and assisted in providing post operative garments, I had not been personally involved prior to the surgery and therefore had no real insight into such procedures.



Figure 1: Homan's operation that failed to heal post-operatively

Case Study

- I first met AB when I set up my independent lymphoedema practice in 2004. She is a 57 year old lady who suffers from left leg lymphoedema relating to ilio-inguinal nodal stenosis (determined by lymphscintigraphy). There were no obvious contributing factors and although initial Combined Decongestive Therapy (CDT) worked well (the leg was reduced to just 8% larger) and was maintained at this level for over a year, AB began to experience the following problems:
- Recurrent infections despite prophylactic antibiotics. After each episode when antibiotics (Clindamycin) were doubled, the leg became larger and more difficult to reduce using conservative methods.
- 2. Acute, intermittent, debilitating pain in the leg which usually started with pins/needles or numbness during exercise. Only rest and elevation would relieve the pain which was thoroughly investigated but no apparent cause found.
- 3. A purpuric rash particularly evident on the inner aspect of the lower thigh. Subsequent biopsy showed no capillary haemorrhage and it was finally diagnosed as 'pigmented purpuric dermatosis'.
- 4. Increased circumferential limb measurements particularly distally, but proximal measurements (until recently, minimal) began to increase despite AB being extremely compliant with all aspects of her lymphoedema programme (which included regular sessions of MLD).
- I suggested that AB seek Professor Mortimer's opinion and it was following his consultation and subsequent investigations of her symptoms that a referral was made to Professor Baumeister in Munich. He has been performing micro-surgical techniques for both cancer and non-cancer related lymphoedema for many years with good success rates. His pre-requisites for surgery are:
 - The patient has to be 6 months post initial surgery (e.g. post mastectomy)
 - The patient must have had CDT for 6 months with no significant improvement (or have an excess volume of 50%)



"The ideal surgical treatment of lymphoedema would be to return the swollen limb to its normal size with minimal scarring and a near perfect cosmetic result."

Micro-lymphatic Surgery for Lymphoedema

Cont'd from page 1

- There should be no evidence of disease (cancer) regression
- There must be patent lymphatics of the host (normal) limb
- There must be general fitness for surgery

Following further intensive lymphscintigraphy studies (to ascertain that there were patent lymphatics in the host limb) and a lengthy consultation with the Prof., a decision was made to proceed with micro-lymphatic surgery.

AB kindly gave me her permission to accompany her to observe the surgery first hand and it was a privilege to therefore follow her through this pioneering surgical intervention in this country, anyway!

The ideal surgical treatment of lymphoedema would be to return the swollen limb to its normal size with minimal scarring and a near perfect cosmetic result. In AB's case-reducing the swelling was not the priority; more it was to reduce / stop the pain and frequency of infections that was making her life so miserable. Reducing the swelling would be a bonus. Professor Baumeister felt confident that these goals could be achieved-though he warned that the surgery is not a cure. He explained that the most that can be achieved is to return the lymphoedema to stage 0, the latent stage (where although there will be no signs and symptoms of lymphoedema, the transport capacity will remain subnormal and that compression will be a probability for life). Being familiar with compression garments, AB had no reservations or second thoughts about going ahead. She felt she had nothing to lose as her current treatment regimen was not improving her condition at all.

The Surgery

AB was admitted to the 'Klinikum Grobhadern' in Munich, the day before surgery. The usual pre-surgical observations / investigations were carried out, including circumferential measurements of both legs taken at 4 cm intervals.

Once AB was anaesthetised, dye was inserted into the web spaces of the toes on both limbs so that the lymphatics could be more easily visualised; but a microscope with 40x magnification was also used to assist with this extremely delicate procedure.

A small incision was made on the inner aspect of the upper thigh on the swollen (left) leg and once the main lymphatic channels had been identified, a plastic rod was placed under the selected vessels to ensure easy relocation. The vessels are generally thickened and grey—rarely prominent or distended and when excised, the lumen is filled with clear fluid

Harvesting of healthy lymphatics then takes place in the host (normal) leg (**Figure 2**). 2-3 (of the 6-17) lymphatic collectors of the ventral-medial bundle in the thigh are located and selected as grafts. These often (as in this case) have 2 afferent branches which give 3-5 sites for peripheral anastomosis. The grafts are prepared from junctions at the groin and knee, up to 30 cm long.

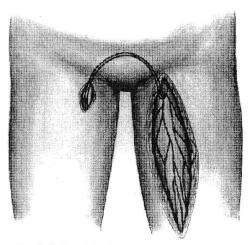


Fig. 3. Unilateral lymphedema of the lower limb. Lymphatic grafts are transposed by means of the symphysis and are anastomosed with ascending collectors of the affected limb.

Figure 2: Shows how the harvested, healthy lymphatics are transposed through the symphysis and joined to the ascending lymphatic vessels in the swollen leg.

Anastomosis of these healthy lymphatics then takes place. The donor grafts stay connected with lymph glands in the groin, but are cut at the knee and inserted into a plastic tube. They are then pulled through the subcutaneous symphysis and joined to the chosen ascending lymphatic vessels in the swollen leg. Vessels are then sutured end to end using absorbable suture material not visible to the human eye!

Lymph movement within the vessel is visible almost immediately.

The small (8 cm) wound on the swollen leg and the longer (appprox. 30 cm) is then sutured together (**Figure 3**). Professor Baumeister then bandages both legs using long stretch bandages).



Figure 3: Scars well healed 2 months post op **Post Operative Care**

This involves elevation and bed rest for 4 days, 2 weeks in hospital with elastic (long stretch) compression bandaging replaced daily, specific exercises with physiotherapy and prophylactic antibiotics.

Micro-lymphatic Surgery for Lymphoedema

Cont'd from page 2

A Class 3 flat-knit custom made compression panty was fitted on discharge and recommended for at least 6 months.

Interestingly, Professor Baumeister has not found pre or post op MLD to be of any benefit in the patients he has treated.

AB experienced very little pain or bruising apart from tenderness around the symphysis pubis and her post operative recovery was unremarkable (though the blue dye remained in the legs for many weeks later). She was more than ready for discharge 12 days later when the hosiery was fitted. Her stay had been difficult only in regard to the language barriers—though it is has to be said that the staff knew far more English than we knew German. The staff were friendly and caring and endeavoured to make her stay as pleasant as possible.

The lymphoedema measurements were reduced on discharge (predominantly due to the long stretch bandaging) but subsequently regressed slightly upon wearing the garment (usual post-bandaging rebound). However, they soon stabilised and continued to gradually reduce over the next few months.

Almost 1 year on, apart from one brief episode, AB has not experienced any pain and has not had any further attacks of cellulitis which were so troublesome prior to surgery. Circumferential measurements have continued to *gradually* reduce and at her last appointment, 11 months post op, the limb measured 18% larger as opposed to 57% pre-surgery. The limb shape has improved and is maintained by a Class 3 flat-knit, thigh-high garment (which AB prefers over circular-knit garments).

The scars have faded, general skin colour is vastly improved, the subcutaneous tissues have softened and the purpuric rash has started to recede. AB is delighted

and feels her quality of life has improved dramatically. She is able to walk for long distances and exercise without pain or regression in swelling and generally feels so much better without the debilitating effects of recurrent infections.

The surgery (including 12 nights stay in hospital) cost around 9,500 Euro (approximately \$12,500) and although funding was sought from the Primary Care Trust, this was subsequently refused.

Denise Hardy denise.hardy@kendal-lymphology.org

Comment from Professor Weissleder

This is really an encouraging case. The disappearance of pain and reduction in the incidence of cellulitis can be considered as great results in addition to the volume reduction

The method and its results are described in my book, Lymphedema Diagnosis and Therapy 3rd Edition 2008, on pages 464-472. Below is the abstract of Professor Baumeister's latest presentation, published in LymphForsch.

Microsurgical lymph vessel transplantation a traditional vascular surgical procedure increases lymphatic transport capacity. Baumeister, R.G.H., LymphForsch 2008;12(1):12-13

Abstract: Bypassing a disrupted vessel is conventional procedure in vascular surgery that can also be applied to disrupted lymph vessels with the help of an operating microscope. Studies show that lymphatic transport can reach nearly normal values after bypass. Because of the tendency of tissue alterations to occur as a result of lymphatic obstruction, the reconstructive procedure should be performed early after a full course of consistent conservative therapy has been carried out.§



"Studies show that lymphatic transport can reach nearly normal values after bypass."

Advanced Compression Garment Fitters Course

By Cindy Schultz, RMT and Vodder Therapist



Angela Vollmer

If you are a Vodder Therapist you will recognize the name of Angela Vollmer as the foremost expert in compression garment fitting and you will realize that her expertise is something that is a treasure to have imparted to you. That is why Janice Simmonds, Sylvia Crowhurst and I made the costly trip from Ontario to Victoria, BC for a 2 day course in Advanced Compression

Garment Fitting offered by the Dr. Vodder School for therapists and garment fitters.

There were 14 of us in the class. Robert Harris, senior instructor of the Dr. Vodder School gave an introduction and review of the importance of the lymphatic system, how it works and a thorough description of the various types of edema. Angela Vollmer then taught the actual garment fitting part of the course.

The first day was spent learning the differences between flat-

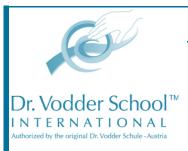
knit and circular-knit garments and the indications for their use. We then proceeded to learn how to measure an arm and hand for an Elvarex compression garment. There were 5 volunteers who had lymphedema of the arm and/or hand that were measured by Angela as we watched and she coached us explaining the measuring process, any adjustments, how to choose a proper compression class, etc. After this we split into groups of 3 and measured a volunteer ourselves. Next day we went through the same format for leg measurement. Again there were 5 volunteers with various presentations of lower extremity LE. The course ended with a question and answer session for Angela.

Quality compression garment fitting is so important because after a patient has undergone 1-3 weeks of intensive Combined Decongestive Therapy it is discouraging to have an improperly fitted garment that undermines all the work of the first phase of CDT.

Many thanks to Robert Harris and Angela Vollmer for organizing this course and offering it for the first time ever in Canada (sponsored by BSN medical). I would recommend this to anyone who is involved in fitting for lymphedema compression garments.

Cindy Schultz— clcschultz@gmail.com§

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"Manipulative therapy of LE should not be withheld because of persistent or recurrent disease in the draining anatomic bed."

Articles

Pinell, X. A. et. al: Manipulative Therapy of Secondary Lymphedema in the Presence of Locoregional Tumors. Cancer 2008;112:950–4 Published online 17 December 2007

BACKGROUND. Complete decongestive therapy (CDT), including manual lymphatic drainage (MLD) is a manipulative intervention of documented benefit to patients with lymphedema (LE). Although the role of CDT for LE is well described, to the authors' knowledge there are no data regarding its efficacy for patients with LE due to tumor masses in the draining anatomic bed. Traditionally, LE therapists are wary of providing therapy to such patients with 'malignant' LE for fear of exacerbating the underlying cancer, and that the obstruction will render therapy less effective. In the current study, the authors' experience providing CDT for such patients is discussed.

METHODS. Cancer survivors with LE were referred to therapists at 2 Atlanta-area clinics. CDT consists of treatment (Phase 1) and maintenance phases (Phase 2). During Phase 1, the patient undergoes manipulative therapy and bandaging daily until the LE reduction plateaus; at that point, Phase 2 (self-care) begins. At the beginning and end of Phase 1, LE is quantified and differences in girth volume calculated. The results for patients completing Phase 1 therapy for LE in the presence of locoregional masses were compared with results for patients with LE in the absence of such disease. Both volume reduction of the affected limb and number of treatments to plateau were analyzed.

RESULTS. Between January 2004, and March 2007, LE of 82 limbs in 72 patients was treated with CDT and Phase 1 was completed. The median number of treatments to plateau was 12 (range, 4–23 treatments); the median limb volume reduction was 22% (range, 223 to 164%). Nineteen limbs (16 patients) with associated chest wall / axillary or pelvic/inguinal tumors had non significant difference in LE reduction (P 5.75) in the presence of significantly more sessions to attain plateau (P 5.0016) compared with 63 limbs in

56 patients without such masses.

CONCLUSIONS. Patients with LE may obtain relief with CDT regardless of whether they have locoregional disease contributing to their symptoms. However, it will likely take longer to achieve that effect. Manipulative therapy of LE should not be withheld because of persistent or recurrent disease in the draining anatomic bed. ©2007 American Cancer Society.

Lawenda, BD et. al: Lymphedema: A Primer on the Identification and Management of a Chronic Condition in Oncologic Treatment. CA Cancer J Clin 2009; 59: 8-24

The primary goals of oncologic therapy are the compassionate care of cancer patients, eradication of disease, and palliation of symptoms. Advances in various targeted therapies such as highly conformal and image-guided radiotherapy techniques, sentinel lymph node dissection, and molecularly targeted agents hold the promise of allowing those goals to be reached with fewer treatment-related complications. Unfortunately, certain side effects remain problematic due to the inability to completely avoid injuring normal tissues. Lymphedema, a chronic condition that occurs as a result of the body's inability to drain lymph fluid from the tissues, is a common treatment related side effect experienced by cancer patients. In this review, many of the important aspects of lymphedema with which clinicians who treat cancer patients should be familiar are outlined, including the anatomy, pathophysiology, diagnosis, and management of this condition. The authors also identify some of the resources available both to cancer patients with lymphedema and to the clinicians who treat them. It is hoped that this review will convey the importance of the early identification and management of this incurable disorder because this is essential to minimizing its complications. ©2009 American Cancer Society.§

Teacher changes at the Dr. Vodder School



Michel Eid

We are pleased to welcome Michel Eid, BPE, MT as the latest instructor certified to teach the Dr. Vodder Basic classes. Michel lives in Montreal, Quebec and works in a busy physiotherapy clinic specialising in lymphedema management.

NAVALT President's message for the Dr. Vodder School International



For all new and experienced, Vodder therapists alike, I would like to remind you of how you can benefit by becoming a NAVALT member today. NAVALT® is the acronym for the North American Vodder

Association of Lymphatic Therapy. I envision NAVALT to become a leader of accessible information in the field of lymphology, especially as it pertains to Vodder therapists and estheticians. One of our key developing areas to cultivate this is the NAVALT website at www.NAVALT.org. The current website is undergoing an evolutionary process into becoming a unique and powerful tool for networking, clinical problem-solving, data-basing member information, and providing educational information for Vodder therapists, estheticians and general web users alike.

Look for a new, redesigned, user-friendly website with an updated forum feature to go live before the end of February. We ask that you please be patient while we update the usability and applications of the website, so that those member benefits which you are seeking from the website can be fulfilled. Some sought-after member benefits of the website will include

- the therapist/esthetician Directory where potential patients/clients can find you
- the new Google forum where therapists/ estheticians can post clinical and other pertinent questions/answers/comments interactively
- the NAVALT store where you can purchase items online such as Gulick measuring tapes, the upcoming new "LymVoPro" Volumetric

- Measuring CD (currently in beta testing phase), Therapist Resource Guide, and NAVALT online membership and renewal
- an Articles Archive where you can find plenty of information helpful to your practice

One of NAVALT's goals is to provide its members a valuable and functional tool such as the NAVALT website so that the *Google forum* can serve as a unique means of communication among several qualified therapists/estheticians, especially when it comes to clinical problem solving, employment postings, and educational opportunities. To become a member or renew your membership, go to

http://www.navalt.org/onlinemembership.htm

As we remain committed to the mission of NAVALT by striving to ensure continued high quality in the performance of the Vodder method of Manual Lymph Drainage and to advance the knowledge and skill of its



Sarmita Misra

practitioners, we encourage you, current and potential members, to be in touch with any one of us on the board via the current website if you have questions and/or concerns about NAVALT or the website. Thank you for being part of the Vodder Method as your training alone stands proof of the quality of your practice.

Sarmita Misra, PT, CLT-LANA

NAVALT President 2008-2010 sarmita m@hotmail.com§

Dr. Vodder School INTERNATIONAL Authorized by the original Dr. Vodder Schule - Austria

As an incentive to join NAVALT, the Dr. Vodder School-International is offering a \$25 discount on NAVALT membership to new or renewing members who attend a North American Review for the remainder of 2009.

Review Reports 2008/2009

Toronto, Ontario—October 2008



LAO Conference—Dr. Neil Piller

Two Reviews were held in Toronto at Sunnybrook Hospital in conjunction with the Lymphovenous Association of Ontario (LAO) annual conference. This proved to be a successful combination with 30 therapists attending both events. The conference had a lecture style in the morning with presentations from

Robert Harris on lymphedema, Professor Neil Piller on differential diagnosis and Dr. Dalia Tobbia on experimental lymph node transplantation. The afternoon sessions were workshops for patients and professionals. Both reviews also had a wound care presentation by *Allison Anger, RNP* with an overview of differential diagnosis of various types of wounds



LAO Conference—Dr. Dalia Tobbia



Dr. Vodder School

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Please visit our website therapist referral page to contact our new therapist.

Review Reports 2008/2009

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Toronto, Ontario Review cont'd from previous page:



LAO Conference—Anna Kennedy

and management. Case presentations were made by *Janmari Baas Ross, RMT* on a patient with head and neck cancer; *Nadine Maraj Nyiri, RMT* on a complex patient with lymphedema; *Cate MacCay, RMT* on a patient with necrotising fasciitis with hand and abdominal edema after a subepidermal abdominoplasty; *Ivy Juan, PT* on an obese patient with primary lymphedema and possible venous complications.

Laval, Quebec—October 2008



Review in Laval

A French-speaking Review was held in Laval,



Dr. Anne Towers, Robert Harris, Louise Killens & Nancy Reichl

Quebec, with 17 therapists from Quebec and Ontario. The course started out with a half day of theory presentation from Dr. Angela Shetty-Lee, medical director from the Dr. Vodder Schule-Austria. She spoke on her research into

the autonomic effects of MLD. Dr. Anna Towers presented an update on her research and new directions being taken in lymphedema treatment. Louise Killens, PT presented on her work with shoulder dysfunction in lymphedema patients. This morning was held as part of the 15th anniversary of MLD in Quebec, organised by Nancy Reichl. This was followed by a two day practical review given by Robert Harris.

Victoria, British Columbia—November 2008

The November timing of the Review in Victoria is new and 26 therapists attended this course taught by Robert Harris and assisted by Koby Blanchfield. Case presentations were made by Netta Leong PT on a poorly controlled diabetic, morbidly obese patient with lymphedema; Sandy Finch, LMT on a patient who underwent facial cosmetic surgery; Gabriella Friesen, RMT on a patient who had undergone a mastectomy then tram flap reconstruction; Heather Blathchley, DPT on a patient with metastatic prostate cancer; Loni Horsley, RMT on a patient with a tibial plateau fracture and patellar tendon tear as a result of a snowboarding injury. Our guest speakers included Prof. Weissleder who gave a thorough update on diagnostic and clinical research, Noreen Campbell RN who gave an in-depth talk on wound care and recognising various ulcer types, and Angela Vollmer who talked about why compression garments do not fit and solutions.

St. Pete Beach, Florida—January 2009

Our first review of 2009 was held in beautiful St. Pete Beach, Florida with 43 therapists from the USA, Canada, Mexico and Ireland. Hildegard Wittlinger and Robert Harris led the practical sessions and some very interesting cases were presented by our therapists. Dan Stokes, LMT presented a patient with costochondritis (chest pain caused by inflammation); Nancy Kraus, LMT on a patient with sialolithiasis (stone in the salivary gland); Barbara Mutschler-Hild, MT on the use of Pilates exercises for patients with lymphedema; Ruth Lewing, LMT on a patient with arm lymphedema and fibrosis; Pamela Hill, CMT on a patient with hand and finger lymphedema and fibrosis; Jennifer Quin, MS, PT on a patient with primary leg lymphedema; Michelle Campbell, PT on a patient with secondary leg lymphedema and liposarcoma; Marie Lew, LMT on a patient with secondary leg lymphedema following excision of a sarcoma; Leslie Benson, OTR presented a patient who had been treated with CDT and then with the Flexitouch compression device. Ruth Coopee MOTR/L presented a summary of the pilot study research on the use of elastic taping on patients with lymphedema, carried out at Flinders Medical Centre with Prof. Neil Piller. Sara Nelson, DPT presented her doctorate work that she has developed into the Conscious Clinician course.§



To our newly Certified Therapists!



Therapy II / III Class in Laval, QC - October 2008

Nicole Haché, PT	Bertrand, NB
Nathalie Haché, PT	Ste. Mariel, St. Raphael, NB
Louise Crispin	St-Jean-Sur-Richelieu, QC
Claire Labrie, MT	Evain, QC
Estelle Faust, PT	Laval, QC
Nathalie Deschénes, l	MT Granby, QC
Isabelle Poirier, MT,	CLM Gatineau, QC

Genevieve Gauthier, PT Quebec, QC
André Dugre, OT Matane, QC
Joane Boucher, PT Rouyn-Naranda, QC
Stephanie Gaudreau, MT Montreal, QC
Corinne Bouchex-Bellomie, MT Terrebonne, QC
Fatima Hadj A, RN, MT Lasalle, QC
Gessie Rodrigue, MT Laval, QC

Félicitations: À nos nouveaux diplômés!



Therapy II / III Class in Victoria, BC - November 2008

Risa Margolus, PTA	Edmonton, AB	Jill Motz, LMT	Chugiak, AK
Lisa Rummel, RMT	Canmore, AB	Deborah L. Ballard, LMT	Anchorage, AK
Gwen Valentic-Morrison, RMT	Surrey, BC	Amanda Hansford-Cage, OTR/L	Phoenix, AZ
Susan Duckworth, RMT	Victoria, BC	Catherine Levine, CMT	Morgan Hill, CA
Lindsey Cymbalisty, RMT, BS	Yellowknife, YT	Lisa Taquino, PTA, OTR/L	San Pedro, CA
Alison Mitchell, RMT	Barrie, ON	Laleen Datt, COTA/L	Hayward, CA
Simon Kim, LAc	Hongchon-Gun, Korea	Melissa Goldman, LMT	Boca Raton, FL
Soon-Yong Jeong, PT	Seoul, Korea	Melba Gabriel, RPT	Greenville, SC
Tanya Taylor, RMT	Addington, NZ	Shelagh Lane, LMT, LMP	Bremerton, WA
Alyson Jones, PT	London, UK		

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P.O. Box 5121, Victoria, BC, Canada, V8R 6N4

Conferences 2009

International Lymphoedema Conference and

Exhibition: April 22- 23,2009 Royal Ascot, England, UK

Contact www.journaloflymphoedema.org

International Society of Lymphology Congress:

September 19-28, 2009 Cairns/Sydney/Uluru, Australia

Contact: lymphology@icmsaust.com.au

Lymphovenous Association of Ontario Conference:

November 07, 2009 Toronto, ON

Contact: www.lymphontario.org

Lana Recertification: Attending a Dr. Vodder Review meets the recertification requirement for LANA.

Lana Recertification:

LANA Exam dates: April 13 - May 2, 2009 October 5 - 24, 2009. Contact: www.clt-lana.org

Expert Garment Fitting Course

with Angela Vollmer Victoria, BC: August 8/9 info@vodderschool.com§

Reviews for 2009

Please register early to confirm your place in a Review. Space is limited according to instructor availability.

Earn \$25 towards your NAVALT membership (renewal or new member) by attending a North American Review for the remainder of the 2009 year.

Adelaide, Australia

April 14–16, 2009: Join us at the Massage Study Centre. Prof. Piller will be the main speaker. For more information contact msc@chariot.net.au.

Stowe, VT

May 29–31, 2009: Join us at the Golden Eagle Resort. Main speaker to be announced.

Also offering Conscious Clinician, Advanced Creative Bandaging and Elastic Taping.

For more information contact info@vodderschool.com

Stowe, VT

May 31–June 2, 2009: Join us at the Golden Eagle Resort. Main speaker to be announced.

Also offering Conscious Clinician, Advanced Creative Bandaging and Elastic Taping.

For more information contact info@vodderschool.com

Walchsee, Austria

July 06-10, 2009: Join us at the Dr. Vodder Schule, Austria.

For more information about this course please call 011 43 5374 5245 or email office@vodderschule.com

Montreal, QC

(French language): August 01 - September 1, 2009: Dr. C. Schuchhardt and Dr. Anna Towers will be the main speaker.

For more information contact info@kineconcept.com

Sydney, Australia

September 27-October 01, 2009 (in conjunction with eth ISL conference) Main speaker: Prof. Neil Piller.

For more information contact Jan Douglass: jandouglass@bettanet.net.au

Victoria, BC

October 30-November 01, 2009: Join us at Bedford Regency Hotel. Main speaker to be announced. Also offering Conscious Clinician.

For more information contact info@vodderschool.com§

Administration

Many therapists will have met or corresponded with Ellie Ford, the administrator of the Dr. Vodder School. We are delighted to announce the recent birth of Ellie's second daughter, Rayah, Isabelle Ford. Ellie will continue working part time as administrator this year.

Our new website at www.vodderschool.com is proving to be a big "hit". We have experienced a 500% increase in pages viewed since the launch of the new format. Be sure to register on line and access your database account, using your email address and

your own personal password. Please call us if you need help logging on.

To speed up the registration of participants at our courses, we are no longer accepting payment at the courses. Prepayment is required 30 days before the start of the class. To encourage participation we are keeping the Review class prices the same as in previous years, up to 30 days before the start and less than 30 days, the class fee increases by \$25.00. Register early to guarantee your place and save!§



2009 REVIEWS & ADVANCED COURSES

Dr. Vodder Review

INTERNATIONAL

Tel.: (250) 598-9862

Stowe, VT - May 31 & June 1, 2009 8:30am - 5:30 pm and June 2, 2009 8:30 am - 1 pm Victoria, BC - Oct. 30 & 31, 2009 8:30am - 5:30 pm and Nov. 01, 2009 8:30 am - 1 pm

- 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 across North America.
- Update on the latest research in Lymphology and the treatment of lymphedema.
- Class size may be limited, so please register now.

Marnitz Therapy

An advanced class where you will learn a deep tissue technique to relieve musculoskeletal problems for lymphedemas. It will significantly help your patients' muscle tension and postural problems and increases muscle hyperemia by over 200% without causing additional skin hyperemia. Andreas Wittlinger, PT, Instructor and director of the Rehabilitation Department of the Dr. Vodder Clinic – Walchsee, Austria is an experienced practitioner of Marnitz Therapy.

Coopee TEST (Techniques for Elastic Sports Taping)

Stowe, VT - May 28, 2009 from 8.00am to 5.30pm

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

The Conscious Clinician:

Behavioral Management and Integrative Practice in Lymphedema Rehabilitation

Stowe, VT - May 28, 2009 from 8,00am to 5,30pm Victoria, BC - November 02, 2009 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, Certified Dr. Vodder School Therapist

Advanced Creative Bandaging

Stowe, VT – June 1, 2009 from 8.00am to 5.30pm

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.

Please Note: The course 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.

> To register for one or more of these classes, send your completed application and deposit to: Dr. Vodder School International

> > PO Box 5121, Victoria, BC, Canada V8R 6N4 Fax: (250) 598-9841 E-Mail: info@vodderschool.com

APPLICATION FORM

FOR TRAINING IN DR. VODDER'S MANUAL LYMPH DRAINAGE:

(PLEASE USE LARGE CLEAR	BLOCK LETTERS / NUMBERS)	STATE/PROV	/INCE LICENSE #
Title: Ms. / Mrs. / Mr. / Dr. NA	ME:		
HOME Address:			
City:	Province/State:	Postal/Zip Code	Country:
WORK Address:			
		Postal/Zip Code	Country:
			Fax:
	w		
QUALIFICATIONS (PLEASE DE PT PTA CO	OT COTA MD LMT	□RMT □CMT □MT	RN DLPN DDC DLAc
COURSE(S) I AM REGIS	TERING FOR (please check c	ourse location and write cou	urse(s) and dates on lines provided):
Location: \square <i>Stowe,</i>	VT/ Golden Eagle Resort	□ Victoria, BC	/TBA
Course (s):		☐ COOPEE TEST / I	
	ND (FULL PAYMENT RECEIVED ND (PAYMENT RECEIVED LESS TH		
• COOPEE TEST, MARNITZ	THERAPY, CONSCIOUS CLINIC. \$195 USD OR CND (FULL PAYM \$220 USD OR CND (PAYMENT F	IENT RECEIVED 30 DAYS B	EFORE START OF CLASS)
For Co	DURSES BEING HELD IN CANADA	A PLEASE ADD 5% GST TO	O TUITION COST
BRINGING A MASSAGE TABL	E (SAVE \$25 OFF COURSE FEE, IF R	EQUIRED): 🗆 YES 🗆 NO)
PAYMENT ENCLOSED: \$	<u>)</u>		
Visa	a/MasterCard #:		Expiry:
			and is non-refundable 30 days prior to at the end of the course.
Signed:	ABOVE INFORMATION IS TRUE A	Month	DayYear
	nation you have provided to us voluntarily will b If you wish to view our Privacy Policy, please co		
ADMINISTRATOR USE	ONLY:		
DATE RECEIVED PAYMENT:		ED:	·
PAID BY: Visa / MasterCard/ Cheque/ C DATE RECEIVED PAYMENT:		ED:	EXPIRY DATE:: AMOUNT RECEIVED: \$
PAID BY: Visa / MasterCard / Cheque / C NOTES:			EXPIRY DATE::

Tel.: (250) 598-9862



DVDs, Books & CD Roms

Dr. Vodder School™

Authorized by the original Dr. Vodder Schule - Austria

PRODUCT AND PRICE INFORMATION

<u>DVDs</u>	US\$ or CDN\$
Dr. Vodder Method of MLD	\$20
Arm Lymphedema – Exercise	\$25
Leg Lymphedema - Exercise	\$25
Two or more - Exercise DVDs (each)	\$20
Compression Bandaging for Therapists	\$55
Self-Bandaging – Arm for Patients	\$25
Self-Bandaging – Leg for Patients	\$25
Buy Two or More Self-Bandaging DVDs (each)	\$20
Special Purchase for all three Bandaging DVDs	\$90
Basic Body	\$55
Special Techniques	\$55
Edema Techniques	\$55
BOOKS	
Dr. Vodder's Manual Lymph Drainage Volume 1	\$35
Dr. Vodder's Manual Lymph Drainage Volume 2	\$35
Compendium of Dr. Vodder's Manual Lymph Drainage	\$49
Lymphedema Diagnosis and Therapy*	\$69
<u>Lecture Notes</u>	
Basic & Therapy I Notes	\$25
VITAL ESSENCE CD ROMS	
Vital Essence (Health Care Practitioners)	\$80
Vital Essence (Patients)	\$65

Prices do not include shipping and handling and GST will be added to Canadian customer orders.

FOR DESCRIPTIONS AND TO ORDER THE PRODUCTS PLEASE VISIT OUR WEBSITE AT WWW.VODDERSCHOOL.COM

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT THE OFFICE AT THE PHONE OR EMAIL BELOW.

Dr. Vodder School International, PO Box 5121, Victoria, BC, V8R 6N4, Canada Tel: (250) 598-9862 Toll free (800) 522-9862 Fax: (250) 598-9841

E-mail: info@vodderschool.com

Rev 11/6/08



INTERNATIONAL Authorized by the original Dr. Vodder Schule - Austria

Expert Garment Fitter Course Coming to Victoria, BC

August 8 & 9, 2009



With Angela Vollmer, Orthopedic technician and world – renowned garment fitting expert from Germany. Sponsored by BSN Medical

This is the course many therapists and fitters have requested. Learn all the skills and tricks from an expert so that you too can become a highly skilled garment fitter. The two day course will equip you and certify you, through BSN medical to fit garments accurately for patients with lymphedema. This is the second course of its kind in Canada and will be limited to 14 participants. Register now to secure your place.

This course is designed for garment fitters, Lymphedema therapists/ CDT Therapists and Health care professionals experienced with patients with lymphedema.

Participant feedback: Angela's expertise is inspirational. Very patient and thorough - showing detailed pictures & the tricks of how measure.

The location is TBA in Victoria and the dates are August 8/9.

The price though will increase to \$275 plus GST. Lunch is included both days.

What you will learn in this course:

- Different types of edema and different types of compression classes
- Anatomy, physiology and pathophysiology of lymphedema

Tel.: (250) 598-9862

- Types of garments and their application
- Fitting for upper and lower extremity
- Problem solving for difficult cases

- Practice measuring
- Product returns
- Measuring for actual patients

E-Mail: info@vodderschool.com

- Measuring and fitting on actual patients
- Follow up with garments supplied to patients (BSN)

The goals of this course are to create expert garment fitters in Canada, opportunities to diversify knowledge, a greater fitter and customer satisfaction, as well as greater patient compliance thus making less recall of product.

> To register for this class, send your completed application with full payment to: Dr. Vodder School - International PO Box 5121, Victoria, BC, Canada V8R 6N4

Fax: (250) 598-9841

(PLEASE USE LARGE CLEAR CAPITA	EASE USE LARGE CLEAR CAPITAL LETTERS / NUMBERS) STATE/PROVINCE LICENSE #			
Title: Ms. / Mrs. / Mr. / Dr. NAME:				
Address:		City:		
Province/State:	Postal/Zip Code			
Phone #(s): Home:	Business: _	F	ax:	
Email:	We	ebsite:		
QUALIFICATIONS: LMT RMT	□CMT □MT □OT □OTR	OTR/L PT PTA RN	□LPN □DC □Garment Fitter	
I AM REGISTERING FOR the EXPERT GARMENT FITTER COURSE being held in Victoria, BC on August 8 & 9, 2009				
Costs: <u>Expert Garment fitter</u> \$275 plus 5%GST (\$275+5%=\$288.75)				
PAYMENT ENCLOSED: \$	Visa/MasterCard #:_		Expiry:	
Deposit of \$100.00 for each course you are registering for is required to confirm a space and is non-refundable one month prior to start of course. A \$50 administration fee will be charged for cancellation. Receipt will be given at the end of the course.				
I HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT IN ALL ASPECTS.				
gned:				