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THERAPY NEWS

VOLUME 14 ISSUE 1

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Inside this issue:

Editorial

Robert Harris, HND, RMT, CLT-LANA

Knowledge and awareness of the lymphatic system continues to grow around the world and we are proud to be a truly international Dr. Vodder School, training therapists in many countries. We strive to keep you updated on the latest developments and thanks to Professor Weissleder for updating us on important developments in fluid exchange. This Therapy News will also focus on some of the international conferences and reviews held within the past six months with contributions from our therapists, teachers and medical instructors.§

International Society of Lymphology conference, Sydney, Australia, September 2009

Reported by Marie-Eve Letellier, MSc (followed by a version in French)

Dr. Vodder exhibit at ISL with Robert Harris, Sylvie Fenet and Marie-Eve Letellier

This year I had the great opportunity to go to the 22nd International Congress of lymphology conference. As I am wearing both hats, future researcher and lymphedema therapist, I was quite excited to see the latest news in the field of lymphology. The whole week was quite interesting: the temperature was warm and sunny, we did a cruise around Sydney Harbour, we had a sand storm, an amazing congress supper/dance evening, and the opportunity to chat with scientists from all around the world. But moreover, we had the chance to attend a wide variety of presentations that reinforced the importance of our work in the management of lymphedema.

Professor Neil Piller, president of this congress, opened the conference by mentioning the importance of conducting research with rigorous methodology. We need to have strong scientific evidence and not only clinical evidence. Therefore, we must do more research, get published and get ready to be criticized! By doing this, we will make the world of lymphology move forward.

One of the biggest problems that we face is the fact that we do not have a common definition for lymphedema: some people describe lymphedema as a difference of 1 or 2 cm in one point, others will look at 100 or 200 ml volume difference; measures are taken with a measuring tape every 4, 5, or 10 cm or calculated by water displacement or other methods…there is an urgent need to standardize what we are doing in order to be able to compare “apples with apples” and not “apples with carrots”! In order to do that, it was proposed that lymphedema should have its own coding system – similar to the “TNM” staging in cancer, which will allow a form of standardization.

Secondly, Professor Peter Viehoff, from the Netherlands, and his team are working on the development of an “ICF Core Set for lymphedema”. ICF stands for “The International Classification of Functioning, Disability, and Health”, which is a model developed by the World Health Organization (WHO). The ICF provides a common framework for health outcome measurement. It also provides an unified and standardized language for describing and classifying health domains and health-related states. The aim of an ICF Core Set is to label the ICF domains or categories within the entire classification, which will provide minimal standards for the reporting of functioning and health for either a condition-specific or a generic core set (http://apps.who.int/classifications/icfbrowser/).

One of the things highlighted during the conference was the importance of early detection and intervention. In clinical practice it is rare that pre-operative measurements are taken. Quite often, patients are referred to us when lymphedema has already appeared. However, whenever possible, those measures should be taken as early as possible and the patient should be followed regularly. Detected early, lymphedema will always be easier to manage and better results will be acheived.

ISL conference, Sydney, Australia, September 2009

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> "Common sense and clinical experience should always guide us in our practice."

Here are some of the keys points that I retained from the congress:

- What we can do as a therapist:
    - Patient education: do not generate fear; rather increase patient's knowledge and comprehension of lymphedema. Give pamphlets regarding signs of lymphedema, what do to, and where to go.
    - Be consistent in the measurement that we are taking: always measure both sides, note patient's weight, and time of the day.
    - Have a holistic vision of the patient: most of the time we offer an intensive therapy of 5 days a week for 3 to 5 weeks and there is not much room for alternatives. We should discuss with the patient what s/he is willing to do and to commit to, which may result in a better adherence to the therapy.
    - Participate eventually in the database for patients having lymphatic disorders (the testing phase should take place in January 2010, www.lymphaticresearch.org).
- What we can do as researcher:
    - More research with rigorous methodology. Of course randomized control trials (RCT) have a strong methodology, but case studies and other types of research should not be put on the side, as they can provide evidence. If we can aim for RCT with a large sample size, that would be great, but a well designed case study can also make us move forward.
    - Make sure that arm circumferences and functions are integrated in the pre-operative assessment.
    - Publish the "good" and the "not so good" results obtained in therapy.

Reading scientific papers should be mandatory. However, we should never take for granted what we are doing, and we should not rely only on the literature. Common sense and clinical experience should always guide us in our practice.

My final thoughts are: whenever you can, go to reviews, go to conferences…and also, keep doing what you are doing, as so far, MLD and CDT are key elements in the treatment of lymphedema.

Jan Douglass, Dr. Vodder instructor presenting at the ISL

Marie-Eve Letellier, M.Sc. Kinesiology, PhD (candidate) marie-eve.letellier@mcgill.ca.

(Ed: Thanks again to all the Dr. Vodder therapists who volunteered at the Dr. Vodder exhibit and donated over 50 sessions of MLD to participants at the ISL conference. Congratulations also to all the Vodder therapists who presented at the conference.)

French Version

En septembre 2009, j'ai eu l'opportunité d'aller au 22^{e} Congrès International de Lymphologie qui avait lieu à Sydney, Australie. Comme je porte les deux «chapeaux», soit celui de future chercheure et celui de thérapeute en lymphoedème, j'étais très excitée de voir quelles seraient les dernières nouvelles dans le domaine de la lymphologie. La semaine entière a été bien intéressante: la température était chaude et ensoleillée, nous avons fait une croisière autour du port de Sydney, nous avons eu une tempête de sable, nous avons eu un merveilleux souper de congrès combiné à une soirée de danse, et nous avons eu l'opportunité d'échanger avec des chercheurs provenant de partout dans le monde. En plus de tout ça, nous avons eu la chance d'assister à une variété de présentations qui renforcissent l'importance de notre travail dans le contrôle du lymphoedème.

Le professeur Neil Piler, président de ce congrès, a ouvert la série de conférence en mentionnant l'importance de faire de la recherche ayant une méthodologie très rigoureuse. Nous avons besoin d'avoir des évidences scientifiques fortes et non pas seulement des évidences cliniques. C'est pour cette raison que nous devons faire plus de recherches, être publié et être prêt à être critiqué! C'est donc en faisant ceci que nous allons faire en sorte que le monde de la lymphologie va aller de l'avant.

Un des plus grand problème auquel nous faisons face est le fait que nous n'avons pas de définition commune pour le lymphoedème: certaines personnes vont décrire le lymphoedème comme étant une différence de circonférence de 1 ou 2 cm en un point, d'autres vont regarder à une différence de volume de 100 ou 200 ml; les mesures sont prises avec un ruban à mesurer tous les 4, 5 ou 10 cm or encore le volume est calculé à l'aide d'un volumètre (déplacement d'eau) ou autres méthodes…il y a donc une nécessité de standardiser ce que nous faisons pour être en mesure de comparer des «pommes avec des pommes» et non «des pommes avec des carottes»! Dans le but d'y parvenir, il a été proposé que le lymphoedème ait son propre système de codification – similaire au code «TNM» utilisé en cancer, ce qui permettrait une forme de standardisation. Le professeur Peter Viehoff, des Pays-Bas, et son équipe travaillent présentement sur le développement d'un «ICF Core Set» pour le lymphoedème. ICF désigne «la classification internationale du fonctionnement, du handicap et de la santé»

ISL conference, Sydney, Australia, September 2009

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(International Classification of Functioning, Disability, and Health), qui est un modèle développé par l'Organisation Mondiale de la Santé (OMS). L'ICF procure un cadre commun pour la mesure des résultats en santé. Il procure aussi un langage unifié et standardisé pour décrire et classifié les domaines et les états de santé. Le but d'un «ICF Core Set» est d'identifier tous les domaines ou les catégories de l'ICF à travers la classification qui procurent des standards minimaux pour rapporter sur le fonctionnement et la santé soit pour une condition spécifique soit pour un ensemble générique (http://apps.who.int/classifications/icfbrowser/).

Une des choses qui a été pointée pendant les conférences était l'importance de faire une détection et une intervention précoce. Dans la pratique clinique, il est plutôt rare que les mesures préopératoires sont prises. Bien souvent, les patients nous sont référés lorsque le lymphoedème est déjà présent. Cependant, lorsque c'est possible, les mesures devraient être prises le plus tôt possible et les patients devraient être suivis régulièrement. La détection précoce sera toujours plus facile à traiter et permettra d'atteindre de meilleurs résultats.

Voici donc quelques éléments clés que j'ai retenu du congrès:

- Ce que nous pouvons faire en tant que thérapeute:
    - Éduquer les patients: ne pas générer la peur; il faut plutôt augmenter leurs connaissances et leurs compréhension face au lymphoedème. Par exemple, nous pouvons donner des dépliants sur les signes du lymphoedème, ce qu'il faut faire et où il faut aller.
    - Être consistent dans la manière de mesurer: toujours mesurer les deux côtés, noter le poids de la personne, ainsi que le temps de la journée.
    - Avoir une vision holistique du patient: la majorité du temps nous proposons une thérapie intensive de 5 jours par semaine pour 3 à 5 semaines et il n'y a pas vraiment de place pour des approches alternatives. Nous devrions demander au patient ce qu'il est prêt à faire et à se soumettre, ce qui pourrait résulter en une meilleure adhérence à la thérapie.
    - Participer éventuellement à la base de données pour les patients ayant des problèmes au niveau du système lymphatique (la phase de test devrait prendre place en janvier 2010, www.lymphaticresearch.org).
- Ce que nous pouvons faire en tant que chercheur:
    - Faire de la recherche ayant une méthodologie rigoureuse. C'est certain que les essais contrôlés randomisés ont la méthodologie la plus forte, mais les études de cas ou autres types de recherche ne doivent pas être mis de côté, car elles peuvent procurer des évidences. Si nous pouvons envisager un essai contrôlé randomisé avec un large échantillon, ça serait merveilleux, mais une étude de cas bien planifiée peut aussi nous faire progresser.
    - S'assurer que les mesures et les fonctions du bras sont intégrées lors des évaluations préopératoires.
    - Publier tant les bons que les «moins bons» résultats obtenus en thérapie.

Que l'on soit chercheur et/ou thérapeute, dans les deux cas, lire les études scientifiques devrait être obligatoire. Par contre, il ne faut jamais prendre pour acquis ce que nous faisons et nous ne devons pas non plus nous fier uniquement à la littérature. Le sens commun et l'expérience clinique devraient toujours nous guider dans notre pratique.

Pour conclure, je vous dirais qu'à chaque fois que vous le pouvez, aller à des certifications, à des conférences…et aussi de continuer de faire ce que vous faites, car jusqu'à présent, le DLM et la TDC demeurent des éléments clés dans le traitement du lymphoedème.§

> "Le sens commun et l'expérience clinique devraient toujours nous guider dans notre pratique."

World Alliance of Wound and Lymphoedema Care (WAWLC), Geneva Switzerland, October 2009

Professor Neill Piller, PhD

The newly formed WAWLC has recently moved one step closer to becoming an entity whose goals are to improve lymphoedema and wound care around the world, but with a special focus on developing countries.

A meeting of the larger membership took place in Geneva, Switzerland under the leadership of Dr John Macdonald and with the assistance of members of the WHO. The future of the WAWLC is assured in view of the great enthusiasm and intent to make a difference through education and training. This will be delivered in a way to ensure sustainability of the program and those trained in the developing countries involved.

The alliance gained its incorporation in November and will begin to develop (in concert with existing agencies and groups) plans for improving education, awareness, training and sustainability of all aspects of wound and lymphoedema care in developing nations.

Prof. Neil Piller is on the advisory Board of the WAWLC.§

Transcapillary fluid exchange – Modification of Starling's principle

Professor Horst Weissleder, MD

The endothelial glycocalyx is a mesh like structure consisting of glycoproteins, proteoglycans and associated plasma proteins covering the inner endothelium of healthy blood vessels. It can be considered as an additional barrier against extravasation of fluid and proteins, and regulates the transvascular fluid exchange. Starling suggested that the colloid-osmotic concentration gradient occurs from inside to outside of the blood vessel. It has been now shown to occur across the glycocalyx from inner surface (lumen of the blood vessel) to outer edge (next to the endothelial cell), i.e. across the endothelial glycocalyx. The oncotic pressure of interstitial fluid does not directly determine fluid balance across microvascular endothelium.

However blood oncotic pressure still opposes the filtration pressure and water outflow. As long as blood capillary pressure is higher than blood oncotic pressure, filtration is possible.

Based on the new results there is no or only minimal resorption from the interstitial space back into the venous blood capillaries because there is mostly no oncotic pressure difference between plasma and interstitial fluid. All the filtered fluid has to be transported away by the lymphatic system.

A reduction of the glycocalyx thickness leads to an increased permeability of the vessel wall for macromolecules. If the protecting structure of the fragile glycocalyx no longer exists, (e.g. following surgery, inflammatory processes, ischemia/ reperfusion, atherosclerosis) then the endothelial cells and their receptors e.g. adhesion molecules become exposed and in direct contact with the circulating blood. This situation results in leukocyte adhesion, platelet aggregation, an outflow of vascular plasma proteins and edema formation.

Recommended Literature

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- Levick R. Revision of Starling principle: New views of tissue fluid balance. J Physiol 2004; 557:704
- D. Chappell DM, Jacob M, Becker B, Hofmann-Kiefer K, Conzen P, Rehm M. Expedition Glykokalix, Ein neu entdecktes "Great Barrier Reef". Anesthetist 2008; 57:959-969. (in German)
- Nieuwdorp M, Meuwese MC, Mooij HL, et al. Measuring endothelial glycocalyx dimensions in humans: a potential novel tool to monitor vascular vulnerability. J Appl Physiol 2008; 104:845-852.§

> "Based on the new results there is no or only minimal resorption from the interstitial space back into the venous blood capillaries..."

Aqua Lymphatic Therapy

We are very pleased to announce that Dorit Tidhar, MSc, PT will offer an aqua lymphatic therapy class as an add-on course to our Stowe Review. This one day class will introduce participants to the Tidhar method of ALT for patients with upper extremity lymphedema. Dorit has moved to North America to conduct research with Dr. Towers at McGill University health centre in Montreal. This will be an excellent opportunity to receive training from a respected authority in the field. Please see last page for a reference to Dorit's research.§

New Instructor

We extend a warm welcome to Sandra MacDonald, RMT from Halifax, NS, Canada who is our latest addition to the teaching faculty of the Dr. Vodder School. Sandra has been a certified Vodder therapist since 1997, has organised Dr. Vodder classes in Nova Scotia, and works in a physiotherapy clinic in Halifax.§

Sandra MacDonald

Lymphovenous Association of Ontario conference, Toronto, Canada

Edith Mulhall, RN, RMT

This year's LAO conference on November 7, 2009 had an air of excitement even before the program began. Anna Kennedy, director of the LAO, opened with an overview of the growth of lymphedema (LE) awareness through the involvement of new products for LE management, and the birth and advancement of the Canadian Lymphedema Framework (CLF).

Evidence of this growth was shown in the need for

Lymphovenous Association of Ontario conference, Toronto, Canada,

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a larger venue for the conference, and more speakers.

Kim Avanthay, a mother of a young boy with primary LE, gave a moving presentation called "Why We Do What We Do". She related the challenges she faced, from finding knowledgeable medical staff able to diagnose her son's condition, to appropriate therapy. She drew attention to the lack of knowledge even among health care staff, and used this as an example of why the fight must go on for LE awareness. Her presentation put a human face to LE.

Dr. Christine Moffatt explained how LE care must be active from the cradle to the grave, identified several problems which are common internationally, and showed how Kim's story, though specific for her, is very applicable to LE globally. She outlined the challenges of the journey to develop LE services around the world and explained that although there are diverse presentations of LE, the same challenges are faced globally. She stressed that improved management can be achieved only through collaborative and multidisciplinary partnerships between stakeholders, and that it is essential to have an international approach.


Dr. Christine Moffatt

Dr. David Keast spoke of his experiences while visiting developing countries. He focused his presentation on a recent visit to Uganda and several health centers in that country. These centers are run in very basic facilities with very creative equipment and methods, which would be considered severely lacking in our culture. He noted that in this part of Africa, 45% of the population is under 15 years of age, the life expectancy is only 50 years and Uganda is considered the "jewel" of Africa. One very interesting piece of information raised was that LE is assumed to be related to filariasis, which is more common in the north of Uganda; so LE is not always treated in national or regional centers. I found this an interesting parallel to North America, where LE is widely assumed to be a result of breast cancer, and is therefore often overlooked when it arises in conjunction with non-breast cancer morbidities.


Dr. David Keast

Dr. Andrea Cheville addressed newer treatment approaches to LE, such as hyperbaric oxygen and lasers. Hyperbarics were generally found to be more effective when used early in the treatment process but gave a slower response in patients who received treatment later than about 18 months after diagnosis. With respect to lasers, she noted that understanding of this treatment was still quite limited, although the process does seem to hold some promise under specific conditions.

Dr. Christine Moffatt spoke at length about the psychosocial aspects of living with LE, discussing the impact and outcomes, as seen by quality of life factors, frequency of cellulitis, reduction of limb mobility, adaptive coping measures, decreased social support to name a few. She noted that limb size (volume) is not always the biggest impact on QOL; it is very often the pain factor, body image, and social response to a person's condition. Depression and anxiety are both very common, but seldom adequately addressed.

In his second presentation, Dr. Keast provided an excellent picture of the relationship between wounds and LE, an area that until recently has been overlooked. He stressed the importance of addressing underlying disease conditions, especially vascular disorders, in order to facilitate a better quality of wound healing. His baseline philosophy for healing wounds is to "treat the whole patient, not just the hole in the patient."

Dr. Moffatt also provided us with a second excellent presentation, addressing the challenges of effective compression bandaging. She noted that the most reduction is usually achieved in the first 10 days of treatment; also that commitment to the program is the most important factor and therefore programs must be patient-specific. She shared many very useful and practical tips on how to achieve more effective compression in specific situations and how inadequate or incorrect bandaging can prolong and actually cause further complications. Dr. Moffatt mentioned how important she felt it was that therapists of all different categories of expertise be involved in treating LE, i.e., wound care nurses, PT's, OT's and massage therapists, and each profession has the knowledge to address concerns of specific patients. I found this of particular interest to us in Canada as we have a very high percentage of MLD therapists who are massage therapists. She also stressed the importance of maintaining good skin care and lubrication of the affected limb at all times, but especially while going through the intensive phase of treatment.


Panel discussion with Dr. A. Towers, Dr. D Keast, Dr. A. Cheville, Dr. R MacLean & Robert Harris

Overall this was a very positive experience for those of us who attended, and much motivation has arisen from the information shared and learned. I believe that lymphedema awareness took a huge step forward on November 7 at the LAO conference.

Edith Mulhall, RN, RMT, Dr. Vodder certified therapist in Winnipeg, MB: ed.mul@hotmail.com.§

> "...improved management can be achieved only through collaborative and multidisciplinary partnerships between stakeholders…"

Canadian Lymphedema Framework meeting, Toronto, Ontario

Catherine DiCecca, RMT

On November 6, 2009 the first Canadian national stakeholder meeting was held in Toronto and organized by the Lymphovenous Association of Ontario. It was attended by over 100 people which included lymphedema therapists, clinicians, patients, advocates and educators (including yours truly and the indefatigable Robert Harris), from across Canada, the U.S. and Europe. Dr. Christine Moffatt, founder of the International Lymphedema Framework in the U.K. was one of the distinguished guests imparting her experience.

Amongst this group were the people that have been participating in the Canadian national lymphedema conference calls held monthly (see photo). It was exciting to have a group of this size come together in one room to discuss the needs of Canadians living with lymphedema.

Canadian regional representatives

The main idea of this day was to brainstorm in groups of 4-6 people in an open format design. We were given a few topics to discuss in our separate groups such as:

- What is the biggest issue the CLF will face to improve the management of lymphedema in Canada?
- What possible solutions can we provide?
- What resources are needed to provide the solutions?
- Our recommendations to the CLF

We wrote our topics and comments on flips charts, presented them to the rest of the group and they were then taped to the walls for people to view and discuss. This was an intense, concentrated effort for all participants but camaraderie was felt, links were formed and email addresses exchanged.

I left exhausted at the end of the day knowing we helped the CLF in directing a focus in reaching some of its goals such as raising the profile of lymphedema and related disorders, taking a leadership role in risk reduction, early diagnosis, treatment and education, research of lymphedema and lastly address issues of inequity of provision of care. This will be done in partnership with provincial organizations such as the BC Lymphedema Association and others across the country.

The CLF will take the ideas formed and compile them so that everyone can see the results that ensued. Distribution to the participants and anyone else interested will soon follow. The project of implementing best practices for lymphedema treatment in Canada has now begun!

Catherine DiCecca, RMT is a Dr. Vodder therapist and instructor in Nanaimo, BC cathyd13@telus.net.§

> “The project of implementing best practices for lymphedema treatment in Canada has now begun!”

Review Reports 2009/2010

Sydney, Australia—October 2009

The Sydney Review was held at the College of Nursing and eighteen therapists attended from New Zealand and Australia. This was held in conjunction with the International Society of Lymphology conference enabling several participants to attend both events. Robert Harris gave the practical part of the review. Case presentations were made by *Denise Berry, PT* on a patient with bilateral pelvic node dissection and radiation after cervical cancer with resultant lymphedema and cellulitis; *Teresa McEleney, RMT* on a patient with post surgical edema and scar contractures with axillary cording after a radical mastectomy; *Amanda Hunt RMT* on an obese patient with edema, fungal infection and cellulitis. Theory presentations were made by *James Caroll, MS* on laser therapy and *Prof. Colin Carati* from Flinders University. *Prof. Carati* gave a thorough update on the latest in anatomical research on the lymph vessel system, ultrastructure and microcirculation.

Prof.. Colin Carati, PhD

Victoria, BC, Canada—November 2009

The Victoria Review was attended by 34 talented North American therapists, coinciding with the arrival of the Olympic Flame from Athens as well as Halloween! An excellent presentation on shoulder dysfunction and lymphedema was made by *Sara Nelson, DPT*. Sara also gave her Conscious Clinician workshop after the Review. It was good to see so many cases presented including: *Asha Hollloway, RMT* on a patient who had undergone a radical mastectomy; *Lindsey Ueda, RMT* on a patient with a pelvic fracture and primary leg lymphedema;

Review Reports 2009/2010

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Victoria, BC Review cont'd from previous page:

Review in Victoria;
Robert Harris, Catherine DiCecca, Lynn Holloway, Dr. Anna Towers & Noreen Campbell

Wanda Guenther RMT, Cathy Russell PT and Chandra Rossnagel OT on a patient with metastatic breast cancer with a mass over the brachial plexus; *Elke Kriegel, RMT* on a patient with cellulitis and probable primary lymphedema who had undergone acupuncture treatment; *Jane Sereda, LMT* on a patient with severe bloodshot eyes and swelling after a bicycle injury; *Maggie Williams, PT* on a the challenges of treating a patient with stage III breast cancer who is a flight attendant; *Chandra Rossnagel, OT* on a patient with severe leg lymphedema who underwent a 6 week course of CDT and attained a 70% reduction in volume. *Dr. Anna Towers* from McGill University presented on her Canadian research and the Lymphedema Framework Project as well as two case presentations. *Noreen Campbell, RN* (and Vodder therapist) from the Royal Jubilee Hospital in Victoria gave a thorough presentation on wounds and lymphedema. *Catherine DiCecca and Lynn Holloway* gave a short presentation on the BC Lymphedema Association.

Singapore—December 2009

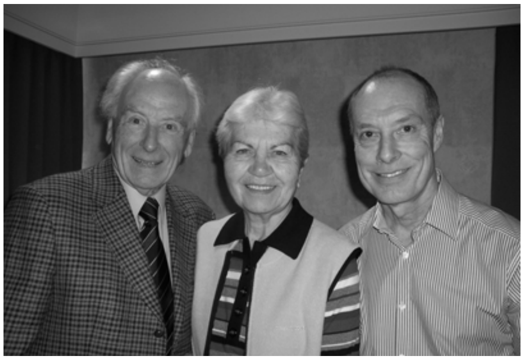
The first Dr. Vodder Review to be held in Singapore was attended by 11 Vodder therapists from Singapore, Japan and Australia. The location was the Singapore General Hospital which has become a center of excellence in lymphedema therapy.

Case presentations were made by *Doris Lim, PT* on a patient with a trauma-induced lymphedema that had developed into a mass on the dorsum of the foot. The patient was assessed by Prof. Piller and treatment options discussed. *Nicola Ott, RMT* from Perth, Australia described the use of MLD in the treatment of a patient pre and post dental implant surgery with very successful results. Theory presentations were made by *Sivagame Maniya RN*, a wound care nurse at SGH who treated a patient with lymphedema in conjunction with Vodder-trained therapists. *Professor Neil Piller* updated the group on current research topics from around the world and practical classes were guided by Robert Harris.

Singapore Review and II&III group

Dallas, TX, USA—January 2010

Sixty three therapists attended the two Dallas Reviews this year. We were fortunate to have Hildegard Wittlinger with us from Austria and together with Robert Harris, they taught the practical part of the program. Theory presentations were made by Prof. *Weissleder* on fluid exchange at the blood capillary as well as the latest imaging techniques using fluorescence lymphography. This is particularly exciting as some of our therapists in Houston are conducting research using this method.



Prof. Weissleder, Hildegard Wittlinger & Robert Harris

Dr. Jane Armer & Prof. Weissleder

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See page 10 for a list of upcoming Reviews.

Review Reports 2009/2010

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Prof. Jane Armer from the University of Missouri presented a workshop on research funding and updates on submissions for lymphedema coverage to MEDCAC (US Medicare) and American Lymphedema Framework project (ALFP) progress. Case presentations were made by *Shari Orphey PT* on research she is conducting into the use of MLD in the treatment of Meniere's syndrome; *Jill Motz LMT* on a patient with lipolymphedema; *Mary Ann Johnson, OTR* on a 4 year old patient with venous malformations and edema on the foot. Hildegard Wittlinger was presented with a plaque at the Review, honouring her years of dedicated and outstanding service to the field of Manual Lymph Drainage by Sarmita Misra, the president of NAVALT.§

Sarmita Misra, Hildegard Wittlinger & Kathryn Thrift

Congratulations!

To our newly Certified Therapists!

Tracy Fellowes, RMT	Ravensbourne QLD
Sarah Gill, RMT	Elmwood VIC
Fiona Gordon, RMT	Alice Springs NT
Janet Hunter, RMT, Dip HSc	Mt Keira NSW
Eileen Johnson, PT	Santa Monica CA US
Cheryl Lawrence, RMT	Gracemere QLD
Sarah Majarich, OT, BAppSc OT	Sydney NSW
Anne Marwood, RMT, EN	Usher WA
Janine Spencer, RMT	Tyabb VIC
Josephine Wing, BSc, Dip. Herb	Waterloo NSW

***Therapy II / III Class in Sydney, Australia* - October 2009**

Congratulations!

To our newly Certified Therapists!

Therapy II / III Class in
Victoria, BC **- November 2009**

Kyla Beck, RMT	Burnaby BC
Lori Browning, LMT	Bartlett TN
Deborah Carter, MT	East Chatham NY
Karen Clement, RMT	Victoria BC
Claire Cote, RMT	Richmond BC
Jeannette Dahlgren, LMT	Phoenix AZ
Angela Dickson, RMT	Abbotsford BC
Jung-hwa Do, PT	Song-pa-gu Seoul KR
Liane Dorrius, RMT	Revelstoke BC
Lynne Dupuis, RMT	Delburne AB
Linda Everett, RMT	North Vancouver BC
Mary Lynn Grizzell, LMT	Walla Walla WA
Charlotte Phillips, LMT	Chicago IL
Mandy Ryan, RMT	Vancouver BC
Tetsuya Sawada, PT	Okazaki Aichi JP
Lucinda Tait, RMT	Victoria BC
Melissa Tietje, LMP	Monroe WA

Zainal Abidin Bin Omar, PT	Singapore
Fabia Chiang, OT	Singapore
Chloe Lau Ha Chung, BSc PT	Singapore
June Eng, PT	Singapore
Yuko Kobiyama, RN	Tokyo JP
Upendranatha Reddy Potturi, MPT	Singapore
Mei Lan Tai, BSc OT	Brunei Darussalam
Cammy, Chia-Chi Tsai, BPT	Singapore
Elizabeth (Buff) Whiteley, RN	Singapore
Vernetta, Tyng Yi Wong, PT	Singapore
Toshiko Yamagata, RN	Yokohama-shi Kanagawa JP

Therapy II / III Class in
Singapore **- December 2009**

Therapy II / III Class in
Dallas, TX **- January 2010**

Penny Gamache, LMT	Arlington TX
Ramona Herman, RMT	Burlington ON
Hiroko Kambara, LMT	Houston TX
Kristin Keesey, OTR, CHT	Carrollton TX
Alexandra Krijgsman, LMBT	Pittsboro NC
Camille Morrison, PT	Kingwood TX
Erica Norman, BS, PTA	Corinth MS
Hazel Ogdon, PT	Memphis TN
Sarah Osbern, OTR	Dallas TX
Megan Simms, OTR, MOT	Dallas TX
Irene Tastove, CMT	Westphalia KS
Janey Thompson, LMT	Lubbock TX

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Articles

Aqua lymphatic therapy in women who suffer from breast cancer treatment-related lymphedema: a randomized controlled study.

Tidhar D, Katz-Leurer M, Support Care Cancer, 06 /2009 Springer publishers.

A study on 16 women who took part and a control group of 32 who did not undertake Aqua Lymphatic Therapy. Conclusion ALT was found to be a safe method, with high adherence, in treating women who suffer from mild to moderate lymphedema. A significant immediate and insignificant long-term effect on limb volume was noted.

Time course of mild arm lymphedema after breast conservation treatment for early-stage breast cancer.

Bar Ad V, Cheville A et.al, Int. Jour. Rad. Oncol., 76, 1, p 85-90, 2010

The objective of this retrospective study was to characterize the progression of mild arm lymphedema after breast conservation treatment for breast cancer. The authors conclude that mild arm lymphedema, generally considered to be a minor complication after breast conservation treatment for breast cancer, was associated with a risk of progression to a more severe grade of arm lymphedema in a substantial fraction of patients.§

Conferences 2009

International Lymphoedema Conference:
March 20 – 22. 2010
Brighton UK
Contact: www.lymphormation.org

Australasian Lymphology Association conference
May 27 – 29, 2010
Melbourne, Australia
Contact: www.lymphology.asn.au

National Lymphedema Network conference
September 22 – 26, 2010
Orlando, FL
Contact: www.lymphnet.org

Lymphovenous Association of Ontario conference
November 20, 2010
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 19 - May 08, 2010
September 20 to October 09, 2010.
Contact: www.clt-lana.org §

Reviews for 2010/2011

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

Victoria, BC
May 07 to 09, 2010:
Join us at Bedford Regency Hotel.
Main speaker, Dr. Anna Towers.
Also offering Expert Garment Fitter and Marnitz Therapy.
For more information contact
info@vodderschool.com

Stowe, VT
May 28 to 30, 2010:
Join us at the Golden Eagle Resort.
Main speaker; Prof. Horst Weissleder.
Also offering Aquatic Lymphatic Therapy, Conscious Clinician, Advanced Creative Bandaging and Elastic Taping.
For more information contact info@vodderschool.com

NAVALT AMM
May 29, 2010
Stowe, VT
For more information contact NAVALT at
www.navalt.org

Walchsee, Austria
July 05 to 09, 2010:
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 28 to 31, 2010:
Main speaker, Dr. Christian Schucchardt.
For more information contact info@kineconcept.com

Melbourne, Australia
September 03 to 05, 2010:
Prof. Piller will be the main speaker.
For more information contact debs@rabbit.com.au

Toronto, ON
November 20 to 22, 2010:
Join us at CNIB and Kikkawa College.
Main speaker, Dr. Anna Towers.
For more information contact info@vodderschool.com

St. Pete Beach, FL
January 21 to 23, 2011
Join us at the Dolphin Beach Resort.
Main speaker to be announced.
For more information contact
info@vodderschool.com§