



Dr. Vodder School™
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THERAPY NEWS

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Editorial

Robert Harris, HND, RMT, CLT-LANA

It was great to see the first lymphology conference organised by the Dr. Vodder Academy in Austria take place in January. We look forward to more such events as the Vodder method continues to grow. This

edition also includes some tips on hand bandaging and a reference to some positive news about MLD research. We will be discussing this research at the 2013 Review classes.§

Lymphology Conference, Walchsee, Austria, January 11 & 12, 2013

Reported by Robert Harris

The first lymphology conference in Walchsee was held in the conference rooms next to the Dr. Vodder Akademie and Clinic. Organised by the Dr. Vodder Society of MLD, the Wittlingers and in cooperation with the Austrian Society for Lymphology (OGL), approximately 100 therapists, physicians, researchers and industry exhibitors attended this German-language conference. The warm hospitality of the Wittlinger family combined with a beautiful environment (and some fresh snow!), enabled a very successful and smoothly organised conference to proceed.



Maria, Dieter, Katrin and Hildegard

The conference was divided into two days. The first day enabled participants to attend workshops in Elastic Taping, Hivamat, Bandaging, Garment Fitting, as well as a refresher course in MLD techniques. The second day was devoted to lectures in the morning, a snow break after lunch and then more lectures in the late afternoon.

Prof. Dr. Brenner of the University of Innsbruck and chairman of the OGL opened the conference along with the mayor of Walchsee (Dieter Wittlinger). Here is a short summary of the presentations made at the conference:

Present day situation of lymphedema care

Dr. Doller: Lymphology Centre, Wolfsberg, Austria reported that in Austria, 42% of patients with lymphedema have cancer - related lymphedema. There are approximately 330 new lymphedema patients per year in Austria. He stated that only a psychosocially stable patient can look after themselves, hence the importance of addressing the



Snowshoeing

whole patient with a multi-disciplinarily approach. Dr. Doller emphasised the importance of stabilizing co-morbidities in order to get a better result with patients.

Dr. Schingale: LymphOpt Centre, Pommelsbrunn, Germany stated that in Germany the prevalence of primary lymphedema in the general population is about 1.8% (1.1% men and 2.4% women), and secondary lymphedema is approximately double that figure. There are 12 inpatient clinics in Germany providing about 698 hospital beds dedicated to lymphedema management. Of these about 60 beds are for acute patients and 638 for rehabilitation, some state funded and some private. Many more treatment options are available in outpatient clinics in Germany and Dr. Schingale estimates that there are about 60,000 trained CDT therapists throughout the country. He raised the question, when should inpatient treatment be considered? He gave the following criteria: Stage 3 lymphedema, lymphedema with chylous reflux, lymphedema on more than one body part, erysipelas (cellulitis), lymphocele, and children under 10 years of age. At his clinic they supplement CDT with various technologies such as ozone therapy, infra red, compression pumps and soft laser.

Dr. Wagner: Switzerland estimated there are 41 inpatient rehabilitation clinics in Switzerland offering lymphedema management. He found greater compliance from patients when they are involved and understand their condition. At his clinic they attend an info hour, learn self bandaging and self drainage, receive physiotherapy for muscle imbalances, CDT,



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Highlights from the
first Dr. Vodder
conference in
Walchsee...

Lymphology Conference, Walchsee, Austria,

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aqua therapy (< 28 °C), clinical psychotherapy and compression therapy. He also outlined the problems faced by medical massage therapists who are often very well trained but unable to receive state funding versus physiotherapists who may or may not be trained in lymphedema management but receive state funding.

Dr. Wohlgenannt: Innsbruck, Austria works for the national department of public health and outlined the state of outpatient care in Austria, which is fraught with challenges.

Measuring and Diagnostics

Dr. Heim: Wittlinger Therapiezentrum, Walchsee,



Austria discussed some of the common mistakes made in measuring patients with lymphedema. She referred to a 2003 study from Dr. Schuchardt (Freiburg, Germany and current president of the German Society of Lymphology). The study found that in arm measurements

the inter-operator error in measuring was 2.3% for water displacement, 3.0% for tape measure and 3.0% for the perometer.

R. Gow, PhD: Impedimed, Germany discussed the use of bioimpedance as an alternative to the perometer in early detection of fluid in patients with lymphedema or developing lymphedema. While there are limitations in using bioimpedance in advanced stages, there appears to be a lot more sensitivity in earlier detection of a developing lymphedema.

J. Bosman PT: Groningen, Holland described the Indurometer which is the electronic version of the Tonometer and has been developed by Flinders Medical Centre in Australia. This new device is almost ready for production, can be used to measure degree of fibrosis and unlike the Tonometer, does not have to be held in a vertical position. It uses a small electronically-driven plunger and gives an electronic read-out on a screen that can be linked via blue-tooth technology to a computer.

Prof. Weissleder: Freiburg, Germany described the use of Indocyanine Green (ICG) technology in imaging the superficial lymph system. Using infra red cameras to a depth of 2 cm, ICG can provide some valuable information about the lymph vessel morphology using one camera, or about their function using two cameras. This



promising imaging method has been studied in Houston (see September 2012 issue of Therapy News).

Guenther Wittlinger Prize. Each year nominations are made for recipients of this prize given in memory of the co-founder of the Dr. Vodder School and Clinic in Austria. One of the recipients this year (1500 Euros) was **T. Seitz, BSc: Innsbruck, Austria** who did a



literature search as part of his Bachelors degree on the efficacy of MLD in treating patients with secondary lymphedema. He used a Pedro Scale to determine if the studies were acceptable or not and found that most studies had a poor score.

Therapy themes

Dr. Ramoser: Norderney, Germany described a technique used to map the lymphatics in skin using an antibody marker, specific to lymphatic endothelial cells (D2-40). In a controlled experiment on four human corpses, she took skin samples at varying depths from multiple positions over the body. She then labelled the samples with the marker and was able to identify the different types of lymph vessels found at each level and in each area.

J. Hahn PT: Lymphologic, Saarbrücken, Germany gave an interesting talk on outpatient care of children with CDT. She stressed the importance of getting children involved with their treatment in order to get good outcomes. Having the parents involved by thoroughly explaining to them the anatomy and physiology, precautions, MLD and bandaging techniques, helps in the long term home management of the child's condition. Assessing the child for any motor development problems (to their age) can help determine appropriate treatment. At the first meeting with child and parents, Hahn recommended not providing any treatment rather use the session to educate and get to know the family and very important, establish a good relationship with the child. In subsequent therapy sessions, the therapists should treat as long as possible but it may only last 20 minutes. Getting the child involved in therapy really helps, such as letting the child do the bandaging (if age-appropriate), unwrapping and rolling the bandages on their own, wrapping a doll or doing decongestive exercises on a doll. The pressure of MLD should be lighter and use less pressure when wrapping children with softer bandaging materials. Compression bandages should be worn only for a few hours at a

THE QUALITY IS IN OUR HANDS:
TRAINING EXCELLENCE

time and changed 2—3 times per day. After age 3, children can wear compression garments because they are able to give feedback and she recommended no greater than class 2 and change every 3 months due to rapid growth in childhood.

J. Bosman, PT talked about lymph taping and described her research with Prof. Piller from Flinders University, Adelaide, Australia using this method in the treatment of post breast cancer surgery related seroma (see September 2010 issue of Therapy News). She reported that between 10 – 80% of these patients will develop seroma and given that there are 1.3 million cases of breast cancer reported each year worldwide, a significant number will go on to develop seroma. In the study 4 patients with seroma were taped on day 1, 5, 9 and 16 after surgery and 4 served as a

control with no taping. She reported a significant improvement for those with taping.

Dr. Martin: Foldi Clinic, Hinterartzen, Germany gave a talk on how compression therapy is more than decongestion and lymphedema is more than fluid accumulation. He described how correctly applied bandages increase blood flow in veins, decrease ultrafiltration and increase resorption into blood capillaries. In his studies he found that the bandage compression pressure decreases from 64 mm/Hg to 30 mm/Hg over the course of 5 hours. Skin temperature rises under bandages but with no observable effects. He found that the subcutis skin thickness decreases after CDT along with a reduction in inflammatory markers.§



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2014 conference planned for Walchsee

Following up on the success of the 2013 conference, a second conference is being planned for the summer of 2014. The plan is to alternate between a winter conference and a summer conference every 18 months. I am hoping that the summer conference, planned for July 4th and 5th, 2014 will have some lectures in

English enabling many more English-speaking participants to experience some excellent presentations and workshops as well as the beautiful surroundings of Walchsee.

Robert Harris, CI, HND, RMT, Senior instructor & Director of the Dr. Vodder School-International §

Hand Bandaging: a different way to use foam underpadding

We are now teaching a new way to bandage the hand using a 5 cm width, high density, breathable foam. This is easier to apply than the hand cut-out foam piece (H shape) or the 10 cm width foam with a hole cut-out for the thumb. We will show this at the Review classes and eventually have a new DVD for bandaging but in the meantime here are some simple steps to follow if you want to try this:

- 1) Begin with the hand in supination and angle the foam from the little finger to the wrist, proximal to the thumb.



- 2) With the hand in pronation, continue around the back of the hand, over the metacarpals.



- 3) Wrap the foam distal to the thumb between the thumb and index finger.



- 4) Continue over the back of the hand closing the metacarpal heads.



- 5) Wrap over the palmar surface and continue proximal to the thumb and over the wrist and arm with 50% overlap.§



...compression
therapy is more than
decongestion and
lymphedema is more
than fluid
accumulation.

Congratulations:

To our newly Certified Therapists!



*Therapy II & III course in Victoria, BC
November 2012*

Heather Black, LMP
 Brenda Colaire, RMT
 Lauren Leaman, RMT
 Jennifer McKinney, RMT
 Sarah McNally, PT
 Asha Mokrosz, RMT
 Crystal Parsons, RMT
 Corbin Pemberton, LMT
 Julia Richards, LMT, PTA
 Nicole Riou, RMT
 Emi Terada, CMT
 Melissa Weatherford, LMT

Federal Way, WA US
 Richmond, BC CA
 Moose Jaw SK CA
 Fort St John, BC CA
 North Battleford, SK CA
 Toronto, ON CA
 Calgary, AB CA
 Lubbock, TX US
 Mesa, AZ US
 Sherwood Park, AB CA
 Foster City, CA US
 Conroe, TX US

The passing of two
 pioneers in Canada
 and Australia.

Professional Liability Insurance

By Barbara Stegmann

The American Massage Council which is advertized in Massage Today does not cover CDT Combined Decongestive Therapy as part of their insurance package. It does cover Dr. Vodder's Manual Lymph

Drainage but not CDT. Be sure to ask questions when obtaining professional liability insurance if you are not sure exactly what they will cover and what they will not.§

Passing of two Vodder therapists

Cath Russell, BPT, MLD/CDT passed away in Winnipeg on February 12, 2013. She was a pioneer in lymphedema care, being the second Vodder certified therapist in Manitoba. She started her work in the physiotherapy department at Misericordia Hospital, and later managed the post-mastectomy lymphedema program with Breast Health. Fellow therapists are very aware of the influence she had on our professional community. Our condolences go out to her family. (Sent by Edith Mulhall RN)

Anna Daneta Lyon 8/16/50 – 5/23/12. It is with great sadness that I am reporting the death of Anna Lyon from Sydney, Australia in May last year. Anna was an inspiring and happy Vodder therapist who saw the positive in many of her life experiences and sadly succumbed to cancer after a short battle. Our thoughts and prayers go out to her family.§

Review Reports 2012/2013

Melbourne Australia Review: November 2012

Forty one therapists attended the annual review in Melbourne, Australia organised by Deb Bower, ND. The practical sessions were led by Robert Harris, RMT, director of the Dr. Vodder School – International and Katrin Maenel, PT, instructor from Germany. *Helen Badran, RT* and Dr. Vodder therapist gave an interesting talk on radiation therapy for cancer patients. *Katrin Maenel* gave a talk on deep oscillation therapy for treating patients with lymphedema as well as practical demonstrations. *Professor Neil Piller* presented on Therapeutic Innovations: why are we slow to adopt? The talk encouraged therapists to think critically about incorporating new therapies and outcomes. He also presented on research by a medical



Prof. Neil Piller

student by photogrammetry, a 3D mechanism for measuring limb volume. This is a proven measurement technique using a high resolution camera on phones. Markers are placed on the limb and photos are taken at two different angles and through a downloaded App, the volume of the limb is calculated. While it is still



Katrin Maenel

not available commercially, the method is currently being validated and should be available within a year. *Joyce Bosman, PT* also gave a short introduction to Lymph Taping.

St. Pete Beach, FL Review: January 2013



At the Dolphin Beach Resort

We all enjoyed a wonderful 3 days at the beach in Florida for our biennial Dr. Vodder review. 31 therapists from the USA, Canada and Ireland attended, and the course was led by Robert Harris and Prof. Hildegard Wittlinger. *Ruth Coopee, MOTR*, demonstrated special elastic taping techniques for orthopedic ankle problems and for postural alignment and drainage in a patient with a bilateral mastectomy. *Prof. Wittlinger* gave an inspiring talk about the history of the Vodder's and the development of the Wittlinger clinic. *Julie Nielsen PT* described the treatment of a patient with a challenging secondary leg



Ankle taping

lymphedema as well as osteomyelitis, penile, bladder and prostate cancer. *Linda Menzies, RMT* described the treatment of a patient with very limited resources who had an arm lymphedema post breast cancer. *Ruth Coopee* presented on a patient who had a degloving injury on the leg and a resultant edema in the ankle.§



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Register for a Review
in 2013 by visiting
the Dr. Vodder
website at [http://
www.vodderschool.
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& COMBINED

DECONGESTIVE

THERAPY

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Articles

Efficacy of Manual Lymphatic Drainage in Preventing Secondary Lymphedema after Breast Cancer Surgery: Zimmerman, A et. al. *Lymphology* 45 (2012) 103-112. 67 women who underwent breast cancer surgery were divided into a control group of 34 and a treatment group of 33 who received MLD from

the second day after surgery, 5 x a day for two weeks and then twice a week for 6 months. Both groups received exercises for the limb and chest physical therapy. The authors concluded that MLD applied immediately after surgery prevented secondary LE of the arm. §

Conferences 2013/2014

International Society of Lymphology (ISL)

September 16 – 20, 2013, Rome, Italy.

www.lymphology2013.com

British Lymphology Association (BLS)

October 6 – 8, 2013, Birmingham, UK

www.thebls.com/conference/index.php

Australasian Lymphology Association (ALA)

April 3-5, 2014, Auckland, New Zealand.

<http://lymphology.asn.au/new/conferences.php>

National Lymphedema Network (NLN)

September 4 – 7, 2014, Washington, DC, USA

<http://www.lymphnet.org/> §

Reviews 2013

Please register early. Space is limited.

For more information contact info@vodderschool.com

Victoria, BC - April 20 to 22, 2013

Stowe, VT - May 17 to 19, 2013

Toronto, ON - June 21 to 23, 2013

Winnipeg, MB - June 28 to 30, 2013

Montreal, QC - August 24 to 26, 2013 (French)

Halifax, NS - August 28 to 30, 2013

Scottsdale, AZ - September 27 to 29, 2013

Singapore - November 24 to 26, 2013§

LANA Exam

Please note that the Lymphology Association of North America exam can now be taken on an on-going basis. Also for massage therapists who have taken at least a 2200 hour program, anatomy and physiology college credits are no longer required.

Please visit the LANA website for more information.

www.clt-lana.org §