

# THERAPY NEWS



Newsletter for Dr. Vodder School Therapists

Vol. II • February 1999

Welcome to this second Therapy News. We are pleased that so many of you have responded positively to this Newsletter and thank you for the feedback. In this issue we are beginning a "Teacher Feature" where we will introduce you to the teachers of the Dr. Vodder School in North America. Hildegard Wittlinger and Dr. Kasseroller have both contributed to this issue and there are literature and conference updates as well as a job and internship offer.

**Robert Harris,  
Director  
Dr. Vodder  
School North  
America**

## HISTORY OF MLD/CDT IN NORTH AMERICA

by Hildegard Wittlinger, Director Dr. Vodder Schule – Walchsee, Austria

This is a resume of a lecture I gave at a meeting held in the Black Forest/Germany to celebrate Prof. Weissleder's 70<sup>th</sup> anniversary in 1998.

In 1972, Günther and I visited the USA the first time. An Austrian physician, at that time, president of CIDESCO, invited us to New York to present the Vodder method of MLD at a CIDESCO World Congress. The response was immense. We thought that we could easily conquer this continent and bless them with all the benefits of MLD.

Twenty-six years passed in the meantime. Only years after this congress we came back and gave a Basic Class in Toronto. That is when we met Robert Harris, the Director of the Dr. Vodder School North America. Students attending our classes offered us more opportunities to teach MLD all over North America. We often gave Basic Classes to few students only.

Being a massage therapist was not a profession you could be proud of. It took us some time to understand the obviously strange behaviour of our students. Years later we still had to insist that our certified teacher would demonstrate the treatment of the breast and have students practice it.

Only in the middle of the 80s we started offering Therapy Classes what triggered the therapists' interest. Nobody even mentioned the treatment of edemas with MLD yet. Only mechanical pumps were used. And these pumps were much more effective than any hand massage - so the official opinion. Besides, the pump treatments were refunded by all insurance companies.

After Günther's death in 1986, I was forced to maintain our contact by travelling to the States on my own. I was able to motivate my students to complete their MLD training (which then was 4 weeks already) at the Dr. Vodder Schule in Walchsee. All the students trained by the Dr. Vodder Schools were and are taught MLD/CDT according to the German Regulations, which proved to be adequate for therapists.

In 1994, we founded the Dr. Vodder School North America with Robert Harris as its director. In close collaboration with the Dr. Vodder Schule - Walchsee he manages the MLD training in North America.



In the meantime, there are 7 certified MLD teachers in North America teaching different levels of MLD. In order to comply with the high standards of teaching MLD our teachers have to attend an annual meeting to have their techniques checked and be theoretically updated.

All our therapists who completed the 4 weeks training are asked to attend biennial check-up which guarantees a high standard of their technique for their patients' benefit. These "check-ups" are so called "Review Classes". They are great events, "Old friends" meet and "good" hands are improved. Upon requests from hospitals or physicians, only the "Reviewers" or therapist certified within the past two years are recommended. I wished we had something similar in Germany and Austria. It would have a positive effect on the therapists' work. Looking back it seems unbelievable under which conditions we have to teach. More than once we had to enter the "class room" through the back door and were asked not to mention what we do. Massage was something depraved.

There are also problems on the North American continent. Many offer lymph drainage classes ... Short ones. Within 4 to 6 days edema treatment is taught, and we are often asked why we train for 4 weeks. In most cases it is not a money problem but a time problem. The "others" keep telling us that old traditional European way of teaching is a past - especially with reference to the Vodder method. I will not comment on this statement. I know that 4 weeks training is better than 1 week. As long as I am still involved in teaching MLD I will fight for a 4 week training program. I am glad that I am backed up by Robert Harris and together we represent the highest standard of MLD/CDT training on the North American continent.

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**DR. KASSEROLLER, MD**

The most important news for the US and Canada in the last 12 months are the results from a workshop on breast cancer treatment-related lymphedema by the American Cancer Society. The proceedings were published in December 1998 and more information is available through the AMERICAN CANCER SOCIETY:

Interdisciplinary International Journal, Vol. 83, 1998,

pages 2775-2890. This paper supports the European standard in lymphedema treatment for the American continent. For information, contact the *American Cancer Society*, 1599 Clifton Road, Atlanta, GA 30329 USA.

At the annual conference of the German Society for Lymphology in 1998 interesting papers were presented, here in brief summary:

**H. Schad, *The lymphatic system – function and disturbance*****Summary:**

The review presents the forces effecting fluid and solute exchange in the microcirculation, the uptake mechanism of microvascular filtrate into the lymphatic capillaries, the factors governing lymph transport along the lymphatic system, and disturbances of the balance of microvascular filtration and lymph drainage of the tissues. The driving force of microvascular filtration is the blood pressure, which is opposed by the colloid osmotic pressure of the plasma proteins. A substantial interstitial colloid osmotic pressure reduces the colloid osmotic "suction" of the plasma proteins, and the subatmospheric interstitial fluid pressure present in some tissues adds to the microvascular block pressure. The sum of forces effecting filtration does not become lower than the reabsorbing forces along the exchange vessels. There is no reabsorption at the venous end of the microcirculation except transiently following a decrease in microvascular blood pressure and in reabsorbing organs. The microvascular filtrate is returned to the blood only by the lymphatic system. The most important mechanisms of lymph transport are the "muscle pump" and the intrinsic contractions of the lymphatic vessels. The latter become stimulated by distensions of the lymphatic vessels, thus ensuring an elevated lymphatic drainage during the increased microvascular filtration. When filtration exceeds the lymphatic transport or when the lymphatic drainage becomes impeded, interstitial edema develops until a new steady state is achieved at an enlarged interstitial volume, an increased interstitial fluid pressure and a more or less affected interstitial protein concentration.

(Further papers are summarized on page 5)

**TEACHER FEATURE – GET TO KNOW THE INSTRUCTORS  
– FEATURING MARTHA B. ZENGER**

Originally from Switzerland, Martha has a degree in Business and Physical Education. In the training for PE she got her first massage training. Martha coached gymnastic teams, taught exercise and yoga classes. She also worked in different capacities in business until she decided to be true to herself and follow her heart in the physical aspect of her schooling. Her massage training was in Swedish and Sports massage. Later she trained in Shiatsu, Cranio Sacral, Neuro Muscular and Ortho Bionomy, but not until she was introduced to MLD, did she find her true calling.

In 1985 she started her MLD training with Hildegard Wittlinger (who is still her mentor) and in 1987 she certified in Walchsee, Austria. Martha was definitely "sold" on Dr. Vodder's technique and she changed over her practice in Houston to 95% MLD work in the first year. She founded the Lymph Edema Awareness Group in Houston and is still the main facilitator and organizer of the Group which meets monthly.

She continued with her education, attending any conference available that had anything to do with MLD. She attended the Baden-Baden conferences in Germany and goes to Austria yearly as well as keeping up with the latest in North America, mainly with the NLN. In 1991 she was one of the organizers of the first Review in Houston TX and she was instrumental in the forming of NAVALT. Martha has been actively involved in the association since its forming. In 1992 she became certified as a Dr. Vodder School Basic Instructor, in Walchsee Austria. She desires with all her heart to spread Dr. Vodder's technique of MLD to as many pupils and people as possible!

Martha is married (Hartmut) and has two children, Elisabeth and Klaus and is the proud grandmother of three boys. She hopes to be active in Dr. Vodder's MLD therapy and teaching for a long time, GOD willing.

Associations &Professional Memberships:

American Congress of Rehab Medicine  
AMTA - Board Member since 1987  
Gesellschaft for MLD ad Dr. E. Vodder  
International Society of Lymphology (ISL)  
Assoc. of Health Care Practitioners  
NCBTMB  
NLN  
NAVALT  
The Lymphoedema Assoc. of Australia, Inc (IAA)  
The Society of Ortho-Bionomy



## Congratulations!

The November Therapy II and III class in Victoria brought together 16 therapists from across North America and one Australian therapist, to complete their Dr. Vodder training. The class worked hard (well into many of the evening hours at the Chateau Victoria) and the excellent results showed this. We thank Aimee for her entertainment during the course (remember the Red Snake?). At the end of November, the first ever Therapy II and III class was held in beautiful Perth, Western Australia. Thirteen Australian and three US therapists attended this course sponsored by the Cancer Foundation of WA, held at the University of WA. Dr. Kasseroller and Robert Harris gave the course and Dr. Kasseroller gave a lecture to physicians, therapists and patients at the Royal Perth Hospital one evening. Despite the heat and intensity of the course, cool heads prevailed and we welcome the new graduates.

### Therapy II & III Victoria, BC November 13, 1998

Aimee Cousino, *Evanston, IL*  
Justine Dee, *Burlington, VT*  
Cindy Dion, *Burlington, VT*  
Samantha Douglas,  
*Georgetown, ON*  
Kathleen Duff, *Lebanon, IN*  
Kevin Green, *Beaufort, SC*  
Valentina Hasenecz,  
*New York City, NY*  
Roger Hughes, *Chicago, IL*  
Joshua Lawrence, *Alexandria, LA*  
Sara Nelson, *Pasco, WA*  
Julie Nielsen, *Midland, MI*  
Jane Prosser,  
*Shenton Park, W. Australia*  
Ly Raha, *Don Mills, ON*  
Drummond Robertson,  
*Nepean, ON*  
Nora Samarov, *Brookline, MA*  
Jeff Swift, *Great Falls, MT*  
Sheila Taylor, *Gahanna, OH*

(Our great looking Victoria class)



(Robert with students in Perth)

### Therapy II & III Perth, WA December 4, 1998

Nerida Allen, *Murrumbidgee, VIC*  
Rachel Bootsma, *Victoria Park, WA*  
Cherry Dyson, *Carine, WA*  
Dianan Franklin, *Geraldton, WA*  
Maija Gorkic, *Wattle Park, SA*  
Jennifer Grant, *Fremantle, WA*  
Suzanne McGee,  
*Pennant Hills NSW*  
Melissa Murray, *Basendean, WA*  
Christina Pfitzner,  
*Glenelg South, SA*  
Susan Rollason, *Kalamunda, WA*  
Arny Rum'ens, *Mt. Hawthorne, WA*  
Kate Scally, *Woodlands, WA*  
Students from the USA  
Dan Stokes, *Wilmington, DE*  
Fred, Vallejo, *West Columbia, SC*

### NEW DATES: RECERTIFICATION AND THERAPY II & III IN 1999

We have received requests to offer more of these courses in North America and would like to provide as many opportunities as is possible. We are now able to offer an additional Review class in Berkley, California on September 24, 25 and 1/2 day on the 26<sup>th</sup>. This will be taught by Andreas Wittlinger PT, Clinic Director of the Dr. Vodder Clinic in Austria and Robert Harris.

This will be followed by a Therapy II and III class with Dr. Kasseroller and Robert Harris, beginning the evening of Sunday September 26<sup>th</sup> and finishing on October 07<sup>th</sup>.

### GARMENT FITTING FOR UNUSUAL EDEMAS

As part of our commitment to bring you the best information, we have arranged for Andrea Vollmer, an expert in garment fitting from Germany, to give a workshop at the Review class in Victoria, July 30 to August 01. Ms. Vollmer works at a hospital in Freiburg, Germany and has published articles on compression stockings. We reported on two of these articles in the last Therapy News and these are available now from the Dr. Vodder School. There is no charge for these two colour reprints, just a \$5 charge to cover postage and handling. The two articles originally published in Vasomed are:

"Incorrect Compression Stockings in Lymphedema" by A. Vollmer, Special Abstract 5/96

"Speciality Care of Atypical Lymphoedema Forms with Compression Stockings and Tights" by A. Vollmer, Special Abstract 5/96.

#### Current Instructors of the Dr. Vodder School – North America:

**All Levels:** Hildegard Wittlinger & Robert Harris **Medical Director:** Renato Kasseroller, MD

**Basic & Therapy I Instructor:** Kathryn Thrift

**Basic Instructors:** Linda Blanchfield, Anne Bramham, Howard Douglass,

Nancy Reichl, Kim Tougas, Martha Zenger

Please note our new fax number is  
250-598-9841. Our telephone  
number remains as 250-598-9862.



## IN OTHER NEWS

### NLN CERTIFICATION PROJECT

The Dr. Vodder School is actively participating in the project initiated by the National Lymphedema Network to create a national certification standard for therapists involved in lymphedema care in the USA. The committee is composed of physicians and therapists. At present we are working on a consensus procedure to include people who have taken different training, which is proving to be a challenge. There are courses that teach 48 hours, up to our training that teaches 160 hours, and everything in-between. In 1997 the NLN got itself into some hot water by only recommending the Vodder and Lerner training so now they are treading rather lightly through this project. Many different groups are working together to reach a consensus on minimum training standards and we are certainly working hard to insist on a very high standard.

### PHYSICIAN ASSISTANTS ACCEPTED

At the end of 1998 we were contacted by a Certified Physician Assistant group in the USA asking for eligibility to take our training. We reviewed all the material they sent and consulted with the all the North American Teachers and came to a decision to accept this group into our therapist training program. They certainly have a very extensive training, continuing education and recertification requirement.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT

In the USA, Congress has passed an act titled the Women's Health and Cancer Rights Act of 1998. For patients who receive medical and surgical benefits under their health care coverage (e.g. Blue Cross/Blue Shield) for mastectomy, these plans will now cover for:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedema.

The NLN Newsletter in January reported a new CPT (a US Current Procedural Terminology billing code published by the American Medical Association) code has been established which more accurately describes manual lymph drainage. The new code number is 97140 and is described as :Manual therapy techniques (e.g. mobilization / manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

### CONFERENCE UPDATES

**1st Annual Conference of the American Society of Lymphology** to be held in Chicago IL, August 20-22, 1999. For more information call 1-800-355-6770.

### International Society of Lymphology

September 19 –25 Chennai, India. Contact: Conference Secretariat: IndTravels, 44/45 Thiru Complex, Pantheon Rd, Chennai 600008, India. Tel: 011 91 44 8553492 or Fax at 8553996 Web site: [www.aft.co.in/indtravels/eventmgt.htm](http://www.aft.co.in/indtravels/eventmgt.htm)

**Australian Lymphology Association** April 7-9, 2000 Carlton Crest Hotel, Melbourne, Victoria Australia. Contact Conference organizer: Pam Richards: PR Conference Consultants Pty Ltd, PO Box 2954, Fitzroy Delivery Centre 3065 Australia or by email: [prcc@labyrinth.net.au](mailto:prcc@labyrinth.net.au)

### EMPLOYMENT/INTERNSHIP OFFERS

**Stanford Lymphedema Center** (40 miles south of San Francisco, CA) is looking to hire an RN or PT, certified in Manual Lymph Drainage, to work 2-3 days per week and vacation coverage. This is a relief position without benefits. Experience with Lymphedema is preferred but not required. Will train. Features: hospital-based program, physician on-site at all times, experienced and dedicated co-workers, growing practice. Call Nancy Burns, RN CLT with questions at 650-498-6921. Fax resumes asap to Cindy Steffel, Nurse Manager, Unit ATU 650-725-7660.

**Therapy Concepts Treatment Center, Inc** in Lenexa KS, has an internship program for Vodder Certified Therapists. Please contact Karen Livingston for details and dates available 913-438-8000.

### LITERATURE UPDATE

*Glassman, S.: Easy Does It. Advance for Physical Therapists, June 8 1998, 11-13.*

A short article on some of the more important points to be aware of in developing an exercise program for lymphedema patients. This article is based on interviews with Jane Kepics, MS, PT (Vodder certified therapist) and Bonnie Lasinski (Casley-Smith therapist).

**Shünemann, H and Willich, N.: Lymphödeme nach Mamakarzinom** (Lymphedema after breast cancer). *Deutsche med. Wschr.* 122 (1997) 536-541. Georg Thieme Verlag. Stuttgart, New York.

This article has a short summary in English, which describes the study looking at the incidence of lymphedema in 5868 breast cancer

patients over a 23-year period. It is one of the most extensive studies correlating incidence of lymphedema with the nature of breast cancer treatment. The study showed that the average incidence of lymphedema is 24%. For patients after radical mastectomy with radiation, the incidence is 44.4% whereas without radiation it is 22.3%. For patients after a modified radical mastectomy with radiation, the incidence is 28.9% whereas without radiation it is 19.1%. For patients after a breast conserving operation (e.g. lumpectomy) with radiation, the incidence is 10.1% whereas without radiation it is 6.7%. The authors conclude that the incidence of arm lymphedema occurring after treatment of breast cancer is dependent on the degree of primary cancer therapy, the size of the primary tumour and status of the regional lymph nodes.

**Ryan, T.J., The Skin and its Response to Movement. *Lymphology* 1998; 31: 128 - 129**

This short article on the movement of skin may seem like an obscure topic but it is actually very pertinent to our work. The article was based on a lecture given by Professor Ryan to our counterparts in Britain, a group known as MLD UK, comprised largely of Vodder certified practitioners.

The article describes the outer 0.3 mm where lymph vessels are located and how the health of this layer containing the epidermis, is maintained by skin movement.

Atrophic or hypertrophic skin (e.g. sun or cold damage, obesity) responds less well to movement, which may be due to loss of elastin. Consequently, lymphatics attached to the epidermis by collagen and elastin fibers lose some of their functioning ability.

In lymphatic disease, the thickened tissues also respond less well to movement and lymph, blood vessels and fat cells are vulnerable to excessive injurious movement, leading to excess leakage and inflammation. Prof. Ryan states that vigorous exercise tends to damage the vasculature or at least overload the lymphatics. He recommends low amplitude movement when the lymph system is compromised, such as walking with full range of joint movements. Activating the lymphatics in the chest and abdomen (e.g. with suitable stretching exercises) should precede peripheral lymphatic activation in the limbs, hands and feet. In diseased skin, bandages or garments may enhance feedback mechanisms from the skin that respond to movement.

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(Dr. Kasseroller's article continued from page 2)

**Hiller-Schneidewendt, C. Schuchardt, *Psychological aspects of compressions therapy of post mastectomy lymphedema following breast cancer therapy***

Summary:

A total of 30 patients suffering from post mastectomy lymphedema after breast cancer therapy were questioned

about their experience in dealing with compression stockings. From the results it can be started that patient's compliance is dependent on the individual mastering of the cancerous disease. During the treatment period advice by physicians and psychologists is strongly recommended

**W.J. Brauer, *Lymphoscintigraphic quality standard in diagnosis of lymphedema***

Summary:

Standardized imaging techniques are a prerequisite for following and comparing results from lymphoscintigraphic function studies in patients suffering from lymphedema.

The main sources of errors have been identified and can be avoided. Treadmill ergometers in particular have been shown to result in most reproducible studies. Comparative analysis has also shown that SPECT (Single Photon Emission Computed Tomography) is superior to ultrasound in measuring the skin-lymph node distance, required for soft tissue correction of lymph node uptake measurements.

**K. Engelhard, H. Weissleder, *Quality of reflection of claim and reality – Comparison of quality management in industry and lymphology***

Summary:

Quality assurance and control remain a complex problem in the management of lymphostatic edema. Current activities in the field focus on establishing criteria and standards for individual therapeutic and diagnostic interventions. In addition constant quality assurance of education and re-education remains a pillar of quality improvement. It would be desirable to establish periodic re-certification programs, mandatory for personnel involved in the management of lymphedema.

**U. Herpertz, *Lymphedema and erysipelas***

Summary:

Erysipelas are the most frequent complications and infections of lymphedema. Compared with the normal morbidity of 1% for the healthy population the risk of erysipelas increases up to 50% in heavy lymphedema. The reason for the high risk of erysipelas in lymphedema is a local lymphostatic weakness of immunity. The most important prophylaxis for erysipelas in lymphedema is edema reduction as well as disinfection of injuries of the edema region.

**M. Schuster, *Postoperative lymphedema of the dorsal hand***

Summary:

Case report: Secondary, localized lymphedema of the dorsal hand following an electrical injury combined with several surgical interventions and inflammation. The function of the hand could be restored after a three month treatment using combined physical decongestive therapy.

(Dr. Kasseroller's article continued from page 5)

**H. Weissleder, C. Schuchardt, *Lymphedema-compression-stockings – A contribution to quality assurance of lymphedema treatment***

Summary:

It can be stated that an adequate and successful long-term treatment of primary and secondary lymphedema and lipedema using compression stockings of thick flat knitted sewn material is superior to thin, seamless round knitted qualities. Production and marketing of special designed lymphedema stockings is essential and can be considered an important contribution to quality assurance in lymphedema treatment.

**INTERESTING AND IMPORTANT PUBLICATIONS IN THE LAST 2 YEARS WERE:**

Schünemann H., Willich N.

**Lymphedema of the arm after treatment of cancer of the breast – A study of 5,868 cases.**

Dtsch med Wschr 1997; 122:536-541

Address: Dr. med. H. Schünemann, Abt. Gynäkologie I und Lymphtherapie, Klinik Bad Trissl im Tumorzentrum München, Bad Trissl Str. 73, D-83080 Oberaudorf

Kiel K.D., Rademacker A.W.

**Early-stage breast cancer: arm edema after wide excision and breast irradiation.**

Radiology 1996; 198:279-283

Address: Krystyna D. Kiel, MD, Dept of Radiation Oncology, Northwestern Memorial Hospital, 250 E. Superior Street, Chicago, IL 60601, USA.

Howarth D.M.

**Increased lymphoscintigraphic flow pattern in the lower extremity under evaluation for lymphedema.**

Mayo Clin Proc 1997; 72:423-429

Address: Dr. D.M. Howarth, Dept of Nuclear Medicine, John Hunter Hospital, Locked Bag No. 1, Newcastle Regional Mail Centre, 2310 N.S.W. Australia.

Boris M., Weindorf S., Lasinski B.B.

**The risk of genital edema after external pump compression for lower limb lymphedema**

Lymphology 1998; 31:15-20

Address: Marvin Boris, MD, Lymphedema Therapy, 77 Froehlich Farm Boulevard, Woodbury, New York 11797. USA.

Brorson H., Svenson H.

**Skin blood flow of the lymphedematous arm before and after liposuction**

Lymphology 1997; 30:165-172

Address: H. Brorson MD, Dept of Plastic and Reconstructive Surgery, Malmö University Hospital, SE-20502 Malmö, Sweden.

**FINALLY, A BRIEF SUMMARY OF THE MOST IMPORTANT NEWS OF THE LAST YEAR:**

The American National Cancer Institute presented a study of 7 million people after oncological treatment with lymphedema in the US.

Marvin Boris presented a paper with 120 lymphedema patients in the inguinal area. With treatment by a mechanical decongestion pump 44% of this population achieve genital edema. Without mechanical decongestion only 2.7% of the this population developed genital edema.

In the states a new technology of MRI combined with a lymphotropic contrast was presented by Weissleder in Boston. This could be a new diagnostic measurement to reduce the lymphnode dissection.

The old theme about metastasis caused by MLD, was presented by Rüger from Germany.

Finally we can say there is no reason to do no MLD after cancer treatment. The benefits of this treatment are always more than the negative influences. Only local regional returns of the tumor is a contraindication for MLD

**FOOTNOTES:**

***Recertification Dates for 1999 & Guest Speakers***

**Jun 12 - 14, Stowe VT** - Prof. Weissleder and Dr. Kasseroller

**Jul 30 - Aug 01, Victoria, BC** -

Prof. Weissleder, Ms. A. Vollmer and Dr. Kasseroller

**Sep 24 - 26, Berkley, CA** - Dr. Kasseroller

**WEB PAGE UPDATE**

We have been working hard at the office to improve the professionalism and accessibility of our Web Page on the Internet. We are pleased to report that the new version is up and running and all those who responded are now listed on our site. If you would like to receive referrals directly from our Web Page, all you need to do is fill out the Web Site Authorization form and mail it back to us, if you have not already done so. There is no charge to our currently certified therapists for this service. Take a look at the Web Page and let us know what you think. The Web Page address is [www.vodderschool.com](http://www.vodderschool.com)

Cheers, Sondra Clegg  
Administrator  
DVSNA

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