

# THERAPY NEWS



Newsletter for Dr. Vodder School Therapists

Vol. III • February 2000

I am very pleased to welcome you to this first edition of Therapy News this century! We have come a long way in the past two decades in North America, since Hildegard and Günther Wittlinger first brought MLD to North America. Likewise in Australia and New Zealand, the Dr. Vodder method of MLD has also been growing steadily. The more I travel and teach this work, the more I realise the extent of the international community of therapists dedicated to the work of Vodder. Collectively, we have developed a very high reputation amongst the lymphatic community and we intend to continue this into the future. This edition of the Newsletter will feature a report by Professor Neil Piller on the International Society of Lymphology conference held in India last year. Dr. Kasseroller has elaborated the differential diagnosis of lipedema and lymphedema. We look forward to seeing you again this year at a Review or conference in North America or Australia and wish you all the very best with your patient care.

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

## Report on the 17<sup>th</sup> International Congress of Lymphology, Chennai India, September 19-25<sup>th</sup> 1999

Report by Prof. Neil Piller Team Leader of the Lymphoedema Assessment Clinic Flinders Surgical Oncology Clinic, Flinders Medical Centre, Adelaide Australia.

### Major Sessions at the Congress

The major sessions dealt with basic cell and tissue biology and pathophysiology, the dynamics of the microcirculation and immune cell movement, HIV/Aids and the lymphatic system, angiodysplasia, classification and genetics, surgical and conservative treatment of lymphoedemas, imaging of the lymphatic system and most importantly for those in India, sessions on filariasis, its treatment/management, detection and ultimately its elimination. There was a session on the refining of the protocols for evaluation and treatment of lymphoedema and other angiodysplasias and a revisitation of the consensus document.

For your interest and information I'll now describe some of the more interesting sessions and directions and present a few of the major emergent themes from the Congress.

### The Changing Image of Lymphology and its Research

A number of participants examined lymphology in the current and new millenium.

There was an enthusiasm for further investigations into LVGF (Lymph Vessel Growth Factor) since this represented an opportunity to be able to improve lymphatic transport capacity by encouraging growth of current or new vessels. Further to this there was some excitement about the possibility of discovering the triggers for lymph node genesis. There were also some suggestions about the

benefits of investigation of the range of DNA fragments in lymph as potential regulators of tissue and organogenesis. On the other side of the coin exploration of the reasons why lymph-angiogenesis was impaired in some individuals (those with primary lymphoedemas for instance) was also seen as a great possibility and with worthwhile outcome. Further investigations into drugs which had a lymphagogue (stimulates the lymphatic system) effect was also seen as being a priority area. Some suggestions were made about the possibility of getting the major lymphoid organs such as the spleen working more effectively and using a range of modulators to improve the co-operation between the cells of the lymph nodes and those of structures such as the spleen as well as examining ways to facilitate lymph node repopulation by bone marrow derived progenitor cells.

We were further urged to develop research programs into the relationships between the nervous, endocrine and lymphatic systems with a view being to explore neuronal (nervous) regulation of events such as lymphocyte mobilisation and the roles of these and other cells in the inflammatory process.

Also as part of the blood-tissue-lymph system and their interfaces and in consideration of the flow of fluids and materials and movement of oxygen through these there was strong enthusiasm for examination of how changes to the ground matrix might be facilitated so as to improve the above and to allow better regeneration of initial lymphatics and lymphatic collectors.

In terms of future pathophysiology, it was thought that we should examine more the factors controlling the extravasation of

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lymphoid and related cells, to determine reasons for depopulation of lymph nodes, issues relating to stromal cell injury and examine in more detail the role of antigens and cytokines on the above.

Perhaps of more interest to us, was the plea for better abilities to diagnose lymphostasis before the clinical appearance of oedema in the tissues (Detection of the Latent Phase). At the moment lymphangioscintigraphy (LAS) was seen as the major diagnostic tool but it was recognised that there was a lack of standardisation and uniformity in its application. A role was also seen for techniques such as tissue tonometry and bio-impedance in the early detection process especially where the health care \$\$ precluded more expensive testing such as LAS and Magnetic Resonance Imaging (MRI). However from the research point of view it was suggested that MRI is perhaps still the best tool to evaluate changes in the structure and even changes in the chemistry of the ground matrix.

In terms of the treatment of lymphangiodysplasias (which include lymphoedemas) it was seen that the mainstay of treatment will continue to be manual lymphatic drainage/massage, microsurgery and reductive surgery for some, the use of specific antibiotics and the development of vaccines against the big enemy of any lymphangiodysplasia - bacteria! There is room for new treatments such as carer training, laser, heat etc but that further work needs to be done on these to substantiate their benefit even though small studies have shown significant benefit. In terms of longer-term future new treatments, the development of drugs, which facilitate lymphangiogenesis, was seen as the most exciting direction. These preparations would have their greatest impact in those with primary lymphoedemas but could be of benefit where fibrotic induration had slowed regrowth.

There was an appeal to consider always the big picture of a lymphangiodysplasia (lymphoedema) and that was to take into account the persons subjective needs as well as concentrating on way to improve lymphatic transport as measured by lymphangioscintigrams.

### **The Consensus Document**

The consensus meeting followed similar lines and emphasised that the document was an evolving one that must adapt, as new validated information became available. Because of its nature, its content will lag behind leading edge research, but as new findings were validated they could find their way into the document, although the need for country specific indications and directions was acknowledged.

The consensus meeting believed that there had been little change in diagnostic ability or in mainstay treatments in the last 4 years. There was an increasing impact of medico-legal matters and the need to deal with them with but to do

this well it was acknowledged we needed more accurate and standardised diagnostic tools.

The priorities were seen as further investigation into prophylactic measures (diagnosis and treatment), the introduction of post surgical protocols and taking more account of what patients say. There was a need for better and co-ordinated education programs based on quality information. There was a need to more frequently use the best currently available diagnostic tools, such as MRI, LAS and PET even though their cost was often high in terms of lymphoedema. If its development could be prevented by use of them, then the cost would be relatively small compared to the life long cost of dealing with a lymphoedema. The issue of screening was raised but first more information about incidence/prevalence was needed. The need for better information world wide of the epidemiology of lymphoedemas was a major area of need.

### **Other points of interest**

We should be perhaps considering a name change to "lymphatic circulatory disorder" rather than "lymphoedema". We should undertake a "complete" assessment of the patient.

We should consider the use of prophylactic antibiotics.

We should be more aware of exacerbating factors.

Given that lymphoedema is a life long problem it is not unreasonable to expect that there should be a least one accurate and appropriate diagnostic test (MRI, LAS or PET or similar) to ascertain and check the underlying problems in terms of the lymphatic system.

The question of standardisation arose and while it was thought worthwhile and valuable, it was wrong to tie peoples/practitioners hands in terms of what they do or should do. We must always aim to encourage exploration of new strategies, new treatments and new ideas.

In terms of the Indian lymphological scene the national lymphoedema association there is flourishing although the magnitude of the problems they have to deal with in terms of filarial elephantiasis is enormous, with some 17-40 million serious cases of elephantiasis. However, they are beginning to make a difference especially from the point of view of vector control and thus prevention. In view of the poor state of their health system they have a great interest in strategies which involve patient self-massage or carer support massage. One of the biggest issues however was that of improving skin health in view of its essential role as a barrier to the external environment. It was believed that if improved skin care could alone be a major outcome then some significant inroads could be made into the severity of these patients lymphoedemas.

(Please note that Prof. Piller will be a guest speaker at the Adelaide Dr. Vodder recertification class in November, 2000.)

## Lymphatic System Gene Isolated

In September 1999, researchers at St. Jude Children's Research Hospital in Memphis, Tennessee found a gene (Prox 1) that plays a primary role in the development of the lymph system. Guillermo Oliver and colleagues showed that this gene is necessary for the budding and sprouting of endothelial cells that give rise to the lymphatic system. When this gene was inactivated in mice, the lymph system failed to form. The research was published in the September 17 1999 issue of the journal, "Cell".

## Research Grant

I am very pleased to report that the British Columbia government has decided to spend \$105,000 for a research study on MLD. This is a landmark decision on their part as the BC Massage Therapist Association has been lobbying the government to provide funding for massage therapy research to prove its benefits. MLD was chosen because it is the most researched of the massage methods. The funds will be used to employ a research company to do a critical study of MLD research already carried out. If you know of any new research in our field, please send me a copy so that it can be submitted to this project.

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## Differential Diagnosis of Lipedema and Lymphedema. Dr. Renato Kasseroller, translated and summarized by Robert Harris

The term lipedema was first used by Allan and Hines in 1940. Lymphedema is clearly defined<sup>1</sup> as an edematous condition due to reduced lymph transport capacity, which is in turn due to non-functioning, or insufficient lymph vessels. A high protein content of the interstitial fluid is another distinguishing factor. There is an increase in the fatty tissue at specific points in the body, which are not affected by diet.

### Clinical differential diagnosis:

One of the visually obvious factors is that in lipedema, the edema appears symmetrical. However, a bilateral lymphedema is usually not symmetrical and differences can be noticed on both extremities.

Lipedema usually manifests with a normal shaped upper body and a volume increase in the legs. The swelling extends from the pelvis to the malleoli. In most cases the feet and toes are not affected. The outer upper thighs are most often affected.

Pitting is possible in lymphedema during Stage 1, sometimes in Stage 2 and usually impossible in Stage 3. In lipedema, pitting does not usually occur until the later stages when an accompanying lymphedema develops.

A positive Stemmer's sign (inability to raise a skin fold above the second and third toes indicates lymphedema. The Stemmer's sign is almost always negative in lipedema.

Peripheral swelling can occur in the afternoon or evening with lipedema patients, especially if they stand a lot during the day.

Lymphedema in Stage 1 or 2 is not usually painful. Pain is a major symptom in lipedema, usually first manifesting on the upper, outer thigh. The paradox-pinch test can be performed to demonstrate this. A thick fold of skin is taken on the inner and outer thigh. Normally when the skin is pinched, it is more painful on the inner thigh but in lipedema patients the outer thigh is more painful. The inner, medial thigh is however very sensitive to the pinch test.

Skin folds are different in the two types of patients. In lipedema, nodules can often be felt under the skin especially in more advanced stages. In lymphedema, skin folds cannot be raised and especially in the advanced stages.

In their study, Allan and Hines showed that lipedema has a 20% familial history whereas primary lymphedema only 5%.

Although both lipedema and primary lymphedema can begin in puberty, the former is insidious whereas the latter begins usually more abruptly.

In lipedema patients, the blood vessels become increasingly vulnerable and localized hematomas often appear. Lipedema is primarily a disease of the blood vessels, whereas lymphedema occurs because of damage or insufficiency of the lymph vessels.

## References

Witte, M.H. Progress in Lymphology XIV. Proceedings of the International Congress of Lymphology. Washington 1993

Kasseroller, R. Compendium of Dr. Vodder's Manual Lymph Drainage. 1<sup>st</sup> Ed. 1997 Haug Publ.

Weissleder, H., Schuchhardt, C. Lymphedema Diagnosis and Therapy. 2<sup>nd</sup> Ed. 1996 Kagerer Publ.

## Reviews in San Francisco and Virginia Beach

In our commitment to providing more Reviews in different locations, we have held Reviews in California and Virginia in the past six months. San Francisco was a good location for the California therapists and Andreas Wittlinger and Robert Harris led this Review. Dr. Kasseroller and Andrea Bradley of Circaid gave presentations and Andreas taught pool exercises.

Andreas Wittlinger showing pool exercises in San Francisco



Susan Harrelson and Mariellen Serracin enjoy a Circaid moment at the San Francisco Review



The bad weather in Virginia Beach caused a few cancellations for the Review in January but many were still able to make it. Linda O'Donnell gave an excellent presentation of her newly published research paper (see Articles and Books). Andreas Wittlinger, who also lead the pool exercises, gave a demonstration on Marnitz Therapy. Kinesiotaping was featured this time with an excellent talk by Ruth Coopee, a Vodder certified therapist and OT. Practical classes were supervised by Hildegard and

Andreas Wittlinger, and Robert Harris. Dr. Kasseroller gave an excellent update on theory.

Ruth Coopee demonstrates Kinesiotaping in Virginia Beach



## Congratulations!

are extended to our many new graduates. If you would like to contact or refer patients to any of these new therapists, please check our website first at [www.vodderschool.com](http://www.vodderschool.com), as most of them will be listed there. If you cannot locate them, please call the office of the School at (250) 598-9862, Monday – Friday between 9.00am and 4.00pm, Pacific Standard Time.

### San Francisco, CA September 1999

Joan Miller	Chandler, AZ
Aileen Walton	Tempe, AZ
Jane Aitken	Chandler, AZ
Linda Jewel Husar	Valencia, CA
Dari Haffie	Palo Alto, CA
Mary Ellen Sperling	Berkeley, CA
Nancy Ziegler	Castro Valley, CA
Sheryl Au	Torrance, CA
Heidi Linsmayer	San Francisco, CA
Margo Wilder	Woodstock, GA
Peggy Spiros	Chicago, IL
Edwina Honderick	Merriam, KS
Kathleen Kimmel	Overland Park, KS
Cynthia Funk Carter	Wellsville, KS
Tracey Huppe	Rollinsford, NH

San Francisco, CA September 1999



### Victoria, BC November 1999

Sande Levitz	Tuscon, AZ
Jim Allen	Burnaby, BC
Mary Alert	Mason City, IA
Christine Aridas	Geneva, IL
Chance Mobely	Louisville, KY
Patricia Priddy	Louisville, KY
Don Tomchak	Gimli, MB
Joanne Matz	Las Vegas, NV
Cynthia Cullen Kreidler	Allentown, PA
Kel Jansen	West Columbia, SC
Lisa Foster	Abilene, TX
Darlene Blair	Port Townsend, WA
Victoria Eaton	Carlsborg, WA
Helen Yee	Poulsbo, WA
Cheryl King	Strathfield, NSW, Australia
Lynette Barnet	Hurtsville Grove, NSW, Australia
Hozaidah Hosain	Singapore

Victoria, BC November 1999



### Virginia Beach, VA February 2000

Carol Pierce Groce	Scottsboro, AL
Anne Craven	Wilmington, DE
Vivian Gomez	Lake Worth, FL
Rosalind Fusco	Naples, FL
Vicki Armstrong	Lilburn, GA
Jean Bryan	Athens, GA
Beryl Peterson	Spencer, IA
Marijke Carson	Marshalltown, IA
Dee Dee Lomenick	Tupelo, MS
Renee Hove	Littleton, NC
Michelle Sydnor	Cary, NC
Linda DeArmond	Candler, NC
Glenn Paul	Bronx, NY
Denise Slevin	Albuquerque, NM
Thalia Venerable	Santa Fe, NM
Leslee Stivers	Syracuse, NY
Clara Milgam Bines	Queens Village, NY
Lorraine Soteriou	Brooklyn, NY
Todd Smith	King of Prussia, PA
Jennifer Kerley	Moore, SC
Lisa Ayala	Plano, TX
Jo Ann Plasczyk	Victoria, TX
Iris Colon-Chanlatte	Irving, TX
Diane Sloan	Denton, TX
Shannon Hodge	Norfolk, VA
Dora Hill	Chatham, VA
Alex Barnet-Verde	Arlington, VA
Melinda Shuler	Chesapeake, VA
Kristine Tebeau	Newport News, VA
Kristen Koiro White	Virginia Beach, VA
Melea Frazier	Virginia Beach, VA
Marsha Mangas-Prill	Milwaukee, WI
Yvonne Foster-Palmer	Northampton, UK

Virginia Beach, VA February 2000



## New Bandaging Videos

The new videos for Patients and Therapists are now ready. These are only for sale to therapists certified by the Dr. Vodder School and are an excellent resource to remind you and your patients of bandaging.

The 15 minute Self-Bandaging videos for the arm or leg are designed for patients to continue their bandaging at home. These are step-by-step guides of how to self-bandage the arm or leg, once the patient is in your care or has finished receiving treatment and wishes to maintain bandaging. Short-stretch bandaging with full padding is shown. The arm self-bandaging video is demonstrated by Evelin Lugsch of the Dr. Vodder School – Walchsee and the leg self-bandaging video is demonstrated by a lymphedema patient. Narration for both videos is by Robert Harris. These videos will only be sold to therapists and not directly to patients as we feel it is important that a patient receive proper guidance in bandaging from their therapist before attempting this on their own. If you wish to bulk order the Patient Bandaging videos, please contact us for discount rates.

The 35 minute "Compression Bandaging for Therapists" shows the most current bandaging techniques taught by the Dr. Vodder School. Topics covered are short and long stretch bandaging for the arm including fibrosis aids, as well as short and long stretch bandaging for the leg including the "Muff" and "Chocolates". All demonstrations are made by Barbara Bruha of the Dr. Vodder School – Walchsee and narration is by Robert Harris.

If you order all three videos, i.e. the Arm and Leg Self-Bandaging Videos for Patients and the Compression Bandaging Video for Therapists, a special discounted price is given, saving almost 20% off the price of the individual videos.

## National Certification Project

The Lymphology Association of North America (LANA) is working toward a National certification exam for therapists working with lymphedema. Our goal is to have the first exam for the September 2000 NLN conference in Orlando, FL. At this stage we are still working on the exam content. We are also working on raising funds from corporate donors to sponsor setting up the exam process with a testing agency in Florida. A web site has been created which therapists can access that will answer questions about the test. So far, it has been decided that for an interim period of two years, candidates with at least 80 hours of lymphedema training will be accepted to write the exam. In two years time, this will increase to 120 hours. Our goal is to improve the training standards for therapists in North America and hopefully to gain recognition for those

therapists that have taken the exam. While we do not think that 80 hours is sufficient training, we (the School) do support the direction LANA is taking. Robert Harris and Kathryn Thrift from the Vodder School are actively involved in LANA and we have also contributed financially to its formation. From my perspective (RH), our therapists will be very well prepared to take this exam, through the training they have received from the Dr. Vodder School.

LANA has created a website at [www.snonet.org/lanal/](http://www.snonet.org/lanal/). Please visit the website for further updates on the National Certification project.

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## Articles and Books

### **Burt J., White G: Lymphedema. Hunter House Publishing. 1999.**

This book is written primarily for patients and is a thorough review of information about lymphedema and its treatment. The authors are Jeannie Burt, a lymphedema patient, and Gwen White, PT, a Vodder certified therapist. They have done an excellent job of making a large topic easily understandable and very readable. I particularly liked the thoughtful approaches taken by the authors in guiding patients through the book. The various chapters on treatment, prevention, self massage, exercises and non-conventional approaches are interspersed with stories from patients about their own journeys with lymphedema. This is a very affordable book ((\$12.95 US or \$20.00 CDN) and I would certainly recommend it for lymphedema patients as a resource.

### **O'Brien, P: Lymphedema. Principles and Practice of Supportive Oncology. Vol. 2 # 4 1999. Publ. Lippincott - Raven.**

If you are looking for a straightforward, well-written article by a physician about lymphedema, this may be it. With 55 references and a comprehensive look at lymphedema, this 11 page article is well worth obtaining. Dr. O'Brien is clinical Assistant Professor at the University of Vermont College of Medicine.

### **Ramos S, O'Donnell L, Knight G: Edema Volume, Not Timing, Is the Key to Success in Lymphedema Treatment. Am. Jour. Surg. 1999; 178: 311-315**

This article is co-authored by Linda O'Donnell, PTA, a Vodder certified therapist in Albuquerque, New Mexico. The study shows a correlation between initial volume and response to CDT. It indicates that this is more of a factor in determining outcome than when the treatment is initiated. However they conclude that it is appropriate for patients to receive treatment as soon as possible after its onset is noticed.

**Harris S, Megans A: Physical Therapist Management of Lymphedema Following Treatment for Breast Cancer: A Critical Review of Its Effectiveness. Physical Therapy 78 # 12 1998**

This comprehensive and critical review of studies about various treatment modalities was made from a research perspective. Dr. Harris is a professor at the University of British Columbia, department of Rehabilitation Medicine. For anyone interested in research on lymphedema care, this is a good resource. Dr. Harris has been invited to speak at our August review in Victoria.

**Lymphologie in Forschung und Praxis** (Lymphology in research and practice). This excellent Journal is published four times per year and is the Journal of the German Lymphology Association and the Dr. Vodder Society for MLD. The editor is Prof. Dr. H. Weissleder and it contains excellent research articles and case reports. Although it is published in German, every article has a summary in English. This can be ordered from the publisher: Viavital Verlag GmbH, Postfach 13 03 63, 50497 Köln, Germany.

**Hautnah Magazine:** 1/2000 (magazine of the Dr. Vodder Society of MLD and Lymph Therapies, available through the Dr. Vodder School-Walchsee) has an interesting article on MLD in the treatment of patients with cancer of the head and neck region. The title of the study is "Uses and Risks of MLD with Head and Neck Tumours". This study was performed at the University of Würzburg in Germany on 191 patients. 100 received MLD and 91 did not. They reported no significant difference in tumour reoccurrence in both groups, with the MLD group showing an average reoccurrence time of 20.89 months and the control group, 21.41 months. They concluded that MLD should be used with all patients who have had head and / or neck tumours unless there is a carcinoma of the lymph vessels, in which case there is a risk of spreading cancer cells and reactivating the disease. The author of the study can be contacted at:

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Klinik für Hals, Nasen und Ohrenkranke,  
Universität Würzburg  
Josef-Schneider – Str. 11  
97080 Würzburg  
Germany

## **Lymphatic-Related Web Sites**

Lymphatic Research Foundation:  
[www.lymphaticresearch.org](http://www.lymphaticresearch.org) A research-oriented group in the USA founded by families of children with lymphatic disorders.

Medline: [www.ncbi.nlm.nih.gov/PubMed](http://www.ncbi.nlm.nih.gov/PubMed) This is the resource on the Internet for finding research articles.

## **Conferences in 2000**

**Australasian Lymphology Association:** April 07 – 09, Melbourne, Australia. Theme: Oedema Future Directions. Invited keynote speaker: Dr. Peter Mortimer. Contact PR Consultants for more information at 011 61 3 9419 6199 or email [prcc@labyrinth.net.au](mailto:prcc@labyrinth.net.au).

**MLD UK:** May 19 - 20 Portsmouth England. Theme: MLD - Not Just A Cancer-Related Therapy. It will focus on the treatment of children with lymphedema and the role of MLD in health maintenance. Invited speakers: Dr. Ethel Földi, Karen Jenns RN, Nicole de Havilland MLDT and Dr. Mario Paul Cassar. Contact: Naomi Simon, Flat 2, 13 View Road, London N6 4DJ, UK.

**NAVALT:** June 16 – 18. Cleveland, Ohio. Theme: Garment Fitting. Annual conference and workshops for Vodder certified therapists. Please contact Linda O'Donnell, President at (505) 323-881 or email at [lsodon@hotmail.com](mailto:lsodon@hotmail.com).

**German Society for Lymphology and the Dr. Vodder Society for MLD:** September 14 - 16. Düsseldorf, Germany. Theme: Hand Injuries and Related Problems. This is a combined conference of the two organizations and the Dr. Vodder Schule will be doing their recertification class in German before the conference. Many of the prominent European lymphologists will be at this conference. Contact: [www.lymphologie-kongress.de](http://www.lymphologie-kongress.de) or Kongress & Publikation v. Harling GmbH; Werrestrasse 94, 32049 Herford, Germany, email: Kongress&Publikation-Herford@-online.de.

**National Lymphedema Network:** September 14 - 17. Orlando Florida. Theme: Lymphedema: Sharpening The Focus For The New Millennium. A broad conference on lymphedema for patients and healthcare professionals covering many topics related to lymphedema care. It is hoped to run the first national certification exam at the conference. Contact the NLN at 1611 Telegraph Ave. #1111, Oakland, CA 94612 USA. Contact [www.lymphnet.org](http://www.lymphnet.org).

**British Lymphology Society:** October 2 - 3. Birmingham, UK. Annual Conference. Contact BLS Administrative Centre, P.O. Box 1059, Caterham, Surrey UK CR3 6ZU. Tel: 44 1883 330253, Fax: 44 1883 330254.

## Review Update for 2000

We have invited various speakers and teachers to the Reviews this year and to date, these are the confirmed speakers / teachers.

**Stowe:** May 30 – June 01: Prof. Weissleder, Dr. Kasseroller, Hildegard and Andreas Wittlinger, Robert Harris, Ruth Coopee (Kinesiotaping).

**Walchsee:** July 03 – 07: Dr. Kasseroller, Hildegard and Andreas Wittlinger and the staff at the Walchsee School.

**Victoria:** August 04 – 06: Prof. Weissleder, Prof. Susan Harris, Dr. Kasseroller, Hildegard Wittlinger, Robert Harris, Angela Vollmer (special garment fitting), Jan Prinzmetal (Body Ball exercise therapy).

**Adelaide:** November 24 – 26: Prof. Neil Piller, Dr. Judith Casley-Smith, Dr. Renato Kasseroller, Robert Harris.

## Footnotes

Please remember to keep us updated of any changes in your address or phone number. We want to keep referring patients to the correct address and phone number and keep our records on our dbase up-to-date.

The Dr. Vodder School has had a number of challenges over the past year regarding administration. All of the administrators we hired in 1999 were highly qualified people and unfortunately all left for very good reasons.

After much interviewing, we have hired a new administrator, Shannon Springer, who we hope will be with us for a long time. Please do say hello to Shannon when you call the office in Victoria next time. Just so you know who you are speaking to, here is a picture you can put to the voice in Victoria!



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## Administration

