

Inside this issue:

Editorial	1
Emil Vodder, his life and his work: MLD, the Vodder Method	1/2
Literature Report	2
Recent research in the Lymphoedema Assessment Clinic	3
Lymphedema Road Show - Getting the Message out in NFLD and Labrador	4
Review Reports	4/5
Congratulations to our New Therapists	6/7
In Brief	8
Conferences 2006	8
Reviews 2006	8
Administration	8

Editorial

Robert Harris, HND, RMT, CLT-LANA

Firstly, to all our therapists affected by Hurricane Katrina in the southern US, our thoughts and prayers are with you for a safe recovery.

Many therapists have requested a copy of the talk that Prof. Hildegard Wittlinger has prepared on the history of Dr. Vodder and MLD. I greatly appreciate Hildegard's intimate knowledge of the creator of this

amazing work we do and thank her for sharing this with us.

This issue of Therapy News also has reports from around the world, by Prof. Piller in Australia and Pamela Hodgson from Newfoundland, Canada as well as updates from the USA. We will also be sending this Therapy News electronically again. §

Emil Vodder, his life and his work: Manual Lymph Drainage, the Vodder method.

© Hildegard Wittlinger, Dr. Vodder School, 2004



Prof. Hildegard Wittlinger

the other side there is a human being who created these facts and organized his life accordingly. The views about what we do, which way we go or which way we are guided and what we make of it differ a lot.

First I will start with facts and try to put the lived life in between.

Emil Vodder was born in Copenhagen on February 20, 1896. After graduation from high school he studied drawing and art history and attended comparative language studies with 10 languages. Later he worked at the Royal Nautical Chart Archives for 6 years. As a hobby he studied singing techniques and cello. At the University of Copenhagen he took biology, mineralogy and botany which is where he began studying medicine, cytology and microscopy. Early during his studies he also became interested in physical medicine.

Emil had to interrupt his medical studies near the end of the eighth semester because he contracted malaria. After recuperation he was no longer admitted to finishing his medical studies.

In 1928, the University of Bruxelles conferred upon Emil Vodder the title "Dr. Phil" because of his thesis on Historical Art.

As I read through my papers and tried to activate my memories I realized that it is difficult to describe a man's life. On one side you have the facts but on

In 1929, he and his wife Estrid – a naturopath – moved to the French Riviera. In Cannes, Vodder, at an early age, had already become interested in exploring the lymphatic system. He knew many scientists who had studied the mysterious "clear water" centuries ago. He became familiar with their research by reading their papers such as one by ASELLI (1581-1626) who did anatomical research on dogs. This was the period when various different vessel systems were discovered. PECQUET (1622-1674) described the cisterna chyli and the thoracic duct leading to the venous arch. RUDBECK (middle of the 17th century) discovered the lymph vessels of the colon and rectum and confirmed that these vessels lead to the cisterna chyli as Aselli had described already. Rudbeck was the first who discovered that the lymph from the tissue runs into lymph vessels and to the thoracic duct back to the blood circulation. In the 18th century it was discovered that the whole body contained lymph vessels and that the task of the lymph vessel system is to absorb tissue liquid. This fact was doubted for a long time. Vodder had especially studied the life of his Danish fellow citizen Thomas BARTHOLIN. In 1637 Bartholin registered at the University of Leyden (Netherlands). He continued his scientific studies in the Netherlands at the "Theatrum Anatomicum" where he founded a library, a botanical garden and a hospital with patients. This was ideal because at that time only plague houses and lunatic asylums existed in the northern part of Europe. One aspect of Bartholin's studies of Aselli's lymph vessels was making the vessels visible with indigo dye injections. Having traveled through many countries, Bartholin, a now famous scientist, came back to Denmark where he took over the Theatrum Anatomicum in Copenhagen. Bartholin was the first to describe the lymph system as a whole. In four papers written in Latin he emphasized that the lymph system is a natural cleansing and watering system. He published his findings of the lymph vessels in the human body in his scientific paper "Vasa Lymphatica."

Emil Vodder, his life and his work...

Cont'd from page 1

By studying relevant literature, Vodder convinced himself that the human being is a biological unit. Based on papers from BERNARD, CARREL and DRINKER he realized that lymph as the environment of life is omnipresent. Vodder – and you can read this in his preface to the first edition of our book on Manual Lymph Drainage published in 1978 – quotes Drinker with his prophecy: the lymph system is the most important organic system for the life of human beings and animals. And here I want to add a comment from the great radiologist and lymphologist Prof. Dr. Horst Weissleder who once mentioned: “it has to be assumed that the majority of our diseases originate from microedemas in the loose connective tissue.” In order to understand the agreement in these statements one has to know that at the time of Drinker and Vodder, the interstitial fluid of the loose connective tissue was called lymph. When you consider that the lymph – say loose connective tissue – as the environment of life is changed by microedemas it is easy to be understood that this is the reason for many diseases.

But now back to 1929 when Vodder treated his patients, he gained experience and put forward hypotheses that seemed bizarre at that time. He palpated swollen lymph nodes in the cervical region in patients suffering from acne, migraine or sinus problems. He had the vision that the real cause of these pathologies was congestion in the swollen “lymph glands” – today we call them lymph nodes. The lymph nodes could not comply with their task to cleanse the tissue. His reflection was whether it was possible to decongest the nodes by an adequate massage as if one would open the floodgates of a dam and drain the excess water in order to normalize the situation. The carefully circling, pumping movements of the skin brought the results that existed in his imagination. The pioneering action – and some might call it foolishness – was that Vodder treated swollen lymph nodes in the neck even though it was a complete taboo to touch the lymph nodes. His patients’ problems disappeared and he asked himself whether he had found a successful universal therapy for the lymphatic syndrome. In 1933, Vodder and his wife

moved to Paris where they continued their biological studies. They especially dedicated their time to the anatomy and physiology of the lymph vessel system. In a large anatomical atlas Vodder found a collection of wonderful copper engravings by the anatomist SAPPEY (Description et iconographie des vaisseaux lymphatique concideres chez l’homme et de les vertebres, Paris 1885). These engravings were the fundamental basis for a systematic and clear working method, which Emil Vodder elaborated by intuition and many practical treatments. A completely new manual technique was necessary which was performed with pumping, circling movements and a very light pressure in order to avoid hyperemia under all circumstances.



Emil Vodder, Guenther Wittlinger & Estrid Vodder

Earlier scientists like WINIWARTER had described the treatment of edemas and mentioned that light pressure and bandaging is helpful. However, through Vodder’s contribution and creation, there is a therapy available with special techniques characterized by subtly differentiated movements of the hand that can be used by the therapist according to the pathologies to be treated and for the best patient well-being. In 1936 Vodder presented his method as MANUAL LYMPH DRAINAGE AD MODUM VODDER to the world during a congress in Paris.§

(To be continued in next Therapy News)

“...it has to be assumed that the majority of our diseases originate from microedemas in the loose connective tissue.”

Literature report:

Mayrovitz, H,N et. al: Foot Volume Estimates Based on a Geometric Algorithm in Comparison to Water Displacement. Lymphology Vol. 38 # 1. 2005. This is an interesting paper on a dry method of calculating the volume of feet in edema patients using a caliper and ruler. Water displacement methods are not possible in many patients and this study showed a high correlation with the water displacement measurement method.

Asplund R: Manual Lymph Drainage therapy using light massage for fibromyalgia sufferers: a pilot study. Journal of Orthopedic Nursing. 7: 192 – 196, 2003. 17 patients with fibromyalgia were treated for 4 weeks

using 12 one hour sessions of the Dr. Vodder method of MLD. Symptoms were evaluated using a visual analogue scale. Significant improvements in pain levels were found in 5 month follow up testing.

Dance and Movement Program Improves Quality-of-Life Measures in Breast Cancer Patients. Cancer Nursing, Vol. 28, #4, 2005. This new study from Mid State Medical Center, Connecticut, was performed on 35 women using a randomized control, cross over trial of the Lebed method: Focus on Healing Through Dance and Movement. Quality of Life measures showed a substantial improvement during the therapy.§

Recent research in the Lymphoedema Assessment Clinic, Dept. of Surgery, School of Medicine, Flinders University and Medical Centre.

Prof. Neil Pillar.



Flinder's Lymphoedema Assessment Clinic

The major aims of the current series of trials and investigations at the Lymphoedema Clinic are three fold. Firstly to provide high level scientific evidence of the effects of a range of self and health professional administered treatments and management strategies for lymphoedema and oedema. Secondly to investigate how the use of below the knee support stockings in healthy workers who stand for long hours can have a positive effect on the maintenance of lymphatic and vascular health in the short and medium term. Thirdly a continuing investigation of the impact of the lymphoedema screening programs which exist in South Australia, whose aim is the detection of latent lymphoedema and the education and prophylactic treatment of those at risk with the aim being to reduce the incidence of clinically manifest lymphoedema in the screened population.

Self Management related trials.

A new trial is being launched involving the testing of a special tai chi program delivered over 4 weeks to a group of women with secondary arm lymphoedema following treatment for breast cancer. This follows the success of the tai chi, arm exercise and deep breathing trial with a similar group of women, in which an almost 100 ml (10% reduction) (Lymphology proceedings of 19th International Congress, Freiburg, Germany) in oedema volume was obtained once the program was an established part of the routine of the individual. These simple and low impact, low level exercises combining action with breathing are aimed at showing women what they can do in their homes and what they can have control over with a minimal effort. The planned trial takes only a few minutes per day and outcomes from preliminary work indicate these exercises are best performed in the evening, although best outcomes seem to be achieved if they are performed 3-5 times per day.

Health Professional Management trials.

A Single blinded trial of almost 50 patients with secondary arm lymphoedema is nearing completion in which a new treatment technique of LPG (Endermologie) is compared to MLD (as a gold standard). After random allocation to either group patients receive treatment for 4 days per week for 4 weeks. The impact of the treatments is measured on their limbs using Perometry (limb size and volume), Multi-frequency Bio-impedance (oedema volume) and Tonometry (fibre) and on the patient as a person (subjective issues) using a series of validated questionnaires. To date the interim results show an approximate 25% reduction in limb volumes and fluid reduction with significant improvements also made in the range of subjective parameters. Best reduction rates are achieved in the first week as has been shown by previous studies.

A double blinded cross over trial on 40 secondary lymphoedematous leg patients is about to start involving the application of a mild electrical stimulation to the skin surface. It is believed that this may help stimulate superficial lymph flow. Treatment will be over 4 weeks with the more intensive treatment frequency being given in the first week to attempt to gain leverage over the lymphoedema.

A blinded trial on 50 secondary arm lymphoedema patients is also about to begin using a newly designed hand held massage device. Again the aim is to discover its optimal use using recently completed experimental findings which have allowed the clinical study to focus on optimal frequency, amplitude and duration of the massage.

There is no particular treatment that is suitable for every individual although some of these studies might indicate ones which have broad reaching potential. Most importantly however is that the evidence from these and other well designed trials being conducted at Flinders Medical Center and around the world can allow health professionals and patients alike to better appreciate the results that can be obtained when a particular treatment or management regimen is implemented.

While trials such as these work with relatively homogenous samples, it is important to note that just as important as the right treatment / management modality, is the sequencing and targeting of the treatment.

We all however hope that in the future as early detection and screening programs such as the Lions International ones in South Australia come into effect that our strategies are more aimed at prevention of lymphoedema rather than its treatment when it is already present. There are still no miracles, but there are great outcomes for patients who are committed, educated and who work with their health professionals in concert. §



“As early detection programs come into effect our strategies are more aimed at prevention of lymphedema rather than treatment.”

The Lymphedema Road show – getting the message out in Newfoundland and Labrador.

Pamela Hodgson, RMT, MSc., Dr. Vodder School therapist.

In 2001, I was asked by a client if I would be interested in participating in a project to increase awareness about lymphedema risk and management after breast cancer treatment. Women participating in a bi-monthly Breast Cancer Support Teleconference Network around the province had expressed interest in learning about lymphedema and how to manage it, and wanted their healthcare professionals to learn more as well. This was the beginning of the Lymphedema Road show.

I was invited to form part of a small committee. Other members were: Pat West, a breast cancer survivor living with lymphedema and former professor of physiology in the School of Nursing at Memorial University of Newfoundland; Jon Church, Faculty of Medicine at Memorial University of Newfoundland; Pauline Duke, MD in the Family Practice Unit and professor in the Faculty of Medicine.

We decided to apply for funding to the Canadian Breast Cancer Foundation (CBCF) through the community outreach grants program in order to take the message around the province. I prepared an outline of a workshop for health care practitioners (physicians, surgeons, nurses, physiotherapists, occupational therapists) which Dr. Duke reviewed. The workshop proposal was approved by the department of Professional Development in the Faculty of Medicine. I also submitted a proposal for approval through the College of Family Physicians of Canada for presentation to family physicians at their annual provincial conference. It was important to get the medical approval for professional development as this assures physicians that the workshop is sanctioned by their overseeing body and that they could claim continuing education credits for attendance.

The proposal to CBCF included goals and specific objectives, evidence of community support, strategies and activities to meet the goals and objectives, and definition of the target population. In this case there were two target populations: health care professionals, and women at risk of developing lymphedema. Our projected budget included travel to seven sites across the province and preparation of kits of information to be handed out to all participants. Pre- and post-workshop questionnaires were

designed to evaluate the workshops.

Late in 2002, we received word that CBCF Atlantic chapter had approved funding of our project. From the spring of 2003 to the present, the lymphedema road show has been on the road. In the past two years, Pat and I have presented different workshops to health care professionals and to patients and their families in eight different cities and towns around the province. We have given presentations through teleconferencing in medical centers and to small groups in community centers.

Attendance at the medical centers has been good and the evaluations we received have in general been very positive. The workshops were originally designed to be two to three hours in length but then were shortened to one hour to fit hospital schedules. In one hour or less, we can really only introduce the topic and skim over the risk and management concerns. There was certainly interest in the subject from surgeons, physicians and nurses around the province who wanted to know more about how lymphedema could be avoided, contained and managed.

Attendance at the public presentations was not as good. This may have been due to poor publicity or perhaps a lack of understanding of what the word lymphedema means. We are changing our publicity strategy for our next public presentations and hope for a larger turn out. We have had very good attendance when we presented at the Breast Cancer Retreats which are held annually. And as with the professionals, we received generally positive evaluations from the public participants. These workshops usually lasted about two hours and went at a more relaxed pace than the sessions for professionals.

Lymphedema patient advocacy groups are growing across the country. These no doubt provide the best route for therapists interested in promoting awareness about lymphedema and its treatment. Getting a physician to support your efforts is also important. I encourage other therapists to spread the word about lymphedema risk and management. For more details about this project, you can contact me: pmhodgson@sympatico.ca
A CD of the presentation is available for \$25.00 and please contact Pamela for this. §

Review Reports 2005

Rather than write a separate report for each Review, we are now listing the case presentations and the use of MLD / CDT made at each Review. If you would like to discuss the case presented further with the therapist directly, please consult our website at www.vodderschool.com to find their contact information. Alternatively contact the Dr. Vodder School office: info@vodderschool.com or (250) 598-9862.

Stowe June 2005

Anjana Shah, PT: Leg and foot crush injury in a polio patient.

Jane Sereida, LMT: Maxillofacial surgery in a healthy female.

Nola Eddy, OTR/L: Malleolus ulcer on a diabetic patient with lymphedema.

Betsey O'Neil, PTA: Bilateral lower extremity diabetic patient with lymphedema.

Earn online CE credit - Find out how on Page 8.

Review Reports 2005

Cont'd from previous page

Stowe June 2005 cont'd



Ellen Greene, James Kresse, Hildegard Wittlinger and Barbara Stegmann

James Kresse, LMT: Primary lymphedema patient.

Natasha Grant, BScPT: Primary lymphedema stage 1 patient.

Carmelita Rifkin, MSPT: Capsular contraction around a chest expander in a secondary lymphedema, breast cancer patient.

Julia Osborne, PT: Primary lower extremity lymphedema patient.

Louise Haley, BScPT: Post mastectomy lymphedema patient (infiltrating ductal carcinoma) with hand edema.

Joanna Burgess, RN: Spastic quadriplegic patient with bilateral lower extremity lymphedema and chronic wounds.

Carol Johnson, OTR/L: Bilateral lower extremity stage 2 and stage 3 lymphedema as a result of a crush injury.

Connie Burt, PT: 13 year old patient with Klippel – Trenaunay – Weber syndrome.

Jennifer Lawrence, PT: Patient with phlebolipo-lymphedema (see photo).



Patient with phlebolipo - lymphedema

Victoria July 2005

Alison Adams, LMT: Hammer toe and achilles tendon surgery in an active patient.

Nancy Hunter RMT: Patient with inflamed lymph nodes and a chronic eye infection.

Tina Hammond, PTA: Post mastectomy lymphedema patient who is a frequent flyer and challenged with lymphedema.



Discussing a lipedema patient

James Morrow, RMT: Patient with a modified radical mastectomy, hypothyroidism and arthritis.

Christine Miller, RMT: Post mastectomy lymphedema patient.

Sara Nelson, PT and Dawn Hancock, OTR/L: Discussion of behavioral and psychosocial problems in patients with lymphedema.

Louise Killens, BscPT: Designing an appropriate exercise program for Dragon boat paddlers who are breast cancer survivors.

Christine Musante, PT: Secondary leg lymphedema in a post ovarian / uterine cancer patient with severe fibrosis of foot and ankle.

Michael Powell, LMT, Claire Higgins, RMT, Lene Tonnisen, RMT and Allyn Martinez, OTR/L: Cases of severe leg lip- and lymphedema patients. §



Hildegard treating an infant in Victoria, BC Review 2005.



Dr. Vodder School™
NORTH AMERICA

See page 8 on how
to get sponsored for
a 2006 Review.

THE QUALITY IS IN OUR HANDS:
TRAINING EXCELLENCE



Dr. Vodder School™
NORTH AMERICA

Congratulations:

To our newly Certified Therapists!

Congratulations to Pauline Fong, MSc, PT (Hong Kong) for completion of her masters program study comparing the use of MLD to sequential pumps in addition to compression sleeves.



Therapy II / III Class in Adelaide, SA, Australia.

Adelaide, SA, Australia - April 2005

Pauline Allison, ND, RMT	<i>Newport, Australia</i>	Moh Huan Loh, BSc PT	<i>Singapore</i>
Helen Bradan, RT	<i>Berri, Australia</i>	Vicky Mc Math, RMT	<i>Hobsonville, New Zealand</i>
Roslyn Barnes, BA ppSc PT	<i>Morawa, Australia</i>	Marie Norton, PT	<i>Port Lincoln, Australia</i>
Deborah Bell, CMT	<i>Adelaide, Australia</i>	Sabine Pratt - Hunziker, RMT	<i>Streaky Bay, Australia</i>
Hai Lin Cheng, RMT	<i>Sydney, Australia</i>	Libby Rajch, RMT	<i>Plympton, Australia</i>
Mariëlle Esplin, OT	<i>Adelaide, Australia</i>	Carolyn Rowe, MT	<i>Adelaide, Australia</i>
Michael Fildes, RMT	<i>Westbourne Park, Australia</i>	Deborah Wraight, BSc OT	<i>Bunbury, Australia</i>
Yumiko Fujimura, RN	<i>Tomakomai, Japan</i>	Yasmin Wrighter, RMT	<i>Bowral, Australia</i>
Heather Harmon, RMT	<i>Morley, Australia</i>		



Employment Opportunities

F/T or P/T position for Physical Therapist - Vodder certified. Washington Hospital, Fremont, CA.
Please contact Tina Hammond at (510) 795-2059.

The Plum Spring Clinic in Chapel Hill, NC needs a trained MLD therapist to become a member of our interdisciplinary team. Please see our website www.plumspring.com for an introduction to our

philosophy and staff.
Please FAX a copy of your resume to (919) 945-0303.

P/T or per diem Physical Therapist or Physical Therapist Assistant with Vodder certification for private Physical Therapist office in Prospect, CT.
Fax resume to (203) 758-0443§

**THE QUALITY IS IN OUR HANDS:
TRAINING EXCELLENCE**

Congratulations:



To our newly Certified Therapists!

Stowe, VT - June 2005

Kristi Bennett, DPT	<i>Davenport, IA</i>	Donna Murtagh, MT, RN	<i>Roslindale, MA</i>
Alison Bais, PTA	<i>Milwood, WV</i>	Carola NeSmith, LMT	<i>Thomasville, GA</i>
Shirley Faw, OT	<i>Millers Creek, NC</i>	Stephanie Rowe, CMT, MS	<i>Laurium, MI</i>
Carrie Hartranft, Esth, LMT	<i>Strafford, NH</i>	Emily Smith, CMT	<i>Norcross, GA</i>
Amy Healy, PT	<i>Cornish, NH</i>	Curtis Trujillo, PT	<i>Mesquite, TX</i>
Meg Lizotte, PTA	<i>Claremont, NH</i>	Catherine Withrow, OTR/L	<i>Smithfield, VA</i>
Heather Monteiro, LMT	<i>Watertown, MA</i>		



Therapy II / III Class in Stowe, VT



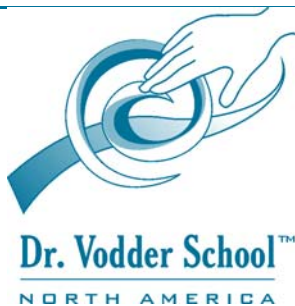
Therapy II / III Class in Victoria, BC.

Lebed Method
exercise classes in
2006 - See enclosed
flyer.

Victoria, BC, - August 2005

Antonia Burrows, CMT	<i>San Francisco, CA</i>	Terice Reimer-Clarke, BSc, PT	<i>Whitehorse, YT</i>
Victoria d'Argeavel, RN	<i>Lambton, Australia</i>	Lynette Ridgeway, RMT	<i>Kanata, ON</i>
Pamela Hill, CMT	<i>Concord, CA</i>	Sherilyn Smith, RMT	<i>West Vancouver, BC</i>
Mary Hutton, RN	<i>Chelsea, PQ</i>	Ursula Sovinc, PT	<i>Dobrova, Slovenia</i>
Kanetta Kristofferson, RMT	<i>Victoria, BC</i>	Jennifer Sullivan, PT	<i>Allen, TX</i>
Sarah MacLeod, RMT	<i>Kelowna, BC</i>	Brenda Tillier, Esth, MT	<i>Johnston, RI</i>
Jessica McEwan, RMT	<i>Toronto, ON</i>	Amy Waitt, OTR/L	<i>Oro Valley, AZ</i>
Nadine Maraj Nyiri, RMT	<i>Scarborough, ON</i>	Gina White, LMT	<i>Kellogg, ID</i>
Leslie Morris, DC	<i>Anchorage, AK</i>	Elissa Whittington, MT	<i>Hong Kong, China</i>
Shari Orphey, PT	<i>Grapevine, TX</i>		

THE QUALITY IS IN OUR HANDS:
TRAINING EXCELLENCE



A division of Vodder Schools International Ltd.

PROFESSIONAL

TRAINING IN

MANUAL LYMPH

DRAINAGE

& COMBINED

DECONGESTIVE

THERAPY

Tel: (250) 598-9862
Fax: (250) 598-9841
info@vodderschule.com

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

Administration

Ellie Karkheck

Please note our new address printed above. We are no longer **PO Box 5701**, we are now **PO Box 5121**. Our Postal code has changed too. It is now **V8R 6N4**.

This issue of the newsletter will also be available on our website at the following address: www.vodderschule.com/specialfeature/sept2005_newsletter.pdf. Many therapists request reprints of articles or references and in the future we would like to send you an email with the link to the latest newsletter and any new handouts and articles, flyers etc. Please check the link now to make sure you are able to access the newsletter and let us know if you are not able to do this. §

In Brief

Medicare Crisis; Lymphedema care in the USA

Bill Schuch, former chairman of the NLN

On May 6, 2005, the Center for Medicare and Medicaid Services (CMS), Dept of Health and Human Services issued a very troubling document which, in effect, excludes LMTs (and quite possibly RNs), specially trained for Lymphedema therapy from working on Medicare and Medicaid patients. This ruling applies specifically to a physician's service which has LMTs on staff. To quote, in part, Section 230.5 titled *Physical Therapy, Occupational Therapy and Speech Language Pathology Services Provided Incident to the Services of Physicians* – "Regardless of any state licensing that allows other health care professionals to provide therapy services, Medicare is authorized to pay only for services provided by those trained specifically in physical therapy, occupational therapy or speech-language pathology. This means that the services of athletic trainers, massage therapists, recreation therapists, kinesiotherapists, low vision specialists or any other profession may not be billed as therapy services." Despite an appeal the ruling came into effect on July 22, 2005. For further information and to mobilize action against this please contact Cheri L. Hoskins, President of Lymphedema Stakeholders at c.hoskins@comcast.net

Review Discounts for 2006

Solaris, manufacturers of support garments for lymphedema patients, has very kindly offered to sponsor 2 places in a North American 2006 Dr. Vodder School Review (www.solaris-tribute.com). Write an essay of 500 words (maximum) on the following topic: Why does empowering the patient enhance the field of lymphology? Then send your essay to the Dr. Vodder School by December 16, 2005 and we will forward the entries to Solaris for them to choose the winning essay. The Dr. Vodder School is continuing its support of NAVALT by offering a 10% discount off the cost of the Dallas review (which will be held in conjunction with the NAVALT conference), to anyone attending both the conference and the Review.

Conferences 2006

Australasian Lymphology Association:

March 31-April 02, 2006, Canberra, Australia.
www.lymphology.asn.au

National Lymphedema Network Conference:

November 01-05, 2006, Nashville, TN.

Reviews for 2006

Dallas, TX

January 27-29, 2006 and January 29-31, 2006. Join us at the Radisson Hotel Central Dallas. Dr. Kettenhuber is the main speaker. Also offering Marnitz Therapy (Mtz) and the Lebed Method (LM).

Stowe, VT

June 2-4, 2006. Join us at the Golden Eagle Resort. Prof. Weissleder is the main speaker. Also offering Mtz, Kinesio taping and LM.

Online Continuing Education

The Dr. Vodder School is pleased to announce a new partnership with an on-line continuing education credit company. In addition to earning credits for your Dr. Vodder School courses, therapists can also earn CE credits through this online company, via computer. If you go to our website (www.vodderschule.com) you will find a link on the home page as well as in the Links page. As a bonus you can earn 1 free hour of credit when you sign up and register for free, using these links. The company provides CE credit for physical therapists, occupational therapists and massage therapists amongst others.

Manitoba lymphedema support group; founded with Vodder therapists involved.

A support group for lymphedema patients and their supporters is being formed in Manitoba. This will start in October 2005 and is sponsored in conjunction with Cancer Care Manitoba and the Seven Oaks Hospital Wound Care and oncology programs. Seven Oaks Hospital is generously donating space for these meetings which will be monthly, except for July, August and December. A high level of patient involvement, outside guest presenters and product presentations is anticipated. For more information contact Edith Mulhall at (204) 275-6970 or email edith.mld@lycos.com with subject "support group."

NAVALT News: Catherine DiCecca, Board Member

Attention all NAVALT members: we have added an interactive forum / message board on our website (www.navalts.com) for you to post your most pressing practical / therapeutic / CDT questions and for other members to supply the answers. This is an excellent way for us to help each other in our practices in order to serve the needs of our clients and patients. Any person can post a question, but only Active Registered members can reply by using their member number, which can be found on your certificate from NAVALT®.§

Contact nlm@lymphnet.org or call (510) 208-3200.

LANA Exam Dates 2006

April 17-May 6 & October 9-October 28
www.clt-lana.org.§

Victoria, BC

July 28-30, 2006. Join us at St. Margaret's School. Prof. Weissleder is the main speaker. Also offering Mtz and LM.

Walchsee, Austria

July 10-14, 2006. For more information about this course please call 011 43 5374 5245 or email office@vodderschule.com.§

THE QUALITY IS IN OUR HANDS:
TRAINING EXCELLENCE