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Editorial

Robert Harris, HND, RMT, CLT-LANA

The Dr. Vodder School is committed to bringing you the best educators in the field and along with our experienced and trained practical instructors, we bring you some of the top physicians and researchers in lymphology. One such physician is Dr. Anna Towers from Montreal. This year has seen much growth in-

ternationally with the Lymphedema Framework Project and we look forward to expanded awareness and treatment for our patients. I am also delighted to share with you a book about a personal journey of a teenager with lymphedema written by the patient and therapist about their experiences. §

Dr. Anna Towers joins our team



I am delighted to announce that Dr. Anna Towers has joined the faculty of the Dr. Vodder School. She will teach at our Therapy II & III courses and

Reviews. Dr. Anna Towers brings a wealth of experience as an associate professor in the department of medicine at McGill University, the coordinator of the Lymphedema Clinic at Montreal University Health Centre as well as the chair of the Canadian Lymphedema Framework project. We are honoured to have Dr. Anna Towers as a valued member of our expert teaching faculty. §

PAIN AND DISABILITY IN LYMPHEDEMA PATIENTS: A CASE FOR INTERDISCIPLINARY CARE

By Dr. Anna Towers, MDCM FCFP

What will lymphedema services look like in the future? Clinical experience shows us that many of the patients that we see in our clinics present with comorbidities: pain, numbness, reduced joint movement, functional problems, etc. How may our lymphedema services be organized to address all these issues?

Research studies are beginning to outline the complex problems that patients present following cancer treatments. I am part of a research group, led by Dr. Roanne Thomas-MacLean of the University of Saskatchewan that is conducting a multisite Canadian study, aiming to chart the incidence and course of three types of arm morbidity – pain, range of motion (ROM) restrictions and lymphedema -- in 745 women during the first five years following breast cancer surgery. *As with any research, we answer a few questions and our eyes are opened to many more.

One thing that surprised us is the degree of pain and functional problems that these women present (Thomas-MacLean et al, 2008). Preliminary data show that these problems are not transient. The first year data (gathered 6 to 12 months post surgery) on 347 breast cancer patients shows that 39.4% have pain, 12% experienced swelling and ROM restrictions were observed in over half the sample. At 24 to 30 months post surgery 24.3% of participants still had pain. Pain and ROM restrictions were

significantly correlated with disability. Women reported difficulties in completing tasks of everyday living, including heavy household chores, gardening/yard work, making a bed, carrying a shopping bag or briefcase, carrying an object over 10 pounds in weight and putting on a pullover or sweater. Pain was also correlated with problems with work and recreational activities involving arm motion. Despite the impact of pain upon their lives, most women reported that they did not discuss arm morbidity with health care professionals.

These findings have implications for those of us working in lymphedema clinics. Are our lymphedema services comprehensive enough? For years I told women in my clinic that the pain they were experiencing was not related to the lymphedema – and I dismissed them. I unconsciously abandoned these patients, as various physicians before me had done. As a lymphedema clinic physician I was trained in lymphedema management but received no specific training in chronic pain management, in the assessment of functional problems or in the follow-up of women who cannot work because of their mixed-source disabilities. Yet patients in my clinic seem to have no other health professional to whom they can turn to support them in their quest for compensation, disability insurance or work re-integration.



PAIN AND DISABILITY IN LYMPHEDEMA PATIENTS: A CASE FOR INTERDISCIPLINARY CARE

Cont'd from page 1

"Health policy will have to recognize the multi-faceted needs of lymphedema patients."

The International Society of Lymphology (ISL) Consensus Document on the Diagnosis and Treatment of Lymphedema does not cover co-morbidities, pain or disability. The 2006 International Best Practice Guidelines document does cover the assessment of movement and function as part of the process of determining severity of lymphedema. There is an outline of pain assessment, with an acknowledgement that pain is a significant problem in these patients. This document merits careful study.

Although there is clearly a need for additional longitudinal research into the trajectory of all types of cancer-related limb morbidity, along with their inter-relationships, we have enough evidence to make a case for comprehensive rehabilitation services. How many of our programs integrate physiotherapists, kinesiologists, pain experts and social workers to adequately cover all the issues that our patients face, and early on in the trajectory? What types of interdisciplinary programs exist to address the needs of these patients with multiple co-morbidities and complex sources of disability, physical and psychosocial? I, for one, would like to hear about such successful programs and I would encourage any of you involved in new assessment and treatment models to write about your experience and present your programs at lymphedema conferences.

One great challenge in establishing interdisciplinary services is often lack of funding: it is difficult to convince insurers and health care institutions to find new budgets for new and enhanced programs even though they might see that these programs are necessary. Over the past 18 months we have been lucky to have the support of the Lymphedema Association of Quebec, BSN and Valco-Mediven in establishing an interdisciplinary service at the McGill University Health Centre (MUHC) in Montreal. I am learning a lot from seeing patients together with other professionals (physiotherapist, massage therapist, kinesiologist, and exercise trainer) and forming a conjoint treatment plan. Lymphedema management requires so many skills and it is essential that the treatment plan be correct. Patients have expressed great satisfaction for this service. In another part of the program, Marie-Ève Letellier, a kinesiologist who is Vodder-trained in lymphedema therapy, is doing early education and assessment following breast cancer treatment. Our hope is that early intervention will reduce the incidence and severity of lymphedema and other arm morbidity.

We are now awaiting hospital and government support

for this and similar programs that are being set up in our province. At this time almost all of them are "soft-funded" through donations. However, I believe that we need to advocate for interdisciplinary models of care. These are one example of what we can do to improve the quality of our assessments and interventions.

There is so much education left to be done before we can have health professionals that will play their part in reducing the burden of lymphedema and associated conditions. On the education front, the next phase of our lymphedema project at the MUHC will involve developing and piloting training modules for nurses, physiotherapists and physicians in lymphedema assessment and basic management. In this, we are seeking the input of interested national and international experts. This educational initiative is arising because of a lack of community resources under Medicare for both hospitalized lymphedema patients. In particular we lack nursing personnel equipped to help those edema patients who are house-bound and who require compression bandaging at home on a long-term basis.

Health policy will have to change to recognize the multi-faceted needs of lymphedema patients. Once policy has changed, then we must insist that proper funding follow. These services should not be "ad hoc"; rather, they should be integrated within existing health care programs and be subject to the same evaluation processes.

The movement has started, although it will be years before we get there! In the meantime, thank you to everyone who is involved in advocacy, in innovative clinical programs, in education and research. No matter how small your efforts may seem to you, we need you!

*This study was funded by the Canadian Institutes of Health Research (CIHR) grant no. MOP68883.

Anna Towers is a Vodder medical instructor, clinician researcher and a palliative care physician who coordinates a lymphedema clinic at the McGill University Health Centre, Montreal, Canada.

References

Thomas-MacLean R, Hack T, Kwan W, Towers A., Miedema B, Tilley A. "Arm Morbidity and Disability after Breast Cancer: New Directions for Care." *Oncol Nurs Forum* 2008;35(1): 65-71

International Society of Lymphology Consensus Document: The Diagnosis and Treatment of Peripheral Lymphedema. *Lymphology* 2003;36: 84-91.

Lymphedema Framework: *Best Practice for the Management of Lymphoedema*. International Consensus. London MEP Ltd, 2006. §

News

• After much debate, we have decided to move the timing of the Victoria Review from the Summer / Fall to the Spring. The main reasons were the clash with the summer holidays, an expensive time to visit Victoria, and conflict with CEU cycles ending in October. The Spring 2010 dates in May are a great

time to visit beautiful Victoria, with warm Spring days and the city in full bloom.

• LymphNotes, an information and resource website for patients and therapists, is inviting Vodder therapists to join for free and set up a discussion forum. The website is <http://lymphnotes.com>. §

Lymphedema Framework Project

An international initiative is underway to link many stakeholders together in the recognition, diagnosis, treatment and management of lymphedema. Initiated in the UK several years ago by Christine Moffatt, RN, PhD, the project has grown to include projects in the USA and Canada. In April this year the first International conference on lymphedema in Ascot, England brought together many stakeholders and

similar meetings are planned for the US and Canada. The Consensus document of the International Lymphedema Framework is now available through a link on our website:

http://www.vodderschool.com/current_articles.

Another good reference on Medscape about lymphedema is:

<http://www.medscape.com/viewarticle/568789>. §



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Intercostal Brachial Nerve and Associated Neuralgia

Denise Drisdelle, RMT and Dr. Vodder therapist

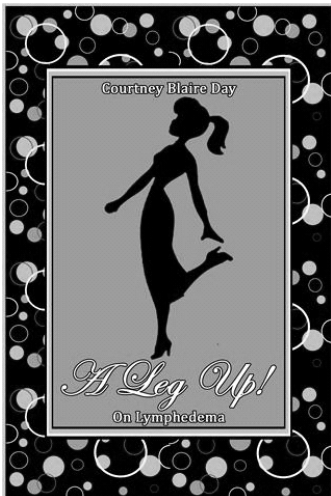
The Intercostal Brachial Nerve (IBN) is a sensory nerve supplying the areas of the anterior chest, axilla and medial upper arm. This nerve varies anatomically from person to person, is not well identified during surgery and is sometimes severed or damaged when performing an axillary node dissection for treatment of breast cancer. Signs and Symptoms of trauma to the IBN include the following in its area of distribution: sharp stabs of pain, aching pain, numbness, burning, tightness, uncomfortable feeling, clothing touching the skin is painful, slight movements cause pain. It can lead to frozen shoulder due to lack of movement. It is often referred to as Post Mastectomy Pain Syndrome for which doctors may prescribe antidepressants, NSAIDs, opioids or morphine. Pain from surgery is normal, but IBN pain can persist up to years post surgery. It is estimated that it occurs in about 20% of patients having axillary dissection surgery although it is less likely to occur if the sentinel node mapping and

biopsy procedure is performed. To differentiate it from lymphedema, which also has a pain component, IBN pain has a squeezing, constricting pain along with the sensory impairments. Often the two conditions co-exist. Manual Lymph Drainage is an ideal treatment for this condition. I have treated approximately 10 women with this condition, all as a result of axillary node dissection. None presented with signs or symptoms of lymphedema. Treatments are intense, lasting approximately one week for acute conditions and about 2 weeks for chronic situations. Treatment time was ideally 45 minutes. The secondary arm treatment for unilateral mastectomy was used, however, I mostly used the technique across the back (middle line) for 20 minutes or more. All of these patients recovered from the pain, however, the numbness in the skin was residual. An exercise routine is also important once the pain is improving or is gone to prevent frozen shoulder or other adhesions. §

"Pain from surgery is normal but IBN pain can exist up to years post surgery."

A Leg Up on Lymphedema

Emily Smith, Dr. Vodder therapist



This book is written by a teenage client from her perspective. It is her story of when she was diagnosed with puberty onset primary lymphedema. I write in it as her therapist and partner on this journey. It is not a clinical book; it is simply information on her experience,

her daily life and what we do to help her manage her lymphedema. It is a support book for people of all ages who may be dealing with this, or who loves somebody who is dealing with it. Courtney is also a devout Christian and does have scripture in this book

as her way of including her faith in her journey with lymphedema.

It is cute, funny in some places, sad in other places and real. I am so proud to have put this book together with Courtney.

My motivation in helping her write this book was because she has been very uncomfortable about her condition always trying to find ways to hide it and make things up as to why she has to bandage her leg or wear compression. I, myself had written the book "Anxiety Sucks" and came forward about my own secret. When I was showing it to Courtney I told her that I wrote it, so that I wouldn't have to speak about it anymore, or hide from it. She asked me if we could do the same for her...my answer was YES. And so it is born, our venture and team effort of "a Leg Up on Lymphedema" We decided that together we would make a stand, admit out loud the things that are hardest in our lives and make a difference for other people and whatever it is that they struggle with.

You can read about Courtney's book soon on:

www.aleguponlymphedema.com §

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Review 2009

Adelaide Review-April 2009 The keynote speaker at



Adelaide Review—Robert Harris, Joyce Bosman & Prof. Neil Piller

our Review in Adelaide this year was *Professor Neil Piller* from Flinders Medical Centre. Neil gave a lively talk on strategies to reduce incidence and prevalence of lymphedema, developments in bioimpedance and laser use in the management of lymphedema, as

well as the topic of lipedema. *Joyce Bosman*, PT a visiting researcher at Flinders University and also Vodder-certified therapist from Holland, described the use of Cure Tape which is similar to Kinesiotape. Joyce is studying the effect of Cure Tape with post breast cancer surgery patients who develop seroma. Case presentations were made by *Lindsay Henson*, PT on the treatment of a lymphedema patient with severe papillomatosis, likely the result of exposure to sheep-dip chemicals; *Carolyn Rowe*, RMT on a patient with lymphedema due to radiation and surgery following malignant cyst excision in the tongue; *Michael Fildes*, RMT on various orthopaedic patients including Achilles tendon rupture, ACL reconstruction, MVA with back injury and splenectomy, and hand injury. Robert Harris led the practical sessions at the Massage Study Centre in Adelaide.

Stowe Review-June 2009 Two reviews were held in Stowe, Vermont this year with 62 therapists. We were fortunate to have Prof. Weissleder with us as well as Dr. Anna Towers. *Prof. Weissleder* presented on obesity-related lymphedema and risk factors for development of lymphedema. He also discussed a new



Stowe Review—Dr. Anna Towers, Prof. H Weissleder & Prof. Hildegard Wittlinger

imaging technique for the lymphatics, ICG-F fluorescence imaging of lymphatic drainage using near infra red. It is a safe, minimally invasive technique but has limited depth penetration. Professor Weissleder also discussed Proteus syndrome, a sporadic disorder named for its highly variable manifestations and massive overgrowth of tissue that is sometimes confused for lymphedema. He also discussed malignant lymphedema and a palliative option for treatment.

Dr. Anna Towers, a palliative care physician from Montreal and assistant professor at McGill University

is a key physician in Canada in the treatment of patients with lymphedema. She described the American and Canadian Lymphedema Framework projects. Dr. Towers is undertaking a large study with colleagues across Canada looking at pain, range of motion, volume measurement and impact of arm morbidity using 745 patients with arm lymphedema. Case presentations were made by *Freda Yakko-Mallot*, RMT on a complex case of lipolymphedema; *Jane Aitken*, OTR on a morbidly obese patient with lymphedema; *Lisa Kinder*, RMT on the use of Tensoplast bandage and CDT on a patient with severe lymphedema; *Tina Hammond McDowell*, PTA on the use of Flexitouch compression on a patient with a non-healing wound and secondary lymphedema as a result of a motorcycle accident. Hildegard Wittlinger and Robert Harris provided the practical review.



Stowe Review—Renee Romero

Montreal Review-August 2009 This French-speaking review was attended by 14 therapists from Quebec and Ontario. Guest speakers included *Dr. Anna Towers* who spoke on her research and gave some thought provoking patient slides and discussed the ILF. *Dr. Schuchhardt* gave an update on primary and acute lymphedema. *Anne Marie Lajeunesse*, RN gave a talk on wound care and case presentations were made by *Catherine Croteau*, RMT on a patient with lower extremity edema, diabetes and gout; *Lyne Rochon*, MT on a patient with a combination of lower extremity edemas; *France Sirois*, MT on a patient with primary lymphedema.

Halifax Review-September 2009 The first review to be held in Nova Scotia was attended by 13 therapists in Halifax. Much fun and laughter was had by all with true Nova Scotian hospitality! *Darlene Boudreau* RN gave an excellent overview of wounds, identification and management. Case presentations were made by *Julie Skaling* PT, on a patient with severe radiation to neck and chest subsequent to breast cancer; *Dana Harrison*, RMT on an obese patient with primary lymphedema; *Cynthia Lohnes Ferrolino* on a patient with bilateral venous insufficiency in the lower extremities; *Betsey Webb*, RMT on a patient with kidney disease and lower extremity edema; *Amilyn Kearney*, RMT on a patient with thorax and arm edema subsequent to axillary node dissection. §



Montreal Review—Dr. Schuchhardt

"A new imaging technique for the lymphatics: ICG-F fluorescence imaging which is real time imaging of lymphatic drainage using near infra-red."

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To our newly Certified Therapists!



**Therapy II / III Class in
Ottawa, ON - March 2009**

Judith L. Argue, RMT	<i>Stittville, ON</i>
Larysa Bondalevich, RMT, MD	<i>Ottawa, ON</i>
Andrea Burde, RMT	<i>Pembroke, ON</i>
Renata DeForest, RMT	<i>Guelph, ON</i>
Margit Dehnicke-Templeton, RMT	<i>Pembroke, ON</i>
Kristin Dillon, OT, RMT	<i>Guelph, ON</i>
Paris, Paraskevi Gazetas, MT	<i>Montreal, QC</i>
Irene Gunn, RMT	<i>Nepean, ON</i>
Nicki Miller, RMT	<i>Carleton Place, ON</i>
Natalie Mooy-Beebe, RMT	<i>Petewawa, ON</i>
Alana Grace Nahdee, RMT	<i>Walepole Island, ON</i>
Josefina Pena, PT	<i>Jackson, TN</i>
Melissa Pennino, RMT	<i>King City, ON</i>
Shauna Perry, RMT	<i>Pembroke, ON</i>
Melanie Robitaille, Msc PT	<i>Montreal, QC</i>
Anik Theriault, RMT	<i>New Market, ON</i>



**Therapy II / III Class in
Stowe, VT - June 2009**

Molly Donovan, LMT	<i>Houston, TX</i>
Emine Eyidogan, CMT	<i>Istanbul, Turkey</i>
Ida Friedman, LMT	<i>Oakland, CA</i>
Ragheb Helayhel, RMT, PT	<i>Montreal, QC</i>
Ruby Howland, OT	<i>Asherville, NC</i>
Monica McCarron, RMT	<i>Markham, ON</i>
Crystal Roy, OTR/L	<i>Randlem, NC</i>
Carola Sauers, PTA	<i>Hazleton, PA</i>
Ann Sweet, PT	<i>Chester, NH</i>
Thuy Tran, MT	<i>Toronto, ON</i>
Annamarie Zucconi, RN, OTR/L	<i>Washington, PA</i>

Olga Baena, PT	<i>Columbia, TN</i>
Noreen Campbell, RN, MA, Bsc N	<i>North Saanich, BC</i>
Andrea Dobrostanski	<i>Vancouver, BC</i>
Jennifer Guerena, PT	<i>Mesa, AZ</i>
Julie Jensen, BSc PT	<i>Saskatoon, SK</i>
Kelly Lim, LMT	<i>Denver, CO</i>
Hiroya Sato, PT	<i>Kakamihara, Japan</i>
Colette Swain, RMT	<i>Bridge Lake, BC</i>
Kuniko Utsugi, MD	<i>Tokyo, Japan</i>



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

Therapy II / III Class in Montreal, QC August 2009

Eve Marie Agin, MT	<i>St. Leonard d'Aston, QC</i>	Valerie Pedneault, MT	<i>Terrebonne, QC</i>
Andreanne Berube, PT	<i>Shawniga, QC</i>	Marie Jacques Provencher, MT	<i>Victoriaville, QC</i>
Carole Briand, MT	<i>Boucherville, QC</i>	Eve Roy, MT	<i>Rimouski, QC</i>
Veronique Gingras, PT	<i>St-Sophie, QC</i>	Ginette Turcotte, MT, ND	<i>St. Alexandre, QC</i>
Chantal Lebel, PA	<i>Proulxville, QC</i>	Patricia Van der Walde, CMT	<i>Montreal, QC</i>
Suzanne Zivkovich, MT	<i>Laval, QC</i>	Julie Vanier, RN	<i>Grand Mere, QC</i>
Denis Marcoux, MT	<i>Gatineau, QC</i>	Maude Veilleux, MT	<i>Saint-Hubert, QC</i>

**Félicitations:
À nos
nouveaux
diplômés!**

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Pamella Gibson

(04/13/55 - 09/05/2009)

By Cheryl Gilbert



Our dear friend and colleague, Pamela Gibson passed away on September 5, 2009

after a long and courageous battle with cancer. Pamela was a naturopath, massage therapist and a Vodder therapist. She was also a teacher of lymph drainage at Wellpark College, Auckland, New Zealand. A gentle, loving and caring person full of energy and vibrancy and always with a smile to share. A truly special gift to have known her as a friend.

Survived by her daughter, Shannon. Pamela will be sadly missed by her friends, colleagues and family. §

Articles and Research

Lymphedema: A Primer on the Identification and Management of a Chronic Condition in Oncologic Treatment.

Lawenda B. et. al: CA Cancer J. Clin 2009; 59: 8-24.
©2009 American Cancer Society. A good up-to-date overview of lymphedema management.

Weight Lifting in Women with Breast-Cancer-Related Lymphedema.

Schmitz K, et. al: N Engl. J Med 2009; 361;7. The authors conclude that in breast-cancer survivors with lymphedema, slowly progressive weight lifting had no significant effect on limb swelling and resulted in a decreased incidence of exacerbations of lymphedema, reduced symptoms, and increased strength. §

Conferences 2009/2010

Lymphovenous Association of Ontario Conference:

November 07, 2009

Toronto, ON

Contact: www.lymphontario.org

International Lymphoedema Conference

March 20 - 22, 2010

Brighton UK

Contact: www.lymphormation.org

Australasian Lymphology Association

May 27-29, 2010,

Melbourne, Australia

Contact: ala@thinkbusinessevents.com.au

National Lymphedema Network conference:

September 22 – 26, 2010

Orlando, Florida, USA

Contact: www.lymphnet.org

Lana Recertification: Attending a Dr. Vodder Review meets the recertification requirement for LANA.

Lana Recertification:

LANA Exam 2010 dates:

April 19 - May 8.

September 20 - October 9.

Contact: www.clt-lana.org §

Reviews for 2009/2010

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

*Conscious Clinician (CC),
Advanced Creative Bandaging (ACB)
Marnitz Therapy (Mtz)
Elastic Taping (ET)
Expert Garment Fitter (EGF)*

Victoria, BC

October 30 – November 01, 2009:

Join us at Bedford Regency Hotel.

Main speaker will be Dr. Anna Towers.

Also offering CC.

For more information contact info@vodderschool.com

Singapore

December 05 – 07, 2009:

Prof. Piller will be the main speaker.

For more information contact goh.zewei@sgh.com.sg

Dallas, TX

January. 28 – 31 & January. 31—February. 02, 2010

Join us at the Radisson in Central Dallas.

Main speaker will be Prof. Weissleder.

Also offering CC, ACB, ET.

For more information contact info@vodderschool.com

Victoria, BC

May 07 – 09, 2010:

Join us at Bedford Regency Hotel. Main speaker will be Dr. Anna Towers.

Also offering EGF, CC.

For more information contact info@vodderschool.com

Stowe, VT

May 28 – 30, 2010:

Join us at the Golden Eagle Resort.

Main speakers will be Dr. Towers and Prof. Weissleder.

Also offering CC, ET, ACB, Mtz.

For more information contact info@vodderschool.com

Walchsee, Austria

July 05 – 09, 2010:

Join us at the Dr. Vodder Schule, Austria.

For more information about this course please call

011 43 5374 5245 or email office@vodderschule.com

Montreal, QC

(French language): August 28 – 30, 2010:

Main speaker Dr. C.Schuchhardt.

For more information contact

r.blydt-hansen@kineconcept.com §

Vodder Associations

For more information about the North American Vodder Association of Lymphatic Therapy

(NAVALT) please visit the website: www.navalt.org.

For the Australasian Vodder Therapist Association (AVTA) please visit the website: www.avta.net.au §

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2009 / 2010 Reviews & Advanced Courses

Dr. Vodder Review

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Victoria, BC - Oct. 30 & 31, 2009 8:30am – 5:30 pm and Nov. 01, 2009 8:30 am – 1 pm

Dallas, TX – January 29 & 30, 2010 8:30am – 5:30 pm and January 31, 2010 8:30 am – 1 pm

Dallas, TX – January 31 & February 01, 2010 8:30am – 5:30 pm and February 02, 2010 8:30 am – 1 pm

Victoria, BC - May 7 & 8, 2010 8:30am – 5:30 pm and May 9, 2010 8:30 am – 1 pm

Stowe, VT – May 28 & 29, 2010 8:30am – 5:30 pm and May 30, 2010 8:30 am – 1 pm

- Stay abreast of the changes in MLD and CDT as well as the field of lymphology.
- Update and renew your MLD, bandaging and treatment skills and update your theory.
- Share your experiences with your colleagues and network with therapists across North America.
- Update on the latest research in Lymphology and the treatment of lymphedema.
- Class size may be limited, so please register now.

Marnitz Therapy

Stowe, VT – May 30, 2010 from 1:30pm to 7:30 pm

An advanced class where you will learn a deep tissue technique to relieve musculoskeletal problems for lymphedemas. It will significantly help your patients' muscle tension and postural problems and increases muscle hyperemia by over 200% without causing additional skin hyperemia. **Andreas Wittlinger, PT, Instructor and director of the Rehabilitation Department of the Dr. Vodder Clinic – Walchsee, Austria is an experienced practitioner of Marnitz Therapy.**

Coopee TEST (Techniques for Elastic Sports Taping)

Dallas, TX – February 1, 2010 from 8:00am to 5:30 pm

Stowe, VT – May 31, 2010 from 8.00am to 5.30pm

This course explores all types of elastic tapes and provides a science based approach to how they work, differences in product and application techniques for Lymphedema patients. **Instructed by Ruth Coopee MOTR/CHT and certified Dr. Vodder School Therapist**

The Conscious Clinician;

Behavioral Management and Integrative Practice in Lymphedema Rehabilitation

Dallas, TX – January 28, 2010 from 8:00am to 5:30 pm

Stowe, VT – May 27, 2010 from 8.00am to 5.30pm

Advance your practice in the evaluation and treatment of the complex lymphedema patient. We will discuss various principles of practice of the master clinician, such as identifying and working with behavioral limitations, and developing an integrative approach. Labs will include experiential practice of concepts. Case studies will be presented to facilitate effective treatment planning. This is an interactive course that will provide lecture, discussion, and experiential activities to encourage participants to integrate this information into personal development as well as treatment planning and execution. **Instructed by Sara A. Nelson, PT, MOMT, CHT, CLT-LANA, Certified Dr. Vodder School Therapist**

Advanced Creative Bandaging

Dallas, TX – January 31, 2010 from 1:30pm to 7:30 pm

Stowe, VT – May 30, 2010 from 1:30pm to 7:30 pm

This course shows the application of multi-layered bandaging for people with lymphedema and other types of edema requires patience, skill and knowledge of the products. In this 8 hour workshop, emphasis will be placed on identification of products and how to use them. By knowing what is available, the practitioner can become creative in applying these products. Through group interaction, therapists will be encouraged to share experiences in how they have adapted the bandaging materials for difficult cases in their clinical settings. **Instructed by Renee Romero RN, BSN, MS, LMT is an adult educator and certified Dr. Vodder School therapist.**

Please Note: **The course will be confirmed at least one month prior to the start date. This will depend on the number of students who have registered with us. All courses have a limited number of places and your place can only be confirmed after we receive the completed application form and deposit. We organize sufficient teachers, based on the number of confirmed applicants.**

To register for one or more of these classes, send your completed application and deposit to:

Dr. Vodder School International

PO Box 5121, Victoria, BC, Canada V8R 6N4

Tel.: (250) 598-9862

Fax: (250) 598-9841

E-Mail: info@vodderschool.com

APPLICATION FORM

FOR TRAINING IN DR. VODDER'S MANUAL LYMPH DRAINAGE:

(PLEASE USE LARGE CLEAR BLOCK LETTERS / NUMBERS)

STATE/PROVINCE LICENSE # _____

Title: Ms. / Mrs. / Mr. / Dr. NAME: _____

HOME Address: _____

City: _____ Province/State: _____ Postal/Zip Code _____ Country: _____

WORK Address: _____

City: _____ Province/State: _____ Postal/Zip Code _____ Country: _____

Phone #(s): Home: _____ Business: _____ Fax: _____

Email: _____ Website: _____

QUALIFICATIONS (PLEASE CHECK BOX):

PT PTA OT COTA MD LMT RMT CMT MT RN LPN DC LAc

Other: _____

COURSE(S) I AM REGISTERING FOR (please check course location and write course(s) and dates on lines provided):

LOCATION: _____ DATE _____

COURSE (S) : REVIEW

MARNITZ THERAPY

COOPEE TEST / ELASTIC TAPING

CONSCIOUS CLINICIAN

ADVANCED CREATIVE BANDAGING

2009 / 2010 COSTS:

• **REVIEW:** \$440 USD OR CND (FULL PAYMENT RECEIVED 30 DAYS BEFORE START OF CLASS)

\$465 USD OR CND (PAYMENT RECEIVED LESS THAN 30 DAYS BEFORE START OF CLASS)

• **COOPEE TEST, MARNITZ THERAPY, CONSCIOUS CLINICIAN & ADVANCED CREATIVE BANDAGING:**

\$195 USD OR CND (FULL PAYMENT RECEIVED 30 DAYS BEFORE START OF CLASS)

\$220 USD OR CND (PAYMENT RECEIVED LESS THAN 30 DAYS BEFORE START OF CLASS)

FOR COURSES BEING HELD IN CANADA PLEASE ADD 5% GST TO TUITION COST

BRINGING A MASSAGE TABLE (SAVE \$25 OFF COURSE FEE, IF REQUIRED): YES NO

PAYMENT ENCLOSED: \$ _____

Visa/MasterCard #: _____ Expiry: _____

Please make check payable to Dr. Vodder School International Check# _____

Deposit of \$100.00 for each course you are registering for is required to confirm a space and is non-refundable 30 days prior to start of course. Administration fee of \$50 for changes/cancellation. Receipt will be given at the end of the course.

I HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT IN ALL ASPECTS.

Signed: _____ Month _____ Day _____ Year _____

The information you have provided to us voluntarily will be stored safely and in compliance with Privacy Policy regulations.

If you wish to view our Privacy Policy, please contact us or visit our web site at www.vodderschool.com

ADMINISTRATOR USE ONLY:

DATE RECEIVED PAYMENT: _____ DATE DEPOSITED: _____ AMOUNT RECEIVED: \$ _____

PAID BY: Visa / MasterCard / Cheque / Cash / MO #: _____ EXPIRY DATE: _____

DATE RECEIVED PAYMENT: _____ DATE DEPOSITED: _____ AMOUNT RECEIVED: \$ _____

PAID BY: Visa / MasterCard / Cheque / Cash / MO #: _____ EXPIRY DATE: _____

NOTES:

Tel.: (250) 598-9862

Dr. Vodder School International
PO Box 5121, Victoria, BC, Canada V8R 6N4
Fax: (250) 598-9841

E-Mail: info@vodderschool.com



DVDs, Books & CD Roms

Dr. Vodder School™
INTERNATIONAL
Authorized by the original Dr. Vodder Schule - Austria

PRODUCT AND PRICE INFORMATION

DVDs

US\$ OR CDN\$

Dr. Vodder Method of MLD	\$20
Arm Lymphedema – Exercise	\$25
Leg Lymphedema - Exercise	\$25
<i>Two or more - Exercise DVDs (each)</i>	\$20
Compression Bandaging for Therapists	\$55
Self-Bandaging – Arm for Patients	\$25
Self-Bandaging – Leg for Patients	\$25
<i>Buy Two or More Self-Bandaging DVDs (each)</i>	\$20
<i>Special Purchase for all three Bandaging DVDs</i>	\$90
Basic Body	\$55
Special Techniques	\$55
Edema Techniques	\$55

BOOKS

Dr. Vodder's Manual Lymph Drainage Volume 1	\$35
Dr. Vodder's Manual Lymph Drainage Volume 2	\$35
Compendium of Dr. Vodder's Manual Lymph Drainage	\$49
Lymphedema Diagnosis and Therapy*	\$69

Lecture Notes

Basic & Therapy I Notes	\$25
Therapy II&III Notes	\$25

VITAL ESSENCE CD ROMS

Vital Essence (Health Care Practitioners)	\$80
Vital Essence (Patients)	\$65

Prices do not include shipping and handling and GST will be added to Canadian customer orders.

FOR DESCRIPTIONS AND TO ORDER THE PRODUCTS PLEASE VISIT OUR WEBSITE AT
WWW.VODDERSCHOOL.COM

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT THE OFFICE AT THE PHONE OR EMAIL BELOW.

Dr. Vodder School International, PO Box 5121, Victoria, BC, V8R 6N4, Canada
Tel: (250) 598-9862 Toll free (800) 522-9862 Fax: (250) 598-9841
E-mail: info@vodderschool.com

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