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Editorial

Robert Harris, HND, RMT, CLT-LANA

We have been introducing elastic taping procedures to our therapists for many years. Our therapists report good results but there has been little documented evidence for the efficacy of this adjunctive treatment. One of our European Vodder therapists, Joyce Bosman, PT has now conducted research at Flinders'

Medical Centre in Adelaide, Australia with Prof. Neil Pillar and a summary is given below. Also this issue explains a new imaging procedure undergoing research trials in Houston, TX. Some of our Vodder trained therapists are involved in this research. §

Lymph Taping: a welcome addition in the management of seroma after breast cancer surgery??

Joyce Bosman, PT



Joyce Bosman

Breast cancer is treated with either modified radical mastectomy (MRM) or wide local excision (WLE) and axillary lymph node dissection (ALND), or sentinel lymph node biopsy (SLNB). Common complications of breast surgery are bleeding, infection, lymphoedema and nerve damage. The most common complication following breast surgery is seroma formation. Incidence of seroma formation after breast surgery varies between 2.5% and 51%. However, in our every day practice this complication is regarded as normal, rather than being a serious complication. Vitug & Newman report the need for seroma aspiration in 10% to 80% of ALND and mastectomy cases. Every aspiration might cause infection or oedema and using a less invasive treatment for this complication would be preferable in the management of seroma.

Various methods have been used to prevent seroma formation. Gardner et. al. evaluated the evidence of the current methods. Evidence on the effect of drains and seroma formation is inconclusive. Techniques of suturing mastectomy and axillary flaps to underlying tissue have been well described and seem to be an efficacious option for reduction of seroma. There are mixed results reported for the use of tissue adhesives. Most of the larger trials in human mastectomy wounds do not show any appreciable benefit, and their use cannot be recommended at present without further evidence. Immobilization of the shoulder until day 7 post-operatively, significantly reduced the incidence of seroma. However, this is inconvenient due to short-term shoulder immobilization and a risk of longer-term loss of range of motion. The use of tranexamic acid medication shows a likely discharge of patients 0.9 days earlier with fewer seroma aspirations, but more research needs to be conducted to clarify its role and best route of administration. ⁴

Seroma is defined as a serous fluid collection that develops under the skin flaps during mastectomy or in the axillary dead space after axillary dissection. Many causes have been investigated, but disruption of the lymphatic channels in the axilla is most likely. Seroma formation generally begins on the 7th day after operation, reaches a peak rate of growth on the 8th day, and subsequently slows continuously up to the 16th day after operation. The composition of the fluid and aspirates and the time related changes of the investigated criteria suggested that 1) seroma is not an accumulation of serum, but an exudate, 2) the exudate is an element in an acute inflammatory reaction, i.e. the first phase of wound repair, and 3) seroma formation reflects an increased intensity and a prolongation of this phase. Although seroma is not life threatening, it can lead to significant morbidity (e.g. flap necrosis, wound dehiscence, predisposition to sepsis, prolonged recovery period, multiple physician visits) and may delay adjuvant therapy.



Seroma

Gardner et. al. reported that factors statistically associated with higher rates of seroma included old age, higher weight, increased drain fluid volume in the first 72 hours, use of electrocautery, and choice of operation (MRM vs WLE). Other factors such as tumor size and number of lymph nodes removed were not significant in some trials but achieved significance in others.

It is common for people who have had their lymph



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Lymph Taping

Cont'd from page 1

nodes removed to experience fullness under the arm after the drain has been removed. People often describe it as like having a ball fixed in the armpit. As with a haematoma, this fluid is reabsorbed by the body over time. However, if it causes discomfort or is persistent, the specialist or breast care nurse may decide to draw off the fluid using a small syringe and needle. In some cases, the fluid collection may recur so this may need to be done more than once. The use of fine needle aspiration to assess changes in an oedematous breast can be problematic and may, in itself, produce additional inflammation and oedema.

Several interventions have been reported with the aim of reducing seroma formation including the use of a pressure garment and prolonged limitation of arm activity. However, it has been suggested that the use of these interventions not only reduces seroma formation, but also may increase the incidence of seroma formation after removal of the drain and might even cause shoulder dysfunction. Seroma formation after breast cancer surgery is independent of duration of drainage, compression dressing and other known prognostic factors in breast cancer patients except the type of surgery, i.e. there is a 2.5 times higher risk of seroma formation in patients undergoing modified radical mastectomy compared to wide local excision.

affected oedematous limb. The special tape has the same elasticity as the skin and is similar in weight to the epidermis. By applying the tape from proximal to distal and during application, positioning the body in a way that the tape is stretched, lymphatic drainage is stimulated 24 hours a day. The tape must be applied in accordance with the anatomy of the lymph pathways. The tape lifts the skin slightly and as a result, the lumen of the lymph angions are opened. The pressure on the blood vessels is reduced. Moreover the tape becomes a conductor of interstitial fluid, moving fluids from areas of higher pressure towards areas of lower pressure. The tape may also influence deeper lymphatics and encourage myofascial release, enhancing drainage in the intrafascial lymphatics.

For the management of seroma, the tape is cut into 3 strips and applied over the watershed between skin territories on the back of the patient from spine to axilla. The patient is positioned so the skin is at a slight stretch before application of the tape. Once the skin returns to its normal position, it is drawn up to create an underlying negative pressure. Professor Neil Pillar and I conducted a study at Flinders Medical Centre, Adelaide, Australia to investigate the use of lymph taping in the management of seroma using the Cure Tape® product. The results of this study will be published this year. In the meantime I encourage all Dr. Vodder therapists to start using lymph taping in the management of seroma and get your own clinical experience. This will be a great benefit to your patient!

Joyce Bosman, PT is a Dr. Vodder certified therapist living in Holland.

References

1. Hashemi, E; Kaviani, A; Najafi, M; Ebrahimi, M; Hooshmand, H; Montazeri, A. Seroma formation after surgery for breast cancer. *World J Surg Oncol.* 2004;2:44.
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3. Vitug, AF; Newman, LA. Complications in breast surgery. *Surg Clin N Am.* 2007;87: 431-451
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“The use of fine needle aspiration to assess changes in an oedematous breast can be problematic and may, in itself, produce additional inflammation and oedema.”



Lymph taping back

The use of taping in the management of seroma is gaining popularity, and there is significant clinical experience in this approach but little published research. Lymph Taping is a part of the Medical Taping Concept that contributes to stimulate lymphatic drainage. It is applied to the drainage area of the

Teacher Update

Congratulations to Koby Blanchfield, RMT, CLT-LANA on attaining her Therapy II and III teacher certificate. Koby has also recently been elected to the Board of the College of Massage Therapists of British Columbia which is a government organisation overseeing the profession.§



Koby Blanchfield

Near-infrared (NIR) fluorescence imaging of lymphatic structure and function – A Research Study

David Kleiman, RN, MS



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Clinical studies are underway to evaluate a novel approach to image lymphatic structure and function. The technique uses a non-radioactive dye that is injected intradermally and is then sequestered by nearby lymphatic vessels. The dye has been used for several decades in other medical applications and to date; no adverse affects have been documented for subjects with lymphedema. A light similar to the light from a grocery store scanner is shined on the skin and penetrates to interact with the injected dye. The fluorescent signal from the dye, travels through tissue, and is collected by a special camera for dynamic, real-time imaging of lymph flow [1]. The figure below pictures the dye moving proximally in the lymphatics originating from the injection sites on the back of the right hand.

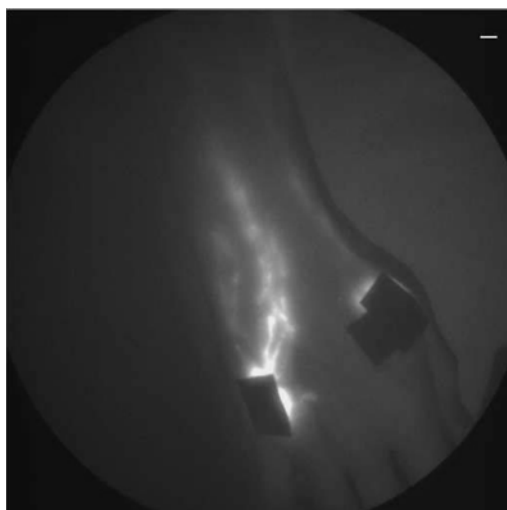


Figure 1-Right hand (taken from [1])

In a previous study, this experimental imaging technique has been used to evaluate lymphatic response to pneumatic compression devices (PCDs) for subjects with breast cancer-related lymphedema (BCRL) [2]. Management with PCDs is controversial, owing to the lack of methods to directly assess benefit. This pilot study measured lymphatic propulsion rate, apparent lymph velocity, and lymphatic vessel recruitment before, during, and after advanced PCD therapy. Lymphatic function improved in all control subjects and all asymptomatic arms of BCRL subjects. Lymphatic function improved in 4 of 6 BCRL affected arms, improvement defined as proximal movement of dye after therapy. NIR fluorescence lymphatic imaging may be useful to directly evaluate lymphatic

response to therapy. These results suggest that PCDs can stimulate lymphatic function and may be an effective method to manage BCRL, warranting future clinical trials.

An ongoing clinical trial (NCT00833599) funded by the National Heart, Lung, and Blood Institute is combining the NIR imaging technique with a genetic analysis of mutations that may be found in persons with lymphatic dysfunction. Subjects with lymphedema of either the upper or lower extremities are being evaluated. The objective is to correlate the genetic findings with the phenotypical data revealed from the NIR imaging. Recruitment is ongoing with an emphasis on families with more than one affected member.

In addition to the study using PCDs, the technology has also been used in a compassionate use case [3]. The case study, funded in part by the National Cancer Institute's Network for Translational Research, involved a 50-year-old male with lymphedema of the eyelids, tongue, face and cheeks secondary to cancer treatment. The subject was injected with the dye and NIR fluorescent imaging was used to direct manual lymphatic drainage (MLD). Three-dimensional surface profilometry was used to monitor response to the therapy. The imaging technique provided mapping of functional lymph vessels so that MLD could be directed in a more effective manner.

For more information please contact:

Milton V. Marshall, PhD, DABT:

(713)500-3562

Milton.Marshall@uth.tmc.edu

References

1. J. C. Rasmussen, I. C. Tan, M. V. Marshall, C. E. Fife, and E. M. Sevick-Muraca, "Lymphatic imaging in humans with near-infrared fluorescence," *Curr. Opin. Biotechnol.* 20(1), 74–82 (2009).
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"NIR fluorescence lymphatic imaging may be useful to directly evaluate lymphatic response to therapy."



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Review Reports 2010

Victoria, BC —May 2010



Dr. Anna Towers

presented the practical sessions. Andreas gave a short introduction to Marnitz therapy. Case presentations were made by *Sandra Marshall, LMT* on self treatment of post surgical sequelae of facial basal cell carcinoma; *Pam Fichtner, RMT* presented on a patient with post mastectomy lymphedema; *Netta Leong, PT* on a morbidly obese patient; *Amanda Cage, OTR/L* on a patient with lipolymphedema; *Terice Reimer-Clarke, PT* on a challenging diabetic patient with lymphedema resulting from trauma. *Dr. Towers* from McGill University Health Centre talked about the Canada wide study on the impact of breast cancer intervention. She also discussed an early intervention study on prevention of lymphedema. *Dr. Towers* presented on the International and Canadian Lymphedema Framework projects. *Angela Vollmer*, orthopaedic technician from Germany presented on fitting garments for patients with many different types of edema including lipedema. Before the review course, Angela presented an excellent two day workshop on Garment Fitting. The course was full and the feedback extremely positive.

Stowe, VT—May 2010

Forty seven therapists attended two reviews held at the Golden Eagle in Stowe, Vermont. Hildegard Wittlinger and Robert Harris led the practical sections and the theory presentations were made by Dr. Towers, Prof. Jane Armer and Dorit Tidhar PT. *Dr. Towers* discussed the Canadian study (see Victoria Review) and *Prof. Armer* discussed the Lymphedema framework projects as well as her own research on secondary lymphedema and imperatives for research to move the field forward. *Ms. Tidhar* described her research on Aqua Lymphatic Therapy. Case presentations were made by *Gail*



Kathy Fleming & Solaris exhibit

Hendsey, PT on a complex patient with bilateral lymphedema, hip replacement, knee pathologies and diabetes; *Laura Clark, LMT* on a complex patient with ipsilateral axillary node dissection (subsequent to breast cancer) and inguinal node dissection (subsequent to hysterectomy). Laura also presented a patient with lipolymphedema with Madelung's syndrome; *Rose McCormick, LMP* presented on a patient who developed lymphedema post facial cosmetic surgery; *Anne Bramham, LMT* presented several cases from her experience with

cosmetic and plastic surgery patients.

Montreal, QC—August 2010



Monica Coggiola

and Dr. Towers from Montreal. Dr. Schuchhardt described the history of surgical procedures for breast and gynaecological cancers and the development of sentinel node biopsy, contraindications and complication, as well as outcomes. Dr. Towers posed pathology and pathophysiology questions, and discussed research issues in Canada. Presentations were also made by *Linda Henry* from BSN about Leukotape K on neuropropioceptive taping and *Dorit Tidhar PT* on home treatment of edema using hydrotherapy. The Lymphedema Association of Quebec held its annual conference after the Review and guest speakers included Drs. Schuchhardt and Towers, Robert Harris, Monica Coggiola (Dr. Vodder instructor from Italy) and Dorit Tidhar. The theme was compression therapy and over 150 people attended the evening event.

Melbourne, Australia—September 2010

Two reviews were held in Melbourne at the Mercy Lymphoedema clinic, organised by Deb Bower. Twenty six therapists attended from Australia, New Zealand and Singapore. Prof. Neil Piller presented on the role of the lymphatic system, early fluid detection methods; how to publish a case study; MLD, friend or foe in terms of cancer spread; bras and breast edema; lipedema. Robert Harris led the practical sessions.



Prof. Neil Piller

RMT on a patient who had undergone breast reconstruction after treatment for ductal carcinoma; *Sarah Gill, RMT* on a patient with primary lymphedema who had undergone a Charles reconstruction procedure (debulking); *Ros Roberts RN, RMT* on palliative care patients; *Sue Clegg, RMT* on a patient with breast cancer and cellulitis, triggered by travel; *Lilly Chiu, RMT* presented on a patient who had developed lymphedema subsequent to surgery for basal cell carcinoma and melanoma.§

Case presentations were made by *Nerida Hamilton, RN* on a lactating patient with breast lymphedema; *Christina Pfitzner,*

Scrotal support

Thanks to

Joanne Matz, OTR/L
and Vodder Therapist
for passing along this
information about an
inexpensive scrotal
support invented by a
urologist:

www.qnsscrotalsupport.com. It comes in 3 stock sizes for \$39.95 US and custom is \$10.00 more.

Congratulations:

To our newly Certified Therapists!



*Therapy II / III Class in
Victoria, BC - May 2010*

Winona Cheung, MT	Las Vegas, NV
Melissa Krull, RMT	Vancouver, BC
Veronica Lechuk, RMT	Toronto, ON
Penny Lenuik, RMT	Saskatoon, SK
Delaine Loucks, RMT	Calgary, AB
Jason Mandalentsis, RMT	Whitby, ON
Melissa Pavlas, RMT	Anchorage, AK
Tanya Turnbull, RMT	Port Coquitlam, BC
Rachelle Wright, RMT	Kitchener, ON

Laurelyn Barnett, LMT, DC	Marietta, GA
Nancy Brent, RMT	Cambridge, ON
Jeanette Lee, PT, PhD	Erie, PA
Marigold Limuaco, PT	Houston, TX
Judy Marriott-Fowler, LMT	Brooklyn, NY
Pam Olivier, LMT	Johns Island, SC
Oscar Pozzoli, PTA	West Orange, NJ
Marissa Punzalan, PT	Richmond, TX
Raymond Vickers, RMT, BSc	Milton, ON
Daniel (Wesley) Walker, LMT	Nashville, TN
Francine Wright, RMT	Mt. Uniacke, NS
Angela Yung, PT	Montreal, QC



*Therapy II / III Class in
Stowe, VT - June 2010*

Michelle Horst, PT	Ottawa, ON
Lisa Kham, PT	Montreal, QC
Suzanne LeClerc, MT	Saint-Lazare, QC
Sandra Noemi Mesa Prieto, PT	Montreal, QC
Marie-Reine Michaud, MT	Riviere-du Loup, QC
Sofien Miniaoui, MT	Montreal, QC
Clare Parsons, LMT	Beaconsfield, QC



*Therapy II / III Class in
Montreal, QC - August 2010*

**Félicitations:
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diplômés!**



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Wheelchair accessible.

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Pam Hammond at
416 928-9650

or

steveandpam@sympatico.ca.

Articles

The Effect of Manual Lymph Drainage (MLD) on muscle enzymes after treadmill exercises.

Schillinger A, et. al: Effect of Manual Lymph Drainage on the Course of Serum Levels of Muscle Enzymes After Treadmill Exercise. 2006; Am. J. Phys. Med. Rehabil. • Vol. 85, No. 6

Improving muscular recovery after exercise is an important topic in sports medicine. The aim of this study was to evaluate the effect of MLD on the course of muscle enzymes after treadmill exercise. 14 athletes (7 women, 7 men) were included in the study. The participants underwent a graded exercise test on a treadmill ergometer to determine the individual anaerobic threshold (IAT). Seven days after the graded exercise test, all subjects performed 30 minutes of treadmill exercise at an intensity

equivalent to IAT. The subjects were randomized into two groups of seven persons. One group was treated with manual lymph drainage (MLD), whereas the control group (CG) received no treatment after the endurance exercise at IAT level. After an increase immediately after the exercise, a fast decrease in lactate dehydrogenase (LDH) and in aspartate aminotransferase (AST) concentration was observed, with significantly lower values for LDH after 48 hrs in the subjects having received lymph drainage treatment. The course of creatine kinase (CK) levels was comparable, but did not reach significance. Manual lymph drainage after treadmill exercise was associated with a faster decrease in serum levels of muscles enzymes. This may indicate improved regeneration processes related to structural damage to muscle cell integrity. §

Conferences 2010/2011

Lymphovenous Association of Ontario conference

November 20, 2010, Toronto, ON

Contact: www.lymphontario.org

International Lymphoedema Conference

(Lymphoedema Framework Project)

June 16 - 18 2011, Toronto, Canada

Contact: www.lymphormation.org

International Society of Lymphology conference

September 19 - 23, Malmo, Sweden

Contact: www.lymphology2011.com

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

LANA Exam dates: Sept. 20 to Oct. 09, 2010.

April 25 to May 14, 2011

Contact: www.clt-lana.org §

Reviews for 2010/2011

Please register early. Space is limited .

For more information contact info@vodderschool.com

Toronto, ON

November 20 to 22, 2010:

In conjunction with LAO conference

St. Pete Beach, FL

January 21 to 23, 2011

Main speaker; Prof. Weissleder

Also offering Advanced Creative Bandaging and Elastic Taping.

Melbourne, Australia

March 30 to April 1, 2011:

Main speaker; Prof. Neil Pillar

Victoria, BC

April 29 to May 1, 2011:

Main speaker; Dr. Towers

Stowe, VT

May 27 to 29, 2011:

Also offering Advanced Creative Bandaging and Elastic Taping.

Walchsee, Austria

July 04 to 08, 2011:

office@vodderschule.com

Halifax, NS

August 31 to September 2, 2011 §

Administration

Facebook/Twitter/Blog spot

If you are interested in getting short updates on news from the Dr. Vodder School, go to the top right hand corner of our website home page and log on. You will automatically receive any of the brief updates we post. If you would like to keep updated on one of our therapist's blog spots, go to Linda Ann's space at <http://lymphoedema-perth.blogspot.com/> Linda Ann is from Perth, Australia and is keen to stay in touch with Vodder -certified therapists from around the world.

MLD / CDT course forms now available online.

We are slowly coming into the 21st Century!! We have recently put together application forms that can be filled out on line and sent by email. All you have to do

is fill out the application online and simply hit the Submit button. It will be sent directly to the office via email.

This will help out all of those who don't have a fax machine or no longer use one. Also save money on stamps for those who like to pay by credit card! If you prefer to send a check, you can print off the completed form and mail it to us.

The forms can be found on our website under the course you are interested in but please remember these are only available for the courses that are organized by the Dr. Vodder School International. For courses organized by others, please contact them directly for application forms. §

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2011 Review Courses

- 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.
- Update on the latest research in Lymphology and the treatment of lymphedema.
- Class size may be limited, so please register now.

St. Pete Beach, FL – January 21 to 23, 2011

Join us at the Dolphin Beach Resort.

Instructors are Prof. Hildegard Wittlinger and Robert Harris
Prof. Weissleder will be update us on research in lymphology

Melbourne, VIC, Australia –March 30 & 31and April 1, 2011

Join us at the Alfred Hospital

Instructors are Prof. Neil Piller and Robert Harris

To register please contact

Deb Bower

by email debs@rabbit.com.au

by phone (041) 855-1546

Victoria, BC –April 29 & 30 & May 1, 2011

Join us at the Bedford Regency Hotel

Instructors are Prof. Hildegard Wittlinger and Robert Harris
Dr. Anna Towers will be update us on research in lymphology

Stowe, VT – May 27 to 29, 2011

Join us at the Golden Eagle Resort

Instructors are Prof. Hildegard Wittlinger and Robert Harris
Guest presenters to be announced

Montreal, QC – August 26 to 28, 2011

Join us at Institut Kiné Concept

Instructor is Robert Harris

Guest speakers will be Dr. Shuchhardt and Dr. Towers

To register for this FRENCH REVIEW please contact

Institut Kiné Concept

by email info@kineconcept.com

by phone 514-272-5463

Halifax, NS – August 31 to September 2, 2011

Join us in Halifax

Instructor is Robert Harris
Guest presenters to be announced

For courses in St. Pete Beach, FL; Victoria, BC; Stowe, VT or Halifax, NS, please send your completed application and deposit to:



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2011 Advanced Courses

COOPEE TEST (Techniques for Elastic Sports Taping)

St. Pete Beach, FL – January 20, 2011 from 8.00 am to 5.30 pm
Join us at the Dolphin Beach Resort

Stowe, VT – May 30, 2011 from 8.00 am to 5.30 pm
Join us at the Golden Eagle Resort

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**

ADVANCED CREATIVE BANDAGING

St. Pete Beach, FL – January 23, 2011 from 1:30 pm to 7:30 pm
Join us at the Dolphin Beach Resort

Stowe, VT – May 29, 2011 from 1:30 pm to 7:30 pm
Join us at the Golden Eagle Resort

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.**

CONSCIOUS CLINICIAN

Behavioral Management and Integrative Practice in Lymphedema Rehabilitation

Stowe, VT – May 26, 2011 from 8.00 am to 5.30 pm

Join us at the Golden Eagle Resort 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 that will increase your effectiveness and reduce burnout. 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, DPT, MOMT, CHT, CLT-LANA, 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.**

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APPLICATION FORM

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

(PLEASE USE LARGE CLEAR BLOCK LETTERS / NUMBERS)

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WORK Address: _____

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

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

Email: _____ Website: _____

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Other: _____

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

LOCATION: ☐ ST. PETE BEACH, FL ☐ VICTORIA, BC ☐ STOWE, VT ☐ HALIFAX, NS

COURSE(S): ☐ REVIEW ☐ COOPEE TEST / ELASTIC TAPING

☐ ADVANCED CREATIVE BANDAGING ☐ CONSCIOUS CLINICIAN

2011 COSTS:

► REVIEW:

• \$465 USD OR CND COURSES HELD IN **BC**, ADD 12% HST (\$520.80), HELD IN **NS**, ADD 15% HST (\$534.75)

IF FULL PAYMENT IS RECEIVED 30 DAYS BEFORE START OF CLASS THE COST OF THE COURSE IS:

• \$440 USD OR CND COURSES HELD IN **BC**, ADD 12% HST (\$492.80), HELD IN **NS**, ADD 15% HST (\$506.00)

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

• \$220 USD OR CND

IF FULL PAYMENT IS RECEIVED 30 DAYS BEFORE START OF CLASS THE COST OF THE COURSE IS:

• \$195 USD OR CND

BRINGING A MASSAGE TABLE (\$25 REFUND IF REQUIRED): ☐ YES ☐ NO

PAYMENT ENCLOSED: \$ _____

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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.

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