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THERAPY NEWS

Editorial

Robert Harris, HND, RMT, CLT-LANA

I had the pleasure of visiting the Vodder Schule in Walchsee, Austria in December. Reading Prof. Wittlinger's article again, I was struck by how far we have all come from the modest beginnings of the Vodder's 74 years ago. For those just entering the field this may not be a reality but I have seen tremendous growth in the past 22 years and thanks again to the inspiration and dedication of Hildegard.

Sadly, one of the pioneers in MLD research died in February. Prof. Hutzschenreuter was an innovative researcher and will be missed by all who knew him at the Vodder School.§

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

© Hildegard Wittlinger, Dr. Vodder School, Part 2: continued from previous issue



Dieter & Prof. Hildegard Wittlinger

After living 11 years under the inspiring sky of France (as V o d d e r wrote) he and his wife repatriated to Copenhagen at which time the 2nd world war broke out.

A new beginning under difficult circumstances had to be made. It was not until the early 50's that Vodder received invitations from European countries to teach his method. In the early 60's a German general practitioner, Dr. Asdonk, heard of Vodder and became interested in this method. Therapists owe a lot to Dr. Asdonk. As a physician he recognized the importance of Vodder's method and gave us the first list of indications. Lymphedemas – as we know and treat them today – were not an indication at that time.

It was in 1966 that my husband, Günther Wittlinger, first came in contact with Dr. Vodder. Vodder, Asdonk and Wittlinger founded the ASSOCIATION OF DR. VODDER'S MANUAL LYMPH DRAINAGE in 1967. They organized the first congress which was a great success. The problem at that time was that no physician or scientist could understand that a manual technique could influence the lymph vessel system positively. I am still facing this problem, especially abroad. Vodder once said "I discovered my method too early. No one understands me."

A Professor Mislin of Switzerland achieved a milestone in the 1970's. His research carried out on the lymph angions, which are small functional units of the lymph vessels, proved the effects of manual

lymph drainage. This confirmed that the special technique of the Vodder method of manual lymph drainage with its light circling movements of the skin and gradually increasing and decreasing pressure stimulates the dermal lymph vessels by increasing their rate of pulsation and amplitude.

This was and still is an absolutely great statement. If the source of the lymph is the loose connective tissue, as Vodder always maintained, Mislin proved the Vodder's method could decongest the loose connective tissue of the skin, and therefore remove microedemas in the loose connective tissue which is the source of many problems. Mislin literally said "if Vodder had not invented his method as he did, we should invent it urgently."

Vodder always saw the human as a whole. His thesis was, "if one part is sick the whole human being is sick." He only gave whole body treatments with special dedication to the affected area.

It is difficult to describe Vodder's personality. I consider him to have been very remarkable. His method is simple but brilliant, difficult to learn but unique in the effects. The light movements adapted to the patient's tissue pressure, convey to the patient a pleasant feeling in addition to their therapeutic effects. Scientists and their research confirmed the effects of the method and finally helped us with the breakthrough of Vodder's Manual Lymph Drainage. And here, I want to stress the decongestive effect. This was when the treatment of our lymph edemas began. I also want to stress that only a massage pressure, which is adjusted to the individual tissue pressure, will obtain the desired result. After adding bandaging to the lymphedema treatment, which proved to be very effective and helpful, the modern conservative lymphedema treatment – Combined Decongestive Therapy – was born. A combination of different therapies is now used to improve the quality of life of our lymphedema patients.

Emil Vodder, his life and his work...

Cont'd from page 1

The health insurance companies in Germany recognize the method as being very effective in various pathologies and therefore, refund the therapists for their treatments. During the last 25 years the method has become the most physician-prescribed manual technique refunded by the German health insurance system.

Vodder was a humorous and humble man. His knowledge was comprehensive, in addition to his knowledge of the lymph system. He studied the immune system extensively. He found that the lymph nodes also have an immunological task as a part of the lymph vessel system and play an important role in the defense system of our body. This is what he visualized in the early 30's.

During our many meetings, my husband Günther and I came to know Emil Vodder as a well-read and liberal minded man who was open to discussions that were always led in harmony. He taught and showed us a lot. His words were motivational and encouraged us to follow him. He said "the greatest aim in life must be to find our journey and recognize it as ours and then follow it consequently." Emil Vodder lived in accordance with this statement.

With Günther Wittlinger who stood truly at his side, he found the fighter who made it possible that Vodder's method would survive in it's authenticity.

Vodder has been tempted from many sides to sell his method and become a rich man, but he resisted with a little smile and said "I will not sell my life."

In 1985 the German Massage and Physical Therapy Association awarded him the Röhrbach-Medal as

appreciation for his life work. With this act a professional association had confirmed the Emil Vodder created the method and gave the name to it: DR. VODDER'S MANUAL LYMPH DRAINAGE.

In February 1986, Vodder died in Copenhagen shortly before his 90th birthday. His wife Estrid stood at this side during all these years, assisted at this classes and accompanied him on the many series of lectures. She died 10 years later shortly before her 100th birthday.

Their son Arne, who became a famous architect, still lives in Copenhagen.



Emil Vodder, Guenther Wittlinger & Estrid Vodder

There are probably few people who had such a lasting impact on physical therapy and enriched it as much as Emil Vodder. Many scientists, physicians and therapists contributed to the fact that Vodder's method, which he created 70 years ago, found world wide acceptance and recognition in the medical field and in the field of physiotherapy.§

"There are probably few people who had such a lasting impact on physical therapy and enriched it as much as Emil Vodder."

Therapists in the News:



In their efforts to spread the word, Jim Kresse, LMT, a long-time Vodder therapist and his partner, Norma Kresse, LMT a recent graduate, met with Senator Hilary Clinton at a lymphedema patient support meeting on Long Island, NY. Congratulations to Jim also for helping to get legislation to pass in New York State. State Bill 3015 has been signed and will be effective January 2006 to require medical insurance

providers to cover the diagnosis and treatment of lymphedema including equipment, supplies, devices,



CDT, and outpatient self-management training and education. The bill also states that a LANA Certified Therapist MUST do the treatment. For further information, Jim can be contacted at csesera1@optonline.net.§



Jan Douglass, RMT

I was very privileged to be part of the Flinders University team that presented at the 20th International Congress of Lymphology in Salvador, Brazil. Prof. Neil Piller delivered the results of the L P G

reconstructive and excisional surgery. Surgical therapy is successful only when integrated with MLD and compression therapy.'

Kaaren Johansson of the Lund University Hospital, Sweden delivered a paper on a trial conducted at Flinders with Prof. Piller, titled *Exercises with heavy weights for patients with breast cancer related arm lymphoedema*². The women were asked to perform specified exercises employing shoulder flexion, abduction and adduction, and elbow flexion and extension. Kaaren found that the women who completed at least three sessions using increasing weights (starting with 0.5 Kg and progressing to a maximum of 3 Kg) and who described the exercises as 'hard' or 'very hard' to perform, experienced an immediate increase in arm volume, but that after 24 hours the arms tended to reduce below baseline slightly with a significant reduction in patient rating of tightness and heaviness in the arm (*see also: Literature report on page 8*).

One of the animal trials³ was also interesting as it showed good results using MLD to control established oedemas but that there was no effect preventatively. When considering this result it is important to keep in mind that the surgical oedemas inflicted on the rats are severe with complete obstruction of lymph pathways, so these results may not be applicable to a clinical setting where there is only mild or moderate interruption to the lymph pathways.

Overall the conference was very informative and I regret not being able to attend every session. Many thanks to Prof. Piller for his support and encouragement throughout.

(Endermology) trial that we had conducted during 2004/5, Amanda Moseley, RN, PhD delivered the LPG case studies arising from that trial and I delivered four case studies from the same trial that highlighted various issues for the therapist in working within a generalized trial setting. Prof. Piller also presented the results of a below the knee stocking trial.

About 400 delegates attended and 155 papers were presented over five days. One that particularly caught my attention was on the importance of MLD and CDT in the success of surgical intervention for lymphoedema. Titled *Surgical Treatment of Lymphoedema; the Critical Role of Compression Therapy*¹, the author and presenter, Dr. B.B. Lee described surgery in 54 patients with chronic intractable lymphoedema. There were three groups receiving: A. venolymphatic reconstructive surgery (VLRS) which creates lymphovenous anastomoses, B. free lymph node transplant surgery (FLTS) and C. very advanced cases receiving excisional surgery to remove excess tissues from the limb. All participants were tracked for up to four years. Results showed clearly in all groups that patients who remained compliant with MLD/CDT maintained the benefits of surgery. In each of the groups the surgeries/grfts of patients with poor compliance failed. The results for group B demonstrate this pattern.

"At 12 months, 10 of 13 FLTS patients with good compliance to MLD showed clinical improvement by successful graft but remaining two with poor compliance to MLD failed. At 24 months, eight patients were compliant and five were not. Compliant patients maintained clinical improvement while the remaining non compliant patients had progressive deterioration."

The author concluded that 'Postoperative MLD and compression therapy are essential components of

1. *Surgical Treatment of Lymphoedema; the Critical Role of Compression Therapy*
Author, Dr. Byung Boog Lee
Uniformed Services University Of The Health Sciences, Bethesda, MD, USA
2. *Exercises with Heavy Weights for Patients with Breast Cancer related arm Lymphoedema*
Authors, K. Johansson, N. Piller
Lymphoedema Unit, Lund University Hospital, Sweden
3. *MLD Monotherapy In Lymphedema Prevention And Control*
Authors, M. Bernas, P. Summers, E. Hirleman, R. Hunter, A. Noon, R. Zeigler, M.H. White.
Department Of Surgery And Healthsouth Rehabilitation Institute Of Tuscon, Tuscon, AZ, USA§

See page 8 for
conferences you
could attend in 2006!



Why does empowering the patient enhance the field of Lymphology?

Solaris/Tribute, manufacturers of specialized compression garments, generously sponsored a competition for two free places in the 2006 Reviews. This was advertised in the last Therapy News and Jonathan Sills and Michelle Cole both won a free place, with a value of \$415 US each. Jonathan and Michelle consented to have their answers published to the question

Michelle Cole, OTR/L:

Empowerment is a process whereby individuals struggle to reduce personal powerlessness and dependency by having increased control over their lives (Lord and Hutchinson, 1997). This allows individuals to tap into personal potential they never knew existed. It encourages individuals to be more proactive and preventative. It is synonymous with active participation and initiative, versus hopelessness and waiting to be told what to do or how to solve a problem. Healing is a holistic endeavor that requires active participation. Empowering the patient enhances the field of lymphology by addressing all of the above-mentioned points.

Stress due to illness and disease can lead to a never-ending cycle of continued decline. It affects the mind-body connection required for assistance with healing. Empowerment decreases levels of stress, which in turn, allows the body to complete its natural healing process. Stress is known to weaken the immune system and make us more susceptible to illness and disease. If a patient is prepared and empowered through intensive education, healthy lifestyle choices may be utilized as a preventative and healing measure.

Patients should take an active role in their healthcare in order to become more aware of their body and the message it is trying to convey. Within the field of lymphology, we provide education in the form of preventative measures, exercise and bandaging. This empowers the individual by placing a portion of their degree of outcome on their own actions or lack of action. When someone is empowered, they usually tend to feel more accountable for their actions and outcomes than if they feel they have no influence. Accountability will lead to increased healing and outcomes.

Empowerment leads to a release of negative feelings and emotions, which in turn will lead to further healing. This release of negative thoughts will free the way for coping skills and strategies to assist with healing. Continuous accumulation of negative emotions can hamper the health and happiness of a patient. Release of negative emotions through empowerment opens up space within the patients mind for positive healing and relaxation.

Empowerment assists with healing all types of illness and disease. In the area of lymphology, through personal experience with clients, I have seen dramatic results in healing and happiness, that empowerment has had an influence on. In conclusion, the most important factor to remember with empowerment is that it will increase feelings of hopefulness, which a lot of persons dealing with lymphedema are lacking.

Jonathon Sills, CMT

When I opened the door to my home office, she stood there for a moment, hesitating, then entered tentatively, as if she might turn around and walk away at any moment. She moved stiffly, with shoulders raised and a grim expression on her face. As I led "Sandra" into the warm comfort of my treatment room, her body seemed to relax just a little, and her mouth softened slightly around the corners. "I had a mastectomy last year, and recently noticed swelling in my arm. When I went back to my doctor, he said that it was just a little swelling - nothing to worry about - and I should just be glad that the cancer is gone. My friend 'Susan' is a breast cancer survivor, and she said that it could be lymphedema, and you might be able to help me. Can you?"

This same scenario has played out far too many times in my practice. A woman comes to me with swelling in her arm after a mastectomy and lymph node dissection, and only minimal information about what is happening to her body, and what she should do. She is scared, scarred, and frustrated with the lack of direction offered to her through the traditional healthcare system. What she wants most is a clear explanation of her condition, and where to go from there. In short, she wants the empowerment that comes with knowledge. As lymphedema therapists, we can help to empower her, and in the process enhance the image and perception of our field with other medical professionals, and with the public in general.

This empowerment comes by listening carefully, answering honestly and clearly, offering our skills and experience, and teaching our patients and clients how to deal with the life-changing condition of lymphedema. By first listening intently to Sandra's questions, concerns, and complaints, I was then able to give her answers in language she could understand and appreciate, and I could also sympathize with her fears and frustrations. I referred her to the appropriate professionals to obtain a legitimate diagnosis; counseled her on obtaining the maximum benefits of her health insurance; explained the physiology and mechanics behind lymphedema; offered guidelines for maintaining a lower arm volume including self-wrapping techniques; and provided hands-on treatment in the form of Vodder Manual Lymphatic Drainage and Combined Decongestive Therapy in a comfortable and nurturing environment. In addition, I helped to design a treatment plan she could live with, and to which she looked forward.

Sandra has now been in my practice for two years, and comes for regular, biweekly treatments. She has referred a number of new clients to me, and her physician has asked for some of my business cards to pass out to other patients. As a result of taking these carefully considered steps, our patients and clients gain a sense of control and direction, lose a considerable amount of fear, learn to accept the changes made necessary by lymphedema, and almost always express a deep appreciation for the sense of empowerment resulting from the time and care we have given to them. As therapists, we gain the thanks of our patients and clients, and often the respect of other health care professionals involved with them, while enhancing the image of the field of lymphology. §

"...empowerment comes by listening carefully, answering honestly and clearly, offering our skills and experience..."

Review Reports 2005/2006

Laval, PQ, September 2005

This was the first Review to be held in French in North America and it was great to have 13 keen and inspired therapists take part. Robert Harris led the Review, organized by Osmose. Presentations were also made by Dr. Anna Towers of Montreal, one of the few



Dr. Schuhhardt at the Laval Review

physicians who has taken some lymphatic therapy training and who understands lymphedema. Dr. Christian Shuchhardt from Germany who is the co-author of Lymphedema Diagnosis and Therapy also presented.



First French - Speaking Review - Laval, PQ

Dallas, TX, January 2006

Two well attended reviews were held, back to back in Dallas in January.

80 Therapists recertified and the Reviews meshed with the NAVALT Annual Members Meeting and workshop. Lebed method exercise and Marnitz classes were also held in Dallas at the same time. Dr. Georg Kettenhuber, the new medical director of the Dr. Vodder Schools, gave a very good talk on current research as well as theory updates. The following patient cases were presented:



Dr. Georg Kettenhuber at Dallas Review

Maggie Williams, PT: Congenital Sturge-Weber syndrome with full-thickness wound.

Andy Akin, PT: Primary lymphedema patient with severe swelling, papillomatosis and cellulitis.

Bonnie Lucio, PT: Mastectomy patient with radiation after sarcoma.

Shelly Ryan, PT: Lipedema patient with secondary arm lymphedema. Head and neck edema patient after neck dissection and tongue removal.§



The wonders of
proper training....

Another success story from South Carolina

by Keli McHale OTR/L

I am currently working in a nursing home in a very rural area in SC and what should I notice on my first day of work?...a patient who has chronic lymphedema for 32 years, wheeling his chair with a very swollen LE with drainage and odor. He had had recurrent wounds and recurrent infections throughout his stay at the nursing home, and of course many other medical complications. He was being treated by a therapist 1X a week, of course with no results and must have been seeing him for several months.

I am proud to share that he has been infection free for almost a year. He wears Juzo during the day and Contour at night. It took me 4 months to train the entire staff at the nursing home from A to Z!!! He wasn't the easiest to convince initially either..." I have had therapy for 32 years and it does not do any good." I think he feels differently about it now....his family is sold! They were amazed at the difference within weeks!

The wonders of proper training....so simple and basic but is still a missing link...it is just wonderful!!!§

THE QUALITY IS IN OUR HANDS:
TRAINING EXCELLENCE



Dr. Vodder School™
NORTH AMERICA

Congratulations:

To our newly Certified Therapists!

Laval, PQ - September 2005

(No Photo available)

Jacques Alix, MT	I' Ange Gardien, PQ	Michelle Harnois, OT	Mirabel, PQ
Carole Bernier, ND	Ste. Foy, PQ	Danielle Lamothe, MT	St. Jean sur Richelieu, PQ
Louise Blais, RN, MT	Granby, PQ	Marie Eve Letellier	Laval, PQ
Monique Bourassa, MT	Gatineau, PQ	Veronica Mihailescu, MT	Côte St. Luc, PQ
Sylvie Côte, MT	Beloeil, PQ	Gaetane Moreau, MT	Beaumont, PQ
Beatrice Courtois, MT	Montréal, PQ	Chantal Picard, MT	St. Hubert, PQ
Claudia Desrosiers, PT	Sherbrooke, PQ	Hélène Touchette	Repentigny, PQ
Annie Girouard, PT	La Prairie, PQ	Lyna Turcotte, MT	Saint Lambert de Lauzon, PQ
Mireille Gôyette, MT	St. Lazare, PQ		

Félicitations à nos
nouveaux diplômés!



Therapy II / III Class in Victoria, BC

Victoria, BC - November 2005

Kimberly Boersen-Gladman, RMT	Toronto, ON	Deborah Maia, PT	Great Barrington, MA
Paul Burgess, PT	San Bernarino, CA	Linda Moore, RMT	Lethbridge, AB
Julie Cochran, BS, CMT	Fort Collins, CO	Denette Pacifico, BSc, OT	Thunderbay, ON
Judy Culbertson, PT	Lone Tree, CO	Carol Poole	Northfield, MN
Treena Hayes, RMT	Whitby, ON	Sonja Redden, PT	Prince George, BC
Ivy Rose Juan, BSc, OT	Thunder Bay, ON	Jennifer Speri, PT	Raleigh, NC
Cynthia Kipnes Bartholmey, MT	Los Angeles, CA	Tamara Wells, OTR/L	Leavenworth, WA

**THE QUALITY IS IN OUR HANDS:
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Congratulations:



To our newly Certified Therapists!



Therapy II / III Class in Dallas, TX.

Dallas, TX, - January 2006

Jackie Batten, MT	London, England	Debbie McKinney, PT	Irving, TX
Jennifer Bendell, RMT	York, England	Tammy Peat-Sannier, BSc	Sheffield, England
Stephanie Bird, PT	Irving, TX	Swantje Schoberth, PT	Langholz, Germany
Susan Cambridge, MT	Lincoln, England	Deborah Squibb, MT	Virginia Beach, VA
Laura Clark, LMT	Park Ridge, IL	Jennifer Stewart, OTR	Arlington, TX
Julie Dagenais-Watson, RMT	Nepean, ON	Kelly Toler, PT	Concord, NH
Sara Foss, OTR/L	Mesa, AZ	Barbara Van Nostrand, OTR/L	Dallas, TX
Ruth Lewing, MT	Seattle, WA	Barb Zadel, PT	Chandler, AZ
Vivian Mast, PT	Raleigh, NC		

The big D group!

Employment

Full Time Outpatient PT or OT Lymphedema Therapist for H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL location.

To plan and implement specific treatment programs for individual patients according to the principles and practices of occupational therapy and to collaborate with a multidisciplinary treatment team.

Qualifications: B.S. / M.S. in Physical or Occupational Therapy from an accredited program. Maintains Florida State Licensure. Lymphedema certification required.

Training / Experience: 1 Year experience in a hospital setting is preferred.

Job Knowledge: Familiarity with Occupational Therapy department organization, protocols and procedures.

Apply by fax: (813) 975-7827

Or email: herrerg@moffitt.usf.edu

Or visit our website at: www.MoffittCancerCenter.org

In Brief

LANA Certified Therapists

All advanced courses taken with the Dr. Vodder School (Review, Marnitz, Kinesio Taping, Lebed method and Advanced Creative Bandaging) since the exam was taken, will count toward the LANA 24 hour continuing education requirement. If you are renewing your LANA certificate, a copy of your advanced course certificate should be sufficient proof. Please visit the LANA website at www.clt-lana.org for further details.

New lymphedema book for patients

Lymphedema. Understanding and Managing Lymphedema After Cancer Treatment. 2006 American Cancer Society (ACS).

This excellent, 179 page book published by ACS, contains much useful information for patients. To view it and find out more, go to www.cancer.org/bookstore.

THE QUALITY IS IN OUR HANDS:
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PROFESSIONAL

TRAINING IN

MANUAL LYMPH

DRAINAGE

& COMBINED

DECONGESTIVE

THERAPY

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Administration

Ellie Karkheck

This issue of the newsletter will also be available on our website at the following address: www.vodderschool.com/specialfeature/feb2006newsletter.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. §

Passing of Pioneers

Prof. Hutzschenreuter of Ulm, Germany passed away on February 10, 2006. He had fallen and injured himself in January and had been hospitalized since then. He had worked for many years with the Dr. Vodder School in Austria, conducting research. He was also president of the German Society for Dr. Vodder's MLD until very recently. We owe Prof. Hutzschenreuter a lot for all the research he did substantiating the positive effects of MLD, especially the effects on the autonomic nervous system.

We were very sorry to hear of the death of Preston (Steve) Parkerson from Jacksonville, Florida, who died of a heart attack in early January. Steve graduated from the Dr. Vodder School in 1994 and remained currently certified until his death. He founded the Jacksonville Lymphedema Clinic in NE Florida. Steve was a vibrant and energetic therapist who had inspired many therapists to take the training and work with him in Jacksonville. We will miss him. §

Literature

Mosley, A.L, Piller, N.B, Cerrati, C.J: The effect of Gentle arm exercise and deep breathing on secondary arm lymphedema. Lymphology 38 #3 (2005) 136-145.

The investigators had a test group of 38 women perform a simple arm extension exercise combined with deep breathing for 10 minutes per day. This group was compared with a similar group of 28 women who had no intervention. Participants were assessed using Perometry, Bioimpedance, Tonometry and subjective assessment. The test group was able to maintain a 10 % reduction in volume and the authors state that this provides an easy to use, cost effective strategy in lymphedema maintenance.

Johansson, K; Tibe, K, Weibull, R, Newton, R,U: Low intensity resistance exercise for breast cancer patients with arm lymphedema, with or without compression sleeve. Lymphology 38 #4 (2005) 167-180.

This randomized, controlled study was performed on 31 patients with mild lymphedema. A series of standardized exercises were performed using 0.5 to 1.0 kg weights. Measurements were made before and after the exercises and 24 hours later using subjective questioning and bioimpedance and water displacement to measure volume. The authors found a slight increase in volume immediately after and no increase in volume 24 hours later, compared to pre-exercise levels. This was found in both the groups that wore a sleeve during exercise and those that did not and those that wore sleeves when exercising perceived a greater exertion level. §

Conferences 2006

Australasian Lymphology Association:

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

German Speaking society of Dr. Vodder's MLD and German Society of Lymphology

September 29 - October 01, 2006, Vienna, Austria,
Contact lymphdgl@t-online.de

National Lymphedema Network Conference:

November 01 - 05, 2006, Nashville, TN.
Contact nln@lymphnet.org or call (510) 208-3200.

Lymphology Association of North America Exam dates:

April 17 - May 06 and October 09 - 28, 2006.
Contact: www.clt-lana.org §

Reviews for 2006

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

Adelaide, SA, Australia

April 23 - 25, 2006. Join us at the Massage Study Centre. Prof. Neil Piller is the main speaker. Also offering Marnitz (Mtz).

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 Lebed Method (LM).

Walchsee, Austria

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

Victoria, BC

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

Toronto, ON

September 8 - 10, 2006. Join us at St. John's Rehab Hospital with Dr. Kettenhuber as the main speaker.

Laval, PQ (French Review)

September 24 - 26, 2006. Join us in Laval. Dr. Schudhardt is the main speaker. §