Dr. Vodder School™
NORTH AMERICA

THERAPY NEWS

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Inside this issue:

Editorial

Robert Harris, HND, RMT, CLT-LANA

One of the great things about the Reviews is that we realise the amazing talent that lies within each of us. Sara Nelson is one of our therapists who presented at the Review in Victoria in 2005 on a topic that is both thought provoking and close to many of us. I invite your comments on this topic and as Sara states, this might stimulate on-going discussion.§

Behavior Management for the Lymphedema Patient

By Sara A. Nelson, PT, MOMT, CHT, CLT-LANA, CDT-Vodder

The successful treatment of lymphedema largely depends on the patient's ability to self manage. At some point, all therapists will encounter an individual with lymphedema and limited self care skills. As therapists, we have choices at this point. Our approach can either assist this person to continue in their dysfunction, or assist them in acquiring the skills and motivation necessary to successfully manage their disorder. Through the course of my career, I have had interest in working with people with chronic conditions, and in recent years this has included lymphedema. It has taken all my training and experience and a lot of personal growth to be effective with this particularly difficult subcategory of lymphedema patients: those with behavioral factors interfering with their ability to be consistent in a home program.

Sara Nelson

In composing this article I briefly looked at the research literature published regarding the behavioral components of lymphedema management. I did not find any. There are several studies of treatment of lymphedema. The Cochrane Database of Systematic Reviews looked at randomized controlled clinical trials (RTC) that tested physical therapies for lymphedema with a follow-up period of at least six months. There were only three studies of this nature identified. This is indicative of the need for more RTCs to support the treatment. It is interesting to note that one of the three studies reported "a very high dropout rate, with only 3 out of 14 participants in the intervention group finishing the trial and only 1 out of 11 in the control group" (1). How many clinicians are finding that patients do not stick with their programs? Why does this happen? What can be done to be more successful with these patients? The purpose of this article is to discuss the need for utilization of behavior management for the lymphedema patient, and propose a possible framework to develop the skills to assist these patients.

Lymphedema is a health problem that requires daily management by the individual to control the problem, much like diabetes. The most successful people make these changes a way of life. There is ample evidence of using behavior management techniques to assist patients to develop lifestyle changes. A meta-analysis evaluating the effectiveness of interventions to improve patient compliance reported in 153 studies (published between 1977 and 1994) found that "comprehensive interventions combining cognitive, behavioral, and affective components were more effective than single-focus interventions" (2). Therapists must be willing to branch out and be more than information givers. As "therapists" we are counselors of rehabilitation, helping people explore the meaning of illness and lifestyle changes, and how and why they do or don't do what is required for optimal health.

In this article, I identified 5 components of optimizing compliance for the patient with lymphedema: (a) provide a healing environment, (b) map personal obstacles and patterns of self neglect, (c) facilitate development of self care skills, (d) implement behavior modification, and (e) identify and utilize a full spectrum of resources. I will introduce the concepts, each topic is an article in itself and there is so much more that could be said. The reader can use this as a guide for further independent learning.

Healing Environment

Before learning can begin, there must be a space in which the learner can feel safe to explore. The clinic is the ground in which growth can occur, so what fertilizes the soil and nurtures the growth?

Adequate time for treatment and education – We are in a time where health care is more and more of a business. Reimbursements are going down, and therapists must consider the bottom line. Yet the person with complex problems, like lymphedema, need time. If I had my ideal situation, I would treat a person intensively with 5-6 hours per day of education and treatment for; and continue with weekly treatment for a couple years. Lasting changes require time, it is intuitively obvious that having information is different that utilizing it effectively. But now back to reality. At my clinic we have hour treatment sessions, a maximum for most insurances to reimburse.

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Attendance at support group is encouraged and email contact as well. I also discuss the importance of returning every year for follow up. I am aware of other therapists who will take up to 2 hours with a patient, and of course there are the rare and wonderful inpatient programs.

Establish an agreed framework for therapy – Be upfront about the expectations for participation in therapy. Be clear that lymphedema management success rests on the individual's ability to carry out a home program. Family members may be assisting, but the patient is ultimately responsible for seeing that things get done. Let them know you will be direct with them and you expect honesty on their part as well. Let them know their body will indicate that a program is being implemented effectively or not.

Therapist skills – Managing these patients has put all my education to use. Swelling does not seem to occur alone. It may start in that system, but in time others are affected. Also problems with other body systems can eventually affect the lymph system. I use my knowledge of the nervous system, musculoskeletal system, craniosacral system, and myo- and viscero-fascial systems. I wish I had more knowledge and freedom to practice with the endocrine and digestive systems. The therapist treating lymphedema will become increasingly effective by deepening their knowledge and skills in all these areas. The good news is we are never done learning.

Therapist's presence–Establishing a therapeutic relationship with the patient depends on the therapist's ability to be fully present to this individual. By this I mean being self aware, and practicing a neutral, supportive, and encouraging demeanor. To be self aware is a commitment to doing my own personal work to understand my behaviors, patterns, and thought and emotional habits and how they affect my work performance. It also means recognizing how I play a part in helping the patient stay ill and stepping out of the behaviors that feed their self defeating patterns. Am I enabling? How do I develop the ability to be compassionately demanding? I recommend a book that is part of our clinic staff reading: "The Art of being a Healing Presence" by James E. Miller and Susan C. Cutshall, for more on this topic.

Patient's buy in – If the patient does not have belief in what they are being asked to do, it just won't happen. I address more of these beliefs below. One tremendous area of buy in is monetary. It is a fact of life that people will have a strong buy in when they make a financial investment. I have found that when I require my patients to buy their own bandages, they invariably take better care of the bandages and participate more fully than the people who have had it given to them. This is another area that will need your consideration for ethics and what is in the person's best interest in the long run.

Communication skills – I have spent many years of my life working on communication skills and I am not done yet! This is such a dynamic area, requiring skill, nuance and adaptability. There are many communication tools. One I have found extremely helpful is the Awareness Wheel as taught by Wings Seminars, run by Kris King (www.wings-seminars.com). This wheel breaks down the thought process into its component parts so that a clearer understanding can be achieved. The parts of the wheel are observation, thinking, feeling, wanting and action. I can examine an issue by looking at each of these component parts and in the process become aware of what is influencing my thoughts and affecting my actions. Whatever tool you use, sharpening your ability to express yourself and listen to others will in itself be therapeutic and healing for your patient. Quality listening is an environment in which change can occur.

During communication there is the more subtle energetic exchange that occurs. Developing a conscious awareness of this helps us be able to manage the stuff that doesn't get said, but profoundly effects results. I include practices of energy awareness in my personal life and this has been very valuable for my practice. There are many methods of this available.

Mapping Personal Obstacles or Patterns of Self Neglect

Mapping personal patterns is fundamentally teaching the individual the practice of self awareness. But I am talking particularly of self awareness as it relates to health. What are the patterns, beliefs, attitudes, behaviors, and habits of movement, thought and emotion that effect the development and perpetuation of the health problem and low compliance? The therapist's effectiveness will be enhanced by the ability to recognize patients that may be challenged to apply a home program. When the therapist is able to identify these elements of self neglect in a presenting patient, she/he can assist the patient in developing an awareness of these limitations, and facilitating paradigm shifts where necessary. Once people see what they are doing, they have an opportunity to choose something different.

This list reflects behavior patterns and characteristics that, in my experience, can interfere with self care or reinforcing self neglect.

- *o* Self-sabotage in the form of: not getting enough sleep, not coming to appointments, not doing what was asked and often having excuses for what boils down to not making self care a priority.
- *o* Addictions/codependency – If signs of addiction or codependency are present, treatment will most definitely be limitedly effective and the patient should be directed to getting help for these behaviors.
- *o* Victim Role – People are less likely to be able to initiate and sustain change when they have the attitude that life just happens to them, and they have no control over it. The attitude of helplessness will often times get in the way of sticking with new behaviors when obstacles present themselves.
- *o* Desire to be a "good" patient results in patients telling the therapist what they think you want to hear and not necessarily what is true.
- *o* Using the medical system to avoid personal responsibility resulting in no self care – Our current medical system is largely operating in the 'do to' model. If I can find the one cause and fix it for you, the problem will go away. The reasons for this are multi-factorial and all sides contribute to the development of this approach.

"The therapist's effectiveness will be enhanced by the ability to recognize the patients that may be challenged to apply a home program."

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Since lymphedema management requires personal responsibility, people that have become entrenched in the thought that the doctor can "fix" them, will have difficulty making changes for themselves. We can easily reinforce the passive 'fix me' model by performing MLD without including an active role for the patient.

- Unaddressed/repressed emotional pain – There is mounting scientific evidence for the body-mind connection. Books such as "Molecules of Emotion" by Candace Pert and "Biology of Belief" by Bruce Lipton can shed this scientific light on what has been known intuitively for millennia. But in our current culture, there is a general lack of understanding of how the body and mind constantly influencing each other. There is a popular belief that mood is solely influenced by biochemistry, and a pill is all that is needed to make a difference. The causes of sadness can continue unaddressed for years with the help of medication until finally, the body breaks down.
- Multiple medical conditions - Some people seem to have been caught in a pattern of waiting for the piece of advice, surgery or medication that will solve all their problems. Modern medicine has been able to do so much to improve health that we have forgotten the power we possess to improve our own health, and some of the concepts may seem too simple in a society that is high tech. Someone with a passive attitude and a lack of knowledge, influenced by a culture that is anxiety ridden and polarized in basic health practices can get caught up in this system. It can lead to a cascade of health problems over the years.
- Other contributing factors identified in the literature include coping styles (Introversion, Inhibited, Dejected, Cooperative, Sociable, Confident, Nonconforming, Forceful, Respectful, Oppositional, Denigrated) and stress moderators (Illness Apprehension, Functional Deficits, Pain Sensitivity, Social Isolation, Future Pessimism, Spiritual Absence). [source http://www.pearsonassessments.com/tests/mbmd.htm]

Self Care Skill Development

Once patterns are identified, the therapist can assist the patient to understand the concept of health paradigms, recognize the current beliefs that make up their health model and contemplate their impact on health choices. In this reflective process, the therapist can facilitate developing necessary paradigm shifts for getting different results. As mentioned earlier, the belief that someone will have the answer and will be able to fix me, is a common belief perpetuated by our current culture. The therapist can work with the patient to consider that the consequences of this may contribute to their particular situation. They can discuss the alternate, that the individual has great power to influence their situation for success or failure.

The process of developing self care skills can start simply by giving the first assignment of self care, be it regular elevation or self massage, and see what happens. If a lack of compliance is apparent, then there is an opportunity to begin the self reflective process. The therapist has the opportunity to practice a non-judgmental process of identifying the blocks and what the individual could change to get improved compliance.

When we give home assignments involving an action, this is making changes from the outside, in. There may be some basic skills missing that are necessary to change from the inside, out. The therapist can help the patient develop these skills which include body awareness; recognizing and replacing defeating self talk; developing a vision of wellness; and improving problem solving skills. All these are underlying abilities that can make behavior changes longer lasting.

Behavior Modification Strategies

Several aspects discussed so far are a part of behavior modification. There is much research that has been done demonstrating the efficacy of behavior modification for chronic illness management. In a qualitative research study looking at treatment of difficult patients in the private practice setting, therapists identified behavior modification strategies as an area they wanted to know more about (3). Many of us were trained in what to teach, but not how to get the patient to do it.

When learning to treat lymphedema, we learn the ideal treatment protocol. In practical application, it is useful to discuss with the patient this ideal and then determine what they are willing and able to do. The lymphedema therapist can use contracting and goal setting with the patient to come up with a program that the patient is willing to do. There will need to be a balance between what they are willing to do and what will actually make a difference. But something is better than nothing! I like to point out to patients a study that shows histological improvement when lower extremity lymphedema patients used hygiene, skin care, and lower limb movement and elevation for a year (4).

Once we identify doable goals, a mechanism for accountability will assist the patient in bringing it to reality. This can include journaling or some tracking form. A buddy system, pairing patients in supporting each other could be helpful as well. There are volumes written on behavior management and these are a very limited example.

Identify and utilizing full spectrum of resources

Research has demonstrated that a multi-discipline approach for the chronically ill person results in increased treatment effectiveness (2). It can be the therapist's role to assist the individual in putting together a team of providers to assist in achieving their goals, and a time table for when to consult with each provider. Other disciplines that I regularly educate my patients about include psychotherapy, naturopathy, dietary counseling, and sources of ongoing exercise support (gyms and pool programs).

Usually these people are facing overwhelming obstacles. I ask my patient's to remember how to eat an elephant, one bite at a time! We may identify several resources and areas for improvement, but the patient can take them one at a time. Making changes in chronic health patterns can take years and therapy can only lay the ground work for ongoing change. Support groups, wellness programs, and follow up visits are mechanisms that can assist in continuing changing.

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See Enclosed flyer for workshops Sara is giving in 2007.

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In summary, this article is meant to facilitate ongoing discussion among the community of lymphedema therapists to develop our abilities in the area of behavior management for patients. Being able to recognize, assess and apply strategies for behavioral management will improve patient compliance and treatment outcomes, and reduce burn-out for therapists.

Sara Nelson is a Vodder-certified therapist and co-owner of Therapy Solutions, a physical and occupational therapy, nursing and massage clinic in Kennewick, Washington. She can be reached at snelson@therapy-solutions.us.

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3. Potter M, Gordon S and Hamer P, 2003, The difficult patient in private practice physiotherapy: a qualitative study; Australian Journal of Physiotherapy 49:53-61
4. Wilson SF, et al; 2004 Nov, Lymphedema management and histopathology; Emerg Infect Dis.§

6th Australasian Lymphology Association Conference 2006

By Mary Shearer, physiotherapist in oncolgy and pallative care

"By sharing their experiences about how they are using laser they were able to refine techniques and clarify for those of us new to this therapy…"

Held at the Hyatt Hotel, Canberra, 31st March – 2nd April 2006.

This year's theme of Educate, Innovate, Stimulate, describes well the lymphology conferences that I have attended. Through the presentations we become ***educated*** about what people are doing throughout the world to help people with lymphoedema.

Jacquelyn Todd, who has been involved in evaluating needs of lymphoedema patients in Britain and the development of training programs for therapists, was the keynote speaker at this conference.

Many others presentations describe ***innovative*** approaches to assessment and treatment which we can all use in the treatment of our patients to achieve better results.

The bio-impedance machines developed for patient assessment by Impedimed, at the University of Queensland and Queensland University of Technology, have become affordable and easy to use in any practice.

There were lectures, workshops and displays of laser machines and how they can be used in lymphoedema management. Dr Lisa Laakso was the first person in Australia to complete a PhD in the field of laser therapy in 1995. She has continued this research while lecturing to physiotherapy students at University of Queensland and Griffith University about healing, pain, inflammation and electrotherapy, especially relating to oncology and palliative care. She was able to present the latest information about the use of laser for lymphoedema and covered safety issues within her lecture and practical aspects of application during the workshop. Anne Angel from RianCorp Pty Ltd, convened another workshop for therapists who are already using laser, which included many Vodder therapists. By sharing their experiences about how they are using laser they were able to refine techniques and clarify for those of us new to this therapy, how to get the best use from these machines.

Dr Norman Eizenberg demonstrated an interactive anatomy teaching tool, which he has helped develop over 25 years. He showed how easy it is to access drop down menus, which describe in intricate detail all the structural and functional components of each body segment (www.anatomedia.com). He used the program during his presentation making it easy to follow his entertaining presentation, which related design to function within the lymphatics.

Most of all we are ***stimulated*** by the enthusiasm of all those presenting their research into lymphoedema and feel encouraged to become more involved in contributing to studies which help us all to better understand how to deal with this condition. Despite the difficult task of presenting at an early morning breakfast session, Professor Neil Piller strived to develop some excitement about getting involved in research. His enthusiasm was contagious as he offered copies of "Lymphatic Research and Biology" journal as incentive to become involved in research. He also presented information about Fellowships and Awards being offered, especially for new researchers, by the Lymphatic Research Foundation (www.lymphaticresearch.org) to assist with research and for travel to attend international conferences.

Evidence-based practice, presented by Robyn Box as a lecture and followed by a workshop, helped to highlight the need for good planning and statistical support when planning research, to ensure the study is worthwhile and meaningful.

Keynote speaker, Jacquelyn Todd, came from Leeds and is involved in the implementation of a national Lymphoedema Framework Project which aims to identify the prevalence of chronic lymphoedema throughout England and evaluate services delivered within the Primary Care Trusts. Services have traditionally been available through palliative care and oncology units for cancer related swelling. She described attempts to develop a wider scope for lymphoedema services to include non-cancer related swelling, through the work of the Lymphoedema Support Network and the British Lymphology Society (BLS).

The BLS Service Development Forum is currently working on a systematic review of the evidence relating to lymphoedema service development and delivery. Similar studies were presented from Victoria and Brisbane, which provided us with representative sampling with potential to generalise across Australia.

6th Australasian Lymphology Association Conference 2006

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Jacquelyn Todd talked about standardising post-operative exercises after breast cancer surgery, which has offered many challenges in Britain. Handouts were closely scrutinised from language readability to presentation but literature reveals no clear guidelines about efficacy. It is thought that participation in an exercise program does give patients some control during a time when their life seems out of control. Clinical studies at Sydney Uni found that it is safe and feasible for women to undergo intensive exercises after surgery for early stage breast cancer. Further studies aim to determine whether an exercise program can prevent upper limb morbidity, which can significantly impact on quality of life for one third of women after breast cancer surgery.

Case studies highlighted the impact of co-morbidities. Prader-Willi syndrome and spina-bifida present special challenges to lymphoedema therapists and the practical considerations were presented. Jan Douglas presented subjective results from a study, which was standardised for MLD & bandaging but no treatment of scar or shoulder dysfunction was included. Objective measurements were used to determine outcomes as a basis for evidence based practice, but as Jan pointed out, the patients were more interested in subjective outcomes.

For me one of the main advantages of attending the Lymphology conference is that it provides an opportunity to network with other therapists who are working with lymphoedema. You learn from those who present their work, which has often not yet been published anywhere else, and who are available for you to talk to about their work, throughout the conference. A copy of the proceedings provides a valuable reference both from the transcripts and the references listed, which allows you to benefit from all the work, which has already been done by others. I am looking forward to not only attending, but also participating in, the 7th Australasian Lymphology Association Conference in Fremantle, Western Australian in 2008.

Mary Shearer, physiotherapist in oncology and palliative care, (Completed Vodder Basic & Therapy 1 just prior to the conference).§

In Memorium Prof. Dr. Paul Hutzschenreuter

I am sorry to inform you of the sad news that the president for many years of the German-speaking Dr. Vodder MLD Society, Professor Dr. Paul Hutzschenreuter passed away on February 10, 2006. He had been severely ill for a short time. We not only lost a good, popular and active president but also a university professor and scientist who had an intensive but also critical look at Vodder's Manual Lymph Drainage.

Since 1994 he was president of our Society. He was authoritatively responsible for the scientific program of two congresses which took place twice in Ulm, Germany.

During his presidency, a partnership was achieved with the German Society for Lymphology, yet he always endeavoured to show an independent profile. During our last board meeting in November 2005 (two weeks before his tragic accident) he had expressed his wish that the presidency of the Society pass temporarily on to other hands. He proposed the senior physician Dr. Anett Reisshauer as temporary president to take over part of his responsibilities with his support, until the next general assembly.

He scientifically proved in many experiments that the original method has a draining effect and therefore can be applied with great results to lymphedema patients. His scientific experiments also confirmed that manual lymph drainage has a sympathicolytic effect, that we can treat scars with great results and also that intestinal gurgling (borborygmus) can be affected by MLD, which means that peristalsis is stimulated. I could mention many more experiments which were very important for therapists as proof of the effectiveness of MLD.

Perhaps only a few of you know that Prof. Hutzschenreuter attended a four-week seminar in MLD at a German school and passed the exam as all of us did which means he had the practical knowledge of MLD. He taught the medical theory in MLD for the Dr. Vodder Schule at different cities in Germany. You could feel when you attended his class that he enthusiastically explained MLD to his students and they always found a sympathetic listener for their "problems." As a long term university professor giving lectures at the University of Ulm, teaching was in his blood.

His medical scientific papers are numerous and will be collected by the honorary president of the German Society for Lymphology, Prof. Dr. H. Weissleder.

We, the family Wittlinger, were lucky to get to know Prof. Hutzschenreuter and his family. While he carried out an experiment at the Wittlinger Therapiezentrum, his wife and children enjoyed the wintry beauty of Walchsee. During those few days together we could feel that his family were of great importance to him and always came first. We lose with Professor Hutzschenreuter a great personality and scientist, who took the therapists' questions and problems seriously. Modesty and great involvement for things he became interested in, distinguished him from many others.

Prof. Hildegard Wittlinger§

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Videos are now available in DVD format!

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Congratulations:

To our newly Certified Therapists!

Therapy II / III Class in Adelaide, SA - April 2006

Catherine Chua Bee Hong, PT	Singapore	Anushka Pedris, RMT	Melbourne, Australia
Yen Yen Chua, RMT, SRN	Singapore	Patricia Santucci, PTA	Whyalla, Australia
Seow Wei Kou, BSc PT	Singapore	Caroline Sheldon, RMT	Perth, Australia
Leanne Matheson, MT	Maketu, New Zealand	Traianni Velliou, MT	Nollamara, Australia
Kimika McLeod, RMT	Adelaide, Australia	Veronica Yap Mei Yong, RMT	Singapore
Amy Suk Mei Ng, BSc PT	Hong Kong	Eva Chan Yee Wah, PT	Singapore
Bronwyn Paynter, OT	Wagga Wagga, Australia		

Therapy II / III Class in Victoria, BC - July / August 2006

Myrna Baker, BSc N, RMT	Toronto, ON	Sandra Finch, COTA/L, LMT	Portland, OR
Barbara Bartlett, MT	Sunnyside, NY	Manuela Hoffmann, RMT	Fort McMurray, AB
Sharnee Beevor, RMT	Gold Coast, Australia	Nancy Kraus, LMT	Naples, FL
Amber Bowers, RN	Kennewick, WA	Stacey Kuhrt, LMT	Portland, OR
Kathryn Boynton, PT	Houston, TX	Netta Leong, PT	Roseburg, OR
Lisa Brinker, CMT	San Francisco, CA	Therese Nadeau, BA, MT	Victoria, BC
Laura Dixon, MT	Perth, Australia	Heather Penney, BSc, RN	Gloucester, ON
Denise Drisdelle, RMT	New Westminster, BC	Julie Ribley, OTR/L	Kennewick, WA

Review Reports 2006

Review Adelaide April 2006

Another Review was held in Adelaide and a keynote presentation made by Professor Neil Piller of

Aqua Therapy class at the Adelaide Review

Flinders University. He did an extensive update on current anatomical knowledge of the lymph system as well as current research and new directions in Australia. Presentations were also made by Andreas Wittlinger on treating complex lymphedema patients and burn patients. We also had a patient with a complex mixed edema attend the review for a problem solving session. Case presentations were made by *Alison Beatty, PT* on a patient with an extensive de-gloving injury, *Lindsey Henson, OT* on a complex lymphedema patient with problems donning garments and *Nerida Hamilton, RN* on a breast lymphedema patient with mastitis and breast feeding challenges. Andreas Wittlinger also held a class in aquatic therapy for lymphedema patients and a Marnitz class after the Review.

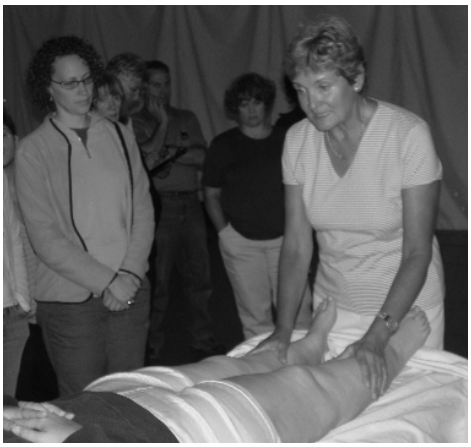
Review Stowe June 2006

Professor Weissleder updated us on the problem of acute lymphedema and differential diagnosis from similar disorders, differential diagnosis and treatment of erysipelas vs. cellulitis and an update on the anatomy of the initial lymph vessels. Case presentations were made by *Esther Kaethler, RN* on a patient with Bell's Palsy; *Pamela Dryden LMT* on a patient with breast reconstruction surgery and fungal infection; *Catherine Withrow OT, CHT* on a patient with DVT in the brachial artery resulting in arm swelling and *Gail Hensley, PT* on a patient with May-Thurner syndrome. May-Thurner syndrome is an abnormal compression of the left common iliac vein by the right common iliac artery resulting in a swelling in the leg caused by a venous congestion. *Jenny St. Onge, OT* brought a complex patient with bilateral lower extremity edema, wounds and obesity problems for assessment and group discussions.

Jenny St. Onge & patient at the Stowe Review

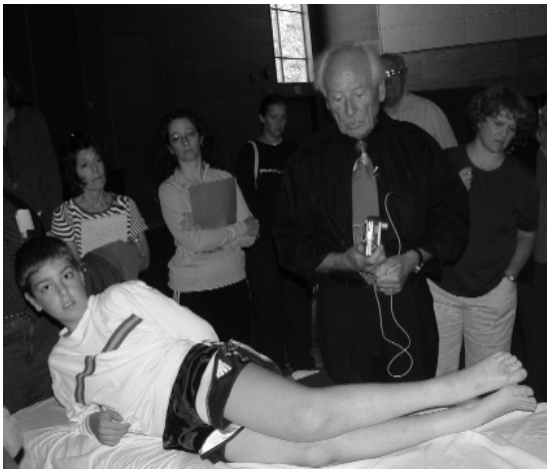
Review Victoria August 2006

Angela Vollmer, orthopedic technician from Germany, presented an interesting lecture on fitting garments for lipedema patients, along with a demonstration on a lipedema patient. Prof. Weissleder gave a lymphological research update.



Angela Volmer at Victoria Review

He also presented some information on a young patient with epidermylosis bullosa, a rare, blistering



Prof. Weissleder with patient at Victoria Review

skin condition, who also has lymphedema subsequent to cellulitis. A case presentation was made by *Linda Huckabee, OTR* on a patient with secondary lymphedema subsequent to carcinoma wrapped around the femoral vein. *Elke Kriegel, RMT* presented on a patient with severe scrotal edema.§

"...Prof. Weissleder updated us on the problem of acute lymphedema and differential diagnosis from similar disorders…"

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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/special_feature/sept2006_newsletter.pdf. Many therapists request reprints of articles or references and in the future we would like to send you an email with the link to the latest newsletter and any new handouts and articles, flyers etc.§

New DVD format videos

We are pleased to announce that all the videos are now being transferred to DVD format in both PAL and NTSC version. So far, the Exercise and Bandaging videos are available in DVD and soon there will be new Basic and Therapy I DVDs showing the revised sequences. Also there is a new lymphedema DVD coming showing all the lymphedema treatment shown in Therapy II and III. We will let you know as soon as these become available, hopefully by the end of the year.§

Article and Books

Can manual treatment of lymphedema promote metastasis?
Odette, K., Mondry, T. E., Johnstone, P. A.
J Soc Integr Oncol 2006; 4(1):8-12
Complete decongestive therapy (CDT; alternatively known as complete decongestive physiotherapy) is a treatment program for patients diagnosed with primary or secondary lymphedema. CDT incorporates manual lymphatic drainage (MLD), a technique involving therapeutic manipulation of the affected limb. There are several contraindications to performing CDT. Relative contraindications include hypertension, paralysis, diabetes, and bronchial asthma. General contraindications include acute infections of any kind and congestive heart failure. Malignant disease is also widely considered a general contraindication; a current vogue concept is that MLD will lead to dissemination and acceleration of cancer. However, cancer research supports the contention that this therapy does not contribute to spread of disease and should not be withheld from patients with metastasis. The intent of this article is to review these data.§

Conferences 2006

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

International Society of Lymphology Conference:
September 26-30, 2007, Shanghai, P.R. China.
Contact: service@lymphology2007.com or www.lymphology2007.org.

Lymphology Association of North America Exam dates:
April 16 – May 5, 2007 and September 24 – October 13, 2007
Contact: www.clt-lana.org§

Reviews for 2007

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

St. Pete Beach, FL
January 26 - 28, 2007. Join us at the Dolphin Beach Resort. Prof. Weissleder will be the main speaker.
Also offering Marnitz Therapy (Mtz) and Kinesio taping (KT).

Adelaide, SA, Australia
April 15 - 17, 2007. Join us at the Massage Study Centre Prof Piller will be the main speaker.

Stowe, VT
June 1 - 3, 2007. Join us at the Golden Eagle Resort. Prof. Weissleder will the main speaker.
Also offering Mtz and KT .

Walchsee, Austria
TBA. For more information about this course please call 011 43 5374 5245 or email office@vodderschule.com.

Victoria, BC
July 27 - 29, 2007. Join us at St. Margaret's School. Prof. Weissleder will be the main speaker.
Also offering Mtz. §

Coming changes to the Dr. Vodder Website

We are working hard to redesign the website and make it more functional for you and your patients. Major changes in the look and feel of the website are planned, hopefully within the next few months. We want to have more frequent newsletters with more updates for you on what is happening in the world of Dr. Vodder's MLD, lymphology, research etc. We also hope to have an interactive forum for you to ask questions. Stay tuned to www.vodderschool.com in the next months.§