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Vodder News

Editorial

Robert Harris, HND, RMT, CLT-LANA

In these days of rapid communication, a wired world, barely enough time to stop and breathe, relax and feel in touch with ourselves, it is nice to know that one woman has reached 100 and is still practising MLD! Congratulation to Miss Emmaline Barker, Vodder therapist who had her milestone birthday on

February 01.

Dr. Judith Nudelman, an assistant professor at Brown's University in the USA offers us her perspective of the dilemmas in diagnosing lymphedema. Thank you to all who have contributed to this issue of Vodder News.§

Challenges in Lymphedema Diagnosis

By Judith Nudelman, MD



Judith Nudelman, MD

A 47-year-old woman, who has been treated with breast conservation for breast cancer, presents with recurrent cellulitis of the breast, a feeling of fullness in the axilla and pain in the posterior axillary region. Her arms measure equal volume: d o e s s h e h a v e lymphedema? A 60 year old man who

MD A 60 year old mail who has received extensive

radiation and chemotherapy for metastatic non-small cell lung cancer presents with difficulty swallowing and fullness under his chin: does he have lymphedema?

A 50-year-old woman who has received breast conservation presents with subtle swelling of the dorsum of her hand, obscuring of the wrist tendons and olecranon prominence. She reports pain on making a fist: her arm volumes are grossly equal: does she have lymphedema?

A 36 year old woman lost 100 lb and notes that her legs are still large, but equal. She thinks her mother's legs are disproportionately large for her body habitus, there is no pitting on exam and leg volumes are equal: does she have lymphedema?

Lymphedema is a disease without a single, unifying diagnostic criteria. When a thorough literature review was performed by the Agency for Healthcare Research and Quality, AHQR, they concluded that there is no "gold standard" to formally grade or measure the severity of lymphedema. (1)

Several common diagnostic protocols are commonly used in clinical practice. Most focus on unilateral limb edema.

Commonly, a 2cm inter-limb discrepancy is considered significant for quantifying the diagnosis of lymphedema. Yet, when Armer, et al, followed women after breast cancer treatment, they found that a single 2 cm inter-limb discrepancy diagnosed 91% of women over a 30-month follow up. (2)

Volume measurements, using either multiple limb measurements, perometer or volume displacement are frequently employed to diagnose lymphedema. A 10% volume increase in a unilateral limb is considered significant, yet analyzing the Armer data, the CREST guidelines from Northern Ireland found that a 10% increase corresponded to 49% sensitivity, while a 5% increase had a 91% sensitivity rate. And, in several studies, Stout et al have used a 3% increase to define subclinical lymphedema, and have achieved improved patient outcomes in treating this preclinical, stage zero lymphedema. (3)

Despite a proposed incidence of up to 70% of breast/ truncal lymphedema in breast cancer patients, there are no quantifiable diagnostic measurements. (4) Head and neck cancer patients are felt to have up to a 50% incidence of both internal and external lymphedema. (5)

Lymphedema is a dynamic process, and as swelling may change, reliance on physical exam, to the exclusion of history, will miss a significant number of patients. Lymphedema creates patient symptoms: heaviness, tightness, warmth, cyclic swelling, and or aching. Truncal lymphedema is associated with significant discomfort. Armer has created a symptom survey for breast cancer patients, the LBCQ questionnaire.

In 2006, AW Stanton wrote an article on diagnosis of limb lymphedema, where he proposed that long before a patient had a 2 cm inter-limb discrepancy, subtle clinical signs were apparent: changes in the subcutis, smoothing of the medial elbow contour, loss of tendon visibility. (6)

All the patients in the initial paragraph have lymphedema, the first patient has secondary breast/ truncal lymphedema, the second has both external and internal secondary head and neck lymphedema, the third has secondary stage 1-2 lymphedema presenting distally, and the final patient has primary lymphedema of both legs. Yet none of these patients have an inter-limb volume discrepancy.

There is no gold standard for lymphedema diagnosis, and reliance on significant inter-limb discrepancies will miss many cases of clinically significant lymphedema. All patients should be questioned about their symptoms, and a careful exam of the area involved is required. Patients' physical exams will change with time and treatment, so if a patient is



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Challenges in Lymphedema Diagnosis

Cont'd from page 1

compliant and their exam normalizes, they still have lymphedema, but perhaps their International Society of Lymphoedema Stage has regressed.

At this point in time, no technology is able to diagnose lymphedema with significant accuracy-bioimpedance spectroscopy simply measures extra-cellular fluid, and requires careful serial measurements and awareness of the technology's limitations. It is not marketed nor intended to be a stand-alone method to diagnose or predict lymphedema, but simply an additional tool to be utilized in a full assessment. With no gold standard, and a chronic disease that changes over time, clinicians must be aware of subtle changes, patient history of symptoms and predisposition to disruption of the lymphatic system and not substitute arbitrary measurements for a thorough exam with attention to subtle changes in the patients' examinations.

For example, I saw a patient recently who was treated for breast cancer with breast conservation and radiation. She had a sentinel node biopsy with 5 negative nodes removed and about 4 years after treatment, developed focal lymphedema of the upper arm. She had a course of CDT approximately one year prior to the most recent exam. She had been discharged from therapy with daytime sleeve and gauntlet, no truncal compression garments were advised and no lymphedema therapy follow up was advised. Reviewing her prior exams, she has breast lymphedema as well. On her re-examination, I disrobed her to evaluate the entire quadrant at risk, and questioned her about symptoms and compliance with compression garments. She continues to have clinically apparent breast lymphedema with thickening and a faint "peau d' orange" consistency of her breast, and her focal upper arm lymphedema persists by measurement and palpation. Her arms show subtle obscuring of boney prominences and tendons in the hand. And, she reports tingling and aching as the day proceeds. Her lymphedema is ISL stage 1 or 2, and she is compliant with daytime compression. Night time compression and further treatment to address possible fibrosis are indicated. But, her lower arms measure equal in circumference: only by a thorough exam and history is her lymphedema revealed.

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Dr. Judy Nudelman is Assistant Professor of Family Medicine, Brown University and can be contacted at judith_nudelman@brown.edu §

Emmaline Barker turned 100 years old on February 1st By Kathryn Thrift



Miss Emmaline Barker

At an age (72 years old) when most folks are thinking about or have retired, Miss Emmaline (that's the Southern way of speaking about older women who are not your relation) began a new phase of her life: learning Manual Lymph Drainage (MLD). She convinced her friend, Dinks, to go

to Houston, TX to study MLD with Günther and Hildegard Wittlinger. Miss Emmaline had studied lymphatic massage with Dr Reilly of the Cayce-Reilly School of Massotherapy a few years earlier after she had retired from her original profession of psychology. So, in March 1984 Miss Emmaline and Dinks began their voyage into the wonderful world of MLD. In July 1984 they went back to Houston and took Therapy I with Hildegard (by that time, sadly, Günther was not able to travel). At that time, there were no books translated into English so they could only work from their lecture notes. This was a time when there were no cell phones, digital cameras, internet or email. Whenever they had a question about a hand position, they would take a Polaroid photo and mail it to Hildegard in Austria-via what we now call snail mailand await a return reply which often took 2 or 3 weeks. Such dedication!

Then in July 1985, they along with five other women from the US went to Austria to complete their studies. Little did they realize the classes would be taught in German, a language totally foreign to them. After the first day of class, they approached Hildegard and she was able to arrange a private class for them in the

THE QUALITY IS IN OUR HANDS: TRAINING EXCELLENCE

Hear Dr. Judith Nudelman speak at the Review in Stowe, Vermont on Sunday May 20

Emmaline Barker turned 100 years old on February 1st

Emmaline.

ask for more.

Treatment Act!

Group

dining room at the school. Each day, these seven women gathered with Hildegard to hear her lecture and do the hands-on-work. They returned to the US as some of the first American graduates.

I often say Miss Emmaline is why I am in this work. She was first my MLD therapist and then my mentor. She was the one who encouraged me to take the training. She's the reason I began this work so in a very real sense, everyone who has been a student of mine owes Miss Emmaline thanks for taking the giant leap to learn this work and to encourage others in this work. She and Dinks sponsored Hildegard to teach

Lymphedema Treatment Act, USA

We need your continued help spreading awareness about the Lymphedema Treatment Act. We'd like to make it easier for you to get your patients informed and involved by sending you some information cards. These are a standard "rack" card size and printed on durable card stock.

If you can help by distributing these to your patients and colleagues please send your requests to info@LymphedemaTreatmentAct.org. Please include your complete mailing address and an estimation of

In Brief

Visit the new Dr. Vodder clinic website in Austria – www.lymphedema-clinic.com. You and your patients might want to read this testimonial about the clinic: www.lymphedema-clinic.com/navid.117/

lymphedema-treatment-therapy.htm

The Wittlinger clinic will be giving presentations for North American patients in Miami, FL, April 18th, 5.30 to 8.30pm and also at the BCLA conference in Vancouver, BC, April 21st. For more information and to register for the Miami event, please go to www.lymphedema-clinic.com

Articles

Manual Lymph Drainage Improving Upper Extremity Edema and Hand Function in Patients With Systemic Sclerosis in Edematous Phase. Maddali-Bongi, S et. al. Arthritis Care & Research, Vol. 63, No. 8, August 2011, pp 1134–1141 This study from Italy showed that the application of Dr. Vodder's MLD is effective in the treatment of the hand in edematous scleroderma by reducing hand volume, edema, and pain, and improving hand function and perceived QOL. It was a small study of 28 patients, randomly divided into control and intervention groups. §

classes in Dallas for a number of years so many of the

Dallas-Fort Worth group came to take the training

because of this partnership. We learned the passion for

the work from not only Hildegard but also from Miss

While we all are seeds of Hildegard's teachings, Miss

Emmaline was the gardener who tended to us while

Hildegard was away. She's the one who nurtured us as

we began this difficult journey. She was the

cheerleader who gave us inspiration to move forward

when it seemed impossible. She was our inspiration

how many cards you anticipate needing throughout

2012; and if/when you run out please don't hesitate to

Thanks for your help and support of the Lymphedema

Heather Ferguson Chair, Lymphedema Advocacy

www.LymphedemaTreatmentAct.org;

and she definitely continues to be mine. §

info@LymphedemaTreatmentAct.org §

MLD UK Conference. MLD UK is a therapist

support organisation made up primarily of Vodder

therapists. The 2012 conference has an impressive

line-up of speakers including Prof. E. Foeldi, MD,

Willie Fourie PT, Dr. Alex Munnoch, plastic surgeon

(chairperson of the British Lymphology Society) and

Dr. Dennis Wolf. The two day conference is located

just west of London (see listing above).§

Conferences 2012

MLD UK conference: May 12 – 13, 2012, Lane End, Bucks. www.mlduk.org.uk

Volume 3 Issue 1

Australasian Lymphology Association Conference May 24 – 26, 2012, Cairns QLD, Australia. www.alaconference.com.au **ILF Conference** June 28 – 30, 2012, Montpellier, France. www.lympho.org

NLN Conference September 5 – 9, 2012, Dallas, TX, USA. www.lymphnet.org §

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Canada

Manual Lymphatic Drainage (MLD) and Combined Decongestive Therapy (CDT) Used to Reduce Edema After Total Knee Arthroplasty-A Case Report

By Beth Meacham, DPT and Monica Sety, OTR/L, CMLDT

Introduction

Residual pain, edema and functional problems are often reported after total knee arthroplasty (TKA) 1. Common physical therapy modalities like electrical stimulation, compression sleeves, and exercises often fail to reduce these deficits. Manual lymphatic drainage (MLD) and combined decongestive therapy (CDT) have been effectively used to treat lymphedema after cancer treatment and to reduce edema in post-surgical orthopedic cases, specifically in the hand and foot². However, there is limited evidence for MLD and CDT for post-operative pain and edema. This case report was done to see if the application of MLD and CDT is effective in reducing post-operative edema and other functional deficits in a subject 14 months after undergoing a total knee arthroplasty.

MLD and CDT

The lymphatic system is the body's primary source to remove waste and inflammation after injury or surgery. MLD involves a series of light massage strokes that stimulate the lymphatic system to pump more efficiently, facilitating the removal of bacteria, cellular debris, and excess water from the interstitial spaces. CDT is the use of compression to bring the lymph vessels closer to the muscles, increasing drainage of the lymphatic fluid back into the general circulation. Initially, multi-layer bandages are worn, followed by use of a compression garment.

Method

A 67 y.o. female with persistent complaints of pain, swelling and limited functional activities after a TKA was treated 2x / week for 6 weeks with MLD and CDT. Treatment was given by a Vodder-trained manual therapist. Circumferential measurements for edema and other outcome measures were taken initially and at 6 weeks. After 6 weeks, MLD was stopped and the subject was fitted with a compression garment. Outcome measurements were taken again at 9 weeks.

Results



Figure 2: Percentage decrease in edema volume in the right lower extremity over 9 weeks.

Conclusion

After 6 weeks of MLD and CDT, this subject experienced a substantial decrease in pain and edema while making gains in knee ROM, short duration walking speed, walking endurance, stair climbing speed and power. Improvement was also demonstrated on the WOMAC scale, a disease specific quality of life questionnaire. Further gains were made after





Figure 3. Right knee before and after 6 weeks of MLD and CDT

wearing compression stockings 3 more weeks. For this client, MLD and CDT appear to be effective in reducing residual edema, pain, and improving functional outcomes even 14 months after undergoing a TKA. Further studies are indicated to investigate this relationship further.

| Outcome Measure | Initial value | Week 6 | Week 9 | Normal Values |
|---|------------------|-----------|-----------|---------------------------|
| Knee ROM (degrees) Flexion Extension | 102 5 | 111 -2 | 112 -2 | 109.8+/-5* 1.1+/- 2.6* |
| Strength (MMT) Quadriceps | 4-/5 | 4+/5 | 5/5 | |
| VAS Pain Scale-pain walking | 5-7/10 | 0/10 | 0/10 | |
| VAS Satisfaction Score (mm) | 57/78 | 58/78 | 60/78 | |
| Gait Speed: 10 Meter Walk (m/s) | .93 | 1.29 | 1.32 | 1.29** |
| Endurance 6 Min Walk (m) | 169 | 275 | 321 | 571+/-90*** |
| Stair Climbing Power (watts) | 71.6 | 78.9 | 201 | |
| WOMAC Scale | 74/96 | 43/96 | 32/96 | 72.7+/-20.6* |

Figure 4 : Changes in Functional Outcomes

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***Bade et al, Outcomes before and after TKA compared to healthy adults, Jour of Orth & Sports PT, 2010, 40 (9), 559-567 §

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| <u>Course</u> | <u>Date</u> | <u>Location</u> | <u>Organizer</u> | <u>Instructor</u> | <u>Contact Info</u> | |
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| | | | MacDonald | Blanchfield | email:aj244@chebucto.ns.ca | |
| | 22.0.1.42 | | *Dr. Vodder | Dala a Usada | phone:(800) 522-9862; | |
| | 22-Oct-12 | Victoria, BC | School International | Robert Harris | email: info@vodderschool.com | |
| | | | Cayce/Reilly | | | |
| | 7-Nov-12 | Virginia Beach, VA | School of | Kathryn Thrift | phone:757-428-3588x7285; | |
| | , 1107 12 | | Massotherapy | Katin yn mine | email:karen.meade@edgarcayce.org | |
| | 4.4. N. 4.2 | | | | phone:0419 848 589; | |
| | 14-Nov-12 | Melbourne, VIC | Jan Douglass | Janet Douglass | email:jandouglass@bettanet.com.au | |
| Therapy I | French (5 day) | | | | | |
| | 7-Jul-12 | Montreal, QC | Institut Kine | Marie-Christine | phone:514-272-5463; | |
| | | Montreal, de | Concept | Sansoube | email:info@kineconcept.ca | |
| Therapy II | & III (10 day) | | | | | |
| | | | *Dr. Vodder | | phone:(800) 522-9862; | |
| | 23-Apr-12 | Victoria, BC | School | Robert Harris | email: info@vodderschool.com | |
| | | | International | | | |
| | 29-Apr-12 | Tokyo, Japan | Cancer Insititute Hospital of JFCR | Andreas Wittlinger | email:kuniko.utsugi@jfcr.or.jp | |
| | | | *Dr. Vodder | wittinger | | |
| | 21-May-12 | Stowe, VT | School | Robert Harris | phone:(800) 522-9862; | |
| | 22 may 12 | | International | | email: info@vodderschool.com | |
| | 20 lun 12 |) Malahasa Awatria | Dr. Vodder Schule | Hildegard | phone:+43 (0)5374 5245-0 ; email: | |
| | 20-Jun-12 | Walchsee, Austria | Austria | Wittlinger | office@wittlinger-therapiezentrum.com | |
| | 6-Jul-12 | Toronto, ON | Dr. Vodder School | Robert Harris | phone:(800) 522-9862; | |
| | 0 301 12 | | International | | email: info@vodderschool.com | |
| | 10-Sep-12 | Dallas, TX | Dr. Vodder School | Robert Harris | phone:(800) 522-9862; | |
| | • | , | International | | email: info@vodderschool.com | |
| | 29-Oct-12 | Victoria DC | *Dr. Vodder School | Dobort Horris | phone:(800) 522-9862; | |
| | 29-001-12 | Victoria, BC | International | Robert Harris | email: info@vodderschool.com | |
| | | | | | phone:0419 848 589 ; | |
| | 21-Nov-12 | Melbourne, VIC | Janet Douglass | Janet Douglass | email:jandouglass@bettanet.com.au | |
| Therapy II | & III French (10 d | day) | | | | |
| | | | Institut Kine | Monica | phone:514-272-5463; | |
| | 20-Aug-12 | Montreal, QC | Concept | Coggiola | email: info@kineconcept.com | |
| Vodder Re | eview / Recertifica | ation (3 day) | | | | |
| 21-Apr-12 | | | *Dr. Vodder | Hildegard | phone:(800) 522-9862; | |
| | | Victoria, BC | School | Wittlinger | email: info@vodderschool.com | |
| | | | International | - | | |
| | 18-May-12 | Stowe, VT | Dr. Vodder School | Hildegard | phone:(800) 522-9862; | |
| | | - | International Dr. Vodder Schule | Wittlinger Hildegard | email: info@vodderschool.com phone:+43 (0)5374 5245-0 ; email: | |
| | 2-Jul-12 | Walchsee, Austria | Austria | Wittlinger | office@wittlinger-therapiezentrum.com | |
| *denotes | s consecutive class | | | | | |

denotes consecutive class

Dr. Vodder School - International, P.O. Box 5121, Victoria, B.C. Canada V8R 6N4 Tel: (250) 598-9862 Fax: (250) 598-9841 info@vodderschool.com www.vodderschool.com A division of Vodder Schools International Ltd

| <u>Course</u> | <u>Date</u> | <u>Location</u> | <u>Organizer</u> | <u>Instructor</u> | <u>Contact Info</u> |
|-----------------|--|-----------------|------------------------------------|-------------------------|---|
| <u>Vodder R</u> | Vodder Review / Recertification (3 day) Cont'd | | | | |
| | 13-Jul-12 | Toronto, ON | Dr. Vodder School International | Robert Harris | phone:(800) 522-9862; email: info@vodderschool.com |
| | 9-Sep-12 | Dallas, TX | Dr. Vodder School International | Hildegard Wittlinger | phone:(800) 522-9862; email: info@vodderschool.com |
| | 24-Nov-12 | Melbourne, VIC | Deb Bower | Robert Harris | phone:0418 551 546; email: debs@rabbit.com.au |

Advanced Courses

| (at least 135 hours of MLD training required) | | | | | |
|---|-------------------------------------|------------------------------------|--------------|---|--|
| Advanced Creative Bandaging | Advanced Creative Bandaging (1 day) | | | | |
| 20-May-12 | Stowe, VT | Dr. Vodder School International | Renee Romero | phone:(800) 522-9862; email: info@vodderschool.com | |
| Elastic taping / Coopee Test (1 | <u>L day)</u> | | | | |
| 24-Apr-12 | Victoria, BC | Dr. Vodder School International | Ruth Coopee | phone:(800) 522-9862; email: info@vodderschool.com | |
| 21-May-12 | Stowe, VT | Dr. Vodder School International | Ruth Coopee | phone:(800) 522-9862; email: info@vodderschool.com | |
| 16-Jul-12 | Toronto, ON | Dr. Vodder School International | Ruth Coopee | phone:(800) 522-9862; email: info@vodderschool.com | |
| 4-Sep-12 | Dallas, TX | Dr. Vodder School International | Ruth Coopee | phone:(800) 522-9862; email: info@vodderschool.com | |
| The Conscious Clinician (1 day | <u>/)</u> | | | | |
| 20-Apr-12 | Victoria, BC | Dr. Vodder School International | Sara Nelson | phone:(800) 522-9862; email: info@vodderschool.com | |
| 17-May-12 | Stowe, VT | Dr. Vodder School International | Sara Nelson | phone:(800) 522-9862; email: info@vodderschool.com | |
| 4-Sep-12 | Dallas, TX | Dr. Vodder School International | Sara Nelson | phone:(800) 522-9862; email: info@vodderschool.com | |
| | | | | | |

Spa Body / Wellness Classes

| (Available to MTs working in a Spa or Medical Spa Environment and have already completed the Basic class) | | | | |
|---|-----------------|----------------------------------|--------------|--|
| 15-Apr-12 | San Diego, CA | The Bramham Institute/ ASTECC | Anne Bramham | phone: 877-900-0086; email: info@astecc.com |
| 12-Jun-12 | Deer Valley, UT | The Bramham Institute/ ASTECC | Anne Bramham | phone: 877-900-0086; email: info@astecc.com |
| 15-Jul-12 | Palm Beach, FL | The Bramham Institute/ ASTECC | Anne Bramham | phone:877-900-0086; email:info@astecc.com |

*denotes consecutive class

Dr. Vodder School - International Esthetician Schedule

| <u>Course</u> | Date | Location | <u>Organizer</u> | Instructor | Contact Info | |
|--------------------|-----------------------------|----------------|-----------------------------------|------------------------|---|--|
| Basic Body (5 day) | | | | | | |
| | 4-Apr-12 | Taipei, Taiwan | YuanLiu School | Robert Harris | phone:886-2-2781-0781; email:aromata@gmail.com | |
| | 29-Apr-12 | Providence, RI | RI-AMTA | Anne Bramham | phone:401-829-0293; email: justbreathmassage2@yahoo.com | |
| | 9-Jul-12 | Palm Beach, FL | The Bramham Institute/ ASTECC | Anne Bramham | phone:877-900-0086; email:info@astecc.com | |
| Basic Neck | <u>(& Face (3 day)</u> | | | | | |
| | 15-May-12 | Cork, Ireland | The Bramham Institute/ ASTECC | Anne Bramham | phone:877-900-0086; email:info@astecc.com | |
| | 18-May-12 | Wilmington, DE | Gay Lee Gulbrandson | Gay Lee Gulbrandson | phone:510 849-1388; email:gaylee@voddermld.com | |
| | 24-Jun-12 | New York, NY | The Bramham Institute/ ASTECC* | Anne Bramham | phone:877-900-0086; email:info@astecc.com | |
| | 22-Oct-12 | Oakland, CA | Gay Lee Gulbrandson | Gay Lee Gulbrandson | phone:510 849-1388; email:gaylee@voddermld.com | |
| Advanced | Neck & Face (3 | <u>day)</u> | | | | |
| | 18-May-12 | Cork, Ireland | The Bramham Institute/ ASTECC | Anne Bramham | phone:877-900-0086; email:info@astecc.com | |
| | 20-May-12 | Wilmington, DE | Gay Lee Gulbrandson | Gay Lee Gulbrandson | phone:510 849-1388; email:gaylee@voddermld.com | |
| | 4-Jun-12 | Oakland, CA | Gay Lee Gulbrandson | Gay Lee Gulbrandson | phone:510 849-1388; email:gaylee@voddermld.com | |
| | 26-Jun-12 | New York, NY | The Bramham Institute/ ASTECC* | Anne Bramham | phone:877-900-0086; email:info@astecc.com | |
| | 24-Oct-12 | Oakland, CA | Gay Lee Gulbrandson | Gay Lee Gulbrandson | phone:510 849-1388; email:gaylee@voddermld.com | |
| Advanced | Neck & Face Re | <u>view</u> | | | | |
| | 29-Jun-12 | New York, NY | The Bramham Institute/ ASTECC | Anne Bramham | phone:877-900-0086; email:info@astecc.com | |