



Healing Hands

Health History Intake Questionnaire

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Cell: _____

State: _____ Zip: _____ Email: _____

Practitioner_Name Phone OFC Phone FAX ADDRESS

Std. Abbreviations: Right: Rt Left: Lt Medial: Med Lateral: Lat Bilateral: Bil Cervical: C Lumbar: L Thoracic: T Patient: Pt

Domain

History

Primary Complaint

What is the main reason you seek massage?

As appropriate include description of condition ONSET, AGGRAVATING FACTORS, NIGHT PAIN, INJURIES AND ACCIDENTS.

Primary Complaint:

Surgery History, Radiotherapy

List your personal history of surgery, if any, starting with the most recent.

Your massage therapist is NOT a physician, nurse, or physical therapist.

Surgery and Radiation Therapy:

Medication, Chemotherapy

List all medications used currently, and others used within 12 months, and reason for use.

Medications:

Major Accidents, Injury

List any major accidents starting with most recent.

Lymphedema

Briefly describe

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Practice Management Forms

3 Patient Intake / Assessment Forms (all 2 pages)

Facilitate professional repeatable client intake and evaluation.



Personal Health Plan

Name: _____ Date: _____

APPOINTMENT SCHEDULE: _____

Practitioner_Name Practitioner_eMail
Phone OFC Phone FAX ADDRESS

Lymphedema: Left Arm _____ Right Arm _____ Left Leg _____ Right Leg _____

Action List	Self Care / Personal Plan
<input type="checkbox"/> Health Goal Patient evaluates own health status, decides on desired outcome, and sets goals to achieve the stated outcome: _____	<input type="checkbox"/> Personal Health Goal: In consultation with physician or lymphedema therapist determine action plan for appropriate lymphedema therapy and related health modalities. _____
<input type="checkbox"/> Medications Consultation with primary care physician to determine action plan for lymphedema treatment or related concerns, obtain prescriptions as appropriate.	<input type="checkbox"/> Medications: Review all new medications with your physician and pharmacist, and read all information sheets provided before taking medicine or combinations of medicine.
<input type="checkbox"/> MLD Treatments Consultation with primary care physician and MLD Therapist to have a sufficient treatment plan for manual lymph drainage (MLD) to be effective.	<input type="checkbox"/> MLD Treatment lymphedema therapy (Manual Lymph Drainage) CAUTION: MLD
<input type="checkbox"/> Compression Garments Consultation with primary care physician to determine action plan for the necessary garments to use along with MLD treatment.	
<input type="checkbox"/> Bandaging and Taping Consultation with primary care physician to obtain prescriptions for bandaging and taping.	

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Several Patient Education and Advisory System Forms
 Programmed interactive approach to client education and support.



Healing Hands

Self Massage of Bi Lateral Arm Edema For Clients With Lymphedema

Name: _____

Practitioner Name, CMT, 510. 510. 123-4567 OFC 510. 123-4567 FAX

Self Massage of Bi-Lateral Arm Edema:

This is a general routine for MLD® and is a reminder of the massage routine you learned in treatment. The purpose of MLD® is to create new drainage pathways and maintain those that have been established. You and your therapist may have made changes in this routine depending on your individual circumstances. Remember these strokes are very light and slow. Do the full sequence on one side, then repeat for the other side. If you have just finished MLD/CDP treatment with a therapist, you may do both sides. **IF YOU FIND ONE ARM HAS SWOLLEN, DO MLD ON THAT ARM ONLY UNTIL IT DECREASES.**

1. Place your fingertips on the hollow above the collarbone. (shrug shoulders up to find the hollow above the collarbone). Gently with fingers stationary stretch the skin toward the collarbone and release. This stimulates the lymph flow back to the blood system. Repeat ___ times.
2. Place your hand with flat fingers and palm in the right armpit against the rib cage. Slowly and gently stroke down the side of the rib cage and release the skin only down toward the waist. This drains the lymph nodes, and redirects the fluid flow. Repeat ___ times.
3. On the right leg, place your flat hand in the crease where your leg attaches to your body. Keeping your hand stationary, gently pump up toward the center of your body. This stimulates the lymph nodes and prepares them to receive fluid. Repeat ___ times.
4. Do deep breathing as taught by your therapist. Repeat ___ times.
5. With a flat hand, stroke from the waist to the groin. Repeat ___ times.
6. Same side, use your hand and stroke from just above the knee to the groin. Repeat ___ times.
7. Move up to the armpit and stroke toward the center of your body. This stimulates the lymph nodes and prepares them to receive fluid. Repeat ___ times.
8. On the out side of your right upper arm, place your hand in the hollow above the collarbone. Repeat ___ times.
9. Place the heel of your hand on the outside pathway of the right arm. Repeat ___ times.

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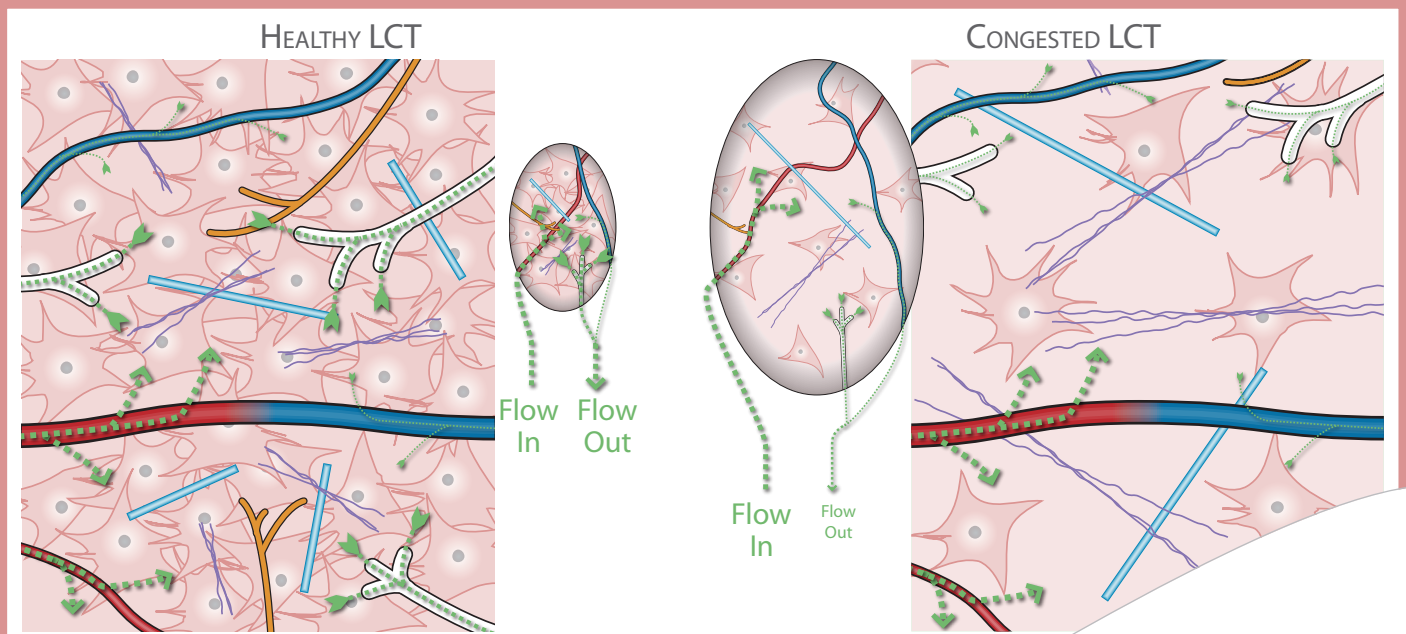
PREVIEW

Practice Management Forms

Patient Information Forms

Patient education in self-care saves time and promotes compliance







IV. Loose Connective Tissue (1 of 2)



STRUCTURE OF LOOSE CONNECTIVE TISSUE

Loose connective tissue (LCT) fills all cavities, surrounds all organs and comprises the dermis (the second layer of the skin).

LCT is made up of several substances:

- 70% water
- Non-cellular components:
Protein, Mucopolysaccharides or glycogen, Nutrients.
- Cellular elements consist of:
Fibroblasts, Resting migratory cells, Lymphocytes, Plasma cells,  Mast cells, Fat cells, Macrophages and microphages.
-  Blood capillaries.
-  Initial lymph vessels.
-  End fibers of the autonomic nervous system.
-  Collagen and  Elastin Fibers

LCT is the medium that our cells inhabit and the health of it determines the health of our body. The lymphatic system and Manual Lymph Drainage (MLD) helps to maintain the health of connective tissue (**LCT**) by...

TRANSIT STRETCH

Transit stretch is the distance between the cell (also called "diffusion distance"). When the **LCT** is congested (excess substances), the transit stretch is increased.

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Sample Topic Card - Shows look and feel (IV)

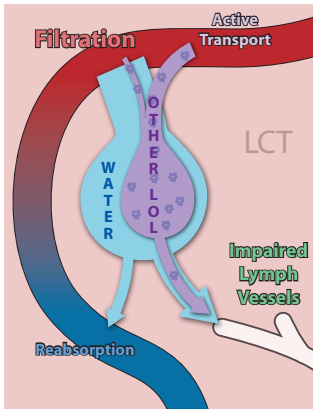
Quick reference illustrated baseline knowledge for therapists and clinics

May be used with clients to clarify concepts

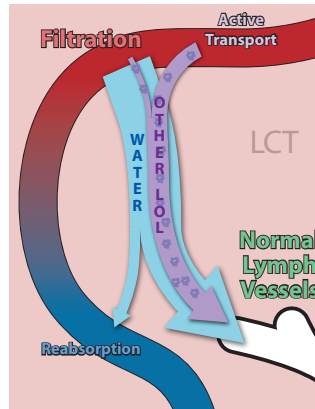
VI. Edemas: Applications of MLD (1 of 2)



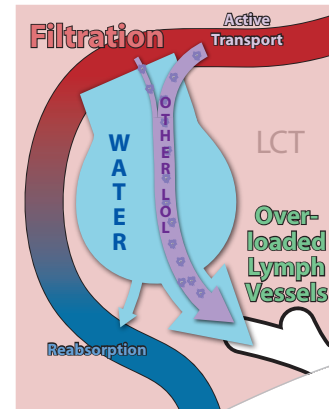
LYMPHOSTATIC EDEMA
(FAILURE OF LYMPH SYSTEM)



TYPES OF EDEMA
HEALTHY - No EDEMA



DYNAMIC EDEMA
(EXCESSIVE FILTRATION INTO LCT)



LYMPHOSTATIC EDEMAs – HIGH PROTEIN EDEMAs
(MECHANICAL INSUFFICIENCY OR LOW VOLUME INSUFFICIENCY)

- Organic changes in lymph vessels & nodes or congenital disorders
- High protein situation, i.e. too much protein in the LCT.
- Lymph pathways may be obstructed by tumors, compression, ligation, disruption, inflammation, or parasites.
- Mechanical inadequacy of lymph drainage system.
- Due to faulty or damaged lymph system, a true **lymphedema** is created.

1. Primary lymphedema (LE)

- Congenital - born with a malformation of the lymph system.
 - ▶ Irreversible condition.
- ▶ When does primary **lymphostatic edema** appear:
 - a) Neonatum - at birth (10%).
 - b) Praecox - puberty (80%).
 - c) Tarda - after age 30 (10%).
- Types of primary **lymphedema**:
 - ▶ Hypoplasia: slow growing or too few vessels
 - ▶ Hyperplasia: too many vessels
 - ▶ Aplasia: absence of nodes
 - ▶ Type II: non-congenital
 - Stemmer's sign

DYNAMIC EDEMAs - LOW PROTEIN EDEMAs
(DYNAMIC INSUFFICIENCY OR HIGH VOLUME INSUFFICIENCY)

- Lymph system is normal and handles the load
- High volume insufficient to handle.
- Failure of another system to handle the lymph load
- Too much protein in the LCT

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Sample Topic Card - Shows look and feel (VI)

Quick reference illustrated baseline knowledge for therapists and clinics

May be used with clients to clarify concepts

IX. Basic Principles of MLD (1 of 2)



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4.95 USD

Dr.Vodder MLD Topic Series 9A 3-10

DR. VODDER'S BASIC MLD STROKES

GENERAL:

NUMBERS refer to column at right, provide definitions.

- Contact the Skin
- Never Slide Over the Skin during the Movements
- Pressure is Light and Alternating
- Never Cause Reddening of the Skin
- Work in the Direction of Lymph Flow
- Begin in the Most Proximal²⁰ Areas and Work into the More Distal²¹ Areas
- Make Slow, Rhythmical Movements to Enhance the Effects of MLD

1. STATIONARY CIRCLES

USED IN SEQUENCES I. THRU IX., ALL

- imagine a crescent moon with the part you can see representing the **pressure phase¹** and the part you cannot see representing the **zero phase²**
- straight fingers placed flat on skin
- movement comes from arms, not fingers
- **stretch⁹** the skin without **sliding¹⁰** over it
- circular motion with **pressure¹** and **zero phase²**
- **direction of pressure³** according to **lymph drainage¹¹**



2. PUMP

USED IN SEQUENCES: III. LEGS, IV. ARMS, V. NAPE OF NECK

- contact skin with **palmar surface²⁴** of the relaxed flat hand (**zero phase²**). Fingers and thumb touch and are relaxed as well
- raise the wrist, **MCPs²⁵** and thumb stay in touch with the skin
- lower the wrist allowing the fingers, **MCPs²⁵** and thumb to stretch the skin **perpendicular¹²** to the arm
- hold this stretch and lower the wrist until palm, **MCPs²⁵**, thumb and fingers (no tips) move the skin in **direction of the lymph flow¹¹** (**pressure phase¹**)
- **release the stretch⁴** without lifting the wrist. This allows the skin to **return under the hand¹³** and it **relaxes⁵** in the resting position (**zero phase²**)
- used primarily on the limbs



3. SCOOP

USED IN SEQUENCES: VI. FEET, VII. HEAD, VIII. NECK

- contact skin with thumb and **palmar surface²⁴** of the hand, fingers straight
- **pivot¹⁴** on the ball of the thumb
- movement comes from wrist
- **direction²²** with the thumb
- apply a **stretch⁹** to the skin

CONCEPTS & CLARIFICATIONS

NUMBERS are from column on left, refer to definitions below, sorted by group. NOTE: All clarifications given are relative to the MLD strokes and may not be standard English language definitions of these terms.

PRESSURE: All strokes have 2 major phases – the movement of the skin (pressure phase), and the release of the skin (zero phase).

1pressure phase: part of the stroke that causes a movement of the skin surface.

2zero phase: part of the stroke that has no pressure on the skin surface.

3direction of pressure: direction of motion on skin.

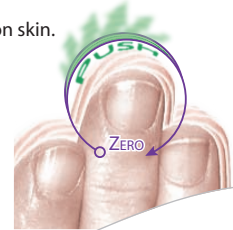
4release the stretch: this is the zero phase.

5relaxes: no tension in hands or fingers.

6release the tension on the skin and allow it to return: zero phase.

7allow the fingers to slide forward: fingers move ahead to bring thumb into a right angle.

8no pressure: same as zero pressure.



MOTION: The total movement of the skin may be affected by the looseness of the patient's skin and the direction of motion.

9stretch (the skin): movement of the skin

10sliding: hand moving over the skin during pressure phase

11direction of lymph flow: direction of motion

12perpendicular: direction of motion

13return: direction of motion

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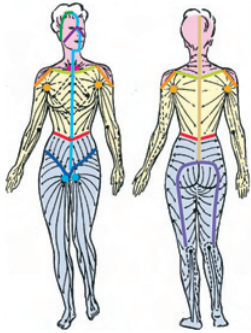
Practice Management Forms

Sample Topic Card - Shows look and feel (IX)

Quick reference illustrated baseline knowledge for therapists and clinics

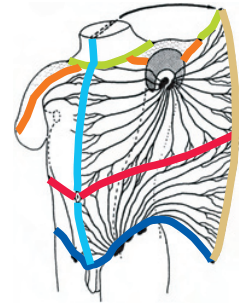
The Lymph System: Watersheds & Drainage

BODY WATERSHEDS



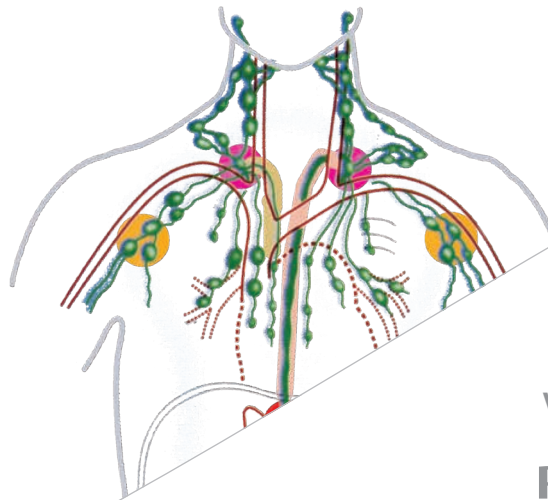
- Navel-Lumbar
- Horizontal (Neck)
- Vertical (Front)
- Shoulder
- Horizontal (Thighs)
- Vertical (Back)
- Terminus
- Axillary Lymph Nodes
- Inguinal Lymph Nodes

TRUNK WATERSHEDS

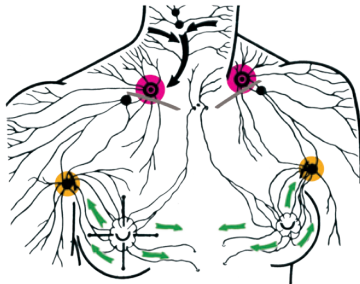


- Navel-Lumbar
- Horizontal (Neck)
- Vertical (Front)
- Shoulder
- Horizontal (Thighs)
- Vertical (Back)

DRAINAGE OF ORGANS



DRAINAGE OF MAMMARY GLAND



- Terminus
- Axillary Lymph Nodes

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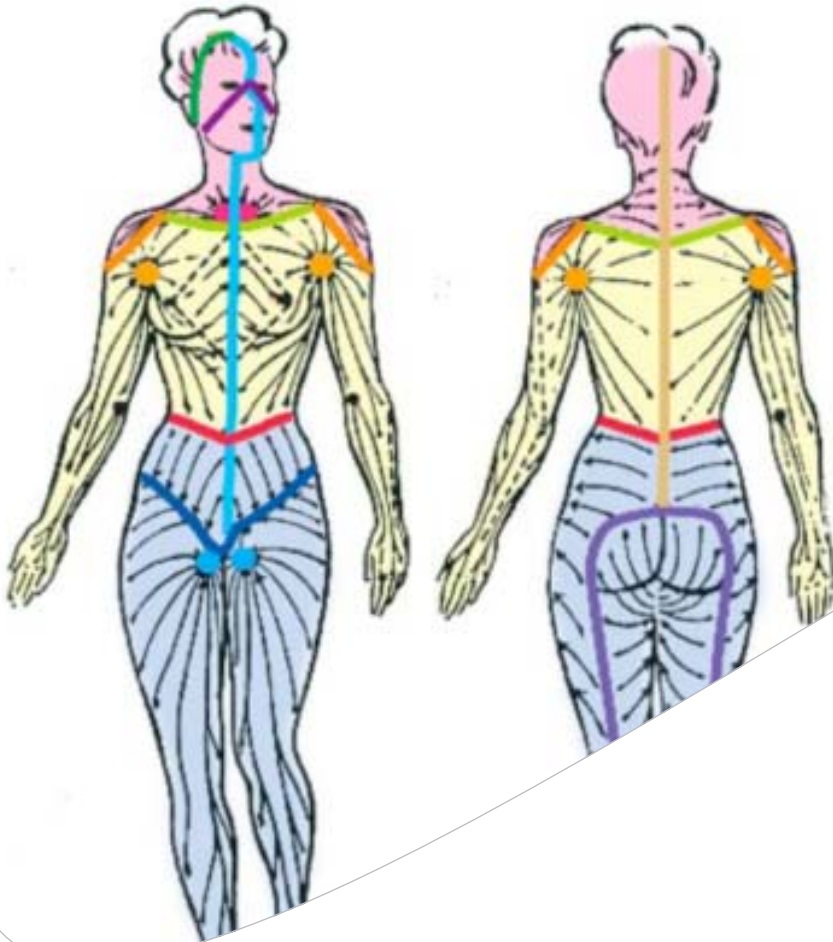
3 Attractive Posters for Treatment Areas

Warm up the reception area / treatment rooms

Indicates your commitment to MLD.

Print from letter size up to 4' x 6'

THERAPY: Benefits of Manual Lymph Drainage



Manual Lymph Drainage:

- Moves lymph to functional watersheds
- Helps decrease volume of edema
- Helps decrease tight skin
- C...

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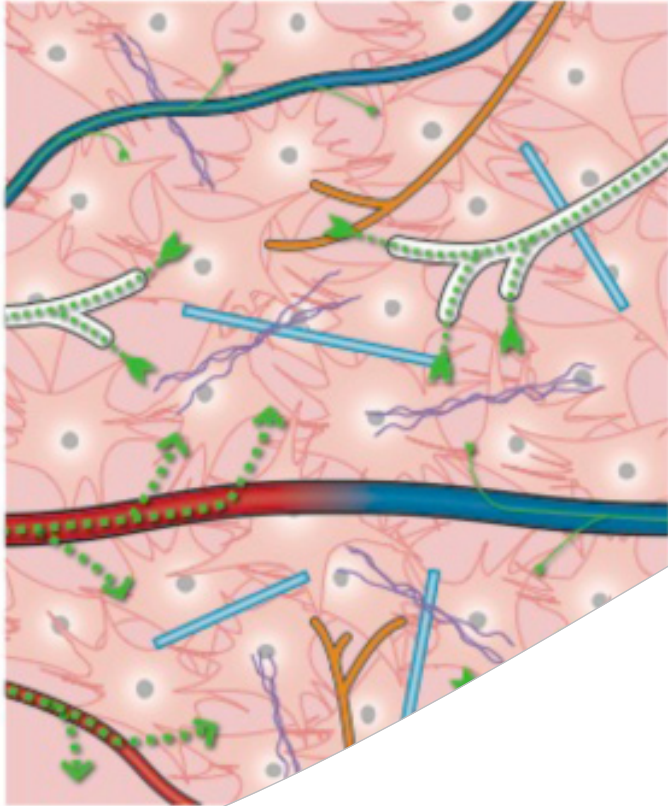
2 Patient Slide Shows 1 for MLD clients, 1 for Lymphedema Pts

Supports client education and engagement.

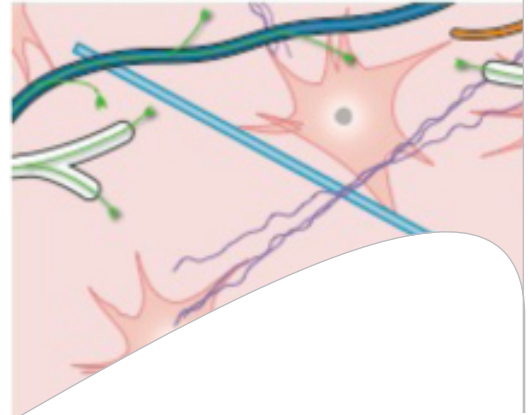
Format: PowerPoint and Keynote

EDEMA: Excess Fluid

HEALTHY LCT



CONGESTED LCT



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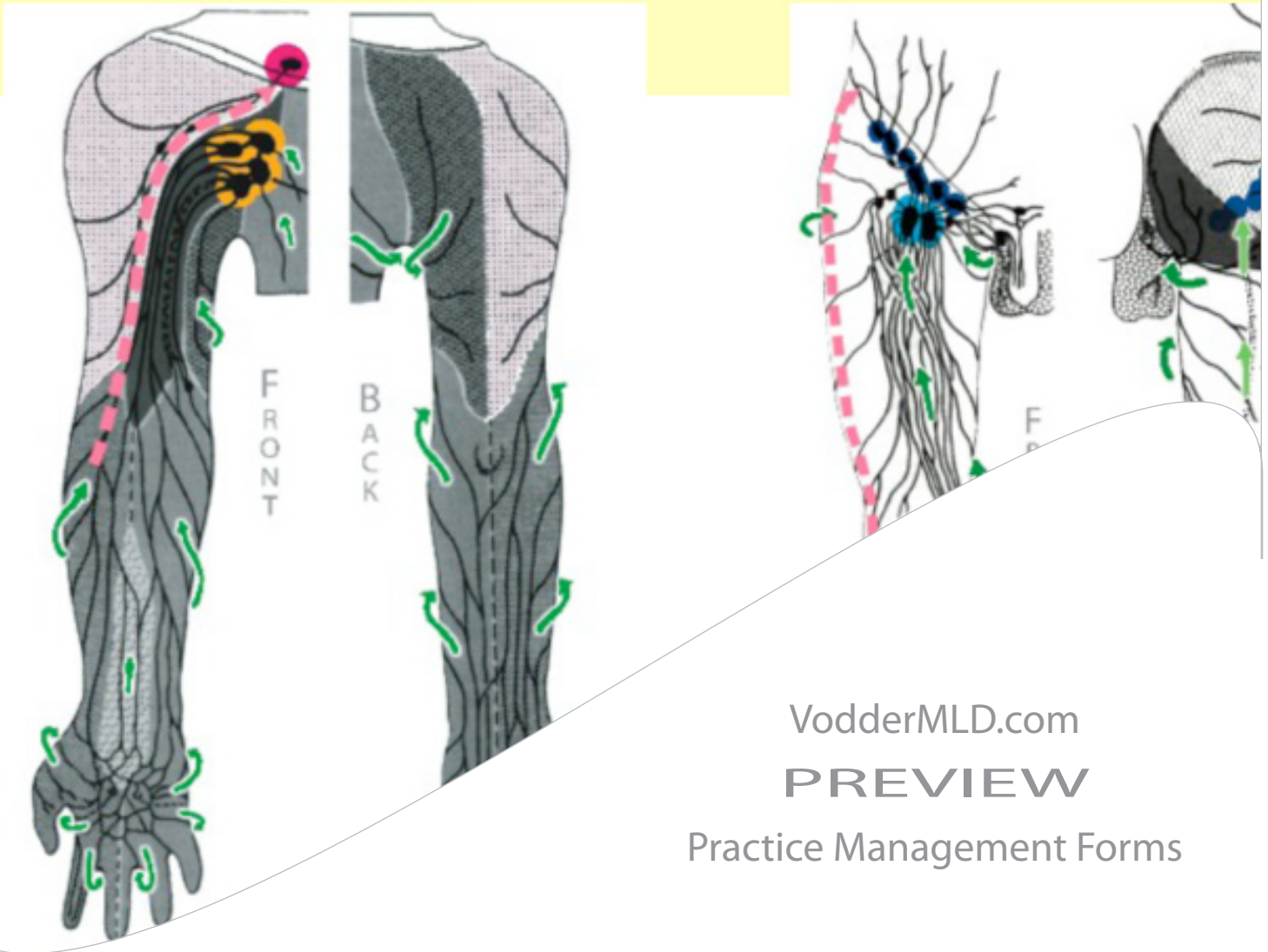
Practice Management Forms

2 Patient Slide Shows: 1 for Lymphedema Pts., 1 for MLD clients

Plays on your PC or burn a disc and put in DVD player, etc.

Format: PowerPoint and Keynote

LYMPH: Flow in Arms and Legs



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Use the Patient Slide Shows to promote MLD, and to reassure Lymphedema patients that you are able to meet education and treatment needs.

Supports client education and your practice.

Format: PowerPoint and Keynote



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Dr Vodder School International

Lymphedema Explained In Brief



Gay Lee Gulbrandson
NCTMEE CLT-LANA, Certified Dr. Vodder Instructor

Lymphedema (LE) is an accumulation of protein rich fluid in the interstitium of the skin caused by an insufficiency in the lymph vessel system.

This condition occurs when there is impairment to normal lymphatic flow. It can be caused by a deficiency of lymph vessels or nodes during fetal development and this type is called Primary Lymphedema. It can also be the result of an external cause such as the removal of lymph nodes, radiation, obstruction, trauma or injury to the lymph vessels. It is then known as Secondary Lymphedema (LE). For secondary lymphedema **after breast cancer surgery**, it is estimated that **between 6 and 49% of women will develop this condition.** (Armer J. et. al. 2005)

What causes lymphedema?

Lymphedema is prevalent throughout the world. The major cause in developed countries is due to the damage caused to the lymph system **incidental to cancer surgery** and / or radiation, or by the malignant disease itself (Keeley, V. in Lymphoedema ed Twycross et al. Radcliffe. 2000) . In underdeveloped, tropical countries, the major cause is a parasitic infestation (filariasis) from a nematode worm which is transmitted by mosquitoes. It is estimated that 120 million people suffer from filariasis. Lymphedema can develop due to an allergic reaction to filarial antigen (Weissleder et. al. Lymphedema Diagnosis and Therapy. Viavital, 2008)

How does lymphedema arise?

Damage, blockage or absence of lymph vessels lead to a decrease in the capacity of the lymph vessel system. Fluid and protein are not removed and they start to accumulate in the tissues. When the vessels are found. Accumulating protein increases the osmotic pressure) and more **water** is drawn into the tissue. At the same time, less fluid is being removed from the lymph vessel system. The

When does the swelling occur?

Lymphedema does not happen overnight. It is a gradual process. The swelling is

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3 Patient Informational Brochures (all are 2 Pg)

Facilitate client confidence in you.

This was only a small sample of the many forms and materials included in the Practice Management Blank Forms System - all designed to enhance your professional practice.