



DR. VODDER SCHOOL  
IRELAND



# Dr. Vodder's Manual Lymph Drainage

## Level II Applied MLD Pathologies

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Hildegard & Andi Wittlinger 2017



Internationales Kompetenzzentrum für Lymphologie  
Rehabilitationsklinik – Schule – Fachgesellschaft  
Behandlung – Ausbildung – Forschung

Meadbh Mac Sweeney. SRN MPH

Advanced Dr Vodder Tutor certified to teach  
Level 1, Level 2, Level 3 , Bi-annual Review



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## Welcome to the Dr Vodder Level II MLD Training

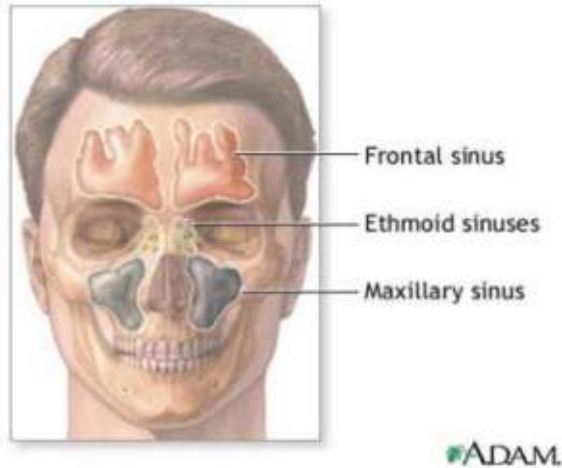
### Applied MLD for Non Lymphoedema Pathologies

#### LEVEL II APPLIED MLD COURSE (32 HOURS, 40 UI) PRACTICAL INSTRUCTION:

- Repetition of basic concepts will be reviewed
- Special strokes will be taught to compliment the basic techniques.
- Non-lymphedema related pathologies will be explained, e. g. ankle sprain, CRPS, sinusitis, whiplash, stroke, burns, scars, etc. and the practical application of the techniques discussed.

Participants need to pass a practical exam at the end of Level II course to gain certification. Exam failure will result in repeating the failed portion of the exam. Those who may fail the practical a second time will need to retake the entire course (Level II) and exam.

## Understanding sinusitis



Sinusitis refers to any inflammation in the sinuses. The sinuses are cavities in the skull surrounding your eyes, nose, cheeks and forehead. The main sinuses are called the **frontal, maxillary, sphenoid, and ethmoid** sinuses. These hollow recesses create vocal resonance and reduce the weight of the skull.

Sinuses are mucus membranes, meaning they are lined with a thin layer of tissue which traps bacteria using mucous and tiny hairs called cilia. The cilia also serve to move the mucous (and bacteria) out of the sinuses and into a drainage canal. If this canal is not large enough, bacteria and other microorganisms can become trapped and result in a sinus infection or sinusitis

## Symptoms of Sinusitis

- dull throbbing facial pain ( particularly when head tilted forward)
- post nasal drip / colored nasal discharge
- headache / cough
- earache / toothache
- congestion / facial swelling
- fatigue / fever

## Chronic Sinusitis: Frontal

Assessment: Chronic recurrent nasal and sinus congestion

- Pain at top of nose, between eyes

Treatment Protocol:

- Full neck
- Face
- Include nose specials & Intra oral ~ Soft palate

Treatment Time: 45 mins 3 times a week until symptoms improve

Treatment Philosophy: Local Drainage / analgesic effect/ sympathicolytic effect

## Chronic Sinusitis : Maxillary

Assessment : Chronic recurrent nasal and sinus congestion

- Pain in cheeks

Treatment Protocol:

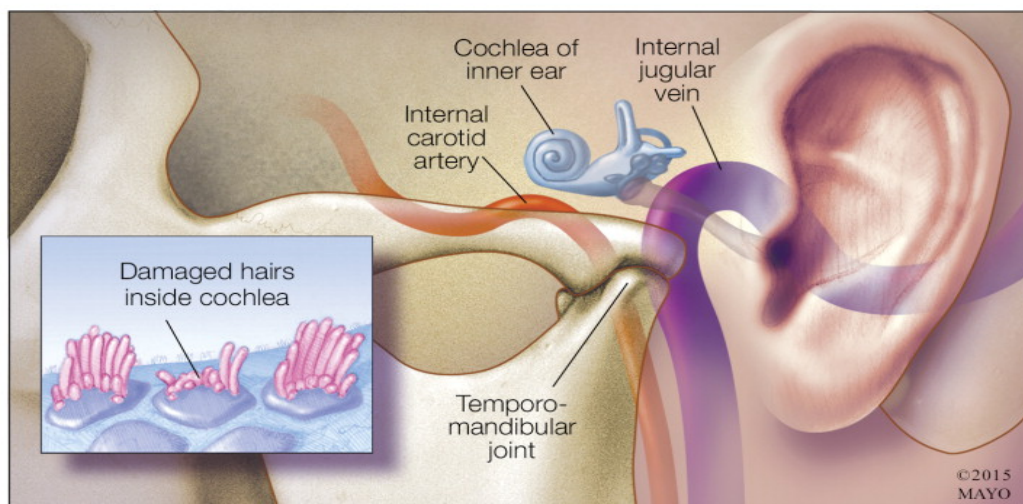
- Full neck
- Face ~ Include nose specials and many repetitions of 'long journey' ( maxillary sinuses)
- Intra oral ~ Hard & Soft palate

Treatment Time: 45 mins\_3 times a week until symptoms improve

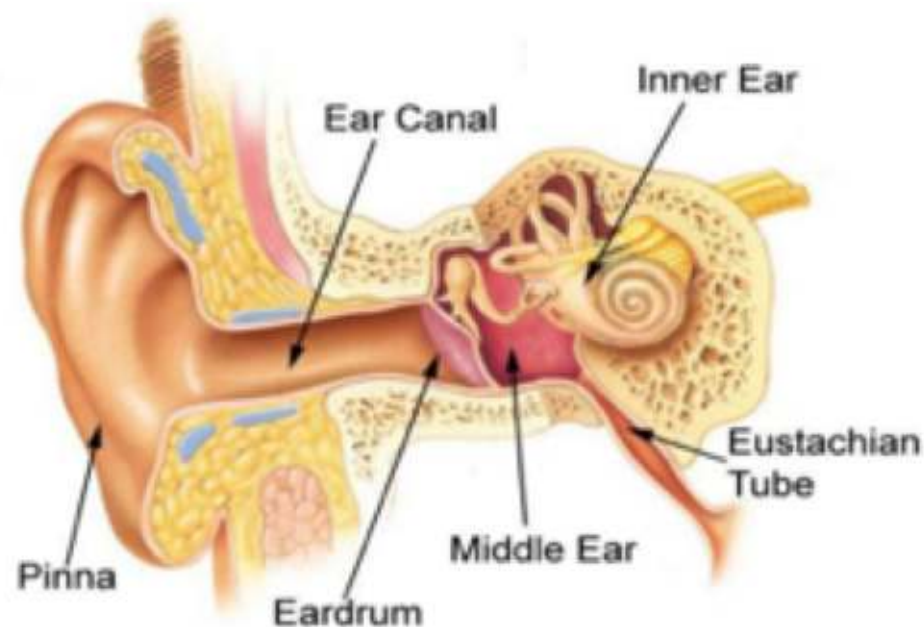
Treatment Philosophy: Local Drainage / Analgesic effect/ Sympathicolytic effect

# Understanding Ear Conditions

## Tinnitus



Microscopic hairs form a fringe on the surface of each auditory cell in the cochlea. If hairs are damaged, they may move randomly, sending electrical impulses to your brain as noise, or tinnitus. Tinnitus can also be caused by turbulence in the carotid artery or jugular vein, and temporomandibular joint problems.



## Tinnitus:

- Tinnitus is the medical name for the perception of noise in one ear, both ears or in the head. The noise comes from inside the body rather than an outside source.
- People with tinnitus can experience different types of sounds. Most people describe it as a ringing sound, but other sounds may include: buzzing, humming, whistling, music. Micro circulation may be disturbed . Sometimes, the noise associated with tinnitus beats in time with a person's pulse. This is known as pulsatile tinnitus.
- Tinnitus is often worse at quiet times, such as when you are trying to get to sleep. This is because there is less background noise to distract you from the sounds of tinnitus. The symptom may also be more noticeable when you are tired or stressed.
- Temporary tinnitus can be caused by a cold, a blow to the head, or prolonged exposure to a loud noise, such as a music concert (HSE Ireland)

## Treatment Tinnitus:

**Assessment:** Ringing or other disruptive sounds in ears

**Treatment Protocol:**

Full neck

Face ~ Include eye specials after the sequence as the eyes drain laterally to the ears

Intra oral ~ Soft palate & Ear specials

**Treatment Time:** 30 ~45 mins 3-5 times a week until symptoms abate

**Treatment Philosophy:**

Drainage : There may be local oedema along the acoustic nerve , Improving rheology and lymphatic drainage influenced by the thixotropic effect of MLD may improve the symptoms. Relaxation of smooth muscle / precapillary sphincter thereby improving micro circulation.

Sympathicolytic effect : Stress and insomnia can augment the symptoms

# Menieres Disease :

- Meniere's disease is considered a chronic disorder of the inner ear that causes episodes in which there is a feeling of spinning (vertigo), possible fluctuating hearing loss with a progressive, ultimately permanent loss of hearing, ringing in the ear (tinnitus), and sometimes a feeling of fullness or pressure in the ear. In most cases, Meniere's disease affects only one ear.
- Suspected cause is disturbance of the microcirculation in the inner ear, elevated lymphatic pressure has been noted in certain structures of the inner ear, giving rise to endothelial damage along the semi circular canals. Between attacks body equilibrium is unimpaired, however the hearing loss can persist.

## Clinical Assessment :

A medically provided diagnosis of Meniere's disease requires:

1. Two episodes of vertigo, each lasting 20 minutes or longer but not longer than 24hrs
2. Hearing loss verified by a hearing test
3. Tinnitus or a feeling of fullness in your ear
4. Exclusion of other known causes of these problems (MRI)

**NB:** Differential diagnosis is essential : Menieres Disease is a medically diagnosed condition

## Menieres Disease

### Treatment Protocol:

- Nape of Neck or Full Neck
- Face ~ Fork technique ++ profoundly affecting brain drainage
- Ear Specials
- Intra Oral : Soft Palate
- Treatment may include the entire extensor musculature of the back
- **Treatment time** : 45 mins min daily at first, after approx. 2 weeks 2~3 times a week until symptoms abate .
- Attacks should become less frequent and less severe

### Treatment Philosophy:

- Drainage : Improving rheology and lymphatic drainage influenced by the thixotropic effect of MLD may improve the symptoms.
- Relaxation of smooth muscle / precapillary sphincter thereby improving micro circulation .
- Sympaticolytic effect : Stress can augment muscle tension and the symptoms
- Smooth Muscle relaxation : These patients often present with discernible paravertebral muscle tension in the neck area, consider same in treatment protocol.



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## Migraine

Characterised by a sudden onset headache. The pain is dull at first then becomes sharper; it can be in one or both sides of the head and is almost accompanied by nausea and vomiting. The episode can be preceded by a scintillating scotoma (a partial loss of vision or blind spot in an otherwise normal visual field.) and hypersensitivity of the scalp. The attack can last for several hours or days.

The brain vessels spasm first, creating a local oxygen deficiency and irritation (scintillating scotoma, dull pain) This is followed by strong vasodilation, serotonin is released by the thrombocytes, stimulating the pain receptors in the vascular walls.

Additionally histamine is released which also excites the pain receptors. Prostaglandins and plasmakinins are also involved in the process which elevates capillary membrane permeability leading to a perivascular oedema

Migraine can be triggered by weather / hormonal / psychogenic influences, but most often by degenerative changes to the cervical spine. ( Compendium ~R. Kasseroller)

## Treatment Approach:

- Assessment: Symptoms as described
- Treatment Protocol: Treatments should be carried out in attack-free phase.
- Nape of Neck ~ extra repetitions on back of head
- Full neck
- Face
- Intra oral ~ soft palate

### Treatment Philosophy:

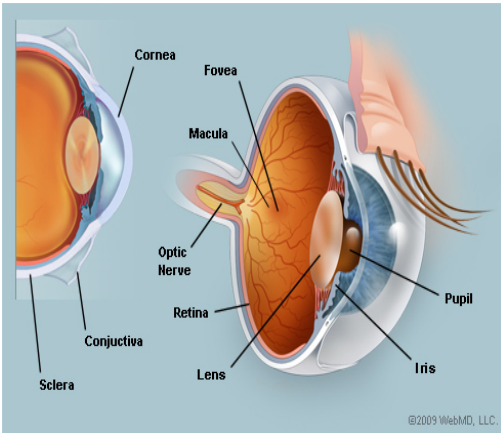
- Drainage: for any perivascular oedema
- Analgesic effect
- Relaxation of smooth muscle
- Sympathicolitic effect

**Treatment time:** 40mins 3 times a week reducing frequency, consistency of treatments attacks become less frequent and symptomatically less severe



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## Understanding eye conditions



DAY 2 Post Fall  
Sutures x 11 around eye

Day 5  
45 min sessions MLD x 5 days



## Detached Retina

**Assessment:** Retinal detachment itself is painless and may occur due to a sagging vitreous, injury, or advanced diabetes. Warning signs almost always appear before it occurs or has advanced, such as the sudden appearance of many floaters ie tiny specks that seem to drift through your field of vision

Flashes of light in one or both eyes

Blurred vision

Gradually reduced side (peripheral) vision

A curtain-like shadow over your visual field

Increased intraocular pressure

### **Treatment Protocol:**

Full neck

Face ~ Include eye specials after the sequence as the eyes drain laterally to the ears and then Intra orals ~ Soft palate

Work proximal to any broken skin

**Treatment Time:** 45mins 3 times a week until symptoms improve

**Treatment Philosophy:** Local Drainage / Analgesic / Sympathicolitic effect



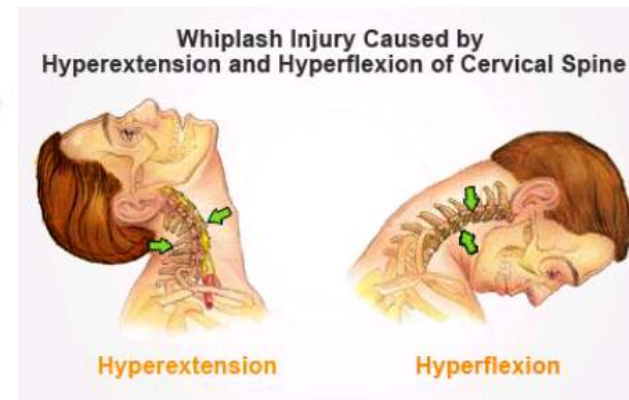
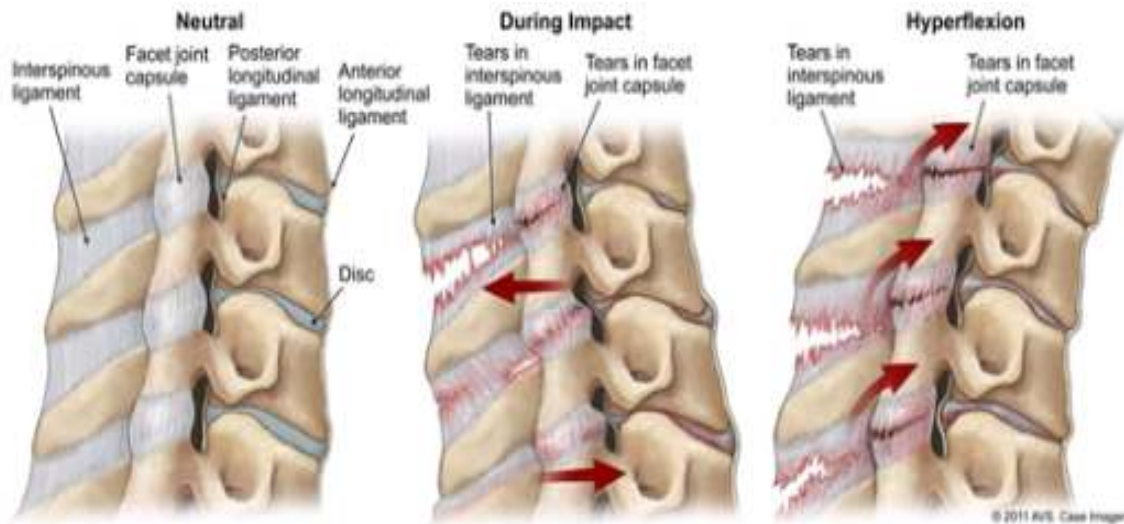
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# Whiplash

The term "whiplash" is technically a colloquialism, a non-medical term describing a range of injuries to the neck caused by or related to a sudden distortion of the neck associated with extension.

More recent studies investigating high-speed cameras and sophisticated crash dummies have determined that after the rear impact the lower cervical vertebrae (lower bones in the neck) are forced into a position of hyperextension while the upper cervical vertebrae (upper bones in the neck) are in a hyperflexed position.

This leads to an abnormal S-shape in the cervical spine after the rear impact that is different from the normal motion. It is thought that this abnormal motion causes damage to the soft tissues that hold the cervical vertebrae together (ligaments, facet capsules, muscles)



Unusual  
Presentation  
With head  
rests these  
days

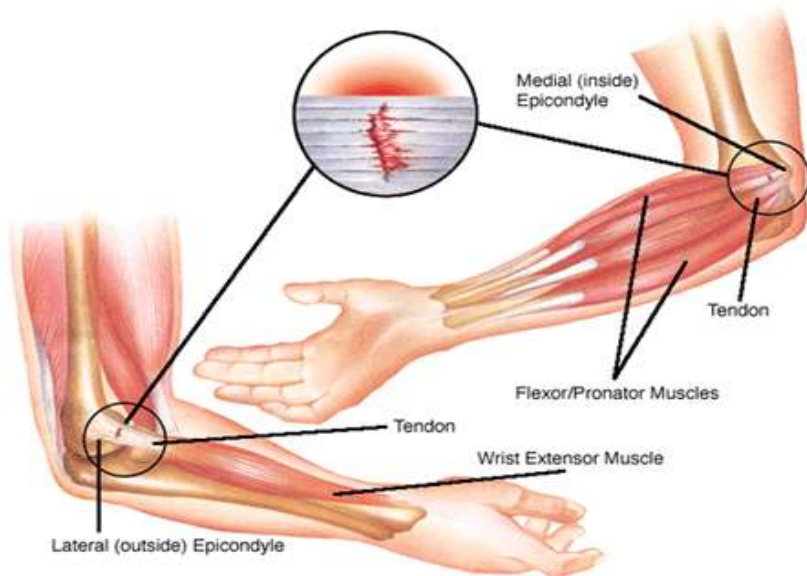
- Assessment: Muscle tension and pain in neck and spreading to upper back
- Treatment Protocol:
- Nape of Neck ~ watch for neck posture precautions
- Treat occiput ++
- Thoracic back treatment
- Full neck ~ emphasising shoulders if nape not possible
- Face & Specials Intraoral ~ soft palate
- Treatment time: 45 mins 5 times a week for 2 weeks have been noted to significantly reduce or eliminates symptoms  
Weekly maintenance treatments until symptoms eliminated completely
- **Treatment Philosophy**
- Drainage : residual oedema from the initial trauma can slow the healing process
- Analgesic & sympathicolitic effect:
- Relaxation of smooth muscle
- It is essential patient's position is relaxed and painfree during treatment and can begin even in the fixation stage  
(Compendium . Dr R Kasseroller)

Grade according to Quebec Task Force	Classification
0	No complaint about the neck. No physical sign(s).
I	Complaint of neck pain, stiffness or tenderness only. No physical sign(s).
II	Neck complaint AND musculoskeletal sign(s). Musculoskeletal signs include decreased range of movement and point tenderness.
III	Neck complaint AND neurological sign(s). Neurological signs include decreased or absent tendon reflexes, weakness and sensory deficits.
IV	Neck complaint AND fracture or dislocation.

*Most whiplash occurs in rear-end collisions at about 8 km / hr, but also in certain martial arts or diving. These can cause sudden acceleration of the head, amounting to five times the gravitational force(5g) ( $g = 9.81 \text{ m / s}^2$ ). A force of 5g arises, for example, in a vehicle collision of about 10 km / hr.*

## Epicondylitis :

- The term tendinitis tends to be a misnomer because, in general, microscopic evaluation of the tendons does not show signs of inflammation, but rather angio-fibroblastic degeneration and collagen disarray.
- Excessive mechanical burden and inadequate musculature can tear individual fibres at which point micro calcifications and micro-oedemas can develop at the



## Assessment

### Cervical and trapezius muscle tension

- Pain in lateral (or medial) epicondyle of humerus
- Pain in extensors of forearm.
- Patients most typically report an insidious onset, but they will often relate a history of overuse without specific trauma.
- Delayed symptoms are probably due to microscopic tears in the tendon.
- The patient complains of pain over the lateral elbow that worsens with activity and improves with rest.
- The patient will also often describe aggravating conditions such as a backhand stroke in tennis or the overuse of a screwdriver.
- Pain can vary from being mild (eg, with aggravating activities like tennis or the repeated use of a hand tool), or it can be such severe pain that simple activities like picking up and holding a coffee cup (ie, "coffee cup sign") will act as a trigger for the pain
- 
-

## Epicondylitis :

### Treatment Protocol :

- Treatment must include advice on rest, ice, compression, and elevation (RICE) method as the mainstay for treating soft-tissue injuries, accompanied by the following MLD sequence:
- Nape of Neck (only if cervical muscles involved)
- Short neck / Whole neck ( if Nape not included)
- Arm
- Special techniques at elbow
- Finnish arm

### Treatment philosophy:

- 1.Drainage for associated micro oedema's
- 2.Analgesic effect
- 3.Sympathicolitic effect
- 4.Smooth muscle relaxation effect on surrounding muscles
- 5.Connective tissue cleansing of angio fibroblasts and damaged collagen fibres

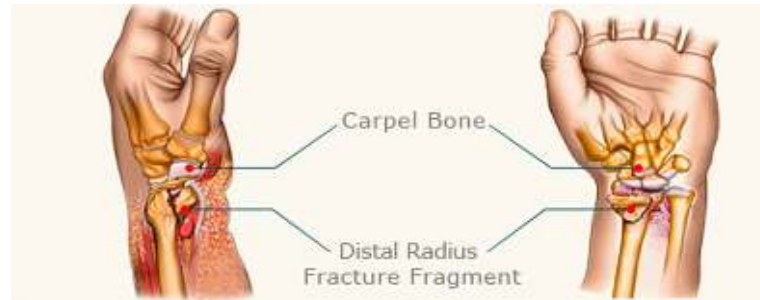
### Treatment time:

- 60 mins twice daily ideally x 2 days (*this intensive treatment significantly shortens total treatment time ~ Compendium – Dr R Kasseroller. )*
- Maintenance treatments 45mins daily until symptoms improve
- Then weekly treatment of 45mins until client asymptomatic

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# Distal Radius Fracture : cast removed with / without CPRS 2<sup>nd</sup> Tx

One of the most common distal radius fractures is a Colles fracture, in which the broken fragment of the radius tilts upward & almost always occurs approx 2cm from the end of the bone. This fracture was first described in 1814 by an Irish surgeon and anatomist, Abraham Colles -- hence the name "Colles" fracture.



## Treatment approach

- Assessment:
- Restricted ROM at wrist
- Little swelling
- Treatment Protocol:
- Full Neck
- Arm
- Special Techniques at wrist as appropriate, adding ~ bracelet of thumb circles around the affected area & oedema technique on the forearm if tolerated to clear the proximal area,
- Finish hand

## Treatment philosophy

Whether cared for conservatively (plaster cast) or surgically operated on, fractures respond well to the supportive treatment of MLD.

Treatment of the healthy contro-lateral side results in an elevated lymphatic motoricity of the affected side. This promotes healing in the fracture region.

MLD proximal to the plaster also promotes the healing process, accompanied by motion exercises

**NB: secondary CRPS may be prevented**

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Extended immobilization leads to oedemas in the joint region.  
Once a plaster cast is removed MLD helps restore full functionality of the impaired extremity.  
Surgically treated fractures can be treated immediately after the operation ~ clear drainage routes, then haematomas as you work towards the surgical site which can also be treated.

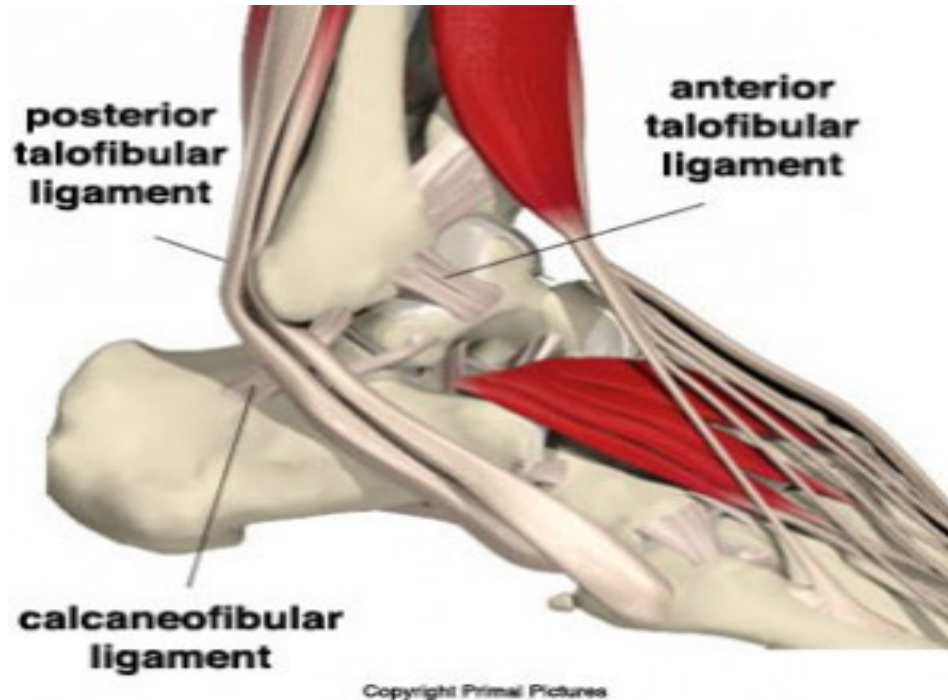
With Medical consensus passive and active motion therapy can be incorporated into the treatment. (*Compendium ~ Dr R Kasseroller*)



Distal radius fracture after cast removal and early onset of complex regional pain syndrome (a.k.a RSD or Sudeck's)



## Supination (Inversion) trauma to ankle (Right)



The anterior talofibular ligament is a ligament in the ankle. It passes from the anterior margin of the fibular malleolus, anteriorly and medially, to the talus bone, in front of its lateral articular facet. It is one of the lateral ligaments of the ankle and prevents the foot from sliding forward in relation to the shin.

It is the most commonly injured ligament in a sprained ankle - from an inversion injury - and will allow a positive anterior drawer test of the ankle if completely torn



Supination trauma - before and after one day of treatment including bandaging. Accident was 3 days before first treatment.

## Supination trauma

- **Assessment:** Sprain of anterior talofibular ligament
- Swelling around lateral malleolus  
Mild pain at site of injury
- **Treatment Protocol:**
- Short neck
- Leg to ankle normal and then special techniques as appropriate particularly oedema technique
- Finish Foot & Bandage: Long-stretch from foot to knee (add kidney foam)
- **Treatment time:**
- Recommended 45 -60 mins daily or 2 half hour sessions daily until symptoms abate

## Treatment Philosophy:

- Drainage for associated oedema
- Analgesic effect
- Sympathicolitic effect
- Smooth muscle relaxation effect on surrounding muscles.



## Osteoarthritis of knee joint / total knee replacement / cruciate ligament repair/ Arthroscopy / Inflammation of the knee joint

### Assessment:

Very limited +/- painful ROM in knee

Hypertonic muscles

### Treatment Protocol:

Short Neck

Full leg & knee specials ~ care with pain

### Treatment time:

60mins daily ideally, if possible and tolerated twice daily until symptoms in ROM and pain significantly improve.

Twice Weekly sessions until asymptomatic

### Treatment philosophy

Drainage for associated oedema

Analgesic effect

Sympathicolitic effect

Smooth muscle relaxation effect on surrounding muscles

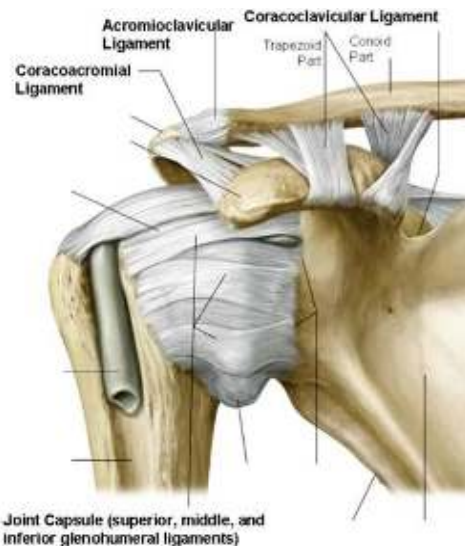


## Shoulder Pathologies: Adhesive Capsulitis (left ~5<sup>th</sup> Tx).

### Capsule of shoulder-joint ~ Anterior aspect

Adhesive capsulitis (*also known as Frozen shoulder*) is a painful and disabling disorder of unclear cause in which the shoulder capsule ~ the connective tissue surrounding the glenohumeral joint of the shoulder, becomes inflamed and stiff, greatly restricting motion and causing chronic pain. Pain is usually constant, worse at night, and with cold weather. Certain movements or bumps can provoke episodes of tremendous pain and cramping. The condition is thought to be caused by injury or trauma to the area and may have an autoimmune component.

#### Assessment



- Very limited and painful ROM in shoulder
- Spondylosis of cervical vertebrae
- Pain referral to shoulder and arm
- Hypertonic muscles around shoulder , especially trapezius
- Possible nerve compression at C4/C5
- **Treatment Protocol:**
- Nape of Neck
- Affected upper back muscles
- Shoulder specials ~ care with pain
- Erector Spinae deep muscle technique
- Add soldiers to medial border of scapula

#### • **Treatment time:**

- 60mins daily ideally , if possible and tolerated twice daily until symptoms in ROM and pain significantly improve.

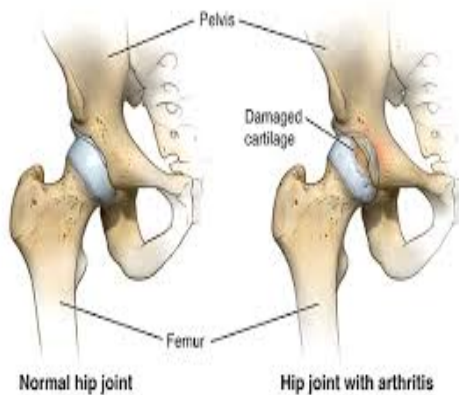
Twice Weekly sessions until asymptomatic

#### **Treatment philosophy**

- Drainage for associated oedema
- Analgesic effect
- Sympathetic effect
- Smooth muscle relaxation effect on surrounding muscles

# Hip Pathologies

## Hip Arthritis



- Assessment for Hip arthritis :
- Hypertonic adductors , gluteal and hamstring muscles
- Pain in the gluteals and rectus femoris
- Pain radiating to knee and lower back
- Limited ROM
- Treatment Protocol :
- Short nape of neck
- Buttocks ~ both sides so as to compensate the unaffected area
- Special techniques on the affected hip (watch precautions & position)
- Stationary circles for pain on the affected hip.
- Scar tissue formation (hip replacement) ~ work over the scar to get the fibres to settle; soldiers and thumb circles across the scar.
- Positioning the patient may be a challenge , particularly if external rotation is not possible, in this case just let the leg relax and support with a pillow while patient side-lying

## Treatment philosophy:

Drainage for associated micro oedema's

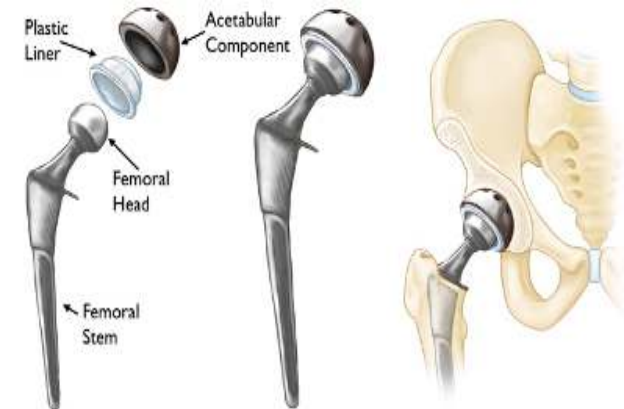
Analgesic effect

Sympathicolitic effect

Smooth muscle relaxation effect on surrounding muscles

Directed Scar tx facilitates regeneration

## Hip replacement



NB: Flexion should never be greater than 90 degrees



# STRESS: Autonomic retuning

Here are ways in which some key body systems react.

## 1 NERVOUS SYSTEM

When stressed — physically or psychologically — the body suddenly shifts its energy resources to fighting off the perceived threat. In what is known as the “fight or flight” response, the sympathetic nervous system signals the adrenal glands to release adrenaline and cortisol. These hormones make the heart beat faster, raise blood pressure, change the digestive process and boost glucose levels in the bloodstream. Once the crisis passes, body systems usually return to normal.

## 2 MUSCULOSKELETAL SYSTEM

Under stress, muscles tense up. The contraction of muscles for extended periods can trigger tension headaches, migraines and various musculoskeletal conditions.

## 3 RESPIRATORY SYSTEM

Stress can make you breathe harder and cause rapid breathing — or hyperventilation — which can bring on panic attacks in some people.

## 4 CARDIOVASCULAR SYSTEM

Acute stress — stress that is momentary, such as being stuck in traffic — causes an increase in heart rate and stronger contractions of the heart muscle. Blood vessels that direct blood to the large muscles and to the heart dilate, increasing the amount of blood pumped to these parts of the body. Repeated episodes of acute stress can cause inflammation in the coronary arteries, thought to lead to heart attack.

## 5 ENDOCRINE SYSTEM

**Adrenal glands**  
When the body is stressed, the brain sends signals from the hypothalamus, causing the adrenal cortex to produce cortisol and the adrenal medulla to produce epinephrine — sometimes called the “stress hormones.”

**Liver**  
When cortisol and epinephrine are released, the liver produces more glucose, a blood sugar that would give you the energy for “fight or flight” in an emergency.

## Treatment Approach

### Treatment Protocol:

Neck

Abdomen ~ gentle and slow

Face

( or Back : for surface area)

Treatment time: recommendation is 45 mins\_2 -3 times a week

### Treatment Philosophy:

Relaxation of smooth muscle

Sympathicolitic effect

## 6 GASTROINTESTINAL SYSTEM

**Esophagus**

Stress may prompt you to eat much more or much less than you usually do. If you eat more or different foods or increase your use of tobacco or alcohol, you may experience heartburn, or acid reflux.

**Stomach**

Your stomach can react with “butterflies” or even nausea or pain. You may vomit if the stress is severe enough.

**Bowels**

Stress can affect digestion and which nutrients your intestines absorb. It can also affect how quickly food moves through your body. You may find that you have either diarrhea or constipation.



## Multiple Sclerosis:

**Multiple sclerosis (MS)** is a condition that can affect the brain and spinal cord, causing a wide range of potential symptoms, including problems with vision, arm or leg movement, sensation or balance. It's a lifelong condition that can sometimes cause serious disability, although it can occasionally be mild. **Symptoms:** Dysphagia

### Treatment Approach

**Assessment:** In non –active phase

#### Treatment protocol :

Short nape

Full Back sequence: EXTRA : flat stationary circles over erector muscles

Rotary up whole back

Face: intra oral - soft palate

Full body occasionally

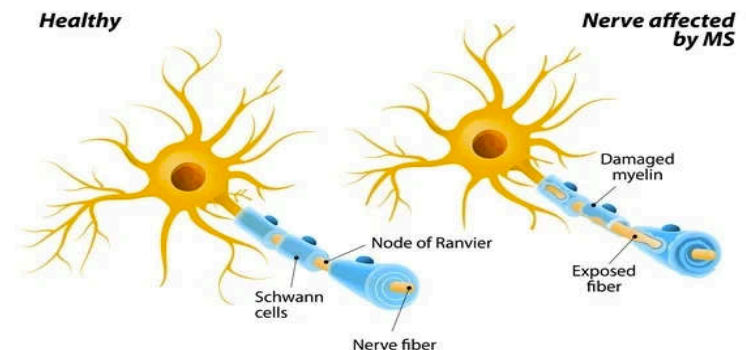
**Treatment Time:** 45mins / session

### Treatment Philosophy

Maintaining a Connective tissue milieu

Analgesic and sympatholytic effect of MLD

### **MULTIPLE SCLEROSIS**



# Down syndrome – Trisomy 21

**Down syndrome** or **Down's syndrome**, also known as trisomy 21, is a genetic disorder caused by the presence of all or part of a third copy of chromosome 21. It is usually associated with physical growth delays, mild to moderate intellectual disability, and characteristic facial features.

## Assessment:

Chronic congestion in ear, nose & throat  
Hyperactive

## Treatment protocol:

Full Neck  
Face including specials for nose, eyes & ears  
Intra –oral: soft palate ++  
Abdomen (sympathicolytic effect)  
Chest intermittently

## Treatment Philosophy

Analgesic and sympathicolytic effect of MLD

Treatment may reduce lethargy and increase general awareness, helpful to include bronchitis technique if possible for often repeated chest infections.

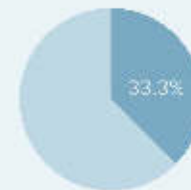


## CAUSES

### one third

of translocation cases are hereditary, accounting for about 1 percent of all cases of Down syndrome

**80%** of children with either trisomy 21 or mosaicism Down syndrome are born to mothers who are younger than 35 years old



If the mother carries the translocation genes, the risk of having a second child with the translocation type of Down syndrome is about

**10-15%**

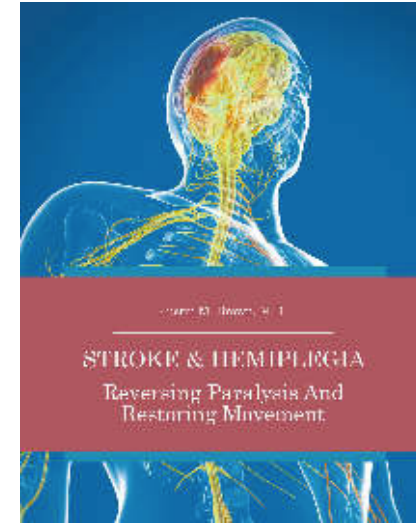
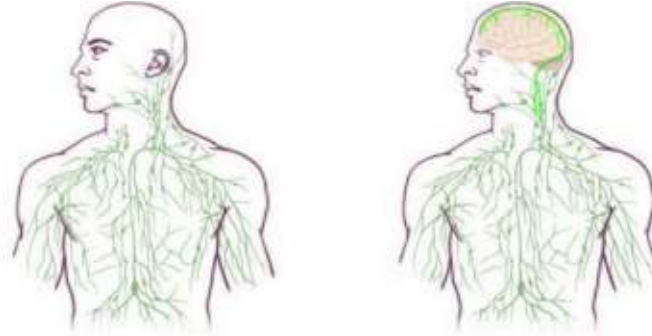


If the father is the carrier, the risk is about

**3%**



## Stroke with hemiplegia



## Treatment Approach

## Assessment:

## Stroke on the right side of brain

Swelling in the right soft palate

## Paralysis of left arm and leg

Hemiplegia is a paralysis that affects one side of the body.

Diagnosed as either right or left depending on which side of the body is affected and is caused by an injury to the parts of the brain which control movement, resulting in the inability to control voluntary movement. Side effects include :

Muscle spasticity & weakness, muscle atrophy, seizures, pain

Treatment protocol :

## Full Neck

## Face including specials for nose, eyes & ears

Intra-oral: soft palate ++

Left arm & leg

Full body occasionally

Treatment Time: 45 mins as soon as medically permitted post attack daily if possible until symptoms improve .

## Treatment Philosophy:

CVA will be classified according to the severity of the attack, generally presenting with full neurological deficit.

TIA ( transient ischaemic attack) is a progressive stroke with slight neurological deficit )

Intra-orals help to encourage drainage from the brain which may have some associated oedema post stroke



A good technique ...  
will give good results.

A perfect technique ...  
will give perfect results.

As therapists , we owe truth  
to the technique ...  
and Dr Vodder.

Dr Vodder 's MLD :

Slow, gentle, rhythmic, monotonous movements on the skin which follow the direction & organic speed of lymph flow. ( the wind does not race the clouds across the sky)

You have in your hands a beautiful technique: I wish you all the best in your professional MLD journey  
Meadhbh Mac Sweeney, Dr Vodder School Ireland [www.drvodderschoolireland.ie](http://www.drvodderschoolireland.ie)

## Useful websites:

### INTERNATIONAL

- [www.wittlinger-therapiezentrum.com](http://www.wittlinger-therapiezentrum.com)  
The oldest lipedema and lymphedema clinic, in Walchsee/Österreich
  - [www.vodderakademie.com](http://www.vodderakademie.com)  
50 different courses for physio and massage therapists (e.g. Bobath, manual therapy, TCM, myofascial, osteopathy, back training,...) formal training for medical massage therapists
  - [www.vodderschool.com](http://www.vodderschool.com)  
International training in the original Dr. Vodder method of MLD and CDT, based in Victoria, Canada
  - [www.lymphnetzwerk.de](http://www.lymphnetzwerk.de)  
European forum for patients with lipedema and lymphedema
- <https://lymphaticnetwork.org>: Lipoedema : a Paradigm shift and consensus doc . 2020

### IRELAND

- [www.thelymphclinic.ie](http://www.thelymphclinic.ie) : Lymphoedema / Lipoedema centre of excellence
- [www.drvodderschoolireland.ie](http://www.drvodderschoolireland.ie) : Dr Vodder School MLD Tuition
- [www.lymphireland.com](http://www.lymphireland.com): Patient advocacy group
- [www.mldireland.com](http://www.mldireland.com) : MLD therapist association
- [www.nlfireland.ie](http://www.nlfireland.ie) : National Lymphoedema Framework Ireland