Final Safety and Competency Review

Private study form — not a certificate of clinical competence. Learner: _____ Date: _____

Part 1 — Written final review

Answer before checking the key. All urgent stop-sign and professional-scope questions must be correct.

1. An older client has newly swollen ankles and breathlessness when lying down. What is the appropriate next step?
2. A client has one hot, painful, swollen calf after a journey. Can the therapist begin with gentle proximal massage?
3. A client with cancer-related arm swelling asks for a standard upper-limb routine. What changes the pathway?
4. Explain why the four CDT components are not interchangeable.
5. Name the four broad Vodder movement families and the additional thumb variation.
6. Distinguish a superficial working phase from the release phase.
7. Why cannot an SLD video be used to assess a professional MLD stroke?
8. When should a therapist stop an appointment if the client initially gave consent?
9. What must an appropriate session note contain?
10. Is a six-week study plan proof of clinical competency?
11. Does medical clearance from a surgeon create skills not already possessed by a therapist?
12. Is 'detoxification of lymph' a defensible guaranteed outcome claim?

Part 2 — Answer key with required reasoning

1. No MLD for cardiac-related oedema. Medical reassessment urgently when worsening; emergency pathway for acute respiratory distress.
2. No. Possible DVT: stop and urgent medical assessment; no palpation or regional drainage workaround.
3. Lymph-node dissection/radiotherapy may alter pathways; referral to qualified lymphoedema specialist and treating team.
4. Clinical care requires coordinated assessment, suitable compression, movement, skin management, self-management and selected manual interventions.
5. Stationary circles, pump, scoop, rotary; thumb circles as an additional specific variation.
6. Working phase gently displaces skin; release unloads tension and permits recoil, avoiding deep tissue kneading.
7. SLD is simplified, individual self-management and does not verify professional hand mechanics, pressure or client selection.
8. At any request to stop, new concerning symptom, discomfort or loss of consent.
9. Screening, consent, exact regions and techniques, tolerance, adverse events, advice, any referral and follow-up.
10. No; hands-on assessment and legal scope must be confirmed separately.
11. No; medical suitability and therapist competence are separate checks.
12. No; unsupported clinical/marketing claim.

Part 3 — Practical instructor observation (complete in person)

Practical domain	Observed safely?	Corrections / restrictions
Consent, screening and immediate stop rules	Yes / No	_____
Anatomy and altered-pathway recognition	Yes / No	_____
Stationary circles	Yes / No	_____
Pump	Yes / No	_____
Scoop	Yes / No	_____
Rotary	Yes / No	_____
Thumb-circle variation if needed	Yes / No / N/A	_____
Positioning, hygiene and draping	Yes / No	_____
Documentation and referral decision	Yes / No	_____
Practice limited to approved indications	Yes / No	_____

Any unresolved safety issue means no practical sign-off.

Instructor name and qualifications: _____

Instructor signature: _____ Date: _____

Restrictions or further training needed: _____

Professional registration / indemnity verified separately (by whom and when): _____

Status statement: completion of this workbook is educational only. No claim of certification or specialist CDT authorisation is made.