Illustrated visual reference index

Find the diagrams within each module, or use the standalone atlas.

Module 01	**Plate 01**	CDT / DLT overview and 2026 source-check note
Module 02	**Plates 02–05**	Whole-body anatomy, microanatomy, watersheds, limb landmarks
Module 03	**Plate 06**	Stop / defer / go screening pathway
Module 04	**Plates 07–09**	Skin stretch, Vodder movement shapes, common faults
Module 05	**Plates 10–11**	Client session and table / bolster arrangement
Module 06	**Plates 12–13**	Six anatomical regions and altered lymphatic networks
Module 07	**Plate 14**	Indications, exclusions and referral boundaries
Module 08	**Plate 15**	Staged 2-week / 6-week practice development

Instruction

Educational schematics only. A qualified instructor must verify technique.

Modern CDT: four connected components

A clinical framework, not a claim that MLD alone treats oedema.

1 Compression

Clinical selection and fit; not prescribed by routine massage.

2 Exercise and movement

Graded activity and muscle action support fluid control.

CDT

3 Skin care

Skin integrity, infection prevention and recognition.

4 Specialist MLD / SLD

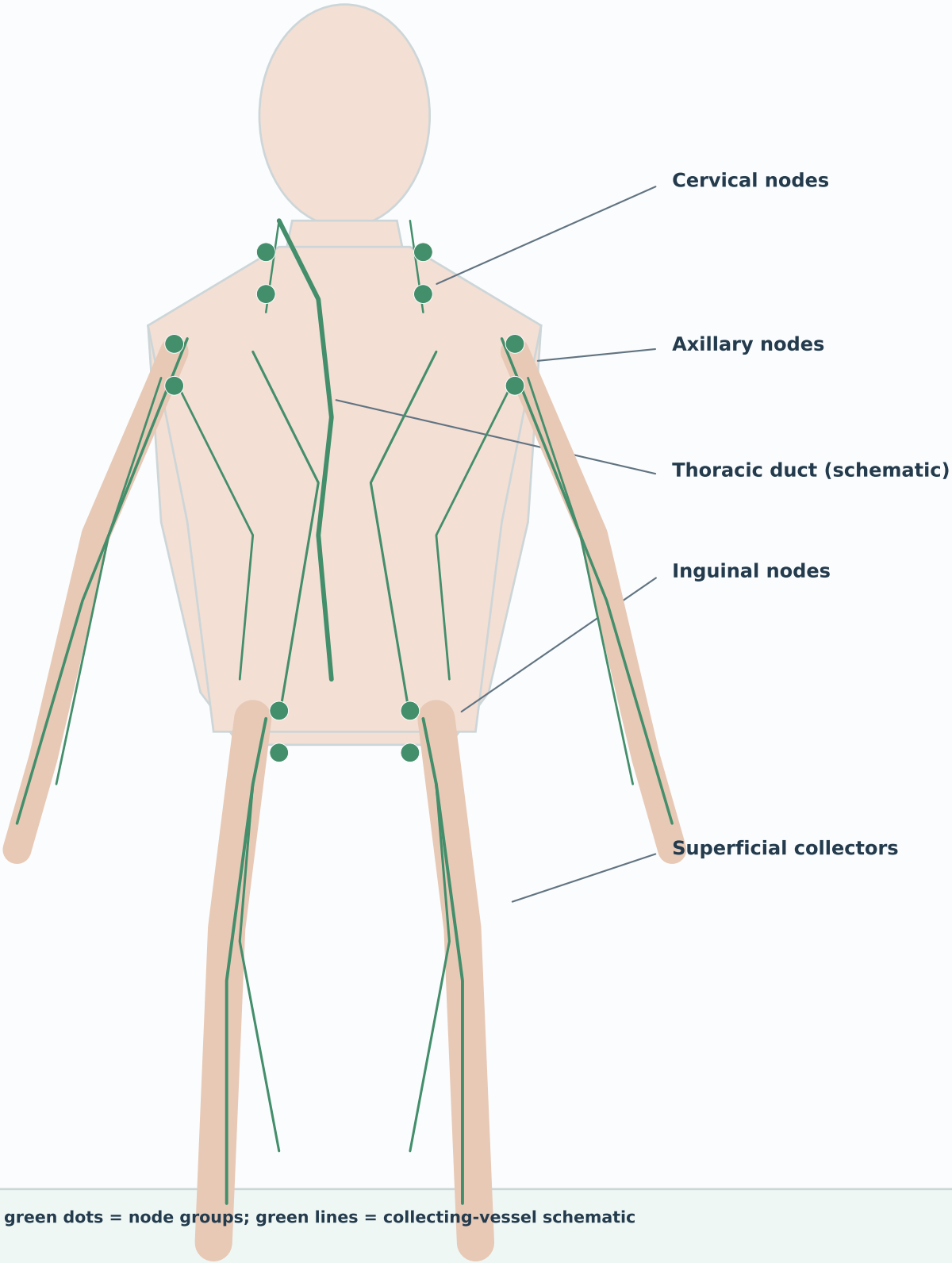
Selected use, measured benefit and individual self-management.

2026 source update

The British Lymphology Society lists a 2nd edition of its MLD Position Document (25 August 2026). Check the latest edition with your clinical educator before teaching clinical recommendations.

Whole-body lymphatic orientation

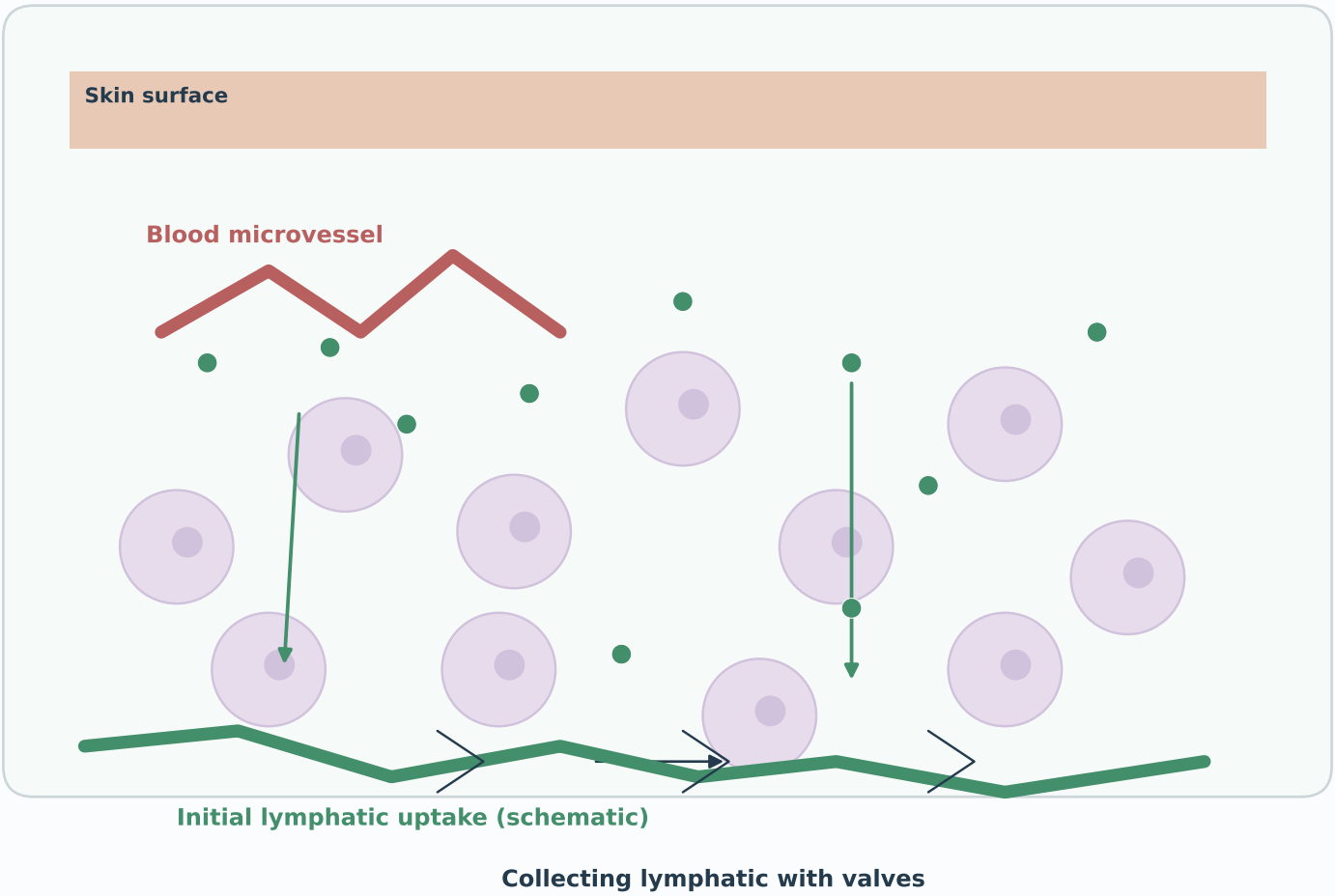
Illustrative superficial collectors, node groups and major venous return.



Key: green dots = node groups; green lines = collecting-vessel schematic

From interstitial fluid to lymph

A simplified functional view of capillaries, initial lymphatics and collecting vessels.



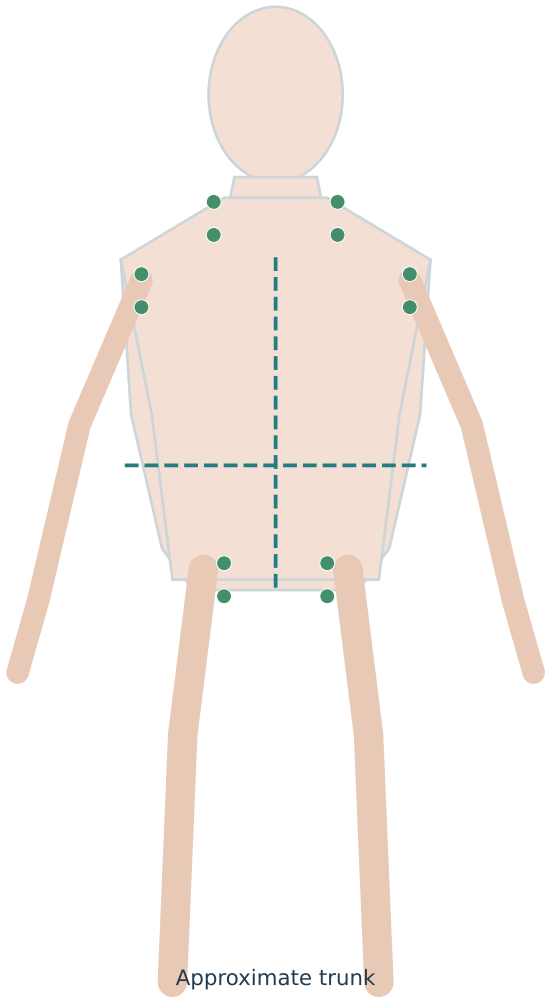
Clinical relevance

Classical MLD uses controlled superficial skin displacement; the drawing does not imply that deeper pressure forces vessels to drain.

Trunk watersheds and altered pathways

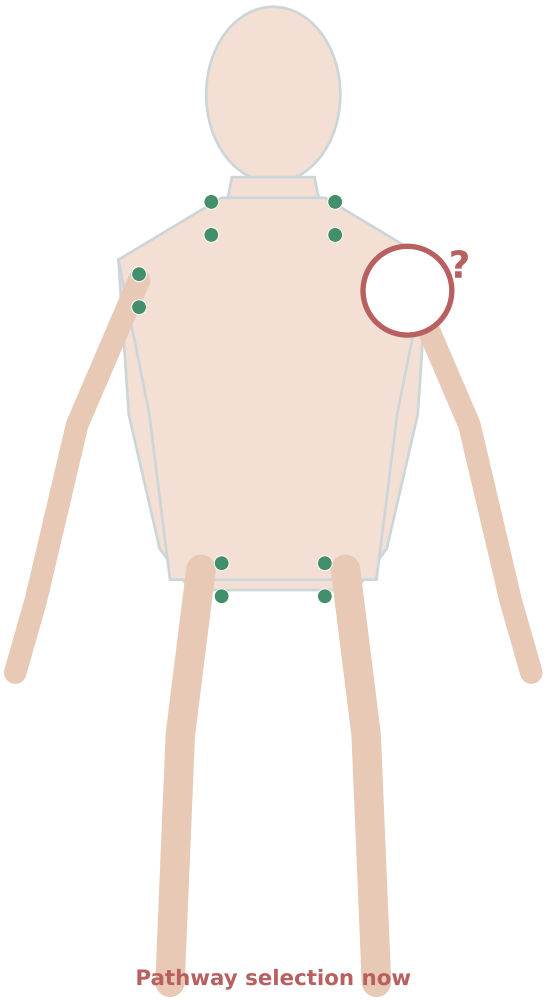
Normal territories are teaching concepts, not individual treatment maps.

Intact anatomy (simplified)



Approximate trunk watersheds

After node surgery



Pathway selection now

requires specialist assessment

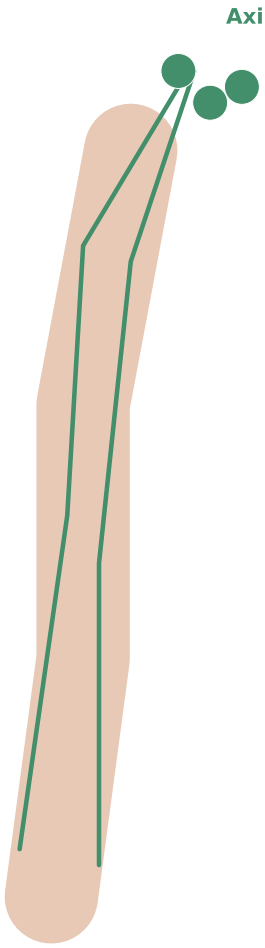
Never infer a route from an arrow

Node removal, radiotherapy, infection or congenital variants may alter drainage.

Upper- and lower-limb landmarks

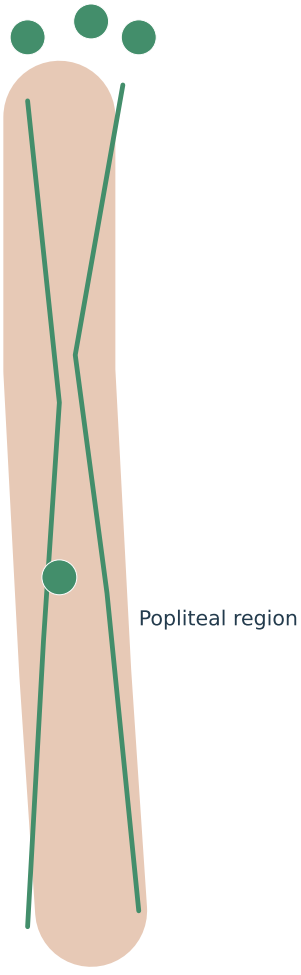
Educational recognition of intact superficial networks; no treatment direction prescribed.

Upper limb



Schematic superficial collectors

Lower limb

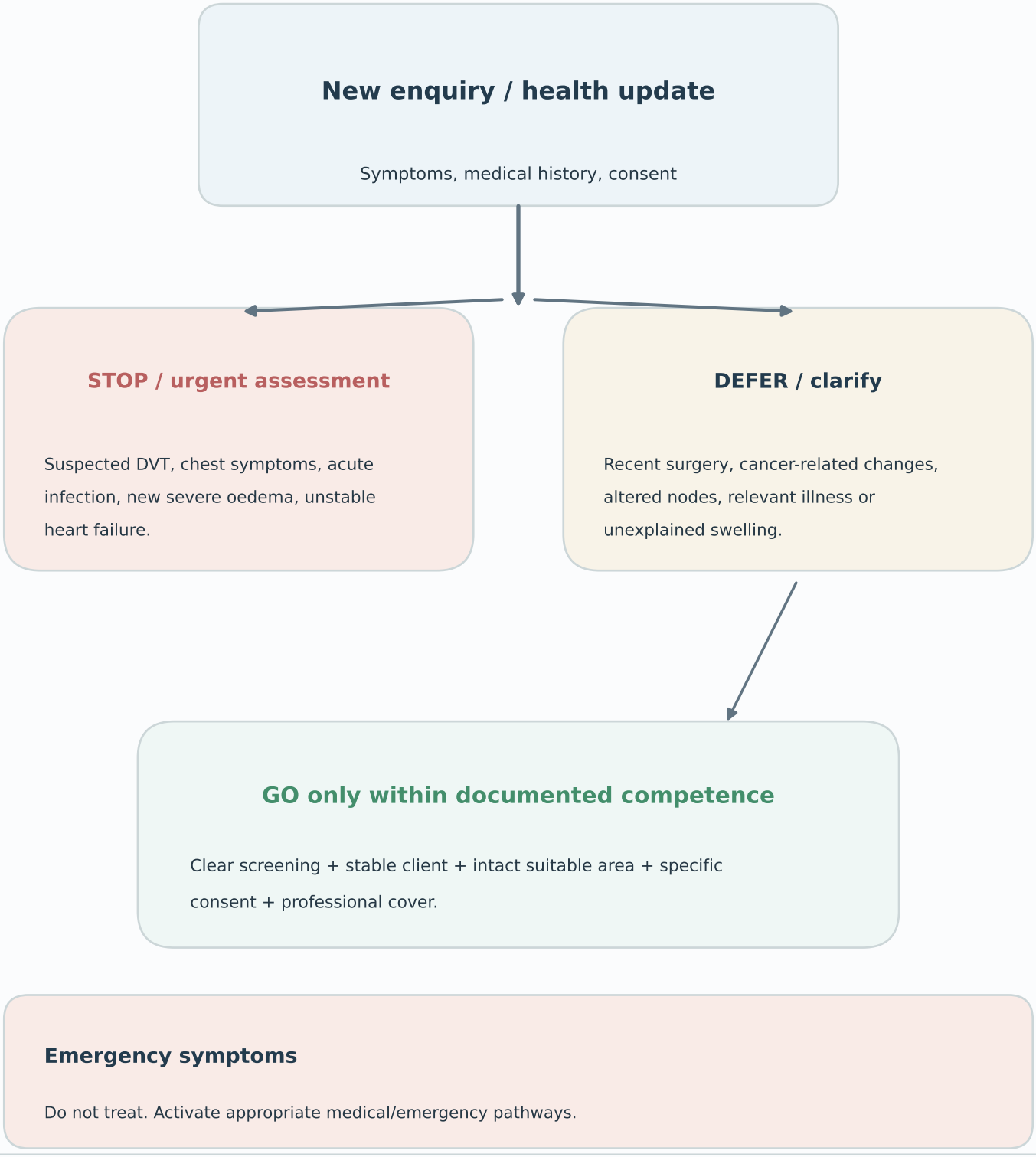


Safety reminder

Any new unilateral limb swelling or signs of infection/clot require assessment.

Safety triage before every session

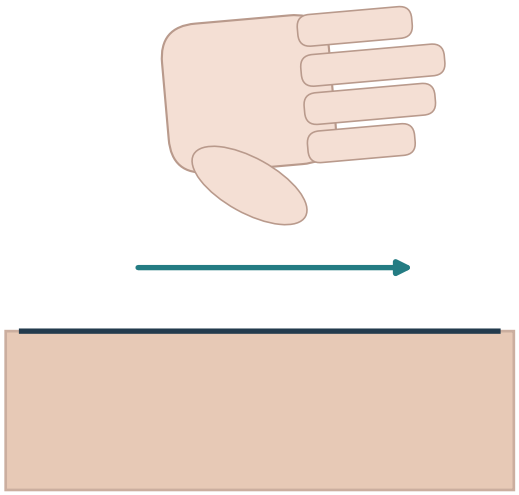
Stop, defer and refer decisions must precede all manual techniques.



Superficial skin stretch: two-phase contact

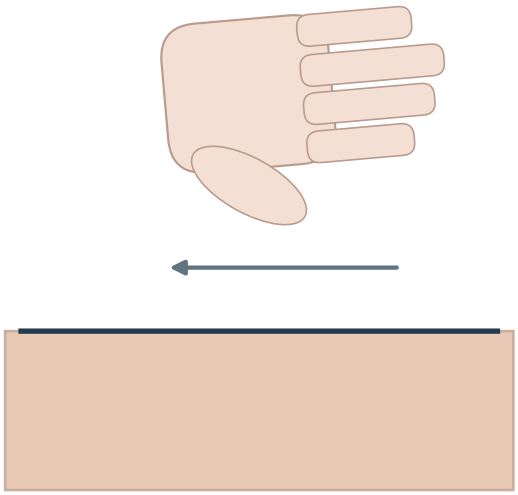
Movement mechanics for method revision; pressure requires instructor calibration.

WORKING PHASE



Small controlled displacement

RELEASE PHASE



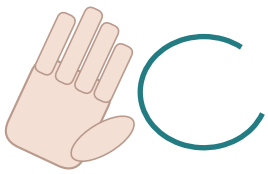
Reduce force; allow recoil

Avoid

Deep kneading, frictional rubbing, large tissue indentation, bruising, pain, or forced anatomical drainage directions.

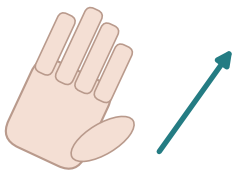
The Vodder movement families

Schematic movement-shapes only. Observe a recognised educator for exact hand orientation.



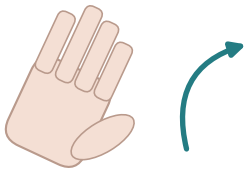
Stationary circles

Small circular skin engagement; stable contact.



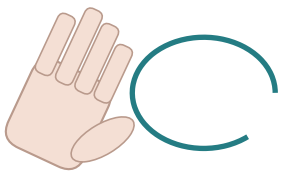
Pump

Curved hand and controlled rolling contact.



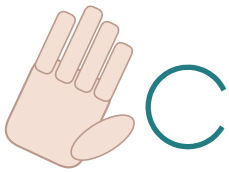
Scoop

Coordinated curved/rotational skin stretch.



Rotary

Broad contact with controlled rotary mechanics.



Thumb circles

Supported thumb-pad contact; no point pressure.

Three moments to observe

Initial contact → controlled working phase → gradual release.

Technique faults: observe and correct

Compare intended superficial work with errors after a long break from practice.

Intended

- \+ Gentle skin engagement
- \+ Distinct release
- \+ Stable contact
- \+ Partner comfortable

Avoid

- \- Sliding or rubbing
- \- Deep muscular squeezing
- \- Forceful large circles
- \- Pain, bruising or distress

Practical checkpoint

The visual cannot calibrate force, rhythm, hand angle or region-specific Vodder technique. Record feedback from a qualified instructor before professional return-to-practice.

A complete, documented client encounter

Screen first; choose treatment only where appropriate and within scope.

1 ENQUIRY

Purpose and onset of symptoms

2 HISTORY

Surgery, cancer, DVT, infection, heart, medicines

3 SAFETY GATE

Go / defer / stop / refer

4 CONSENT

Explain contact and region-specific agreement

5 SETUP

Hygiene, privacy, position, draping, transfers

6 PRACTICE

Only approved safe, suitable gentle movement

7 FEEDBACK

Comfort, response, new symptoms

8 RECORD

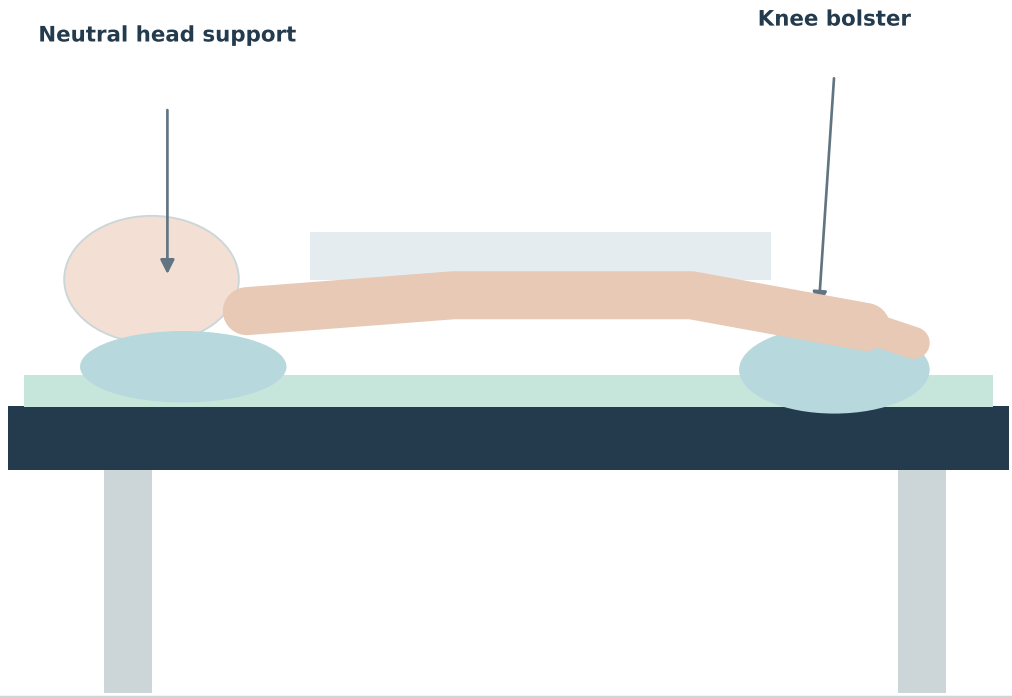
What occurred and referral / aftercare

Important

The sequence is a session framework, not an instruction to treat unexplained oedema.

Treatment-table setup and supported positioning

A safer practical environment for older adults and home-visit wellness work.



Before positioning

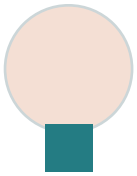
Check transfers, breathing comfort, skin integrity and access around the table.

During practice

Use suitable draping, clean linen, hand hygiene and therapist-friendly working height.

Regional anatomy: six areas to recognise

Region maps for safe orientation, not universal treatment pathways.



Neck / terminus

Cervical anatomy; avoid vascular pressure.



Face

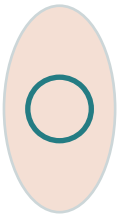
Eyes, sinuses and dental symptoms require caution.

Upper limb

Previous axillary surgery changes suitability.

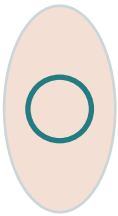
Lower limb

New one-sided swelling means stop / refer.



Abdomen

No deep pressure; screen surgery and pain.



Back / trunk

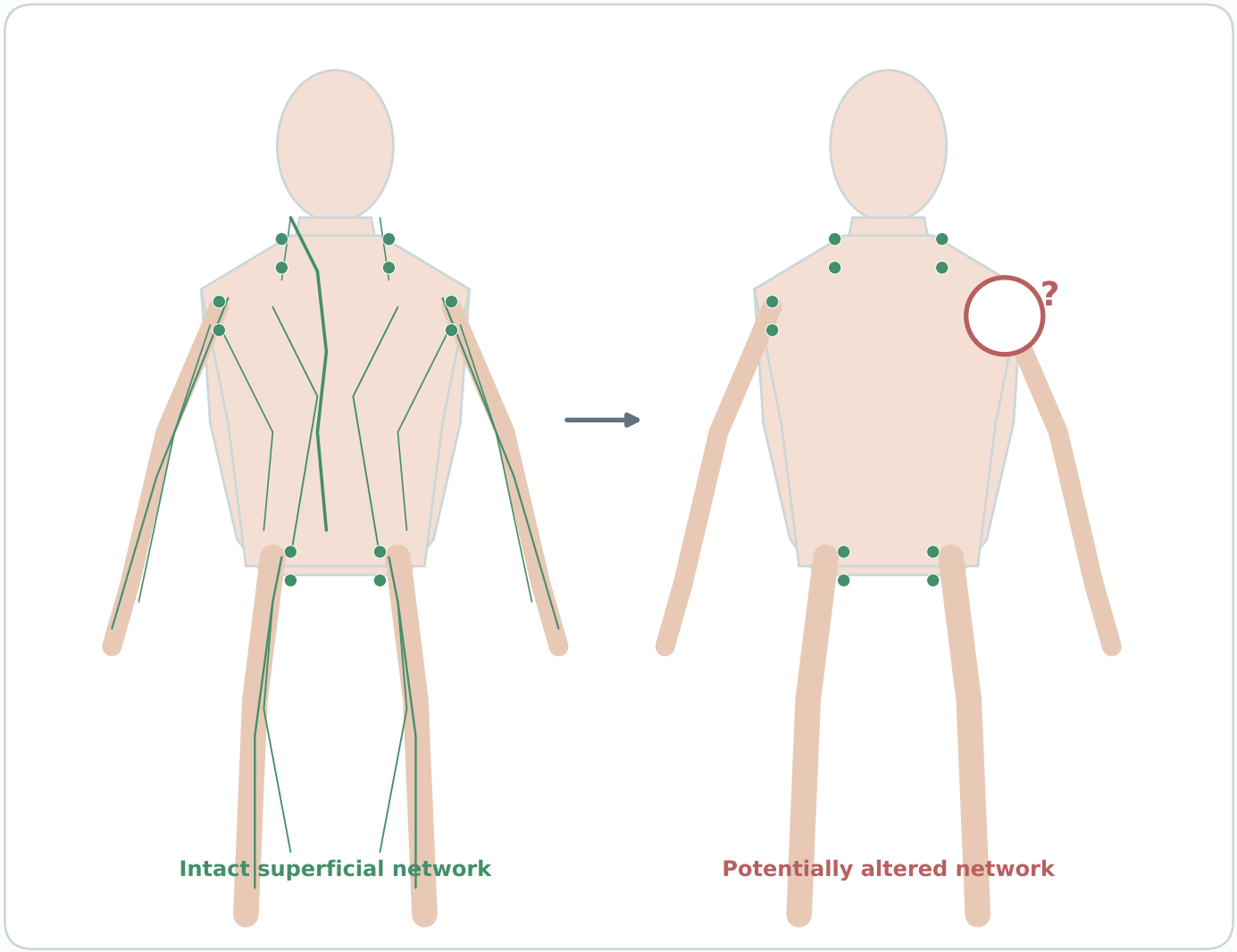
Respect surgery, radiation and skin changes.

Supervisor gate

Practical hand orientations and clinical routes must be confirmed by a qualified instructor.

Why region charts cannot be treatment recipes

Lymphatic anatomy and precautions vary with surgery, radiation and disease.



Specialist decision required

If a client has lymph-node removal, radiotherapy, known lymphoedema, significant infection or unexplained swelling, do not translate the left-hand figure into an alternative route. Clinical assessment and recognised CDT education are required.

Conditions and scope: quick reference

A wellness refresher is not independent diagnosis or clinical oedema treatment.

Relaxation / healthy client	Screened wellness within competence
After surgery	Surgeon / rehabilitation assessment
Cancer-related swelling	Specialist lymphoedema referral
Known lymphoedema	Specialist CDT management
Venous heavy legs / persistent oedema	Medical / vascular assessment first
Lipedema or mixed conditions	Specialist diagnostic pathway
Cardiac fluid retention	Do not offer wellness MLD for oedema
Acute infection or suspected DVT	STOP and urgent medical assessment

Evidence reminder

Do not promise detoxification, immune boosting or guaranteed swelling reduction.

Return-to-practice: staged competence

Time spent revising is not proof of clinical proficiency.



WEEK 1 — **Modules 1–3**

Anatomy, evidence, safety decisions.

WEEK 2 — **Modules 4–6**

Healthy-volunteer supervised movement review.

WEEKS 3–4 — **Structured observation**

Instructor correction and repeat practice.

WEEKS 5–6 — **Competency decision**

Written feedback, scope and insurance checks.

Professional scope

Clinical lymphoedema/CDT requires separately recognised education and appropriate registration.