MANUAL LYMPHATIC DRAINAGE | PROFESSIONAL REFRESHER

MODULE 01 OF 08

Modern MLD and CDT

Guided learning: **45 minutes**

For: Previously trained massage and bodywork therapists, returning to MLD-related learning.

Safety condition: Complete the Module 3 screening gate before practising. No self-study content provides specialist lymphoedema/CDT authority.

Assessment: Complete the timed tasks, knowledge check and relevant practical evidence sheets.

Hands of Wellness & Kinetic Flow | Centurion, Gauteng | Educational draft for qualified MLD/CDT educator review, not certification.

Module 1 — What has changed since older MLD training (45 minutes)

Safety context

Never assume that swelling is caused by an isolated lymphatic problem. Clinical investigation, not massage, establishes its aetiology. This refresher does not provide a universal oedema treatment pathway.

Goals

Explain the contemporary distinction between wellness treatment and MLD/CDT; describe the phases of lymphoedema care; recognise changes to consent, documentation and evidence.

The major change: a technique within a system of care

The 2023 International Society of Lymphology (ISL) consensus provides a multidisciplinary management framework. The NHS outlines decongestive lymphatic therapy as compression, movement/exercise, skin care and specialised MLD. Specialist services often describe an intensive reduction phase and a maintenance phase that relies heavily on self-management. Correctly performed manual technique matters, but alone it does not constitute CDT. The choice and safety of compression require professional assessment and suitable training.

Earlier emphasis	Updated approach
Memorise manual sequences	Screen and explain the diagnosis and clinical goal first
MLD presented as central treatment	Compression, movement, skin health and self-management commonly play major roles
Routine lymphatic directions	Individual assessment when lymph nodes are removed or tissues irradiated
Little written documentation	Document screening, consent, response, advice, referral and plan
Simplistic detoxification claims	Avoid claims unsupported by clinical evidence

What evidence says

MLD is used in specialist lymphoedema care but is not a cure. Additional limb-volume benefit beyond compression is inconsistent across studies; some groups may benefit and comfort outcomes may matter, but MLD should not be marketed as uniformly effective. The 2024 lipedema guidance does not support MLD alone as a method of reducing lipedema volume. Statements about clearing toxins, strengthening immunity, or treating cardiac swelling should be removed.

MLD versus SLD

Specialist MLD is delivered by a suitably trained practitioner. Simple lymphatic drainage (SLD) is an individually taught self-management variant, not a teaching model for professional strokes. An SLD video must never be substituted for a Vodder practical assessment.

Safety culture, communication and privacy

Use explicit treatment aims, informed consent, documented health screening, appropriate referral, minimal necessary health data, confidentiality and safe storage. In South Africa, handle health information according to applicable POPIA obligations. Discuss only necessary clinical details when communicating with other practitioners, with appropriate consent or lawful basis.

Knowledge check

1. Why does MLD alone not constitute CDT? 2. Why is newly swollen tissue a screening problem rather than an automatic indication? 3. What is the role of compression and exercise in modern lymphoedema care? 4. Why must marketing avoid detoxification and universal postoperative claims? **Pass:** explain all four in your own words.

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.

Expanded guided workshop | Module 1

Timed lesson plan (45 minutes)

Segment	Duration	What to produce
Read the 2023 ISL / NHS core concepts	12 min	A five-line explanation of why MLD is not CDT
Compare historical versus contemporary practice	10 min	Mark five changes that matter in Nicky's work
Build a four-component CDT concept map	8 min	Label what belongs to a specialist pathway
Write a boundary statement for each business	8 min	Two short, non-medical descriptions
Complete and mark the knowledge check	7 min	Written answers with corrections

Guided reading: what the evidence actually changes

The 2023 International Society of Lymphology consensus and NHS treatment guidance are the starting points for this refresher. The consensus is not a recipe for a single technique. It recognises different patient populations, available therapies and limitations in the research. NHS guidance describes four elements of decongestive lymphatic therapy: compression, skin care, exercise and specialised manual techniques. A returner should therefore ask not merely *can I do a stroke?* but *what is the diagnosis, clinical goal, treatment team and evidence for adding this stroke?*

The British Lymphology Society's September 2024 position document makes a deliberately cautious statement about MLD: high-quality evidence for routine addition of MLD to lymphoedema care is insufficient; clinical benefit should be assessed and continued only where demonstrated. Do not interpret this as saying MLD never helps, nor as approval to market it as a universal answer. A wellness client reporting deep relaxation may have a meaningful personal outcome, but that is not proof of reduced limb volume, toxin clearance or immune enhancement.

The words *opening nodes*, *clearing the terminus* and *moving toxins* can create misleading mental models. Normal lymph flow involves endothelial uptake, one-way valves, active collecting-vessel contractions, movement and respiratory influences. In a person with intact lymphatics, gentle hand movements can be practised for mechanics. In a person after node removal, the regional lymphatic network and its capacity may differ. Neither a normal-anatomy arrow nor a casual online routine tells the therapist where lymph should be directed in that person.

Worked example: a request for 'drainage'

A caller says: 'I am 68, my ankles are swollen most evenings, and I think I need lymphatic drainage.' An unsafe reply would be to quote an MLD package and assume ageing or sitting causes the problem. The updated reply is to explain that swelling can have several causes, ask about sudden change, asymmetry, pain, skin heat, breathlessness, heart or kidney disease and recent medication changes, then refer for an appropriate medical assessment before accepting an oedema-treatment booking. The therapist can still offer separately suitable relaxation work at a different time, but should not relabel swelling treatment as wellness.

Task 1 — then / now audit (10 minutes)

Fill in the right-hand column with your own professional action, not a slogan:

Old habit or phrase	Updated action to write down
'I do lymphatic drainage for all swelling.'	State referral rule and distinguish indication

Old habit or phrase	Updated action to write down
'Clear the groin nodes first.'	Do not use an anatomical instruction without a validated indication and pathway
'MLD gets rid of toxins.'	Use a defensible description of gentle contact and comfort
'One consultation note is enough for repeat sessions.'	Update symptoms, consent and adverse-event screening each visit
'I used to know this stroke.'	Demonstrate correct mechanics to an instructor before treating

Task 2 — draw a CDT map (8 minutes)

Draw a four-part circle labelled **compression, movement, skin care, specialised manual care**. Around it write **assessment, self-management, measured outcomes and interdisciplinary communication**. Place a boundary across the circle: which tasks can a massage therapist safely discuss, and which require a lymphoedema-trained registered clinician? Include the distinction between education about compression and prescribing a compression garment. Cross-reference Atlas Plate 01.

Task 3 — write two ethical service descriptions (8 minutes)

For Hands of Wellness, draft a two-sentence description of gentle, screened comfort-focused massage that does not promise clinical fluid reduction. For Kinetic Flow, draft a sentence explaining how older adults with new swelling are referred rather than automatically treated at home. Review the wording for any suggestion that a 9-hour refresher equals a clinical qualification.

Knowledge check (7 minutes)

Q1. List the four components commonly described in DLT/CDT.
Q2. Does MLD alone equal CDT? Explain in one sentence.
Q3. What new clinical detail most strongly changes a routine arm sequence after cancer treatment?
Q4. Why is reporting relaxation not equivalent to reporting lymph-volume reduction?
Q5. Does a completed refresher automatically expand AHPCSA scope or establish LAOSA recognition?
Q6. Name two data elements that should be updated at each appointment.

Answers and marking rationale

1. Compression, skin care, exercise/movement and specialised manual techniques, with assessment and self-management woven throughout.
2. No; CDT is a broader, clinically assessed programme and usually includes compression and ongoing self-care.
3. Previous lymph-node removal or radiotherapy and the resulting need for individualised lymphatic assessment.
4. Subjective comfort is a different endpoint from measured limb volume or objective clinical benefit.
5. No; registration, current competence and recognised specialist training must be confirmed separately.
6. Examples: new symptoms or swelling; medication or diagnosis changes; contraindications; consent; response to the previous treatment.

Mastery standard: All six correct, with no unsafe statement about cancer pathways or cardiac oedema. Make corrections on the printed worksheet before Module 2.

Source and currency notes

Core clinical references are provided for review, not as a substitute for the latest locally relevant guidance. The BLS published a second MLD position edition in August 2026; confirm its full findings directly with the educator before updating any course claims.

- ISL 2023 consensus: https://pubmed.ncbi.nlm.nih.gov/39207406/
- NHS DLT four components: https://www.nhs.uk/conditions/lymphoedema/treatment/
- BLS 2024 and 2026 MLD position documents (verify latest text): https://www.thebls.com/documents-library/british-lymphology-society-manual-lymphatic-drainage-position-document

> **Professional boundary:** illustrations, scripts and practice stations are teaching aids. Exact Vodder movements and clinical drainage pathways require appropriately qualified hands-on assessment; medically unexplained swelling requires referral.