MANUAL LYMPHATIC DRAINAGE | PROFESSIONAL REFRESHER

MODULE 03 OF 08

Screening, Red Flags and Referral

Guided learning: **75 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.

Module 3 — Screening, contraindications and referral (75 minutes)

Mandatory triage before any hands-on work

GO: healthy, stable, well-screened client with a wellness aim; within current competence and professional scope; informed consent obtained. **CAUTION/DEFER:** recent surgery, existing cardiac/renal/vascular disease, ongoing oncology care, unexplained or chronic swelling, altered lymph anatomy, anticoagulation, fragile skin or uncertain diagnosis. Seek suitable clinical advice and refer. **STOP/REFER:** suspected acute DVT/PE, cellulitis, lymphangitis, rapidly worsening oedema, severe systemic illness, unstable heart failure, acute renal failure or suspected superior vena cava obstruction. Urgency depends on symptoms; emergencies require immediate medical services.

Presenting issue	Decision and action
Sudden painful one-sided calf or arm swelling, warmth or colour change	No MLD. Urgent same-day DVT assessment.
Chest pain, sudden breathlessness, coughing blood, fainting or collapse	Emergency response; no manual treatment.
Fever with painful, hot, expanding skin change	No MLD. Prompt evaluation of infection/cellulitis.
Breathlessness with rapidly worsening leg swelling or suspected acute heart failure	No MLD; urgent medical assessment.
Severe/unexplained generalised oedema, marked deterioration	Defer; appropriate medical assessment.
Known/possible superior vena cava obstruction	No MLD; specialist urgent review.
Recent surgery with wound, drain, pain, anticoagulation or swelling	Surgical clearance and practitioner-specific competency; generally refer for postoperative lymphatic care.
Lymph-node removal/radiotherapy or diagnosed lymphoedema	Specialist lymphoedema/CDT service; no generic regional routine.
Stable healthy adult seeking relaxation	May proceed only when scope, screening and consent align.

Absolute and relative contraindications

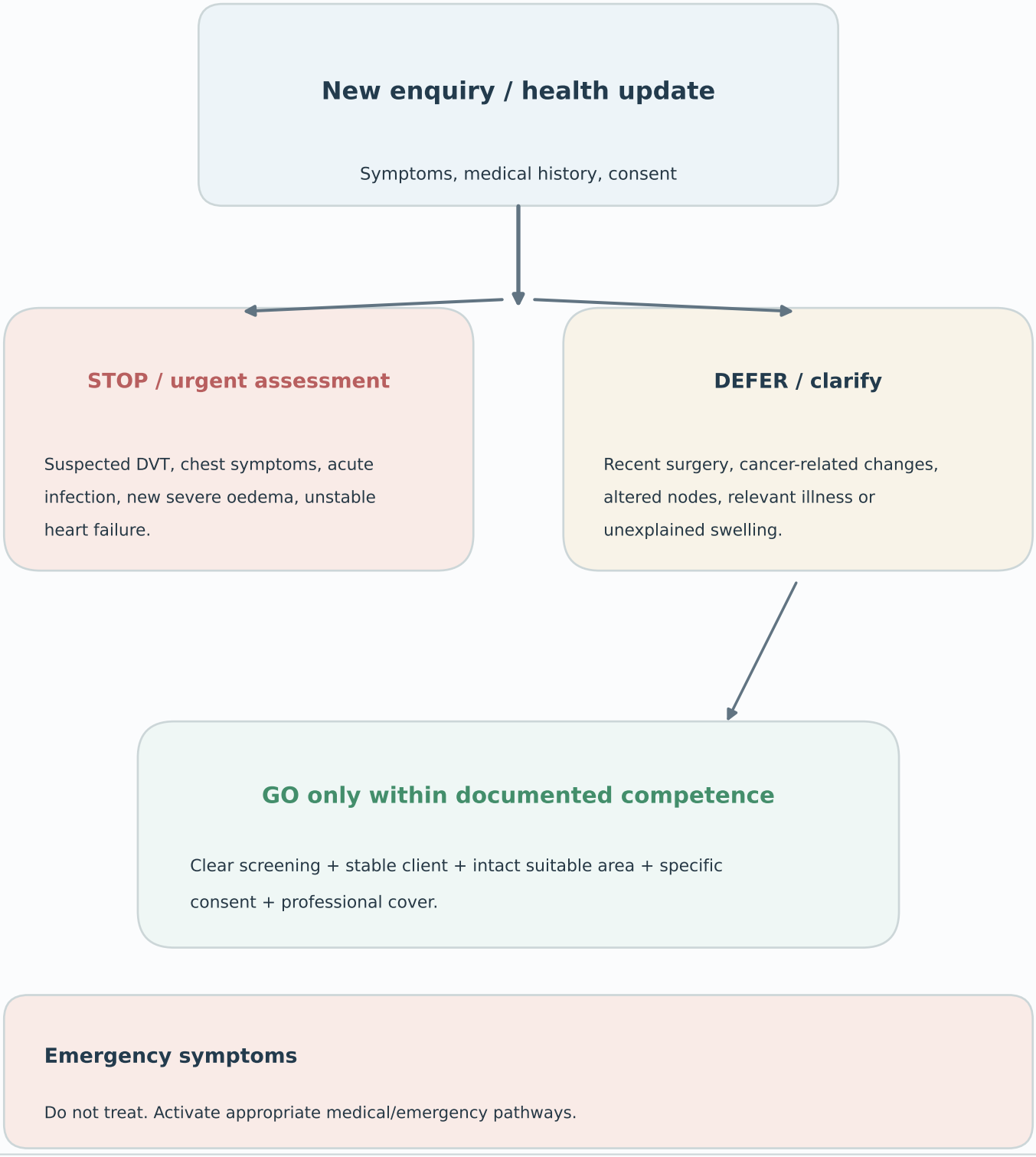
For this course, do not treat: suspected or untreated acute DVT/PE, acute cellulitis/erysipelas/lymphangitis, decompensated or untreated unstable heart failure, superior vena cava obstruction, acute systemic infection, acute renal failure or medically unexplained rapidly worsening fluid retention. Neck work additionally requires caution around thyroid disease, carotid sinus sensitivity, arrhythmias and vascular disease. **Relative caution requiring appropriate review:** stable heart failure, renal/liver disease, pregnancy, bleeding/bruising tendency, anticoagulants, recent abdominal procedures, active cancer treatment, osteoporosis, impaired sensation, significant hypotension, wounds, frailty and cognitive capacity concerns. A clearance letter does not confer missing technical competence.

Service theme rules

Post-surgery: Identify exact procedure/date, surgeon, drains/wounds, complications, surgical restrictions, DVT risk, medication and whether nodes were removed. No fixed safe postoperative day can be stated. **Lymphoedema/cancer:** specialist assessment required; active cancer alone is not a universal evidence-based reason to assert massage spreads cancer, but oncology coordination and scope remain essential. **Older adults:** assess heart/vascular/renal history, falls, skin, consent, medication, transfers and sudden decline. **Heavy legs:** do not assume venous disease or treat unknown oedema; persistent swelling, ulcer or skin change merits medical evaluation. **Heart fluid retention:** exclude cardiac oedema treatment from wellness services. **Lipedema:** modern care targets pain, functioning, compression and exercise; MLD alone is not proven to reduce fatty tissue. **Stress/relaxation:** the only straightforward wellness pathway is a healthy person without contraindications.

Safety triage before every session

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



Screening interview

1. Presenting goal, symptoms and onset? 2. Swelling location, one-sided/bilateral, new or changing? 3. Chest pain, shortness of breath, collapse? 4. Recent surgery, wound, drain or admission? 5. Previous DVT/PE or clot risk? 6. Current infection, fever or skin injury? 7. Heart, renal, liver, venous or lymphatic diagnosis? 8. Cancer treatment, radiation or lymph-node excision? 9. Drugs including anticoagulants, steroids or diuretics? 10. Pain, altered sensation, mobility, falls and positioning problems? 11. Current healthcare team and restrictions? 12. Informed consent and desired treatment boundaries?

Referral documentation

Record the reason treatment was declined/deferred, symptom urgency, advice, clinician contacted where appropriate, and follow-up status. In South Africa, use local emergency pathways; mobile 112 may be used for an emergency. Do not diagnose DVT or heart failure yourself.

Case exercises

- Sudden swollen painful calf: urgent DVT pathway, no touch.
- Older adult with heart failure, growing ankle oedema and breathlessness: urgent medical assessment, no MLD.
- Breast surgery with removed nodes and increasing arm swelling: treating team plus specialist lymphoedema clinician.
- Otherwise healthy adult requesting relaxation: proceed only with consent and verified competence.

Pass criterion: all emergency, DVT and infection cases correctly identified. No hands-on module before pass.

Expanded guided workshop | Module 3

Timed lesson plan (75 minutes)

Learning block	Duration	Product
Study stop signs and referral urgency	15 min	Triage notes
Complete a mock health-history interview	10 min	Screening form
Work through six decision scenarios	25 min	Written GO / DEFER / STOP / REFER decisions
Practise a referral conversation	10 min	Telephone/WhatsApp script
Complete safety assessment	10 min	Answer sheet
Reflect and correct missed decisions	5 min	Signed safety gate

A conservative decision-making sequence

First, ask whether this is a medical problem or a relaxation request. If the reason is new or persistent swelling, diagnosis and appropriate medical assessment take priority. The fact that an older person can walk, has no pain or has previously had massages does not establish safety. Then identify the presenting site and time course: acute versus chronic, one-sided versus bilateral, stable versus worsening, and associated systemic symptoms. Next, screen for fever, painful hot skin, chest pain, breathlessness, recent operations and thrombosis risk. Finally, consider whether scope, competence, consent, insurance and suitable conditions permit the intended service. Only then is a wellness treatment considered.

Emergency symptoms: suspected pulmonary embolism (sudden breathlessness, chest pain or coughing blood), collapse, severe respiratory difficulty, acute neurological deficit, or systemic

deterioration require emergency assessment. In South Africa use an appropriate emergency service; 112 is available from mobile phones. Do not delay emergency care to finish paperwork.

Urgent assessment, usually same day: acute painful unilateral limb swelling suggesting DVT; hot tender spreading skin with fever suggesting cellulitis; rapidly changing oedema; serious postoperative warning signs. Do not try to determine if a clot is 'old' by massaging it. Do not treat an inflamed limb and 'see how it responds'.

Defer pending clinical review: known cardiac, renal or hepatic disease with oedema; unexplained persistent swelling; oncology-related limb change; recent surgery; fragile or damaged tissues; anticoagulants combined with bruising risk; complex vascular history. A doctor's clearance must describe the clinical suitability of the *proposed* intervention, and cannot compensate for inadequate therapist training.

Service-by-service decision rules

Enquiry	Initial focus	Proceed with routine wellness MLD?
Cosmetic or orthopaedic postoperative swelling	Date, operation, surgeon, wounds/ drains, clot/infection signs	Not from this refresher alone
Possible lymphoedema / nodes removed	Clinical assessment and referral to qualified specialist	No clinical oedema work
Older adult with swollen ankles	Heart/venous/renal/medication and mobility history	Not for oedema without medical diagnosis
Heavy legs after standing	Screen for venous changes, DVT, persistent oedema	Only unrelated wellness work if separately suitable
Cardiac fluid retention	Breathlessness, orthopnoea, weight change, prescriber review	No fluid-mobilising MLD under this pathway
Lipedema	Pain, bruising, specialist diagnosis, related swelling	Do not claim lipedema treatment
Stress and relaxation, no medical concern	Standard contraindication screen and informed consent	Potentially within established scope

Six simulated enquiries (25 minutes)

Scenario A — DVT: A 62-year-old has one calf suddenly swollen and tender after a long journey. They want an urgent drainage massage because the ankle feels tight. State the urgency, exact reason for not touching, and what you would say.

Scenario B — Infection: A 76-year-old with known lymphoedema has a hot painful leg, chills and new discolouration. The skin looks darker but not bright red. Decide the action. Explain why skin tone must not be used to rule out cellulitis.

Scenario C — Cardiac: A man of 79 with heart failure requests weekly leg drainage. He now needs more pillows at night and his shoes no longer fit. Decide the action, distinguish routine GP review from urgent assessment and document red flags.

Scenario D — Postoperative: A woman requests 'lymph drainage' four days after cosmetic surgery. She mentions one painful swollen calf and is taking medication she cannot name. Decide immediate action versus surgical follow-up.

Scenario E — Oncology: A woman who had breast-cancer treatment with axillary surgery has gradually increasing arm heaviness and swelling. There is no fever or sudden pain. Decide the referral and why a standard regional routine is inappropriate.

Scenario F — Wellness: A healthy adult requests gentle contact for relaxation, reports no swelling or illnesses, gives informed consent and is comfortable on the table. List the remaining professional checks before an appointment could proceed.

Write these notes for each: **red flags / urgency / action / person referred to / words for client / what not to claim**.

Referral practice (10 minutes)

Use this role-play language: 'Because this swelling is new and you have [concerning symptom], I am not going to massage it. It needs a medical assessment today. I can help you contact your doctor or appropriate urgent service, but I cannot establish the cause here.' Practise a calm, non-alarming tone and avoid suggesting a diagnosis as fact. For an emergency, state what you will do and act immediately.

Documentation example: '17:30 enquiry. Client reports new right-calf swelling and pain after travel. No hands-on treatment. Explained suspected vascular warning sign without diagnosing. Advised urgent same-day assessment; client repeated the plan. Referred to urgent medical service.' Never record an assessment you did not perform.

Final safety examination (10 minutes)

Q1. Name four possible symptoms of DVT or PE requiring no massage.
Q2. What signs of cellulitis may be present even when redness is difficult to see?
Q3. May stable heart failure justify routine MLD for ankle fluid without clinical direction?
Q4. Does 'the surgeon said massage is fine' establish competency to treat postoperative lymphatic swelling?
Q5. Is active cancer automatically a universal contraindication, and does that authorise wellness therapists to treat oncology lymphoedema?
Q6. What requires an individualised lymphatic pathway?
Q7. When should treatment stop during an appointment?
Q8. What must be written in a referral note?

Answer key and decision rationale

A: Urgent same-day DVT assessment, no massage. **B:** Same-day medical assessment for cellulitis; warmth/pain/systemic symptoms matter across skin tones. **C:** No MLD; worsening orthopnoea and oedema require urgent medical review, emergency response if severe acute breathlessness. **D:** Painful unilateral calf after recent surgery raises urgent DVT concern; no massage. **E:** Refer to oncology/treating team and specialist lymphoedema practitioner. **F:** Verify current registration, training, indemnity, proper environment and informed consent.

Q1: Unilateral pain/swelling/warmth or changed colour, breathlessness, chest pain, coughing blood, collapse. **Q2:** Pain, heat, swelling, fever/chills, rapid spread, systemic illness. **Q3:** No; cardiac oedema is outside this pathway. **Q4:** No; clinical clearance is not technical competence. **Q5:** Not universal; specialist oncology assessment remains essential. **Q6:** Previous lymph-node removal, radiation or diagnosed lymphoedema. **Q7:** Any new concerning symptom, pain or distress, changed consent or adverse reaction. **Q8:** Reported symptoms, advice/urgency, person contacted, consent and disposition.

Required pass: 100% of acute DVT/PE, infection and cardiac emergency decisions correct. If any safety-critical answer is wrong, repeat this module before observing or practising hands-on work. Record the correction and date.

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.

- NHS DVT signs: https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/
- NHS cellulitis: https://www.nhs.uk/conditions/cellulitis/
- NHS heart failure: https://www.nhs.uk/conditions/heart-failure/
- NHS oedema: https://www.nhs.uk/conditions/oedema/

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.