MANUAL LYMPHATIC DRAINAGE | PROFESSIONAL REFRESHER

MODULE 04 OF 08

Vodder Movement Revision

Guided learning: **120 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 4 — Core practical Vodder movement revision (120 minutes)

Safety and teaching conditions

Practise only on a screened, consenting, healthy adult volunteer. A trained educator must review and calibrate movement force, exact hand angle and rhythm. This written guide is not a substitute for the original Vodder method's supervised demonstration. Do not practice over swollen, thrombosed, recently operated, irradiated or infected tissues.

Shared technical principle

The working phase displaces superficial skin in a controlled direction; the release phase reduces pressure and permits tissue recoil. Hand contact is gentle and usually maintained. Avoid vigorous strokes, deep compression, rubbing, oil-induced sliding, pain or bruising. Do not prescribe a universal force in grams or use a fixed beat as a proxy for correctness.

4.1 Stationary circles

Purpose: fundamental small circular controlled skin engagement. **Hand:** relaxed fingers or palm according to taught variant. **Working/release:** gently stretch skin in the small circle, then release without dragging. **Drill:** solo opposite forearm; then 6–10 repetitions on the partner's intact forearm under instructor observation. **Common faults:** rubbing the skin, large circles, tense fingers, too much pressure, fast rhythm. **Hand-position visual:** three frames (resting contact / controlled displacement / release). **Prompt:** “Clinical instructional triptych, therapist's relaxed fingers performing Vodder-style stationary circle practice on healthy forearm, fixed contact, subtle superficial skin displacement, pressure-release phase, accurate hands, understated arrows.”

4.2 Pump

Purpose: controlled rolling/cupped-hand skin displacement. **Hand:** naturally curved palm and relaxed wrist; no muscular squeezing. **Working/release:** develop a small rolling stretch, then unload. **Drill:** rehearse wrist motion without contact, then compare gentle contact on healthy forearm with partner feedback. **Faults:** squeezing tissue, pushing body weight, wrist rigidity, palm sliding. **Visual:** side angle hand shape plus two movement phases. **Prompt:** “Three-panel professional MLD pump hand technique photograph on intact adult forearm, gently curved palm, relaxed wrist, working and release phases, no deep tissue indentation, neutral clinic.”

4.3 Scoop

Purpose: small coordinated curved skin-stretch action. **Hand:** fingers and wrist in controlled rotation with supportive hand contact. **Working/release:** gently develop curved stretch, relax pressure. **Drill:** air rehearsal followed by instructor-observed partner contact on intact limb. **Faults:** exaggerated scooping, tissue grabbing, friction, forceful pulling. **Visual:** overhead and oblique hand positions. **Prompt:** “Educational four-panel close-up of Vodder-style scoop movement on healthy forearm, supported partner, hand orientation, small superficial stretch and distinct release; no deep massage.”

4.4 Rotary

Purpose: larger hand coordination for a broad, selected surface. **Hand:** relaxed hand and wrist with broad skin contact. **Working/release:** controlled rotary stretch, pressure relaxed before repositioning. **Drill:** practise wrist arc in air; then intact upper-back surface with correct draping and educator supervision. **Faults:** rubbing, large forceful circles, unnecessary oil, shoulder tension. **Visual:** three staged positions from overhead plus side view. **Prompt:** “Four-panel educational clinical photography of gentle Vodder rotary movement on appropriately draped upper back of healthy adult; therapist hand position and skin stretch/release, no deep pressure.”

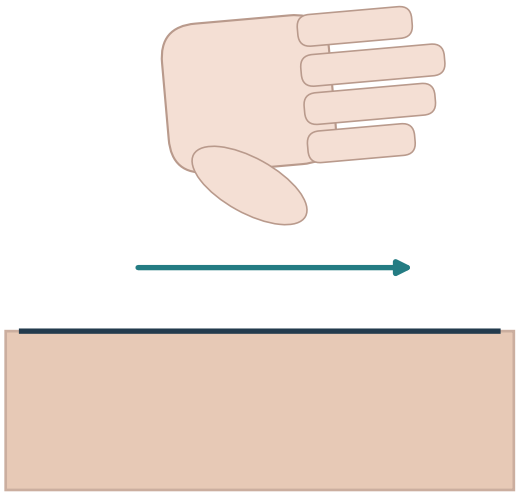
4.5 Thumb circles

Purpose: smaller contact-surface variation in selected areas. **Hand:** relaxed thumb pad with well-supported hand. **Working/release:** subtle local skin stretch, fully release. **Drill:** opposite forearm and partner feedback on point pressure. **Faults:** poking, excessive concentrated pressure, overloading thumb

Superficial skin stretch: two-phase contact

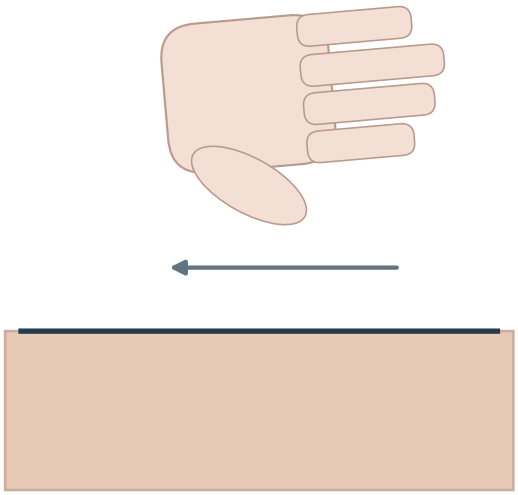
Movement mechanics for method revision; pressure requires instructor calibration.

WORKING PHASE



Small controlled displacement

RELEASE PHASE



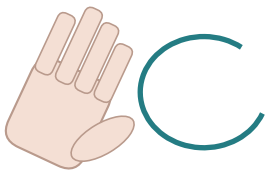
Reduce force; allow recoil

Avoid

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

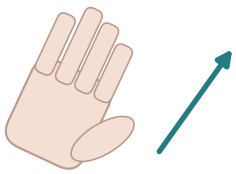
The Vodder movement families

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



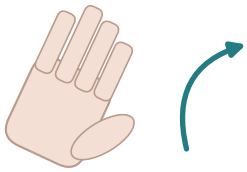
Stationary circles

Small circular skin engagement; stable contact.



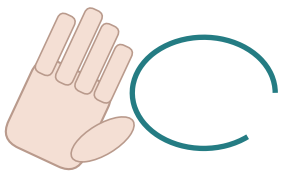
Pump

Curved hand and controlled rolling contact.



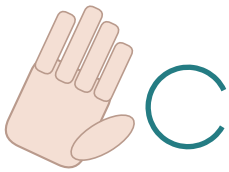
Scoop

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.

joint. **Visual:** thumb close-up in contact/working/release. **Prompt:** “Three-frame instructional clinical close-up thumb-pad circle technique on healthy adult forearm, support hand visible, minimal indentation, no pressure over anatomical vessels.”

Technique assessment grid

For each movement, verify: consent and safe area; contact stable; working phase visible; distinct release; no sliding, deep compression or excessive colour change; natural therapist posture; client comfort; educator sign-off. If any are absent, repeat under supervision rather than advertising technique competence.

Workshop timing

15 min safety review; 20 min videos; 25 min circles and pump; 25 min scoop and rotary; 10 min thumb variation; 15 min partner/instructor feedback; 10 min notes and corrections.

Video observations

- FQM practical Vodder excerpt: https://www.fqm.qc.ca/wp-content/uploads/2021/03/vodder-extrait-bonne-version.mp4
- Akademie rotary: https://www.youtube.com/watch?v=Ehl-TWvY5Xo
- Akademie companion: https://www.youtube.com/watch?v=Cxt0c5JBzWU
- Stationary circles: https://www.youtube.com/watch?v=sy21bfowvxA
- Optional rotary comparison: https://www.youtube.com/watch?v=RgbHc7Wtg5I

Live availability/content could not all be independently checked. Label externally hosted videos as candidate demonstrations requiring instructor verification. PocketMedic-type SLD is useful only as patient self-care comparison. Do not include generic full-body healthy-lymphatic YouTube routines as clinical/ postoperative instruction.

Expanded guided technique laboratory | Module 4

Mandatory practical boundary

This is a movement-**revision** laboratory. It is **not** an independent instruction to treat oedema, cancer-related drainage changes or postoperative complications. Practise on the therapist's own healthy forearm and, when suitable, on a consenting screened healthy adult. Do not simulate clinical clearance of lymphatic node basins. The final practical sign-off must be performed by an educator qualified in the particular method being refreshed.

Timed laboratory schedule (120 minutes)

Segment	Time	Completion evidence
Safety and consent gate	10 min	Screen checked; partner consents
Observe verified demonstrations	20 min	Video observation sheet
Dry-run hand mechanics	15 min	Three errors self-identified
Stationary circles and pump comparison	25 min	Instructor or partner feedback sheet
Scoop and rotary comparison	25 min	Two scored movement drills
Thumb circles and pressure calibration	10 min	Comfort feedback and pressure checklist
Demonstration review and self-correction	15 min	Personal technique development record

Before the first stroke: prepare the practice setting (10 minutes)

Confirm screening and consent; provide stable table or chair support; remove jewellery; perform hand hygiene; keep nails short; and use a relaxed working height. Explain that the activity teaches skin-contact mechanics rather than drainage of a condition. The healthy volunteer should be able to reposition, say 'stop' and describe any discomfort. Check exposed areas for wounds, bruising, local inflammation or unexpected swelling. If in doubt, do not touch.

20-minute demonstration observation task

Open the trainer-approved primary Vodder demonstration and at least one method-specific companion resource. Suggested links are provided below; availability, authorship and accuracy need checking before class use. Divide 20 minutes into **5 minutes** listening and observing, **5 minutes** identifying one stroke family, **5 minutes** comparing another family, and **5 minutes** writing down corrections relevant to your own hands. Replay only brief segments needed for observation; no video playback is included inside this PDF.

During observation, note the therapist's wrist and finger relaxation, contact surface, whether the skin moves relative to the hand, the transition between working and release phases, apparent force, hand reset, pace and partner positioning. **Do not copy a video's drainage direction onto a client with altered lymphatics.** A video can model mechanics but cannot verify your competence or individualise clinical treatment.

Resource	Use	Link
FQM Vodder excerpt	Primary candidate for technique observation	https://www.fqm.qc.ca/wp-content/uploads/2021/03/vodder-extrait-bonne-version.mp4
Dr Vodder Akademie rotary example	Compare rotational hand mechanics	https://www.youtube.com/watch?v=Ehl-TWvY5Xo
Akademie companion	Additional comparison, subject to trainer approval	https://www.youtube.com/watch?v=Cxt0c5JBzWU
Stationary-circle example	Supplemental observation only	https://www.youtube.com/watch?v=sy21bfowvxA
Rotary example	Supplemental observation only	https://www.youtube.com/watch?v=RgbHc7Wtg5I

Do not present a generic full-body 'lymphatic detox massage' clip as a clinical training reference. SLD videos show patient self-care strategies and should not be treated as a therapist Vodder technique examination.

Solo dry-run: mirror and forearm exercises (15 minutes)

Work before a mirror, first with hands in the air, then on your own intact forearm. **Minutes 0–5:** compare a relaxed wrist with a rigid wrist; note whether the shoulder elevates. **Minutes 5–10:** practise establishing light skin contact, moving the skin a little, then releasing without rubbing. **Minutes 10–15:** rehearse the coordination patterns of all movement families at low speed. Record at least three faults you notice. The goal is coordination, not pressure or speed.

Stationary circles: teaching focus

Aim: a small controlled circular displacement of skin, not finger rubbing. **Set-up:** relaxed fingers and comfortable partner arm support. **Working phase:** the hand takes up superficial skin slack and gently displaces the skin in the instructor-demonstrated circle. **Release:** unload the tension smoothly, permitting skin recoil while maintaining appropriate contact. The learner should observe the skin's movement rather than count large circles.

Common faults to diagnose: fingertips skidding; palms pushing down; excessive visible blanching; forearm and shoulder tension; rapid, mechanically repetitive motion; increasing pressure because 'nothing is happening'. **Correction exercise:** stop, reset the hand, release shoulder tension and repeat a

brief set only when comfortable. The instructor should demonstrate acceptable amplitude; do not try to manufacture a measurable force by pressing harder.

Partner feedback questions: Does it feel superficial? Is there any poking, rubbing or soreness? Is the release noticeable? Can the partner ask you to stop easily? Record verbatim feedback without claiming a physiological effect.

Pump: teaching focus

Aim: a softly coordinated hand-and-wrist movement with a gentle working phase and return. **Set-up:** supported healthy limb, curved hand as required by the instructor's variant and neutral shoulders. **Working phase:** a controlled rolling skin stretch rather than tissue squeezing. **Release:** pressure diminishes before the hand resets. The movement must not compress deep muscles or joints.

Typical faults: cupping too tightly around the limb; squeezing the forearm as though milking a vessel; leaning body weight forward; sliding because too much lotion was used; collapsing the wrist. **Correction exercise:** compare the silhouette of the hand in the instructional picture with the teacher's live demonstration. Practise the wrist arc without skin contact. Then apply only the gentle contact approved by the supervisor.

Evidence of progress: teacher confirms correct initial orientation, absence of deep force, clear release, relaxed posture and adequate feedback.

Scoop: teaching focus

Aim: a small coordinated curved stretch achieved with the fingers, palm and forearm working together. This movement is not a grab or lift of subcutaneous tissue. **Working phase:** hand coordination produces superficial skin movement on the selected healthy practice surface. **Release:** controlled unloading and resetting.

Typical faults: dramatic hand scooping, friction, pulling with the fingertips, excessive wrist rotation or pushing the volunteer's limb. **Correction exercise:** compare slow-motion observation of scoop and pump; sketch the different wrist paths on paper. Repeat only on a safe healthy practice site, with small movements, and ask a supervisor to name which movement was shown.

Rotary: teaching focus

Aim: broader coordinated skin displacement with an identifiable release. **Set-up:** appropriately draped, healthy upper-back practice surface; position the therapist so body weight is not dumped into the client's back. **Working phase:** controlled small rotary skin stretch, using the method-specific orientation demonstrated by the instructor. **Release:** pressure eases without fast rubbing or lifting suddenly.

Typical faults: treating rotary as vigorous effleurage, making circles too large, pressing directly over spine, using oil, losing hand contact or working with an elevated shoulder. **Correction exercise:** perform an air demonstration, then a supervised short set on a suitable intact upper-back area. No deep pressure or unilateral pathology work.

Thumb circles: teaching focus

Aim: revise precise, gentle thumb-pad contact for limited areas where the method permits it. **Set-up:** thumb joint neutral and hand supported. **Working phase:** superficial skin stretch rather than thumb-tip probing. **Release:** full unloading without sliding.

Typical faults: isolated thumb-joint force, poking a tender point or repeatedly stressing the joint. **Correction exercise:** rehearse on one's own forearm. Ask the partner to describe any concentrated pressure. If the thumb cannot remain comfortable and supported, omit this movement until corrected by an educator.

Structured partner observation rubric

Score each domain 0 = unsafe/not shown; 1 = emerging; 2 = consistent under direct observation. This is **training feedback**, not certification.

Domain	Score 0–2	Evidence to write
Screening and consent	___	_____
Hand and wrist relaxation	___	_____
Appropriate contact surface	___	_____
Controlled working phase	___	_____
Distinct release	___	_____
Minimal friction or sliding	___	_____
No pain or deep pressure	___	_____
Safe positioning and draping	___	_____
Responds to partner feedback	___	_____
Knows when not to perform MLD	___	_____

A total score is not a clinical credential. **Any zero for safety, consent, excessive force or referral decisions prevents practical sign-off.** A qualified instructor should verify the specific technique in person before professional use.

Knowledge check and answers

Q1. Define the working and release phases without using 'push fluid'. **Answer:** controlled superficial skin displacement followed by reduction of pressure and tissue recoil.
Q2. Why does stronger pressure not necessarily make better MLD? **Answer:** the method relies on gentle superficial engagement; deep force may irritate tissue and depart from the technique.
Q3. Name the four classical movement families. **Answer:** stationary circles, pump, scoop and rotary; thumb circles are an additional variation.
Q4. Why is an SLD video insufficient to teach professional MLD? **Answer:** it is simplified individual self-care, not full professional technique instruction or competency testing.
Q5. What does a passed course self-test prove? **Answer:** knowledge of course concepts, not independently assessed clinical competence.

End-of-module evidence: completed video observation notes, partner feedback, five movement self-assessments and a booked educator session for technical correction. Mark all unverified strokes as **not yet approved for client treatment**.

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.

- Vodder School supervised training: https://www.vodderschool.org/training_program_basic
- Wittlinger and colleagues: Dr Vodder's Manual Lymph Drainage: A Practical Guide (Thieme).
- Demonstration links in this module are observation candidates; verify authorship, availability and content with the educator.

> **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.