MANUAL LYMPHATIC DRAINAGE | PROFESSIONAL REFRESHER

MODULE 05 OF 08

Complete Client Session

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 5 — Complete appointment framework (75 minutes)

Mandatory suitability rule

A wellness session must not be used to treat an uninvestigated medical swelling condition. Inquire, screen and make a documented go/defer/referral decision before physical preparation. Confirm the therapist is qualified to provide the specific proposed intervention.

Ten-stage workflow

1. **Enquiry:** identify objective, symptom history, intended care (wellness or clinical), and immediate red flags.
2. **History:** record date, diagnoses, surgery and nodal surgery, oncology, DVT/PE, infection, heart/renal/liver/vascular history, medication, swelling pattern, skin, pain, mobility, clinician and previous MLD.
3. **Consent:** describe slow superficial skin contact; acknowledge limitations; confirm areas, communication and right to stop; document consent and any limitations.
4. **Last-minute safety review:** ask again about new swelling, chest symptoms, fever, new operations, medicines and acute pain.
5. **Setup:** stable treatment surface, clean hands, infection control, draping, supportive bolsters, safe transfers, suitable temperature and light, therapist ergonomic posture; avoid slip-producing oil for skin-stretch practice.
6. **Plan:** select only regions within verified skills and consent. Classical proximal preparation is method-specific; it does not physically “open” nodes and is not universal for altered drainage.
7. **Gentle contact:** use an educator-approved movement, slow comfortable rhythm, no pain or deep kneading. For wellness work, 20–40 minutes of hands-on time is an illustrative option, not a validated prescription.
8. **Reassess:** ask about comfort, dizziness, pain, skin response and new symptoms; stop for changes.
9. **Aftercare:** usual movement, ordinary hydration, honest expectations; advise medical help for warning symptoms; do not prescribe diuretics, compression or clinical SLD outside competence.
10. **Record:** health update, consent, time, region, movement family, position, client-reported response, observed response, referral and follow-up.

Client explanation sample

“This is a gentle hands-on approach using controlled skin movements rather than deep massage. It should not hurt, and you can stop at any point. I do not treat unexplained swelling or medical lymphoedema outside my qualifications. If anything in your history requires specialist care, I will recommend the appropriate assessment first.”

Suggested appointment framework, approximately 40 minutes

5 min greeting and health change; 3 min positioning; 4 min gentle introductory contact; 20 min selected appropriate regional movements; 5 min comfort check and closing; 3 min documentation and general aftercare. There is no requirement to work every region or to perform neck/abdominal work.

Home visits

Confirm access, table stability, transfer capacity, privacy, handwashing, clean linens, pets, electrical safety, communication, emergency contact, referral destination and exit route. Never proceed if the location or client transfer is unsafe. For older adults, confirm meaningful consent and avoid coercion by relatives. Document any decline, symptoms or falls and communicate with permitted family/clinicians when necessary.

Stop a series when

New unexplained symptoms develop; swelling worsens; infection appears; tolerance becomes poor; expected wellness benefit does not justify continuing; or a medical referral remains outstanding. Packages are not a reason to continue unsafe treatment.

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

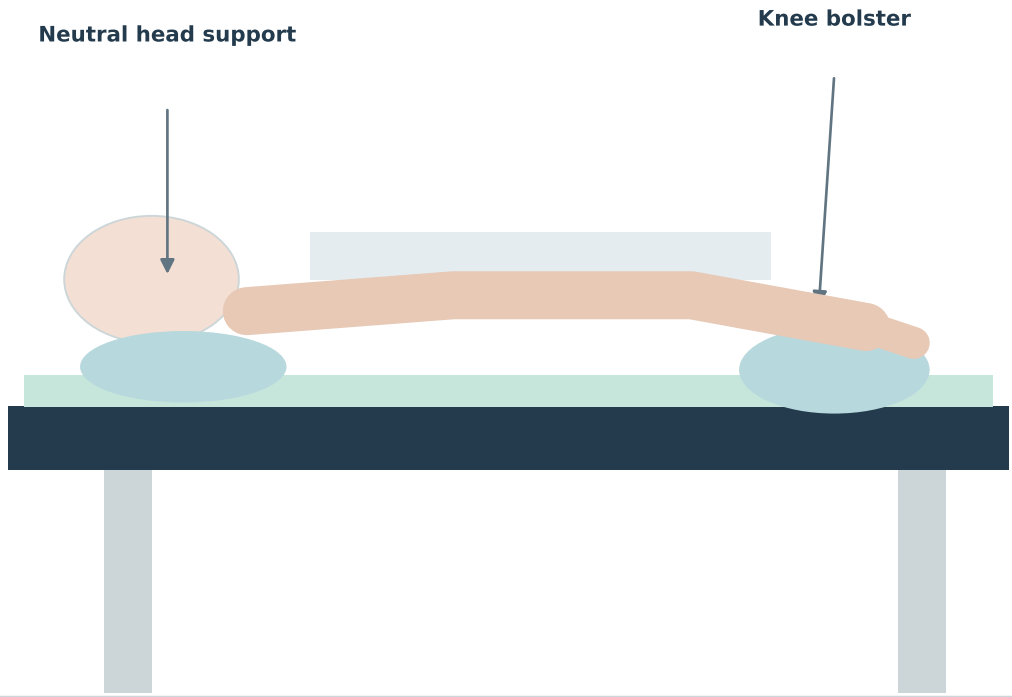
What occurred and referral / aftercare

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.

Skills test

Role-play a first call and full appointment from enquiry to written note. Another qualified person should review the decision to treat or refer, consent and documentation.

Expanded client-session simulation | Module 5

Safety check and 75-minute study plan

Never schedule a generic drainage routine for unexplained swelling. This module uses simulated consultations and a screened wellness client only; it is not a substitute for clinical assessment of oedema.

Segment	Time	Output
Recheck contraindications and role	10 min	Safety gate
Conduct simulated phone enquiry and history	15 min	Completed screening record
Explain consent, privacy and room preparation	15 min	Consent statement and setup checklist
Rehearse the appointment sequence	20 min	A timed, safe wellness-session plan
Write a SOAP-style note and aftercare	10 min	Session documentation
Review errors and mini-test	5 min	Corrected record

1. Conduct a safe enquiry (15 minutes)

Role-play the client: a 59-year-old office professional, no swelling, requesting a quiet relaxation-oriented appointment after long workdays. The client walks independently, reports no recent illness or procedure, takes no concerning medicine and prefers not to receive neck contact. Their only goal is relaxation. The therapist explains that MLD-style contact is gentle and may not feel like deep massage; checks the health history and distinguishes preference from medical indication. Then perform a second role-play with a client describing sudden swollen ankles and breathlessness. The correct outcome is deferral and medical advice, not a treatment plan.

Practise asking open questions first ('What prompted the appointment?') then specific screening questions. Ask about DVT/PE, acute infection, heart/kidney/venous problems, recent surgery, cancer treatment, medications, skin condition, pain, falls, pregnancy where relevant, ability to lie flat, capacity and communication needs. Do not record irrelevant sensitive information. Use the printable client screening form supplied in the package.

2. Consent and boundaries (15 minutes)

A useful plain-language explanation is: 'I use gentle hand contact and small skin movements, not deep muscle massage. I will only work on the areas we agree. You may ask me to stop or change position at any time. This is not intended to diagnose or treat a cause of swelling.' Confirm specific consent for neck, face or abdomen if contemplated. If the client declines neck contact, omit it. Classical technique diagrams do not override consent or make an otherwise unsuitable area necessary.

Set up a private, clean space with a stable table, appropriately washed linen, hand hygiene, a safe working height, disposal arrangements and accessible contact details. Check suitable room temperature and avoid needless exposure. Practise draping with a towel or training mannequin before working with a volunteer. Offer a bolster under knees or ankles as needed; avoid forcing a prone or flat supine position in someone who becomes breathless. Refer rather than improvising a medically unsuitable position.

Home-visit addition: confirm the correct address, travel and communication arrangements, client presence and consent, room access, pets, trip hazards, lighting, electrical and hygiene supplies,

emergency contact and safe transfer. Do not promise a therapist can lift a frail client alone. If appropriate safety or privacy cannot be achieved, reschedule or refer.

3. Timed clinic simulation (20 minutes)

Use a 20-minute **role-play**, not a 20-minute client treatment prescription. Minutes 0–4: greeting, re-screening and goals. Minutes 4–7: consent, privacy and support. Minutes 7–12: talk through the chosen, already approved healthy-volunteer practice region and explain which regions will be omitted. Minutes 12–16: demonstrate a short instructor-approved movement set on a suitable volunteer, concentrating on contact and release rather than a drainage sequence. Minutes 16–18: check comfort, ask about symptoms and help the volunteer change position. Minutes 18–20: explain aftercare and write down observations. Real professional sessions are individualised; this is an administrative rehearsal.

A client-specific sequence for medically altered lymphatics is **not** supplied. In a genuine specialist clinic, assessment would determine which regions, directions, compression plans and outcome measures are appropriate.

4. Documentation using facts rather than promises (10 minutes)

Write a brief SOAP note:

- **S — Subjective:** Client requests relaxation; reports no swelling; no acute symptoms disclosed; declines neck work.
- **O — Objective:** Skin intact at selected practice area; comfortable positioning; no untoward response observed. Do not claim clinical measurements not taken.
- **A — Assessment within scope:** Suitable for the agreed wellness session based on screening; no diagnostic conclusion about lymphatic function.
- **P — Plan:** Gentle, consented, approved technique; ordinary movement and hydration advice; safety-net for new symptoms; no clinical swelling course prescribed.

Add date, therapist identity, contact time, exact areas, whether consent was revised, client response, adverse symptoms, referral (if any) and relevant documentation storage. If the client later reports new oedema or acute symptoms, stop the series and reassess/referral rather than continuing because appointments were booked.

5. Aftercare and communication

Do not routinely advise extra litres of water to 'flush toxins', eliminate medication, take supplements or buy compression. Encourage ordinary hydration and comfortable routine movement. Suggest medical review for any new swollen, painful or hot limb or symptoms such as breathlessness. For an older client, written advice should use short clear language; obtain consent before updating a family member and follow POPIA requirements for storing or transmitting notes.

Mini-test and answers (5 minutes)

Q1. A client says no to neck contact after consenting to treatment. What changes? **Answer:** omit neck work; consent is specific and revocable.
Q2. Is 'lymph detoxification achieved' acceptable in a note? **Answer:** no; it is unsupported and not directly observed.
Q3. The client develops pain and dizziness mid-session. **Answer:** stop immediately, assess urgency within first-aid capability and escalate appropriately.
Q4. May a client with unexplained ankle oedema be booked under 'relaxation' while avoiding the ankle? **Answer:** not automatically; suitability needs assessment and the potentially serious symptom must be addressed first.
Q5. What information must be recorded after a home visit? **Answer:** screening, consent, regions and method used, response, safety issues, advice and any referral or follow-up.

Pass standard: one complete mock screening form, one session note, a consent explanation and a documented decision not to treat the symptomatic simulation case.

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 lymphoedema treatment and ongoing management: https://www.nhs.uk/conditions/lymphoedema/treatment/
- Macmillan lymphatic drainage and SLD: https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/lymphoedema/lymphatic-drainage-for-lymphoedema
- South African POPIA obligations: consult current Information Regulator resources.

> **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.