MODULE 06 OF 08

Regional Practice

Guided learning: **100 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 6 — Regional technique practice: healthy, intact lymphatics only (100 minutes)

Mandatory safety conditions for every regional sequence

These are **supervised placement and movement rehearsal drills on a screened, consenting, healthy volunteer**, not a complete professional Vodder clinical protocol and not a treatment plan for oedema. Confirm no acute illness, new swelling, wounds, recent surgery, clot symptoms, unsafe positioning, relevant vascular/heart disease, or altered lymphatic anatomy. Apply only movements previously mastered in Module 4, at gentle superficial pressure. Never force lymph towards a particular node group based only on a printed arrow.

Do not use these drills for: post-cancer treatment, removed or radiated nodes, chronic lymphoedema, postoperative oedema, cellulitis, prior DVT without clinical review, suspected venous disease or systemic fluid retention. Specialist CDT assessment is required for individualised alternative drainage routes.

6.1 Neck / terminus orientation (foundational, 15 minutes)

Suitable goal: identify cervical/venous-angle landmarks and practise low-risk contact positioning with an instructor. **Cautions:** carotid disease, thyroid disease, arrhythmia, syncope, carotid sensitivity, older age and vascular risk, neck operations; do not compress carotid sinus, anterior neck or deep supraclavicular tissues.

1. Screen, gain explicit consent to neck-area contact, and choose a safe resting position with head supported.
2. Identify key landmarks on an anatomical model; do not infer that the venous angle must be manually compressed.
3. Rehearse relaxed hand placement and minimal skin contact over an educator-approved superficial lateral neck area only, avoiding major vessels and the anterior neck.
4. Observe the instructor's position and compare the release phase without deep pressure; omit hands-on neck work if the instructor or client is uncertain.
5. Recheck comfort, dizziness, breathing and ability to change position; document the drill.

Prompt: “Four-frame Vodder instructional stills of therapist orientating over superficial lateral neck on a healthy screened adult, head fully supported, no hand over carotid triangle or deep supraclavicular depression, minimal contact, annotation ‘supervised orientation only’.”

6.2 Face: wellness contact only (15 minutes)

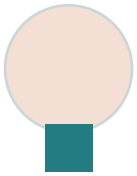
Goal: selected relaxation-oriented contact on intact skin, no promise of postoperative facial swelling reduction. **Cautions:** recent facial surgery/injectables, infection, acute sinus/dental infection, active dermatological disease, eye disorders, thyroid/neck precautions, facial swelling of unknown cause.

1. Complete screening, confirm no procedures or new facial swelling, and obtain face-specific consent.
2. Support the neck in neutral and position the client comfortably.
3. Observe head-and-neck node territories on the chart; do not treat anatomy as an instruction to apply neck pressure.
4. Practise feather-light stationary-circle coordination over a suitable lateral cheek or temple practice area with the instructor; avoid the eyeball and inflamed tissue.
5. Reassess comfort and finish without mandatory neck clearance, deep sinus manipulation or pressure around the eyes.

Prompt: “Clinical teaching photo series of gentle stationary hand contact over healthy adult lateral cheek and temple, full eye protection, relaxed fingers, face supported, no postoperative claims, consent and draping evident.”

Regional anatomy: six areas to recognise

Region maps for safe orientation, not universal treatment pathways.



Neck / terminus

Cervical anatomy; avoid vascular pressure.



Face

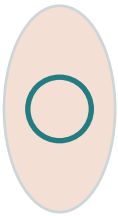
Eyes, sinuses and dental symptoms require caution.

Upper limb

Previous axillary surgery changes suitability.

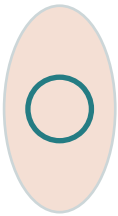
Lower limb

New one-sided swelling means stop / refer.



Abdomen

No deep pressure; screen surgery and pain.



Back / trunk

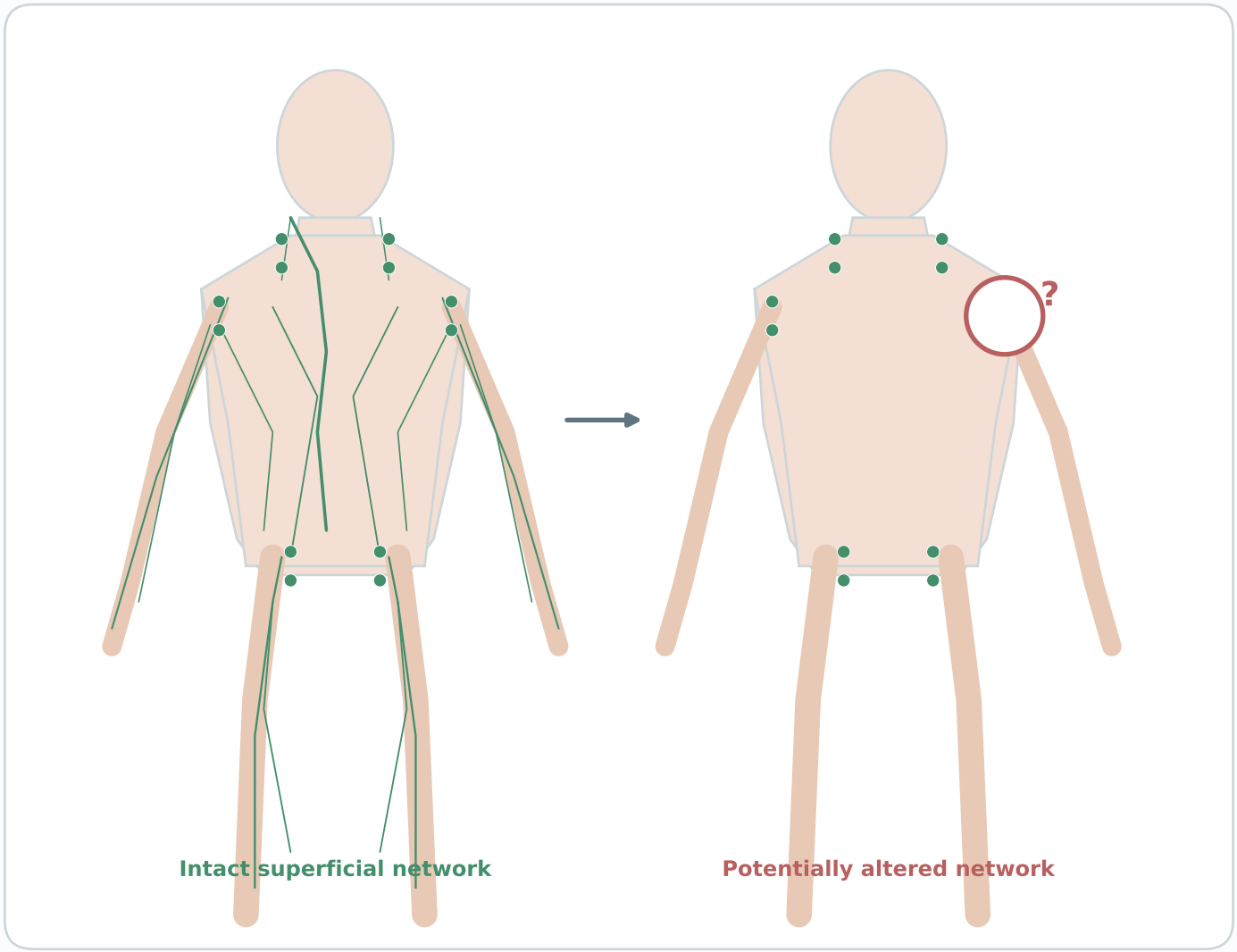
Respect surgery, radiation and skin changes.

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.

6.3 Upper limb: intact healthy adult rehearsal (20 minutes)

Goal: practise hand shapes and progressive working-position changes, not treat arm swelling. **Cautions:** previous mastectomy/axillary nodes, radiotherapy, port/vascular access, infection, recent surgery, unilateral swelling, upper-limb DVT, lymphoedema.

1. Recheck no swelling or previous nodal injury; support shoulder, elbow and wrist in neutral.
2. Identify the normal axillary and upper-limb territories on a labelled diagram; explain why these may not apply after surgery.
3. At a safe, proximal upper-arm practice area, rehearse the approved stationary circle or pump with a controlled release.
4. Move the *practice location* gradually to mid-arm then forearm for comparison of hand shape; this is not an instruction to move pathological fluid.
5. Avoid elbow crease/vascular access, avoid gripping the limb or compressing joints, and ask for feedback after each movement family.
6. Finish with comfort reassessment and record observations.

Prompt: “Six-frame training photo storyboard of female therapist demonstrating superficial movement-family hand placements on an intact adult upper arm and forearm, arm bolstered, arrows only for local skin stretch/release, no clinical drainage arrows, no oil.”

6.4 Lower limb: intact healthy adult rehearsal (20 minutes)

Goal: revise superficial pressure and posture at different limb contours. **Cautions:** new unilateral leg swelling, DVT/PE history, varicose-vein complications, ulcers, severe arterial insufficiency, cardiac/renal oedema, recent orthopaedic surgery, frailty.

1. Exclude new swelling, calf pain, warmth, wounds or systemic illness before touching the limb.
2. Position in comfortable supine or side-lying with suitable knee/ankle support; never force hip or knee extension.
3. Orientate to intact superficial territories on the anatomy diagram without assuming an oedema route.
4. At a safe proximal thigh practice site, rehearse gentle broad contact; do not compress the femoral triangle or groin.
5. Move to a suitable lateral thigh or calf *practice location* after checking the skin, with minimal superficial pressure; avoid varicosities and sensitive areas.
6. Practise a controlled release and compare ergonomics with upper-limb work; stop for pain or discomfort.

Prompt: “Professional instructional photographs of supervised superficial MLD hand placement on intact adult lateral thigh and calf, leg supported with knee bolster, professional draping, no groin compression, no oedema treatment diagram.”

6.5 Abdomen: restricted, mainly observational (15 minutes)

Goal: understand anatomy and consent rather than teach unsupervised abdominal MLD. **Cautions:** pregnancy, recent surgery, hernia, aneurysm, abdominal pain, malignancy, ascites, bowel or bladder inflammation, inflammatory bowel disease, vascular disease; avoid pressure over any suspected pathology.

1. Review anatomical landmarks and contraindications on a diagram rather than on a client.
2. Explain privacy, draping and explicit area-specific consent.
3. Observe an accredited educator demonstrating positioning and hand preparation on a suitable training model; do not infer a standard abdominal drainage route.
4. Practise only non-contact hand alignment or approved superficial hand placement on a model under supervision.

5. Do not perform deep abdominal compression, ‘diaphragm pumping’ or self-invented clearance sequences. Log that abdominal skill remains restricted pending instructor sign-off.

Prompt: “Clinical educational photo showing respectfully draped abdomen, therapist hands hovering to demonstrate safe external orientation on anatomical teaching model, no deep pressure, warning banner ‘observational training — supervised specialist teaching required’.”

6.6 Back and trunk: healthy volunteer rehearsal (15 minutes)

Goal: refresh comfort, positioning and broad-surface rotary or stationary movement mechanics.
Cautions: recent spinal surgery, osteoporosis, wounds, radiation, cancer, altered trunk drainage, breast/axillary surgery.

1. Screen and position prone or side-lying only if comfortable; offer alternative positioning.
2. Expose only the agreed safe upper-back or lateral trunk practice area with appropriate draping.
3. Review trunk watershed diagram as general anatomy, not a personalised drainage map.
4. Rehearse an educator-approved rotary or stationary-circle movement over a safe muscular surface with superficial skin contact.
5. Avoid direct pressure over spine, scars, irradiated or damaged tissues; reassess and record.

Prompt: “Three-panel clinical teaching photograph of supervised hand placement on healthy adult upper back and lateral trunk, professional sheet draping, supported neutral positioning, superficial rotary working/release phases, no clinical pathway arrows.”

Regional pass standard

The therapist must explain the contraindications and referral rule before each drill; show accurate hand shapes on a healthy partner, without pain, pressure or sliding; and identify situations needing specialist CDT. A qualified instructor should sign off any real-world technique claim. A region not signed off should not be offered as MLD.

Expanded regional practical workbook | Module 6

Safety and scope — required at the start of every region

Work with an instructor-approved, screened healthy volunteer; do not treat oedema. Before *each* regional practice: reconfirm consent, region-specific contraindications, appropriate draping, intact skin, comfortable supported posture and clear ability to stop. Never apply any normal-anatomy diagram as a universal drainage route. If lymph-node surgery, radiotherapy, known lymphoedema, a recent operation, infection or possible thrombosis is relevant, do not rehearse a treatment sequence on that person.

The 100 minutes below are timed *regional skill stations*, not validated treatment duration recommendations. The exact stroke contact, direction and repetition count are for instructor demonstration and correction; the descriptions below prioritise safety, orientation and mechanical rehearsal.

Station schedule — 100 minutes total

Station	Duration	Practical evidence
Neck and terminus	15 min	Correctly state vascular cautions; demonstrate non-forceful orientation
Face	15 min	Consent and safe superficial hand-position rehearsal
Healthy upper limb	20 min	Support limb; compare two approved movement families

Station	Duration	Practical evidence
Healthy lower limb	20 min	DVT screening, support and superficial contact
Abdomen	15 min	Anatomical observation and verbal contraindications
Back and trunk	15 min	Draping, upper-back rotary practice and recheck

Station 1 — Neck and terminus (15 minutes)

First 5 minutes — screen: Ask about recent head/neck surgery, radiotherapy, unexplained neck masses, thyroid or carotid disease, significant arrhythmia, fainting and dizziness. Avoid vigorous manipulation, carotid pressure, anterior throat compression and deep supraclavicular force. When in doubt omit neck contact.

Next 5 minutes — anatomical orientation: On the atlas identify the lower cervical region, venous angles and superficial neck tissues. Explain aloud that nodes are not valves that can be opened physically. With hands hovering over a diagram, show the general placement areas that your instructor will subsequently demonstrate on a suitable volunteer. Do not independently press the supraclavicular fossa.

Final 5 minutes — instructor-led practice and note: Observe the hand-resting position and movement shape. On an approved safe lateral-neck surface, the trained instructor may supervise a few superficial movements with controlled release. The objective is safe contact quality, not completing a prescribed node-opening routine. Write a short note identifying any technique requiring correction.

Stop signs: any dizziness, discomfort, neurological symptom, distress or inappropriate tissue response. Record that any unverified neck technique is not cleared for professional use.

Station 2 — Face (15 minutes)

Safety 5 minutes: Confirm no recent facial or dental procedure, infection, acute sinus or ocular symptoms, unexplained swelling, significant pain or skin damage. Ask permission for any contact near the face. No pressure on the eyes or on an infected or tender region.

Observation 5 minutes: Use the face anatomy plate to locate superficial territories and regional groups. Watch the instructor demonstrate a gentle small-contact movement on a healthy cheek or forehead. Explain why the diagram must not be used to devise a unilateral postoperative face/neck oedema route.

Practical 5 minutes: With permission, rehearse relaxed finger posture and a short gentle working/release pattern on an uncomplicated healthy cheek region already approved by the instructor. Do not slide over cosmetic products or use force. Ask the volunteer to report pressure quality. Conclude by recording consent and any area omitted.

Station 3 — Upper limb (20 minutes)

Safety 5 minutes: Ask about arm swelling, pain, infection, wounds, cancer surgery, node removal, radiotherapy, vascular access, injury or anticoagulation-related bruising. A swollen or medically altered limb is not a practice limb.

Anatomy and positioning 5 minutes: Identify the intact axillary and superficial upper-limb network on the atlas; explain why it might differ after treatment. Position the shoulder, elbow and wrist comfortably supported, with no traction on joints and no pressure on vascular access.

Mechanical rehearsal 7 minutes: The educator demonstrates one stationary-circle and one pump or scoop variant on a suitable healthy limb surface. The learner practises a short observed set at an instructor-approved upper-arm or forearm practice site, comparing contact, wrist movement, release, and skin response. Relocating the *practice site* does not equate to teaching a fluid-transport sequence.

Feedback 3 minutes: Ask about comfort; record errors in sliding, squeezing or wrist rigidity. No assumption that a generic proximal-distal drainage pattern applies to disease.

Station 4 — Lower limb (20 minutes)

Safety 5 minutes: Explicitly screen for unilateral swelling, calf pain, warmth, colour change, wounds, postoperative status, varicose complications, heart/renal disease and past DVT or PE. Any possible acute DVT means no practice and urgent medical referral.

Support 5 minutes: Demonstrate safe knee and ankle bolstering. Do not assume everyone can lie flat; do not forcibly elevate or manipulate a limb with pain, instability or serious vascular concerns.

Mechanical rehearsal 7 minutes: With an educator, practise a short gentle contact/release movement over a selected intact unswollen lateral thigh or other safe teaching surface. Avoid pressure over the groin, inflamed varicosities, popliteal fossa and tender calf. Repeat on a different contour only if screening and instruction permit. Record the effect on your own posture rather than making a claim about oedema reduction.

Feedback 3 minutes: The partner rates comfort; the observer records whether the release is distinct and whether the learner kept force superficial.

Station 5 — Abdomen (15 minutes)

Safety 5 minutes: Review pregnancy, abdominal surgery, hernia, aneurysm, ascites, unexplained pain, infection, inflammatory conditions, trauma and any concerning mass. Abdominal work is **not** a default wellness requirement.

Anatomy 5 minutes: With an atlas and a model, distinguish superficial abdominal skin territories from deep visceral and vascular structures. Explain why deeper pressure is not an effective shortcut to the cisterna chyli and why abdominal fluid retention needs medical assessment.

Observation and consent 5 minutes: Practise verbal consent and draping. Observe an instructor demonstration on an appropriate model; rehearse hands in the air or on an anatomical model. Do not carry out unsupported deep abdominal movements. Mark this region 'observation only' unless separately supervised and signed off.

Station 6 — Back and trunk (15 minutes)

Safety 5 minutes: Ask about recent spinal or chest surgery, radiotherapy, skin problems, fragility, altered lymphatic territories, osteoporosis and capacity to lie prone. Offer side-lying or sitting where appropriate and within scope.

Technique and positioning 7 minutes: Drape respectfully and support the volunteer. Observe the teacher's rotary hand movement over an intact upper-back area, then rehearse a brief supervised set with superficial skin displacement and controlled release. No deep spinal force. The watershed image provides orientation only; do not route around axillary removal based solely on it.

Feedback 3 minutes: Ask for comfort feedback, record any undesired friction or shoulder tension, and confirm that the volunteer can sit up without dizziness.

Six-station practical record

Complete one line per station. Leave a field blank only if a task was intentionally not performed; then explain why.

Region	Screening verbalised	Consent/ positioning	Movement demonstrated	Educator comment
Neck	_____	_____	_____	_____
Face	_____	_____	_____	_____
Upper limb	_____	_____	_____	_____
Lower limb	_____	_____	_____	_____

Region	Screening verbalised	Consent/ positioning	Movement demonstrated	Educator comment
Abdomen	_____	_____	_____	_____
Trunk/back	_____	_____	_____	_____

Safety-focused rapid questions

1. **A client has previous axillary radiotherapy and unilateral arm oedema.** Which station procedure applies? **Answer:** none of these generic practice stations as treatment; refer for specialist CDT assessment.
2. **The healthy volunteer refuses facial contact.** What do you do? **Answer:** omit it and document revised consent.
3. **You feel the need to press firmly into the lower neck to 'open the terminus'.** Is this appropriate? **Answer:** no; stop and obtain instructor correction, and avoid deep vascular structures.
4. **An older volunteer becomes breathless when flat.** What do you do? **Answer:** stop repositioning for treatment, assess urgency and refer as indicated; do not force supine positioning.
5. **Is abdominal MLD essential for every whole-body wellness session? Answer:** no; omit when uncertain or contraindicated.
6. **What is the meaning of the watershed diagram? Answer:** conceptual map of typical territories, not a patient-specific clinical route.

Pass standard: zero safety failures, complete documentation of regions omitted and practical sign-off by an appropriate educator for any movement to be offered professionally.

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.

- Dr Vodder School method-specific supervised education: https://www.vodderschool.org/training_program_basic
- Macmillan lymphatic drainage and personalised self-care: https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/lymphoedema/lymphatic-drainage-for-lymphoedema
- Normal anatomy illustrations are not treatment maps for altered lymphatic systems.

> **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.