

Treatment Goals Treatment Plan

Reduce the edema if safe to do so. Decrease pain or discomfort.

Decrease sympathetic nervous system firing.

☞ Specific lymphatic drainage techniques are described in the chapter on non-Swedish techniques. The therapist spends 15 to 20 minutes on lymphatic techniques to treat an edematous limb.

Acute

☞ If the initial treatment goal is to decrease the edema, lymphatic drainage is performed first, before any general work to compensating structures or specific local massage. This greatly reduces the pain and congestion.

☞ If the initial goal is to accustom the client to the therapist's touch, to decrease the sympathetic nervous system firing and to treat compensatory structures, Swedish massage begins on the trunk or the contralateral limb, followed by lymphatic drainage of the edematous limb and Swedish massage treatment for the specific condition.

☞ In the case of edema resulting from an acute trauma, the positioning of the client depends on the location of the edema and the client's comfort. If the edema is in a limb, the affected limb is elevated **in a pain-free range** and pillowed securely. If the edema is in the trunk, the client is positioned so the edema is uppermost. In all cases, a **cold hydrotherapy** application such as an ice pack or a gel pack is applied to the edematous area.

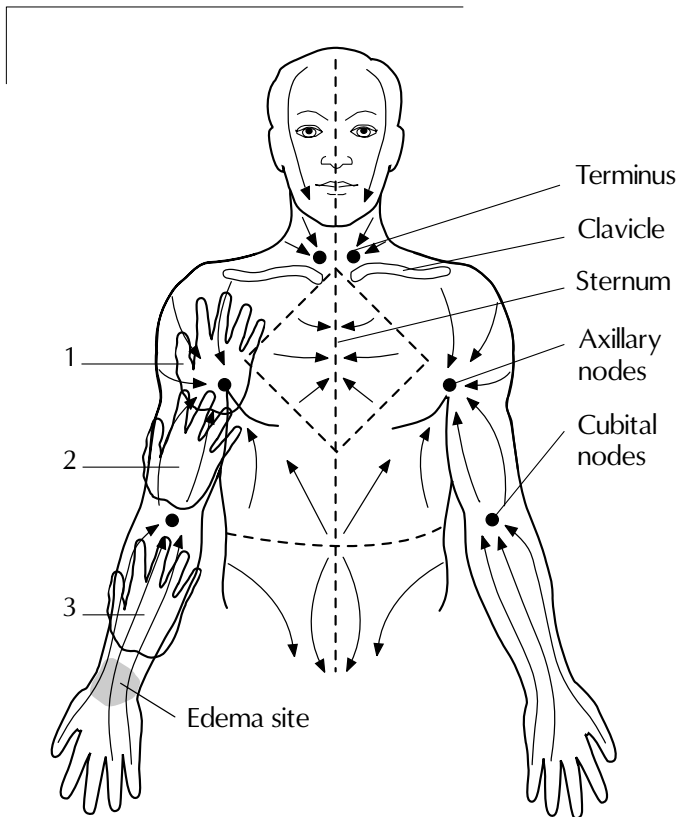


Figure 18.3 Sequence of hand positions for lymphatic drainage, starting proximally and working distally towards the edema.

Specific Treatment

☞ The client is directed to do **diaphragmatic breathing** throughout the treatment to facilitate lymphatic return. All work is performed in a slow, soothing manner to reduce pain perception.

☞ Assuming that the initial treatment goal is to reduce edema, the therapist begins with nodal pumping at the terminus, then the proximal lymph nodes of the injured limb (Kurz, 1989; Casley-Smith, Casley-Smith, 1986). Following the drainage patterns of the lymphatic vessels, stationary circles and the local lymphatic technique are used proximal to the edema (Figure 18.3).

☞ Starting proximal to the edema, light

greatest effect on Wittlinger, 1990; Casley-Smith, 1986). In the study, the initial work took five seconds to refill (Bjorlin, 1985). Therapy, a combination of manual lymphatic drainage and remedial exercises, is used for edema (Foldi et al., 1985). This encourages lymph flow and helps to remove excess fibrin and metabolic waste.

adaption of some of the MLD techniques following the principles for pressure, repetition, direction and speed outlined above (Wittlinger, Wittlinger, 1990).

The following techniques can be used to treat the entire body or just localized areas. To treat the local edema present at the acute or subacute stage of an injury, lymphatic drainage techniques are applied first. The therapist works from proximal to distal towards the localized edema. Deeper Swedish techniques are applied next, since these temporarily collapse the superficial lymphatic capillaries and inhibit the removal of edema. In treating chronic edema, the approach changes. Deeper Swedish and fascial techniques are applied proximal to the edematous site to release soft tissue restrictions that may inhibit lymphatic flow. In order for the lymphatic drainage to be most effective, a few minutes should elapse after the deeper Swedish techniques and before lymph drainage techniques are applied to allow the superficial lymphatic capillaries to refill.

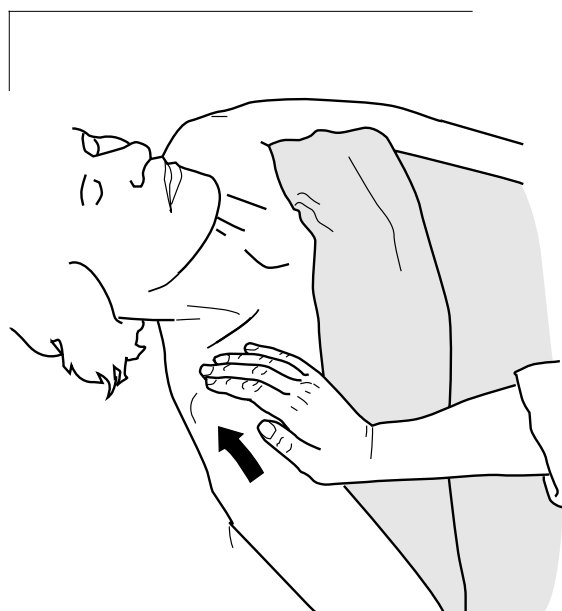


Figure 4.1 Lymphatic drainage techniques: Axillary nodal pumping.

☞ In treating acute, subacute or chronic edema, **nodal pumping** or compression is applied to the lymphatic nodes of the most proximal part of the limb that has the edematous tissue. These nodes are also closest to the thoracic and right lymphatic ducts, which return lymph to the venous system. In the arm, these are the axillary lymph nodes (Figure 4.1). In the leg, these are the inguinal lymph nodes. To massage the nodes, the palmar surface of the hand is used and pressure is applied in a wave-like motion, from just distal to the node in a proximal direction. This action compresses the capillaries