National Lymphedema Network

Position Statement of the National Lymphedema Network

Training of Lymphedema Therapists

By the NLN Medical Advisory Committee; May2010

The growth of lymphedema awareness has resulted in a proliferation of treatment approaches throughout the health care continuum (1-4). As lymphedema therapy techniques have been established in the United States, variation among the treatment approaches and training methods have evolved. There are continuing broad scale efforts to oversee and address optimal treatment approaches and training methods (5-8).

In order to have an adequate knowledge base in the pathophysiology of lymphatic function and disorders, and sufficient training in manual techniques and compression bandaging principles, along with other components of Complete Decongestive Therapy (CDT), it is the position of the National Lymphedema Network that the minimum requirements for specialist training in lymphedema management are as follows:

- Practitioners treating patients with lymphedema will successfully have completed a minimum of 135 hours of Complete Decongestive Therapy coursework. The CDT entry level curriculum should be presented in no more than four integrated courses from a single training program. Unrelated review, advanced or supplemental courses do not satisfy the entry level requirement of intentional course linkage.
- It is required that one-third (1/3) of training hours, minimum of 45 hours, should be theoretical instruction. Two-thirds (2/3) of training hours, minimum of 90 hours, should be practical, hands-on, face-to-face laboratory instruction. Course work should include ongoing measures of competency such as exams after completion of independent study unit and evaluation of skills competency.
- Didactic instruction can be delivered in the classroom or by distributed education, which is defined as the teacher and the student being separated by time and or space. Typically, distributed education involves technology such as the internet, interactive television, or videotape. Review time (independent study) and homework are not recognized as interactive instruction and will not be counted as contact hours.
- Proof of satisfactory completion of 12 credit hours of college level human anatomy, physiology, and/or pathophysiology from an accredited college or university.
- Have current unrestricted licensure in a related medical field (PT, PTA, OT, COTA, MT, SLP, RN, MD, DO, DC, PA, ATC).

These criteria are consistent with the Lymphology Association of North

America (LANA) standards that have been put forth in an effort to establish basic minimum standards to certify adequate competency in the treatment of lymphedema. Advanced education in Complete Decongestive Therapy is necessary to achieve these basic criteria. Patients and health care providers are advocating for advanced training to adequately meet the needs of this specialized population (9,10).

It is the position of the NLN that therapists treating patients with lymphedema meet the above criteria as a basic minimum standard to ensure that an appropriate level of care is being provided to this population.

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References

1. Foldi M, Foldi E, Kubik S. Textbook of Lymphology. Urban and Fischer, 2006.
2. Rockson SG, Miller LT, Senie R, Brennan MJ, Casley-Smith JR, Foldi E, et al. American Cancer Society Lymphedema Workshop. Workgroup III: Diagnosis and management of lymphedema. Cancer 1998; 83(12 Suppl American):2882-2885.
3. Szuba A, Achalu R, Rockson SG. Decongestive lymphatic therapy for patients with breast carcinoma-associated lymphedema. A randomized, prospective study of a role for adjunctive intermittent pneumatic compression. Cancer 2002; 95(11):2260-2267.
4. The Diagnosis and Treatment of Peripheral Lymphedema, 2009 Consensus Document of the International Society of Lymphology. Lymphology, 2009, 42(2): 51-60.
5. Casley-Smith JR, Boris M, Weindorf S, Lasinski B. Treatment for lymphedema of the arm--the Casley-Smith method: a noninvasive method produces continued reduction. Cancer 1998; 83(12 Suppl American):2843-2860.
6. Armer J, Feldman J, Fu M, Stout N, Lasinski B, Tuppo C, et al. ALFP: Identifying issues in lymphoedema in the United States. Journal of Lymphology, 2009, 4(2):85-91.
7. Walley DR, Augustine E, et.al. American Cancer Society Lymphedema Workshop. Workgroup IV: Lymphedema Treatment Resources - Professional Education and Availability of Patient Services. Cancer 1998, 83(2):2886-2287.
8. Foldi E. Treatment of lymphedema and patient rehabilitation. Anticancer Res 1998; 18(3c):2211-2212.
9. Augustine E. Oncology Section of the American Physical Therapy Association Position Statement--Physical Therapy: Management of Lymphedema in Patients with a History of Cancer. Rehabilitation Oncology 2000, 18(1):9-12.
10. Lymphedema. Understanding and managing lymphedema after cancer treatment. American Cancer Society, 2006, Chapter 7, 102-106.