

Introduction to **Manual** **Lymphatic** **Drainage**

6 continuing education hours – Home Study
Presented by Hope Devall CYT, LMBT, MLD-C

About the Instructor



Hope DeVall

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- ▶ Massage Educator since 2010
- ▶ NCBTMB Approved Provider of Massage Continuing Education 451758-11

Objectives

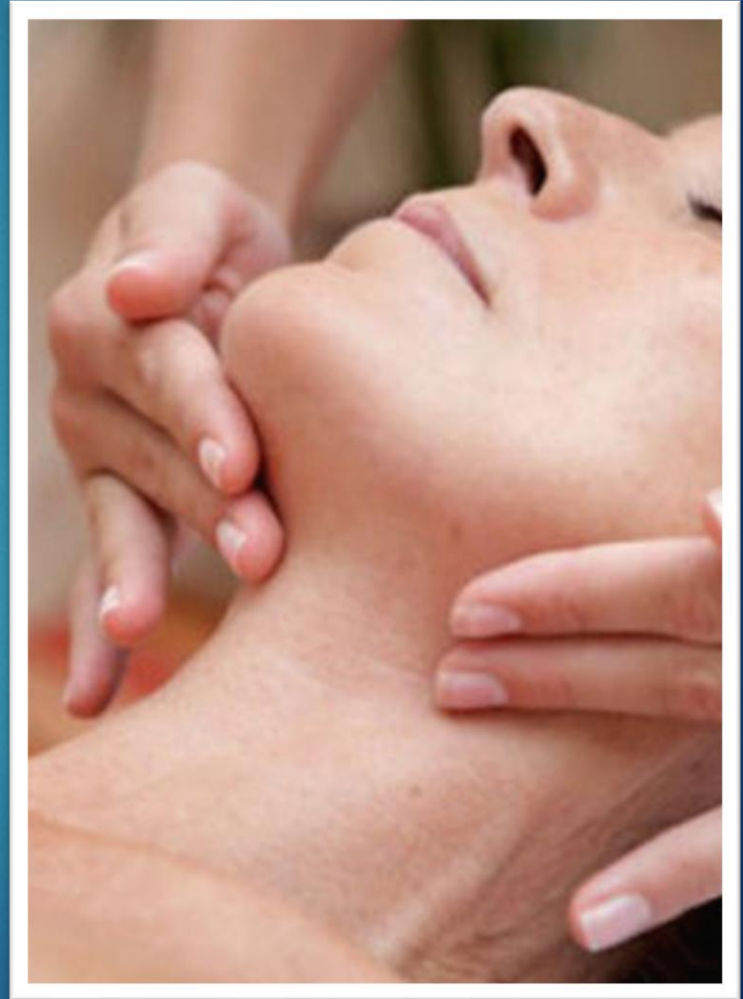
- ▶ Define Manual Lymphatic Drainage
- ▶ Explain the difference between a certificate and a certification.
- ▶ Identify the certifying body for Manual Lymphatic Drainage.
- ▶ Review the Anatomy and Physiology of the Lymphatic System.
- ▶ List the three superficial lymph node regions and their primary drainage areas.
- ▶ Describe the direction of lymph flow and the associated node groups.
- ▶ List common lymphatic pathologies and determine whether MLD is indicated or contraindicated for each.
- ▶ Review the history of Manual Lymphatic Drainage.
- ▶ Discuss indication of Lymphatic Drainage.
- ▶ Compare and contrast edema, lymphedema, and lipedema, including underlying causes and presentation.
- ▶ Name the Vodder-style strokes.
- ▶ Describe the pressure and direction of Vodder technique MLD.

What is Manual Lymphatic Drainage?

Manual Lymphatic Drainage (MLD) is a gentle, manual therapy protocol that supports the functions of the lymphatic system

Through precise, rhythmic, and light-touch techniques, MLD supports the body's natural detoxification processes, reduces swelling, enhances immune function, and promotes deep relaxation.

MLD techniques are preformed dry with an emphasis on directional skin stretching.



Therapeutic Goals of MLD

MLD is often used in both medical and wellness settings—from hospitals and physical therapy clinics to holistic spas and massage practices. While its applications vary, the underlying goal remains the same: to support healthy lymphatic flow and restore balance to the body's internal environment.

The most common therapeutic goals are to manage **Edema** and early stages of **Lymphedema**, and promotes healthy immune function

Who Practices MLD?

Manual Lymphatic Drainage is practiced by a variety of healthcare and wellness professionals, including:

- ▶ Licensed Massage and Bodywork Therapists (LMTs)
- ▶ Physical Therapists and Occupational Therapists
- ▶ Nurses and Lymphedema Specialists
- ▶ Estheticians specializing in post-surgical or facial lymphatic care

Each profession integrates MLD within its own scope of practice.



Training & Credentials

In the United States, the Lymphology Association of North America (LANA) serves as the recognized certifying body for practitioners specializing in lymphatic care.

- ▶ LANA certification establishes a national standard of excellence in the field. To become LANA Certified (CLT-LANA), a practitioner must:
 - ▶ Complete a minimum of 135 hours of lymphatic-specific education from a LANA-approved school (such as the Vodder School, Norton School, Klose Training, or ACOLS).
 - ▶ Hold an active healthcare license (e.g., LMT, PT, OT, RN).
 - ▶ Pass the national LANA Certification Exam, demonstrating competency in anatomy, physiology, and clinical management of lymphedema.
 - ▶ LANA certification is the gold standard credential for those wishing to work in clinical or medical settings such as oncology, vascular rehabilitation, or hospital-based lymphedema programs.



Certificates vs. Certification

It is important to distinguish between a certificate and a certification:

- ▶ A **certificate** is awarded upon completion of a continuing education (CE) course—such as this introductory class. It signifies participation and learning but does not confer professional credentials or specialized clinical rights.
- ▶ A **certification**, such as CLT-LANA, is a formal credential earned after meeting strict educational and examination requirements through a recognized professional board. It demonstrates advanced competency and qualifies the practitioner for specialized practice within medical parameters.

About this Course

This, self-paced, 'Home Study', continuing education course Designed for licensed massage therapists, introduces the foundational theory, anatomy, and techniques of Manual Lymphatic Drainage, preparing you for safe, wellness-based applications and serving as a stepping stone toward advanced certification for those who wish to pursue it professionally.

This course is approved by the NCBTMB for continuing education credit for licensed massage therapists.

*NOT A CERTIFICATION



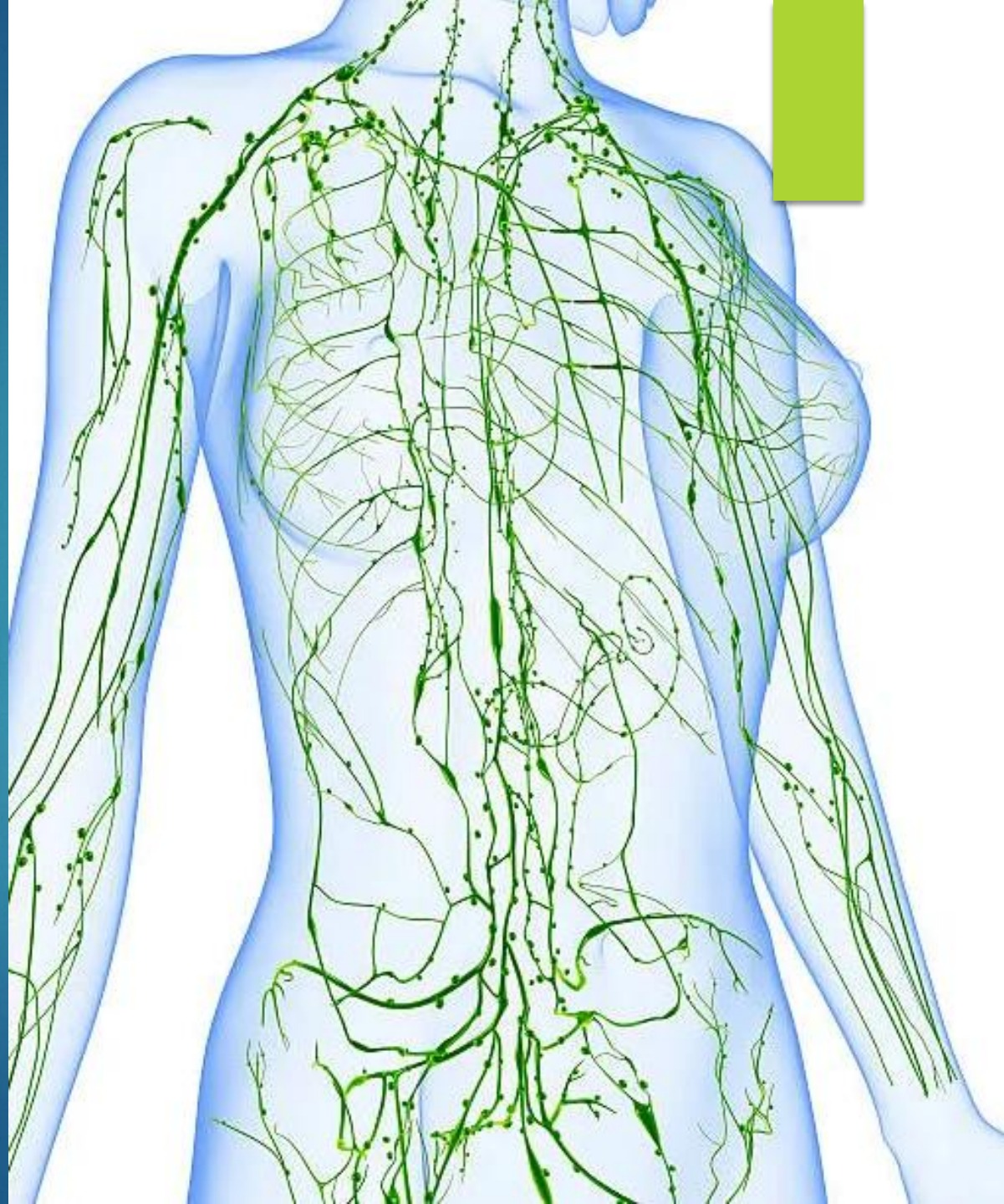
Introduction to the Lymphatic System – Anatomy & Physiology

The lymphatic system is one of the most important yet least understood systems in the human body. It plays a vital role in maintaining fluid balance.

It works quietly alongside the Cardiovascular and immune systems and acts as both a **drainage and defense system**—removing excess fluid and waste from tissues, transporting vital immune cells, and maintaining internal balance.

Primary Functions of the Lymphatic System

- ▶ Fluid Balance
- ▶ Immune defense
- ▶ Transportation



Fluid Balance

Every day, about 20 liters of plasma leave the bloodstream to bathe the body's tissues. Most of that fluid returns to the veins, but roughly 3 liters remain behind. The lymphatic system collects this leftover fluid—now called lymph—and returns it to the blood, preventing edema and maintaining volume balance in the cardiovascular system.



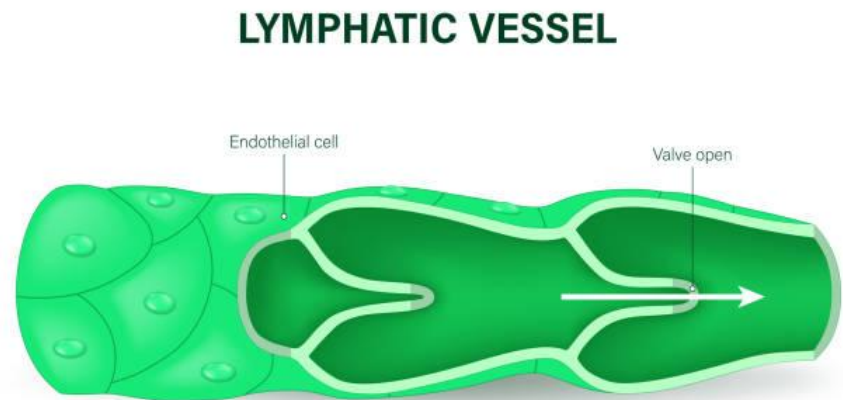
Immune Defense

► As lymph passes through lymph nodes, it is filtered and examined by lymphocytes (white blood cells) and macrophages that destroy pathogens, abnormal cells, and debris. This filtration system is a critical part of the body's immune response, acting like border checkpoints throughout the body.



Transportation of Nutrients

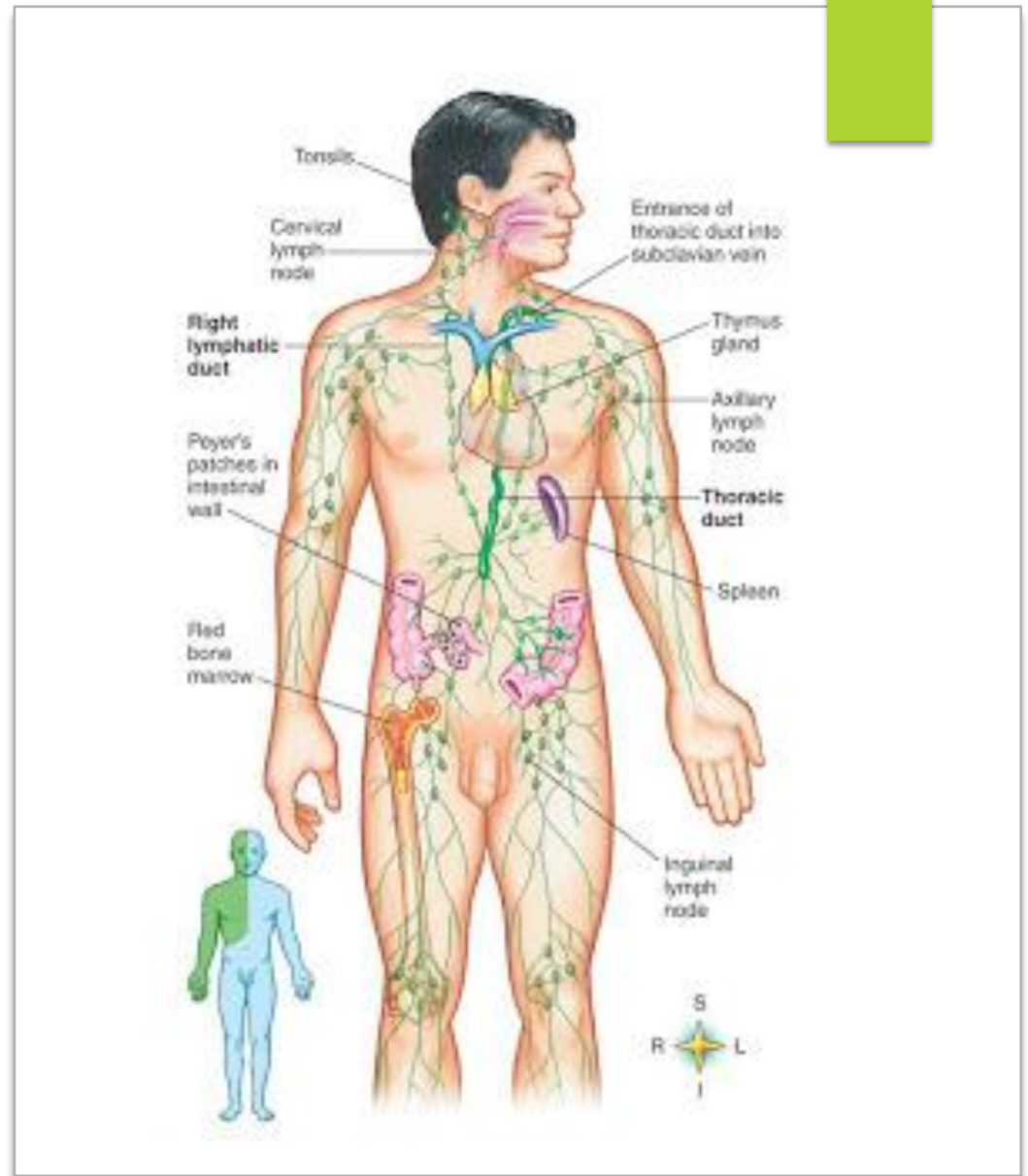
► Specialized lymphatic vessels in the small intestine, called lacteals, absorb fats and fat-soluble vitamins from the digestive tract and deliver them into circulation—an essential step in nutrient metabolism.



Lymphatic Structures

The lymphatic system is a **one-way, open system** composed of:

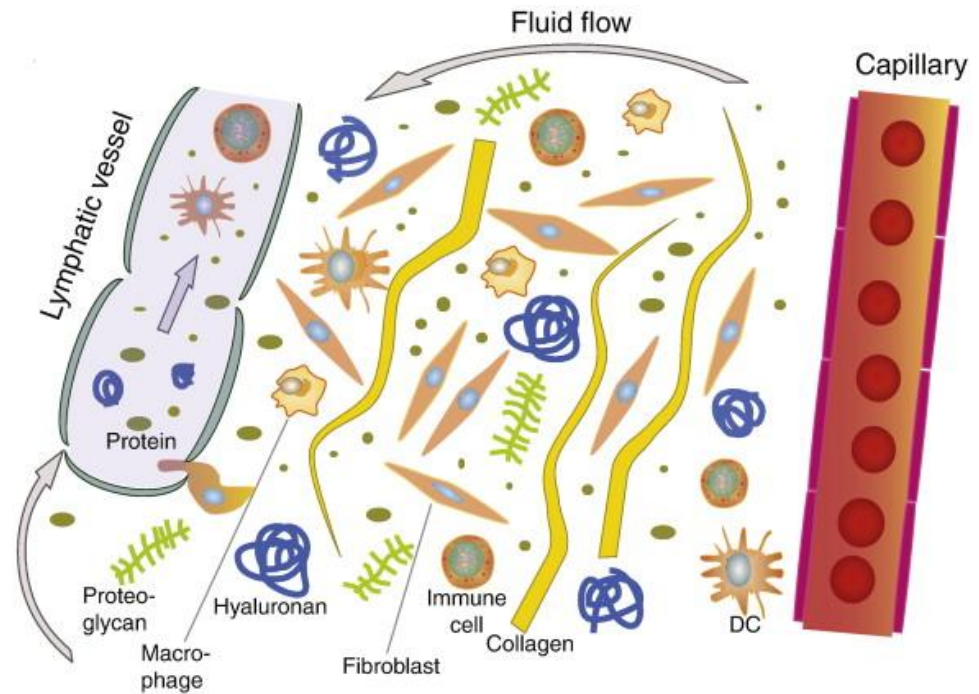
- ▶ Lymphatic Fluid
- ▶ Lymphatic Vessels
- ▶ Lymph Nodes
- ▶ Lymphatic Organs
 - ▶ Thymus
 - ▶ Spleen
- ▶ Lymphocytes



Lymphatic Fluid

Referred to as “Lymph” is nearly colorless fluid found in lymphatic vessels.

It is similar to blood plasma and contains white blood cells, protein and fats, water and cell fragments.



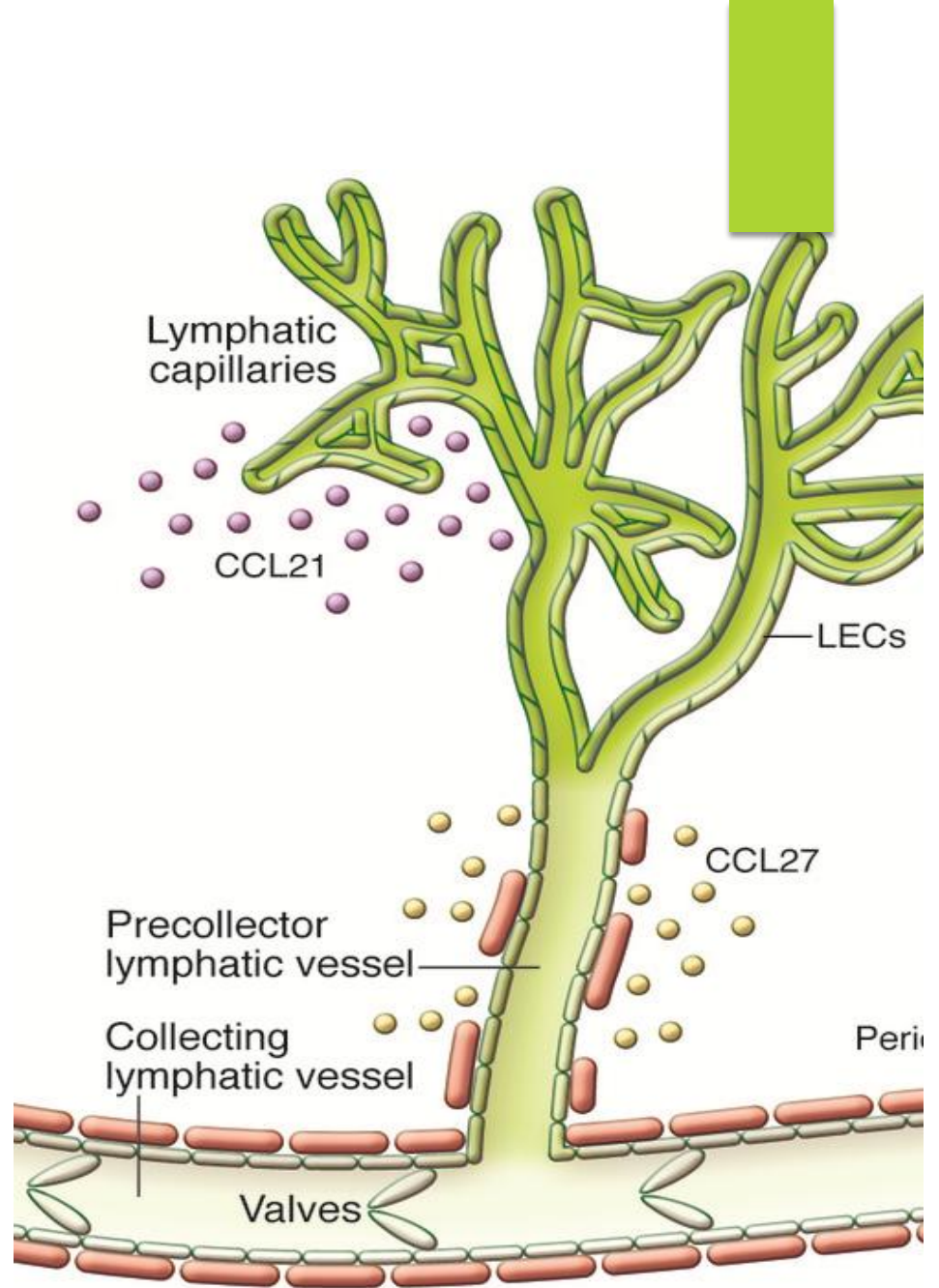


Lymph Continued

Lymphatic fluid flows from tissue spaces into lymph vessels and eventually drains into the cardiovascular system, where it rejoins the bloodstream

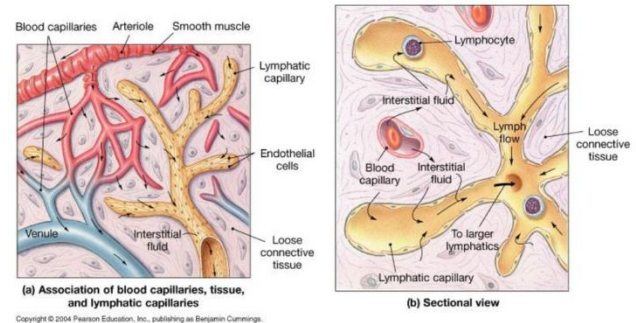
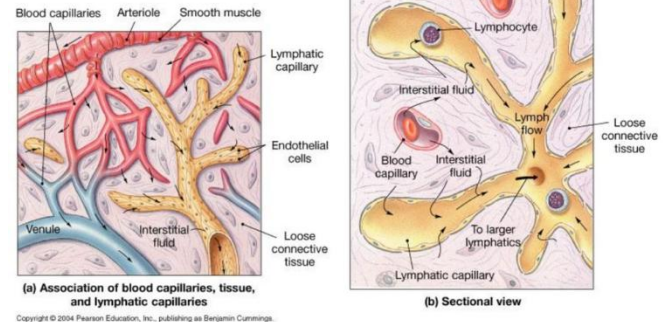
Lymphatic Vessels

Lymph vessels begin as tiny capillaries in the tissues and merge into larger vessels with one-way valves that ensure fluid flows toward the heart. Unlike veins, lymph vessels are thinner and depend on external forces—such as muscle contractions and breathing—to move lymph.



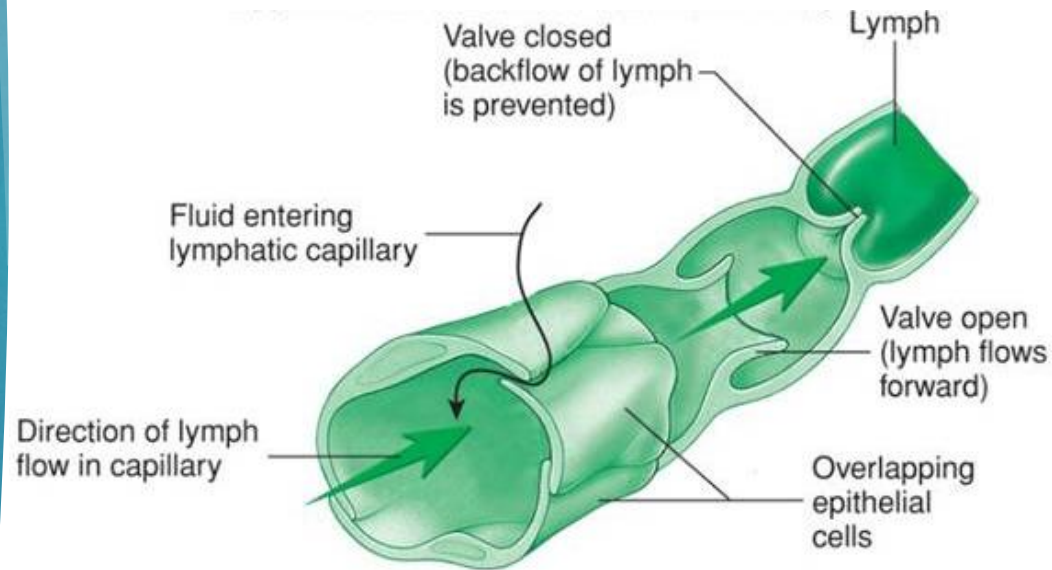
Lymph Capillaries

Lymph vessels begin as **tiny, open-ended capillaries** within the tissue spaces of the body. These initial lymphatic capillaries are highly permeable, designed to collect excess interstitial fluid, proteins, and cellular debris that cannot reenter the blood capillaries.



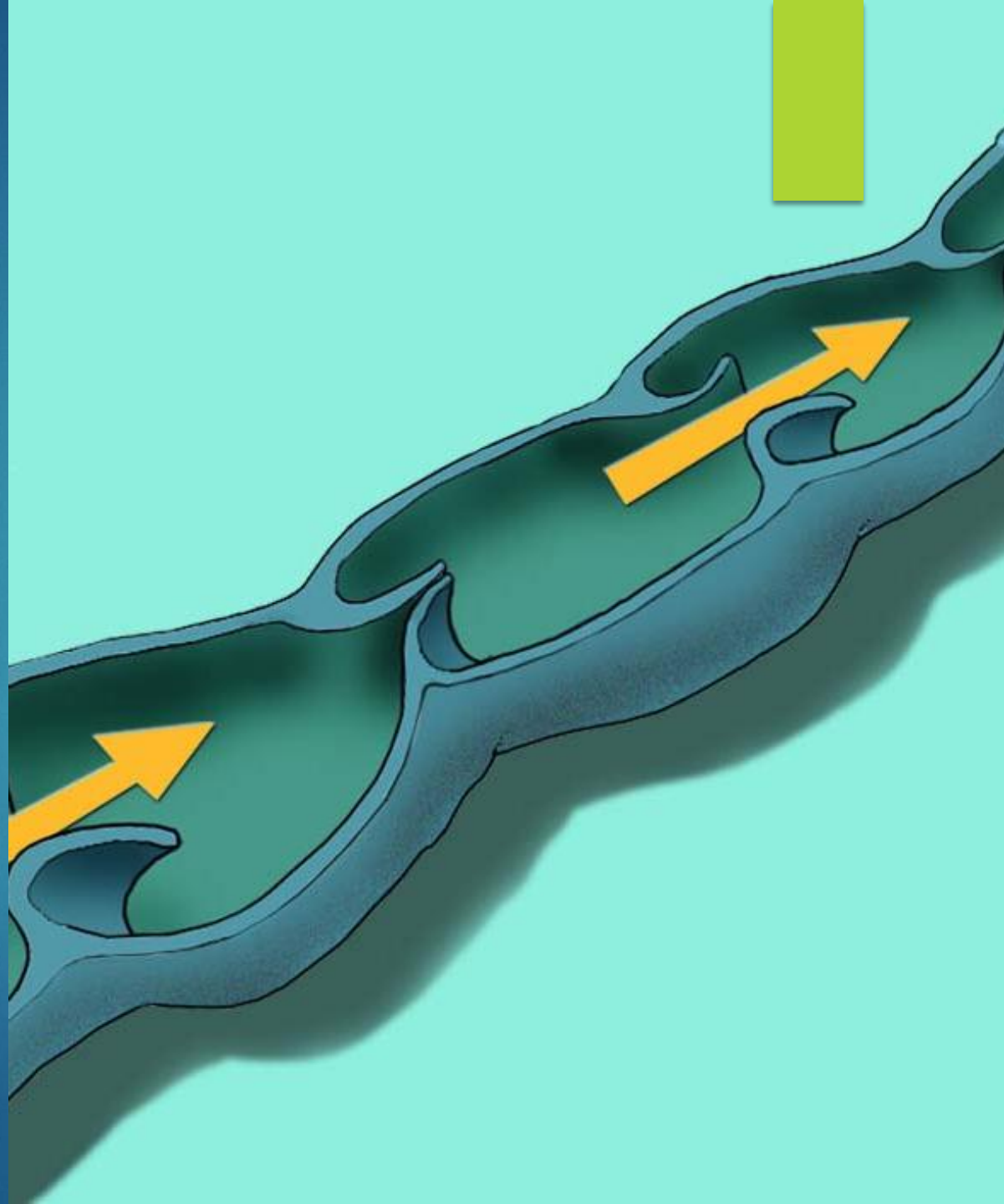
Pre-collector & Collecting Vessels

As lymph is collected, the capillaries merge into larger pre-collectors and collecting vessels that contain one-way valves, ensuring fluid moves only toward the heart. Unlike veins, lymphatic vessels are thinner, have more valves, and rely entirely on external mechanical forces—such as body movement, muscle contraction, breathing, and manual stimulation—to propel lymph forward.



Lymphatic Vessels Continued

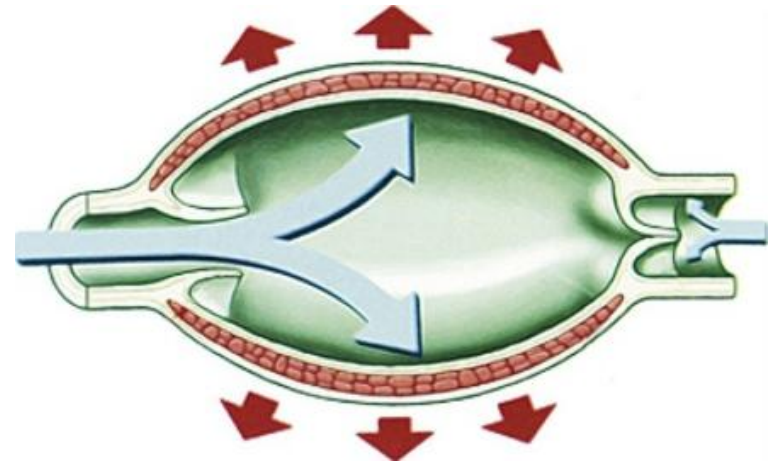
Compared with veins, they have thinner walls and more valves. These valves only open in one direction, permitting fluid to flow only toward the ducts.



Lymphangions

Within the collecting vessels are functional units called **lymphangions**—segments of the vessel that lie between two semilunar valves.

Each lymphangion acts like a tiny **pump chamber**: smooth muscle in its wall rhythmically contracts, pushing lymph into the next segment. This automatic contraction occurs several times per minute, similar to a slow heartbeat, and increases during periods of movement or deep breathing.



Factors That Assist Lymphangion Contraction

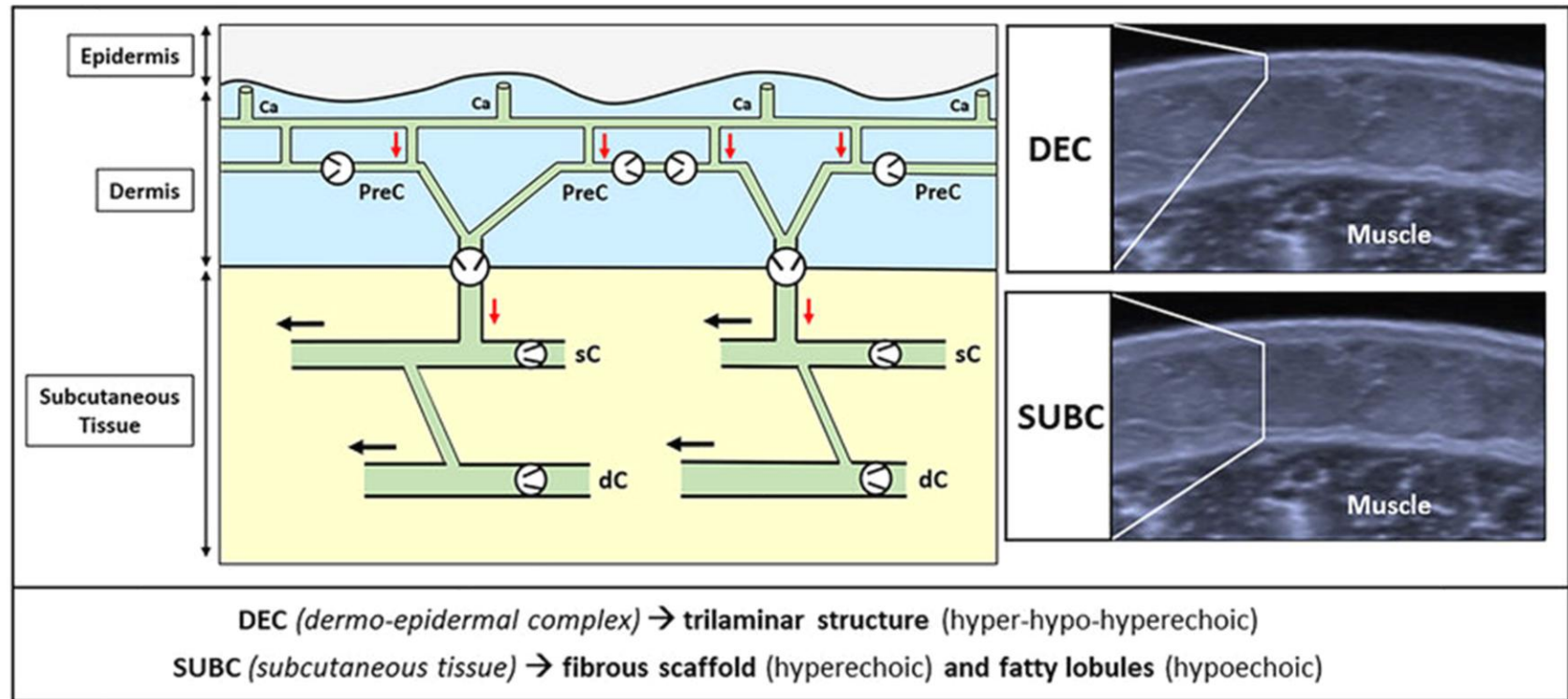
Several physiological mechanisms enhance lymphangion activity:

- ▶ **Skeletal muscle movement:** The rhythmic compression and relaxation of muscles during movement or massage helps push lymph along the vessels.
- ▶ **Respiratory pressure changes:** Inhalation creates negative pressure in the thoracic cavity, helping draw lymph upward toward the subclavian veins.
- ▶ **Autonomic nervous system stimulation:** The smooth muscle of lymphangions responds to sympathetic nerve impulses, temperature, and chemical mediators.
- ▶ **Manual Lymphatic Drainage and fascial stretching:** Gentle, rhythmic skin stretching mimics the body's own pumping action, stimulating both capillary uptake and lymphangion contraction.

Lymphangion Contraction Continued

Together, these forces form a finely tuned, pump-less circulation system. The coordinated opening of capillaries, contraction of lymphangions, and movement of surrounding muscles ensure that lymph continues its slow but steady journey back to the heart—maintaining the body's fluid balance and supporting immune function.

Lymph Collectors & Locations



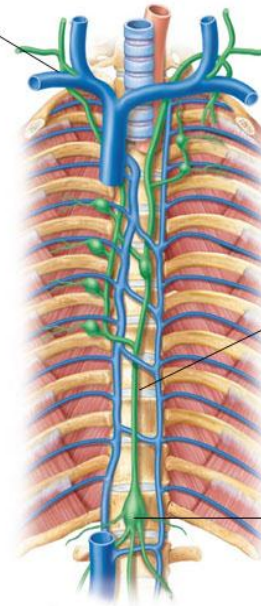
Lymphatic Ducts

All lymph collected from the body eventually drains into one of two main ducts, which return the filtered fluid to the bloodstream:

- ▶ Right Lymphatic Duct
- ▶ Left Thoracic Duct

Lymphatic Ducts

Right Lymphatic Duct empties at junction of right internal jugular and right subclavian veins



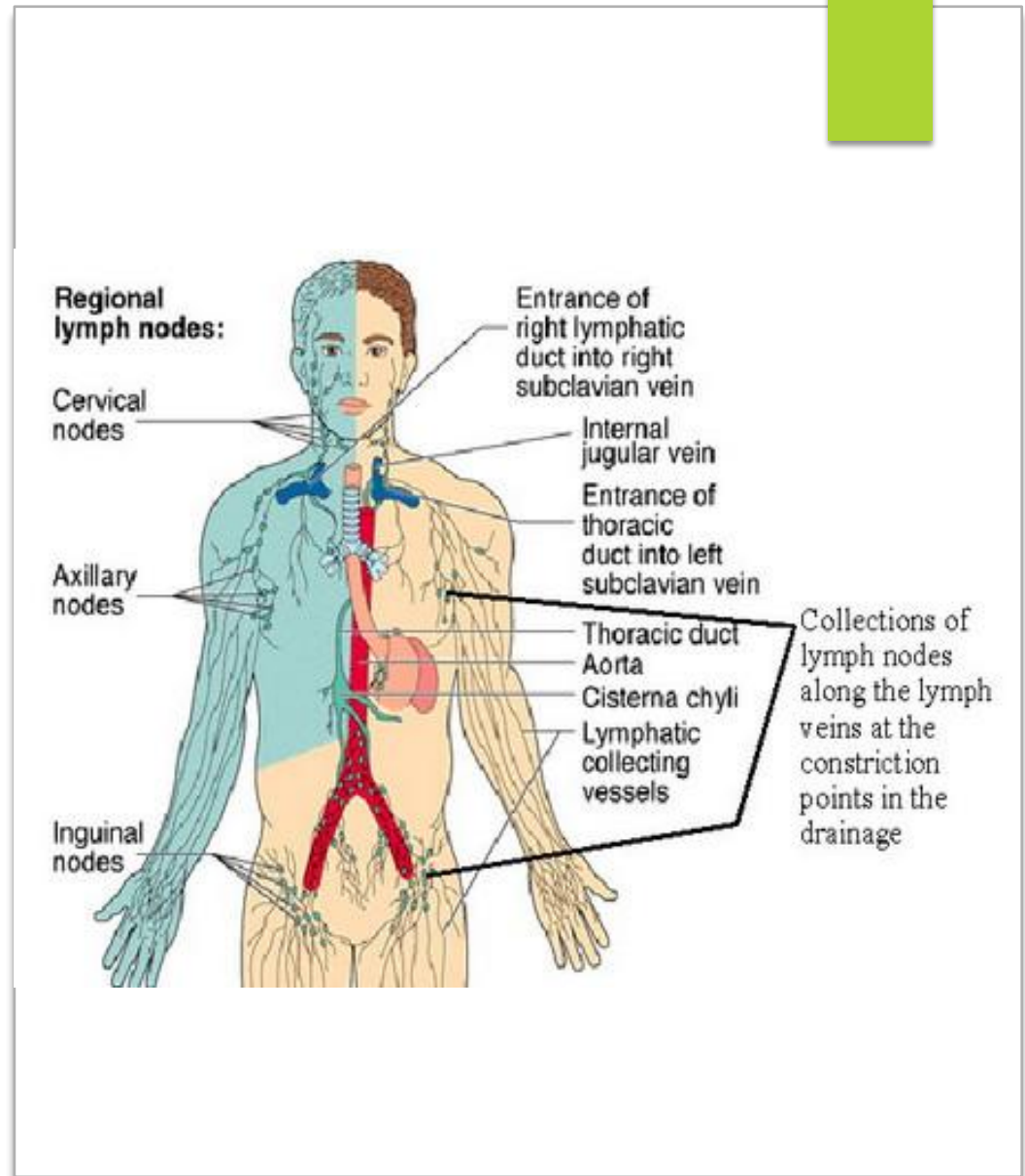
Thoracic Duct - empties into junction of left internal jugular and left subclavian veins

Cisterna Chyli – most inferior part of thoracic duct

Lymphatic Ducts

Lymphatic Duct (Right): Drains lymph from the right arm, right side of the head and neck, and right half of the thorax. This duct empties into the right subclavian vein, just beneath the collarbone

Thoracic Duct (Left): Drains lymph from the rest of the body, including the left arm, left side of the head and neck, both lower limbs, and the entire abdomen. The thoracic duct empties into the left subclavian vein, where the lymph rejoins the circulatory system.



Lymphatic Structures Recap (Tree Analogy)

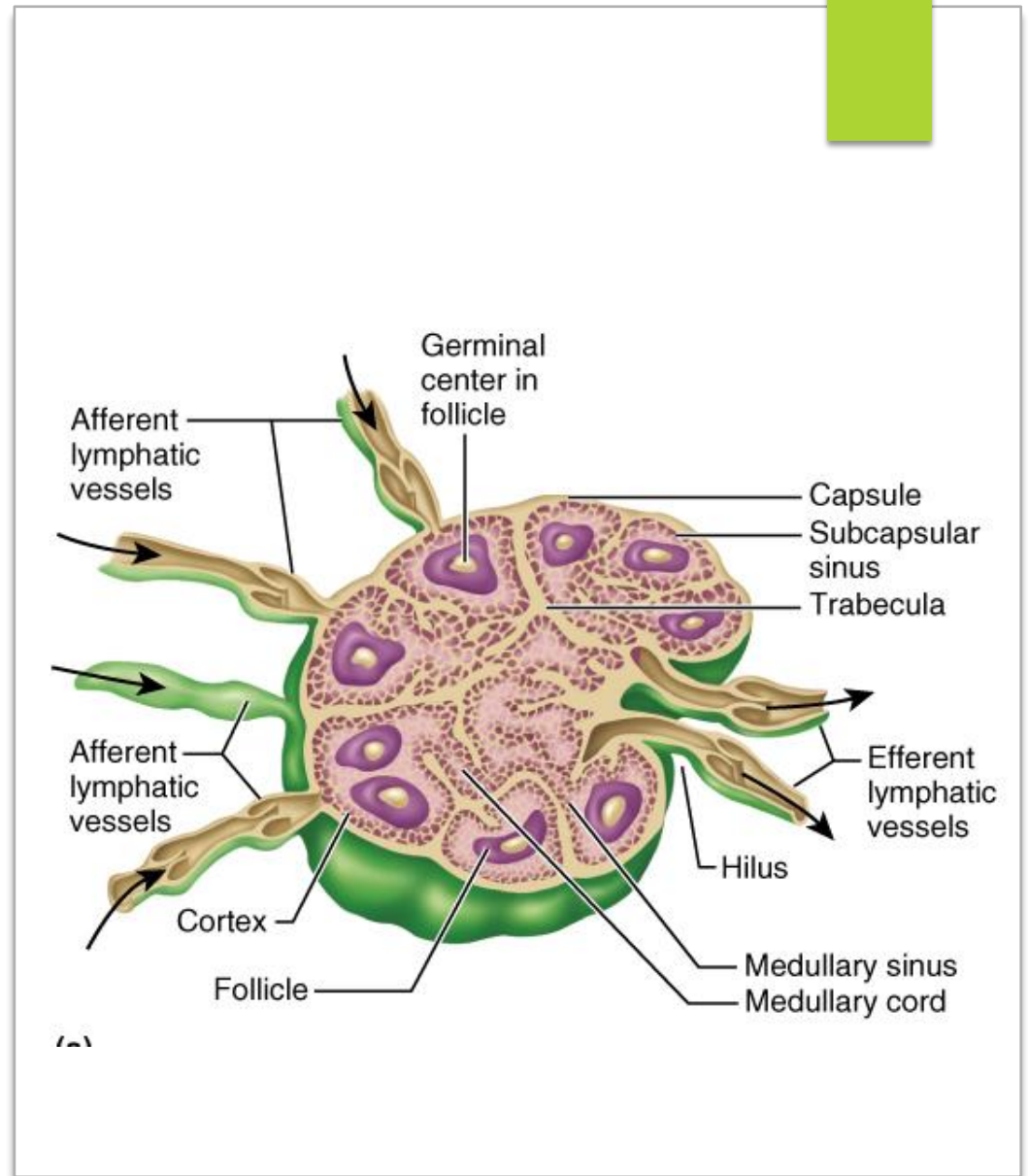
- ▶ Initial Lymph Capillaries (leaves)
- ▶ Pre-collectors (Branches)
- ▶ Collectors (Trunk)
- ▶ Lymphatic Ducts (Roots)



Lymph Nodes

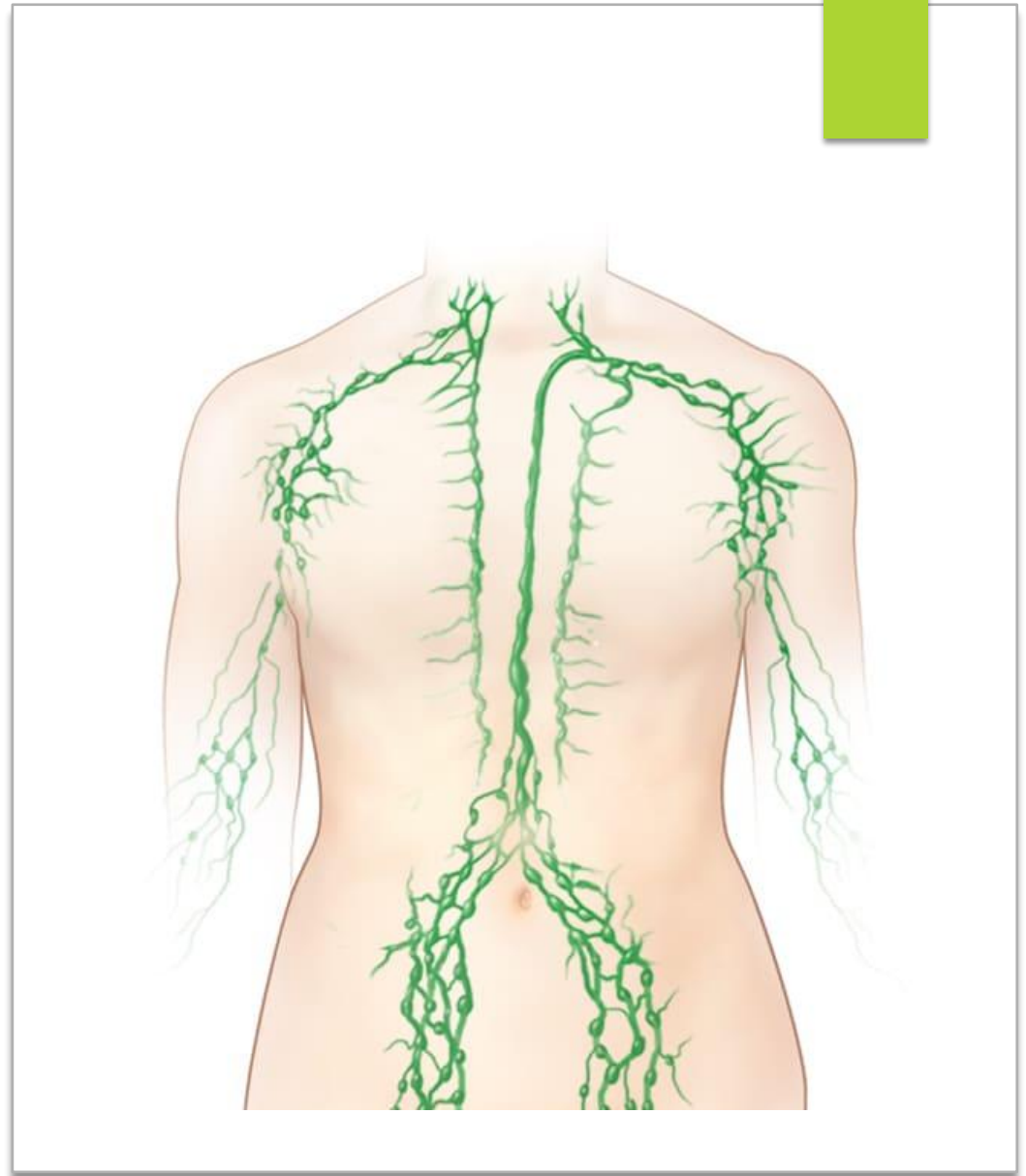
The human body contains approximately **600–700 lymph nodes**, scattered throughout the lymphatic network like small security checkpoints.

Each node is a **bean-shaped filter**, ranging from 0.5 to 1.5 cm in size, surrounded by a fibrous capsule and filled with immune cells that identify and neutralize harmful substances.



Lymph Nodes

Lymph nodes serve as **filters** for lymphatic fluid as it travels back toward the heart. Every drop of lymph passes through multiple nodes before it reenters circulation. This constant monitoring process is one of the primary ways the body detects infection, inflammation, and even early signs of cancer.



Structure and Function

Inside each lymph node, the lymph fluid percolates through a network of **sinuses** lined with specialized immune cells. These include:

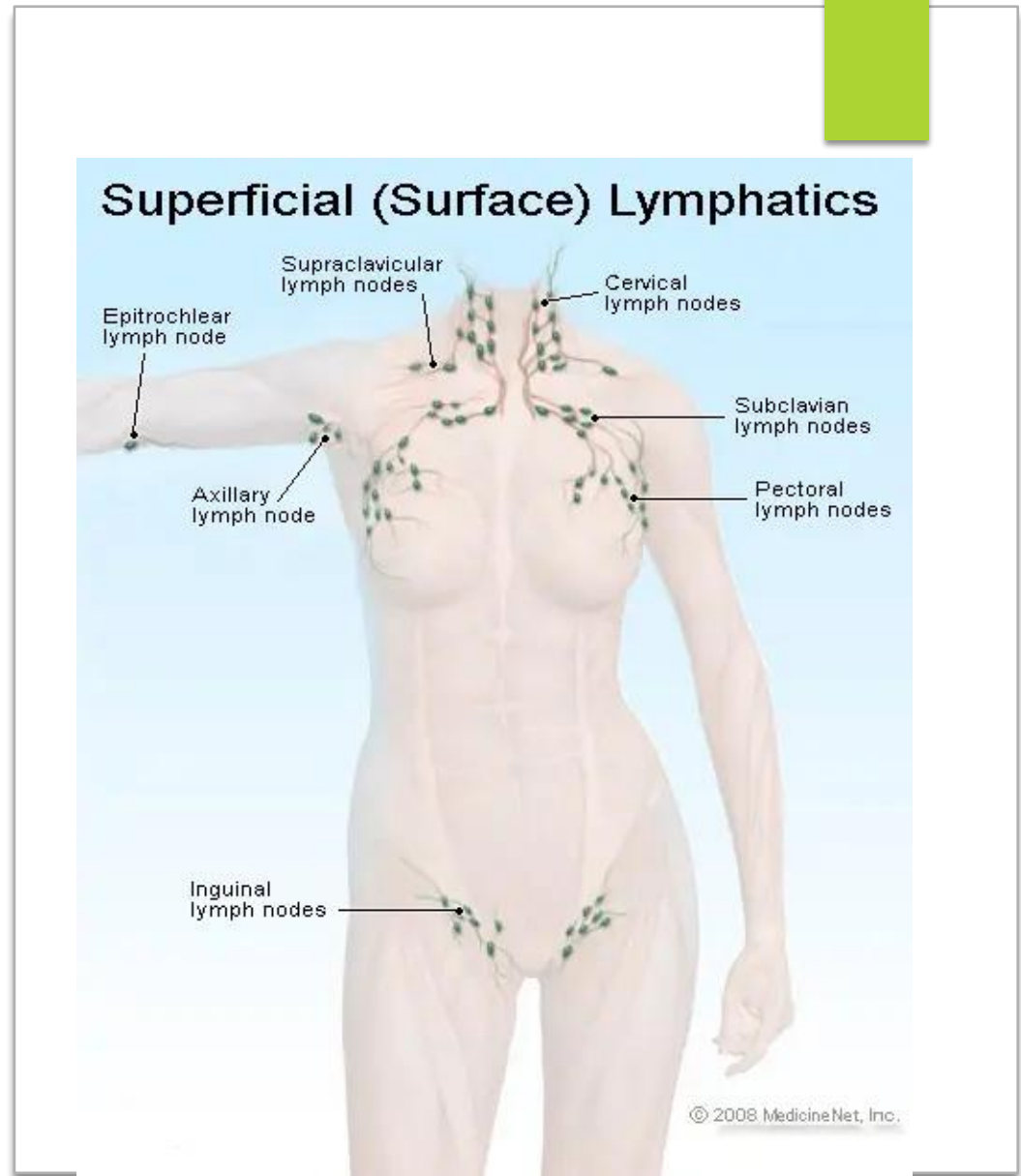
- ▶ **Macrophages:** Large phagocytic cells that engulf and digest bacteria, viruses, and cellular debris.
- ▶ **Lymphocytes:** White blood cells responsible for recognizing and responding to foreign invaders. There are two main types:
 - ▶ **B cells**, which mature within the nodes and produce **antibodies** to neutralize pathogens.
 - ▶ **T cells**, which attack infected or abnormal cells directly and coordinate broader immune responses.

As lymph enters through **afferent vessels**, it slows down within the node, allowing time for this microscopic inspection and cleansing process. Filtered lymph then exits through **efferent vessels**, now cleared of many harmful materials.

Superficial Nodes

Although nodes are distributed throughout the body, several superficial clusters are especially important for manual lymphatic drainage:

- ▶ Inguinal. Located in the groin.
- ▶ Axillary. Located in the axillae.
- ▶ Cervical. Located in the neck.



Regional Lymph Nodes

Cervical Nodes (Neck): Filter lymph from the scalp, face, and oral cavity; often swell during sore throats or sinus infections.

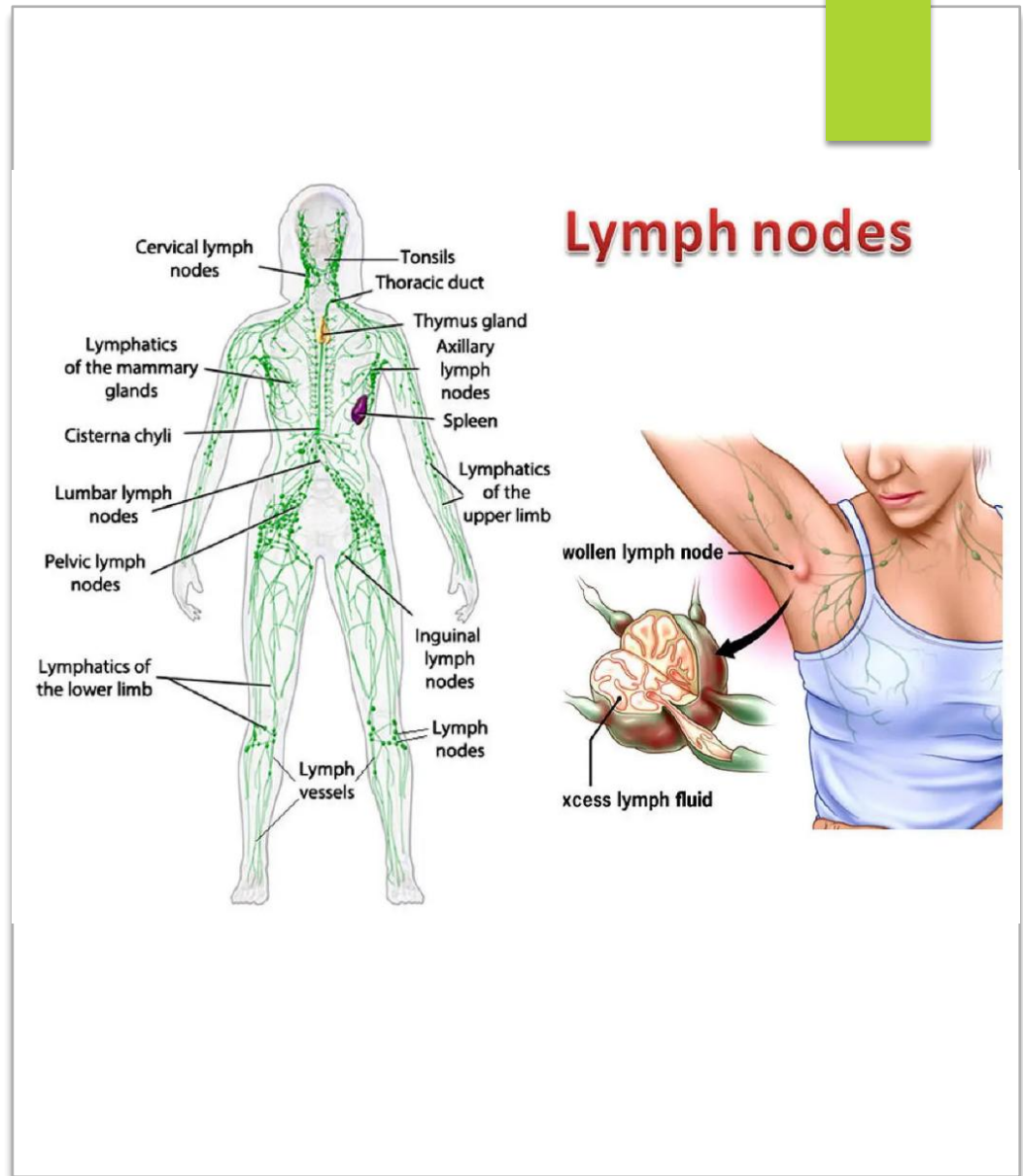
Axillary Nodes (Armpits): Drain the arms, upper chest, and portions of the breast tissue; frequently examined in post-surgical or oncology contexts.

Inguinal Nodes (Groin): Filter lymph from the legs, lower abdomen, and external genitalia; may enlarge due to infection or injury in the lower limbs.

Deeper clusters—such as **abdominal, thoracic, and pelvic nodes**—handle drainage from the organs and internal structures.

Lymph Node Anatomy Map

Lymph nodes are distributed throughout the body in both **superficial** and **deep chains**, connected by a vast network of lymphatic vessels. Each node filters lymph from a specific anatomical region before passing it along toward larger trunks and ducts. Understanding these clusters and their drainage territories is essential for safe and effective **Manual Lymphatic Drainage (MLD)**, as well as for recognizing signs of congestion or dysfunction.



Lymphatic Drainage Map

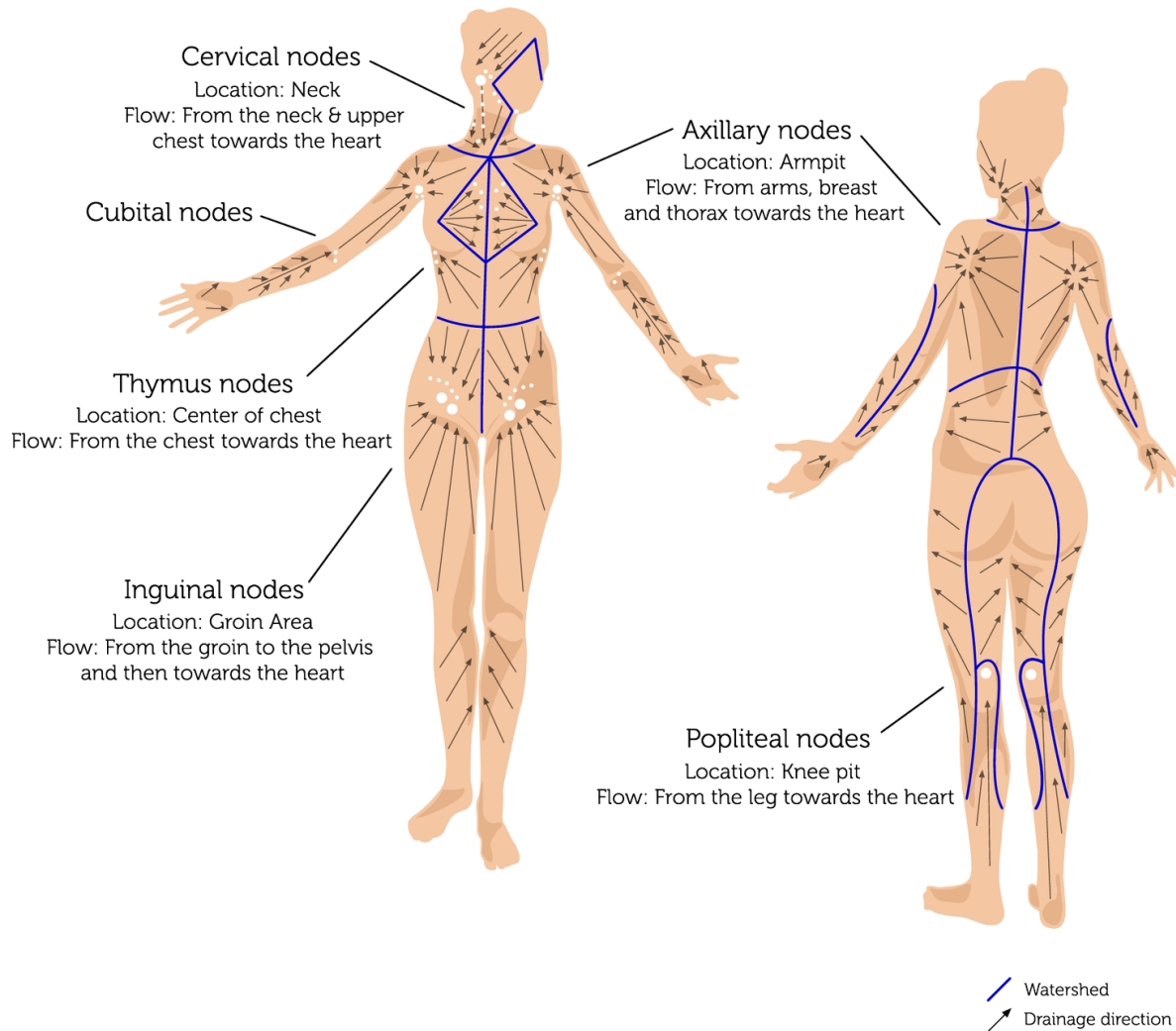
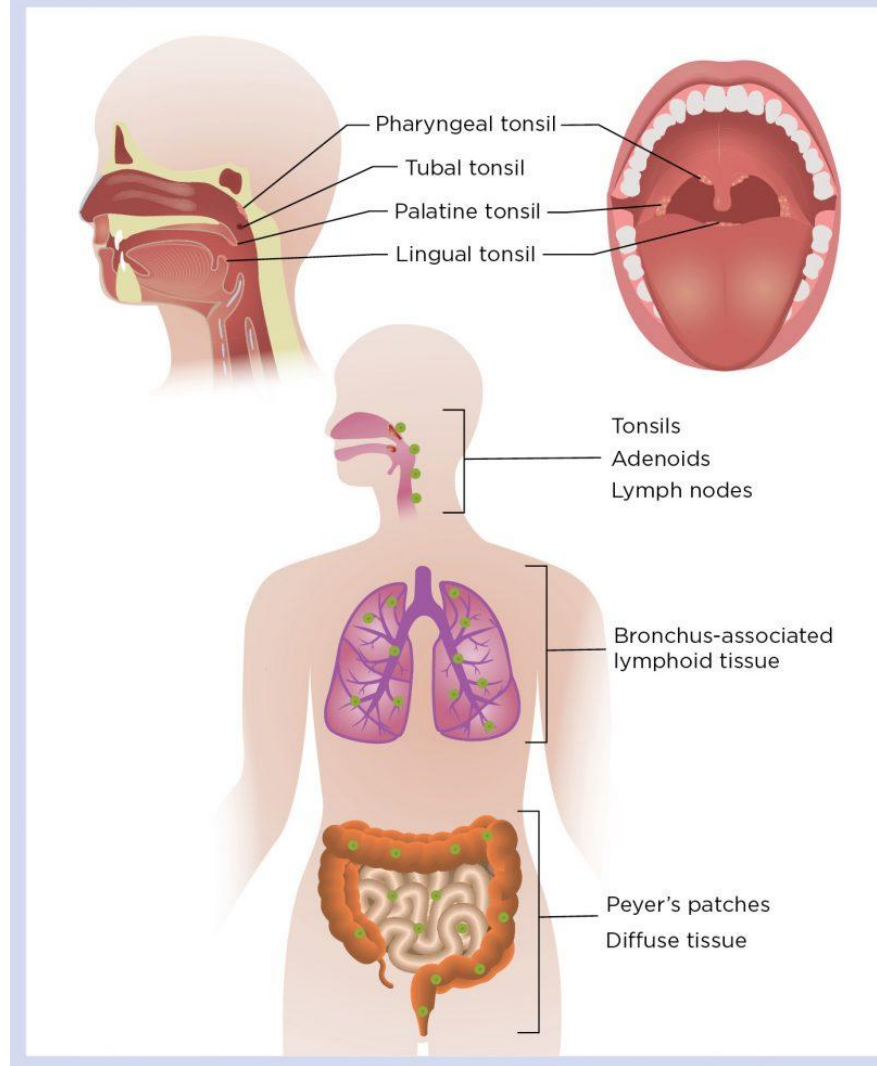


Fig 4. Location of mucosal-associated lymphoid tissue



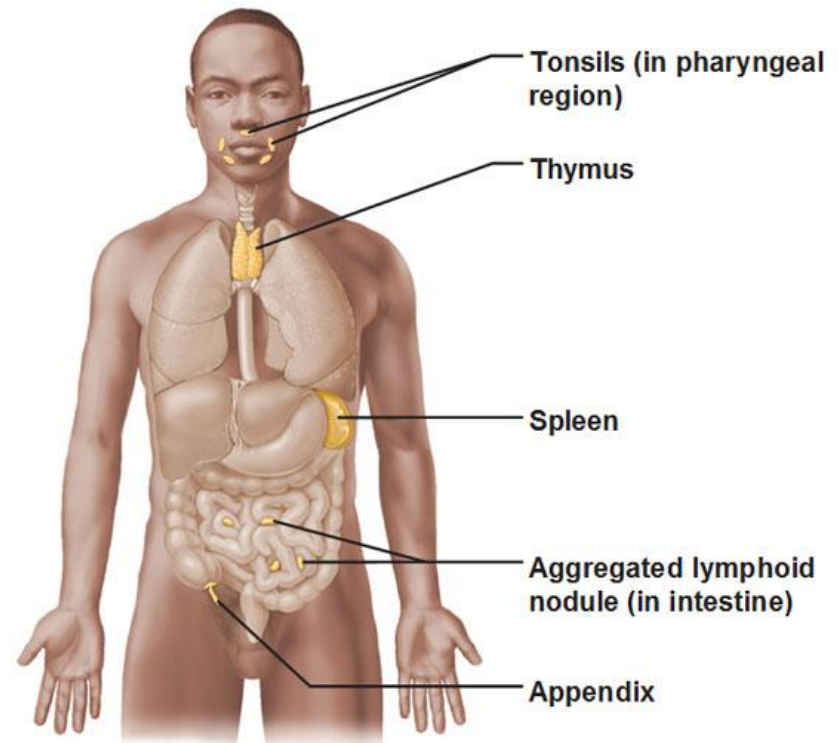
MALT

MUCOSAL –
ASSOCIATED
LYMPHOID
TISSUE

Other Lymphatic Organs

- **Thymus:** Develops and matures T lymphocytes.
- **Spleen:** Filters blood, removes old red blood cells, and stores lymphocytes.

Lymphoid Organs



Lymph Movement and Pumping Mechanisms

The lymphatic system lacks a central pump like the heart, yet it manages to circulate several liters of lymph fluid every day through a coordinated series of mechanical and physiological forces. Each mechanism works in harmony to ensure lymph moves steadily toward the heart, preventing stagnation and maintaining the body's fluid balance.

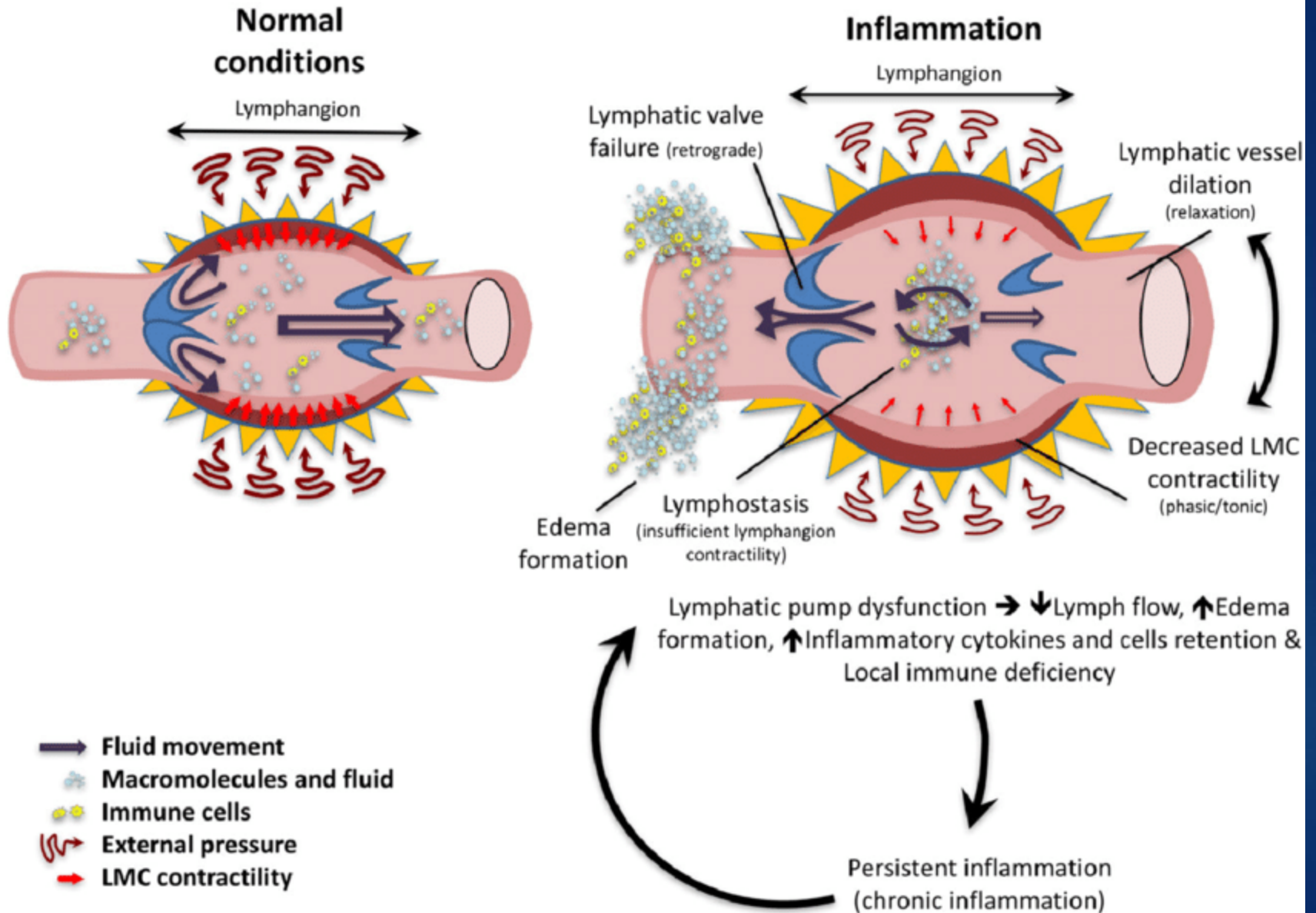
- **Lymphangion Contractions**
- **Skeletal Muscle Movement**
- **Respiratory Pressure Changes During Breathing**
- **Manual Stimulation from Massage or Fascial Stretching**

Lymphangion Contraction

Within the walls of larger lymphatic vessels are small, functional segments called **lymphangions**—the spaces between two one-way valves. These segments contain smooth muscle fibers that **contract rhythmically**, propelling lymph forward much like a peristaltic wave in the intestines. Each contraction moves lymph a few millimeters at a time, ensuring continuous flow through the vessels. These contractions occur automatically several times per minute and can increase in frequency when stimulated by movement, temperature changes, or gentle touch.

For example, during a Manual Lymphatic Drainage (MLD) session, the therapist's light rhythmic strokes stimulate the lymphangions, enhancing their pumping efficiency and supporting healthy fluid movement throughout the body.

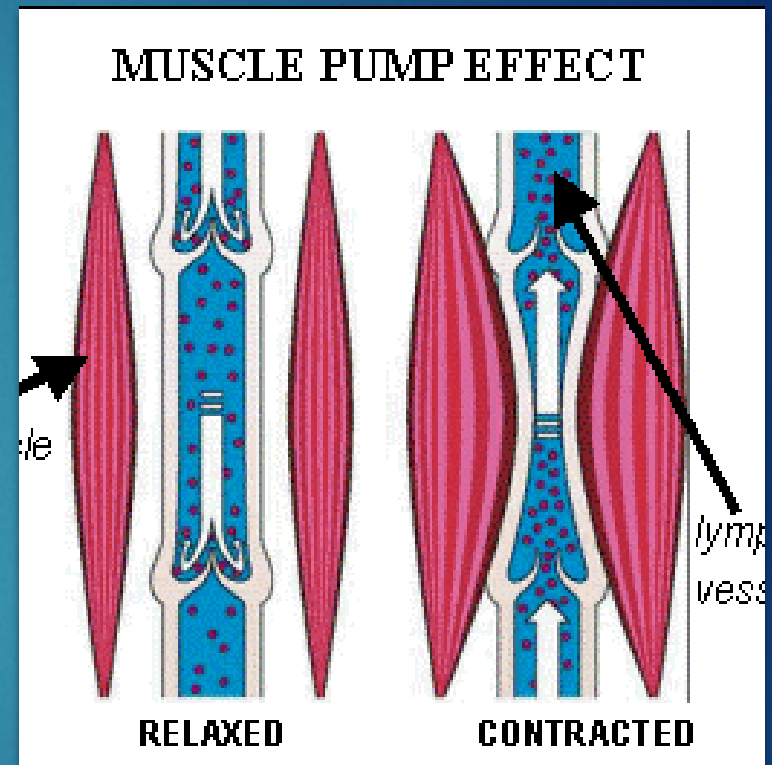
Lymphatic pump failure



Skeletal Muscle Movement

One of the most powerful forces driving lymph flow is **skeletal muscle activity**. When muscles contract during walking, stretching, or exercise, they compress nearby lymph vessels—much like squeezing a sponge—pushing lymph through the one-way valves toward the heart.

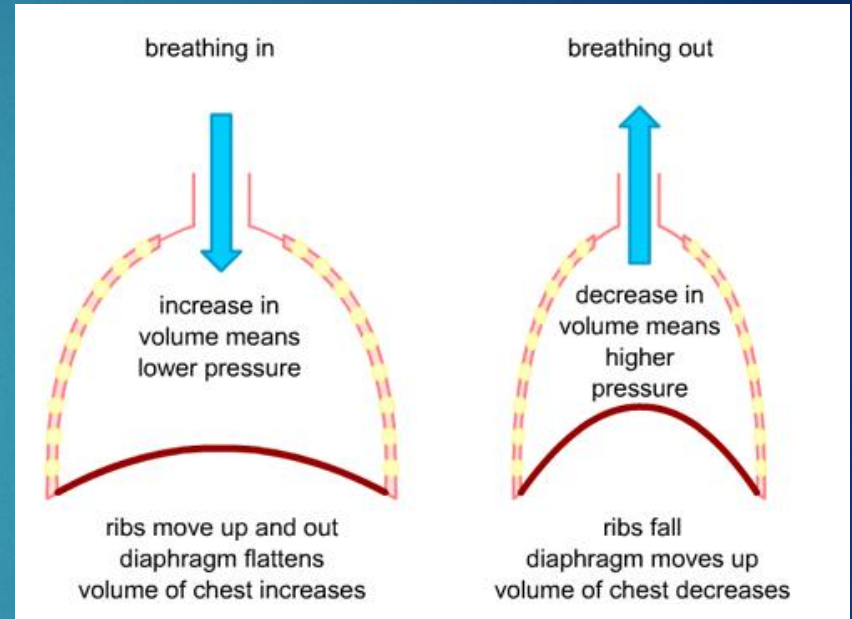
This process, often called the “**muscle pump**,” is why lymphatic circulation improves with physical activity and why sedentary behavior can lead to swelling or stagnation.



For instance, people who sit for long hours may notice puffiness in their feet or ankles due to reduced lymph return. Gentle movement, yoga, or even simple ankle pumps can dramatically enhance lymphatic flow by activating this natural muscular pumping mechanism.

Respiratory Pressure Changes During Breathing

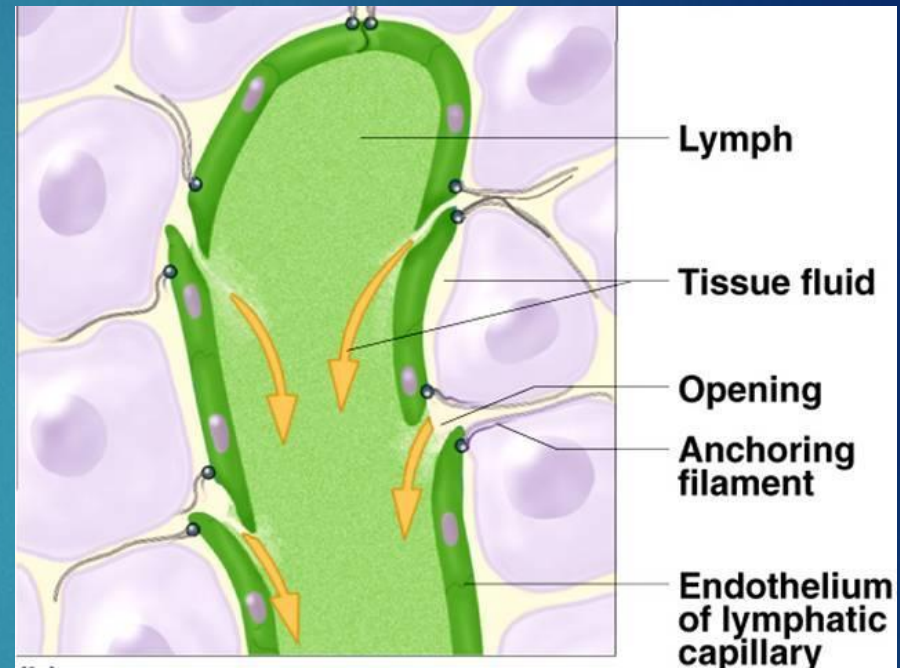
Deep, diaphragmatic breathing is another vital driver of lymphatic circulation. Each inhalation creates **negative pressure in the thoracic cavity** and **positive pressure in the abdomen**, acting like a piston that draws lymph upward through the thoracic duct and into the venous system. As the diaphragm descends and rises with each breath, it rhythmically compresses and releases abdominal lymphatic vessels, helping move fluid from the cisterna chyli and surrounding trunks toward the heart.



For example, practices such as **yogic breathing, meditation, or breathwork** naturally enhance this pressure gradient and are often used therapeutically to stimulate lymph flow, reduce congestion, and support detoxification.

Manual Skin Stretching (MLD Techniques)

- ▶ Manual Lymphatic Drainage and other gentle bodywork techniques can significantly assist lymph movement, particularly when natural flow is compromised. **Rhythmic skin-stretching and fascial mobilization** mimic the body's own pumping mechanisms by opening initial lymphatic capillaries and stimulating lymphangion contractions.
- ▶ The light pressure—typically less than the weight of a nickel—creates a wave-like motion that moves fluid toward nearby nodes and major drainage pathways.



For example, during MLD, a therapist may begin by clearing the terminus at the neck before working on the limbs, ensuring that proximal vessels are open and ready to receive lymph. Even simple self-care practices such as dry brushing or gentle skin traction over congested areas can promote similar benefits by mechanically encouraging lymph flow beneath the surface.

What Happens When the Lymphatic System isn't Functioning Properly?

- ▶ When lymph transport falters, protein-rich fluid and cellular waste accumulate in tissues. The most frequent results are edema/lymphedema, but you'll also see inflammatory node and vessel disorders, congenital malformations, and cancers of lymphocytes.
- ▶ Left unchecked, chronic lymph stasis drives inflammation → fibrosis → adipose deposition, making swelling harder to reverse and immunity less effective.

Pathology: Core Fluid Disorders

- ▶ Edema
- ▶ Lymphedema
- ▶ Lipedema
- ▶ Cancer

Edema (fluid overload; lymphatics intact but overwhelmed)

Edema is a general term for fluid accumulation in the interstitial spaces caused by imbalance in the body's normal circulation or tissue pressures. It can occur anywhere in the body and is typically secondary to another condition, such as:

- ▶ Injury or trauma (sprains, fractures)
- ▶ Inflammation or infection
- ▶ Heart, liver, or kidney disease
- ▶ Venous insufficiency or varicose veins
- ▶ Certain medications or allergic reactions

In edema, the lymphatic system is intact but overwhelmed by the amount of fluid. Once the underlying cause is treated or inflammation subsides, edema usually resolves on its own.

MLD / massage: Indicated once serious/systemic causes are ruled out and infection is absent; helpful post-injury or post-op to decongest tissues.

Contraindicated with acute infection, acute CHF, acute renal failure, DVT, fever until medically cleared.

Lymphedema (lymphatic system failure)

Lymphedema is a chronic, progressive condition that occurs when the lymphatic system itself is damaged, obstructed, or missing key structures, leading to the accumulation of protein-rich lymph fluid in tissues. This fluid stagnation triggers inflammation, fibrosis (thickening of connective tissue), and eventually fatty tissue deposits.

► There are two main types:

- **Primary Lymphedema:** Congenital or hereditary malformation of lymph vessels (may appear at birth, puberty, or adulthood).
- **Secondary Lymphedema:** Acquired damage to lymph vessels or nodes from surgery, radiation, trauma, or infection (e.g., post-mastectomy or cancer treatment).

Stages of Lymphedema



Stages of Lymphedema Explained

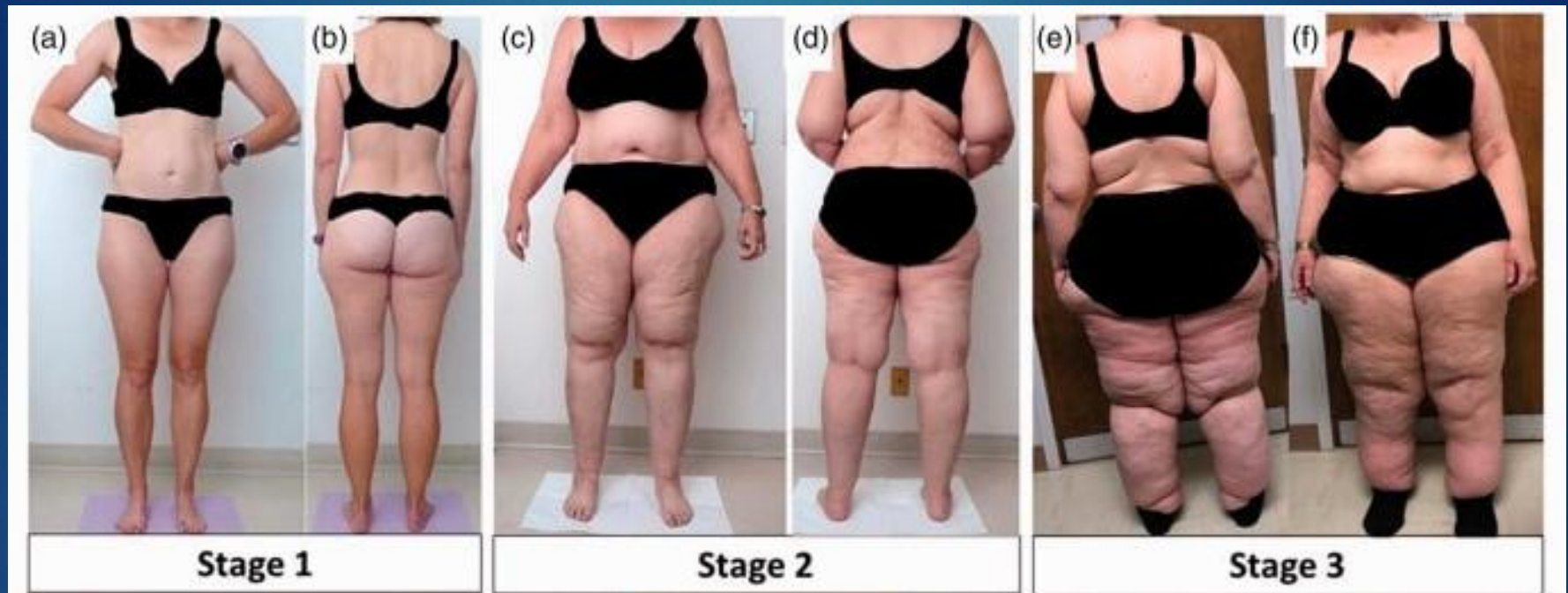
<u>Stage</u>	<u>Description</u>	<u>Response to MLD</u>
Stage 0 (Latency)	No visible swelling, but lymph transport is reduced. Patient may feel heaviness or tightness.	MLD is highly beneficial for prevention and early intervention.
Stage 1 (Reversible)	Soft, pitting edema that reduces with elevation; no fibrosis yet.	MLD very effective; combined with compression and exercise to prevent progression.
Stage 2 (Spontaneously Irreversible)	Fibrotic tissue begins forming; swelling no longer reduces easily with elevation; skin may feel firm.	MLD appropriate only when performed by a Certified Lymphedema Therapist (CLT-LANA) within Complete Decongestive Therapy (CDT).
Stage 3 (Lymphostatic Elephantiasis)	Severe, disfiguring swelling with skin thickening, fibrosis, and wart-like growths.	MLD alone is contraindicated; requires medical management, compression, and sometimes surgery.

Lipedema (adipose/lymph interaction disorder)

Lipedema is a chronic, painful fat disorder characterized by symmetrical enlargement of the legs (and sometimes arms) due to abnormal deposition of fatty tissue and fluid. Unlike lymphedema, lipedema typically:

- ▶ Affects women almost exclusively, often triggered by hormonal changes (puberty, pregnancy, menopause).
- ▶ Spares the hands and feet (creating a distinct “cuff” at wrists and ankles).
- ▶ Is often painful to touch, with easy bruising and tenderness.
- ▶ Does not initially cause pitting edema, though secondary lymphedema (called *lipo-lymphedema*) may develop over time.

Stages of Lipedema



MLD can be helpful for lipedema to reduce discomfort, support circulation, and minimize fluid retention, especially when combined with compression and gentle movement. However, it does not reduce fatty tissue itself. Management usually involves a multidisciplinary approach including diet, compression, manual therapy, and in some cases, liposuction performed by specialists.

Cancers of the Lymphatic System

Lymphomas (Hodgkin & Non-Hodgkin)

- ▶ Cancers of lymphocytes causing painless node enlargement, “B symptoms” (fever, night sweats, weight loss), and organ involvement. Hodgkin is defined by Reed–Sternberg cells; NHL includes many B- and T-cell subtypes.
- ▶ **MLD / massage:** Not given over tumor sites or where it would disrupt devices/ports. Oncology-trained therapists may use adapted massage/MLD for symptom relief or cancer-treatment-related lymphedema under medical clearance.
- ▶ **Advanced training required for LMTs**

Indications & Contraindications (Quick Reference)

When MLD is Indicated

- ▶ Stage 0–1 lymphedema and CDT programs (e.g., cancer-related arm swelling).
- ▶ Post-operative/post-trauma swelling once cleared; no fever/infection.
- ▶ Lipedema (comfort, decongestion) alongside compression/activity.

When MLD is Contraindicated / Needs Clearance

- ▶ Acute infection (cellulitis, lymphangitis), fever.
- ▶ Acute/unstable: congestive heart failure, renal failure, DVT, internal bleeding, aortic aneurysm.
- ▶ Active, untreated cancer at tumor site or suspicious lumps (require oncology guidance); cancer-related lymphedema can be treated by CLT within CDT.
- ▶ Unstable hypertension, severe hepatic disease with ascites (medical oversight).

Theories and History Behind Manual Lymphatic Drainage (MLD)

The study of the lymphatic system and the development of Manual Lymphatic Drainage span more than two millennia of medical exploration. What began as vague observations of a mysterious “white fluid” in the body has evolved into one of the most refined and clinically respected soft-tissue therapies practiced today.

Understanding this historical journey provides context for both the philosophy and science behind MLD.

Quick Historical Fun Facts about MLD

- ▶ Hippocrates and Aristotle described “white blood” in the 300-400 BC – Earliest mention
- ▶ Olof Rudbeck (1600's) first to recognize and document lymphatic role in circulation
- ▶ Alexander Von Winiwarter – first to use lymphatic massage to treat edema and lipedema (1890's) – his work lost upon his death
- ▶ Dr. Emil Vodder and his Wife, Estrid Vodder rediscovered Winiwarter's work (1930's)

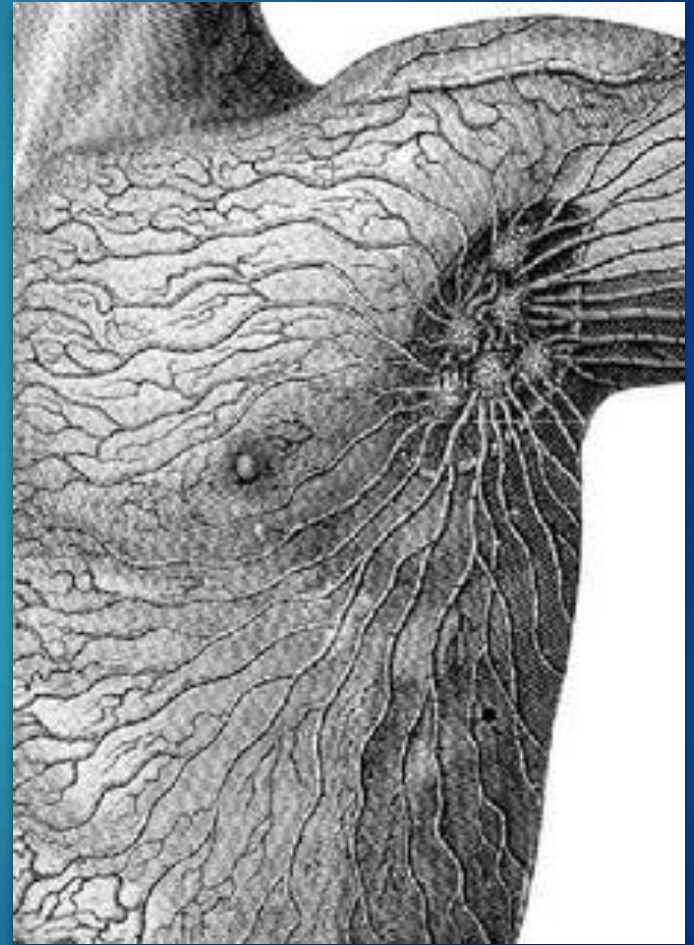
Dr. Emil Vodder

The original method of Manual Lymph Drainage was developed by Emil Vodder PhD and his wife, Estrid Vodder, ND in the 1930's.



Founder of MLD

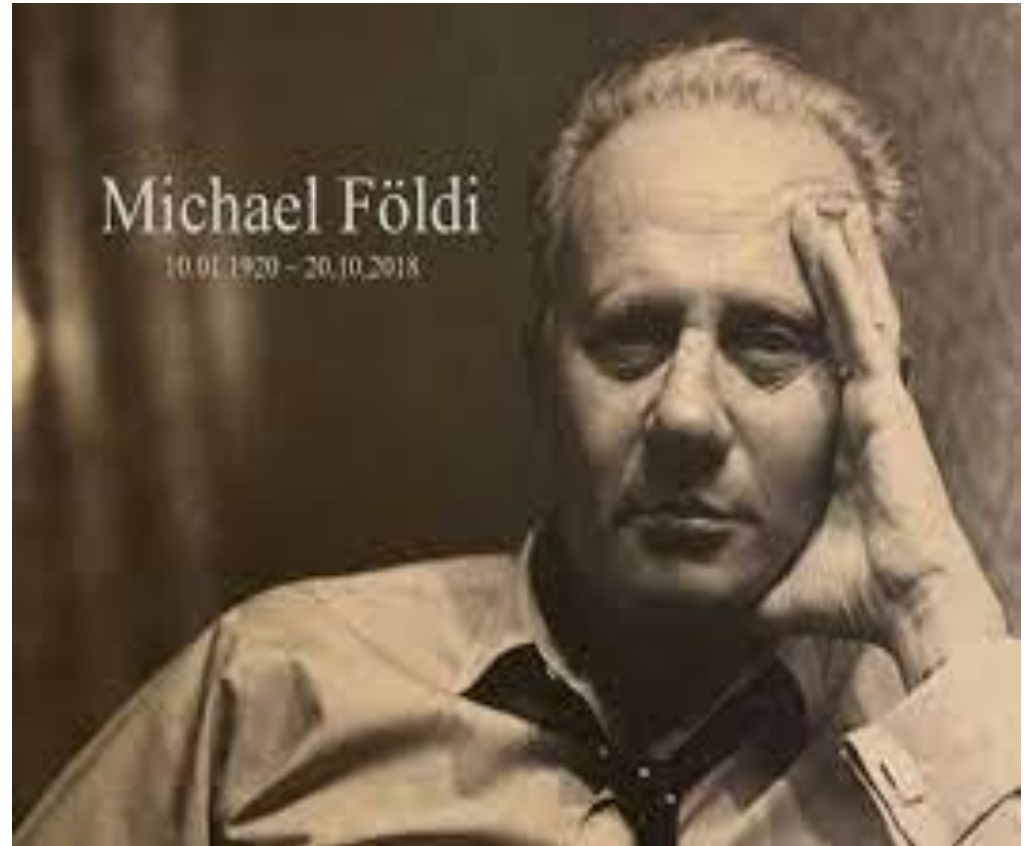
- ▶ In 1933, Vodder and his wife moved to Paris where they continued their biological studies and dedicated their time to the anatomy and physiology of the lymph system.
- ▶ In a large anatomical atlas Vodder found a collection of wonderful copper engravings by the anatomist SAPPEY. These engravings were the fundamental basis for a systematic method, which Emil Vodder elaborated by intuition and many practical treatments.
- ▶ A completely new manual technique & protocol was created which was performed with pumping, circling movements and a very light pressure.



Complete Decongestive Therapy (CDT)

Dr. Michael Foldi
(1960's)

- ▶ Didn't agree with Vodder's indications but used the techniques to treat Edema & Lymphedema
- ▶ Honored Dr. Vodder by naming it the Vodder Method



Voder MLD Strokes

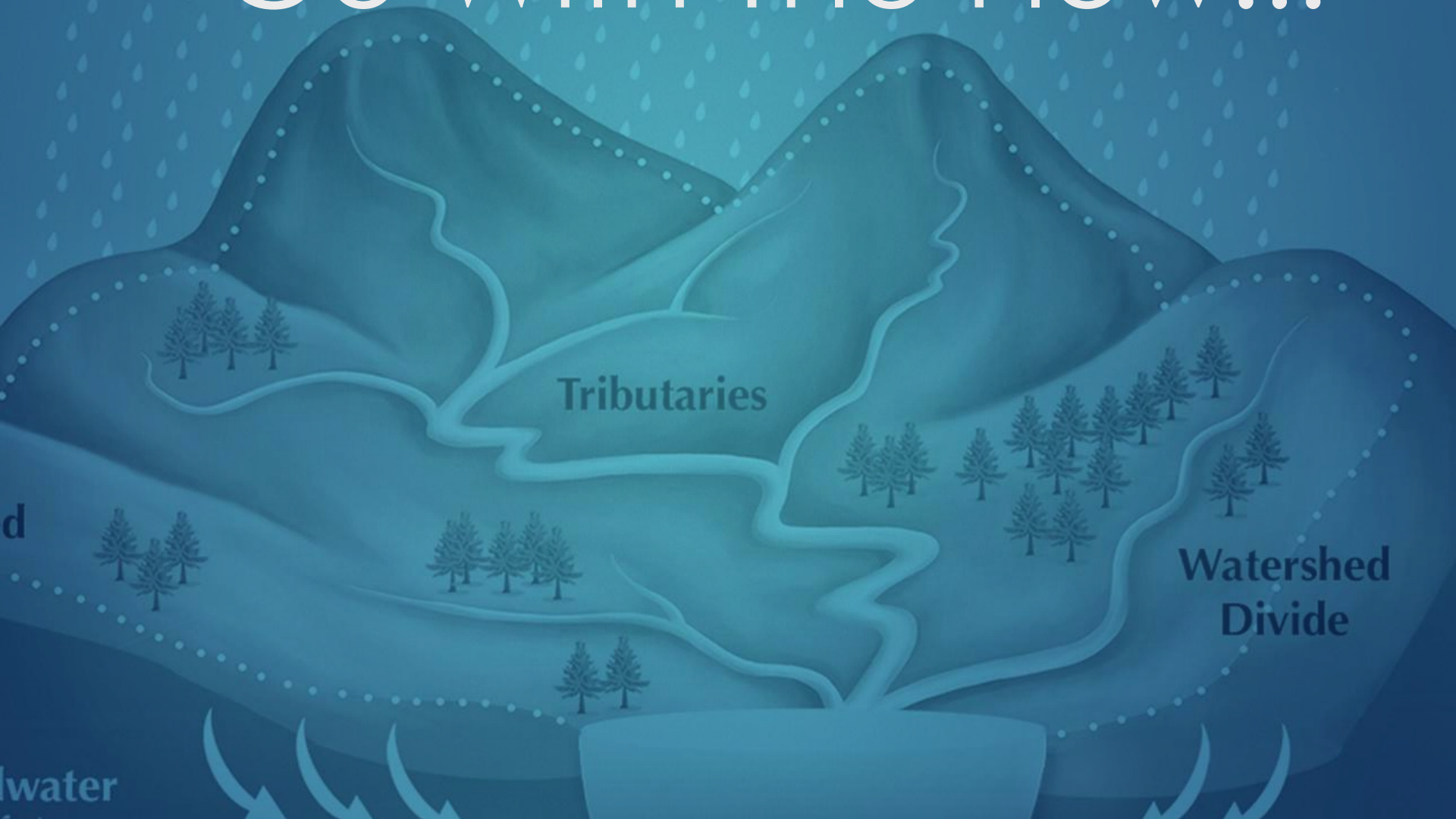
- ▶ Stationary
Circles
- ▶ Pump Stroke
- ▶ Scoop
- ▶ Rotary
- ▶ Combinations



Vodder Method Core Principles (apply to every stroke)

- ▶ **Pressure:** extremely light—about **5 grams** (the weight of a nickel). You should see/feel **skin stretch** without sliding or blanching.
- ▶ **Vector:** always **toward an open pathway** (cleared proximal nodes/ducts), following known lymph territories (watersheds).
- ▶ **Cadence: slow, rhythmic**— 8 -14 seconds per stroke
- ▶ **Phases:** every stroke has a **stretch (working) phase** and a **recoil (rest) phase**. The stretch is ~**2/3** of the cycle; the rest is ~**1/3**, allowing tissue recoil and lymph refilling.
- ▶ **Tissue target: skin and superficial fascia** (where initial lymphatics anchor). Avoid depth that creates **hyperemia** or pain—both reduce effectiveness.
- ▶ **Order matters:** Always **clear proximal to distal** (e.g., terminus/neck → axilla/inguinal → limb segments), then move distally to “push” fluid into space you’ve already opened.

Go With The Flow...



Watersheds of the Body

A **watershed** is an *imaginary boundary line* that separates different lymphatic drainage territories (called **lymphotomes** or **lymphatic drainage regions**). Each watershed marks the point where superficial lymph vessels on one side drain toward one major lymph node group, while vessels on the opposite side drain toward a different group.

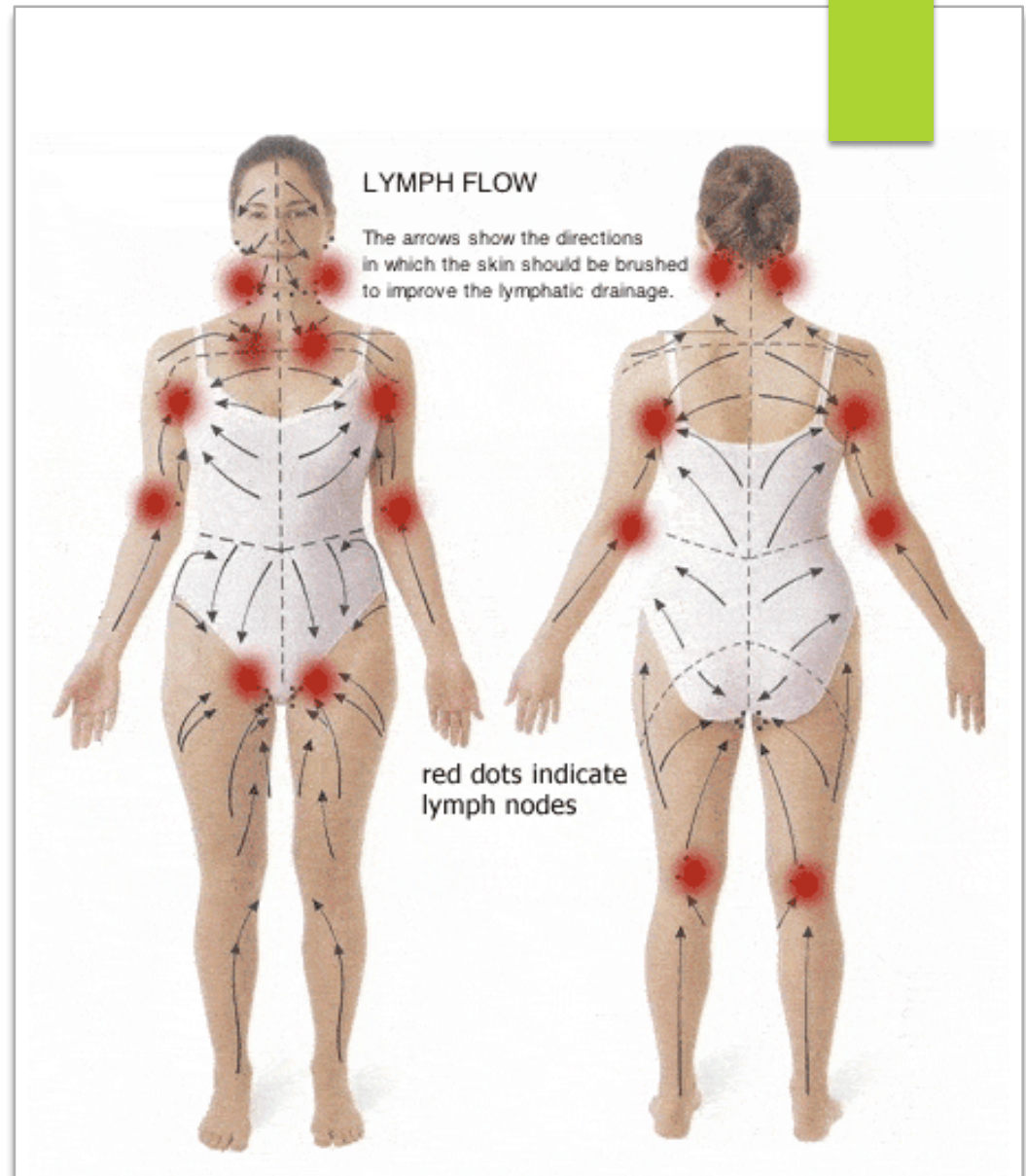
In other words, watersheds are like **continental divides** for the lymphatic system — they determine the direction lymph fluid travels toward its regional lymph node basin.

Treatment Sequence Overview

MLD always begins proximal to distal (in segments), clearing pathways before treating further away from the heart.

- ▶ Open the Terminus – Neck and clavicular area.
- ▶ Clear proximal nodes – Axillary or inguinal regions.
- ▶ Treat distal areas – Arms, legs, or abdomen.
- ▶ Encourage fluid toward central ducts.

This method “primes the pump,” ensuring that lymph has open channels to flow through.



Overview of Treatment

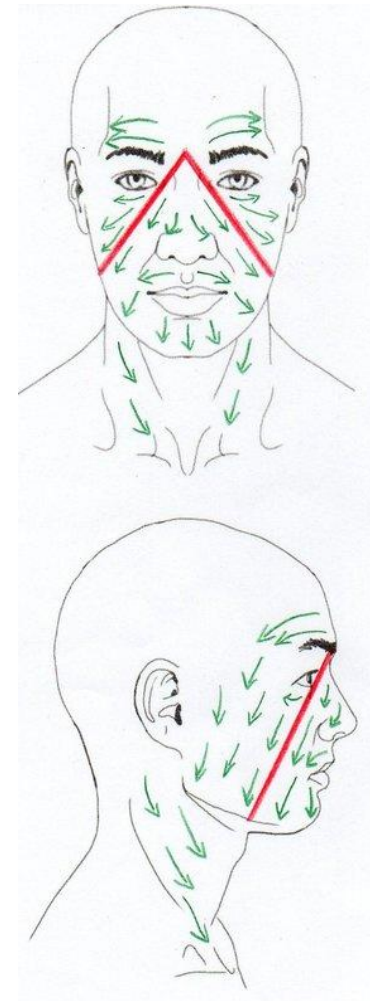
Typically, the treatment begins with the client supine and clearing the terminus areas, neck and shoulders.

Clearing these pathways allows the therapist to progress gradually to more distal areas.



Overview of Treatment

- ▶ With lymph pathways and nodes intact, the therapist follows the normal flow to the nodes.
- ▶ Treat extremities proximal to distal.
- ▶ This activates proximal lymphangions and “primes the pump”



MLD

Opening the Terminus

(short w/ Neck)

- ▶ Effleurage (nerve Stroke)
- ▶ Stationary Circles to Terminus
- ▶ Stationary Circles to Lateral Cervical Triangle
- ▶ Pump stroke to Shoulder collectors
- ▶ Ear scissors (stationary circles) to pre & retro auricular lymph nodes
- ▶ Stationary Circles to lower jaw region Submandibular nodes.



Tools & Adjunct Therapies Based on Lymphatic Drainage Principles

MLD clients can benefit from the use of tools and self-care techniques to enhance the lymph stimulating effects

- ▶ Dry Brush
- ▶ Cupping
- ▶ Scrubs
- ▶ Hydrotherapy
- ▶ Compression
- ▶ Movement/Breathing Exercises

In Closing

The lymphatic system is the body's **clean-up and defense network**, quietly maintaining balance and immune function. Through methods like **Manual Lymphatic Drainage**, therapists can enhance this natural process—supporting recovery, vitality, and overall well-being.

Gentle touch can have profound physiological effects when applied with anatomical knowledge and intention.

Check out our LIVE, in-person classes for detailed instruction on Vodder method MLD protocols.

WNCsOm.com

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