Dr. Vodder’s Manual Lymph Drainage (MLD®) – Basic Level
with Michel Eid.

Friday to Tuesday, May 1st to 5th, 2015 (8:30am – 5:30pm)
Travelodge Hotel and Conference Centre
4177 Albert Street South, Regina, Sask.

40 primary credits

Space is limited to 12 participants. Minimum 8 required.
Deadline for registration is April 24th, subject to space availability.
All participants to bring clothing in which you can treat and be treated, linens and towels.
Please indicate if you are able to bring a massage table.

Name: __________________________________________________________
Mailing address: __________________________________________________
City/province/postal code: ___________________________________________
Daytime phone: __________________________ E-mail: _____________________

COST: Early-bird: $925.00 (including tax) if registered by March 27th ($995.00 after).
Price includes DVD with all techniques, course notes and diploma upon completion.

METHOD OF PAYMENT: (please make cheque(s) payable to MTAS):

[ ] I am paying a non-refundable advance deposit of $200.00, and the $725.00 balance by April 24th.
(Please include post-dated cheque for $725.00. If paying by credit card, the balance will be processed on April 24th.)
[ ] I am paying in full before March 27th - $925.00.
[ ] I am paying in full after March 27th - $995.00.

VISA/MC (circle one) Credit card #: ___________________________ Exp. date: _________________
Chq #: __________ Therapist signature: ________________________________

Total payment: $___________ MY SIGNATURE AUTHORIZES MTAS TO CHARGE MY CREDIT CARD WITH THE AMOUNT(S) SHOWN

I will bring a massage table [ ] yes [ ] no

CANCELLATION POLICY: If cancelled prior to April 3rd – 50% refund; cancellations after April 3rd – no refund.

RETURN REGISTRATION FORM AND PAYMENT, PLUS THE DR. VODDER APPLICATION FORM
AND NON-DISCLOSURE/WAIVER FORM TO:
MTAS
#16 - 1724 Quebec Avenue, Saskatoon, Sask. S7K 1V9

Phone: 306-384-7077 Fax: 306-384-7175 E-mail: mtas@sasktel.net
(Registrations received without payment and/or form will be returned unprocessed)
**Dr. Vodder's Manual Lymph Drainage**

**Basic Course**

An intensive course involving extensive hands-on work. The basic strokes and their application to each body part are taught. The theory covers anatomy and physiology of the lymph vessel system, connective tissue, effects of MLD and contraindications. Lymphedema is described with an emphasis on how MLD can affect the various forms.

Class time: 40 hours (practical 32 hours, theory 8 hours).

**COURSE OBJECTIVES:**

The objectives of the theory part of the course are:

1. To familiarize the student with the history and context of the Dr. Vodder method of Manual Lymph Drainage and Combined Decongestive Therapy.
2. To familiarize the student with the anatomy of the lymph system and related structures in the connective tissue.
3. To give the student an understanding of fluid exchange between blood vessels, connective tissue and lymph vessels, and the various forces affecting fluid movement.
4. To teach the student how MLD affects various systems in the body, specifically the nervous, smooth muscle, drainage and immunological systems.
5. To give the student an understanding of how pathologies arise through disruption of the lymph and circulatory systems, and a description of various types of edema.
6. To make the student aware of the contraindications for MLD.
7. To give the student an understanding of the context of MLD as a treatment modality and the types of disorders that can be treated with it.
8. To familiarize the student with current research into MLD therapy.

The objectives of the practical part of the course are:

1. To teach the student an effective, light, subtle technique.
2. To teach the 4 basic strokes of MLD, their application to various body parts with the necessary sequencing.
3. To integrate the theory into practical experience.
4. To prepare the student for the therapy courses in Dr. Vodder's Manual Lymph Drainage.

Due to the intensity of the training, the student is asked to do some preliminary studying of the lymph vessel system, to become familiar with the terminology. Listed below are some suggested reading materials, though you may be able to find your own sources.


It is also suggested that students keep their evenings free to practice techniques learned during the day. Students gain most benefit from this course when they can get together with other course participants to review the material learned that day. Please note this course teaches techniques and not the treatment of pathologies. Therapists will learn how to apply MLD to all parts of the body on individuals who have an intact lymph vessel system.

**NOTE:** Each participant will be required to sign an agreement neither to teach MLD nor to use MLD as therapy without specific certification by the Dr. Vodder School.

Prospective Basic Students whose sole purpose is to aid a relative requiring MLD must submit a written agreement to use MLD for that relative and particular condition only.

All participants are required to complete the Dr. Vodder Application Form and the Non-disclosure/Waiver Form (attached) and return to the MTAS office with registration form and fees. MTAS will forward to the instructor on your behalf.

**ABOUT THE INSTRUCTOR:**

Michel Eid was trained in physical education at Université du Québec à Montréal and taught Phys. Ed. at elementary school for three years before entering the massage therapy field. He is certified in Swedish and Sports Massage. He first started to work with athletes and sports teams, professionals and amateurs and then directed his attention to MLD. He completed his Combined Decongestive Therapy training in 2002 at the Dr. Vodder Schule in Walchsee, Austria. His focus, since then, has been to work with patients suffering with lymphedema. He has given lectures on this topic to many health professionals in the province of Québec, bringing more knowledge and awareness on this subject. He has also been invited to many conferences on subject of lymphedema in Québec, elsewhere in Canada & also at the reputed German Lymphology Association. Michel has been involved for 10 years with the Lymphedema Association of Québec and has served on their board of directors for two of these years.

In October 2003 Michel joined Physio Extra, one of the first physiotherapy clinics in Québec to offer multidisciplinary modalities in the treatment of lymphedema.

**HOTEL ACCOMMODATION:**

A block of rooms has been reserved at the Travelodge Hotel and Conference Centre for the nights of April 30th to May 4th at the workshop rate of $129.95 per night, single or double occupancy, plus taxes. The block will be held until April 1st, at which time any rooms not sold will be released for sale to the general public, and the workshop rate will no longer be available.

For reservations, please contact the hotel directly at 306-586-3443 and quote Block Code CGMTMY and Block ID#1333282.

All reservations must be guaranteed with a credit card. Reservations must be cancelled not later than 24 hours prior to intended arrival in order to avoid cancellation charges.

Check in time is 4pm; check out is 11am. Free parking is available in the hotel lot.
TRAINING IN DR. VODDER'S MANUAL LYMPH DRAINAGE - APPLICATION FORM

(Please print clearly and send in along with the Dr. Vodder Non-disclosure/Waiver form and MTAS registration form/payment.
The MTAS office will forward the form to the Dr. Vodder trainer on your behalf)

NAME: ____________________________________________ (as I would like it shown on my certificate)

ADDRESS: PO Box/Street: ________________________________________________________________

City: _____________________________               Prov: ____________                    PC: ________________

Phone #: Home: (______) __________     Business: (______)_________________     Fax:(____)________________

Email: ________________________________________________________________

Occupation: ________________________________________________________________

EDUCATION

Highest level attained: ________________________________________________________________

Year taken and location: __________________________________________________________________

Training background for this course: __________________________________________________________________

(Copies of certificates, registrations, diplomas, degrees etc. required to accompany this application).

COURSE APPLIED FOR: **BASIC**                      DATE AND LOCATION: **Regina, May 1-5, 2015**

I hereby state that the above information is true and correct in all aspects.
I am aware of the Student Agreement that I will be required to sign before receiving my certificate of course completion.

Signed: ________________________________________________________

Dated: ________________________________________________________
Non Disclosure/Waiver Form - Dr. Vodder School International Course

Non-Disclosure
I agree not to copy the handout materials or any portion thereof, unless written permission is obtained from the Dr. Vodder School Instructor or the Dr. Vodder School International.

Waiver
I recognize that I am a participant in this practical course in order to further my knowledge and skill in Dr. Vodder’s manual lymph drainage techniques and other related topics, according to the level of the instruction taught. I understand that I will practice on and be practiced on by other participants in the course, in order to learn these techniques. I release the instructor, and any teaching assistants, the sponsoring organization and the Dr. Vodder School International and hold them harmless from any and all liability, claims, damages, actions and cause of action whatsoever, for loss, damages or injury to persons or property.

I further agree to disclose in writing below all of my physical and medical conditions, limitations and sensitivities and agree to release and hold the instructor and any teaching assistants, the sponsoring organization and the Dr. Vodder School International, harmless from any liability, claims, damages, actions and causes of action in any way relating to or arising from said conditions, limitation or sensitivities. I expressly agree that all instruction and use of all facilities and equipment shall be undertaken at my own risk. I am physically and medically able to undertake any and all instruction provided. All practical classes will require hands-on work both on myself and on others.

I agree to participate in all practical classes (please initial here) __________.

Please check any of the following conditions for which you currently have or have been treated:
- within the past six months:
  Infection _____ Injuries _____ Flu _____ Contagious diseases _____ Open wounds _____ Thrombosis _____
- at any time:
  Cancer (indicate type and date): __________________________________________________________
  with radiation _______________________________ with lymph node removal __________________________
  Cardiac/pulmonary conditions (indicate condition) ____________________________
  Other ____________________________________________

Please list any concerns you may have or feel the instructor should know about: ____________________________

There is nothing to report (please initial here): __________

Name (please print): ____________________________ Signature: ____________________________

Signed date: ____________________________

Date of Course: May 1-5, 2015     Course type: Basic Level     Location: Regina, Sask.

Thank you for completing this before the course begins.
The information you have provided to us voluntarily will be stored safely and in compliance with Privacy Policy regulations. If you wish to view our Privacy Policy, please contact us or visit our web site at www.vodderschool.com

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