Training of Lymphedema Therapists

By the NLN Medical Advisory Committee; May 2010

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:

- 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.
References


©2011 National Lymphedema Network (NLN). Permission to duplicate this handout as-is, in its entirety, for the educational purposes only, not for sale. All other rights reserved. For reprint permission, please contact the NLN at nln@lymphnet.org.