



2022 - 2023

**PROFESSIONAL DIRECTORY
& RESOURCE GUIDE**



promoting healthy & hopeful living with lymphedema



Our Mission

To promote healthy and hopeful living with lymphatic disorders.

Our Vision

Patients with lymphatic disorders will have: medical access to early diagnosis, education and compression, in all B.C. health regions.

Our Goals

- Be the central organization to educate patients with lymphatic disorders and help them navigate treatment options.
- Encourage individuals to take an active role in the management of their lymphatic disorder.
- Advocate on behalf of those affected by lymphedema & chronic edema.
- Be respected by the healthcare community and patients.
- Encourage and support local, national and international lymphatic research and development.

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STAGES OF LYMPHEDEMA

Whether Primary or Secondary, Lymphedema usually progresses through a series of stages from mild to severe. That's why it's important to get help right away, even if your initial symptoms don't seem like a big deal or if they come and go. One episode of numbness, tingling, or swelling will very often lead to more. If you don't act on early symptoms, the buildup of fluid can cause permanent damage to the tissues under the skin.

There are many methods for staging, which are frequently being upgraded. Currently, the Canadian Lymphedema Framework (CLF) refers to the criteria established by the International Society of Lymphology (ISL) for stages. The stages are:

Stage 0 (refers to subclinical or latent condition): There may be no changes visible to the naked eye despite impaired lymph transport. Symptoms such as mild tingling, unusual tiredness, or slight heaviness, may be palpable or felt by the patient (sometimes, by the trained therapist). At this stage the body's homeostasis is trying hard to cope with the change that has occurred due to organic and/or functional alterations to the lymphatic system. The changes can come from a variety of causes (some examples: surgery, trauma, radiation). Due to subtle alterations in lymph system transport capacity, the potential exists for Lymphedema to occur at any time from a few months to several years after the alteration occurred. Then, visible symptoms develop, which are general descriptions of the following stages:

Stage 1 (early or mild): Swelling occurs where the lymph transport capacity is altered. The swelling could be in any affected area, such as limbs, hand/feet, trunk, breast, or other areas, as the protein-rich fluid starts to accumulate. The symptoms are visible and palpable. When the skin is pressed, a temporary small dent (or pit) forms; this may be referred to as pitting edema. Such early-stage Lymphedema is considered reversible, as the swelling will disappear with elevation or bed rest. While the swelling resolves, however Lymphedema is still present.

Stage 2 (moderate): Elevating the arm or other area does not resolve the swelling. The swelling tends to increase. Pressing on the skin may or may not leave a pit (non-pitting edema). Some changes to the tissue under the skin start happening, such as accumulation of fat and/or fibrosis which is a hardening, or thickening of the tissue. The more fibrosis is present, the harder it is to produce pitting. Stage 2



STAGES OF LYMPHEDEMA (CONTINUED)

Lymphedema can be managed with treatment. However, at this stage, the tissue changes are difficult to completely reverse.

Stage 3 (severe): This is the most advanced stage, the affected limb or area of the body tends to become very large and/or misshapen with the amount of swelling present. Fibrosis is hard and difficult to soften. If Stage 3 is present in distal extremities, the skin thickens and may even shed the outer layer. It may take on a leathery, wrinkled appearance, and may have small/tiny projections like little warts or bumps. Stage 3 may also be managed with treatment.

It should be noted that it is possible to have mild, moderate and severe of any of the stages. Once you have mild Lymphedema, you are at higher risk for moderate-to-severe Lymphedema than someone who has never had any symptoms. This risk persists even if your symptoms reduce with treatment.

Treatment of Lymphedema should be done by a Health Care Professional (HCP) who has been trained in the care of Lymphedema/lipedema/lymphatic pathologies. Treatment may be with Combined Decongestive Therapy (CDT). CDT consists of Manual Lymph Drainage, Skin Care, Compression and Exercise. Or, it may be possible to use compression alone, under the supervision of a trained HCP.



DIAGNOSIS

The diagnosis or early detection of Lymphedema is difficult. The first signs may be subjective observations such as “my arm feels heavy” or “I have difficulty these days getting rings on and off my fingers”. These may be symptomatic of early stage (stage 0) Lymphedema, where accumulation of lymph is mild and not detectable by any difference in arm volume or circumference.

As Lymphedema develops further, then definitive diagnosis is commonly based upon an objective measurement of difference between the affected or at-risk limb to the opposite unaffected limb (e.g. in volume or circumference). A generally accepted minimum criteria is a volume of difference of 100 ml between limbs or a 2 cm difference (measured at set intervals along the limb) is often used.

Recently, the technique of bioimpedance spectroscopy measurement (a method that measures the amount of fluid in a limb) has been shown to have greater sensitivity than these existing methods and holds promise as a simple diagnostic and screening tool. Impedance analyzers specifically designed for this purpose are now commercially available. Similarly, assessment and monitoring of Lymphedema progression, or its response to treatment, is usually based on the changes in volume, circumference, or impedance over time.

For a formal diagnosis, see doctors below:

DOCTORS

DR ELLIOTT WEISS, MD (for diagnosis)

Providence Health Care

408-1160 Burrard St Vancouver BC V6Z 1Y6

Fax Referral to: 604-974-8882

eweiss@providencehealth.bc.ca

DR ERIN BROWN, MD, PhD, FRCSC

Head of New Lymphedema Program

Fellowship & Research Director, UBC Plastic Surgery Gordon & Leslie

Diamond Health Care Centre Plastic Surgery, 3rd floor, Reception 8

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Ph. 604.875.5866 ext 2 | Nazarene.Que@vch.ca

(referrals for surgery see Pg 8)



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DIAGNOSTIC CODES

Lymphedema billing numbers

It is important that patients ensure the family doctor & other medical specialists, use the correct billing codes for all visits related to Lymphoedema.

In the ICD9

457 is Non-infective Disorders of Lymphatic Channels.

457.0 - Post mastectomy Lymphoedema Syndrome

457.1-Other Lymphoedema

457.2-Lymphangitis (inflammation of the lymph system)

457.8- Other non-infective Disorders of Lymphatic Channels.

457.9-Unspecified (unspecified lymphatic problems)

782.3 Edema –Is a symptom with the underlying cause not specified or yet to be diagnosed.

In the ICD10

ICD10 add new specific conditions,

189.0 - Lymphoedema, not elsewhere classified, includes:

- Lymphangietasis, secondary elephantiasis (nonfilarial), glandular, lymphangietatic, lymphatic vessel, scrotum.
- Lymphangietasis is defined as leakage of fluid from the intestinal lymphatic system due to blockage of the lymphatic system).
- Q82.0 (The 'Q' is important identifier of this billing number)
Hereditary Lymphoedema, Includes: Elephantiasis, (nonfilarial)
- congenital (any site) (hereditary)

197.2 Post mastectomy Lymphoedema Syndrome (Includes

Elephantiasis due to mastectomy, obliteration of lymphatic vessels due to mastectomy)



THE BC PROVINCIAL LYMPHEDEMA PROGRAM - 2022-23 UPDATE

Drs. Erin Brown, Kathryn Isaac and Elliott Weiss are co-physician leads in the BC Provincial Lymphedema Program. We are involved in the care of patients with both established diagnoses of lymphedema, and patients where this may be a diagnostic consideration. Our catchment area includes patients from across BC and Western Canada. We have provided both physiological and resectional surgical management of patients with either upper and/or lower extremity lymphedema. Despite challenges during the pandemic we continue to move forward, expanding our comprehensive, multidisciplinary approach to assist in the management of this challenging problem.

Our approach to patient care remains a comprehensive assessment with our goal being,

- to provide accurate diagnosis and staging,
- maximize conservative management, and
- consider surgical options which may be of benefit.

Both lymphaticovenous anastomosis (LVA) and vascularized lymph node transfers (VLNT) can be offered to appropriate patients, along with other interventions, such as liposuction, and skin and soft tissue resection. The exact nature of treatment is guided by the assessment of each patient, and the best available evidence to support the most effective interventions. The evidence for the “best” treatment(s) for lymphedema continues to evolve, and we will evolve with them.

Our greatest current challenge remains providing timely assessment for the large volume of patient referrals. We recognize and support appropriate early conservative lymphedema management, regardless of the patient’s appropriateness for surgery. We encourage this be undertaken prior to referral.

We are currently not able to accept referrals for lipedema, in good part due to the lengthy waitlist for lymphedema. Fortunately, many plastic surgeons in BC perform liposuction for the management of this condition.

We will continue to gather detailed information from all patients to ensure that our assessments and treatments provide the highest level of care and optimal outcomes, while we look forward to our Program improving over time.

Up to date information can be found through the BC Lymphedema Association website: www.bclymph.org & help line: 604-924-6282.



■ COMPRESSION GARMENTS FOR LYMPHEDEMA ■

There is a wide array of compression garments to choose from and deciding which one is suitable can be daunting. Having the right fit is the most important aspect - compression garments are effective only if they are worn consistently and the patient is satisfied. Therapeutic benefit is lost if the garment is stored away. Please consult with your Lymphedema therapist, doctor and fitter to find the best one for your unique needs.

The "**grades**" for compression are measured in mmHg (millimeters of mercury just like the pressure of a blood pressure cuff):

- 15-20mm Hg – no prescription required; preventative; for tired achy legs; good for mild swelling experienced on airplane flights
- 20-30 mmHg (class I) – prescription required; for mild Lymphedema in upper or lower extremity
- 30-40 mmHg (class II) – prescription required; for moderate Lymphedema in upper or lower extremity
- 40-50 mmHg (class III) – prescription required; for severe Lymphedema especially of lower extremity
- 50-60 mmHg (class IV) – prescription required; for severe Lymphedema of lower extremity

Flat Knit vs. Circular Knit Material

Most ready made garments are circular knit and flat knit are generally custom made. Circular knit fabrics are less expensive and cosmetically more attractive because they do not have a seam and can be produced using finer and sheerer materials. Flat knit garments are more dense & provide a precise fit whilst also allowing the skin to breathe once expanded during wear. They provide a more precise fit, but because of their construction when stretched over a limb there are more holes for the skin to breathe.

Custom measure vs. Off-the Shelf / pre-made

Custom fitted garments are made for limbs that have an unusual shape such as the top of the limb is much larger than the bottom, or the limb does not fit into the manufacturer sizing charts. Since the greatest compression needs to be at the distal end (lower arm or leg) of the limb if the garment fits the top of the limb and is loose at the bottom this may cause the fluid to travel down to the hand or foot. If the limb is symmetrically larger all over, the person may be able to fit into a ready made - off the shelf garment. At no time should the garment have a tourniquet effect which will cause more swelling below the level of the tight area.



THE ROLE OF SHORT-STRETCH BANDAGES IN MANAGING LYMPHEDEMA

Modified from a blog by Joachim Zuther

Compression therapy, like manual lymph drainage (MLD), exercises and skin care, is a main element of Complete Decongestive Therapy (CDT). In most cases of Lymphedema, the elastic fibers in skin tissues are damaged and unable to provide adequate resistance against the muscles to pump Lymph fluid. It is crucial to provide the skin tissues with external compression which compensates for the lack of tissue elasticity and prevents the accumulation of lymph fluid particularly while standing, sitting, walking, or performing therapeutic exercises.

Why short-stretch bandages?

There are two distinct types of compression bandages – short-stretch and long-stretch bandages: - Short-stretch bandages are made from cotton fibers, interwoven to allow for about 60% extension of the original length. Long-stretch bandages (“Ace“ or “Tensor”) bandages) contain polyurethane, which allows for an extension of more than 140% of the original length.

Short-stretch cotton bandages provide a high working pressure necessary for the management of Lymphedema transmission during exertion, but low resting pressure to prevent a tourniquet effect provided these bandages have been correctly applied.

Long-stretch (“Ace“ or “Tensor”) bandages have the exact opposite effect and are not suitable for Lymphedema management.

Coban Wrap is an alternative to short stretch bandages providing the same type of compression. Once applied Coban wrap has the advantage of being water-proof, cohesive preventing slippage, can stay on for several days and is less bulky.

Compression bandages are primarily used during the decongestive (intensive) phase of CDT. In this sequence of the treatment the volume of the affected limb changes on a daily basis, and it is necessary that external compression adapts to these changes in volume. Bandages are much better suited for this task than compression garments, which would frequent change in size. Garments are used in the second phase of CDT, when the limb is decongested and volume changes are minimal. (Used with permission from Joachim Zuther www.lymphedemablog.com)



Skin care plays an essential role for both patients at risk of development and in the management of existing Lymphedema. Prevention is in the patient's best tool in risk reduction for the onset of Lymphedema.

The skin is the first line of defence against foreign invaders and is usually impermeable to bacteria and other pathogens. However, any defect in the skin such as burns, chafing, dryness, cuticle injury, cracks, cuts, splinters, fungal infections, insect bites and tattoo needles can present an entry site for pathogens or agents which cause infection.

Lymphedema patients are particularly susceptible to infections which can easily lead to Cellulitis. The main goal in skin and nail care is to prevent infection. Inflammation from bacterial or fungal infection can not only damage lymph vessels but can also develop into a serious medical crisis.

AVOID: tattoos, sun burn, mosquito bites and minor injuries from daily activity; commercial manicures, acrylic nails and pedicure treatments, with the possible exception of services by a podiatrist using serialized equipment. Only services by a podiatrist, using sterilized or - one using disposable equipment, are acceptable.

DO: Keep nails short and do not use implements to push back cuticles on fingers or toes. Make sure fungal infections (athlete's foot, yellow nail) are treated, as soon as possible.

DO: Carry an alcohol swab, antibacterial ointment, insect repellent and band-aids to protect wounds from become infected. Following discussion with your doctor you may also carry prophylactic antibiotic to use at the first sign of infection.

Moisturizers, ointments, soaps and skin cleansers should have good moisturizing qualities, contain no fragrances, be hypo-allergenic and be in either in the neutral (pH7) or slightly acidic range of the pH scale. Dry scaly skin increases the risk of cracks and fissures allowing bacteria to enter. It is very important to make sure the skin is completely dry after bathing. Apply moisturizing lotions once or twice daily. It is best not to moisturize before donning compression garments, as this may speed up deterioration of the fibres of the compression garment.

For more information consult: —

"The Complete Lymphedema Management Guide" by LaMantia & Dimenna or Google "Lymphedema Guru".

CLF [canadalymph.ca/what is lymphedema/skin care](http://canadalymph.ca/what-is-lymphedema/skin-care).



A NOTE ABOUT INFECTION

Erysipelas is an acute infection typically with a skin rash, usually on any of the legs and toes, face, arms, and fingers. It is an infection of the upper dermis and superficial lymphatics, usually caused by A Streptococcus bacteria on scratches or other infected areas. Erysipelas is more superficial than cellulitis, and is typically more raised and demarcated. Signs and symptoms may include high fever, chills, shaking, headaches, fatigue or vomiting; a general feeling of unwellness. The rash is typically red, warm and can be painful. It can change and grow in surface area in a very short period of time (a few hours to 48 hours).

Cellulitis is a bacterial infection involving the inner layers of the skin. It specifically affects the dermis and subcutaneous fat. Signs and symptoms include an area of redness which increases in size over a few days. The borders of the area of redness are generally not sharp and the skin may be swollen. While the redness often turns white when pressure is applied, this is not always the case. The area of infection is usually painful, and the person may have a fever and feel tired. It is an aggressive infection which can affect lymphatic transport capacity. Group A Streptococcus and Staphylococcus are the most common of these bacteria, which are part of the normal flora of the skin, but normally cause no actual infection while on the skin's outer surface. If you are suspicious about the possibility of either of these infections, please see your doctor immediately.

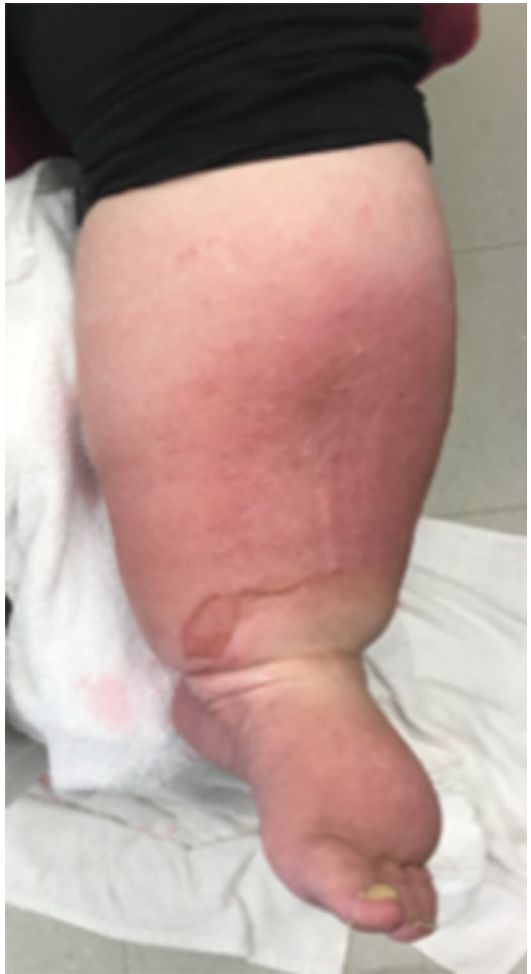


Photo courtesy of Lymphedema Guru



QUALIFICATION ABBREVIATIONS

AGF	Advanced Garment Fitter (Vodder School)
BAET	Bachelor of Athletic & Exercise Therapy
BSc	Bachelor of Science
BScN	Bachelor of Science in Nursing
CAT(C)	Certified Athletic Therapist
CHE	Certified Health Executive
CLT-LANA	Certified Lymphedema Therapist (Lymphology Association of North America)
CCF	Certified Compression Fitter
CO	Certified Orthotist
MD	Medical Doctor
MLD/CDT	Manual Lymph Drainage /Combined Decongestive Therapist (Vodder School)
MTC	Master Therapeutic Counselor
OT	Occupational Therapist
PGC	Pain Post Graduate Certificate in Pain
PN	Practical Nurse
PT	Physiotherapist
RMT	Registered Massage Therapist
RN	Registered Nurse
RTC	Registered Therapeutic Counselor
WOCC	Wound, Ostomy & Continence Certified
WOCN	Wound, Ostomy, Continence Nurse
CSEP-CEP	Exercise Physiologist
NSWOC	Nurse Specializing in Wound, Ostomy, Continence

QUALIFICATIONS OF MLD / CDT THERAPISTS

All therapists listed in the BCLA Directory have been trained by a school approved by the Lymphology Association of North America (LANA) and have received a minimum of 135 hours of post graduate training specific to the treatment of Lymphedema including the following: Manual Lymph Drainage (MLD) Combined or Complete Decongestive Therapy (CDT), Decongestive Lymphatic Therapy (DLT) or Complex Lymphatic Therapy (CLT). Components include: Manual Lymph Drainage, compression bandaging/garments, exercise, diet/nutrition and skin care. Trained therapists are primarily from the following health care professionals: registered massage therapists (RMT), physiotherapists, (PT) occupational therapists, (OT) and nurses.



VANCOUVER COASTAL HEALTH

BRENDA COLAIRE, RMT, MLD/CDT

Bayswater Neuromuscular Massage
218-2475 Bayswater St Vancouver BC V6K 4N3
bayswater.ca | Tel: 604-732-4665 | brenda@bayswater.ca

JANET SPRAGUE, PT, CLT-LANA

Go Physiotherapy Clinic (Breast Cancer Rehab Physiotherapists)
2-3657 West 16th Ave, Vancouver, BC V6R 3E3
Ph: 604-568-4628 | janet@gophysiotherapy.ca
www.gophysiotherapy.ca | www.janetspraguept.ca

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Jemma Bradely, Kiara Hanemaayer, Elli Kaus,
Amanda Porscheron, Lauren McAdam, Miyuki Numat.
Therapists plus fitter: Melissa Krull - CCF, Leslie Williams - CCF
1803-805 West Broadway Vancouver BC V5Z 1K1
www.lymphatichealthclinic.com
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FLOW provides holistic lymphatic care from one convenient location including complementary treatments from Registered Massage Therapists, certified compression garment fitters, acupuncturists, as well as tailored advice from nutritionists, naturopathic physicians and Registered Therapeutic Counsellors to suit all lymphatic conditions.

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www.lymphatichealthclinic.com



VANCOUVER COASTAL HEALTH

MARIA RENTORIA, RMT **NEW**

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DIANA LJULJOVIC, RMT,MLD/CDT

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AMANDA McILWRAITH, RMT, MLD/CDT, CCF

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wellstreammassagetherapy.com
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#208 1100 Sunshine Coast Highway Gibsons BC V0N 1V7
Howesoundpharmacy.ca
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VANCOUVER COASTAL HEALTH

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1477 Johnston Road, White Rock, BC V4B 3Z4

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2230 Springer Ave., Burnaby
265 Schoolhouse St., Coquitlam



BCLA patients know that there is a shortage of qualified lymphedema therapists across the province of BC.

Further, it is hard to get an appointment with a trained, experienced therapist.

For therapists taking both Manual Lymph Drainage (MLD) and Complete Decongestive Therapy (CDT) training can run into the thousands of dollars.

To alleviate this problem BCLA directors have decided to create a fund to offer 5 awards of \$1000 each to eligible RMT's & PT's, to pursue further training in lymph drainage therapy and conservative management techniques. (One per health region)

Awards will be given out starting Spring 2023. The first round of training will be with the Vodder school who will be providing details to all current students. Other training centers will be included in the future. If interested please contact our Fund Distribution Committee (FDC) at: bcla-fdc@outlook.ca



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The Dr. Vodder School International offers full Lymphedema training to health care professionals in CDT/MLD.

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For those living with Lymphedema, go to our website and click on FIND A THERAPIST to find a Vodder-trained therapist in your home area.

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www.vodderschool.com info@vodderschool.com



VANCOUVER ISLAND HEALTH

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Karen Virag – District Manager
Langley:
#103-19909 64th Ave, Langley, BC V2Y 1G9
Tel: 604-427-1922 | info@nightingalemedical.ca
nightingalemedical.ca

White Rock:

1477 Johnston Road, White Rock BC V4B 3Z4
Tel: 604-536-4061 | info@nightingalemedical.ca
nightingalemedical.ca

South Vancouver:

#126 – 408 E. Kent Avenue South Vancouver, BC V5X 2X7
Tel: 604-261-9596 ext. 232 | Inasu@nightingalemedical.ca

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JENNIFER COLLINS

Balance RMT & MLD Peachland BC.
www.PeachlandRMT.com
TO BOOK:
Balance.rmt.mld@gmail.com

GLENDA HART, PT

Glenda Hart Physical Therapy
4654 Raymer Rd Kelowna BC V1W 1J3
glendahartphysiotherapy.ca
Tel: 250-863-9772 | glendahartphysio@live.ca

KAMLOOPS MASSAGE MATTERS

Colette Swain RMT, MLD/CDT, Amanda Matton, MScPT
Andrea Edwards MScPT, Loni Horsley RMT
260-546 St Paul Street Kamloops BC V2C 5T1
kamloopsmassagematters.ca | Tel: 250-299-3636
info@kamloopsmassagematters.ca

BC Interior Workshop



Kelowna Workshop June 2022



INTERIOR HEALTH

NURSES / FITTERS / SUPPLIERS & OTHER SERVICES

CHRISTINE FOTH, CCH

3760 Sandi Hill Cresc. Abbotsford BC
Tel: 778 552-4798
thesocklady@gmail.com

HEALTHY LIFE GARMENTS

Helen Garfield, Certified Compression Fitter, AGF
25A - 1967 East Trans Can Hwy Kamloops BC V2C 4A4
Tel: 778-220-2269
info@healthylifegarments.ca

LAKESIDE MEDICINE CENTRE

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Kelowna, BC V1W 3C2
Pam Mayor RN BSN WOCC ©,
Kristi Kremic RN BSN WOCC ©,
Kellyn Brewer LPN

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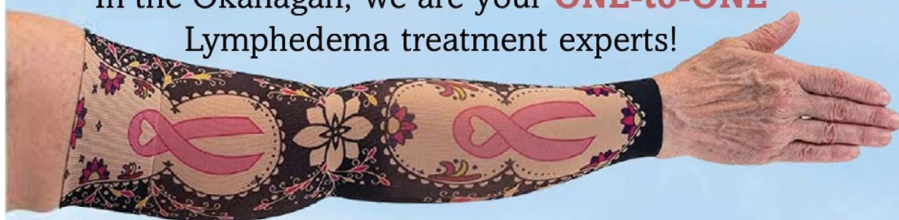
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Adele Wiseman – Supervisor Kamloops
#211-450 Lansdowne Street, **Kamloops** BC V2C 1Y3
Tel: 250-377-8844 | nms.2@nightingalemedical.ca

Jenna Riguedell - Supervisor Vernon
#108A Anderson Way, **Vernon** BC V1T 9V1 | Tel: 250-545-7033
nightingalemedical.ca | info@nightingalemedical.ca
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NORTHERN HEALTH

SONJA REDDEN, PT, MLD/CDT, AGF, PgCPain

Healing Rivers Physiotherapy

306 -1811 Victoria St Prince George BC V2L 2L6

healingrivers.ca | Tel: 250-613-7125

sonja.redden@healingrivers.ca



Prince George Support Group



Victoria Workshop 2022



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lifecare1.ca | Cell: 604-992-4590 | tara@lifecare1.ca

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Nightingale Medical provides complimentary measuring and fitting for compression garments, post-surgical mastectomy bras and breast forms from various suppliers. Nightingale works with your healthcare professional to find the best solution for you.

Please book your appointment with one of our certified fitters at any of our six locations throughout B.C. Refer to your Health Authority section for information on your local Nightingale store. nightingalemedical.ca | 1.800.663.5111 info@nightingalemedical.ca



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LYMPHEDEMA EDUCATION SCHOOLS

There are several private Lymphedema education schools in North America who meet the educational requirements of LANA – and provide the required minimum 135 hours of post graduate training for therapists to be listed as certified Lymphedema therapists.

- **Academy of Lymphatic Studies (www.acols.com)**
Courses in Manual Lymph Drainage and Complete Decongestive Therapy
- **Klose Training and Consulting (www.klosetraining.com)**
Online and classroom Lymphedema education
- **Norton School of Lymphatic Therapy (www.nortonschool.com)**
Lymphedema Therapy certification courses and workshops
- **Vodder School International (www.vodderschool.com)**
Professional training in manual lymph drainage and combined decongestive therapy
- **Foeldi College (www.foeldicollege.com)**
Teaching Institute for Manual Lymph Drainage and complete Physical Therapy
- **Casley-Smith International (www.casleymithinternational.org)**
- **ILWTI International Lymphedema and Wound Training Institute (www.ilwti.com)**
- **Monarch Continuing Education (www.monarchce.com)**

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The Dr. Vodder School International offers full Lymphedema training to health care professionals in CDT/MLD. Training is offered in many locations worldwide with the head office in Vancouver, BC.

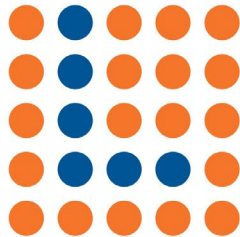
For those living with Lymphedema, go to our website and click on FIND A THERAPIST to find a Vodder-trained therapist in your home area.



ASSOCIATIONS, NETWORKS & FRAMEWORKS

Canada Lymphedema Framework	canadalymph.ca
ILF	lympho.org
Alberta	albertalymphedema.com
Atlantic Clinical Lymph Network	atlanticlymph.ca/en
British Columbia	bclymph.org
Manitoba	lymphmanitoba.ca
Nfld & Labrador	lymphnl.com
Ontario	lymphontario.ca
Quebec	infolympho.ca
Saskatchewan	sasklymph.ca
New Brunswick	lymphedemanb@gmail.com
Nova Scotia	Lymphedemanovascotia @ yahoo.com

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SUPPORT GROUPS

Groups are connecting through e-mail, outdoor distanced gatherings or via ZOOM online meetings. For those without a local group, check out the BC wide Zoom chat, Facebook, Instagram or our monthly webinars. (www.bclymph.org)

Support groups are open to all Lymphedema patients whether or not you are a BCLA member. You can join a support group anytime by contacting a leader in the list below.

We would love to have someone initiate a group in Vancouver or Kamloops.

BC LYMPHEDEMA SUPPORT GROUP LEADERS		
Abbotsford	Sharalyn Cronan	778-908-6902
Kamloops	<i>Contact Needed</i>	<i>TBA</i>
Kelowna	Sandi McConnach	778-839-3577
Kootenays (East & West)	Willa Condy Seymour	250-364-1120
Prince George	<i>Contact Needed</i>	<i>TBA</i>
Sea to Sky	Christine Chandler	1-866-991-2252
Surrey (incl. Delta, Langley, White Rock)	Sandi McConnach	778-839-3577
Tri-Cities	Katherine Butler	604-941-5809
Vancouver	<i>Contact Needed</i>	1-866-991-2252
Vancouver Island (Central & North)	Lynn Holloway	250-954-3883
Victoria (South)	Allison Sweet	250-882-8205
BC Wide Zoom	Willa Condy Seymour	250-364-1120



WE NEED YOUR SUPPORT PLEASE DONATE

Did you know that in 2019 there were an estimated 1 million Canadians living with Chronic Edema or Lymphedema?

That is 2.8% of the population of the province. The province of BC currently has no medical coverage for the management of this disease and prior to Jan 2020 no treatment facility.

BCLA has three Significant Fundraising Goals for 2022-2023:

1. Provide regional education workshops to teach patients “Risk Reduction “ strategies to manage their edema.
2. Provide awards to encourage more therapists to take specialized Lymphedema Training.
3. Advocate with Pharmacare, to provide financial coverage for compression garments for all lymphedema patients and advocate with MSP for improved diagnostic services and the provision of treatment services for newly diagnosed patients.

Donations are essential to support the cost of providing lymphedema education days. (LED's) and the many other services offered by this volunteer run organization

We hope you will consider donating to one of these causes.

Donations can be made to **BCLA** via:

- E-transfer to info@bclymph.org
- Mail a cheque to: 723 Donegal Place,
North Vancouver, BC V7 2X6
- Donate on-line through [Canada Helps.org](https://CanadaHelps.org)

Please Give generously!

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Charity # 828194926

Find us on Facebook under The BC Lymphedema Association