

Education/Training Requirements
For Professionals: Lymphedema Therapists

The Role of Myofascial Trigger Point Therapy
Training for Lymphedema Therapists

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For Submission to the
American Society of Lymphology
Consensus Document for the Diagnosis & Treatment of Lymphedema
November 2007 Conference, Kansas City, Missouri

Overview of the Purpose of Including Myofascial Trigger Point Therapy
into both
Entry-level Certification Courses and Continuing Education Courses

The point of this consensus document is four-fold:

- 1) *To emphasize an area lacking in current educational parameters .*
- 2) *To emphasize the importance of MTPT due to its prevalence in lymphedema patients.*
- 3) *To suggest that we add the MTPT into the basic lymphedema training curriculum.*
- 4) *To encourage LANA certified therapists to obtain more training in MTPT.*

Conventional Educational Parameters for Complete Decongestive Therapy Therapists

The trend in both the depth and breadth of the content taught in lymphedema certification and continuing educational courses for the lymphedema therapist has improved significantly in the past decade. However, certain critical aspects affecting the lymphedema patient have been largely overlooked, namely, myofascial pain syndromes. Compounding this problem is the fact that conventional educators teach that lymphedema is not associated with pain, have little knowledge of the therapy themselves, or undervalue its importance in their treatment regimen. Additionally, governmental and insurance edicts have relegated the field to occupational and physical therapists who are thoroughly unqualified to be treating patients as myofascial therapists. Thus, the novice therapist is completely unprepared when either the patient or the therapist locates trigger points (TPs) in the edematous area or drainage areas. I propose that myofascial pain syndromes be added into the core curriculum of any accredited lymphedema program in the future and certified lymphedema therapists be encouraged to obtain additional training in this area.

Prevalence of Myofascial Pain Syndromes

To date, no comprehensive data exists that clearly defines the prevalence of myofascial pain syndromes in lymphedema patients. However, anecdotal prevalence has been reported in small studies of women as ranging from 30 to 60 percent. As a practicing clinician for sixteen years, I find these numbers to be exceeding low, I have found palpable TPs in over 95% of my lymphedema patients. One need not be a professional statistician to evaluate the significance of this problem.

Common Pain Syndromes in Lymphedema

It is important to recognize when a patient is suffering from a trigger point, and it is similarly important to distinguish myofascial pain syndromes from neuropathic pain and infection-induced pain. I would propose that it is just as essential to add a qualified myofascial trigger point therapist in an advisory position to help aid in that distinction as it is to confer with any other medical professional involved in the various aspects of lymphedema pain syndromes. Thus an entry-level certification course should teach the entire myofascial trigger point protocol with additional “hands on” training in order to fully equip the new therapist for a successful career.

Myofascial Training for the Certified Lymphedema Therapist

Current standards for recertification occur every six years and require 24 contact hours in various parameters associated with lymphedema. Many therapists obtain these hours by simply attending one national lymphedema meeting within that time frame. This is unfortunate, because the presenters at these large events usually are academic in nature, although their validity is not in dispute, the narrow aspect of their subject and lack of hands-on practice and clinical relevance is of concern. We should encourage certified lymphedema therapists to explore beyond the scope of these generic, mass marketed national venues and investigate qualified myofascial training programs in their local areas or through the National Association of Myofascial Therapists.

A serious mistake has been made by the government in excluding both nurses and massage therapists from treating lymphedema patients. We should not make the same mistake: we should *include* the valuable expertise of these health care professionals into our programs and encourage their protocols be assimilated into our educational and treatment regimens.