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1st June 2022

Good Morning

A huge welcome to the 21st Edition of the PhysioPod NewsMagazine!

We found it interesting to note that not only is it our 21st Edition, but this month marks Deep Oscillation reaching 21 areas of research classification. So in addition to the Queen's Platinum Jubilee, we have two more reasons to celebrate!

This month, as always, we cover interesting topics, with some superb thought-provoking writing from our regular guest bloggers: Gaynor Leech, Dean Attwood, Jackie Smith and Gavin Neate.

In addition, Jane Wigg, answers the very popular question from LWO Members "what's happening with Manual Lymphatic Drainage?"

A special thank you to Mary Warrilow and Sue Hansard, for adding to our editorial comments on two articles this month on blood pressure measurements in Lipoedema and Lymphoedema; your continued input is very much appreciated by Julie and I.

PhysioPod take a much needed break now to enjoy some sunshine (fingers crossed) and we will be back with a bumper issue for 1st August!

Have a wonderful bank holiday everyone and have fun at the The Queen's Platinum Jubilee Central Weekend 2022...

With love and best wishes



Mary Fickling and Julie Soroczyn
Sisters and Directors
[PhysioPod](#) and [PhysioEquipment](#)

DEEP OSCILLATION® NOW RESEARCHED IN 21 AREAS

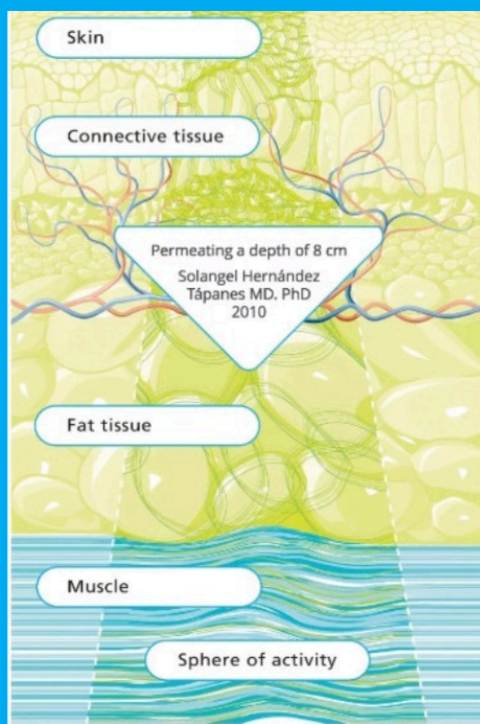
DEEP OSCILLATION® CLINICAL RESEARCH

- AESTHETICS (NON-SURGICAL)**
- BLOOD PARAMETERS**
- BURNS**
- DIABETIC NEUROPATHY**
- FIBROMYALGIA**
- FIBROSIS**
- FIBROCYSTIC BREAST DISEASE**
- KIDNEY STONES**
- LIPOEDEMA**
- LYMPHOEDEMA**
- MULTIPLE SCLEROSIS:**
- OSTEOARTHRITIS**
- PAIN**
- PARKINSONS DISEASE**
- POST PARTUM**
- RAYNAUD'S DISEASE**
- RESPIRATORY DISORDERS**
- SPORTS AND OCCUPATIONAL INJURY**
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- SURGERY AFTERCARE**
- WOUND HEALING**



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Post Partum Mastitis Resolved with Deep Oscillation



[With thanks to Lic Kimberly Ramírez Pérez](#)

Lic Kimberly Ramírez Pérez is trained in physical therapy, and provides services in oncology rehabilitation, palliative care, neurological injuries and sports.

"The term mastitis may be used to refer to inflammation of the breast when the breast is congested or obstructed without infection. However, engorgement can develop into infectious mastitis or breast abscess if not treated properly. Mastitis can worsen in as little as a few hours, so it should be treated immediately .

I would like to share with you my experience with deep oscillation in patients with postpartum mastitis of 4 days for one patient and 5 days for the other patient. I used the postpartum breast protocol, as well as massage and a joint approach with the breastfeeding clinic, where the patients were previously treated with the breast pump.



Treatment combined: Breast Pump and Gloved Hands on Deep Oscillation

PATIENT ONE

Redness, heat, pain and in addition, obstructed milk flow since baby was born, left breast had no milk flow and baby fed only from right breast. Patient received antibiotics for fever.

[These results are amazing](#)

[READ FULL ARTICLE](#)

WE ARE TICKLED PINK TO GET A MENTION
IN THE LIPOEDEMA UK NEWSLETTER!



Newsletter



PhysioPod UK LTD

"PhysioPod® UK Ltd are the exclusive distributors of DEEP OSCILLATION® therapy, an internationally patented and effective treatment option used to manage pain, the oedema element of lipoedema and to reduce the 'heavy leg feeling' in lipoedema.

The gentle non-invasive electrostatic impulses of Deep Oscillation are delivered via vinyl gloved hands as a massage which permeates a tissue depth of 8cm. PhysioPod have a small number of units which can be hired for pre- and post-liposuction to enhance the recovery process; reducing pain, bruising and oedema.

PhysioPod is run by sisters, Julie Soroczyn and Mary Fickling who are advocates for ladies living with Lipoedema.

• www.physiopod.co.uk"

[DOWNLOAD FULL NEWSLETTER HERE](#)



ACCESS REFUSALS



By Gavin Neate, Founder of [WelcoMe App](#)



"You won't have failed to notice an increase in "access refusals" for assistance dog owners over the past few months. These have occurred in supermarkets, restaurants and with taxis predominantly or at least these are the incidents that have gained the most media coverage.

[BBC News correspondent Sean Dilley was told he wasn't allowed to take his guide dog Sammy into two London Tesco stores](#)



Of course, discrimination around disability is not just an issue for assistance dogs' owners with over 70% of all disabled people reporting poor service in industry studies. It is also reasonable to assume that this number could be even higher when we take into consideration that many will just accept discriminatory interactions as the price paid for being perceived as "different".

You will of course seldom hear "you're disabled therefore you can't come in" spoken out loud and those publicly exposing such views would obviously be committing commercial suicide should they do so. The truth is though that "discrimination" is generally less obvious than a policy and more often than not a reflection of a lack of preparedness or refusal to engage with progression within societal expectations.

[Blind student 'shaken' after being turned away from restaurant because of guide dog](#)



There is no escaping that physical access is disabling through poor design. Ramps, widened doors, lower light switches, lower counters and accessible toilets are all recognised as important in the design process and will increasingly feature as necessities for a building to gain a completion certificate.

Even custodians are finding ways to make listed buildings accessible....

[READ FULL BLOG](#)



GREAT NEWS FOR RICHMOND!!

It really is fabulous to welcome Margherita on board as she takes on Deep Oscillation for the Richmond area of London. We wish her every success with her investment.

BIOS
THERAPY

Dr Vodder Manual Lymphatic Drainage and Detox

Post Surgical Care

DEEP OSCILLATION®

Margherita Costantino BA
BLS MLDUK Vodder
Lymphoedema Therapist
Mobile 07718 000 413



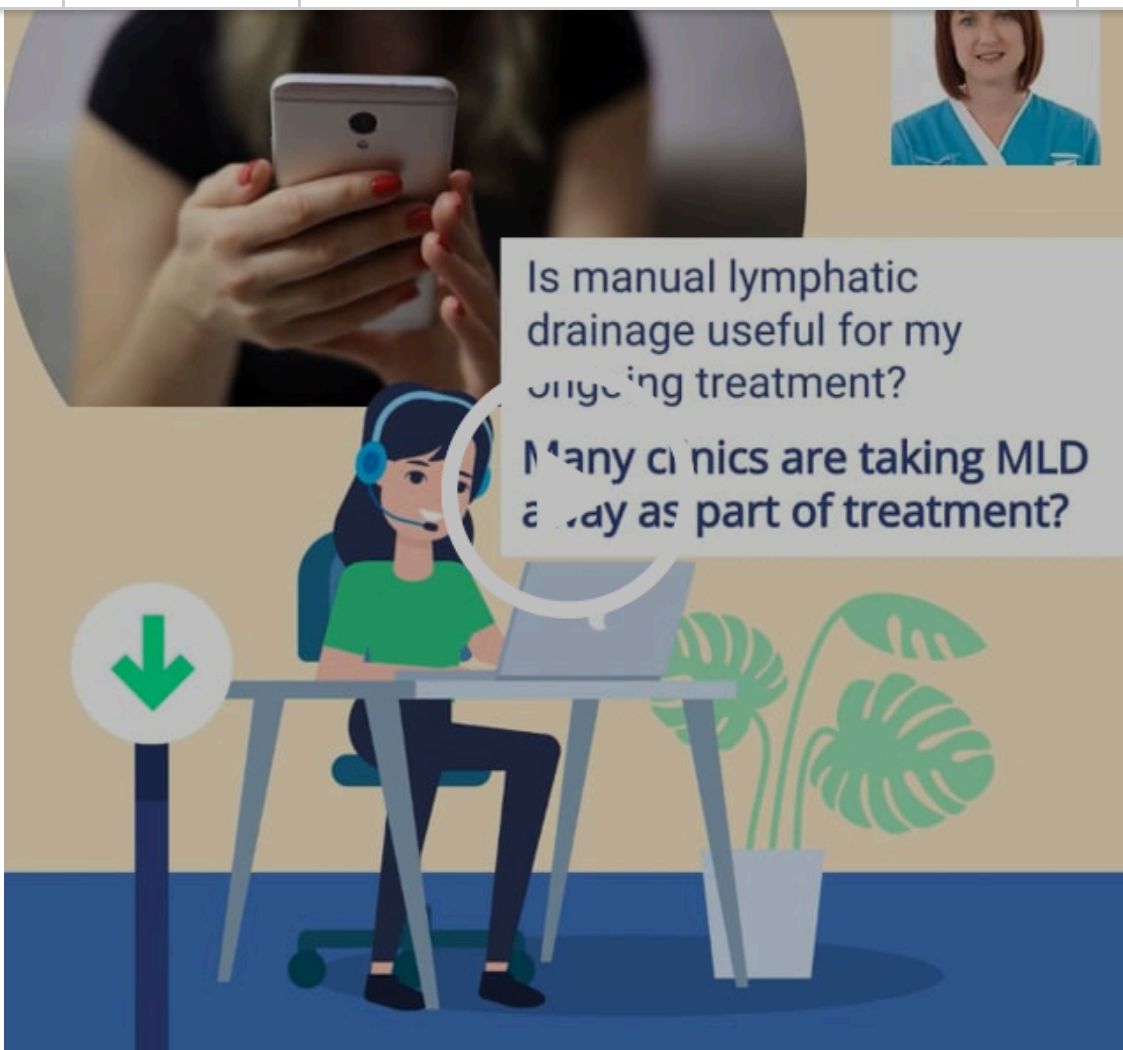
biostherapy.com

ARE YOU ON THE MAP?

When we created the [PhysioPod DEEP OSCILLATION Therapist Map](#) back in 2009, we did quite simple entries (such were my skills at the time :-), I could add a logo and maybe the groups and associations that the therapist belonged to.

Fast forward to 2022 and we now have many different types of therapists and we include all the treatments offered and whether or not mobile therapy is offered, some even have videos depending on the time that I available when creating the entry.

Can you please do PhysioPod a big favour? Can you check your entry



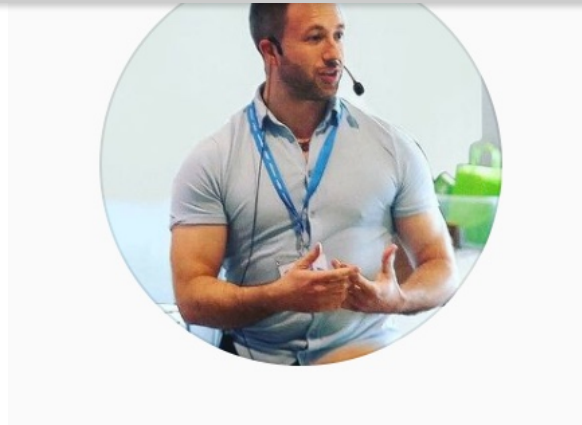
Is manual lymphatic drainage useful for my ongoing treatment?
Many clinics are taking MLD away as part of treatment?

[FULL ARTICLE LINK](#)

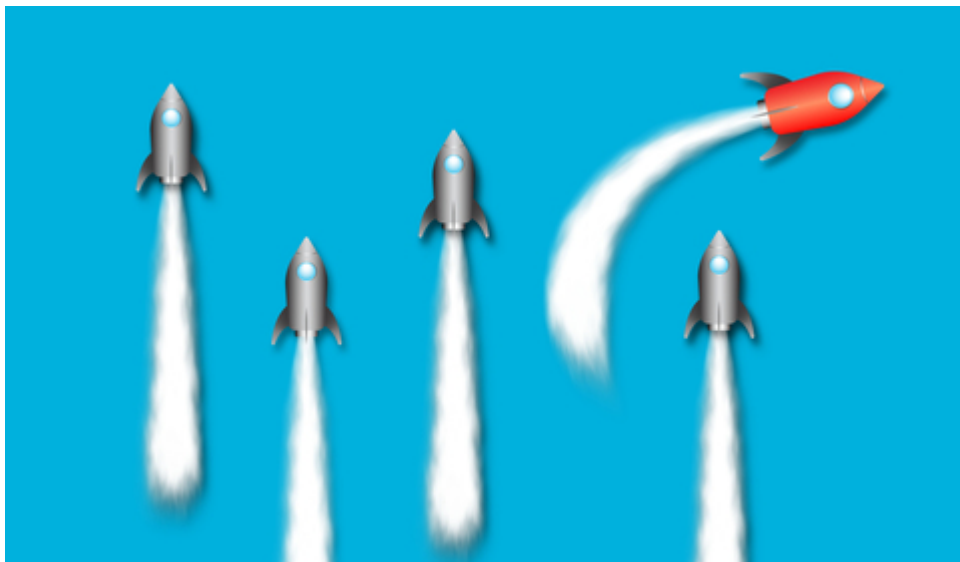
[SEE ALL QUESTIONS](#)



A Change In Direction



Dean Attwood
Mindset and Performance Coach and Anxiety Expert



**Does change have to be brought on
by something so immense?
Do we have to wait for something so bad
or so hard to happen, in order for us to change?**

Will this change be for the better? If not initially positive, do we refuse to see the gift of potential growth and exponential change that these hardships will bring. Or do we only permit it to make us bitter and cynical?

Are we continually allowing ourselves simply to adapt and survive, bouncing around constantly in the 'fight or flight' response...?

Yes, pain can be a great motivator, but are we so used to telling ourselves the vast negative stories, constantly feeding the defeatist

Why is it that we need such pressure?

Maybe its ambition, do we feel less 'successful', I always hear people use the word 'failure' or 'unhappy', but what do you need, truly need?

Not want, need!

The need to be and do better?

The need to change and give purpose?

The need to be healthier?

Simply the need to feel joyful and grateful every day?

Maybe it's a little of all of these.

I remember

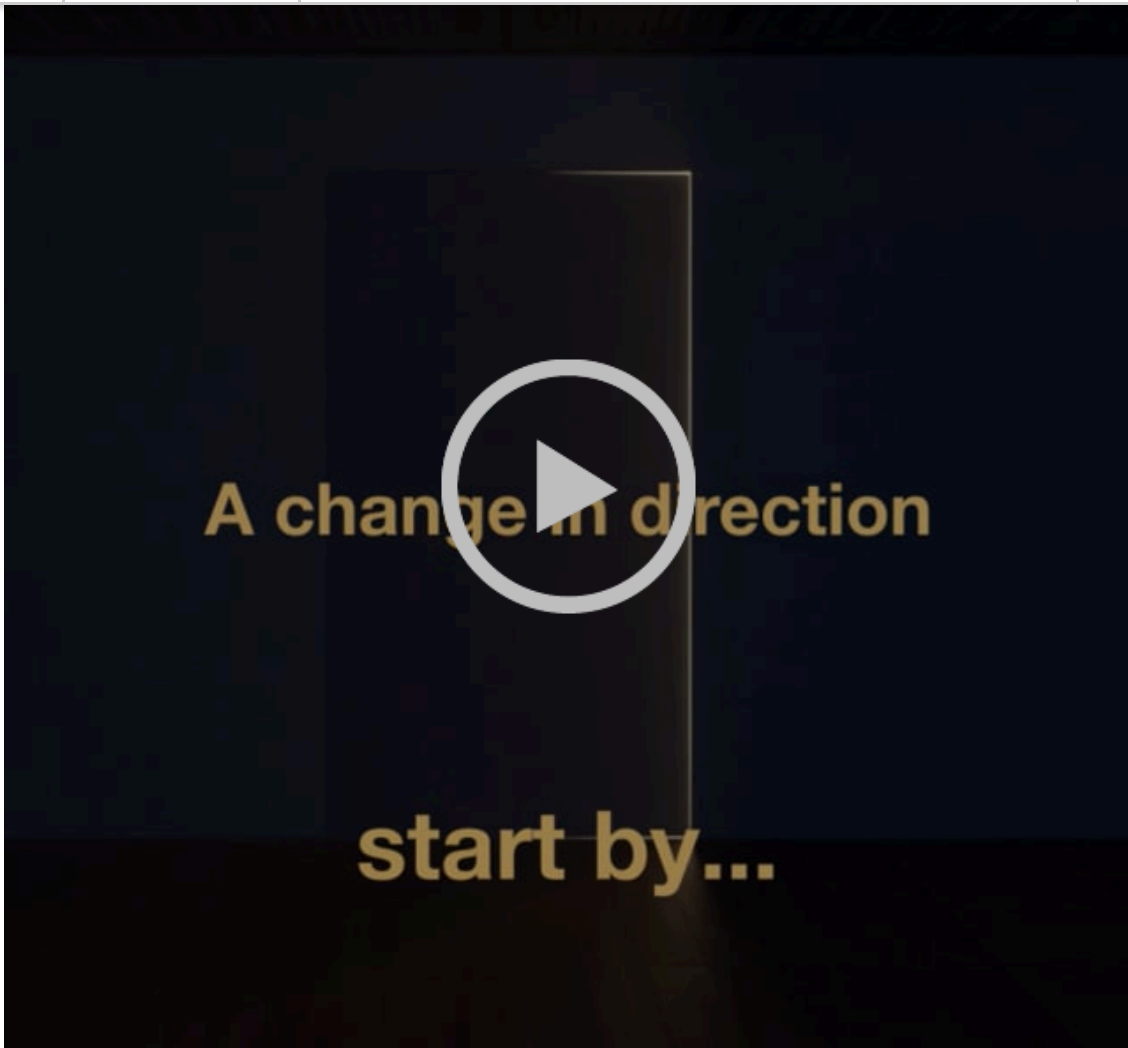
“Enthusiasm will get you started, but habits will last a life time.”

This always rang so true with me.

A while ago I wrote a poem, I hope it resonates with you.

It was a reflection on myself in darker times.

[READ POEM AND FULL ARTICLE](#)



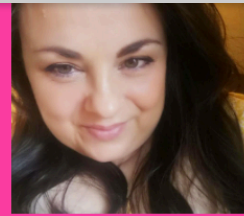
Autism and a 'Mostly' Positive Surgery-Related Experience

With thanks to Jackie Smith reflects on her daughters recent surgical procedure

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"Autism and a 'Mostly' Positive Surgery-Related Experience"

Jackie Smith reflects on her daughters recent surgical procedure



"Anyone who knows me and my small family, will know that I have a daughter who is on the Autistic Spectrum. Lucy is 26 years old now and was diagnosed aged 3 and her adult situation is that Lucy will need shadowing all of her life, her vulnerability means she will always need someone with her. She is non-independent and is categorised as having 'severe needs'.

When outside the home and in anxious situations, Lucy's language can become disordered. It's like the anxiety hits first and so she needs time to reply, as her brain needs longer to process information and questions. So if under pressure to answer (as the listener displays expectations for immediate answers) she will just say YES to everything. Or answer incorrectly.

So I felt the urge to write this piece because on 11th May 2022, Lucy had to have [laparoscopic \(keyhole\) surgery](#) at our local NHS hospital to remove her Gallbladder. As most will appreciate, an operation can be a daunting experience, let alone a young person with autism. Snow S. L. et al (2021) wrote

'Those with an autism spectrum disorder (autism) are vulnerable to negative experiences within the surgical setting' and 'although families commonly experience some concern when children have medical procedures, families of children with autism often feel especially on edge [1]

But I have to say, that on the whole, it was a positive experience for Lucy, myself, the surgeon and his team. I had pre-warned her surgeon of her needs (as much as I felt I could, I do suspect she has Lipoedema but it is not diagnosed, so I felt not appropriate), and he was keen to do as much as he could to help her through, offering her a pre-med too, because trust me, I explained to him that 10 men will not hold her down if she gets freaked out; Lucy is very, very strong. The surgeon was keen not to cause her any unnecessary distress. because being autistic can bring about many issues:-....

READ FULL ARTICLE



Lymphoedema & Blood Pressure Monitoring





L-W-O Community
Primary, Secondary & Paediatric
Lymphoedema
Online & in the Community
Promoting Lymphatic Health &
Community Engagement



This is being written from a patient perspective and is just one of the many questions that come up regularly within the L-W-O Community support group. The question comes from a Breast Cancer Related Lymphoedema (BCLR) patient whose advice not to have invasive procedures to their affected limb including blood pressure readings, blood tests, injections, or IVS left her frustrated and stressed after a GP appointment.

The latest post on this topic came from one of our members who has secondary Lymphoedema in left arm, chest and back after left mastectomy and Sentinel Lymph Node Biopsy (SLNB) in November 2018. Unfortunately, in January this year our member was diagnosed again and had right mastectomy and SLNB earlier this year. This is the latest post (April 2022) from one of members after visiting her GP.

“I have been advised by the hospital that I should have BP taken on leg! GP was not happy about this and wanted to use Lymphoedema arm or newly at-risk arm, he said he did not have a cuff big enough to do leg BP.”

This is a frequent problem, not just from GP’s but practice nurses and A & E or those healthcare professionals who are not familiar with Lymphoedema.

[READ FULL ARTICLE](#)

#MEMBER ENGAGEMENT
Lymphoedema & Blood and Blood Pressure Monitoring
the Alternatives

- Alternatives should be used - unless clinical need is urgent
- Speak to your GP or Practice Nurse & explain to them the alternatives
- The alternative is to use the leg or ankle
- A larger cuff may need to be used for leg or ankle
- If you have your own cuff & you think there is a problem - take your own
- You are entitled to person-centred care this means personal choice

© lwocommunity.co.uk - designed by Gaynor Leech

LWO Community Website add new 'Joint Projects' Page



Gaynor Leech wrote... "One of the most amazing aspects of running L-W-O Community is the amazing people I meet whether that person is one of our members or one of the many professional people in our community. One lovely person I became acquainted with in 2017 via Twitter is Mary Fickling Director of PhysioPod UK. Mary has been a big supporter of ours, sharing our posts, sometimes offering advice, and becoming a valued friend. We met first in 2018 and had fun at the MLD Conference in 2019.

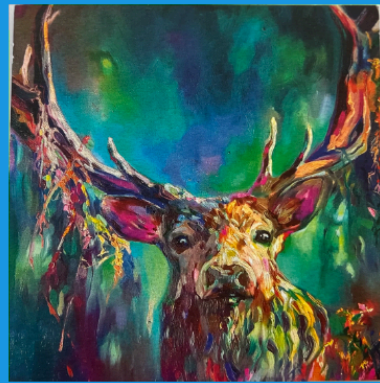
Mary asked me would I write a guest blog first for the PhysioPod website and then for the PhysioPod monthly Newsletter which was launched in August 2020. This working partnership is a privilege as

[VIEW NEW PAGE](#)

A Thank You

Dear
 Julie and Mary
 Just a small note
 to say a BIG THANK YOU!
 I am absolutely loving my
 DEEP OSCILLATION PRO
 and am very grateful for all
 the advice, support and
 guidance provided.

Here's to helping others in
 their health care journeys.



Alex Brooks Bsc. MRCOT
 Snr. Occupational Therapist
 Dr Vodder MLD/DLT Practitioner
 Blairgowrie Physiotherapy Centre

LIPOEDEMA RESEARCH

Kruppa P et al (2022)

A 10-Year Retrospective before-and-after Study of Lipedema Surgery: Patient-Reported Lipedema-Associated Symptom Improvement after Multistage Liposuction

Plastic and Reconstructive Surgery: March 2022

Volume 149 - Issue 3 - p 529e-541e

doi: [10.1097/PRS.00000000000008880](https://doi.org/10.1097/PRS.00000000000008880)

ABSTRACT

Background:

Despite an increasing demand for surgical treatment of lipedema, the evidence for liposuction is still limited. Little is known about the influence of disease stage, patient age, body mass index, or existing comorbidities on clinical outcomes. It was hypothesized that younger patients with lower body mass index and stage would report better results.

Methods:

This retrospective, single-center, noncomparative study included lipedema patients who underwent liposuction between July of 2009 and July of 2019. After a minimum of 6 months since the last surgery, all patients completed a disease-related questionnaire. The primary endpoint was the need for complex decongestive therapy based on a composite score. Secondary endpoints were the severity of disease-related complaints measured on a visual analogue scale.

Results:

One hundred and six patients underwent a total of 298 large-volume liposuctions (mean lipoaspirate, 6355 ± 2797 ml). After a median follow-up of 20 months, a median complex decongestive therapy score reduction of 37.5 percent (interquartile range, 0 to 88.8 percent; $p < 0.0001$) was observed. An improvement in lipedema-associated symptoms was also observed ($p < 0.0001$). The percentage reduction in complex decongestive therapy scores was greater in patients with a body mass index less than or equal to 35 kg/m^2 ($p < 0.0001$) and in stage I and II patients ($p = 0.0019$).

Conclusion:

performed in patients with a body mass index below 35 kg/m² at an early stage of the disease.

LIPOEDEMA RESEARCH



Cornely M.E. et al (2022)

Persistent lipedema pain in patients after bariatric surgery: a case series of 13 patients

Surgery for Obesity and Related Diseases

Volume 18, Issue 5, May 2022, Pages 628-633

Abstract

Background

Lipedema often remains undiagnosed in patients with obesity, leading to mismanagement of treatment. Because of this, despite remarkable weight loss after bariatric surgery and decreases in hip and abdomen circumference, some patients show only small decreases in circumference of the extremities and report persistent limb pain.

Objective

The goal of this work is to raise awareness of lipedema coincident with obesity, mistakenly diagnosed as obesity alone, in order to ensure the correct diagnosis of the condition and to achieve better treatment outcomes for people with lipedema and coincident obesity.

Setting

Methods

From clinical records, we identified 13 patients who were diagnosed with lipedema only after undergoing bariatric surgery. We describe the course of their pain before and after bariatric surgery, focusing on the long-term progression of symptoms accompanying the disease.

Results

Lipedema cannot be cured by bariatric surgery, and although the patients in this study lost an average of more than 50 kg of weight, they displayed no improvement in the pain symptoms typical of lipedema.

Conclusions

Because of the different etiologies of lipedema and obesity, lipedema requires its own specific treatment. Patients suffering from obesity should always be assessed for pain and lipedema. If coincident lipedema is diagnosed, we suggest that bariatric surgery only be performed first if diet and exercise have failed, the patient's body mass index is $>40 \text{ kg/m}^2$, and the patient has been informed of the possible persistence of pain. Lipedema, like a coincident disease, must be additionally treated conservatively or preferably surgically. This optimized treatment may help to better manage patient expectations after weight loss.



LSN ASK THE EXPERTS



In the third of their new series of 'Ask the experts' the panel discuss why Lymphoedema garments can not be made of nicer material?

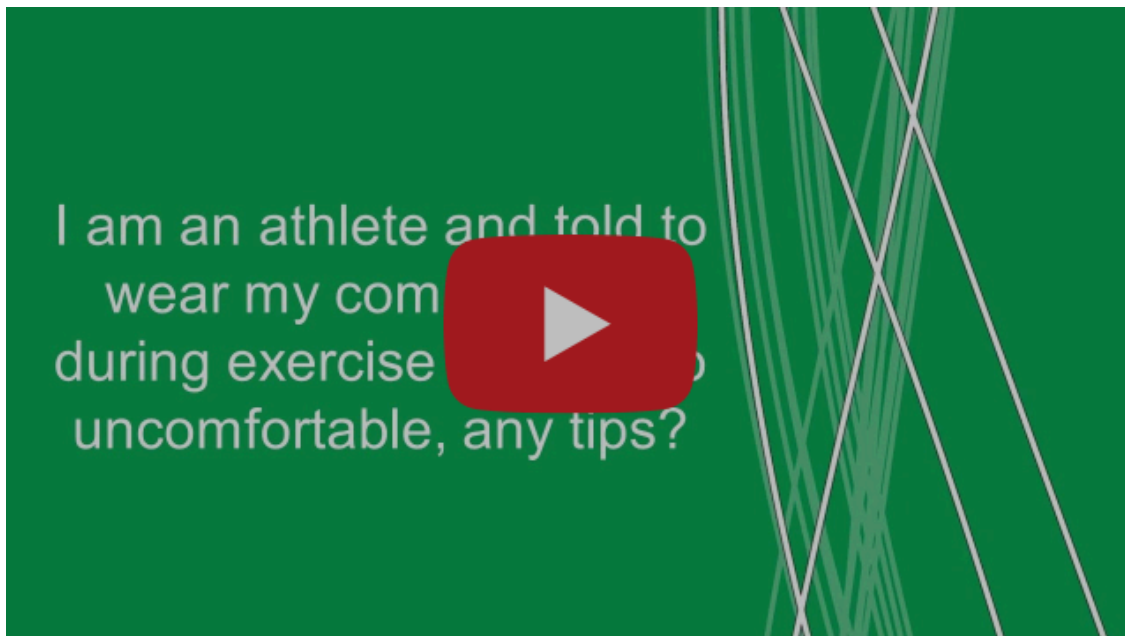
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- [Monica Smith - Lymphology Training Manager](#) - Medi
- [Tracy Green - Clinical Manager](#) - Sigvaris



[LINKS TO ALL QUESTIONS IN ORDER OF CLASSIFICATION](#)



CREATIVE QUARTER

This month, rather than a picture, I wanted to share with you some beautiful words.

This is an absolute favourite of mine, which I had the pleasure to read at a good friends wedding.

If you haven't read this before then you might get stingy eyes....

See you in August, Au Revoir x



CAPTAIN CORELLI'S MANDOLIN

by Louis de Bernières

Love is a temporary madness, it erupts like volcanoes and then subsides.

And when it subsides you have to make a decision.

You have to work out whether your root was so entwined together that it is inconceivable that you should ever part.

Because this is what love is.

Love is not breathlessness, it is not excitement, it is not the promulgation of promises of eternal passion.

That is just being in love, which any fool can do.

Love itself is what is left over when being in love has burned away, and this is both an art and a fortunate accident.

Those that truly love have roots that grow towards each other underground, and when all the pretty blossoms have fallen from their branches, they find that they are one tree and not two.



PLANET MARLA

First big girl swing!





“Congratulations your Majesty!”



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