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1st September 2022

Good Morning Everyone

We hope you are all keeping well and have enjoyed your Summer so far?

This month, PhysioPod are delighted to have been invited to attend [The National Lymphoedema Framework](#) and [Dr Vodder School Ireland](#) Open Day on the 24th September in Cork with guest speakers Professor Peter Mortimer and Christine Moffatt. If you are attending, then we very much look forward to meeting you.

A big thank you to all the contributors in this months issue, we genuinely do appreciate the time it takes to contribute and to be an active part of our 'online' community. This month we include a range of topics... Autism, Deep Oscillation, Diversity, Disability, Dyslexia, FMS, Inclusion, Lipoedema, Lymphoedema, Parkinson's, Refined Sugar Free Eating, Scars, Visual Impairment & more...

If you would like to share your thoughts with us on any of the topics included please drop us a line to news@physiopod.co.uk. We would love to hear from you.



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



A Refined Sugar Free Diet On Lipoedema and Fibromyalgia



Written by Bel Hardman

Stress & Resilience Coach



"Hi my name is Bel and I have Stage 2/Type 4 [Lipoedema](#). Mary of PhysioPod invited me to write a blog on the benefits of being 'Refined Sugar Free' and share some of my favourite Refined Sugar Free recipes. As someone who has turned her health around with diet and lifestyle changes I was more than thrilled to help with Mary's request. It's not quite as simple as me saying, do this or do as I do, you know

to try many different foods to find what does and does not work for you.

I truly appreciate that for many of us with Lipoedema, food issues, disordered eating and eating disorders are sadly part of our life. With that in mind, I want to start by saying, please remember that food is meant to nourish our bodies to help us to be able to function to the best that we can, with what we've been given. If you choose to make dietary changes please make sure you're doing it with love and nourishment in mind and not making changes from a place of discipline, guilt or restriction, because that is not sustainable, loving or fun. ♥

Here's a little into my background and why I chose to heal my health with an anti-inflammatory diet. I was diagnosed with Lipoedema in August 2020 but before that diagnosis, I was diagnosed with Fibromyalgia in 2015. I had already been gluten free for about 3 years due to an intolerance but after receiving my diagnosis of [Fibromyalgia \(FMS\)](#), and after 3 months of research I decided to reject conventional medicines as I knew that they would affect my immune system and likely cause weight gain.



In that 3 months I'd looked at diet and lifestyle changes and decided to adopt an Anti-Inflammatory diet. At that point, I also went Dairy Free and Refined Sugar Free. I really want to point out that I'm simply trying to show alternatives to highly processed sugar sweets, I do not want to vilify sugar, we need sugar to survive, but sadly we consume too much, as it's in nearly everything we buy at the supermarket, even savoury foods like soups, sauces and breads. As a sweet tooth, I knew I needed to find alternative sweet treats that would help the

delicious.....

Fruit & Nut Chocolate

GF, DF, RSF

- 125g cacao butter
- 30g raw cacao powder
- 40ml maple syrup (other preferred sweetener)
- 150g chopped mixed nuts
- 50g raisins

Melt the cacao butter over a double boiler, doesn't need to be on the cooker, just boiled kettle water in a container works perfectly. Once melted mix in cacao powder and maple syrup, mix with a whisk until smooth then add chopped nuts & raisins, mix and place in your chocolate mould. Freeze until set, remove from moulds and store in the fridge. Makes 6 choc bars. Chocolate mould from Amazon.



READ FULL BLOG



DESIGNING DOCUMENTS "REMEMBER TO KEEP THEM INCLUSIVE"

With thanks to Fiona Stevenson and DAC



PhysioPod were introduced to Fiona Stevenson ([Scope Awards 2022 Purple Pioneer Finalist](#)) in February 2021, by Gaynor Leech of

Gaynor had mentioned to Mary how incredibly helpful Fiona had been in teaching her to understand about typefaces, fonts, colours and backgrounds to make them accessible to all. Mary asked Fiona if she could write up some of her findings for their readers. With the help of DAC, her friend, they wrote this very useful blog. For further helpful reading accessibility training, see foot of article.



Fiona Stevenson



DAC

"When planning documents whether it be for a website or posters etc please consider the following for people with dyslexia and visual impairment. Thank you in advance for taking the time to read our joint blog, which is based upon our gathered knowledge, thoughts and feelings and for those who prefer to look and or listen, Mary Fickling of PhysioPod has kindly created this video with voice over from our words..."



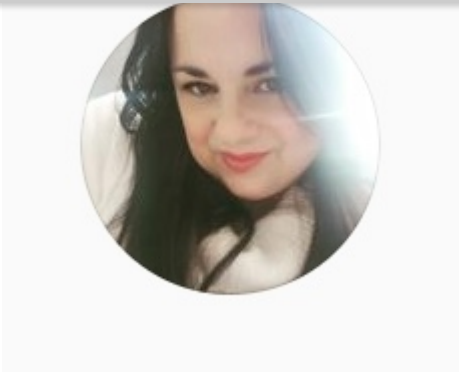
Designing Documents: Remember to Keep Them Inclusive

By Fiona Stevenson and DAC

[READ MORE](#)



[A BEAUTIFUL DAY FOR A SWIM](#)



A Guest Blog from Jacqueline (Jax) Smith

In this new blog, Jax describes the day that she and her daughter Lucy realised their shared dreams of swimming in a relaxed, friendly and welcoming environment and reflects upon just what that has meant to her. Jacqueline Smith (Jax), has Lipoedema in her knees, upper and inner thighs, hips, buttocks and arms. Her adult daughter Lucy, 26, is on the Autistic Spectrum and Jax is Lucy's full time carer.



"Until yesterday, I'd not been swimming for four years, not since Lucy left college. Lucy's not been in a pool... gosh, since I can't remember when, probably ten years or more. In the past, I would have been 'covered' up, but on this beautiful day, I wore a new bathing costume. Lucy and I were so happy to discover this pool, hidden away, locally, with staircase access, so we could both get in. It really was so lovely to get in the water. To feel so free in it. So uplifting, we both felt wonderful.



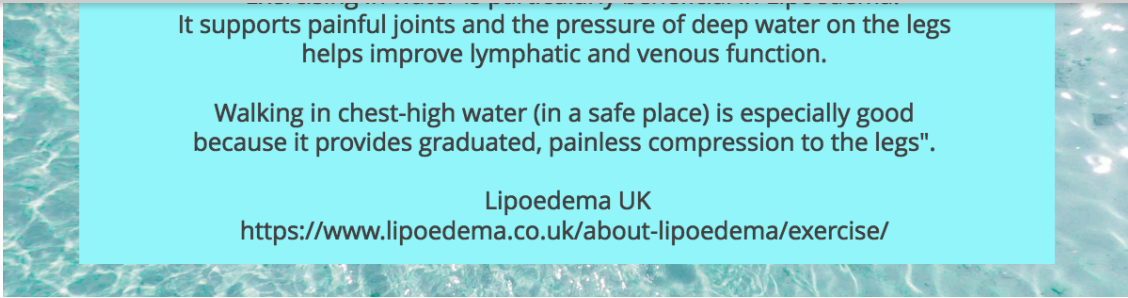
The Manager was lovely and kind, making it easier for us both. Lucy also went in a sauna for the first time and a jacuzzi, where we met two lovely elderly ladies who were hilarious, which made the experience all the better for Lucy.

Eventually, when I feel fit enough, we will join the aqua fit class there. The ladies were telling us about it - 'it's great' they said, 'not too hard' and 'Lucy would enjoy the music'.

Lucy's brother Lee had watched us in the pool from the cafe area. He said to me afterwards "Mum you looked fine. In fact, the more you cover up Mum, the more people look to be honest. It just strikes people as though you're not confident enough to strip off and that puts you down from the off (he's a wise young man).

But actually what he said is so true! Covering up does say immediately, 'inferior' and 'I feel I need to hide' because... 'I'm not good enough' or 'I don't look normal' etc. The elderly ladies said.. 'Nobody is looking at your arms love, first thing that we noticed, was you being a lovely Mummy to your daughter, encouraging her to get into the pool'

I think we don't truly appreciate what we have, until it's taken away and by that, I mean just the ability/opportunity to get in a pool and swim, and I so enjoyed the return to this activity. It is so good for those of us living with Lipoedema..



Looking back, even before I was officially diagnosed with Lipoedema, my confidence wasn't great. I would wear a t-shirt and shorts in the swimming pool, because I knew I felt better for covering up; hiding my body away from others. But I continued, because I really did love it. It was only when Lucy finished college that I had to stop going. Lucy refused to go, and as I am her full time carer, it meant the opportunity was no longer there.



Why wouldn't Lucy go in a pool? Mary asked me to explain:-

READ FULL BLOG POST



DON'T MESS UP! DON'T MESS UP! DON'T MESS UP!



This is more than likely your thought process when you meet a disabled person. If it isn't, you are either, someone who is disabled themselves, someone who works with or is friends with disabled people, or possibly you might be part of the last group i.e. someone who has never really given it much thought and probably isn't aware or cares that they are indeed....messing up.



Fortunately, most people drawn to work in customer service care about how they interact with their customers and if we are lucky they will have had some form of training and be able to remember it when it's

skills are used regularly, they disappear.



Remember learning French at school? Me too. Comfortable speaking basic French? Me neither..

See my previous article. ([Link](#))

It's never easy visiting venues for the first time especially when you are disabled but with a massive changeover in staffing due to the lockdown every venue feels "new" and any hard work training staff through familiarity in the past has more than likely diminished.

It's therefore not surprising that disabled people are experiencing more discrimination than ever before with a much greater chance that any negative experience posted on social media will be quickly picked up by a press hungry to generate a David V Goliath headline. This can be very damaging to the company involved and disheartening for the staff member at the heart of the incident worst of all and reinforces in the minds of disabled people that they are not welcome.

You will most certainly have noticed an increase in articles around disability discrimination across aviation, retail, transport, and hospitality with charities like [Guide Dogs UK](#) even bringing out an app recently through which guide dog owners can record and report access refusals.

Is it any wonder then that "don't mess up, don't mess up don't mess up" is foremost in the mind of the thoughtful staff member?

Well, where do we want to be?

Might I suggest..

“Excellent, here comes a disabled customer, what a great opportunity for me to learn”.

The good news of course is that every single interaction with a disabled person can be a valuable learning experience and there is no one better to learn from than subject matter experts themselves.

It's important to remember disabled people don't want you to mess up either and most will be open to supporting the learning process if approached with respect and empathy but be aware it's not something they want or have time to do in every one of their interactions.

What can disabled people do to help?

Well, I'm not one to tell folks what to do but I have been involved in this sector for many years and have always been keen for my disabled friends to spread good practice, personally or when they are out of spoons for the day (check out spoon theory) through the passing on of useful contacts. These can be their favourite service providers or useful advocacy contacts or DEI champions. There are so many to choose from with solutions like [Access Card](#), [BeMyEyes](#), [Passenger Assist](#), and [WelcoMe](#) or service providers like [Diversity & Ability](#), [Happy Smiles](#), [Toucan Diversity](#), or individuals like [Jodie Greer](#), [Jamie Shields](#), or [Chris Holloway](#).

MY LIST, WHAT'S YOURS? BY GAVIN NEATE



ACCESS CARD



What is the Access Card? Information, Evidence, Discounts and Opportunities for Disabled People. accesscard.org.uk

BE MY EYES



A free app that connects blind and low-vision people with sighted volunteers and company representatives for visual assistance through a live video call. bemyeyes.com

PASSENGER ASSISTANCE



An app that takes the time and fuss out of requesting assistance when you want to travel passengerassistance.com

WELCOME



Do you feel anxious and stressed when visiting a new place? WelcoMe provides inclusive and accessible customer experiences for all wel-co.me/visitors

DIVERSITY & ABILITY



Championing neurodiversity and disability inclusion through technology, training and talent. diversityandability.com

HAPPY SMILES



Inclusion and Diversity Training for Schools, Business & Community Groups happysmilestraining.co.uk

TOUCAN DIVERSITY



Toucan Diversity Training CIC is a social-profit organisation that provides equality training in order to promote social inclusion for disabled people. toucan-diversity.org.uk



bepeoplesmart.co.uk

JAMIE SHIELDS



Driving Disability Inclusion Globally
thatthingcalledinclusion.com

CHRIS HOLLOWAY



Accessibility & Digital Inclusion
linkedin.com/in/chris-j-holloway



Yes, call out discrimination as this is a part of the process but ultimately if we continue to do this without taking the next step forward to educate those involved all we will ever do is perpetuate the feeling that every disabled interaction is an opportunity to “mess up” and not as it can and should be, an opportunity to learn.

Gavin

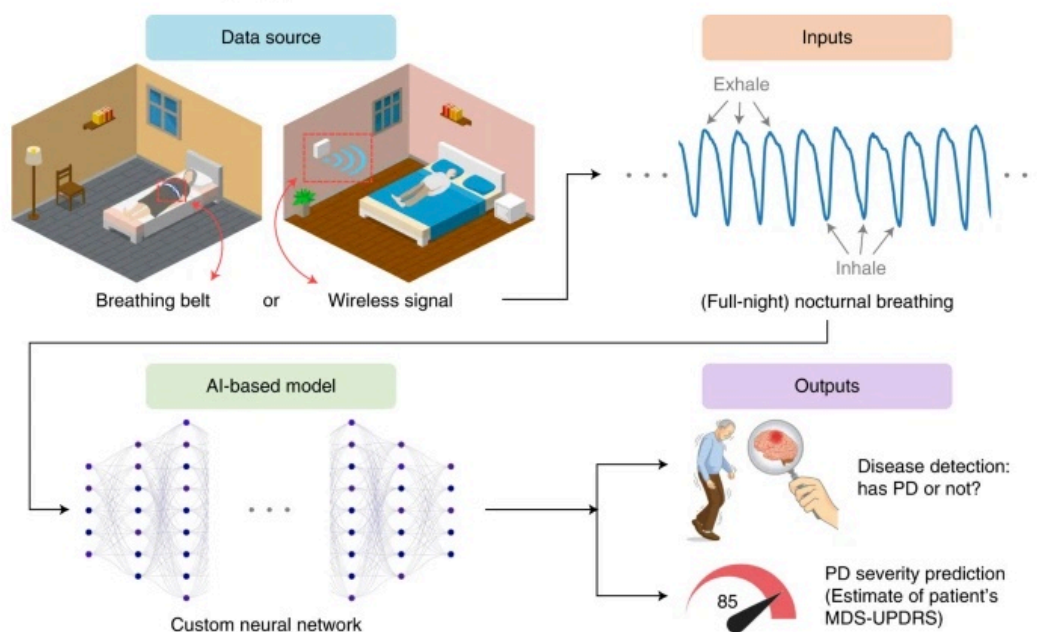


SENSOR DETECTS PARKINSON'S DURING SLEEP

Published 22 August 2022

Artificial intelligence-enabled detection and assessment of Parkinson's disease using nocturnal breathing signals

[Yang, Y., Yuan, Y., Zhang, G. et al. Artificial intelligence-enabled detection and assessment of Parkinson's disease using nocturnal breathing signals. Nat Med \(2022\). <https://doi.org/10.1038/s41591-022-01932-x>](#)



The system extracts nocturnal breathing signals either from a breathing belt worn by the subject, or from radio signals that bounce off their body while asleep. It processes the breathing signals using a neural network to infer whether the person has PD, and if they do, assesses the severity of their PD in accordance with the MDS-UPDRS.

"There are currently no effective biomarkers for diagnosing Parkinson's disease (PD) or tracking its progression. Here, we developed an artificial intelligence (AI) model to detect PD and track its progression from nocturnal breathing signals. The model was evaluated on a large dataset comprising 7,671 individuals, using data from several hospitals in the United States, as well as multiple public datasets. The AI model can detect PD with an area-under-the-curve of 0.90 and 0.85 on held-out and external test sets, respectively. The AI model can also estimate PD severity and progression in accordance with the Movement Disorder Society Unified Parkinson's Disease Rating Scale ($R=0.94$, $P=3.6 \times 10^{-25}$). The AI model uses an attention layer that allows for interpreting its predictions with respect to sleep and electroencephalogram. Moreover, the model can assess PD in the home setting in a touchless manner, by extracting breathing from radio waves that bounce off a person's body during sleep. Our study demonstrates the feasibility of objective, noninvasive, at-home assessment of PD, and also provides initial evidence that this AI model may be useful for risk assessment before clinical diagnosis..."

DOWNLOAD FULL PDF OF STUDY



MAGCELL MAGIC

I dance a lot, and I especially love ballet, so I was more than excited when I got selected to participate in the English Youth Ballet's production of Sleeping Beauty at the Theatre Royal in Nottingham.

I started the training. It was tough - 16 hours per weekend and 4-6 hours a day - and because I was cast for a role that was partially en pointe, I experienced a lot of pain in my feet.

That was when Mary (My Godmother) suggested Magcell to help with the pain. I used the Magcell under my feet the night and morning after the rehearsals, and although all that I could feel was some buzzing, it really did help, and I would recommend this product to anyone else who has a demanding dance schedule to relieve the pain.



Sophia McCoy



DEEP OSCILLATION® - 'Making a difference to those living with Lymphoedema and Lipoedema'

Internationally Patented, Electrostatic Field Therapy

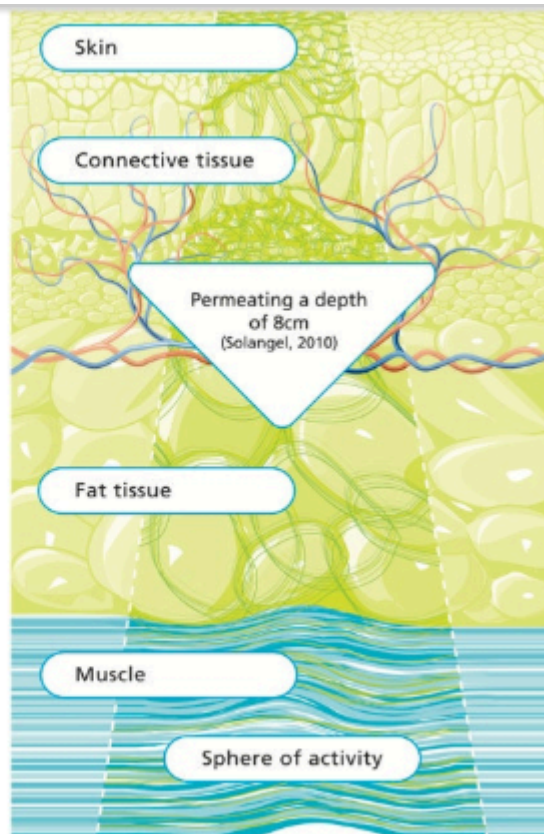
In contrast to externally applied, mechanical forms of therapy (e.g. vibration on the surface of the skin), the therapeutic effect of deep oscillation (also known as DEEP OSCILLATION® or HIVAMAT®) permeates a depth of 8 cm through skin, connective tissue, subcutaneous fat tissue, muscles, blood and lymphatic vessels, with a range of clinically proven effects. [1]

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Clinical Effects of Deep Oscillation

- ● ● Pain alleviating effect
- ● ● Inflammation-suppressing effect
- ● ● Reduction of primary lymphoedema
Prevention and reduction of secondary lymphoedema
Reduction of oedema in lipoedema
- ● ● Prophylaxis of fibrotic remodelling processes, reduction of fibrosis
- ● ● Muscle relaxation, promotion of physical activity, mobilisation, functional improvement and improved range of movement
- ● ● Support of wound healing processes
- ● ● Prevention of premature ageing processes
- ● ● Accelerated recovery after physical workout
- ● ● Decongestive effect and functional improvement in chronic obstructive pulmonary disease (COPD)

Source: Mechanisms of Deep Oscillation: by Dr Jens Reinhold, M.D., The Journal April 2017



Deep Oscillation impacts the entire depth of tissue layers and intervenes in the connective tissue, setting it apart from conventional electrotherapy methods which act on the neuromuscular system. In addition, there are more areas of application that deep oscillation can be used; see comparison of indications below.

COMPARISON OF INDICATIONS

	HIVAMAT	LASER	ULTRASOUND	STIM
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edema Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Relaxation	<input type="checkbox"/>	∅	<input type="checkbox"/>	<input type="checkbox"/>
Acute Pain Relief	<input type="checkbox"/>	∅	∅	∅
Chronic Pain Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Inflammation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scar Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	∅
Tissue Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Tissue Healing	<input type="checkbox"/>	∅	∅	∅
Cardiac Pacemakers	∅	<input type="checkbox"/>	∅	∅
Extreme Edema	<input type="checkbox"/>	<input type="checkbox"/>	∅	∅
Metal Implants	<input type="checkbox"/>	<input type="checkbox"/>	∅	<input type="checkbox"/>
Pregnancy	∅	∅	∅	∅

provided contraindications have been checked, deep oscillation can be applied in all age groups, from 0 years upwards'.



Maria Del Rosario Pineda treats 6 month old patient with Congenital Lymphoedema, results after 2 treatments

3 year old Lincoln self treats with the help of Dad for congenital lymphoedema

Prof Hildegard Wittlinger receives treatment via applicator in Austria. The Vodder School recommend deep oscillation for fibrosis

CONTRAINDICATIONS

- acute infection
- infectious skin disease
- active tuberculosis
- untreated thrombosis or vascular disorder
- erysipelas or cellulitis
- untreated malignant diseases - in the case of palliative care, patients and practitioners should refer to the patient's consultant for further instruction
- untreated heart complaints or disease
- cardiac pacemakers or other implanted stimulators
- Pregnancy, sensitivity to electrostatic fields
- vertebrobasilar insufficiency (VBI)

NB As opposed to stimulation current therapy, **metal implants are not** a contraindication to deep oscillation therapy.

When treating a patient through gloved hands, contraindications refer to both patient and therapist. If a therapist becomes pregnant, they simply swap to treating their patient with the handheld applicators. In terms of safety, there has not been any report of adverse effect since the original patent was granted in 1988. Deep oscillation is also FDA approved and PhysioPod UK [are approved NHS suppliers](#).

READ MORE

QUESTION 10 - DEAR JANE



Dear Jane Wigg



LWOC
L-W-O COMMUNITY
LYMPH-WHAT-OEDEMA
LYMPHOEDEMA EXISTS, WE EXIST

Member Question

**After you have been provided with compression garments, should you be reassessed to ensure they are still right for you?
And if so, how often should you be reviewed?"**

The Effect of a Low-Carbohydrate, High-Fat Diet versus Moderate-Carbohydrate and Fat Diet on Body Composition in Patients with Lipedema



PUBLISHED 22 AUGUST 2022

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Introduction: Lipedema is a disorder characterized by an excessive accumulation of subcutaneous body fat, mainly bilateral and symmetrical accumulation of fat deposits, particularly in the lower extremities excluding feet. Pain (spontaneous or with palpation) and increased capillary fragility with bruising are also part of clinical presentation. It is estimated to occur in approximately 11.0% of women worldwide. Management of obesity among patients with lipedema is a key component in its treatment.

Purpose: The aim of this study was to compare effectiveness of two diets: low-carbohydrate-high-fat diet (LCHF) and medium-fat-medium-carbohydrate diet (MFMC) in body weight, body fat and limb

Material and methods: The studied women (n = 51) were divided into 2 groups and submitted to 1 of the 2 diets for 16 weeks. Anthropometric measurements such as body height [cm], body weight [kg], body fat percentage [%], body fat [kg], lean body mass [kg], and visceral fat level were collected at the beginning and end of the study.

Results: We have not found any significant differences in anthropometric measurements at the baseline between groups. Body weight and all anthropometric parameters decreased significantly in both groups after 16 weeks of diets, excluding the circumference above the right ankle for the MFMC diet which did not change. The LCHF diet contributed to reduction of body weight ($- 8.2 \pm 4.1$ kg vs $- 2.1 \pm 1.0$ kg; $p < 0.0001$), body fat ($- 6.4 \pm 3.2$ kg vs 1.6 ± 0.8 kg; $p < 0.0001$), waist ($- 7.8 \pm 3.9$ cm vs $- 2.3 \pm 1.1$ cm; $p < 0.0001$), hips ($- 7.4 \pm 3.7$ cm vs $- 2.5 \pm 1.3$ cm; $p < 0.0001$), thighs and calves' circumferences compared with the MFMC diet. We observed reduction of pain in the extremities and mobility improvement in LCHF group (data not shown).

Conclusion: The LCHF diet was more effective than MFMC in body weight, body fat and lower limb circumferences reduction.

Keywords: lipedema, low carbohydrate high fat diet, low-glycemic index diet, anti-inflammatory diet, body composition

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First Look Report Key findings from the Lipedema Foundation Registry survey

"The Lipedema Foundation is proud to present the [LF Registry First Look Report](#). This 16-page report features the findings of the Registry survey – and we are grateful to all who participated! The **First Look** highlights key insights from the data, which was provided by 521

lived experience with the condition, and we hope you find their experiences and observations as enlightening as we do"



[DOWNLOAD REPORT](#)



[SCAR THERAPY RESULTS](#)



Emma Holly wrote on her Instagram page..

"It's not just the scar that changes! Deep adhesions are causing issues for my client and distorting the shape of her abdomen. In the last 3 months we have already had a huge improvement and more will follow.

Shared with kind permission to remind people: Don't give up if you're not happy with the results after a surgery or trauma, no matter how big get in touch and [I can help \(or signpost you to someone who is trained with me\)](#).

The specialist scar treatments I offer in Harley Street is a mix of manual techniques with my hands, together with using Deep Oscillation and LymphaTouch devices and the results speak for themselves.

No pain, no skin damage, just making the bodies healing capabilities get going again and repair. The right stimulation will bring results."

Great News For Gidea Park Romford

DEEP OSCILLATION NOW IN CLINIC

ESSENTIAL FEELING

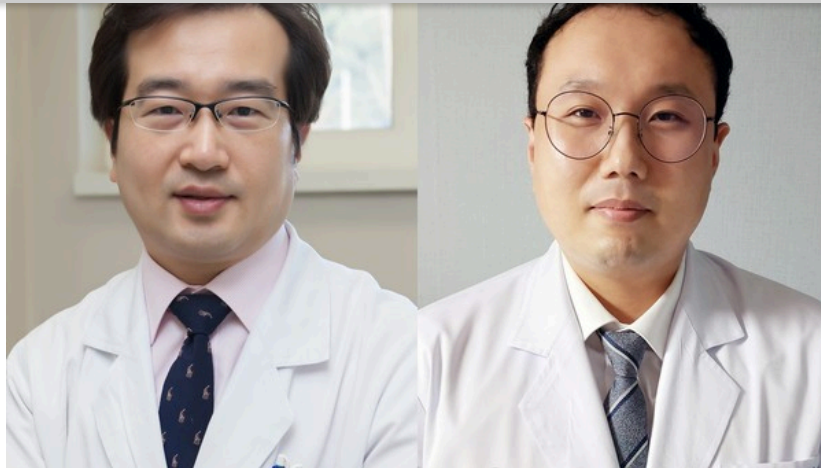
Body Treatments - Post Surgery - Skin Clinic



READ MORE

AMC develops lymphatic channel sheet to prevent secondary lymphedema

A team of researchers at Asan Medical Centre (AMC) developed a lymphatic channel sheet (LCS) to restore the flow of damaged lymph nodes to prevent lymphedema after cancer treatment.



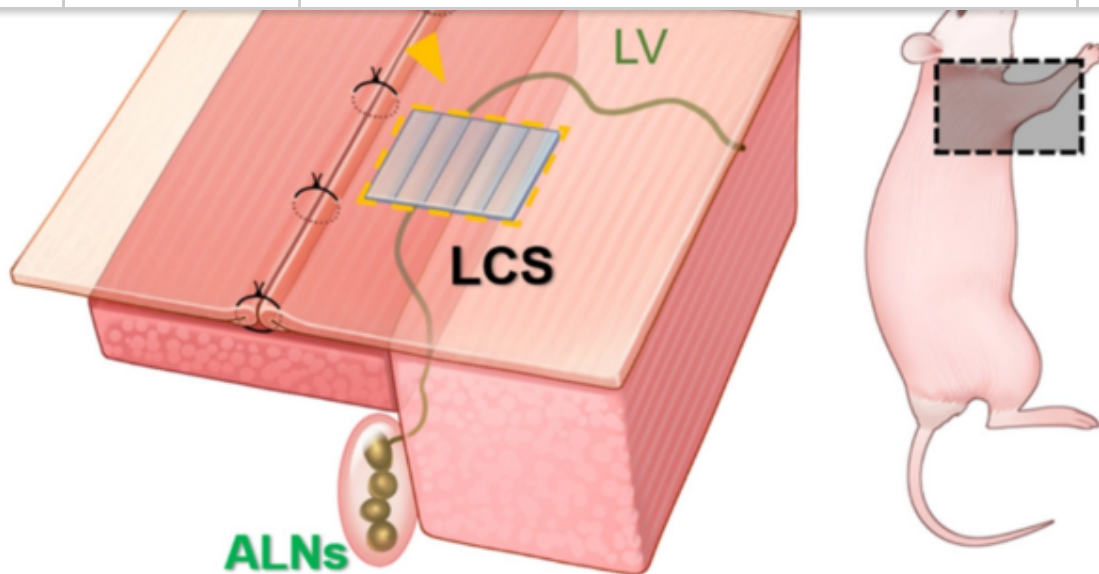
Developers Professor Jeon Jae-yong (left) of rehabilitation medicine and Dr. Cheon Hwa-yeong, a medical engineering researcher at Asan Medical Center in Seoul

Radiation therapy is often performed to resect the metastasized lymph node and reduce cancer recurrence. At this time, lymphedema, or severe swelling of arms and legs and chronic inflammation, may occur due to damage to lymphatic tissue.

However, there has been no proper prevention or treatment for secondary lymphedema so far.

The LCS is a two-dimensional structure containing microfluidic passages designed to connect broken lymphatic vessels, and is relatively easy to perform compared to the existing technology.

Professor Jeon Jae-yong of rehabilitation medicine at AMC said his team has successfully confirmed the effect of reducing edema by implanting the LCS into a small animal model where lymph flow was cut off due to lymph node resection.



The figure shows the restored lymphatic fluid flow as a result of implanting the lymph channel sheet into the small animal model after lymph nodes have been resected.

Specifically, the swelling change between the small animal model with lymph node resection and the other with LCS transplanted after lymph node resection was compared for eight weeks. Consequently, the sheet transplant model confirmed that the swelling significantly decreased after two weeks and recovered normally seven weeks later.

Furthermore, the research team confirmed that the LCS not only continues the flow of lymph disconnected lymphatic sections but also contributes to the regeneration of new lymphatic vessels by injecting a contrast agent. The same was observed through non-invasive methods through advanced fluorescent lymphography.

Accordingly, the research team has obtained a patent for the newly developed LCS, and is currently preparing clinical research to complete new treatment technologies. The study results were recently published in the international journal of Bioengineering & Translational Medicine (Index 10.684).

“Lymph circulation disorder is a postoperative complication that many female patients with cancer such as breast cancer experience but still

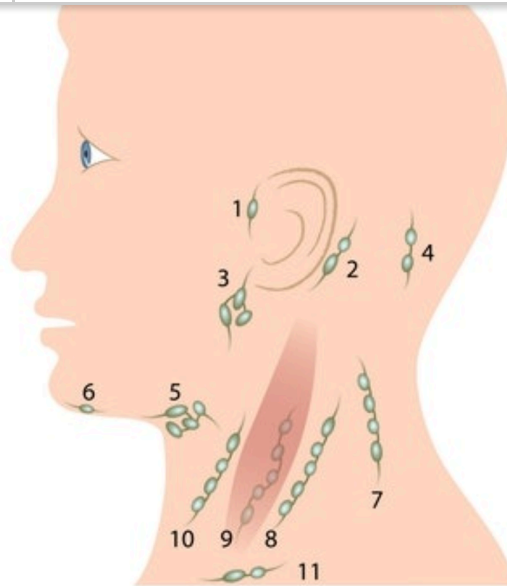
corresponding author. Thus, we expect that our study will contribute to the establishment of a groundbreaking new prevention and treatment strategy for lymphatic circulatory disorders in regenerative medicine.”

Head and Neck Lymphoedema - Improving Quality of Life With Deep Oscillation



**With thanks to
Sue Hansard, Lymphoedema Specialist Practitioner**

PhysioPod Forward: For the first few weeks of treatment, Sue was only able to use gentle Manual Lymphatic Drainage (MLD), which softened and reduced the Lymphoedema. This was due to skin sensitivities and residual side effects of cancer treatment. Supplementary modalities of Kinesio Tape, Deep Oscillation and low level infra red light therapy were not well tolerated. A garment was found that worked well, without causing any skin irritation and the patient performed Simple Lymphatic Drainage (SLD). After eight weeks, low level infra red light, then Kinesio tape and 6D tape, and finally, Deep Oscillation were re-introduced.



2nd August 2022

Hi Mary,

This is some feedback from one of my patients who has Head and Neck Lymphoedema (HNL).

For clarity, I should point out, that although I have been treating her for several months and her swelling and other complications were very severe.... I have actually only used Deep Oscillation as part of her last three treatments.

I used it on her first ever treatment, only for a short period of time. but her skin became very red and warm, and later her swelling felt harder and more uncomfortable. Although I think this may have been due to her dynamic Lymphoedema and post surgery healing (she was eight weeks post surgery), there was also the possibility that it was aggravating a complex skin sensitivity response. She has skin sensitivities to many many things. So for the following treatments, I simply did Manual Lymphatic Drainage (MLD). Nothing else. She also reacted to low level red laser therapy and Kinesio Tape. She is really proactive and concordant in her own simple lymphatic drainage, and facial/neck mobilisation exercises, plus we found a HNL garment that she could tolerate.

Then in June, we trialled Deep Oscillation on her painful neck and shoulder. It helped, and no negative reaction. So we have since used

a time, alternating with MLD. We both noticed improvements and she has found that it significantly eased pain in her frozen shoulder.

Holidays have resulted in a treatment gap, so I would expect some rebound when I next see her. But I feel her feedback really demonstrates the positive impact that deep oscillation can make when treating this patient group.

Updated provided

26th August 2022:

After her holiday there was some re-bounce, but in spite of the severe hot weather, the swelling had remained relatively soft. She is good at doing SLD and found the 6D Tape really helpful. Using Deep Oscillation during that appointment, we noticed that the heaviness eased quickly and swelling softened even more, improving ROM of head and easing pain in her frozen shoulder.

"I recently had surgery to my head and neck and was left with significant Lymphoedema to my face and neck area.

I was advised to try deep oscillating therapy to help with my swelling as it was restricting my movement, affecting my speech, my eating and left me in discomfort. It really restricted my life choices.

I found a specialist in the field who offered this therapy and I have been attending sessions for a couple of months, I have seen huge improvements in my symptoms!

The Deep Oscillating therapy sessions leave my neck and face feeling soft, which therefore allows for movement freely and due to the reduction of swelling, my speech has improved and eating is much easier.

I also have muscle and nerve damage to my shoulder and the therapist has been carrying out Deep Oscillation on that area which has also improved my movement and reduced the pain.

The Deep Oscillation sessions are pain free and very relaxing and most importantly are significantly improving my quality of life. I am happy with the results from Deep Oscillation"

[READ FULL BLOG](#)

**THAMES HOSPICE ADD DEEP
OSCILLATION TO LYMPHOEDEMA
SERVICES**



[READ MORE](#)

'Flat Denial' Can Leave Breast Cancer Patients With Lasting Scars

Kate Johnson - *Medscape* - Aug 18, 2022.



"Six years ago, Kim Bowles had a double [mastectomy](#) after being diagnosed with stage 3 [breast cancer](#). Instead of opting for reconstruction, she decided to go "flat." At 35, she had already breast-fed both of her children, and didn't want breasts anymore.

She asked her surgeon for an aesthetic flat closure, showing him photos of a smooth chest with no excess skin flaps. Although he agreed to her request in the office, he reneged in the operating room.

As the [anesthesia](#) took effect he said, "I'll just leave a little extra skin, in case you change your mind."

The last thing she remembers is telling him "no.".....

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GREETINGS

2023
calendar

PHOTOGRAPHED & CREATED BY GEMMA LEVINE
IN AID OF LYMPHOMA RESEARCH CHARITY

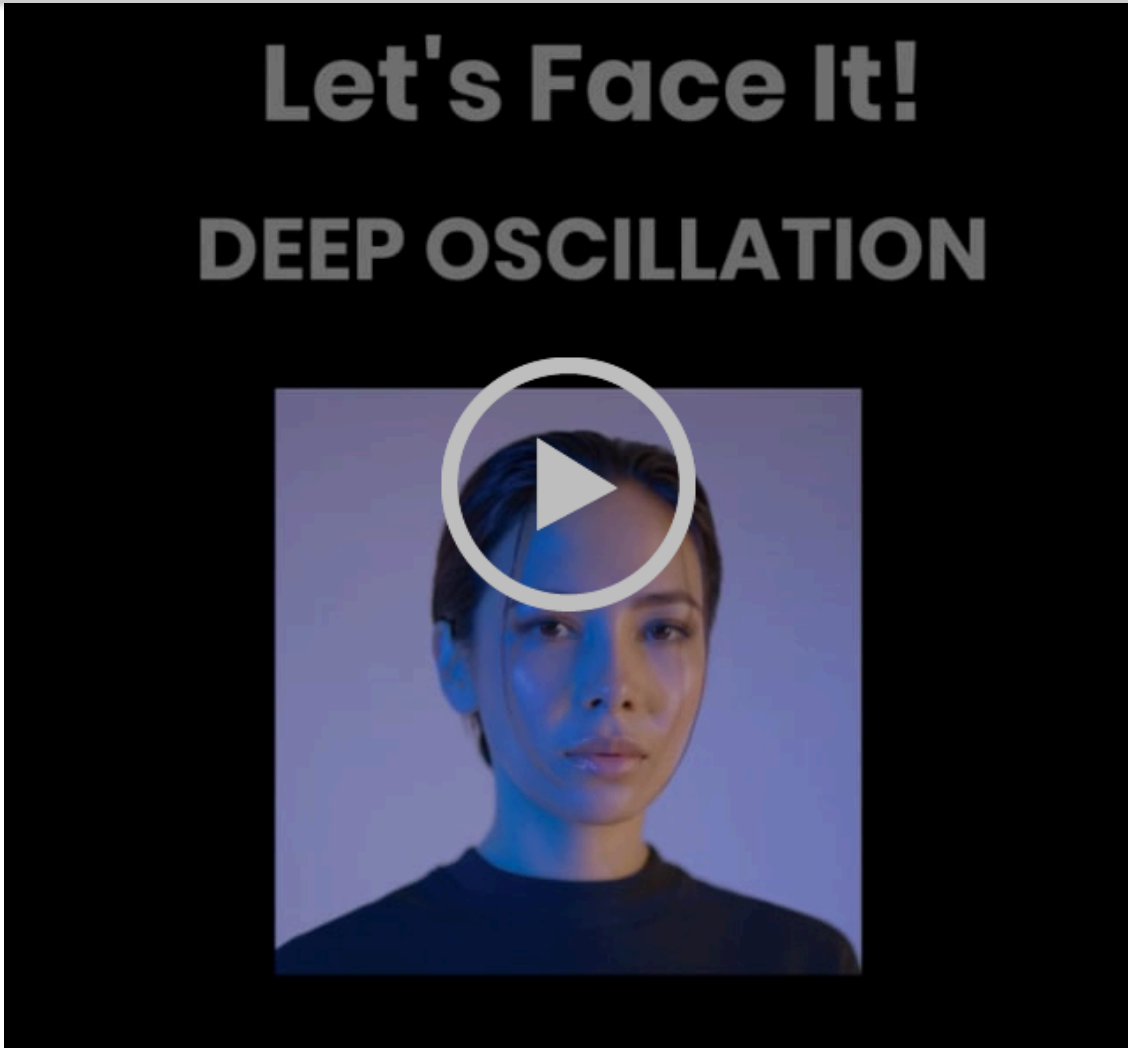
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Will be available from September...

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**WHAT ARE "THEY" SAYING ABOUT DEEP
OSCILLATION IN NON SURGICAL
AESTHETICS?**



Compression Companies Respond to LSN Member Questions

Chair of LSN, Anita Wallace MBE discusses member compression questions with Corporate LSN Companies



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[Can Compression garment manufacturers do more to make their advertising inclusive?](#)

[Can manufacturers produce dummy sleeves that match the compression ones?](#)

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[How to manage compression if you have a silicone allergy.](#)

[Why are compression hand pieces so hard to get right?](#)

[Do low grade compression stockings come in made to measure to make allowance for a misshapen limb?](#)

[What to do if you have trouble getting your compression on or off?](#)

[Is it possible to stop compression garment from slipping and rucking up?](#)

[The panel discuss why compression garments take so long to arrive and often don't fit?](#)

[Our panel tell us how to order extra garments directly if you know your prescription?](#)

[Why are lower limb garments mostly designed for women when men get the condition too?](#)

[What do I do if my GP practice say they can not measure me for my garments?](#)

[Why is it so confusing for my GP to order compression?](#)

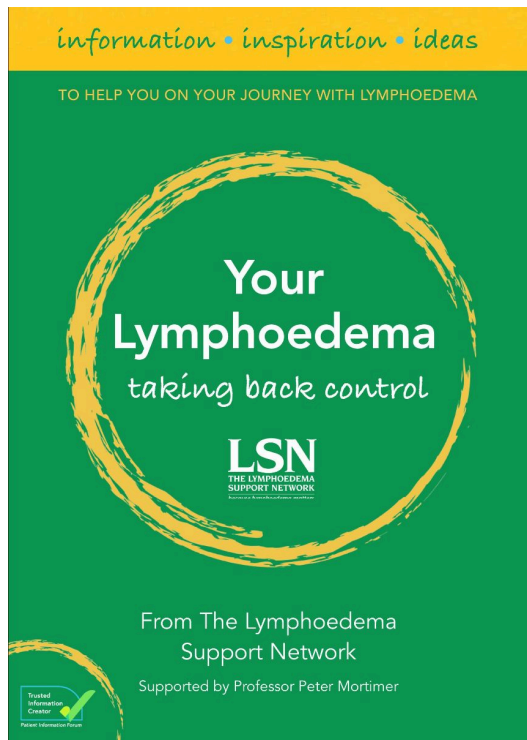
[Our panel discuss the confusion surrounding compression garments and prescription charges?](#)

[The panel discuss what colours and styles of compression products are available on the NHS.](#)

some areas:

[Why can't Lymphoedema garments be made of nicer material?](#)
[I am an athlete and told to wear my compression during exercise, but it is so uncomfortable, any tips?](#)

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New LSN Book Review

“I have just received my copy and given it a first look through. So much information including practical illustrations, right up-to-date and accurately presented. I thought that I was well informed, but I have already learnt some very useful extras. Congratulations on an excellent book from a first-class organisation.”

LSN member

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A Beautiful Peacock Butterfly on a Butterfly Bush

With thanks to [Karen Durie](#)

"This was the photo I entered this week to a website. It wasn't picked but that's life because it's the taking part that's more important than anything."



Well we think it's lovely Karen!



Introducing Coco..

For those of you that know me personally, you will know, just how much I love this little dog. Her full name is 'Coco Chanel Fickling' (Coco-Pops for short) and she is a 6-year-old Labradoodle. We have had her from being a puppy.

She is our absolute pride and joy and she sits patiently on the day bed in the office each month whilst the PhysioPod NewsMagazine is created.

Here she is for you, this is your 'awww' moment for this month! She has accompanied me on many charity walks and is the chief meeter and greeter at Jenkins Bar, our local in Sherwood.

Coco has a Facebook page if you are as crazy about your canine friends as I am - it is PrincessCocoTheFirst - so named as others had taken the Princess Coco name (how very dare they?!). Mary x



done for getting to the end! x



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