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Firstly, a Happy New Year to you all and welcome to the January 2021 (Issue 05) PhysioPod NewsMagazine.

Julie and I are devoted to finding and accumulating insightful pieces to create our monthly publication and we do hope they continue to be of interest.

2020 was such a rollercoaster ride for us all, personally and for countless businesses, regardless of their location or sector.

But we must not forget the amazing advances that have given hope, in healthcare science, technology, digital health, leadership and in basic human care and kindness. Neighbours have adopted a more caring attitude and people have started searching for the real meaning of their lives. These are things we take with us into the New Year and beyond on which we can build for a better future.

We would like to express our condolences to all who have lost loved ones and colleagues in this pandemic. COVID-19 has touched us all; on Boxing Day, Dennis Fickling, my very dear Father-In-Law passed away succumbing to the virus in his care home. He was aged 90, he had a wonderful life, rich in love and family, but this was not the end to it all that he deserved. A young carer, Lucy, at the same care home, with her whole life ahead of her, also died of the virus. COVID is cruel and relentless.

Our wish for 2021 to all of you, is that you continue to stay safe.



With our best wishes

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



"Where on earth does one start writing about this year's events. After hubby and I saw in the New Year at a lovely New Year's Eve party, how could we begin to imagine what lay ahead... [READ MORE](#)



Big thank you to all those who have supported L-W-O Community throughout 2020 with special thanks to the following.

- Michelle Donohoe - Twitter
- Marie Barber - Family Support Group
- Lisa Marie West - Moderator FB
- Sue Sanders - Moderator FB
- Alison Merrick - Consultant MLD
- Mary Fickling - Director Physipod UK Ltd
- Karen Friett - CEO LSN
- Margaret Sneddon - Chair BLS
- Julie Hunt - Macmillan Manager
- Fiona Stevenson - Disability Rights
- Pernille Henriksen - Patient Advocate
- Adam Withey - Juzo
- Susie Murray

Most of all thank you to all our members who are at the heart of our community.



Gaynor Leech - Founder

Marie Barber - Family SG Michelle Donohoe - Twitter

Financial Support

I would like to thank all of you who have supported L-W-O financially this year through your kind donations. Without your generosity we would not be here. Please help us to continue to provide non-medical tips & support to those living with lymphoedema. Please donate:

gf.me/u/yx2ggj

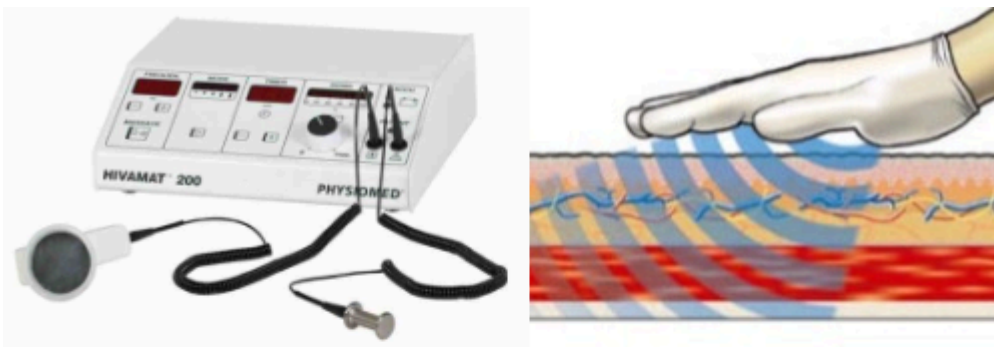
NEW DEEP OSCILLATION CASE REPORT



Use of Deep Oscillation for Burn Scar Management

"Following a burn injury, treatments goals include the reduction of pain, oedema and itching, promotion of mobility and function, improving scar quality, skin colour and elasticity and to help with any psychological symptoms. One of the techniques most commonly used to facilitate these goals is scar massage (1-4). However, as well as being very time consuming for both patient and therapist; it can be uncomfortable for the patient and can also cause painful joints in the therapists performing the treatment.

At [The Welsh Centre for Burns & Plastic Surgery](https://www.welshcentre.org.uk/), we have found that the use of gentle, non-invasive Deep Oscillation massage can alleviate these problems,



Deep Oscillation in burn scar management applied through special foil



NEW MLD STUDY

Effects of Different Neck Manual Lymphatic Drainage Maneuvers on the Nervous, Cardiovascular, Respiratory and Musculoskeletal Systems in Healthy Students





Our study opens new researching lines for future projects even in pathologies where an autonomic nervous system implication exists, as these techniques are considered safe also in non-healthy subjects. In addition, the fact that these techniques are safe, makes physical therapists confident with them, and opens future research lines. MLD decreases systolic blood pressure in healthy participants. However, it does not produce any changes in other physiologic outcomes, such as cardiovascular or respiratory, which may suggest the safety of the technique in patients suffering from other pathologies. No effects were found in musculoskeletal system. Future studies, in a pathologic sample, such as diabetes or Hypertension should be conducted.



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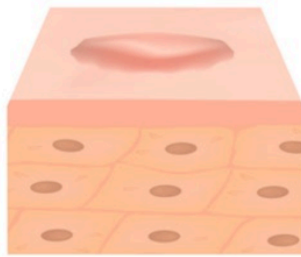
MLD PRACTITIONER FEEDBACK

Deep Oscillation Helping to Reduce Keloid Scarring



**Sue Hansard, Lymphoedema Nurse Specialist,
Mentor, Educator and Writer at [FIRST LYMPH CARE](#)**

"As a Lymphoedema specialist nurse, there is no greater 'buzz' than when during a treatment, the skin and tissues beneath my hands begins to change texture, tonicity. I don't tell the patient that it is happening, but ask them to feel the area themselves and give me feedback. Their facial expression says it all. This happened yesterday while treating a patient who had undergone abdominoplasty and hernia repair 6 weeks ago.



A keloid scar is an overgrowth of tissue that happens when too much collagen is produced at the site of a wound.

The scar keeps growing, even after the wound has healed.

Keloid scars are raised above the skin and can be pink, red, the same colour or darker than surrounding skin. They're often itchy or painful, and can restrict movement if they're tight and near a joint.

Wound infection had led to visible keloid scarring and deeper tethering /cording mid abdomen, which was uncomfortable and unsightly. After 10 mins higher frequency and 10 mins lower frequency of Deep Oscillation, the scar and cording, had softened and was more mobile as fascial release occurred. Amazing. I love this piece of kit ! And my patients do too! " [Read more](#)



Lipoedema Legs - Cally's Story



A few years after that, at secondary school, my peers began commenting on how my calves were impressively muscly. I wasn't impressed, I wanted slender legs like everyone else.

By the time I was 17, my entire legs were larger than anyone I knew and I began to notice deep thick stretch marks behind my knees and down my calves. This was when GPs began to tell me to lose weight. A repetitive narrative that would continue to this day, at the age of 49. I rode a bicycle for miles and miles daily, that's how we got around in our teens. Up until the age of 27, when I passed my driving test, I cycled everywhere.

I've always been physically active in my work and social life, I loved to dance. Nothing I ever tried had any effect on my leg, I have tried to convince doctors that it was downright FACT but I know they thought I was a lying, lazy, cake-eating, slob.

“

I became so desperate that I found some strong diet pills containing ephedra and I lost a lot of weight, from my face, neck, chest and waist but not my legs. I also became unwell with panic attacks, anxiety and depression, of which I never fully recovered.



Feedback:

MAGCELL® ARTHRO in Osteoarthritis & Neuropathy

"I was first diagnosed with osteoarthritis in the mid nineties, when initially it was thought I had heart problems because I was in agony with my chest. After a battery of tests, I was diagnosed with osteoarthritis of the sternum.

Costochondritis is the most common cause of sternum pain and occurs when the cartilage between the sternum and ribs becomes inflamed and irritated. Costochondritis can sometimes occur as the result of osteoarthritis but may also happen for no apparent reason.

Arthritis wise it was downhill all the way, around the same time I was diagnosed with an 'undulating hip' which was not picked up at birth and I was told the bones of the hip are rubbing together with the ball moving around. So far, I have managed to avoid hip surgery, but one day... [READ MORE..](#)



OMG! This lightweight machine with a pulse I can barely feel, has a simple push button on/off switch and runs for 2.5 minutes, better still you can safely do back-to-back treatments. On average, depending on which area I want to work on for pain relief, I use it three times that's 7.5 minutes. No time wasted and pain relief is instant.

The big surprise was the lasting effects the Magcell had on my lower back. After using the Magcell for seven days, the lower back pain had disappeared and when it decides to reappear, this little marvel works wonders and quickly. I have ulna neuropathy in both arms so the same as my lower back, three treatments back-to-back and I am pain free. This little machine has the same effect on my hands and wrists.

Get details and pricing on the Magcell Arthro



Workplace Bullying: What is it? Does it Really Happen?



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"If we are asked about BULLYING many of us will recall those kids at school who we were afraid of. The playground bully. It resonates with childhood, being childish even. But of course, bullying behaviour is not confined to the playground, to school, to children. It affects adults in every occupation, globally. It causes emotional and physical harm which one can take years to recover from. It leads to loss of productivity, effectiveness, increased sick leave, financial losses for the individual and organisation and a negative impact on the workforce.

Is it really that bad?"

Featured article on PhysioPod UK website from Sue Hansard, Lymphoedema Nurse Specialist, Mentor, Educator and Writer at FIRST LYMPH CARE..

READ FULL ARTICLE



VIDEO FEEDBACK



[Lynda Carter, RGN, BSc \(Hons\) Nursing Studies](#)
[Huddersfield, West Yorkshire, HD8 0FZ](#)

Fairy Godmothers Do Exist

by Tammy Peat BSc (Hons)

"I have had a Hivamat Deep Oscillation unit for many years in my MLD practice. I've reached the stage where I really don't think I'd function properly without it. At first I used it tentatively with my Vodder MLD technique, as I had to be convinced that it worked and this is where my story starts



"Once upon a time I was having to undergo a double arthroscopy on my knees. Fairy Godmothers Julie and Mary convinced me that I needed to start to work on myself with my my new machine friend the Hivamat..."

Less than 24 hours post operatively, I set about treating both knees to reduce oedema and promote healingsubsequently every day following that I used Deep Oscillation and several times in the day with ice therapy. It was of instantaneous benefit and a realisation that my Hivamat had magical properties after all as my Fairy Godmothers had said. I was desperate to get back to work to show my clients how fantastic Deep Oscillation therapy is.

A week after surgery I was booked in to have Physiotherapy but on assessing my knees my physio told me that I didn't need any treatment, as my knees were so good and he asked me the secret to my rehab ... on telling him I had a « magical healing weapon « I was discharged and this was the beginning of a beautiful story of therapist meets Hivamat. [READ MORE..](#)



PHYSIOTHERAPIST THOUGHTS

DEEP OSCILLATION Combined with Acupuncture in Post-COVID Syndrome Pain Management



**Thoughts from Nicky Snazell,
Consultant Pain Physiotherapist, Author and International
Speaker**



"Deep Oscillation is a wonderful tool, a unique electrostatic hands-on massage therapy, which is clinically proven to reduce pain, swelling and inflammation.



Deep oscillation also has a calming effect on the mind and body; which enables treatments like acupuncture, to be added to the treatment protocol"

"Pain relief using a unique combination of movements and hands on treatment with talking/psychotherapy is perfect for calming the system down. Physiotherapy is the perfect arena to restructure thoughts and establish healthy beliefs and attitudes about health. We know Covid causes an inflammatory storm and we know pain and stress lowers our immune system, so now, more than ever, we understand why Physiotherapists are seen as essential workers during lockdown.

In early October, the Chartered Society of Physiotherapy (CSP) welcomed the [NHS's announcement](#) of investment for people with long-term Covid-19 symptoms, and its recognition that long COVID is a severe and long-term health condition that requires rehabilitation to recover. [READ MORE](#)



DEEP OSCILLATION IN COMPLEX REGIONAL PAIN SYNDROME (CRPS TYPE 1)

10 x Deep Oscillation treatments applied via 5.5 cm diameter oscillator head	USE OF DEEP OSCILLATION THERAPY IN REHABILITATION PROGRAM FOR PATIENT AFTER DISTAL RADIUS FRACTURE WITH A COMPLEX REGIONAL PAIN SYNDROME: A CASE REPORT G. Mratskova (2020)
Treatment Areas	
Wrist joint, surrounding tissues, fingers, antebrachium and brachium	
Frequency	
100–200 Hz	
Duration	
15 min	
Mode	
1: 1 (light vibration)	

Department of Medical Rehabilitation and Ergotherapy, Physical Medicine and Sports,
Medical Faculty, Trakia University, Stara Zagora, Bulgaria

[doi:10.15547/tjs.2020.s.01.034](https://doi.org/10.15547/tjs.2020.s.01.034)

ABSTRACT

The Purpose is to present a clinical case of a patient with a fracture of the distal radius and complex regional pain syndrome I, in which complex rehabilitation was applied, including Deep Oscillation, cryotherapy and therapeutic exercises.

Materials and Methods: The rehabilitation program was conducted to a 62-year-old woman, four months after the injury. The intervention includes Deep

after 1-st and 3-rd months after therapy.

Results: Reduction in pain (VAS) after therapy from “very strong” (75mm) before therapy, to “mild” at 3 months (12mm) was observed. Reduction of wrist swelling and muscle weakness as assessed by manual muscle testing was observed. The range of movement in the sagittal plane from 25°-0-35° to 70°0°-85° and the frontal plane from 5°-0-15° to 20°-0°-35° was increase. Improved performance of activities of daily living was observed. No adverse events with Deep Oscillation therapy were observed.

Conclusion: Deep Oscillation and therapeutic exercises effectively reduce the clinical symptoms of regional pain syndrome. To establish the therapeutic efficacy of Deep Oscillation treatment after a fracture of the distal radius with complex regional pain syndrome, randomized studies involving a larger number of patients are required.

Key words: Low frequency and low intensity pulsation electrostatic field, Sudeck atrophy, kinesitherapy, cryotherapy, activities of daily living



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NEW VIDEO



November 2020 was Complex Regional Pain Syndrome (CRPS) Awareness Month, a poorly understood condition, which affects 1 in 3800 people in the UK and for those affected, the pain is persistent, severe and debilitating.

We contacted [Burning Nights](#), the UK charity and support group, after seeing their informative daily graphics on their instagram page to see whether creating a video to keep these facts alive and in the public eye would be helpful?

Founder, Victoria Abbott-Fleming, ([whose story you can read here](#)) gave her permission and was very grateful for the initiative. This is first of three videos, each containing 10 CRPS facts. Two more video will follow on 1st February and 1st March 2021.

There is currently no cure for CRPS, but the earlier treatment is received then the better the chances of achieving a remission. Perhaps you recognise these

[Burning Nights website](#) which holds an array of information and support.



VideoGraphic - 10 Facts About CRPS from Burning Nights UK Charity - video created by PhysioPod - more facts to follow in February and March 2021, to increase awareness of this chronic pain condition.



NEW DEEP OSCILLATION PRACTITIONER



Susan Knight
SRN, MSc, BSc (Hons)
Queens Nurse

Tissue Viability
Consultant Nurse
Vodder MLD DLT Therapist

Brixham, Devon
TQ5 8LL
Mobile 07774 192 742

"I will admit that I am a recent convert to the use of Deep Oscillation. Coming from an academic background I needed to see the evidence from case reports and studies before I committed to buying a unit. I must say that it was a very worthwhile purchase, especially during times when we cannot see patients as regularly as we would like.

Speaking to my patients they have reported back to me that they feel a sense of wellbeing during treatment, and it is relaxing. Following treatment many find a reduction in pain (especially for those with Lipoedema). I have also found that the effects of MLD are enhanced and the reduction in swelling is maintained for longer. The benefits become more apparent following initial assessment and intensive treatment when the patient's condition is more stable. For many patients this is a plus, during our busy lives not having to come every week but being able to delay subsequent appointments by a week or more is possible."

[Visit Susan's page on PhysioPod](#)



NEW CASE REPORT

OF A BUTTERNUT SQUASH RELATED INJURY



SRN, MLD DLT Lymphoedema, Bowen & Deep Oscillation Practitioner

A sharp knife wound was sustained when cutting a butternut squash, which left a deep gash in the web of the left hand between thumb and forefinger, causing a significant loss of blood. The patient was seen in a minor injuries clinic, the wound was cleaned and the hand assessed for range of movement and joint flexibility. It was considered a miracle the tendon had not been severed.

Steri-Strips were applied to close the wound rather than stitches to create a neater scar, the hand was covered with a gauze bandage and the thumb immobilised in a hand splint. Advice given to remove the splint and bandage after twenty four hours and to keep the wound dry. [Click here to read more and watch video below](#)



INTERNATIONAL APPEAL

[READ ON PRESS RELEASE POINT 31.12.2020](#)



IAD

Institute of Applied Dermatology

Effective Care through Integrative Medicine

Appeal to be our North Star

Forward from Professor Peter Mortimer:

"The Institute of Applied Dermatology (IAD) in Kasaragod, Kerala has treated thousands of patients with Elephantiasis (Lymphatic

mentioned as world's leading lymphology clinic in one of World Health Organisation (WHO) publications. It is a not-for-profit organisation and so survives on charitable donations. Consequently, it has been hit very hard financially by not being able to continue its normal practices" READ MORE..



Dr. S. R. Narahari, MD, DVD, is head of the Institute of Applied Dermatology based in Kasaragod, Kerala, India

[Photographs Copyright Gemma Levine](#)



CHRONIC OEDEMA NURSE OF THE YEAR - NEW CLOSING DATE

Nominations
now open for
2021
British Journal of Nursing Awards
Chronic Oedema Nurse
of the Year

New closing date
11.01.2021

The closing date to vote for your oedema nurse of the year has been extended to 11th January 2021.



NEW DEEP OSCILLATION STUDY

Impact of
Magnetic Field and Deep Oscillation
in the Complex Rehabilitation after
Arthroscopic Reconstruction
of the Anterior Cruciate Ligament
(A Comparative Study)

Journal of Medical and Clinical Studies

Koleva I*a, Yoshinov Bb , Bayraktarova Ac and Yoshinov RRd

Abstract

The importance of anterior cruciate ligament (ACL) for knee stability and gait is recognized. After ACL rupture with subsequent arthroscopic reconstruction the rehabilitation is obligatory. The goal of current study was to realize a comparative evaluation of the efficacy of five different rehabilitation programs after ACL-reconstruction.

Material and Methods: During one month, we treated a total of 115 patients after ACL reconstruction (divided into five groups). All patients received physiotherapy (active exercises), cry therapy (ice massage), gait training, ergotherapy and patient education. Patients of first group (gr-1) received only these procedures. For patients of the second group (gr-2) local applications of a non-steroidal anti-inflammatory drug (NSAID) were included. In group 3 (gr-3) we added low frequency low intensity Magnetic field; in group 4 (gr-4) we added another preformed modality - Deep Oscillation. Patients of the group 5 (gr-5) received both preformed modalities: Magnetic field and Deep Oscillation. Patients were controlled before, during, at the end of the PRM course and one month later - using a battery of subjective and objective methods: tests and scales for pain, range of motion, knee stability and gait. Statistical analysis was performed with SPSS package (ANOVA and Wilcoxon).

Analysis of Results: Demonstrates the efficacy of physiotherapy and cry therapy on mobility of the knee joint and gait velocity. Efficacy of PRM on pain was most important in groups with preformed modalities. The oedema was significantly reduced in gr-4. The knee stability and the length of the step were most significantly enhanced in group 5.

Discussion and Conclusion: Authors consider that different natural and preformed physical modalities must be sinergically combined for amelioration of the efficacy of rehabilitation in patients after ACL reconstruction. Physiotherapy and cryotherapy are useful for the knee mobility and stability. Deep Oscillation and Magnetic field decrease the pain and oedema.

Keywords: Anterior cruciate ligament; Deep oscillation; Knee joint; Magnetic field; Physiotherapy; Rehabilitation



A yellow button with a PDF icon on the left, the text "DOWNLOAD PDF" in the center, and a green rounded rectangle on the right containing the text "CLICK HERE".



NEW DEEP OSCILLATION PRACTITIONER



Vivienne Griffith
Manual Lymphatic Drainage Therapist (Dr Vodder)
ScarWork, Sports & Remedial Massage Therapist



mobilityRevive

Bushey, Herts
WD23

Landline 020 3637 8541
Mobile 07376 092526

Gemma Levine, Lymphoedema Patient Advocate, was one of the first to get PFIZER Covid-19 Vaccine at Guy's Hospital in London



Published by William Repicci · Just now ·

LE&RN Honorary Board Member. Gemma Levine, continues her trailblazing ways by being one of the first in the UK to receive the Pfizer Covid-19 vaccine. She applauds the wonderful medical team at Guy's Hospital in London, where she will return for the second shot in a few weeks. A renowned photographer, Gemma lives with lymphedema (LE) and has written several books with all proceeds going to LE research.



Patients who report cording after breast cancer surgery are at higher risk of lymphedema: Results from a large prospective screening cohort

Cheryl L. Brunelle MScPT Sacha A. Roberts BS Amy M. Shui MA Tessa C. Gillespie BS Kayla M. Daniell BS George E. Naoum MD Alphonse Taghian MD, PhD

First published: 04 June 2020

<https://doi.org/10.1002/jso.25944>

Abstract

impairments.

Methods: A total of 1181 patients were prospectively screened for BCRL after breast cancer (BC) surgery, including patient-reported outcome measures (4193) and perometric arm volume measurements (BCRL defined as relative or weight-adjusted volume change [RVC or WAC] $\geq 10\%$ ≥ 3 months postoperatively).

Results: A total of 374/1181 patients (31.7%) reported cording first a median of 4.5 months postoperatively, and were more likely to: have body mass index less than 30 kg/m²; be less than 55 years of age; have had mastectomy, axillary lymph node dissection, regional lymph node radiation, neoadjuvant chemotherapy (all $P < .001$), or RVC/WAC $\geq 10\%$ ($P = .002$). Patients who reported cording had 2.4 times the odds of developing BCRL compared to those who did not (odds ratio = 2.40; 95% confidence interval = 1.40-4.11; $P = .002$), and most frequently reported these symptoms: tenderness (61.2%), aching (60.7%), and firmness/tightness (59.8%). On multivariable analysis, cording was significantly correlated with functional difficulty for 17 actions.

Conclusions: Patients frequently present with cording, potentially months after BC surgery. Risk factors for and symptoms of cording are identified, and treatment is recommended. Patients reporting cording are at higher risk of BCRL, therefore, cording should be incorporated into BCRL risk stratification.



SUPER NEWS FOR SALISBURY....

NEW DEEP OSCILLATION PRACTITIONER

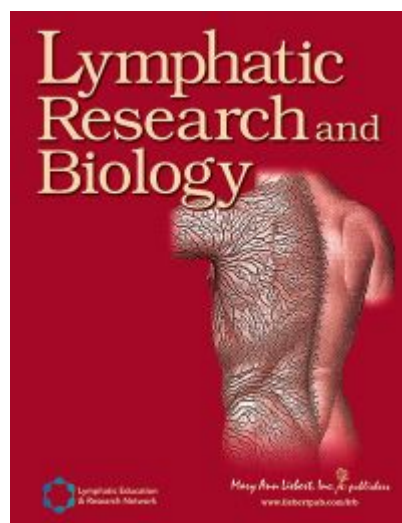


Suzanne Rawle MFHT MAR

Vodder MLD DLT, Reflexologist &
Complementary Therapist
Gravel Close
Downton
Salisbury
SP5 3JG

Mobile 07870 517338

NEW LYMPHOEDEMA MANAGEMENT STUDY



Personalizing Conservative Lymphedema Management
Using Indocyanine Green-Guided Manual Lymphatic Drainage

Emma Moloney, Katrina Gaitatzis, John Boyages, and Hiroo Suami. Lymphatic Research and
Biology ahead of print
<http://doi.org/10.1089/lrb.2020.0090>

Abstract

Background: The Australian Lymphoedema Education, Research and Treatment Program (ALERT) at Macquarie University in Sydney, Australia is one of the flagship programs of Australia's first fully integrated academic health sciences centre, MQ Health. The aim of this study was to describe our findings of compensatory drainage demonstrated by indocyanine green (ICG) lymphography in cancer-related upper and lower limb lymphedema and how this may be translated into clinical practice.

Methods and Results: Retrospective data from 339 patients aged between 18 and 90 years with secondary cancer-related unilateral or bilateral lymphedema of the upper or lower limb who underwent ICG lymphography assessment at the ALERT clinic between February 2017 and March 2020 were analyzed. In patients with upper limb lymphedema, the ipsilateral axilla was the most frequent drainage region (74.9%), followed by clavicular (41.8%) and parasternal (11.3%). For patients with mild upper limb lymphedema, 94.4% drained to the ipsilateral axilla. No patients drained to the ipsilateral inguinal region. For lower limb lymphedema, drainage to the ipsilateral inguinal was most common (52.3%), followed by contralateral inguinal (30.7%), popliteal (26.1%), and gluteal (21.6%) regions. Three main patterns of superficial lymphatic compensation were identified based on which anatomical structure carried lymph fluid. Manual lymphatic drainage (MLD) was used to facilitate movement of the dye. A light/effleurage technique was sufficient to move the dye through patent lymphatic vessels; a slow and firmer technique was required to move the dye through areas of bridging dermal backflow.

Conclusion: The introduction of ICG lymphography to our program and its use in guiding personalized conservative management plans, including facilitative MLD techniques, has translated into clinical practice and changed research and educational priorities within the ALERT program.

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