



## NLN Affiliate Lymphedema Therapist Qualifications

A Lymphedema Therapist must have successfully completed a recognized 135-hour minimum Lymphedema training course (1/3 theoretical, 2/3 practical per LANA minimum standards) in the U.S. or abroad and received a certificate of completion.

Lymphedema Therapists may work independently or in association with a hospital, a physical therapy center or within a Treatment Center which specializes in Lymphedema.

An independent Lymphedema Therapist may be considered a Director of a Treatment Center if s/he has: completed a recognized 135-hour course (per LANA guidelines); set-up a permanent office/facility outside of the home; is an MD, RN, PT or OT; and at least one other certified therapist is available **at any given time** as a back up in case of illness, emergency, time off or other cause for a lapse in service. *Note:* A Treatment Center is an organization that, or an individual in private practice who warrants continuity of care (availability of service 52 weeks/year). To receive a complete list of Treatment Center qualifications, please email: [nln@lymphnet.org](mailto:nln@lymphnet.org) or call 510-208-3200.

In general, Lymphedema Therapists must also provide ongoing patient support and follow-up, and maintain detailed, up-to-date patient charts/files and business licenses/records.

## How to Remain an Affiliate Lymphedema Therapist in Good Standing

1. Adhere to current **NLN Affiliate Lymphedema Therapist** guidelines.
2. Maintain NLN Affiliate Lymphedema Therapist annual dues of \$250, paying within the appropriate renewal period (see *Quarterly NLN Affiliate Membership Renewal Schedule*).
3. Demonstrate support of the NLN and its mission.
4. Demonstrate efforts to increase awareness among the public and within the medical community of Lymphedema and the NLN.
5. Demonstrate a commitment to collaboration with other NLN Affiliate Lymphedema Therapists and Treatment Centers.
6. Maintain proper documentation as noted.
7. Maintain local ongoing support group or refer appropriately.



## Responsibilities of NLN Affiliate Lymphedema Therapists

1. Complete annual renewal application form and submit with copies of current updates of all licenses and certifications. Maintain adherence to NLN Affiliate Lymphedema Therapist qualifications.
2. Maintain NLN Affiliate Lymphedema Therapist annual dues of \$250.00.
3. Demonstrate efforts to support and increase awareness in local public and medical communities regarding:
  - The prevention, treatment and management of Lymphedema
  - The National Lymphedema Network (NLN) and related events/services
  - Encourage membership in the NLN
4. Demonstrate support of and willingness to collaborate with the NLN. *Optional:* Active Affiliate Members are invited to publicly display their status as NLN Affiliate Lymphedema Therapists by posting their NLN Affiliate Member Certificate in an easily viewed location in the waiting room or other public area or by including "National Lymphedema Network Affiliate LYMPHEDEMA Therapist" in clinic brochures/handouts (for example).
5. Demonstrate a commitment to collaborate/network with other NLN Affiliate Members regarding:
  - Patient care
  - New treatment modalities
  - Current research
  - Success and/or failures with established treatment
  - Refer patients to appropriate qualified NLN Affiliate Lymphedema Therapists/Lymphedema Therapists in other areas, if needed
6. Maintain documentation of each patient's:
  - History and Physical
  - Initial evaluation
  - Subjective progress
  - Objective progress: pre- and post-treatment measurements (in centimeters)
  - Six-month and ongoing periodic follow-up

*In addition, NLN Affiliate Lymphedema Therapists are strongly encouraged to:*

1. Submit one article or case study per year for consideration of publication in *LymphLink*, the NLN quarterly newsletter. (Submission deadlines are February 1, May 1, August 1, and November 1 for the following issue. Please call in advance to alert the editor of your incoming submission or to discuss an article.)
2. Attend the biennial international NLN conference. NLN Affiliate Lymphedema Therapists are strongly encouraged to submit abstracts for presentation. NLN conferences offer an excellent opportunity for Lymphedema Therapists to connect directly with NLN staff and other affiliate therapists and treatment centers, as well as to stay abreast of current trends and new developments in the field.
3. Maintain a local ongoing Lymphedema Support Group or refer to an appropriate regional group.
4. Lymphedema Therapists who also are nurses are strongly encouraged to join the ONS Lymphedema Special Interest Group (SIG). For more information: [www.ons.org](http://www.ons.org).



## NLN® Statement of Purpose/Mission Definition

### ORGANIZATION PURPOSE

The NLN is a non-profit, tax-exempt organization established in 1988. Comprised of health care professionals, lymphedema patients and patient advocates, the NLN is dedicated to making authoritative information on the prevention and treatment of lymphedema available to the medical community, lymphedema patients, and the general public (male and female, all ages). The purpose of the NLN<sup>®</sup> is to create awareness of lymphedema through education and to promote and support the availability of quality medical treatment for all individuals at risk for or affected by lymphedema.

### ORGANIZATION MISSION

The NLN's mission is to:

- make lymphedema a household word nationwide;
- support the establishment of national standards for lymphedema treatment and training with the goal of eventually licensing lymphedema treatment centers state by state;
- educate the medical community, medical schools, insurance companies and the general public about lymphedema and the treatments available;
- create a climate of awareness, understanding and support for lymphedema and the patients who live with this condition.

In addition, the NLN supports research into the causes and possible alternative treatments for this often incapacitating condition, and is dedicated to actively supporting public policy and legislative issues regarding lymphedema (and related conditions) in the United States.

### PRIMARY ACTIVITIES

The NLN provides an extensive website on the World Wide Web ([www.lymphnet.org](http://www.lymphnet.org)); *Lymph Link*, the official NLN quarterly newsletter that publishes educational articles, a Resource Guide (listing of treatment centers/health care professionals/suppliers), Support Groups, PenPals/NetPals, and updates on conferences and professional training courses; a toll-free Infoline (1-800-541-3259) and direct dial support (510-208-3200) to provide support and offer referrals to health care professionals and treatment centers, local support groups and exercise programs; a computer data bank, and more.

### NLN BIENNIAL CONFERENCE ON LYMPHEDEMA

Every other year, the NLN presents an international conference focusing solely on lymphedema. Please visit the NLN website or watch future issues of *LymphLink* for updates. NLN conferences include state-of-the-art presentations, a full day of Instructional Sessions, pre-conference seminars, poster presentations, roundtable sessions, a patient clinic and special events.

# Responsibilities of the NLN Office to Lymphedema Therapists

1. List active NLN Affiliate Lymphedema Therapists in the *LymphLink* Resource Guide for four consecutive issues per membership year. Send two copies of each issue by first class mail to NLN Affiliate Lymphedema Therapists.
2. List active NLN Affiliate Lymphedema Therapists in the NLN website Resource Guide.
3. Refer patients calling on the NLN 800 Infoline & direct dial lines to NLN Affiliate Lymphedema Therapists in their local area. If none currently exist, refer to the nearest treatment center in a neighboring city or state.
4. Maintain an up-to-date file for each NLN Affiliate Lymphedema Therapist.
5. Report to an NLN Affiliate Lymphedema Therapist any comments, compliments or concerns received on the NLN 800 Infoline, direct dial lines, by e-mail or by post regarding their center.
6. If requested, assist an NLN Affiliate Lymphedema Therapist in establishing a lymphedema support group, first by referring them to the online "Setting up a Support Group" guidelines available online at [www.lymphnet.org](http://www.lymphnet.org), and second, by sending an announcement to NLN members in their local area. *The NLN Affiliate Lymphedema Therapist will be responsible for providing a master flyer and for cost of postage.*
7. Keep NLN Affiliate Lymphedema Therapists abreast of current issues that may impact treatment centers, such as insurance, public policy and legislative issues, through the email Action Alert network. Alert NLN Affiliate Lymphedema Therapists to urgent issues that may require letter writing, phone and/or e-mail campaigns to take action on or block these issues.
8. Support NLN Affiliate Lymphedema Therapists seeking advice on clinical questions and refer accordingly.
9. If requested, provide two National Lymphedema Awareness D-Day (March 6) certificates for one upper and one lower extremity patient honoree each year (please note: we will list **only** two patients per center/affiliate member – one upper and one lower/both or a caregiver).

## General Responsibilities of the NLN Office

1. Maintain NLN 800 Infoline and direct dial support, and refer callers to appropriate treatment centers, diagnostic centers, therapists, instructors, suppliers, support groups, etc.
2. Publish quarterly *LymphLink*, the official NLN news publication, including Resource Guide listings.
3. Publish and distribute NLN informational material. Process and send out orders (reprints, videos, books, LYMPHEDEMA ALERT bracelets, conference audio cassettes, etc.) and requests for information.
4. Maintain the NLN online website ([www.lymphnet.org](http://www.lymphnet.org)). Maintain the NLN database.
5. Provide a clearinghouse of information for such diverse groups as: Y-Me, ACS, NIH, NBCC, Susan G. Komen Foundation, major cancer centers, publications, support groups, rare/genetic disorder organizations, etc.
6. Provide information and online resources for establishing support groups in areas that are not served by an NLN Affiliate Lymphedema Therapist.
7. Appoint members to the NLN Medical Advisory Committee (MAC).
8. Maintain communication and ties with the International Society of Lymphology (ISL).



<b>FOR OFFICE USE ONLY</b>	
Date Recv'd: _____	
Ck# _____	<input type="checkbox"/> Charged
All licenses/certs: Y N	
Approved by: _____	
School Code/s: _____	
LANA certified? Y N	
Support Group App? Y N	

## NLN AFFILIATE LYMPHEDEMA THERAPIST APPLICATION

Please print clearly.

Today's Date: \_\_\_\_\_

Therapist's Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip/Country Code: \_\_\_\_\_

Daytime phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

*Name(s) of Lymphedema **TRAINING COURSE/S** completed (use other side if needed):*

1) Name & Location: \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Dates attended: \_\_\_\_\_ No. of hours completed: \_\_\_\_\_

Refresher Course completed (dates): \_\_\_\_\_ Comments: \_\_\_\_\_

2) Name & Location: \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Dates attended: \_\_\_\_\_ No. of hours completed: \_\_\_\_\_

Refresher Course completed (dates): \_\_\_\_\_ Comments: \_\_\_\_\_

**Please indicate how you would like your listing to appear in the Resource Guide:**

Therapist's Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (can list one or two) (\_\_\_\_\_) \_\_\_\_\_

**As a LYMPHEDEMA Therapist, do you:**

1. Provide treatment for:
 

a) UPPER extremity lymphedema? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) LOWER extremity lymphedema? <input type="checkbox"/> Yes <input type="checkbox"/> No
c) Children and youth under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Both men and women? <input type="checkbox"/> Yes <input type="checkbox"/> No
  
2. Recommend or use benzopyrones (coumarin)?     Yes    No
  
3. Herbal/natural products?     Yes    No *If yes, what?* \_\_\_\_\_
  
4. Use **pumps**?     Yes    No *If yes, which types?* \_\_\_\_\_  
*If yes, do you:*    Provide patients with **detailed instructions** for home use?     Yes    No  
                                  Sell pumps?     Yes    No
  
5. Provide **Manual Lymphatic Drainage**?     Yes    No    What method/school? \_\_\_\_\_  
*If no, please call the NLN office before completing this application. NOTE: Copies of certificates/ licenses are **required**.*
  
6. Provide compression **bandaging**?     Yes    No    *If no, please contact the NLN office before completing this application.*
  
7. Fit patients for compression **garments**?     Yes    No    *If no, who fits garments for your patients?* \_\_\_\_\_  
 Do you fit for standard garments?     Yes    No    Types used: \_\_\_\_\_  
 For custom compression garments?     Yes    No    Types used: \_\_\_\_\_  
 If you fit BSN-Jobst or Juzo garments, are you certified?     Yes    No    *If yes, please submit copy of certificate/s.*

- 8. Have an ongoing Lymphedema **Support Group**?  Yes  No  
**If yes**, please complete the online *Support Group Application* form at <http://www.lymphnet.org>.  
 (NOTE: **support groups and support group listings may not be used to advertise or solicit clients for clinic services.**)
- 9. Provide an ongoing Exercise Program designed for persons with lymphedema?  Yes  No
- 10. Do you provide any of these additional services?    a) Psychological support referrals  Yes  No  
 b) Review self-manual lymph drainage & self-bandaging techniques w/patients?  Yes  No  
 c) Provide nutrition/diet education?  Yes  No d) Provide foot care or refer to a podiatrist?  Yes  No
- 11. Any other additional services not mentioned above?  Yes  No  
**If yes**, please explain: \_\_\_\_\_

**REQUIRED:**

- 1. **How long have you been in practice?** Since: \_\_\_\_\_
- 2. **Where do you see your clients?**  In my home/home office     Off-site office     Both
- 3. NLN Affiliate Membership is not simply advertising, but a **working relationship between the organization and the Affiliate Lymphedema Therapist**. Submitting your application and becoming an NLN Affiliate Member indicates that you agree to demonstrate support of and a willingness to collaborate with the NLN. Do you agree?  Yes  No
- 4. Are you affiliated with any other lymphedema-related organizations?  Yes  No  
 If yes, please list organizations and your roll (member, Board member, Medical Advisory Committee member, etc.): \_\_\_\_\_
- 5. What specific types of support would you like to receive from the NLN?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6. How did you hear about us? \_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION SUBMISSION CHECK-OFF LIST**

The following required items **must** accompany your application (we are unable to process incomplete applications):

- \_\_\_ Enclosed is a copy of my current professional license/certification
- \_\_\_ Enclosed is a copy of my lymphedema training course certifications (and LANA if applicable)
- \_\_\_ Enclosed is a check or money order for \$250.00.
- \_\_\_ Please charge my payment to (or pay online at <https://www.shop.lymphnet.org>):  
 \_\_\_VISA \_\_\_M/C \_\_\_AMEX \_\_\_Discover                      Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Customer code: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*I warrant that the statements provided in this application are true, and if found to be otherwise, I understand and agree that my Affiliate Membership status will be terminated immediately without compensation.**

Signature

Print name & position/title

**Thank you so much for your interest and support ♦ We look forward to working with you.**