



NLN Affiliate Treatment Center Qualifications

A Treatment Center can be either free-standing or affiliated with a hospital, physical therapy practice or inpatient/outpatient rehabilitation center.

The *CEO or owner* of the treatment center is **not** required to be a health care professional; this type of CEO or owner, however, is therefore medically and legally barred from performing any clinical duties with patients.

The *Clinical Director* of the Treatment Center is **required** to have knowledge and understanding of the physiology, pathophysiology, differential diagnosis and management of lymphedema, and must be a physician, PA, nurse, NP, physical or occupational therapist. **The *Clinical Director* is medically and legally responsible for all immediate and emergency medical care administered in the clinic.**

At least one *Lymphedema Therapist* on staff must have completed a minimum 135 hour training program (1/3 theoretical, 2/3 practical), per LANA minimum standards.

Lymphedema Treatment Centers must provide continuity of service (availability of service 52 weeks/year), **and the following five required components:**

- Manual Lymphatic Drainage (certified therapist with a minimum of 135 hours of training as described above)
- Compression Bandaging
- Garment fitting (certified fitter)
- Remedial exercises
- Instruction in self-care methods

In addition, the center must provide at least two (2) of the following:

- MD supervision
- A support group
- Physical or occupational therapy services
- Podiatry services

An independent manual lymphatic drainage therapist may be considered a Director of a Treatment Center if s/he has completed a recognized 135 hour course (per LANA guidelines) and 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.

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



Responsibilities of NLN Affiliate Treatment Centers

1. Complete annual renewal application form and submit with copies of current updates of all licenses and certifications for Clinical Director and clinical support staff. Maintain adherence to NLN Treatment Center qualifications.
2. Maintain NLN Affiliate Treatment Center annual dues of \$450.00.
3. Demonstrate efforts to support and increase awareness in local public/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 Treatment Centers by posting their NLN Affiliate Member Certificate in an easily viewed location in the waiting room or other public area of the clinic, or by including "National Lymphedema Network Affiliate Treatment Center" in clinic brochures/handouts (for example).
6. 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 Treatment Centers in other areas, if needed
7. Maintain documentation of each patient's:
 - History & 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 Treatment Centers are strongly encouraged to:

1. Submit one article or case study per year for publication in *Lymph Link*, 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, and are encouraged to submit an abstract for presentation. NLN conferences offer an excellent opportunity for treatment centers to connect directly with NLN staff and other affiliate treatment centers, as well as to keep abreast of current trends and new developments in the field.
3. Maintain a local ongoing Lymphedema Support Group.
4. Clinical Directors are encouraged to maintain current membership in the International Society of Lymphology (ISL).
5. Nurse (RN) Clinical Directors and staff are strongly encouraged to maintain current membership in the Oncology Nursing Society (ONS) and the ONS Lymphedema Special Interest Group (SIG).

Physical therapists are strongly encouraged to maintain current membership in the APTA Lymphedema SIG.



How To Remain an Affiliate Treatment Center in Good Standing

1. Affiliate Treatment Centers are asked to submit at least one article or case study annually to be considered for publication in *LymphLink*, the NLN quarterly newsletter, and at least one abstract for the biennial NLN conference (any staff member).
Please contact the NLN office for publication guidelines and conference dates.
2. Maintain NLN Affiliate Treatment Center paperwork (including updated copies of licenses and certifications, an accurate list of current clinical staff, notice of any changes) and annual dues of \$450.00, paying within the appropriate renewal period (see *Quarterly NLN Affiliate Membership Renewal Schedule*).
3. Demonstrate support of the NLN and its mission. This includes providing information to patients about the NLN and encouraging membership.
4. Demonstrate efforts to increase awareness among the public and within the medical community of the following:
 - Prevention, treatment and management of lymphedema
 - The National Lymphedema Network (NLN) and NLN services, conferences, special events.
 - Encourage and support membership in the NLN
5. Demonstrate a commitment to collaboration with other NLN Affiliate Treatment Centers regarding:
 - Patient care
 - New treatment modalities
 - Current research
 - Success and/or failures with established treatment
 - Refer patients to other qualified Treatment Centers or physicians, if needed
6. Maintain documentation of each patient's:
 - History & Physical
 - Initial evaluation
 - Subjective progress
 - Objective progress: pre- and post-treatment measurements (in centimeters)
 - Six-month and ongoing periodic follow-up
7. Affiliate Treatment Centers are strongly encouraged to maintain a local ongoing Lymphedema Support Group for patients, or refer patients to an appropriate regional group.



NLN® Statement of Purpose/Mission Definition

ORGANIZATION PURPOSE

The NLN is a non-profit, tax-exempt organization established in 1988. Comprised of doctors, scientists and other 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/healthcare community, lymphedema patients, and the general public (male and female, all ages). The purpose of the NLN 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, training and reimbursement 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); *LymphLink*, 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 (415-908-3681) to provide support and offer referrals to health care professionals and treatment centers, local support groups and exercise programs; a statistical survey data bank, and more.

NLN INTERNATIONAL CONFERENCE ON LYMPHEDEMA

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



Responsibilities of the NLN Office to Treatment Centers

1. List active NLN Affiliate Treatment Centers in the *Lymph Link* Resource Guide for four consecutive issues per membership year. Send three (3) copies of each issue by first class mail to NLN Affiliate Treatment Centers.
2. List active NLN Affiliate Treatment Centers in the NLN website Resource Guide. Maintain quarterly updates.
3. Refer patients calling on the NLN 800 Infoline & direct dial lines to NLN Affiliate Treatment Centers 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 Treatment Center.
5. Report to an NLN Affiliate Treatment Center 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 Treatment Center 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, and second, by sending an announcement to NLN members in their local area. *The NLN Affiliate Treatment Center will be responsible for providing a master flyer and for cost of postage.*
7. Keep NLN Affiliate Treatment Centers 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 Treatment Centers 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 Treatment Centers seeking advice on clinical questions/concerns 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.



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 pull-out Resource Guide.
3. Publish and distribute NLN informational material.
4. Maintain the NLN statistical research data bank.
5. Provide a clearinghouse of information for such diverse groups as: Y-Me, ACS, NIH, NABCO, Susan G. Komen Breast Cancer Foundation, major cancer centers, publications, breast cancer 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 Treatment Center.
7. Appoint members to NLN Committees, including Medical Advisory, Conference, Editorial & Research Committees.
8. Maintain communication and ties with the International Society of Lymphology (ISL).
9. Process and send out orders (books, reprints, videos, Lymphedema Alert bracelets and necklaces, butterfly awareness pins, conference audio cassettes, etc.) and requests for information.
10. Maintain the NLN online educational website (www.lymphnet.org).



FOR OFFICE USE ONLY
 Date Recv'd: _____
 Ck# _____ @Charged _____
 All licenses/certs: **Y N**
 Approved by: _____
 School Code/s: _____
 LANA certified: _____
 Support Group App? **Y N**

NLN Affiliate Treatment Center Application

Today's Date _____

Name of Tx Center _____

CEO/Owner Name & Credentials: _____

Clinical Director Name & Title: _____

Professional License Type & State _____ License Number _____ Exp: _____

Tx. Center Mailing Address _____

City, State, Zip Code _____

Telephone: (____) _____ FAX: (____) _____ E-mail: _____

Please indicate how you would like your listing to appear in the NLN newsletter.

Name of Treatment Center _____

Contact Person (can list one or two) _____

City & State _____ **Telephone** (____) _____

In your clinic, do you:

1. Provide **continuity of care/service** (availability 52 weeks/year)? Yes No If yes, how many lymphedema therapists are on staff? _____ If no, please call the NLN office before completing this application as continuity of care is required.
2. 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. Lymphedema in torso, head, neck?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Children and youth under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Both men and women?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Provide **diagnostic** procedures within your facility? Yes No If yes, what types? _____
4. Recommend or use **benzopyrones** (coumarin)? Yes No Herbal/natural products? Yes No If yes, what?
5. 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
6. Provide Manual Lymphatic Drainage? Yes No What method/school? _____
 If no, please call the NLN office before completing this application. (Note: At least one therapist on staff must have completed a recognized 135 hour minimum training program, per LANA guidelines.)
REQUIRED: Copies of certificates of completion & current professional licenses for **all** certified lymphedema therapists **must** accompany this application. Incomplete applications will not be processed.

(Over please)

- 7. Provide compression **bandaging**? Yes No *If no, please contact the NLN office before completing this application.*
- 8. Fit patients for **standard** compression garments? Yes No Types used: _____
If no, who fits garments for your patients? _____
- 8a. For **custom** compression garments? Yes No
- 8b. Types of **custom** garments used: _____
- 8c. If you fit BSN-Jobst or Juzo garments, is your fitter **certified**? Yes No
IMPORTANT: *Submit copies of all certified fitter certificates received from the various garment companies.*
- 9. Have an ongoing **Lymphedema Support Group**? Yes No
- 9a. **If yes**, please complete the online *Support Group Application* form.
(NOTE: **support groups and support group listings may not be used to advertise or solicit clients for clinic services.**)
- 10. Provide an ongoing **Exercise Program** designed for persons with lymphedema? Yes No
- 11. Do you provide any of these additional services?
 - 1.) Psychological support Yes No
 - 2.) Review self-manual lymph drainage & self-bandaging techniques w/patients? Yes No
 - 3.) Provide nutrition/diet education? Yes No;
 - 4.) Podiatrist and footcare? Yes No
- 12. Any other **additional** services not mentioned above? Yes No If yes, please explain: _____

REQUIRED:

Please list **all** medical staff (lymphedema therapists, etc.) who may come in contact with patients we refer to you and **enclose copies** of their current certificates/professional licenses:

Name	Credentials	MLD Certification Date & School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

How long has your clinic been in operation? _____

Is your treatment center or facility a member of any other lymphedema-related organizations? Yes No
If yes, please list organizations: _____

Does your clinic publish a **newsletter**? Yes No If yes, you are invited to submit issues for the NLN onsite Resource Library. (Please send directly to the NLN office, noting "Library" on the envelope.)

What specific types of support would you like to receive from the NLN in the year ahead? _____

How did you learn about the NLN? _____

APPLICATION SUBMISSION CHECK-OFF LIST

The following required items must accompany your application:

- _____ Enclosed is a list of our **clinical staff** (all staff that may come in contact with lymphedema patients).
- _____ Enclosed are copies of **current professional licenses** for our Clinical Director & clinical support staff.
- _____ Enclosed are copies of **certification of training** for **all** Manual Lymphatic Drainage therapists on staff.
- _____ Enclosed are copies of **certification** for **all** Certified Fitters (from the various garment companies) on staff.
- _____ Enclosed is a check or charge information for \$450.00: (or pay online at <https://www.shop.lymphnet.org>)
Amex Disc M/C Visa :
- Card number: _____ Expiration date: _____
- Customer code: _____ Signature: _____

*** Please note that we are unable to process incomplete applications. ***

I warrant that the statements provided in this application are true, and if found to be otherwise, I understand and agree that my facility's 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