

To Whom It May Concern:

The Board of Directors and Medical Advisory Committee of the National Lymphedema Network (NLN®) are pleased that you are interested in becoming an NLN Affiliate Therapist and appearing in the NLN Resource Guide (online/in print). Please note that appearing in the NLN Resource Guide constitutes neither an accreditation nor an endorsement by the NLN, its Board of Directors, or Medical Advisory Committee.

### **Current Guidelines**

Guidelines and qualifications for NLN Affiliate Therapists are outlined in the following pages. Please read through them before continuing with your application.

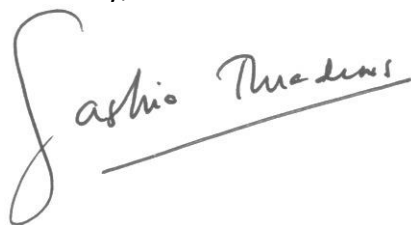
### **Resource Guide Listing**

In the Resource Guide, a listing of all NLN Affiliate Therapists appears with the therapist's name, city, state, and phone number. Therapist's training qualifications will be acknowledged using codes. These codes indicate the training program completed by an NLN Affiliate Therapist. Therapists trained by courses other than NLN Affiliate Training programs (<http://lymphnet.org/professionals/training-programs>) will be indicated with an asterisk (\*).LANA-certified therapists are designated by a diamond symbol (◊).

Every day the NLN receives numerous calls through its toll-free hotline and online queries from patients and healthcare professionals nationwide seeking information and/or referrals to treatment centers and therapists. Our goal is to offer dependable referrals to quality treatment centers. Please note that the NLN reserves the right to refuse any application.

Thank you for your interest in becoming an NLN Affiliate Therapist. We look forward to receiving your application.

Sincerely,

A handwritten signature in black ink that reads "Saskia Thiadens". The signature is written in a cursive style and is underlined with a single horizontal line.

Saskia R.J. Thiadens, R.N.,  
Founder/Executive Director

## NLN AFFILIATE THERAPIST APPLICATION

### APPLICANT REQUIREMENTS:

- Successful completion of a lymphedema training course (min. 135 hours) from a recognized school in the US or abroad
- May work independently or in association with a hospital, rehabilitation clinic, or within a treatment center specializing in lymphedema treatment
- Provide ongoing patient support and follow-up and maintain detailed patient charts and files
- Must offer **continuity of service** (availability of service 52 weeks/year) and follow these five components:
  1. Manual lymphatic drainage
  2. Compression bandaging
  3. Garment fitting by a certified fitter
  4. Remedial exercises
  5. Instruction in self-care methods

### NLN AFFILIATE THERAPIST RESPONSIBILITIES

1. Complete an annual renewal application and pay annual dues of \$250 within the appropriate renewal period. *The NLN will send a reminder of yearly renewal 2 months prior to the deadline.*
2. Maintain accurate and up-to-date information, including current copies of professional licenses and certifications (NLN Affiliate Therapists can call 415-908-3682 or email [liz@lymphnet.org](mailto:liz@lymphnet.org) to make updates)
3. Demonstrate efforts to increase awareness among the patient population and medical community of the following:
  - Education in the treatment and management of lymphedema, including risk reduction practices
  - The NLN, its mission, and related events/services
  - Encourage membership with the NLN among patients and healthcare providers
4. Demonstrate support of and willingness to collaborate with the NLN  
*Optional: Active NLN Affiliate Therapists are invited to publicly display their status as an NLN Affiliate Therapist by posting their NLN Affiliate Member Certificate in their clinic. Active Affiliates are also welcome to add the NLN logo to their clinic's literature.*
5. Demonstrate a commitment to collaborate/network with other NLN Affiliate Members regarding:
  - Patient care
  - New treatment methods
  - Success or failures with established treatment
  - Referring patients to appropriate qualified healthcare professionals in other areas if needed
  - Current research
6. Maintain accurate patient documentation, including:
  - Medical history and physical information
  - Initial evaluation
  - Subjective progress
  - Objective progress (pre- and post-treatment measurements, in cm.)
  - Ongoing six month periodic follow-ups and garment replacement

### In addition, NLN Affiliate Therapists are encouraged to:

- Submit one article or case study per year for publication in *LymphLink*, the NLN's quarterly journal. Submission deadlines are January 15, April 15, July 15, and October 15 for the following issue. Please call in advance to alert the editor of your incoming submission or to discuss an article.
- Attend the biennial NLN International Conference, and are encouraged to submit an abstract for presentation. NLN conferences offer an excellent opportunity for therapists to connect directly with NLN staff and other NLN Affiliates, as well as to keep abreast of current trends and new developments in the field.
- Maintain a local lymphedema support group
- Participate and represent the NLN at local and national conferences/meetings
- Physical therapists are encouraged to maintain current membership in the APTA lymphedema SIG
- Nurses are encouraged to maintain current membership with the Oncology Nursing Society (ONS) and its lymphedema management SIG

## NATIONAL LYMPHEDEMA NETWORK STATEMENT OF PURPOSE/MISSION DEFINITION

### ORGANIZATION PURPOSE

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The NLN is a non-profit, tax-exempt organization established in 1988. Comprising healthcare professionals, researchers, lymphedema patients, and patient advocates, the NLN is dedicated to making authoritative information on risk reduction practices and treatment of lymphedema available to the medical healthcare community, lymphedema patients, and the general public. The mission 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.

The NLN strives to:

- Make lymphedema a household word nationwide;
- Support the establishment of nationwide standards for lymphedema treatment, training, and reimbursement with the goal of eventually accrediting NLN Affiliate Therapists and Treatment Centers
- Educate the medical community, medical schools, legislators, insurance companies, and the general public about lymphedema and available treatments;
- Create a climate of awareness, understanding, and support for 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 US

### RESPONSIBILITIES OF THE NLN OFFICE TO NLN AFFILIATE THERAPISTS

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- List active NLN Affiliate Therapists in *LymphLink's* Resource Guide for four consecutive issues per membership year.
- Send three (3) copies of each issue by first class mail to NLN Affiliate Therapists.
- List active NLN Affiliate Therapists in the NLN's online Resource Guide and maintain quarterly updates.
- Refer patients calling on the toll-free hotline & direct dial lines to NLN Affiliate Therapists in their local area. If none currently exist, refer to the nearest treatment center in a neighboring city or state.
- Maintain NLN Affiliate Therapist application online.
- Report to an NLN Affiliate Therapist any comments, compliments, or concerns received on the toll-free hotline, direct dial lines, e-mail, or by post
- If requested, assist an NLN Affiliate Therapist in establishing a lymphedema support group.
- Keep NLN Affiliate Therapists abreast of current issues that may impact their practice such as insurance, public policy and legislative issues through email.
- Alert NLN Affiliate Therapists to urgent issues that may require letter writing, phone, and/or e-mail campaigns to take action on or block these issues.
- Support NLN Affiliate Therapists seeking advice on clinical and organizational questions/concerns and refer accordingly
- If requested, provide up to four National Lymphedema D-Day certificates



|                            |                                  |
|----------------------------|----------------------------------|
| <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 Therapist Application

Please print clearly.

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

Therapist's name & credentials: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Eligible for NALEA Graduate Program:** applicants who have completed their lymphedema training course through a program allied with the North American Lymphedema Education Association (Academy of Lymphatic Studies, Dr. Vodder School, Klose Training, Norton School of Lymphatic Therapy) **within the last 6 months** will receive a complimentary one-year NLN Affiliate Therapist Membership.

**Please indicate how you would like your listing to appear in the NLN's Resource Guide.**

|   |
|---|
| <b>Therapist's Name &amp; Credentials</b> _____<br><br><b>City &amp; State</b> _____<br><br><b>Telephone (can list 2)</b> _____ |
|---|

**Do you:**

1. Provide **continuity of care/service** (availability 52 weeks/year)?  Yes  No  
*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 under 18?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Both men and women?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
  
3. Use **Intermittent Pneumatic Compression Devices (IPCs)** in your practice?  Yes  No  
*If yes, which types (check all that apply):*
  - Biocompression
  - Flexitouch
  - Lympha Press
  - Other: \_\_\_\_\_

Do you provide patients with **detailed instructions** for home use?  Yes  No

Do you sell IPCs?  Yes  No

4. Fit patients for **standard** compression garments?  Yes  No

*If yes, types used (select all that apply)*

- Jobst, a brand of BSN Medical
- Circaid
- Juzo
- Lymphedema Sleeve Company
- LympheDIVAS
- mediUSA
- Sigvaris
- Solaris
- Other:

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**If no, who fits garments for your patients?**

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5. Fit patients for **custom** compression garments?  Yes  No

*If yes, types used (select all that apply)*

- Jobst, a brand of BSN Medical
- Circaid
- Juzo
- Lymphedema Sleeve Company
- LympheDIVAS
- mediUSA
- Sigvaris
- Solaris
- Other:

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**If no, who fits garments for your patients?**

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6. Are you or your fitter certified?  Yes  No

**IMPORTANT:** *please submit copies of all certified fitter certificates received from the various garment companies.*

7. Have an ongoing **Lymphedema Support Group**?  Yes  No

**If yes,** please complete the online *Support Group Application* form (<http://lymphnet.org/node/1050>).

**NOTE: support groups and support group listings may not be used to advertise or solicit clients for clinic services.**

8. Provide an ongoing **exercise program** designed for persons with lymphedema?  Yes  No

9. Provide any of these additional services?

- a. Psychological support  Yes  No
- b. Review self-manual lymph drainage & self-bandaging techniques w/patients?  Yes  No
- c. Provide nutrition/diet education?  Yes  No
- d. Podiatrist and footcare?  Yes  No

10. Any other **additional** services not mentioned above?  Yes  No

*If yes, please explain:* \_\_\_\_\_

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11. How many years have you provided treatment for lymphedema? \_\_\_\_\_

12. Where do you see your clients?

Hospital-based rehab center

Private practice

Both

Other: \_\_\_\_\_

13. Are you a member of any other lymphedema-related organizations?  Yes  No

If yes, please list organizations: (check all that apply)

International Society of Lymphology (ISL)

Lymphatic Research Foundation (LRF)

Other: \_\_\_\_\_

## APPLICATION SUBMISSION CHECK-OFF LIST

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The following required items must accompany your application:

- \_\_\_\_ Enclosed is a copy of my current professional license/certification
- \_\_\_\_ Enclosed is a copy of my lymphedema training course certifications (including LANA if applicable)
- \_\_\_\_ Enclosed is a check or charge information for \$250.00:

(or pay online at <http://lymphnet.org/store/affiliate-membership-therapist>)

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 NLN Affiliate Therapist status will be terminated immediately without compensation.**

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Signature

Print name & position/title

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