

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 Treatment Center 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 Treatment Center 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 Treatment Centers appears with the center's name, the names of up to 2 therapists, city, state, and phone number. Therapist's training qualifications will be acknowledged using codes. These codes indicate the training program completed CLTs at an Affiliate Treatment Center. Therapists trained by courses other than NLN Affiliate Training programs (LINK) will be indicated with an asterisk (\*). CLT-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 Treatment Center. We look forward to receiving your application.

## NLN AFFILIATE TREATMENT CENTER APPLICATION

### TREATMENT CENTER QUALIFICATIONS

In order to qualify as a NLN Affiliate Treatment Center, your facility must meet the following criteria:

- **FACILITY**

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

- **OWNERSHIP**

The CEO or owner of the treatment center is not required to be a healthcare professional; this type of CEO or owner is medically and legally barred from performing any clinical duties with patients. Other than establishing general policies, non-medical owners and/or managers may not influence or direct a patient's plan of care.

- **CLINICAL DIRECTOR**

The Clinical Director of the treatment center **must be** a physician, PA, nurse, NP, or physical or occupational therapist. The Clinical Director is required to have knowledge and understanding of the physiology, pathophysiology, differential diagnosis, and management of lymphedema.

The Clinical Director is medically and legally responsible for all immediate and emergency medical care administered in the clinic. Facilities with multiple locations may have more than one Clinical Director.

An independent healthcare professional (HCP) may be considered a Clinical Director of a treatment center if he/she meets the following criteria:

- Has completed a recognized 135 hour course (per LANA guidelines)
- Has set up a permanent office/facility outside of the home
- Is an MD, RN, PA, PT, or OT
- Has at least one other certified therapist available at any given time to provide continuity of care.

- **THERAPIST COMPETENCIES**

At least 50% of the lymphedema therapists on staff must have completed a 135+ hour training program per LANA minimum standards. Any therapist without certification training will be considered probationary. Probationary therapists must have legal professional designation to practice complete decongestive therapy (CDT).

Probationary therapists must have supervision by a certified lymphedema therapist 100% of the time.

Probationary therapists must obtain lymphedema certification from a school providing LANA approved curriculum within one years of their probationary period.

- **CONTINUITY OF SERVICE**

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

- Manual lymphatic drainage
- 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

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

## NLN AFFILIATE TREATMENT CENTER RESPONSIBILITIES

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### NLN Affiliate Treatment Centers must:

Complete an **annual renewal application** and **pay annual dues of \$450** within the appropriate renewal period. *(The NLN will send a reminder of yearly renewal 2 months prior to deadline.)*

Maintain accurate and updated treatment center information, including current copies of professional licenses and certifications, an accurate list of current clinical staff, and notice of any changes. (NLN Affiliate Treatment Centers can make these changes by calling 510-809-1677 or emailing [solongo.sainkhuu@lymphnet.org](mailto:solongo.sainkhuu@lymphnet.org))

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 National Lymphedema Network (NLN), its mission, and related events/services
- Encourage membership with the NLN among patients and healthcare providers

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 within their clinic. Affiliates in good standing can also add the NLN logo and website ([lymphnet.org](http://lymphnet.org)) to their clinic literature.

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 healthcare professionals in other areas, if needed

Maintain accurate patient documentation including:

- Medical history and physical information
- Initial evaluation
- Subjective progress
- Objective progress: pre- and post-treatment measurements (in centimeters)
- Six-month and ongoing periodic follow-ups, as well as garment replacement

### In addition, NLN Affiliate Treatment Centers 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/or 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 TREATMENT CENTERS

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- List active NLN Affiliate Treatment Centers 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 Treatment Centers.
- List active NLN Affiliate Treatment Centers 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 Treatment Centers in their local area. If none currently exist, refer to the nearest treatment center in a neighboring city or state.
- Maintain NLN Affiliate Treatment Center application online.
- Report to an NLN Affiliate Treatment Center 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 Treatment Center in establishing a lymphedema support group.
- Keep NLN Affiliate Treatment Centers abreast of current issues that may impact their practice, such as insurance, public policy and legislative issues through email.
- 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.
- Support NLN Affiliate Treatment Centers seeking advice on clinical and organizational questions/concerns and refer accordingly
- If requested, provide up to two National Lymphedema D-Day certificates

**FOR OFFICE USE ONLY**

Date Recv'd: \_\_\_\_\_  
 Ck# \_\_\_\_\_  Charged  
 All licenses/certs: Y N  
 Approved by: \_\_\_\_\_  
 School Code/s: \_\_\_\_\_  
 LANA certified? Y N  
 Support Group App? Y N

## NLN Affiliate Treatment Center Application

Please print clearly.

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.**

<p><b>Name of Treatment Center</b> _____</p> <p><b>Contact Person 1:</b> _____</p> <p><b>Contact Person 2 (optional):</b> _____</p> <p><b>City &amp; State</b> _____ <b>Telephone</b> (____) _____</p>
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**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.

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: \_\_\_\_\_

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: \_\_\_\_\_

### Diagnostic Center Qualifications

14. Does this center provide diagnostic procedures within your facility?  Yes  No

If yes, what types? (Check all that apply)

Lymphoscintigraphy

Perometer

Bioimpedence

Ultrasound

CT

MRI

Genetic Testing

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

## Inpatient Treatment Center Qualifications

15. Does your treatment center provide in patient care?  Yes  No

An Inpatient Treatment Center can be affiliated with a hospital or rehabilitation center. MD supervision is required as per state licensing guidelines. It must meet the criterion established by the NLN for an outpatient treatment center, including continuity of service (available 52 weeks/year). An inpatient lymphedema treatment program should include:

- Exercise program
- Individual or group counseling
- Nutritional counseling
- Advanced diagnostic testing (lymphoscintigraphy, MRI, Bio-impedance, etc.)
- Activities Program
- Additional physical/occupational therapy services as needed
- Insurance/financial counseling
- Pain Management

Inpatient Lymphedema Treatment Clinics must follow general recommendations for lymphedema treatment as outlined in the NLN Position Paper - Diagnosis and Treatment of Lymphedema.

- Manual Lymphatic Drainage (provided by a therapist who has completed the 135 hour training program)
- Compression Bandaging
- Remedial Exercises
- Patient/Caregiver Education and Self Care Instruction
- Garment Fitting (by a certified fitter)

In general, inpatient treatment centers must also maintain detailed, up-to-date patient charts/files and business records in accordance with state and federal guidelines.

### Medical Director

A physician must supervise the clinical staff. He or she must demonstrate knowledge of the physiology, pathophysiology, differential diagnosis and management of lymphedema (preferably, the supervising physician should meet the criterion standards for MD affiliate members).

### Bariatric Accommodations

Any clinic which accepts morbidly obese patients should be prepared to provide safe, sturdy, proportionate equipment to meet the needs of this special population, including but not limited to:

- Bariatric patient beds
- Wide wheelchairs
- Bariatric toilets,
- Transfer devices,
- Treatment tables, etc.

16. Treatments available for (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> UE                   | <input type="checkbox"/> Head and Neck     |
| <input type="checkbox"/> Morbidly Obese       | <input type="checkbox"/> Pain Management   |
| <input type="checkbox"/> LE                   | <input type="checkbox"/> Children under 18 |
| <input type="checkbox"/> Wheelchair bound     | <input type="checkbox"/> Counseling        |
| <input type="checkbox"/> Truncal and Genital  | <input type="checkbox"/> Wound Care and LE |
| <input type="checkbox"/> Nutrition Counseling |  |

17. Limitations (check all that apply):

- A. Weight limit: Patient weight limited to \_\_\_\_\_ pounds
- B. Age limit: No patient under the age of \_\_\_\_\_, or over the age of \_\_\_\_\_
- C. Wound care: Please specify (50 characters) \_\_\_\_\_
- D. Mobility: Patients must be able to ambulate \_\_\_\_\_ feet unassisted
- E. Self care: Patients must be independent with bathing/dressing/toileting Yes/No
- F. Sex: We only accept  male  female  all patients
- G. Other: \_\_\_\_\_

**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:

	<u>Name</u>	<u>Credentials</u>	<u>MLD Certification Date &amp; School</u>
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

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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 (including LANA certificates if applicable).
- \_\_\_\_\_ 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 <http://www.lymphnet.org/store/affiliate-membership-treatment-center>

Amex Disc M/C Visa :

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Security 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.**

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Signature

Print name & position/title

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