MANUAL LYMPHATIC DRAINAGE MASSAGE DIPLOMA COURSE
CIBTAC

MANUAL LYMPH DRAINAGE MASSAGE DIPLOMA COURSE

AIM OF COURSE
To enable candidates to add Manual Lymphatic Drainage massage to their existing treatments.

ENTRY LEVEL
A recognised Body or Beauty Therapy qualification, or a minimum CIBTAC Anatomy & Physiology and Massage Diploma or equivalent and or professional qualification i.e.; Oncology Nurse, Health Visitor, Physiotherapist, Midwife.

SUBJECTS TO BE STUDIED

Generic Areas of Study
G2 Health & Hygiene
G3 Skin Structure and Function
G4 Skin Disease
G7 Business Studies
G8 Salon Procedures
G9 Nutrition

Other Subjects
History of Manual Lymphatic Drainage Massage
Philosophy of Complementary Therapies
Anatomy and Physiology Revision
Lymphatic System to cover additional Lymph nodes
Pathology and additional conditions related to Lymphatic system
Client Care and Consultation
Manual Lymph drainage massage movements
Aftercare
Case Studies

MINIMUM TRAINING REQUIREMENTS - 100 HOURS
This must include a minimum of 80 hours contact (50% of which must be spent working within a commercial salon environment) and 20 hours additional study.

EXAMINATIONS
The dates will be issued annually by the examining board.

THEORY
30 minutes multiple choice questions.

PRACTICAL
1 1/2 hours. 30 Case Studies to be represented to the practical examiner.

EXAM FEE
To be issued annually by the Examination board.

This CIBTAC Diploma will enable recipients to become specialist members of BABTAC and obtain insurance cover. This could be covered over a flexible time basis enabling many part-time students to qualify who would not be able to attend college on a full-time basis.
HISTORY OF MANUAL LYMPH DRAINAGE MASSAGE

History, theory, definition and development of Manual Lymph Drainage Massage up to the present day.
The holistic approach to Manual Lymph Drainage Massage.
Manual Lymph Drainage Massage used in the promotion of health and well-being.
Theory of how Manual Lymph Drainage Massage works.
Therapeutic and Physiological effects on the mind and body.

PHILOSOPHY OF COMPLEMENTARY THERAPIES

An understanding of the holistic nature of Complementary Therapies.
An awareness of 6 natural therapies plus current views and research in Holistic Medicine
e.g. Shiatsu
    Reflexology
    Acupuncture
Awareness of voluntary and statutory support within the community.

ANATOMY AND PHYSIOLOGY REVISION

A general revision of the function of all systems as can be affected by Manual Lymph Drainage Massage with particular reference to:
    Nervous System
    Blood/Circulation
    Elimination Process
    Respiratory System
    Lymphatic System & additional nodes
    Skin
    Internal Organs

LYMPHATIC SYSTEM

Additional nodes worked to/on with Manual Lymph Drainage Massage.

PATHOLOGY

Asthma                  Pre Menstrual Tension (PMT)
Angina                  Menopause
Arthritis               Hormone Replacement Therapy (HRT)
Diabetes Mellitus       Irritable Bowel Syndrome (IBS)
Eczema                  Stress Related Disorders
Epilepsy                Migraine
High and Low Blood Pressure Drugs, Addiction
Multiple Sclerosis (MS)  Allergies
Myalgic Encephalomyelitis (ME) Depression
Psoriasis               Eating Disorders
CLIENT CARE AND CONSULTATION

Preparation of the treatment room and couch/chair. Ensuring client comfort, privacy, warmth, etc. Obtaining information to include medical history, present medication, reason for treatment, noting and acting upon any apparent contra-indications.

MASSAGE MOVEMENTS SPECIFIC TO MANUAL LYMPH DRAINAGE

An understanding of the purpose of the various movements and the difference between Manual Lymph Drainage Massage and Swedish Massage. Detailed movements for the following areas:
   1. Face and chest
   2. Arms
   3. Abdomen
   4. Legs and feet
   5. Back and gluteals

AFTERCARE

The appropriate aftercare/homecare advice for the massage treatment ensuring suitability to client needs and recommendation as to where the client may obtain further professional advice if appropriate.

CASE STUDIES

Each candidate should obtain at least 6 case histories on 5 people with a minimum of 30 treatments in total over the course of their studies to include a range of conditions, ages and lifestyles. Case studies are not to be done on classmates in order to show an understanding of the treatment.

A sample case study format is included.
MANUAL LYMPH DRAINAGE MASSAGE PRACTICAL EXAMINATION

Time allowed 1 ½ hours

guide for colleges/examiners

1. **Detailed Consultation.**
   A consultation card must be completed by the candidates with the model at the start of the examination. A detailed record should be made of the client’s medical record, present medications being taken, contra-indications apparent & reasons for treatments. All models to be allocated by examiner.

2. **Preparation of working area.**
   The candidate is responsible for ensuring that the work area is satisfactorily prepared prior to the treatment being undertaken.

3. **Preparation and care of Client.**
   The candidate is responsible for the suitable preparation of the client prior to the treatment being undertaken.

4. **Treatment movements.**
   The examiner will be looking at the candidate’s posture along with rhythm, pressure and flow of the movements.

5. **Aftercare and advice.**
   The candidate must demonstrate to the client suitable after care following the treatment as well as advising on the follow-up treatments which could be of benefit. Results/comments and aftercare recommendations should be recorded on the client’s card.

6. **Hygiene.**
   The candidate’s working environment and treatment techniques must maintain high standards of hygiene and negate the possibility of cross infection.

7. **Personal appearance and deportment.**
   The candidate should present a professional image to the client and wear suitable clothes to meet this criterion.

8. **Oral Questions.**
   The examiner will ask candidates oral questions relative to the treatment, purpose of various movements and overall summation of the treatment carried out.

9. **Case Studies.**
   Must be graded by the tutor and be available to the examiner on arrival. These will be assessed by the examiner after the examination. Accommodation must be available for up to 2 hours.
**EXAMINERS FEEDBACK**
**WRITTEN MANUAL LYMPH DRAINAGE MASSAGE**

<table>
<thead>
<tr>
<th>Generic Areas of Study</th>
<th>Excellent 85-100%</th>
<th>Good 75-84%</th>
<th>Satisfactory 60-74%</th>
<th>Below Standard 0-59%</th>
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<td>Treatments</td>
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<tr>
<td>General Comments</td>
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**EXAMINER’S NAME:**
EXAMINER’S FEEDBACK
PRACTICAL MANUAL LYMPH DRAINAGE MASSAGE

<table>
<thead>
<tr>
<th></th>
<th>Excellent 85-100%</th>
<th>Good 75-84%</th>
<th>Satisfactory 60-74%</th>
<th>Below Standard 0-59%</th>
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<tbody>
<tr>
<td>Consultation</td>
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<tr>
<td>Preparation of Working Area</td>
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<tr>
<td>Preparation of client</td>
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<tr>
<td>Manual Lymph Drainage Massage Treatment</td>
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<tr>
<td>Aftercare &amp; advice to client</td>
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<tr>
<td>Hygiene procedures</td>
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<td>Personal appearance and deportment</td>
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<td>Oral Questions</td>
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<tr>
<td>Case Studies</td>
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</tbody>
</table>

General Comments

EXAMINER’S NAME:
CIBTAC

MANUAL LYMPH DRAINAGE MASSAGE PAPER
Guide Breakdown of MCQ Questions

Time Allowed: 30 Minutes
Number of Questions: 25
Number of Marks: 38

Generic Areas of Study
Anatomy & Physiology 15%
Treatments 67%
INSTRUCTIONS FOR PRACTICAL MANUAL LYMPH DRAINAGE MASSAGE EXAMINERS
(* to pass the minimum mark must be achieved)
Time Allowed 1 ½ hours

Consultation/Examination * (min 8) 14 marks
Detailed medical examination 2 marks
Detailed lifestyle notes 2 marks
Contra-indications 2 marks
Observations/Precautions 2 marks
Reasons for treatment 2 marks
Treatment plan 2 marks
Recordings of treatment 2 marks

Preparation of Working Area 3 marks
Couch/chair 1 mark
Trolley and products 1 mark
Consultation environment 1 mark

Preparation of Client 3 marks
Client modesty 1 mark
Positioning of the client 1 mark
Positioning of the treatment 1 mark

Manual Lymph Drainage Massage (min 16) 26 marks
Client care 3 marks
Treatment procedure 4 marks
Massage movements 4 marks
Pressure 4 marks
Rhythm 4 marks
Technique 4 marks
Timing 3 marks

Aftercare and Advice to Client * (min 6) 10 marks
Explanation of the effects of the treatment 2 marks
What the client should do 2 marks
What the client should not do 2 marks
How the client may feel/reaction to treatment 2 marks
When the client should come for the next treatment 2 marks

Hygiene Procedures 3 marks
Procedures throughout and in conclusion to the treatment 3 marks

Personal Appearance and Deportment 3 marks
Personal appearance 1 mark
Attitude 2 marks

Oral Questions 8 marks
At examiner’s discretion

Case Studies * (min 18) 30 marks
5 different clients to be treated 6 times each

Possible Total Marks 100
Pass mark 60/100
# PRACTICAL MANUAL LYMPH DRAINAGE MASSAGE EXAMINATION MARKING SHEET

**College/School:**

(*minimum mark must be achieved)*

**Date of Examination:**

**Examiner:**

**Time allowed:** 45 Minutes

<table>
<thead>
<tr>
<th>CANDIDATE’S NAME (BLOCK LETTERS)</th>
<th>Consultation</th>
<th>Preparation of working area</th>
<th>Preparation of Client</th>
<th>Manual Lymph Drainage</th>
<th>Massage treatment</th>
<th>Aftercare and Advice to Client</th>
<th>Hygiene Procedures</th>
<th>Personal appearance and deportment</th>
<th>Oral Questions</th>
<th>Case Studies</th>
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<th>%</th>
<th>Remarks</th>
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<td>3</td>
<td>26</td>
<td>10</td>
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<td>8</td>
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<td>18</td>
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</tr>
</tbody>
</table>

Pass 60-74%
Credit 75-84%
Honours 85-100%

| Group Total                     |               |                            |                       |                       |                   |                             |                   |                                     |               |             |       |   |        |
| Average for Group               |               |                            |                       |                       |                   |                             |                   |                                     |               |             |       |   |        |
recommended reading

Dr Vodder
Manual Lymph Drainage

Wittlinger
Havq Verlag
MANUAL LYMPH DRAINAGE
MASSAGE
CASE STUDY
MANUAL LYMPH DRAINAGE MASSAGE

case histories

Guidelines to consider when taking case histories

1. A detailed consultation should be carried out but the Client’s name and address should be kept separately on the consent form.

2. Clients must be aware of all possible contra-indications.

3. Client’s signature must be on all consultation sheets.

4. All the enclosed forms should be completed for each case study and each treatment must be recorded.

5. If the treatment is being altered at all, please explain and justify this.

6. Additional information can be included in the homecare advice.

7. All treatments to be validated by the tutor.

8. Case studies to be graded by course tutor following CIBTAC % grading guidelines i.e. 85-100% Excellent, 75-84% Good, 60-74% Satisfactory.

Marking / Grading Guidelines

1. Presentation 10
2. Introduction/Client profile 10
3. Main treatments 30
4. Aftercare advice 10
5. Follow up treatments/frequency 10

Pass Mark 60
confidential assessment consultation card

Client code ..........................................................................................................................................
(Name, address, telephone to be kept separately on consent form)
Date of Birth.................................
Occupation..............................................................
Doctor.................................
Address..............................................................................
Telephone.............................................................................

Personal Information

Height................................. Weight.................................
Fitness level .........................
Reason for visit ............................................................... Referred by ..........................................................
Emergency contact..............................................................................
Are you receiving any other therapies, if so which? ..........................................................

Medical History

Medication (including contraceptive pill and (HRT) ..........................................................

Tick if the following are applicable with details below

<table>
<thead>
<tr>
<th>Pregnant/ Miscarriage</th>
<th>Allergies</th>
<th>Drugs</th>
<th>Smoking</th>
<th>Fainting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periods/PMT</td>
<td>Hepatitis</td>
<td>Diabetes</td>
<td>Epilepsy</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Cancer</td>
<td>Operations</td>
<td>Heart/ Pacemaker</td>
<td>Scar Tissue</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Breathing</td>
<td>Circulation</td>
<td>Digestion</td>
<td>Bowel Movements</td>
<td>Varicose/Broken Veins</td>
</tr>
<tr>
<td>Joints</td>
<td>Eyes</td>
<td>Hearing</td>
<td>Headaches</td>
<td>Swellings</td>
</tr>
<tr>
<td>Painful Areas</td>
<td>Muscle Tone</td>
<td>Nausea</td>
<td>Open Wound/Cuts</td>
<td>Skin Problems</td>
</tr>
</tbody>
</table>

Skin type Dry / Oily / Combination

Does the client need to obtain doctor’s permission prior to treatment? YES NO
Has the client obtained written doctor’s referral if required? YES NO

Date of Consultation..................................................................................................................
Practitioner’s Signature.............................................................................................................
Client’s Signature......................................................................................................................
Tutor’s Signature.......................................................................................................................
Do You

Smoke……………………………………… How many daily?………………..
Drink alcohol (units per week)……………………………………………………………. 
Drink tea (how much daily)…………………………………………………………………….
Drink water (how much daily)…………………………………………………………………. 
Have a balanced diet………………………… Eat regular meals………………………….
Take exercise – how often……………… What type………………………………..
Work……………………. Regular hours / flexi / shift / unspecified……………………….
Take care of children………………. How many………………………….

Ages………………
Take care of elderly…………………… Sick………………………….
Disability…………
Sleep well / poorly / restless………………………………………………………………….
Do you suffer from depression / tension / anxiety / stress
……………………………………………………………………………………………………….

How does the above condition affect you……………………………………………….
……………………………………………………………………………………………………….
Is your outlook optimistic / pessimistic……………………………………………….
Do you have a disability…………………………………………………………………….
Do you wear glasses / contact lenses / hearing aid………………………………………
Posture…………………………………………………………………………………………….

Personality: Confident / Nervous / Mixture………………………………………………

Specified points to note – Requirements and Preferences for Client Care

End of treatment drink……………………………………………………………………….
Head and body supports………………………………………………………………………
Music and lights………………………………………………………………………………
Availability or restrictions for appointments…………………………………………….

Date of Consultation………………………………………………………………………….
Practitioner’s Signature……………………………………………………………………….
Client’s Signature………………………………………………………………………………
Tutor’s Signature………………………………………………………………………………. 
visual observations and pre check

<table>
<thead>
<tr>
<th>Standing</th>
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<tbody>
<tr>
<td>Lying on a couch</td>
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<tr>
<td>Scalp</td>
<td></td>
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<tr>
<td>Hair</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Eyes</td>
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<tr>
<td>Ears</td>
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<tr>
<td>Nails</td>
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<tr>
<td>Circulation</td>
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<td>Feet</td>
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<tr>
<td>Legs</td>
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<tr>
<td>Abdominal Area</td>
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<tr>
<td>Buttock Area</td>
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<tr>
<td>Back Area</td>
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</table>

Date of Consultation........................................................................................................

Practitioner’s
Signature..........................................................................................................................

Client’s Signature...................................................................................................................

Tutor’s
Signature............................................................................................................................
general client introduction / profile

Practitioner’s Signature………………………………………………..
Date………………………………

Tutor’s Signature…………………………………………………..
Date……………………………..
MANUAL LYMPH DRAINAGE MASSAGE CASE STUDY

consent to be a case study
(To be retained by the tutor and shown to the examiner before the practical exam)

Name…………………………………………………………………………………………………………………

(Mr, Mrs, Miss, Ms)

Address………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

I have agreed to be a case study for……………………………………………………………a Student
Practitioner in

………………………………………………………………………………………………………………

• I have undertaken a full consultation and completed the lifestyle questionnaire prior to
treatment, which is complete and accurate to the best of my knowledge.

• I have obtained medical consent from my G.P. to have this treatment.

• I have not obtained medical consent from my G.P. to have this treatment.

• I agree to notify the Practitioner of any change in my medical condition.

• I have had the therapy explained to me.

Further information I wish to give to my
Practitioner……………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

Practitioner’s Signature……………………………………………………
Date………………………………

Client’s Signature……………………………………………………
Date………………………………

Tutor’s Signature……………………………………………………
Date………………………………
## MANUAL LYMPHATIC DRAINAGE CASE STUDY

<table>
<thead>
<tr>
<th>Areas treated And Findings</th>
<th>Treatment 1</th>
<th>Treatment 2</th>
<th>Treatment 3</th>
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<th>Treatment 5</th>
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<tr>
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<tr>
<td>Arms</td>
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<tr>
<td>Legs (front)</td>
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<td>Back</td>
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MANUAL LYMPHATIC DRAINAGE MASSAGE CASE STUDY

Recommended Homecare / Aftercare

Recommended Follow-up Treatment Plan

Practitioner’s Signature..........................
Client’s Signature..........................................

Tutor’s Signature..........................
Date........................................