



LYMPHATIC BALANCING: THE SIX-STEP TREATMENT APPROACH

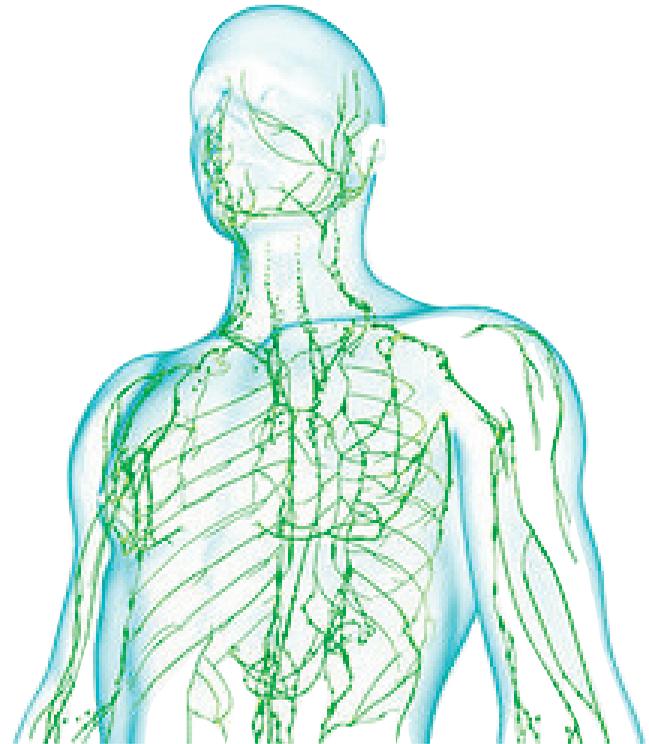
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Many practitioners consider lymphatic drainage to be a specialized set of techniques that applies only to patients with lymphedema, and involves extensive taping or complicated draping. This belief may have even prevented you from incorporating specific lymphatic work into your treatment. However, adding a principle-based approach to balancing the lymphatic system is easier than you may think and may be the key to getting lasting results for those difficult orthopedic patients who are not responding to your current treatment protocol.

In osteopathic medicine, one basic tenet in the hierarchy of healing is that movement of fluids is essential to the maintenance of health. More importantly, however, drainage of these fluids must precede supply. Specifically, circulation of oxygen and nutrient rich blood is vital for all cells and tissues to function correctly, but in order for cells and tissues to receive this nutrition, normal metabolic waste products must first be drained away.

If flow is restricted due to orthopedic injury, waste products accumulate significantly compromising cellular metabolism and causing pain, tension and edema. To promote proper tissue healing and restore full pain-free movement, the accumulated edema and toxins need to be removed quickly from the interstitial tissues.

Lymphatic Balancing: The Six-Step Treatment Approach - Copyright © Stock Photo / Register Mark
The role of manual therapy is to remove barriers, usually caused by restrictions or imbalances in muscle, joint, fascia and/or fluid, to create a better environment for healing. Lymphatic Balancing (LB) is a specifically designed treatment approach that utilizes specialized manual lymphatic drainage techniques, originally designed to treat lymphedema, to remove these barriers and improve fluid flow. When applied according to the following treatment approach, these



techniques are particularly effective for the orthopedic patient.

TREATMENT IN SIX STEPS

1. *Perform a Full-Body Evaluation:* Always start the session with a full body evaluation to determine if there are lines of tension in the body creating restrictive barriers to lymphatic flow. If lines of tension are found, then treat by balancing the whole body. This helps release lines of tension in the upper and lower extremities, cranium, spine, thorax, abdomen and pelvis that could be compromising the drainage of the area of primary complaint.
2. *Balance the Four Transverse Diaphragms:* The transverse diaphragms are the pelvic floor, respiratory diaphragm, thoracic inlet and tentorium cerebelli. All are oriented horizontally and, when restricted, can impede the flow of lymph, as well as

other vital structures that impact blood (artery/vein), nerve and energy flow. To ensure unimpeded fluid flow, it is imperative to make sure these diaphragms are functioning correctly.

3. *Balance the Autonomic Nervous System (ANS):* The ANS consists of the Sympatric Nervous System (SNS) and the Parasympathetic Nervous System (PNS). Both systems involuntarily regulate internal body functions, but have opposite effects on the functions regulated. With fluid flow, the ANS controls microcirculation through vasoconstriction and vasodilation of the lymph and blood vessels. Since most patients tend to be on sympathetic overload, it is important to balance the ANS prior to any treatment.

4. *Balance Local Restrictions:* Evaluate and treat any local restrictions in the primary area of complaint that may be interfering with the flow of lymph before performing the LB techniques. Local restrictions (muscle, joint or fascia) can create barriers to the local flow of lymph and blood and need to be removed.

5. *Local Lymphatic Balancing Techniques (LBT):* Perform the appropriate LBT to promote lymphatic flow in the area. When performing LBT, treatment sequence is important. Fluid moves from high to low pressure, therefore treatment must start and end with opening the nodes to create space for the flow of lymph. Once the nodes are opened, treatment continues proximal to distal by opening the lymphatic drainage pathway with effleurage and short lever pumping techniques. Once at the site of swelling, short lever drainage and local pumping techniques can be used to bring the deeper swelling more superficial aiding in its removal. Now, the focus shifts to moving the fluid distal to proximal by using short lever pumping techniques to help bring the fluid towards the proximal nodes, and leaving those nodes open to help with continued drainage.

6. *Supportive Techniques:* These techniques are used to enhance and lengthen the LB treatment effects. Active lymphatic pump exercises can be prescribed to the patient to be performed at home to further remove the swelling and improve deep circulation. Additionally, simple lymphatic taping can also be used at the site of swelling to provide ongoing support and continued drainage to the treatment area.

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