

## Contraindications for MLD

Manual Lymphatic Drainage is *not* indicated for all clients. General contraindications (concerning the whole body), as well as local contraindications (concerning a body region), can be differentiated.

Absolute = strictly prohibited. Relative = requires physician's approval.

**Please place a "check" next to applicable past or present medical history.**

### **General Contraindications:**

#### ABSOLUTE:

- Acute Cellulitis
- Untreated congestive heart failure
- Acute untreated deep venous thrombosis (DVT)
- Fever

#### RELATIVE:

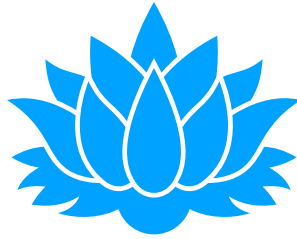
- Malignant Disease
- Renal Dysfunction

### **Local MLD Neck Treatment:**

- Cardiac arrhythmia
- Hyperthyroidism
- Hypersensitivity of the carotid sinus
- Arteriosclerosis
- Lymph nodes radiated or removed

### **Local MLD Abdominal Treatment:**

- Pregnancy
- Fertility Planning/Protocol
- Menstrual Period
- Recent Abdominal Surgery (6 months)
- Radiation fibrosis, R colitis, R. cystitis
- Pelvic DVT (6 months)
- Crohn's Disease
- Diverticulitis or Diverticulosis/IBS



- \_\_\_\_\_ Liver cirrhosis
- \_\_\_\_\_ Abdominal aortic aneurysm
- \_\_\_\_\_ Unexplained pain
- \_\_\_\_\_ Implanted devices ie. drains, feeding tubes, colostomy bags, morphine pumps
- \_\_\_\_\_ Fibroids, ovarian cysts, History of endometriosis
- \_\_\_\_\_ Hormone patches, pain patches, nicotine patches, time released meds

**Contraindications for deep trunk work:**

- \_\_\_\_\_ Osteoporosis
- \_\_\_\_\_ Radiation fibrosis
- \_\_\_\_\_ Bone metastases
- \_\_\_\_\_ Hormone Therapy ie. Tamoxifen.

\_\_\_\_\_ **History of Oncology Treatment?**

\_\_\_\_\_ **History of Deep Vein Thrombosis?**

- **This form is supplemental to the General Health and Intake Consent Form.**
- **Your signature indicates consent for manual lymphatic treatment.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_