# **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)
Phlebitis
Fever

Acute inflammation caused by bacteria, viruses, poisons or allergens

#### Relative:

Malignant Disease Renal Dysfunction

**History of Oncology Treatment?** 

**History of Deep Vein Thrombosis?** 

## Contraindications for deep trunk work:

Osteoporosis Radiation fibrosis Bone metastases Hormone Therapy ie. Tamoxifen.

### **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

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