

# RianCorp

## **Case Studies Using LLLT: Post Surgery**

# Case Study 1

## Male 20 yrs old. Elite Footballer (Aussie Rules)

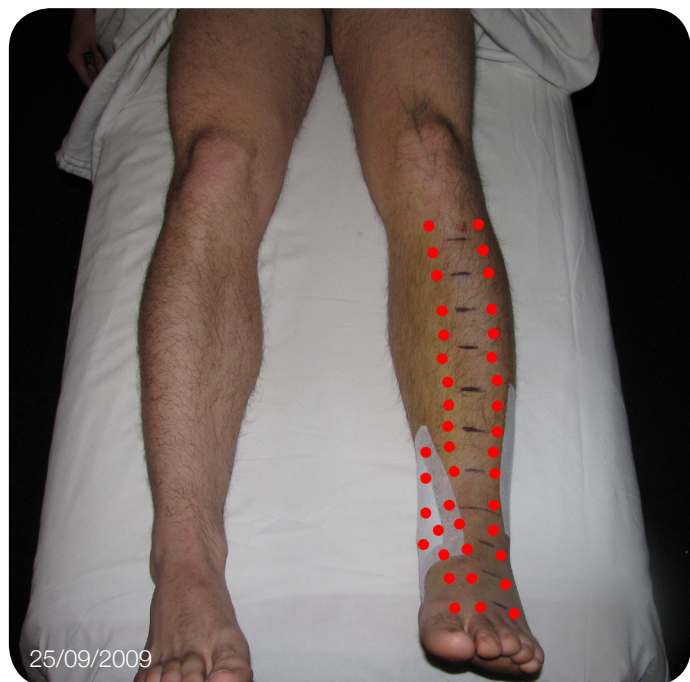
Emergency Surgery 19/9/2009

Broken Fibula at distal end 1/3rd above lateral malleolus and a broken tip off medial malleolus Fibula was Plated and affixed by 6 screws, with 1 screw through the plate and into Tibia, Long screw through medial malleolus up and into Tibia

First Appointment was 23/9/2009, 4 days post surgery when tape measurements were taken from toes to knee at every 4cm intervals. Tape measurements were repeated 25/9, 28/9, 29/9, and 6/10.

Riancorp Laser was used in posterior knee joint to stimulate Popliteal Lymph nodes and a row 2cm above and below parallel thereto. Riancorp Laser was then used at 2cm intervals down the lateral aspect of the tibia in 2 parallel rows 2cm apart and along the medial aspect of the tibia for one row. Laser was also placed directly over both surgery scar incision lines and around both malleolus as well as 3 rows at 2cm apart at 2cm intervals on the dorsal foot to toes. Both sides of sole of foot also lasered. Extent and number of laser points varied each session due to client and practitioner constraints. Client also self lasered between 2-5 days out of every 7 days for the first month, then 1-3 times a week thereafter for 2 months.

EVERY session also included the full **Dr Vodder MLD & CDT (C) (R)** full leg treatment.



**Michael Fildes, AAMT, ATMS, AVTA**

Remedial, Sports, Injury & Muscular Therapist  
Certified Dr Vodder Therapist

# Case Study 2

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**Male 20 yrs old.**

Emergency Surgery 4/2/2009

## **Preamble**

Client A was riding a motor bike in the paddocks herding cattle on 4th February 2009. The front wheel hit soft sand and stopped forthwith in it, and catapulted Client A forward and over the handle bars. He landed face down on the ground and the motor bike continued to lift its rear wheel up and over, which then smashed onto the left low rib area of Client A's body. Luckily a workmate was there to take him on the 30 minute trip back to the farm house, following which Doctors and airlifts were arranged.

## **Resultant Injury**

Client A suffered massive, life threatening internal bleeding. A perforated spleen was removed under emergency surgery. There was extensive swelling and bruising around the lumbar and abdominal areas. This accident happened in outback Australia (approximately a 12 hour car ride from the closest capital city!) and required airlifting to a capital city airport and then ambulance to hospital. Doctors informed Client A that had it taken about another hour to get to hospital for surgery, he would have likely died from excessive blood loss!

## **Dr Vodder Treatments/Timelines**

Accident Date: 4th February 2009

Surgery Date: 4th February 2009

Hospital Discharge: 11th February 2009

First Dr Vodder Session: 13th February 2009

Follow Up Dr Vodder Sessions: 14th, 18th, 25th February; 5th, 17th, 24th, 30th March; 7th & 29th April 2009

## **Succinctly techniques used were:**

Client A was supine given acute sensitivity and tenderness of his mid section post surgery!

Short neck (cervical and occiput), Axial Lymph nodes opened up, Chest Routine, Rotarys from both Iliums across the Umbilical watershed line to respective axial lymph nodes, Leg routine (upper portion only but not including knee techniques), dozens of 2 handed flat finger circles around ASIS/Inguinal lymph nodes, masses of alternating thumb circles over scarring that extended from symphysis pubis to xiphoid process. Most of these techniques I executed at least 5-10 patterns of them, instead of three patterns as taught in class: this was all based on what my fingers palpated and what Client A was telling me. The first 3 sessions were close on 2 hours duration. By 25th February some of the aforementioned techniques were reduced in repetitions and then I added in a modified abdomen pattern, special deep abdominals breathing, sawing to iliacus, and pubic bone specials, and increased loads of scar alternating thumb circles.

**Each session also included the prior use of the Riancorp © Low Level Laser (hand held) to axial and inguinal lymph nodes and over the surgical scar at 2cm intervals for 1 minute at each point on the high setting. Laser was used prior to undertaking the Vodder techniques.**

By 17th March Client A was able to commence some basic Pilates © routines for core strengthening and since then has fully returned to bodybuilding in the gym, running and cycling. His personal testimonial and that of his Registered Intensive Care Nurse sister, who witnessed daily Client A's improvement, are attached.

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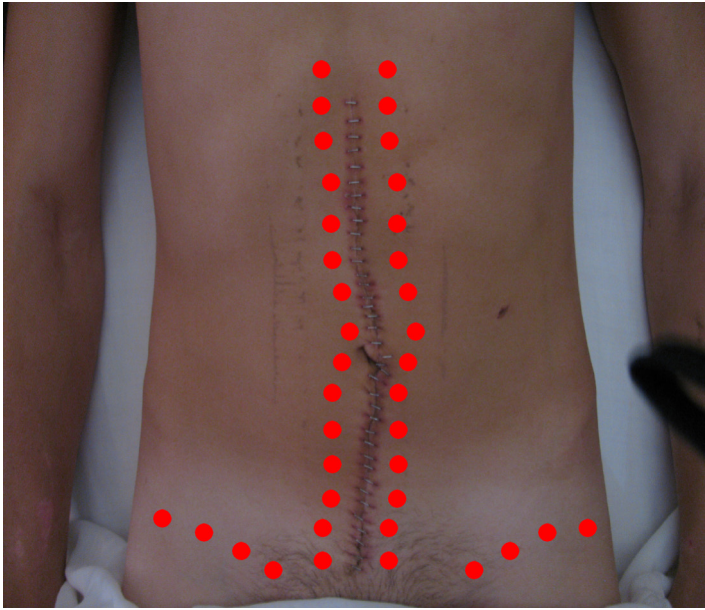
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# Case Study 2

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# Case Study 2

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## Testimonies.

### Patient

On the 4th of February I had an emergency splenectomy operation that involved an incision from below my lower ribs to pubic region. I also received 50 metal staples that held the wound together. I was discharged seven days later with staples still in place, masses of fluid in the general abdominal region and tenderness apparent in all core movements. On the 13th I received my first Vodder session. Immediately after the session I noticed fluid in the abdominal area had subsided, particularly the pockets that were forming along the scar. The day preceding the Vodder I felt the tenderness had subdued and mobility had increased. I received Vodder twice a week from the first three weeks and once a week from then on.

Before the operation I was very active in sports, therefore I was constantly pushing my body to recover in the fastest possible time. In more than one occasion I would find fluid accumulating along the scar preceding a light weight session or gentle ride. Tenderness would also increase especially in the upper abdominals. I found if I followed a training session with Vodder I could make a faster recovery, and therefore reduce the rehabilitation period. It has been eight weeks post operation and I am now able to train at the gym with the intensity preceding the operation, requiring no lymphatic drainage. My scars feel supple and abdominal tenderness is inexistent. Therefore I support the use of Vodder treatments and believe that the techniques practiced on my body were instrumental in my recovery.

### Intensive Care Nurse

On the 4th of February 2009 client A had undergone an emergency total splenectomy for a perforated spleen followed by 7 days hospitalization. Post procedure, client A's recovery progressed well with no significant complications noted. It is to my knowledge however that client A did experience a multitude of symptomatic characteristics typically associated with an extensive midline surgical incision. With surrounding interstitial oedematous, tenderness and mild inflammation. Client A discovered Michael Fildes a Certified Dr. Vodder Therapist immediately post discharge and proceeded to receive treatment twice a week to facilitate the drainage of lymphatic fluid and promote healing. As an intensive care nurse of 3 years I have viewed many surgical incision sites and the benefit of this therapy is noteworthy. The scar currently after 7 weeks of therapy is soft with mild keloid scarring, an absence of inflammation, tenderness and oedema. Client A also expresses that the site feels pain free, comfortable and happy with the improvements of the therapy.

Elizabeth  
Intensive Care Nurse

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# Case Study 3

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## Male 61 yrs old.

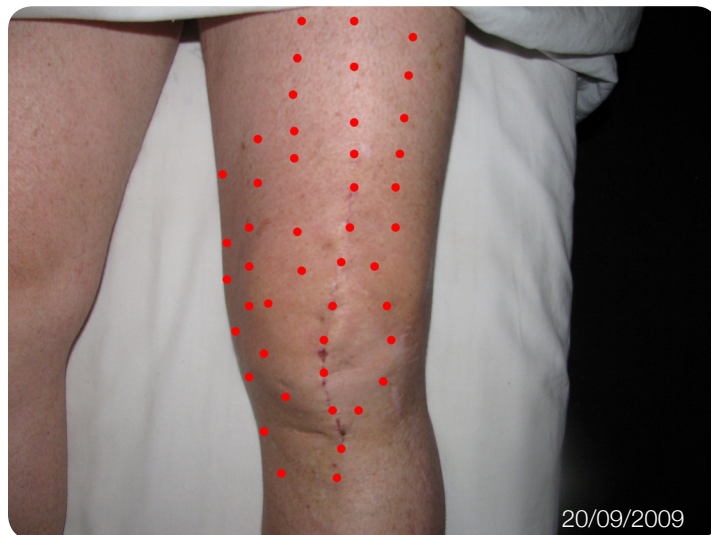
Knee worn out from past sporting life including snow skiing accidents over a number of years. Is still today a Masters age level Mountain Bike Competition cyclist!!

Total left Knee Replacement Surgery on 4/9/2009. Underwent in- hospital residential care therapy for 16 days before visiting my clinic.

Fist Riancorp Laser and Dr Vodder session on 20 Sep 2009. Had 2 Dr Vodder and laser sessions a week for 3 weeks, then one a week for another 5 weeks. Some weeks client visited clinic 1-3 times more to perform self laser.

The laser was used in 2 rows along the medial aspect of the knee joint from pes anserinus upwards to gracilis line, circular around the patellar, along surgical incision line, and 3 parallel lines above patellar up the upper leg/thigh, and through the inguinal lymph nodes.

Within a week there was a decrease of between 0.5cm and 2.0cm of circumference measurements taken at 4cm intervals by tape measure from mid calf to groin area.



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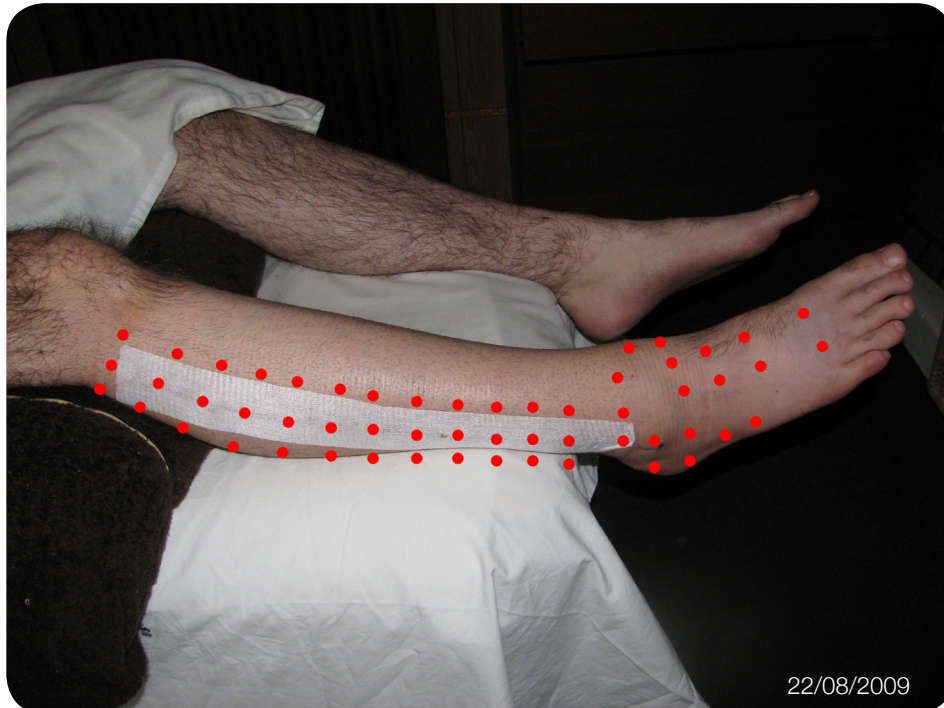
# Case Study 4

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## Male 22 yrs old. Elite level Basketballer.

Intensive Facial surgery requiring part Mandible dissection and removal, which was replaced by the insertion of the client's 20cm of extracted fibula bone. Fibula was removed from 10cm above the lateral malleolus, thus remaining fibula was effectively only the proximal and distal ends thereof with the middle 20cm missing.

Riancorp laser was used from around the ankle joint and then 3 parallel lines with centre line over the surgical incision.



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# Case Study 5

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## Male 20 yrs old. High level Basketballer

Rolled his right ankle playing basketball on 4/5/2009  
First Dr Vodder session and Riancorp laser on 5/5/2009

Laser was applied to dorsal foot, lateral and medial aspects of foot, and 3 rows laterally up 15cm of the lower leg

Lasered every 2nd day for 2 weeks, 2 Dr Vodder sessions in 1st week and then one in the 2nd week.



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# Case Study 6

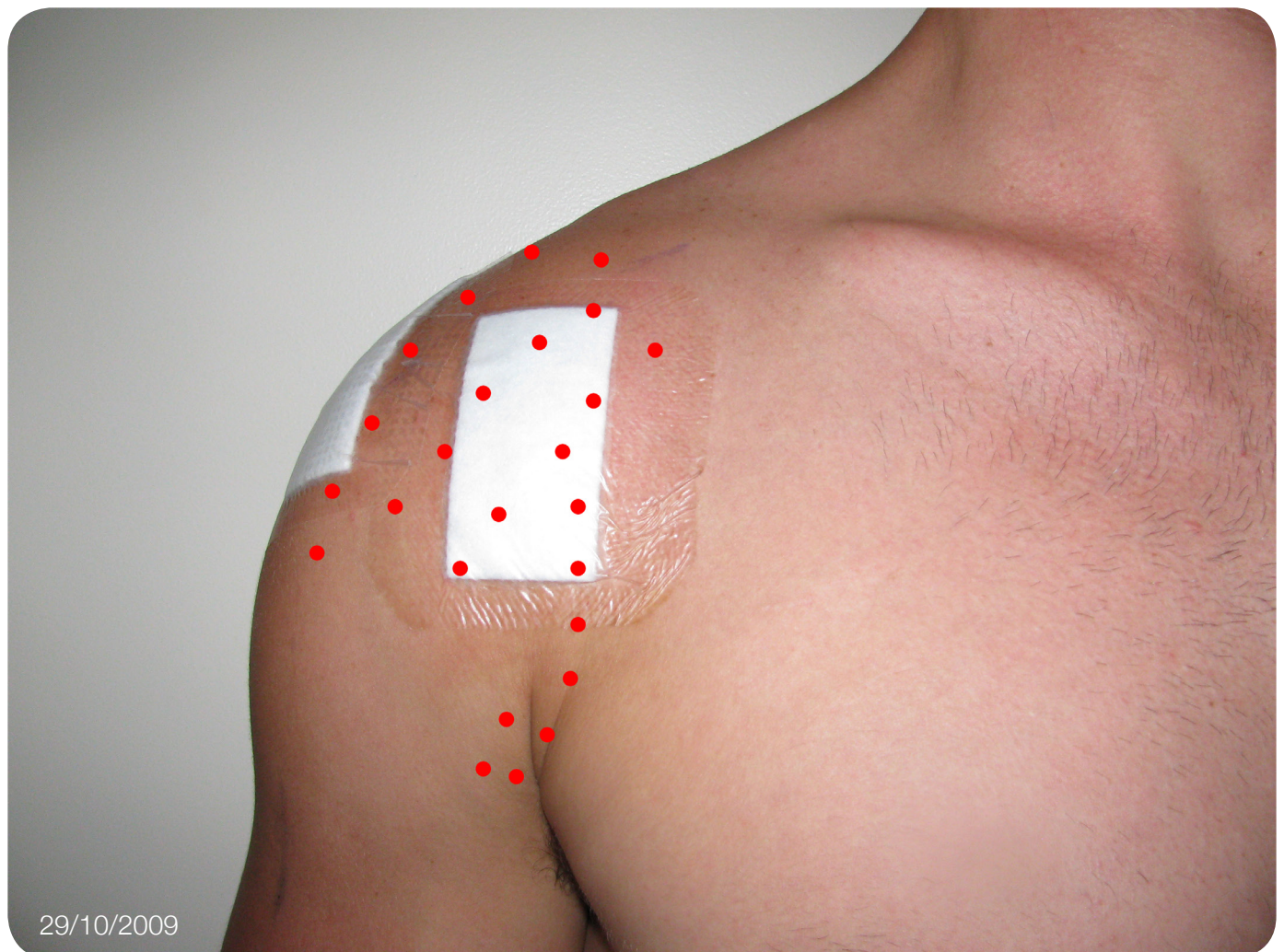
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## Male 20 yrs old. Elite level Footballer

Underwent right shoulder labral tear repair, some ligament fragments/fraying shaved and a general “cleaning out” via keyhole surgery.

Also had a severely infected puncture wound at right elbow which saw layers of infected, dead/necrotic tissue scalped out and resutured.

Riancorp laser was used extensively around the right shoulder as well as 5 points in the armpit towards the axillary lymph nodes. Laser also around and on the elbow repair.



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# Case Study 7

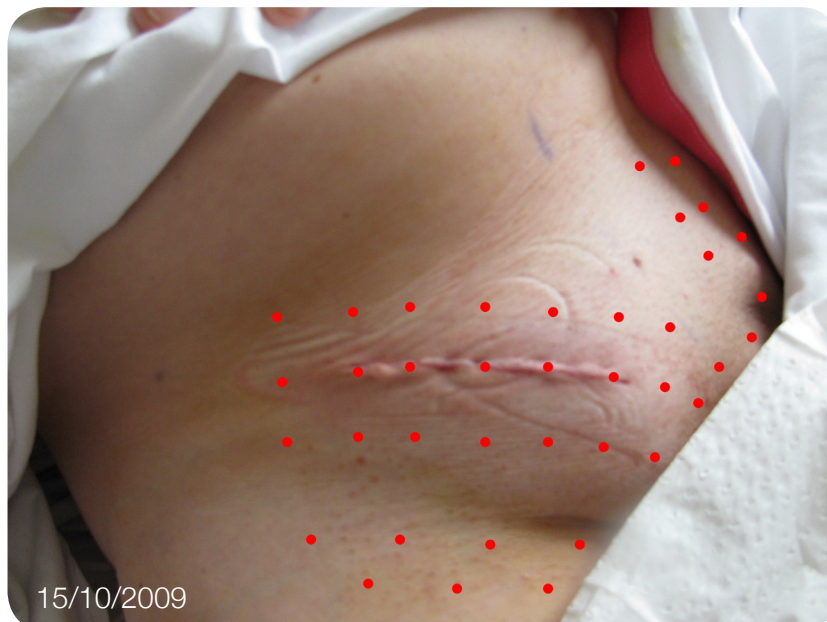
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**Male 50 yrs old.**

Right Inguinal hernia Open cut Surgery.. 10cm cut

Operated 14 Oct 2009, Riancorp laser started in the afternoon of 15 Oct 2009 and then three times daily in am, pm and evening. Laser was used over the Inguinal Lymph nodes, the surgical incision and rows parallel thereto, also above pubis and to left side as significant bruising and swelling were there. Extensive Dr Vodder MLD and CDT was performed to upper legs, and whole abdominal area being 3 sessions in the first 9 days post surgery.

THREE years ago the left side had only a 3cm incision to repair a L Inguinal hernia and at that time NO laser was used. It took FOUR weeks, before getting in and out of bed and standing and sitting in chairs or lounge, before the pain disappeared. THIS time with the Laser being the ONLY additional treatment, bed and chair/lounge was with NO pain after just TWO weeks!!



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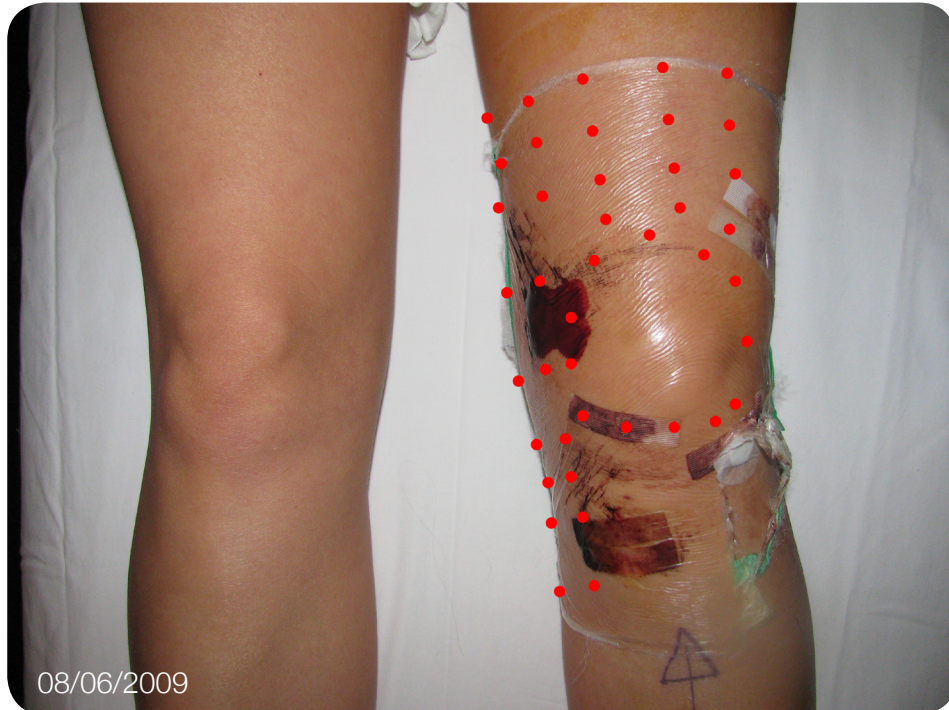
# Case Study 8

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## Female 26 yrs old. Elite Athlete

Reconstructed ACL & PCL with LARS(c) ligaments

Full leg Dr Vodder MLD/CDT performed twice per week for 3 weeks and Riancorp Laser 3-5 times a week. Laser applied to Inguinal and Popliteal Lymph nodes, as well as around patella, three rows medial aspect of knee and proximal to Patella



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Certified Dr Vodder Therapist

## **RianCorp Pty Ltd**

7 Fleet St Richmond  
South Australia 5033  
p + 61 8 8232 8822  
f + 61 3 9558 6335  
sales@riancorp.com  
www.riancorp.com