

# FootPrints

The Journal of the Reflexology Association of Australia



[www.reflexology.org.au](http://www.reflexology.org.au)

January 2024

Volume 28 No. 1

# 2024 RAoA National Conference



**Restore Autonomic Order All-ways**

**Rydges Hotel - Geelong**  
Cnr Gheringhap & Myer Streets  
25-27 October 2024

## Speakers

- Sue Ricks - UK Magic moments of Reflexology
- Kevin Kunz - MRI scanning during Reflexology
- James Flaxman - The fascia role in restoring balance
- Michael Christian - Quantum healing
- Brenda Seville - "An integrated approach to improving fertility"
- Rachael Gibson - Reflexology and equine therapy
- Sally Kay - Lymphatic drainage technique

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# From the Chair's desk



My favorite season by far, is Summer, obviously for the heat. In SA we have had some heat, but also a lot of rain causing flooding. One of my hobbies is kayaking and with good weather it means getting out on the water.

For those who don't know me, my name is Marie Steinke and I have the position of Board Chair. Previously we have had a President, but this time I chose to be a Chair; however, I think it is a President in disguise. Let me introduce the Board: I am also SA Director, Promotions and Research Administrator and on the Website Working Party. Debbie Helm is the WA Director and Administration Director. Nonie Crozier is Victorian Director and Education Administrator. Keri Wood is National Events Director. As we have no-one as CPT Administrator, Nonie and Keri will share the role together, combining Education and CPT.

Susan Ramsey stepped down from being President after 6 years. Her passion and tirelessness are exemplary. The history of the workings of the Association that she has cannot be provided by anyone else that I know. I am forever grateful to have been a director under her leadership. Fortunately for us she has offered to remain as Board Mentor to help out the current Board. She is continuing to take on tasks when needed.

As you are all aware we have had some challenging times and are coming out the other side much stronger. I want to thank all the members who have volunteered their time for the betterment of the Association. In particular World Reflexology Week which was a resounding success.

Thank you, Privail Accounting and Susan Ramsey, for supporting me with the finances. I have worked in accounting before and never have I been able to speak with someone the same day you call them. Thank you, Sashi.

The RAoA AGM and Workshop weekend was a success. We had talented presenters to suit everyone's needs. Lots of catchups during breaks and ultimately networking. I, myself found a couple of pubs with great food nearby. The trade tables seemed to have people visiting and buying all the time and I know that the RAoA table sold a lot of merchandise.

The Natural Therapies Review is supposed to be completed by the end of December, but this is now not

happening. I guess when a panel is put in charge of assessing someone else's work in their spare time, there can be delays. The panel members have their own jobs to do first. If the Government had asked them to work on it full time it would have been finished by now. Also, we now have an eight week holiday in Parliament. Anyway, the good news is that there are only two of the 16 to complete. The Secretariat advised me that the full report would be presented to the Health Minister in May or June.

The website development has also had a few hiccups. The employee who first quoted on our project left after the first month following our first payment. Also, they had not quoted on any membership plug ins. We have engaged someone to define our needs using a relational database and this has been presented to Gloop (the website company). This means our membership data will be held in one database, rather than multiple ones. We are now waiting for a new quote for review. As the current content management system we are using will soon no longer be supported, we have looked for an alternative and selected WordPress.

In regard to Webinars, we have had some amazing and knowledgeable presenters like David Wayte's Fingerless and Palliative Care Reflexology, and Alison Rippin's Auricular Reflexology. The good thing about these webinars, is that if you can't see them live, you can watch at another time.

National Conference 2024 is to be held at Rydges in Geelong, Victoria on October 25 to 27 with the theme being **Restore Autonomic Order All-ways**. Don't forget to plan for this exciting event. Six excellent presenters—Sue Ricks, Kevin Kunz, Michael Christian, Brenda Seville, Rachael Gibson, Sarah Hoey and Sally Kay.

Changes are happening in the office – we have employed someone to work on Mondays in an administrative role for four hours. The good news from this is that Lisa will now have extra help to complete tasks at hand and the phones will be manned five days a week.

Thank you, Lisa, for all the work that you continue to provide for us all.

*MA Steinke*

Marie Steinke



January 2024

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Front cover – Cover photo: *Walking the beach is nature's medicine for one's soul/soles*. Back Beach, Streaky Bay, SA, 700 km northwest of Adelaide. Photo courtesy of Susan Ramsey.

# Directors' reports

## Education

New directors for this area, Nonie and Keri are working on better tracking of students as they progress through their studies. A new form is already in action to assist with this process.

Trevor Steele Award was won by Irene Weger for 2023. We hope to see her at the 2024 conference.

*Keri Wood, Nonie Crozier  
Education Directors*

## CPT

Members of a task force set up to realign the CPT programme met for the first time at the beginning of December. The task force has been taken from invested members around the country. They have been collecting and collating thoughts and opinions within their areas of the country.

We are happy to take more members or suggestions should you so wish. Please send suggestions to [cpt@reflexology.org.au](mailto:cpt@reflexology.org.au).

The new programme will be ready for membership renewal time and will be, as requested, a simpler system.

Many members asked that we review the old programme but upgrade and update this and this suggestion has been at the forefront of what has been started.

The conference will remain at 20 points for 2024 and going forward.

Publication in a journal will still bring points. This being a low-cost option which is needed now.

We will keep members updated after our next meeting.

## Events and Conference 2024

The conference is on track, with accommodation information now available and tickets will be available soon. Final speakers are currently being confirmed.

*Keri Wood, National Events Administration Director*

## Admin

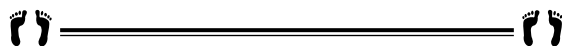
It has been my privilege and pleasure to have served as Administration Director (WA) in 2023.

As the year ends I would like to express my thanks to all members for continuing to support your Association.

The AGM was a great success and could not have been achieved without the efforts of everyone concerned. Thank you all for your support and attendance.

The new Board have worked hard to recruit a new staff member to assist Lisa in the office on Mondays. Lee Pachero will complete his induction and training in January 2024.

*Debbie Helm, Admin Director*



## Nonie Crozier, new Board Member, Director for Victoria

**M**y background over the past 45 years has been diverse with contrasting nursing roles. I did initial general nursing training at The Royal Melbourne Hospital followed by midwifery at the Royal Women's hospital.

I then travelled overseas where I worked in community which I really enjoyed.

My return to Australia saw me working in general/medical surgical nursing before taking up a community health position with school nursing and oncology and palliative visiting nursing.

I then decided to go back to study—a post graduate qualification in Advanced Nursing majoring in Community Health and Maternal and Child Health.

Following study, I worked as a community health nurse in disability and continence management, HIV and discharge planning.

I studied Reflexology at the Australian School of Reflexology and Relaxation 20 years ago and have been a professional member of the Reflexology Association of Australia ever since. I joined the RAOA Victorian Branch Committee in 2019 and am currently on the National Conference 2024 Committee.

I chose to apply for a Board position at the National Conference in Queensland 2022 but due to some personal issues at that time I withdrew my application.

Then in July/August 2023 I decided I would apply again as I felt it was time to have a Victorian Director after such a long vacancy.

My intention is to be a link between the Board and the Victorian members and vice versa.

I want to bring members together to share in their passion for reflexology and to help stimulate communication and the sharing of ideas to help become stronger and more supportive of each other; to discuss issues of what the members are thinking, regarding their on-going education, the mentoring of students and ideas they would like to be brought to the Board's attention.

I really think and feel that communication is the key to good practice.



# Thumbs up for reflexology

By Sue Ricks

**H**ave you ever found reflexology uncomfortable? Would you like to be able to offer even more?

Self-care combined with client care, when balanced, leads to a happy and rewarding life with reflexology. When we combine working gently and in a subtle way, we create greater potential for inner healing to happen.

As reflexologists we yearn to be able to offer more, and yet we also know that we must take great care of ourselves too. It is sadly a fact that far too many reflexologists from around the world find that they need to take a breather from offering sessions as something hurts or it's simply too much for a while.

So many reflexologists have an enlarged thumb joint or find it is too uncomfortable or even painful at times. I know some are put off from practising reflexology. What a shame, but the good news is that we can find other more effective ways.

A way forward can be a beautiful way of being able to work at a different level whilst honouring your own hands, fingers, and thumbs too.

Using a gentle way of using reflexology can have surprisingly impressive results. Our bodies are more than just physical muscles, bones, and blood vessels etc. We have an energy body too, that we all recognise because there are days when we have energy and days when we don't!

In Gentle Touch Reflexology (GTR) we find that clients can get the most incredible benefits. Additionally, it is the most gorgeous and pleasurable thing to do as well. There is no strain or pressure on a reflexologist's thumbs or fingers at all. There is a real ease and flow that is so soothing and calming to both the giver and receiver.

It makes no sense to me, to suggest that to help someone, we must compromise ourselves. During my travels around the world, I have met some incredibly gifted and passionate reflexologists, who sadly have had to take some time out of reflexology while they recover from some discomfort in their hands, thumbs or wrists. Luckily sharing some GTR tips and techniques has given them back a practical and sustaining way of doing what they do best ... helping others.



*Gentle use of fingers over pelvic area*

When we help ourselves, we can then help others.

If it's causing us pressure, then that isn't helpful to the client—if we can't work! So, let's connect with the simple and flowing ways of working gently and yet getting deeper results. It is a win win!

Here are some of my top tips in working gently.

1. Be kind to both your client and yourself by working more gently. Contrary to previous beliefs; you may get more profound results.
2. Use your hands in natural movements. Keep your hands, fingers and thumbs in normal positions and avoid tensing your shoulders or wrists.
3. Energy moves in swirls. It flows, so let a flow occur in your movements. Allow a natural and rhythmical movement. It feels amazing!
4. Keep yourself relaxed and grounded by going inside yourself and focusing on being "in and down". I use the phrase of "settle into the bowl of your pelvis".
5. Trust and follow your intuition. Give yourself permission to be guided in what might be the best way to work with a recipient of reflexology. If you get a sense that a super gentle, or the lightest of touch in a particular place is something that you are drawn to do, give it a go and see what happens.

In GTR it is so beautiful to work in a way that is supportive of your own health and wellbeing while helping your clients to access their own inner healing too.

This is why GTR is so effective with all ages and stages of life.

## Debbie X

Debbie X was a dedicated and hugely motivated reflexologist who I met at breakfast before one of my classes. She told me that she had signed up for the class as she wanted to be able to offer more for her clients who deserved the best. She was worried that she might not be



*Working energetically with GTR*

*Continued on page 4*



Gentle knee stretch technique

able to do all the practical work in class as she had pain in her hands, thumbs and back. She reported that doing reflexology hurt her and she wasn't sure how long she could carry on. Throughout the class I watched as the look of astonishment gradually crept over her face, while she experimented with working super gently. By the end of the class, she was laying in the chair and blissfully smiling a subtle smile that said it all. Her comment was that she couldn't believe that by touching so lightly she felt so much more.

This is common ... if in doubt, go more gently and see what happens!

We are so much more than just physical beings! Combining a gentle and energetic touch increases what can happen. We work at new levels of healing potential that is both for ourselves as reflexologists and on behalf of our clients. It is unbelievably rewarding to witness magic in action.



## Trevor Steele Award winner for 2023

Irene Weger—A graduate of the Australian School of Reflexology and Relaxation

By Susan Ramsey

Irene first studied at Health & Harmony Colleges via distance education, as the closest school was 1200 kms from her home, so it was not possible to travel this distance weekly to attend face to face training.

When Irene discovered the Reflexology Association of Australia, she was very keen to be a part of a professional body but as she lives remotely, she was initially only able to study online. ASRR Diploma course choices are in Perth, Western Australia or Melbourne, Victoria. Irene's sister lives in Perth, so a study plan was formulated. To gain full membership with the RAOA, Irene travelled to Perth from Barcaldine, Queensland to do the practical element of her course face to face at the Australian School of Reflexology and Relaxation and completed the theory via zoom during the six months lead up to her attending Perth in person.

Irene stayed in Perth whilst completing blocks of study to achieve her ITEC Diploma in Reflexology for the complementary therapist. She completed the theory first online and then the practical block. Her biggest challenge with the course was the "distance". But when Irene had to return a second time to complete her practical exam, ASRR actually paid for her travel. Her biggest thrill then was in "passing the practical".



Irene found that her nursing background made the practice of reflexology more holistic. Her anatomy and physiology training came back to her.

She received lots of support and encouragement from her tutors Keri Wood and Shontelle Ferguson. Whilst Irene was in Perth, she completed quite a few additional modalities. These included the Ear Candling ITEC award, Indian Head Massage ITEC diploma, Hot/Cold Stone Full Body Massage at Certificate levels and an ASRR college certificate in Facial Reflexology with Shontelle. Skills to take back to her community. There was no shortage of encouragement!

She has now purchased a railway carriage to be her Reflexology Clinic.

Irene works part time as a palliative care nurse in her surrounding communities and in her

spare time gives talks to local community groups about the benefits of reflexology.

In July 2022 Irene completed a Thai Reflexology Workshop with the Association.

She is keen to be an active member of the Association after becoming a member in July 2022.

**Congratulations Irene, from everyone at the Association.**



# Introducing the 2024 Conference logo



The use of a logo can be dated back to the ancient Egyptians, they used to brand and identify their possessions and in medieval times the coat of arms was created to show family lines and details about themselves—and even today, many of you may even have created your own.

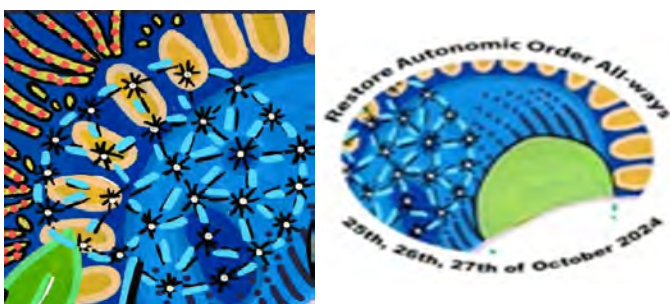
## The Journey to the 2024 Conference Logo

The journey started when Kath Jones, a reflexologist and art teacher, offered her services to the conference working party and she gave us two wonderful paintings to choose between which you would have seen in a previous edition of *FootPrints*.



Whilst the Working Party were very impressed with these initial designs, it was decided that the logo needed to be a little more compact.

So Jade Wilson, a local photographer, volunteered to assist and did some wonderful adaptations to the original design.



Following this, with a little further adaption to the design by Jade – the first appearance was seen in the announcement for the RAOA National Conference 2024:

**RAoA National Conference 2024**

'Empowerment through the magic of Reflexology'

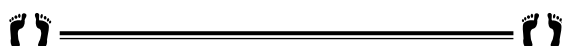
25-27 October 2024

**Rydges Hotel Geelong**

Speakers

- Sue Ricks - UK Magic moments of Reflexology
- Kevin Kunz - MRI scanning during Reflexology
- Michael Christian - Quantum healing
- Brenda Seville - "An integrated approach to improving fertility"
- Rachael Gibson - Reflexology and equine therapy
- Sarah Hoey - Reflexology and Allied Health.

The image has remained but the wording has changed a little for the Conference, thanks to Jade again with further help from Emi Ambrose, a reflexologist with a background in graphic art, and reflects the theme for what we want this next National Conference to be about—and hope you appreciate the work and thought that Kath, Jade, Emi and the Working Party have put in to bring you what we think is the perfect logo to represent the 2024 Conference as it reflects the vibrancy of a healthy nervous system.



# Vertical Reflexology Techniques (VRT) and aged care

By Lynne Booth

Vertical Reflex Therapy (VRT), for the hands and feet, was discovered and developed in the early 1990's at the St Monica Trust residential complex for older people in Bristol, UK. My development of this newer reflexology technique is a radical change from the traditional image of a reflexologist working on the plantar of the feet. The whole body is stimulated three-dimensionally through the dorsum reflexes that are stimulated systematically for only 2–5 minutes. VRT has now been taught to over 10,000 reflexologists worldwide on approved post-graduate one day CPD training courses. VRT is suitable for all ages and conditions and can be added to classical sessions with no increase in appointment time. The weight-bearing feet and hands may be worked briefly in the standing, or seated, position for the feet and on the weight-bearing hands.

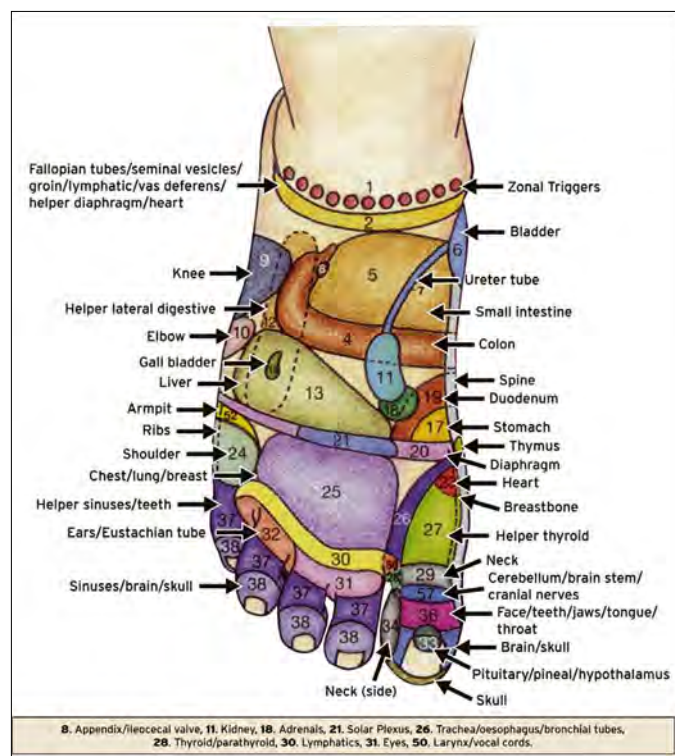


Figure 1: VRT Dorsal foot chart

Reflexology has a valuable role to play in supporting good health for an ageing population and there is no doubt that the reality of the *Silver Tsunami* of older people, i.e. *the baby boomers* following the Second World War, presents a considerable challenge that must be confronted not just by government, but by all of society.

It was at the Trust, nearly 30 years ago, that I had the support of medical doctors and nursing staff in the development of weight-bearing reflexology where my first research was conducted. Subsequent research was conducted with a 4<sup>th</sup> year medical student at St Mary's, London University in conjunction with Bristol City Football Club in 2015–16 where I worked alongside the football medical team as a reflexologist for 16 years.

The sobering fact for older people is that the tremendous advances in medical science, in many cases, lead to increased life expectancy but do not mean disability-free life expectancy, and a longer life span may include a decade or more of degenerative disease and chronic ill health.

Reflexology combined with VRT is a particularly suitable modality for the ageing population as it helps circulation, normalises bodily functions and may aid detoxification. I have also developed a VRT hand reflexology protocol for clients living with dementia.



Figure 2. Semi weight-bearing synergistic VRT



Figure 3. Self-help hand VRT

Continued on page 7

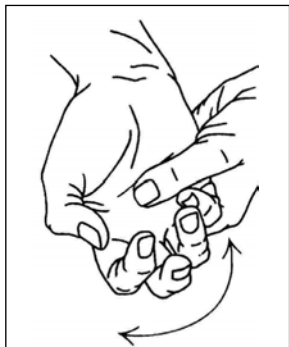


Figure 4. Diaphragm Rocking

Many older people sleep badly, consequently feeling tired and dozing in the day. This has a negative cyclical effect as, by the time they reach bedtime, they are not tired enough to sleep deeply and yet another restless night ensues. Hand reflexology self-help techniques to aid and improve sleep patterns such as VRT Diaphragm Rocking are also very useful, as a deep and

peaceful sleep each night is a great healer and allows the body to replenish. There is a free *Sleep Issues* video on the VRT website home page.

### Development of VRT Reflexology and Movement Techniques

The original discovery of the efficacy of these particular mobilisation techniques came through working on the dorsal semi-weight bearing feet of an 87 year old woman who had lost mobility in her fingers following a broken wrist. I used the reflexology referral area protocol to stimulate her toes and then asked her to try and move her fingers as I worked. Within five minutes she had freedom to stretch and splay her fingers for the first time in a year. This improvement was maintained until she died five years later. I then began to widen the scope of mobilisation in my reflexology work for all clients, especially to help slow symptoms connected with the ageing process.

In Figures 5 and 6 I demonstrate the VRT Reflexology and Movement Wrist Twist for a lower lumbar stretch. This technique is for all ages although it was originally developed for sportspersons. Non-weight bearing wrist reflexes (hip flexors and lumbar spine) are held while the client mobilises gently from left to right. These techniques can also be modified for chronically sick older people who remain seated.

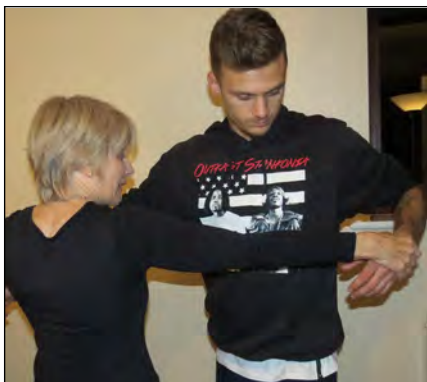


Figure 5. Athlete Wrist Twist



Figure 6. Seated Wrist Twist

### Conclusion

It is important to register that the process of ageing does not always have to be a negative decline and that the older body still has an immense capacity for regeneration and healing given the right impetus. The body still has many resources to implement some regeneration given a multi-faceted approach to holistic care, which includes VRT and reflexology. Many aged people can expect to live 30 years in retirement and Vertical Reflexology, including self-help techniques, can play a positive part in maintaining good health.

### VRT to ease a stiff neck

Many people of all ages suffer from stiff necks and this is often related to injuries or tensions in the shoulder. Shoulder pain can be a result of injury or disease of the shoulder joint. Injury can affect any of the ligaments, bursa, tendons surrounding the shoulder joint, cartilage, meniscus, and bones of the joint. The design of the shoulder joint is such that it sacrifices stability for mobility. As an extremely mobile joint that plays a central role in the action of a major extremity, the shoulder is at risk of injury.

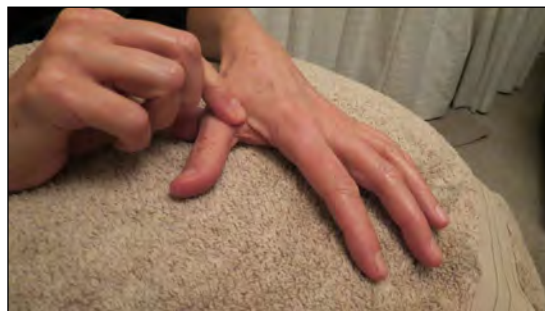


Figure 7. Self-help for the neck

**Method:** The weight-bearing thumb neck reflexes are stimulated for a maximum of 30 seconds each while the client gently moves their neck from side to side.



[www.boothvrt.com](http://www.boothvrt.com)

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Lynne Booth trained 30 years ago with the International Institute of Reflexology. She has a private reflexology practice in Bristol, UK and ran a reflexology clinic at a 400-resident care home, the St Monica Trust in Bristol, UK. For 16 years she has been part of the medical team at a professional Championship football club. In 2011 the Institute of Complementary and Natural Medicine gave Lynne an award for her Outstanding Contribution to Complementary Medicine. Lynne and VRT tutors have taught approximately 10,000 qualified reflexologists worldwide. VRT has received multiple awards. In 2011 the European Institute of Complementary and Natural Medicine (ICNM) awarded VRT with an "Outstanding Contribution to Complementary Medicine" Award. VRT was the 2018 AoR winner for Excellence in Reflexology Innovation Award. She has written a best-selling book *Vertical Reflexology* and also *Vertical Reflexology for Hands*. Her books are published in seven languages including Japanese where VRT is taught as a diploma course in Tokyo.

## Lynne Booth – Vertical Reflexology Techniques

### Older person resources and other VRT information



Greetings. I hope you find this VRT Resources Sheet useful. Warm wishes, Lynne

My website has many other pages of information: including over 20 years of articles by subject – in the Newsletter section at the top of my website Home page: [www.boothvrt.com](http://www.boothvrt.com).

Scroll down to the bottom of the Home page for **free videos on Sleep Issues, Stress & Tension and Small Babies** as well as the dementia video linked below.

**FHT article on the Reflexology and Movement techniques used, and researched, at the Bristol City football club:** <https://boothvrt.com/wp-content/uploads/2013/07/Lynne-Booth-The-Foot-Squad-FHT-International-Therapist-Jan-15scan.pdf>

**Cramp and restless legs article:** <http://www.positivehealth.com/article/reflexology/reflexology-working-corresponding-limbs-to-ease-cramp-restless-legs-and-painful-elbow> **Don't forget the Referral areas for wrists and cramp in calves!**

**Back issues:** <http://www.positivehealth.com/article/reflexology/back-issues-and-reflexology-support>

**Shoulder issues:** <http://www.positivehealth.com/article/reflexology/reflexology-and-shoulder-issues>

**Stress and anxiety – these techniques can also help fatigue:** <http://www.positivehealth.com/article/reflexology/reflexology-to-help-stress-and-anxiety>

**New Resources and Research website:** thousands of studies and links to various conditions by Mr Chris Shirley of Pacific Reflexology, Canada: [www.reflexologyresources.com](http://www.reflexologyresources.com). The amount of work and information put into this relatively new website is enormous and very useful! Chris was a VRT tutor for nearly 20 years as well as running his own successful reflexology school in Vancouver.

#### DEMENTIA RESOURCES

**This is a useful article with tips and techniques for working with those living with dementia** that I wrote for the AoR Reflexions Journal. There are two good references and comments regarding research and Dr Gemma Jones' expert advice. <https://boothvrt.com/wp-content/uploads/2013/11/Lynne-Booth-Reflexology-and-Dementia-December-2014-.pdf>

**This is an impromptu four minute video** I made with a colleague **using hand reflexology for someone living with dementia**. Feel free to share this link with clients, colleagues, carers, family and friends as the techniques can be viewed by reflexologists but it is geared to explain reflexology to carers and family as well: <https://youtu.be/tXrISpilpWw>

**Excellent Hand reflexology and more website information on living with dementia** <https://www.hands-ondementia.com/> with excellent reflexology Oran Aviv from Israel.

**For many years I was the “Expert Author” on reflexology for the Positive Health Journal.** Here are some useful relevant articles though there are many more on reflexology and VRT. Just search *Lynne Booth Positive Health Author*

<http://www.positivehealth.com/author/lynne-booth>

<http://www.positivehealth.com/article/reflexology/reflexology-caring-for-older-people>

<http://www.positivehealth.com/article/reflexology/reflexology-s-role-in-cancer-care-and-support>

#### Useful books on dementia

“Contented Dementia: A Revolutionary New Way of Treating Dementia: 24-hour Wraparound Care for Lifelong Well-being” by Oliver James

“Somebody I Used to Know” by Wendy Mitchell

“Cracking the Dementia Code: Creative Solutions to Cope with Changed Behaviours” by Karen A Tyrell (I have not read this book yet but it looks fascinating and recommended by a book club member I know)

“Coping with Alzheimer's: A Caregiver's Emotional Survival Guide” by Rose Oliver

“Care-Giving In Dementia” by Dr Gemma Jones (previous academic research book) but look out for her articles in a search.

#### Lynne's Blog

<https://boothvrt.com/a-literally-touching-moment-with-a-client/> One Christmas I had a wonderful “gift” from a client living with dementia.

**A few guidelines for approaching residential nursing homes to offer reflexology.** It is helpful when you make contact with an older person organisation to enclose articles about reflexology and residential care to endorse your application. <https://boothvrt.com/wp-content/uploads/2021/05/Hints-for-approaching-older-person-care-homes-May-2015.pdf>

**Unusual Tinnitus Point. It doesn't work for everyone, of course, but you may like to try it. See attached chart and video link** <https://youtu.be/3PH6CyrQeMI>

**Method:** During a full reflexology session gently stimulate the reflex on the reclining foot on the edge of the cuboid and 4th metatarsal for 30 seconds on the foot that relates to the ear in question. Tinnitus is often in both ears. Always work both feet to balance anyway. You can add power to this stimulation by holding the big toe nail gently for 30 seconds at the same time as you stimulate the reflex. Repeat on the other foot. You can also try this on the semi-weight-bearing foot when the client is seated.

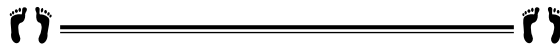
*No claims are made for this point and any experimentation is at the reflexologist's own risk. (It is necessary to attach this standard disclaimer.)*

*Continued on page 9*

There is a special offer, 60 minute, VRT DVD – which is a useful tool for revision. Please use this link for more information and to order it at the special 1/2 price.  
<https://boothvrt.com/special-DVD-offer/> £7.00 plus postage.  
For reviews and content see <https://boothvrt.com/vertical-reflex-therapy-dvd/>

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There is also information on the website regarding the VRT self-paced Online learning for Basic and Advanced techniques. RAOA CEU/CPD Approved.



## CPT Education—Calendar of Events

Inclusion in the CPT Calendar of Events is a further bonus for advertisers and includes one free listing for each advertisement placed.

Place your advertisement with the RAOA Marketing and Advertising Co-ordinator—  
[admin@reflexology.org.au](mailto:admin@reflexology.org.au)



2023	PRESENTER	TITLE	LOCATION/CONTACT
February		Branch Events/Meetings	All six Branches. Contact your Branch Chairperson
May 18		TAS ABM (Annual Branch Meeting)	Hobart. Contact your Branch Chairperson
May 19		WA ABM (Annual Branch Meeting)	TBA. Contact your Branch Chairperson
May 26		NSW ABM and Speaker Day (Annual Branch Meeting)	Crows Nest Community Centre. Contact your Branch Chairperson
June 02		QLD ABM (Annual Branch Meeting)	TBA. Contact your Branch Chairperson
June 09		VIC ABM (Annual Branch Meeting)	TBA. Contact your Branch Chairperson
June 16		SA ABM (Annual Branch Meeting)	TBA. Contact your Branch Chairperson
September 23–29	'Awareness of our wonderful therapy'	WRW (World Reflexology Week) Awareness Day	All six Branches. Contact your Branch Chairperson
October 26–27		RAoA National Conference 2024	Geelong Rydges Hotel VIC
October 26		AGM (Annual General Meeting)	Geelong Rydges Hotel VIC
Recorded Webinar	RAoA recorded webinar with David Wayte	"Hand Reflexology Masterclass"	Available via the RAOA website <a href="https://reflexology.org.au/hand-info">https://reflexology.org.au/hand-info</a>
Recorded Webinar	RAoA recorded webinar with David Wayte	"Palliative Reflexology"	Available via the RAOA website <a href="https://reflexology.org.au/palliative-info">https://reflexology.org.au/palliative-info</a>
Recorded Webinar	RAoA recorded webinar with Ian White	"Enhancing your practice and your patient's experience with the Australian Bush Flower Essences"	Available via the RAOA website. <a href="https://reflexology.org.au/abfe-info">https://reflexology.org.au/abfe-info</a>
Recorded Webinar	RAoA recorded webinar with Ruth Hull	"Understanding the role of blood sugar imbalances in health and disease"	Available via the RAOA website <a href="https://reflexology.org.au/bsi-info">https://reflexology.org.au/bsi-info</a>

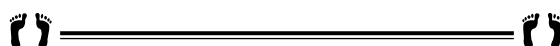


## Welcome new members

October 2023 – January 2024

First name	Surname	Suburb	State
Nicole	Geary-Gorton	Murwillumbah	NSW
Zinaida	Tranis	Bronte	NSW
Susanne	Melrose	Redcliffe	QLD
Emily	Johnson	Eudlo	QLD
Elizabeth	Lockwood-Saunders	Lara	VIC
Eileen	Burke	Dianella	WA
Sally	Langsford	North Beach	WA

First name	Surname	Suburb	State
Sharyn	Sinclair	New Norcia	WA
Catherine	Collins	Connolly	WA
Bernadette	Davsion	Ravenswood	WA
Kathryn	Gemmell	Clarkson	WA
Chloe	Kuser	Lathlain	WA
Felicity	Sewell	Dowerin	WA
Amy	Stainforth	Ellenbrook	WA



# Reflexology Lymph Drainage (RLD)

By Sally Kay



**R**LD is a multi-award-winning reflexology technique focusing on isolating and stimulating the lymphatic reflexes on the feet. This is to cause an effect on the drainage function of the lymphatic system in the body. It is a unique sequence that has been researched and developed from first principles by Sally Kay, whilst working in Cancer Care.

This innovation came from the desire to help relieve the physical and emotional symptoms of secondary lymphoedema after treatment for breast cancer. RLD stimulates the lymphatic reflexes in a specific order to cause an effect on the body and to reduce the swelling.

Lymphoedema swelling is a debilitating condition for which there is currently no cure, only limited management options. These include exercise, compression garments and Manual Lymph Drainage massage.

Manual Lymph Drainage (MLD) is a specialist type of gentle massage, a technique first developed by Dr Emil Vodder and his wife, Estrid Vodder. Further development of MLD by others, include Le Duc, Casley-Smith, and Foldi. Each method varies slightly, in terms of routine and hand movements, but they all adhere to the basic principles of a similar theme. The aim is to increase the function of the immune system and drainage of the lymphatic system.

When the Vodders first started to explore the possibilities of MLD, it was considered taboo to tamper with lymphatics, as little was known about the system. This didn't stop them, they believed that their techniques, using a very light touch, could help to purify the body.

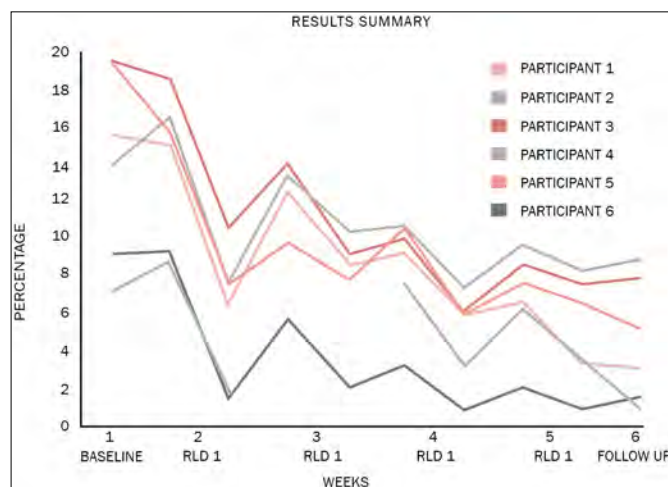
*"The more I work with RLD, and see the results from many RLD practitioners, the more I believe the Vodders had a point!"*

Simple Lymph Drainage (SLD) is a simplified form of MLD, a self-care exercise, done by the individual to help manage the lymphoedema swelling.

The first principles of RLD are based on an understanding of MLD and SLD, and knowledge of the lymphatic system. This is applied to the corresponding reflexes of the feet (and hands) using the anatomical reflection theory of reflexology.

The original RLD protocol was formalised for the UK National Health Service (NHS) ethics board at the time of the first research project. And this sequence has been followed in subsequent RLD research studies.

The remarkable results from the first study can be seen in the following graph. Six participants with secondary lymphoedema swelling in one arm took part in the project, conducted during a six-week period (2011). Week one, baseline and week six follow-up, were for data collection only. In weeks two, three, four and five, participants received RLD. Their arms were measured immediately before and after each treatment.



Data collection tools used were objective, Limb Volume Circumference Measurements (LVCM) and subjective, Measure Yourself Concerns and Wellbeing (MYCaW).

The results show that each participant experienced the greatest reduction in swelling during the first RLD treatment. Subsequent treatments appear to consolidate these results which made a significant difference to all the participants. In addition, as the swelling decreases, quality of life improves.

Consistent results like this have become a familiar pattern in all RLD, research, case studies and clinical experience, where lymphoedema swelling is a concern.

After RLD training, and on successful completion of a case study, reflexologists join the RLD practitioner register. Years of clinical experience, and thousands of these case studies, provide a growing body of anecdotal evidence that show the benefits of RLD for clients with non-cancer related auto-immune inflammatory disorders, not just lymphoedema swelling.

The RLD sequence can be used as a problem specific, stand-alone treatment. It can also be fully integrated into a general reflexology treatment as you work through the reflexes for each of the systems in the body.

A well-functioning lymphatic system is believed to help support a healthy immune system. And this makes perfect sense because if the drainage function of the lymphatic system is stimulated, and the RLD research demonstrated this, then surely this impacts the immune system. It would be hard to improve the function of one without the other! I believe this is the reason that RLD is so effective for many clients with non-cancer related, inflammatory, auto-immune conditions.

In the latest RLD research paper published in the British Journal of Community Nursing, the measured results show a significant reduction in swelling and the use of thermal imaging technology demonstrates visual changes in the body.

*Continued on page 11*

Using thermal imaging to measure changes in breast cancer-related lymphoedema during reflexology.

<https://www.magonlinelibrary.com/doi/abs/10.12968/bjcn.2020.25.Sup10.S6>

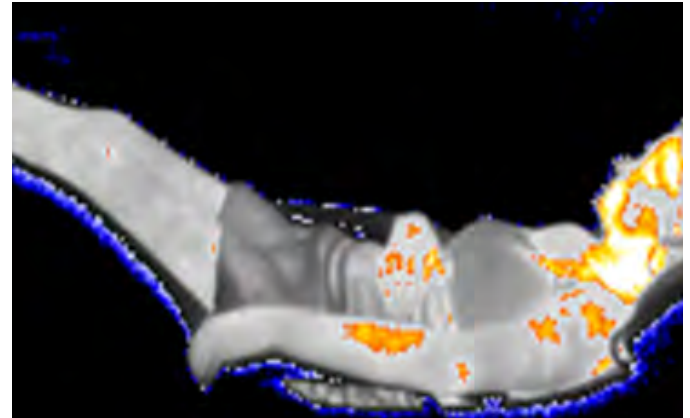
As well as improving quality of life for breast cancer survivors, RLD teaches us how a reflexology treatment enables tangible and intangible outcomes to be measured, and why data collection and analysis is beneficial to our profession. Consider the value in the eyes of other

healthcare providers, and importantly those who are responsible for the allocation of future healthcare funding and policy making decisions.

Early exploration of MLD was only 80 years ago and is now widely accepted in integrated health care. This is very encouraging for the future of RLD and evidence-based reflexology practice.

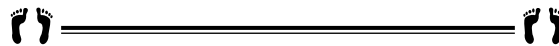
UK NICE Guidelines (National Institute for Health & Care Excellence) on reflexology are currently under review, and the RLD research is part of this.

The effects of which can indeed be quite dramatic!  
[www.reflexologylymphdrainage.co.uk](http://www.reflexologylymphdrainage.co.uk)



"Reflexology Lymph Drainage. Illustrated step by step guide to the Sally Kay method"

In October 2024, Sally will be presenting at the RAoA conference and teaching a two-day, pre-conference, RLD practitioner training course.



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## Association awards

	Life Membership	Outstanding Achievements	
<b>NSW</b>	Sue Ehinger	Ronda Mackay	Stephen O'Rourke 2017
	Graeme Murray <i>(deceased)</i>	Judee Hawkins 2009	Sarita Atkins 2017
	Cherel-Sue Waters	Ann Jooste Jacobs 2009	Karen Riley 2020
	Judee Hawkins	Misha Frankel 2010	
		Joan Harwood 2010	
		Jan Cullen 2014	
<b>QLD</b>	Heather Edwards	Don Stretton	Claire Siertsema 2009
	Sharon Stathis	Julie Bidwell	Jan Kiss 2009
	Tissa Hennig	Jan Williams 2006	John Zurlfluh 2010
	Dianne Yaxley	Glenda Hodge 2007	Sonia Bailey 2011
	Joan Boardman Smith <i>(deceased)</i>	Ian Gilbert	Kate McKnight 2011
	Vera Emmi	Miranda Mann 2007	Sue Brooking 2013
		Irene Bull	Catherine Lee 2014
		Patricia Maclean	Helen Adendorff 2015
		Margaret Coventy 2008	Kate McKnight 2015
		Catherine Lee 2008	Vera Emmi 2016
	David Wong 2008		
<b>SA</b>	Joyce Lockett	Suzanne Pfitzner	Pamela Nish 2020
	Rosemary Urban <i>(deceased)</i>	Susan-Jean Ramsey 2006	
	James Flaxman	James Flaxman 2008	
	Susan Ramsey	Marg Rowett 2011	
		Pauline Trent 2014	

	Life Membership	Outstanding Achievements	
<b>TAS</b>	Pamela Skeggs	Lorna Menzies 2010	
	Lynda Kidd	<i>(posthumously)</i> Gaylene Webb 2011	
		Vicki Delpero 2011	
		Shirley Lawson 2012	
		<i>(deceased)</i> Sarah Blain 2013	
		Lynda Kidd 2018	
<b>VIC</b>	Dee Leamon	Natalie Baker 2006	Lyn Fava 2013
	Carol McBain	Marion Bond 2008	Yve Frankcombe 2017
	Josie Magazzu <i>(deceased)</i>	Samantha Langridge 2010	Anne Hilarius-Ford 2017
	Marion Bond	Karen Fothergill 2010	
	Trevor Steele <i>(posthumously)</i>	Helen McCallum 2010	
	Emma Gierschick	Dani Singer 2010	
		Anne Cooper 2010	
		2013	
<b>WA</b>	Keith Solomon <i>(deceased)</i>	Patrica Bell 2006	Mairead Spooner 2008
	Brigitte Johnson	Flora Toft 2006	Catherine Chandler 2008
	Lynn Hatswell	Gladys Duncan 2006	Judy Moyes 2011
		Chris Aubrey 2007	Dot Neems 2017
		Des Bradley 2007	Carol Lee 2017
		Lis Anderson 2007	

## Past Presidents of the Reflexology Association of Australia



Name	From	To
Brigitte Johnson	2002	July 2003
James Flaxman (Acting)	July 2003	September 2003
Jan Williams	September 2003	September 2004
Emma Bettles (Gierschick)	September 2004	July 2007
Libby Stark	July 2007	July 2009
Anne Young	July 2009	March 2011

Name	From	To
Susan Ramsey (Acting)	March 2011	July 2011
Heather Edwards	July 2011	July 2014
Sonia Bailey	July 2014	October 2017
Susan Ramsey	October 2017	October 2023
Marie Steinke (Chair)	October 2023	Present



# Knowledge and attitudes towards medicinal cannabis and complementary and integrative medicine (CIM): a survey of healthcare professionals working in a cancer hospital in Australia

Suzanne J. Grant<sup>1,2</sup> · Maria Gonzalez<sup>1,2</sup> · Gillian Heller<sup>3</sup> · Sarah Soliman<sup>4</sup> · Gretel Spiegel<sup>1</sup> · Judith Lacey<sup>1,2,5</sup>

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## Abstract

**Purpose** We investigated attitudes and practices of healthcare professionals (HCPs) to medicinal cannabis (MC) and complementary and integrative medicine (CIM), including individual therapies, such as acupuncture, massage, herbs, dietary supplements, nutrition and exercise. We explored whether healthcare occupation influenced attitudes to CIM and MC; referral pathways for advice on CIM; and interest in a pharmacy service to evaluate herbs and supplements.

**Methods** Cross-sectional survey. All clinical staff at a comprehensive cancer hospital were invited to complete an anonymous questionnaire about CIM and MC. We used descriptive analysis to describe the respondent's knowledge and attitudes, and Fisher's exact test to test for differences by occupation, length of time at the hospital and age.

**Results** Most of the 116 HCPs respondents supported integrating CIM into cancer care (94.8%) and wanted to learn more (90%) and to understand benefits and contraindications. Most respondents believed that CIM (87.9%) could benefit patients with cancer, and MC could benefit those with advanced cancer (49–51%). Whilst just over half (52.6%) felt confident discussing CIM with patients, only 10% felt they had sufficient knowledge to discuss MC. Most felt they did not have sufficient knowledge to specifically discuss mind and body practices (63.8%) or herbs and supplements (79%). HCPs (63%) would be more inclined to allow use of herbs and supplements with cancer treatment if a pharmacy service was available to evaluate interactions. Occupation, length of time at hospital and age influenced confidence and knowledge about CIM.

**Conclusions** The integration of evidence-based CIM and MC into cancer care is hampered by a lack of knowledge of benefits and contraindications, and gaps in education. Effective and safe integration may require targeted development of services such as pharmacy to evaluate the safety of herbs and supplements, and inclusion of cancer specialists who have received training in individual CIM therapies and MC.

**Keywords** Cannabis · Integrative medicine · Complementary therapies · Cancer · Knowledge · Attitudes

## Introduction

Awareness of complementary and integrative medicine (CIM) and the prescription of medicinal cannabis (MC) amongst healthcare professionals (HCPs) is important for safe and effective clinical care of people affected by cancer. An average of 56% of Australians with cancer use CIM, including medicinal cannabis and traditional indigenous and complementary medicines [1, 2]. People with cancer want their cancer care team to be able to discuss CIM and MC; addressing these needs increases satisfaction, confidence and trust in treatment and engagement in their cancer treatment [3–6]. HCPs can be credible sources to provide accurate and trusted information, and their beliefs or biases play an important role in patients' decisions to share their

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<sup>4</sup> School of Science, Western Sydney University, Sydney, NSW, Australia

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CIM usage [7–9]. However, recent research reveals that most nurses and oncologists have insufficient knowledge about CIM, leading to variable responses such as discouraging use, or being supportive but without adequate knowledge to refer or prescribe [1, 10]. Little is known about the attitudes of cancer care professionals to different types of CIM therapies or MC.

Medicinal cannabis has been available by medical prescription through a special access or authorised prescriber program in Australia since 2016, with many people with cancer reporting improvement in a range of physical and psychological symptoms [11]. Prescription of MC in Australia is only through medical practitioners, although nurses, psychologists and other healthcare professionals may impact patient's access given their direct involvement in patient care. Whilst prescribing of MC is relatively new in Australia, traditionally consumers were accessing cannabis products without prescription. Reluctance to seek prescribed medicinal cannabis was due to cost, disinterest from the medical profession and stigma regarding cannabis use, with frustration around misinformation leading to non-disclosure [12, 13].

Knowledge and attitudes of health professionals working in cancer care in Australia towards CIM and MC have been examined in several discrete surveys to date. One survey included only pharmacists and their attitude to biologically based complementary therapies in people with cancer [14]. Another study included all healthcare professionals and their attitude only to MC use in cancer [15]. A more recent survey examined attitudes towards CIM as a single group of therapies amongst diverse healthcare professionals working in cancer care [16]. All surveys identified an interest in wanting to learn more about MC or CIM. However, none of these surveys included both CIM and MC, or investigated attitudes towards specific CIM therapies, such as acupuncture, massage, herbs and dietary supplements and exercise therapy. We hypothesised that attitudes and knowledge may differ across discrete CIM therapies.

Our study sought to investigate attitudes and practices of healthcare professionals to the use of different complementary therapies, exercise, nutrition and medicinal cannabis, to understand knowledge gaps, and identify which areas participants were interested in learning about further. We were also interested in whether healthcare occupation influenced attitudes to CIM and MC, referral pathways for advice on CIM and interest in a pharmacy service to evaluate potential interaction between herbs and supplements with cancer treatments. The study was conducted at a hospital that provides a range of CIM as part of a comprehensive integrative oncology service alongside conventional cancer care. To improve service delivery and integration within the hospital, we also investigated the awareness of HCPs of the CIM offerings within the hospital setting.

## Method

This cross-sectional survey investigated attitudes and practices of healthcare professionals, working at a large cancer hospital in Australia, towards complementary and integrative medicine (CIM), exercise and lifestyle medicine and medicinal cannabis (MC). The study received ethics approval from the Sydney Local Area Health District Ethics Committee in May 2019 (HREC/18/RPAH/519). Results are reported according to the STROBE guidelines [17].

## Participants

All eligible ( $n=488$ ) healthcare professional staff working in clinical roles at Chris O'Brien Lifehouse were invited to complete the survey. The total sample number included employees unlikely to respond who were on leave, and casual employees who were not active. The Chris O'Brien Lifehouse in Sydney, Australia is a non-for-profit cancer hospital and services over 15,000 patients per year, and has a dedicated integrative oncology service [18].

## Survey design

A questionnaire was developed by four of the authors (SG, SS, JL and MG) based on a literature review. The questionnaire comprised 26 questions with four sections: demographics (5 items), knowledge and attitudes to CIM (9 items) and medicinal cannabis (7 items), and knowledge of integrative oncology services within the hospital (6 items) (Online Resource 1). Questions were adapted from the validated Complementary and Integrative Health Assessment for Practitioners (CIHAP) which assesses HCPs current knowledge of CM and their interest in integrating CM into their practices [19]. Other questions were adapted from a survey used to understand oncologists' practices around CM [20]. Additional questions were included about medicinal cannabis; these questions were adapted from other surveys [21–23].

The survey was pre-tested with five healthcare professionals considered representative of the respondents, reviewed and tested again in a different group prior to distribution. These healthcare professionals did not complete the final survey.

Complementary therapies are defined as a group of diverse medical and healthcare interventions, practices, products or disciplines that are not generally part of conventional medicine. This includes natural products (such as herbs, vitamins and minerals) and mind and body practices (yoga, mindfulness, massage, acupuncture, reflexology qi gong, tai chi). Integrative oncology was defined as a patient-centred, evidence-informed field of comprehensive cancer

care that uses mind-body practices, natural products and lifestyle modifications from different traditions alongside conventional cancer treatments [24].

## Procedure

Participation was voluntary. HCPs were invited to complete the self-administered, anonymous survey via the sharing of a link and QR code through staff email circulars, distribution of flyers throughout staff areas of the hospital and verbal communications about the survey at staff meetings. The invitation link was available between 1 May and 30 August 2022. Respondents were asked to complete the survey only once, but multiple participation was not able to be prevented as to do so would have violated the anonymous condition of the survey. No cookies were collected, and no data was collected that would enable the identification of individuals. Qualtrics (Qualtrics, Provo, UT) was used to administer the survey. A consent button, included at the start of the survey, informed participants about the survey and requested their consent to continue. Estimated completion time for the survey was 8–10 min.

## Statistical analysis

Answers to questions were recorded in Qualtrics, exported as a .csv file and analysed using the statistical programming language R. Answers based on the modified Likert scales were collapsed into dichotomous categories of agree and disagree and percentages calculated for each. We tested whether agreement with statements was related to gender (male vs female), age (up to 50 years vs 51 years or more) or occupation using simple binomial regression for crude odds ratios (ORs) and multiple binomial regression for ORs adjusted for all other variables.

## Results

Of the 488 eligible healthcare professionals working within the hospital, 116 responded to the survey and provided demographic data (Table 1). The majority of participants were female (76%) and in the 31–50 year old age group (48%).

Healthcare professional participants included 53 nurses, 16 oncologists (including radiation and medical oncology), 11 pharmacists, 20 allied health professionals (including dietitians, exercise physiologists, physiotherapists and psychologists) and 16 other healthcare professionals (including surgeons, palliative and supportive care staff). Participants worked primarily in the hospital's inpatient wards (31%) and the day therapy (chemotherapy) suites (18%), radiation oncology and outpatient clinics.

**Table 1** Demographic characteristics of respondents

	<i>n</i> = 116
Age	
<31	29 (33%)
31–50	43 (48%)
>51	17 (19%)
Prefer not to say	27
Gender	
Female	68 (76%)
Male	22 (24%)
Prefer not to say	26
Occupation	
Nurse	53 (46%)
Allied health professional	20 (17%)
Oncologist	16 (14%)
Pharmacist	11 (9.5%)
Other	9 (7.8%)
Supportive care	4 (3.4%)
Surgeon	3 (2.6%)
Length of time at hospital	
More than 12 months	70 (75%)
Less than 12 months	23 (25%)
Unknown	23
Place of work	<i>n</i> = 149 <sup>1</sup>
Inpatient wards	40 (31%)
Day therapy	24 (18%)
Outpatient clinics	21 (16%)
Radiation oncology	18 (14%)
Pharmacy	11 (8.4%)
Clinical trials	5 (3.8%)
Surgical theatres	8 (6.1%)
Living Room	4 (3.1%)

<sup>1</sup>Participants could select more than one place of work

## Knowledge and attitudes to CIM and medicinal cannabis

Nearly all respondents were supportive of the integration of complementary therapies into cancer care (94.8%) and agreed that these therapies can be beneficial to patients with cancer (87.9%) (Table 2). Respondents perceived CIM therapies to have benefit for depression, anxiety and stress management (97.4%). Whilst just over half (52.6%) felt confident discussing complementary therapies with patients, the remainder (48%) were undecided or not confident. Most HCPs felt that they did not have sufficient knowledge to discuss mind and body practices (63.8%) or herbs and supplements (79%) but wanted to learn more about complementary therapies (89.7%).

**Table 2** Knowledge and attitudes to complementary therapies and MC in cancer care\*

	All respondents n=116 (%) Agree n(%)	Allied health n=20	Nurse n=53	Oncologist n=16	Pharmacist n=11
1. I am supportive of the integration of complementary therapies into a cancer setting	110 (94.8)	20 (100)	52 (98)	15 (94)	10 (91)
2. I am confident discussing complementary therapies with patients	61 (52.6)	12 (60)	31 (58)	5 (31)	5 (45)
3. Many complementary therapies (for example, massage, yoga, acupuncture and mindfulness) have beneficial effects on psychological symptoms such as depression and anxiety and stress management	113 (97.4)	20 (100)	52 (98)	16 (100)	11 (100)
4. I feel I have sufficient knowledge about mind and body practices such as yoga, mindfulness and therapies such as massage, reflexology and acupuncture to advise patients on benefits and contraindications	42 (36.2)	10 (50)	17 (32)	3 (19)	3 (27)
5. I feel I have sufficient knowledge about herbs and supplements to advise patients on benefits and contraindications	24 (20.7)	5 (25)	7 (13)	3 (19)	6 (55)
6. I believe complementary therapies can be beneficial to patients with cancer	102 (88)	20 (100)	48 (91)	14 (88)	8 (73)
7. I want to learn more about complementary therapies in cancer care	104 (90)	20 (100)	51 (96)	13 (81)	10 (91)
8. I have sufficient knowledge about medicinal use of cannabis to make recommendations to oncology patients	12 (10.3)	4 (24)	2 (5)	1 (8)	4 (40)
9. Healthcare professionals should receive continuing professional development about medicinal cannabis	88 (93)	17 (100)	42 (98)	9 (69)	10 (100)
10. There is sufficient scientific evidence supporting the efficacy of medicinal cannabis	45 (47)	7 (41)	26 (60)	8 (62)	5(50)
11. My attitude towards prescribing medical cannabis has changed	31 (33)	6 (35)	16 (37)	3 (23)	3 (30)
12. I am familiar with the endocannabinoid system	17 (18)	2 (12)	3 (7)	5 (38)	3 (30)
In your opinion or according to your experience, which of these cancer patient populations can benefit from medicinal cannabis:					
13. Patients with advanced disease receiving supportive care alone/end-of-life care	55 (50.9)	14 (70)	24 (45)	10 (62)	3 (27)
14. Patients receiving active disease-modifying treatment for advanced/metastatic cancer with refractory symptoms	57 (49.1)	12 (60)	23 (43)	11 (69)	4 (36)
15. Cancer survivors with persisting refractory (difficult to manage) symptoms	51 (43.9)	11 (55)	21 (40)	6 (38)	6 (55)
16. Early-stage patients with treatment-related refractory side effects or symptoms	45 (38.7)	9 (45)	22 (42)	7 (44)	3 (27)
17. Any patient with a cancer diagnosis (independent of symptom burden)	26 (22.4)	3 (15)	17 (32)	1 (6)	3 (27)
18. I do not know/cannot answer	15 (12.9)	3 (17)	9 (17)	1 (6)	1 (9)

\*Provides the numbers who 'Agreed' or 'Strongly Agreed' with the statements; total respondents n=116; occupation groups >10 respondents were included as distinct categories

More than half of the respondents agreed that there was benefit from the use of medicinal cannabis in those with advanced cancer (59/116), including those receiving active treatment (57/116) (Table 2). Slightly less than half of respondents thought cancer survivors with refractory symptoms could benefit (51/116).

For the statements with substantial percentage differences amongst professions (2, 4 and 5) Fisher's Exact test was carried out to test for differences by occupation, length of time at the hospital and age. For Statements 2 and 4 there was no significant difference amongst occupations. For Statement 5 (*I feel I have sufficient knowledge about herbs and supplements to advise patients on benefits and contraindications*) a larger percentage of pharmacists ( $p=0.008$ ) compared to the other professions felt

they had sufficient knowledge about herbs and supplements to advise patients on benefits and contraindications. Those working in the hospital for more than 12 months were more likely to agree with Statements 2 ( $p<0.001$ ), 4 ( $p=0.038$ ) and 5 ( $p=0.03$ ). Older participants were also more likely to agree with Statements 2 ( $p=0.005$ ), Statement 4 ( $p=0.006$ ) and Statement 5 ( $p=0.024$ ).

In the overall sample, the majority of participants wanted to learn more about each of the therapies included in the survey (Table 3). Whilst knowledge on all types of CIM therapies desired, herbs (94/116) and dietary supplements (94/116) had slightly higher interest than other therapies. Few participants indicated already had enough knowledge or were (6/113) not being interested (3/116) in learning any further about CIM and lifestyle interventions.

**Table 3** Desire to learn more about CIM amongst participants

I want to learn more about the benefits and contraindications for cancer patients of:	All respondents <i>n</i> = 116 (%)	Allied health <i>n</i> =20 (%)	Nurse <i>n</i> =53 (%)	Oncologist <i>n</i> =16 (%)	Pharmacist <i>n</i> =11 (%)
Dietary supplements	94 (81)	15 (75)	46 (87)	12 (75)	10 (91)
Herbs	94 (81)	16 (80)	47 (89)	10 (62)	9 (82)
Mind body therapies	89 (77)	16 (80)	47 (89)	10 (62)	8 (73)
Nutrition	87 (75)	14 (70)	44 (83)	10 (62)	8 (73)
Acupuncture	86 (74)	15 (75)	47 (89)	11 (69)	6 (55)
Exercise	80 (69)	13 (65)	43 (81)	8 (50)	7 (64)
Massage and reflexology	80 (69)	15 (75)	45 (85)	6 (38)	6 (55)
Have enough knowledge about complementary therapies and lifestyle interventions	6 (5)	0 (0)	1 (2)	1 (6)	0 (0)
Not interested in learning any further about complementary therapies and lifestyle interventions	3 (3)	1 (5%)	1 (2%)	2 (12%)	0 (0)
I have seen patients improve faster when they used a complementary therapy along with conventional health practices	39 (36)	8 (42)	22 (44)	2 (13)	3 (27)
I feel it is essential to network and build relationships with complementary therapies, exercise oncology and integrative oncology providers within the hospital	95 (89)	18 (95)	47 (94)	11 (73)	10 (91)
I feel my professional training has prepared me for integration of complementary therapies and lifestyle medicine	36 (34)	10 (53)	17 (34)	1 (6.7)	4 (36)

Table 3 reports attitudes towards CIM and lifestyle medicine amongst HCPs. The majority (60.7%) of participants were undecided about whether they had seen patients improve faster when using CIM along with conventional health practices. Nearly all (89%) participants felt it was essential to network and build relationships with providers within the hospital. A third (33.6%) of participants agreed with feeling that their professional training had prepared them for integration of CIM and lifestyle medicine into their practice.

We sought to determine whether any significant differences existed for each of these statements based on occupation, length of time working at the hospital and age. A minimal difference was found for occupation ( $p=0.045$ ), whilst no effect was found for length of time at the hospital or age.

### Practice—CIM and MC recommendations, prescribing and referrals

A total of 85 HCPs (75%) used CIM and lifestyle therapies to support their own health (Table 4), with 44% using massage/reflexology, nutrition (43%), exercise (64%) and dietary supplements (33%). CIM use was lowest amongst oncologists, although there was no statistical association between occupation and CIM use (Fisher's exact test  $p=0.196$ ). Few respondents reported using acupuncture (16%) or herbs (16%). Most HCPs (65%) would not advise against any of the individual CIM or against MC. Herbs (14%) and dietary supplements (7%) were the CIM therapies most likely to be advised against. Amongst the different occupations,

more oncologists compared to the other occupations recommended against herbs (40%) and dietary supplements (27%), though numbers are small overall. There was no association found between personal use of CIM and advice against CIM or MC use to cancer patients.

Participants were asked who they recommended their patients seek advice about CIM from (Table 5). The highest rated was an integrative and supportive care medical specialist (31%), followed by an oncologist (18%). The majority of participants (63% yes definitely, 23% yes slightly) indicated that they would be more inclined to recommend or allow the use of some CIM if a pharmacy service existed which evaluated the potential interaction between herbs and supplements with cancer treatments.

A large percentage of HCPs (71%) indicated knowledge of their patients being prescribed medicinal cannabis (Online Resource 2). When asked about knowledge regarding self-prescribing of medicinal cannabis, slightly less than half (41%) were aware that their patients had been self-prescribing cannabis and a similar percentage did not know (46%). A small percentage (6.3%) were not aware whether their patients were self-prescribing cannabis. Patient experiences and medical literature were most influential in changing attitudes towards medicinal cannabis (Online Resource 2).

Participants were asked whether they agreed that they had sufficient knowledge to refer patients to the Integrative Oncology and Supportive Care Department at Chris O'Brien Lifehouse (Online Resource 2). Between approximately a third and two-thirds of participants agreed that they had sufficient knowledge to refer patients to the

**Table 4** Use of CIM, lifestyle and diet amongst HCPs, recommendations for and against

	All respondents n=116 (%)	Nurses n=53 (%)	Allied health n=20 (%)	Oncologists n=16 (%)	Pharmacists n=11 (%)
Do you use complementary therapies, lifestyle and diet based therapies to support your own health?	85 (75)	40 (75)	18 (90)	9 (56)	7 (64)
Acupuncture	15 (13)	4 (8)	4 (20)	1 (6)	1 (9)
Dietary supplements	38 (33)	16 (30)	8 (40)	3 (19)	5 (45%)
Exercise	74 (64)	16 (80)	35 (66)	8 (50)	6 (55)
Herbs	19 (16)	8 (15)	3 (15)	1 (6)	4 (36)
Massage and reflexology	51 (44)	24 (45)	15 (75)	1 (6)	4 (36)
Mind body therapies	43 (37)	23 (43)	9 (45)	2 (12)	5 (45)
Nutrition	50 (43)	24 (45)	10 (50)	5 (31)	4 (36)
None of the above	29 (25)	13 (25)	2 (10)	7 (44)	4 (36)
Which, if any, complementary therapies or lifestyle changes would you strongly advise against patient use?					
Mind body therapies	2 (2)	0 (0)	(0)	1 (6)	0 (0)
Herbs	16 (14)	4 (8)	2 (10)	6 (38)	2 (18)
Dietary supplements	8 (7)	2 (4)	0 (0)	4 (25)	1 (9)
Massage and reflexology	1 (1)	0 (0)	0 (0)	1 (6)	0 (0)
Acupuncture	3 (3)	2 (4)	0 (0)	0 (0)	1 (9.1)
Exercise	1 (1)	0 (0)	0 (0)	1 (6)	0 (0)
Nutrition	2 (2)	0 (0)	0 (0)	2 (2)	0 (0)
Medicinal cannabis	3 (3)	0 (0)	0 (0)	2 (12)	0 (0)
None of the above	75 (65)	40 (75)	15 (75)	7 (44)	8 (73)

**Table 5** Seeking advice about CIM

Who do you recommend your patients seek advice about CIM from?	Yes n=294* (%)
Integrative and supportive care medical specialist	82 (31)
Oncologist	49 (18)
Dietitian	40 (15)
Pharmacist	29 (11)
GP	28 (11)
Clinical nurse consultant	27 (10)
No one. I discuss this with them	11 (4.1)
If there was a pharmacy service to evaluate the potential interaction between herbs and/or supplements with cancer treatments, would this make you more inclined to recommend or allow use of some of these therapies	n = 116
I do not know	6 (5.6)
Will not affect my decision	9 (8.4)
Yes definitely	67 (63)
Yes slightly	25 (23)
Unknown	9

\*More than one response permitted

service. Knowledge for referral was lowest for exercise physiology (34%) and survivorship program (38%). The level of agreement was similar between different occupations except for pharmacists, who tended to agree less than those in other occupations.

### Symptom management with medicinal cannabis

Over half of the participants felt that medicinal cannabis may be helpful for all the cancer-related symptoms included in the survey (Online Resource 2). Cancer and

treatment-related nausea and vomiting were the most common symptom; HCPs agreed MC may be beneficial, 84.2% selecting cancer-related nausea and 83.2% selecting chemo-related nausea/vomiting.

The majority of participants identified driving impairment (63.2%) and drowsiness (66.3%) as a major side effect of MC. For most side effects, healthcare professionals neither agreed nor disagreed (Fig. 1).

## Discussion

Our study found that nearly all 116 respondents supported the integration of complementary and integrative medicine (CIM) into cancer care, and believed these therapies can be beneficial to patients with cancer, but the majority of respondents did not feel they had adequate knowledge to advise patients on CIM. For medicinal cannabis (MC), attitudes were more ambiguous, with only half of respondents agreeing that there was adequate evidence for the efficacy of MC, or that MC was beneficial to people with cancer. Nearly all respondents wanted to learn more about complementary therapies; this is consistent with other studies [25]. Only 33% of healthcare professionals felt prepared to integrate CIM into their work. As hypothesised, HCPs knowledge of individual CIM therapies varied between mind-body, and herbs and supplements.

The majority of respondents agreed CIM has beneficial effects for people with cancer. Nearly all respondents believed CIM was beneficial to people with cancer, and mind-body therapies had beneficial effects on psychological symptoms such as depression and anxiety and stress management. MC may benefit cancer-related symptoms, and this was higher for symptoms such as managing cancer and treatment-related nausea and appetite. Side effects of MC were thought to be primarily driving impairment and drowsiness but there was uncertainty around other impacts.

With only a few exceptions, knowledge and attitudes to CIM and MC in our study were not influenced by age, gender, occupation or length of time at the hospital. Those respondents who had worked at the hospital longer and were older were more likely to report confidence in discussing CIM with patients and reported having sufficient knowledge about mind-body practices and herbs and supplements.

Knowledge gaps were highest for MC, with only 10% reporting they had adequate knowledge to recommend or 17% were familiar with the endocannabinoid system. Only 20% of HCPs were confident advising on the benefits and contraindications of herbs and supplements; confidence was slightly higher for mind-body practices (36%). All HCPs wanted to learn more about the benefits of CIM and MC. Interest was highest for dietary supplements (81%) and herbs (81%), with the majority of oncologists wanting to learn about the benefits and contraindications of dietary supplements and herbs.

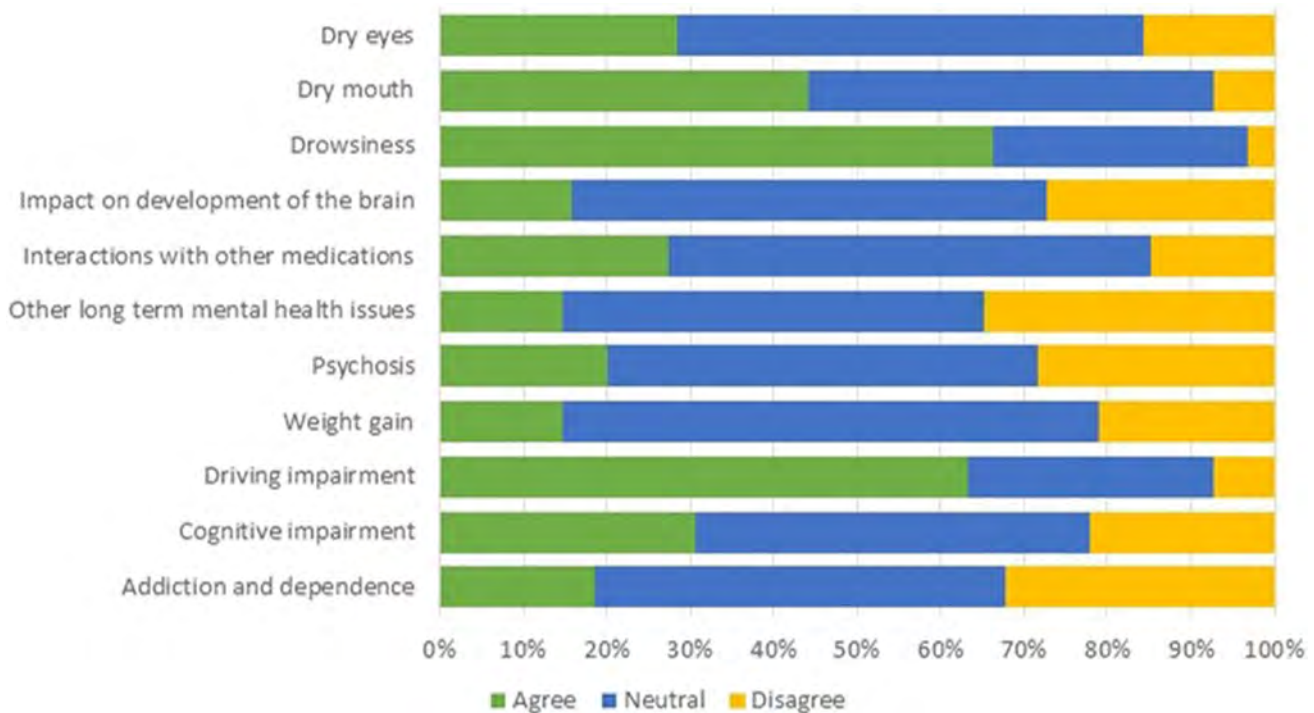


Fig. 1 Agreement of HCPs with the major side effects of medicinal cannabis

Despite limited confidence in benefits and contraindications of herbs and supplements, only 7–14% of the HCPs would advise against the use of herbs and dietary supplements. In a pooled prevalence of studies of people with cancer, 22% used herbal medicine, and this is higher in certain population groups such as women with breast cancer where 41% reported use of herbal medicine [26, 27]. Dietary supplement use is higher, with studies indicating use by almost one in two people with cancer (including those receiving cancer treatment), with a slightly lower but significant (36%) level of consumption in men [28–30]. Despite this prevalence of use in Australian cancer patients, respondents in our study did not feel they were equipped to advise on herbs and supplements, and this area received the highest interest by HCPs in learning more, compared to mind-body therapies.

Advice regarding the safe use of herbal medicine or dietary supplement use during cancer treatment is an important part of comprehensive cancer care. Yet only 16 cancer services in Australia have dedicated healthcare practitioners providing advice on the use of any CIM [31]. In our study, there was strong support for a pharmacy service to advise on the potential interaction and safety of herbs and/or supplements with cancer treatments. The majority of respondents stated this would make them more likely to recommend or allow use. More than half of the pharmacists in our survey reported that they were confident in advising on herbs and supplements. For CIM in general, respondents in our study were most likely to refer patients to the integrative and supportive care specialist within the hospital. Taken together, these findings indicate that the safety and choices of people with cancer and their supportive care can be greatly enhanced by providing a level of CIM and MC specialist knowledge within a comprehensive cancer setting.

Meeting cancer patient expectations, cultural preferences, beliefs and information needs improves patient outcomes [32]. One in two Australians with cancer uses CIM; it aligns with their personal values, beliefs and cultural identity [33]. People use CIM to help cope with the side effects of conventional cancer treatments, improve survival and long-term outcomes and support their mental health, wellbeing, weight management, self-efficacy and quality of life throughout the cancer continuum [7, 34–36]. Additionally, patients receiving treatment at an institution that supports an IO program may have improved survival [33, 36–38]. Our survey, in line with other studies, shows that the education, integration, pathways and translation of evidence into practice are major barriers to preferences being expressed by HCPs and people with cancer [16].

The establishment of designated cancer treatment centres in Australia with links to rural and remote centres may provide the basis for speciality advice on integrative oncology to patients and practitioners. Similar to the program of the

National Cancer Institute designated cancer centres in the US have developed or are developing integrative oncology programs to assist, along with guidelines to support providers who participate in these programs [39, 40]. This would require the training of healthcare professionals in integrative oncology; competencies and training options are emerging [41, 42].

Whilst knowledge and attitudes of general practitioners to MC have been assessed [43], no studies conducted in Australia have explored attitudes of oncology HCPs. The findings in our study were similar to other studies conducted in Europe, where oncology healthcare professionals increasingly agree that MC reduces patient suffering and has benefits, particularly in people with advanced cancer [23].

The study was conducted at a hospital that has provided a range of CIM alongside conventional cancer care since it opened in 2013 and more recently prescription of MC. Through this exposure, we anticipated that the HCPs surveyed may have different knowledge and attitudes towards CIM compared to participants in other surveys. In other surveys 58–90% of HCPs reported having inadequate knowledge to answer questions about CIM, compared to 51% of HCPs in our study reporting that they felt confident in discussing CIM with patients [16]. However, this knowledge did not extend to side effects of MC or the endocannabinoid system, and most respondents did not have sufficient knowledge to make recommendations about MC use to people with cancer.

## Limitations

Our study had several limitations. We used convenience sampling from a single institution, and this may impact external validity. Participation in the survey was voluntary. However, the sample may not have been representative of the hospital population resulting in selection bias. The survey was administered in an anonymous and confidential manner which may mitigate some bias. There are no validated tools for measuring attitudes and beliefs to the use of cannabis in cancer care which may have resulted in information bias.

## Conclusion

The uptake and integration of evidence-based and informed CIM and MC by oncologists and other HCPs in cancer care are hampered by a lack of knowledge of benefits and contraindications, gaps in education and training and the lack of adequate referral pathways [44]. The results of this survey will inform the development of ongoing education activities, knowledge sharing and research activities. Effective and safe integration of CIM and MC may require the targeted development of services such as pharmacy to evaluate the safety of herbs and supplements with a focus on drug-herb

interactions and inclusion of cancer specialists who have received specific training in CIM and MC [45]. The targeted development of pharmacy and training of dedicated HCPs to provide advice on CIM and MC would support informing the choice of 1 in 2 Australians with cancer who use CIM.

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**Author contributions** All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by SG and MG. The first draft of the manuscript was written by SG, and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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**Data Availability** Data is available on special request.

## Declarations

**Ethics approval** The study received ethics approval from the Sydney Local Area Health District Ethics Committee in May 2019 (HREC/18/RPAH/519). All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

**Consent to participate** Informed consent was obtained from all individual participants included in the study.

**Consent for publication** All authors confirm that human research participants provided informed consent for publications.

**Competing interests** The authors declare no competing interests.

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# Tui Foot Balm for Reflexology—altogether natural

By Inna Alex

**T**ui Balms has been creating natural skincare since 1984. Find them at the end of a long dirt road in the beautiful Wainui Bay at the top of the South Island, New Zealand.

Back in the 1980s, beekeeper Colin Isles used his kitchen for blending the original Tui Bee Balm, an all-round healing salve for dry or injured skin, rashes, and more. Almost 40 years later, Tui Balms has evolved into a workers' co-operative providing employment for 15 staff. With a product range of 30 different items, their product range covers balms for massage, reflexology and fascia work as well as balms for self-care, e.g. natural decongestant and insect repellents. Only high-quality natural ingredients are used. The base of all Tui Balms is olive oil, organic beeswax and Vitamin E from non-GMO soy beans. And of course, they are free from any synthetic or petrochemical additives, and not tested on animals.

Of special interest for our trade is the Tui Foot Balm: it provides an ideal medium for reflexology treatments. Tui's Foot Balm has a higher beeswax content than their general range of massage balms, providing the grip and precision we need for our treatments.

Additional ingredients used are therapeutic grade essential oils of peppermint, spearmint and tea tree: The peppermint, spearmint and tea tree essential oils cool and invigorate when massaged in. Tea tree has strong

anti-fungal and anti-microbial properties which help with any infections of the feet or nails.

You can expect Tui Foot Balm to go a long way. They support the flow of your treatments while soothing and softening the skin.

If you prefer working without any essential oils added, Tui Unscented Massage Balm may be your preference. This has added benefits of almond and arnica oils, but it is fragrance free.

Manufacturing their range in New Zealand, Tui Balms welcome Australian practitioners to open a trade account on their website. Perks include freight-free shipping for orders \$100 and up.

As a company, Tui Balms has a focus on social wellbeing and ecological awareness. The co-op promotes teamwork and sharing responsibility in the business, reflected by a flat wage structure and joint decision making amongst the team. Ideas for new recipes are always brewing. Currently they are transitioning their packaging toward more ecological options.

Benefitting many ... not only are Tui Balms delightful, they are also a not-for-profit that has donated over \$700K to charities over the past 20 years.

Check out their website for more info on products: [www.tuibalms.co.nz](http://www.tuibalms.co.nz)



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# BRANCH NEWS

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## TASMANIA



A delightful gathering was held at the Royal Tasmanian Botanic Gardens in Hobart in November, bringing together a small group of members and non-members to celebrate the start of the festive season.

After a delicious lunch—by popular vote, the picnic was replaced by lunch on the cafe balcony—a brainstorm session gathered a wide range of ideas for 2024 gatherings.

Committee members are now busily planning speakers and events for our 2024 dates: 17 February, 18 May (ABM), 17 August and 16 November. Keep the dates free so you can catch up with friends and colleagues and earn some CPT points. We'll be in touch as details are firmed up.

Please contact me by email at [tiziana@reflexionshobart.com.au](mailto:tiziana@reflexionshobart.com.au) if you are interested in helping out, suggesting venues or have ideas for speakers!

*Tiziana Hill*



## NEW SOUTH WALES/ACT



2023 has been a busy year for the NSW/ACT Branch! We can be very proud of our achievements this year and, in particular, of having remained an active and engaged branch despite the many challenges faced over the past 18 months by the Association.

The last quarter of this year saw us holding two well attended and supported member events. Our 'World Reflexology Week Open Day' offering a full day of hand, foot, and facial reflexology treatments to the public. Stats: 24 members of the public treated, 8 CPT points awarded to our volunteers, community engagement leading to collaborations. Excellent reviews. Profit: \$515.

We concluded our calendar of events with a much anticipated and enjoyable 'Reunion Lunch'. Objective: To thank and honour all those members who have come before us, as well as to inspire those who will continue to carry us forward. Stats: 175 past and present members

invited – 35 RSVPs (despite community outbreaks of Flu and Covid). Catering and general all-round good time vibes were provided by our incredible 'Special Events Committee' volunteers.

We will be starting the New Year running with a packed Calendar of Events for 2024. We have planned both Branch and General Meetings with speakers on subjects as diverse as 'The Pros and Cons of AI' and 'Updating our Clinic Admin Practices' as well as our amazing ABM Speakers. Additional NSW/ACT member CPT activities include Sue Ehinger's eagerly anticipated 'Auricular Reflexology Workshop' planned to be held over 2 days in May and June. Register of Interest is now open.

All that remains is to wish you all a relaxing break and to welcome you refreshed and reinvigorated in the New Year.

*Angela Clark*

## WESTERN AUSTRALIA



Thank you to all who attended branch events in 2023. We ended the year with a Christmas sound healing held in the informal setting of Applecross. Those attending received goody bags and lots of food. The library was expertly run by Lisa which we all appreciated.

With the beginning of 2024 we have a new northern suburbs coffee club starting in February 2024. Please speak to Deborah Beech if you would like to join. [deborahht@outlook.com.au](mailto:deborahht@outlook.com.au) or phone 0403 795 088.

In the central Perth region, we have a large promotional event to boost reflexology awareness on 17 February. We would love to see as many members as possible attending

even if just for a short time. Details to Keri 0411 857 058 or email [crystalblessings@hotmail.com](mailto:crystalblessings@hotmail.com).

May 19 is our ABM. Please let us know your preferences that we may incorporate these within the day we have together. Replies to [footprints.articles@reflexology.org.au](mailto:footprints.articles@reflexology.org.au).

Our Southwest Perth group have a very comprehensive list of events planned for the year. We will happily put you in touch with them or provide further details.

The AGM was a success with a good variety of speakers which were enjoyed by all. Trade tables proved popular, and a good atmosphere was experienced within the room.

*Keri Wood*

## QUEENSLAND/NORTHERN TERRITORY



Qld Branch had a lovely Christmas gathering of souls at Wynnum Manly Leagues Club at the end of November. It was decided at our ABM in June to have a gathering that was more social for the end of the year. It has been a challenge to get numbers to any of our general meetings. It was just such a delight to be able to sit and chat and enjoy a lovely meal together. Engaging Qld/NT members has been challenging to say the least. Member numbers are down, and enthusiasm is low. Here's hoping that with the addition of some newly elected directors on the Board, that this will bring some new energy and ideas, which can reinvigorate our members to be more connected. This should then allow for better communication with the committee and their Board, of what they need and want from the Association.

I have made the decision to stand down from my position as Qld/NT Branch Chair. I feel I have done my best to include and engage both local and regional members in CPT activities, general meetings, committee meetings and promotional activities. The highlights for me were a very successful Conference in 2022 and engaging with some wonderful speakers for our members, notably Angela Clark

on social media, Tanya McQueen on using our mobile phone to its best ability and David Wayte zooming in from the UK, as well as quite a few more.

Our membership has declined so much in the last few years, and it has become very difficult to engage with what membership we have left. I am hoping that with our newly elected Board that this can be adequately addressed, and my hope is that it can be turned around. I personally have done my best and have no more energy in my tank to continue.

It is time for a change of guard. We have been fortunate to have some graduating students join our Branch this membership year and perhaps one of them with their fresh learnings and passion for this wonderful modality may step forward to reinvigorate our Branch. I am glad that the website committee is able to address our membership database and I will look forward to working with the new website when it is finally up and running.

To all our members present and past, may 2024, year of the dragon, be the very best year and may our Association and its members, roar and rise to the occasion.

Blessings

*Claire Siertsema*

Greetings from South Australia.

We had a great catch-up and Branch meeting at Pamela's house in Gulf View Heights. We all brought along a shared lunch and planned our dates for the coming year 2024.

February 25—to be held at the Meridien Comfort Inn, in North Adelaide where we plan on watching David Waite's Finger Free Reflexology. Pamela Nish is also to talk about Aromatherapy and what oils help to relieve sinus pain.

June 16—our ABM is to be held at Amanda's business in Gawler. Amanda, who is a Lymphoedema Practitioner, will talk to us about how she works within her practice.



## SOUTH AUSTRALIA

September 21—World Reflexology Week is once again to be held at Whyalla Foreshore.

September 22—our Branch meeting is to be held at Better Health Therapies Whyalla. Wendy Pollard will be talking about the benefits of a Salt Tent and heated Jade Mat.

October 25–27—National Conference: Restore Autonomic Order All-ways.

November 17—our meeting is to be held at Pamela's. Pamela is going to talk about her health post stroke, and about the support group where she has been doing reflexology with some surprising results.

*Anita Smith*

The Victorian branch celebrated World Reflexology week last September at a beautiful park called The Nook. We had three tents up and six practitioners providing treatments. We had a small and steady trade during the afternoon. We learned that the day before there was a fun run held at the park. Next year we might expand and help with the fun run. Thank you to Maureen and Nonie for organizing this and all the practitioners who offered their time.

The Victorian branch has just had our December meeting. We had three members presenting interesting reflexology experiences: Ruairi O'Duil shared a client presentation with GORD and the incredible complexities underlying this client presentation; Kate Maddigan



## VICTORIA

enlightened us on the issue of estrogen and lipedema and lymphedema; and Carol McBain shared some of her early experiences as a reflexology practitioner and her use of guided visualisation to encourage healing. Leesa Holt gave two demonstrations of "Forensic Healing" which is a kinesiology and intuitive style of structured natural therapy. This was very interesting—check it out.

The 2024 Conference planning is well under way with international speakers Sue Ricks and Kevin Kunz and possibly Sally Kay on Reflex lymph drainage. Just finalising our presenter list, and registrations will be out soon. It will be amazing, so be sure to put it into your diary: 25–27 October 2024.

*Cate Brown*

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## Attention contributors to FootPrints

The Guide to Authors of articles for FootPrints has been removed from the quarterly magazine and relocated onto the website [www.reflexology.org.au/fp-contributors](http://www.reflexology.org.au/fp-contributors). If you would like to contribute an article or advertisement to appear in a future issue of the Australian quarterly magazine ‘FootPrints’, please take time to read the ‘Guide to Authors’ and ‘Advertising Policy’.

If you need more information on contributing to FootPrints, please don’t hesitate to email the current Editor of Footprints: [footprints.articles@reflexology.org.au](mailto:footprints.articles@reflexology.org.au)

The Reflexology Association of Australia is committed to the belief that reflexology can be of great benefit to the health of all Australians. It publishes a referral register on its website ([www.reflexology.org.au](http://www.reflexology.org.au)) and has a referral phone service for members of the public who wish to consult a qualified practitioner.

## Board of Directors 2023–2024

Please know that Directors can be contacted to clarify concerns

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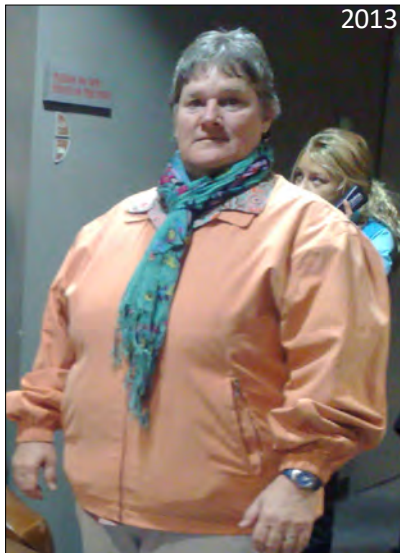
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# Thank you to our President 2017–2023



Volunteers who are willing to give so much of their time and can bring about the required outcomes, have proven to be difficult to find. The Association has been blessed for six years with a President with these qualities. As in any new management position, complex decisions do not please everyone, however, we must thank Susan Ramsey for her dedication and ability to make the sacrifices necessary to be President for the last six years.



*(Years on photos are approximate.)*

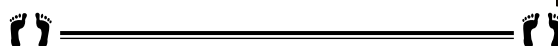


## AGM Perth

An exciting part of the AGM was a presentation by Gretel Spiegel. We are pleased to announce that this presentation from the AGM event, will shortly be available to all PM's of the Association.

The Association's merchandise table was very popular at the AGM event in Perth.

Aromatherapy oils were offered at very good rates by ASRR on their trade table. Sarah Hoey and Kristie Frean showcased their new product ranges, giving the trade table room a nice friendly buzz. We look forward to seeing next year's trade tables in Geelong. Just a few trade tables are now available for the Conference in 2024. They are selling fast so get in quick if you would like one, please contact the Conference team using the CPT or Education email addresses.



# Reflexology Association of Australia

**VISION for Reflexology:** Reflexology is to be recognised as a major component of an integrated health care system.

**VISION for the Association:** The Reflexology Association of Australia is a leader in integrated health care systems.

**MISSION:** Develop and promote the quality of our practitioners and advance the safe and beneficial contribution of Reflexology to the health of the community.

**We will achieve our mission by:**

- Maintaining a viable and sustainable association.
- Maintaining high levels of training and qualifications.
- Promoting awareness, understanding and usage of reflexology in the general community and the health sector.
- Providing a professional support structure for members.
- Representing and advocating for members in the public, government and health arenas.
- Facilitating, supporting and engaging in research.
- Increasing membership and retaining existing members.

## REFLEXOLOGY ASSOCIATION NEWS UPDATES - EVENTS - NEWS

*As we wrap up 2023 the RAOA would like to express our heartfelt thanks to all our Members. Whether you are completing your first year with us or adding another year to a series of many, we are pleased to have supported you in your journey and to have had your ongoing support.*



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*From all of us  
at the RAOA*

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