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## From the President's desk...



Hello Everyone,

In October the new board had its first face to face board meeting and I am thrilled to tell you that you have a very capable group of people working on your behalf. The calibre of the people you have nominated to represent you is extremely high and I appreciate their willingness to devote a lot of their personal time to running the company. We started this new term of the board with only six board members. I am pleased to say that now we have a full complement. The new directors are Janice Dance from Tasmania, Marg Watson from Victoria and Jenny Arnott from NSW.

I ask that you remember that the board members are entirely voluntary. They have families to look after and income to generate. They are professional reflexologists, not professional board members and have private lives with the ups and downs this involves. The board members are accountable to ASIC as well as their fellow members and take great care in the decisions they make.

The AGM was held on October 17 in Melbourne and it was fabulous to meet so many members. A question arose during the meeting of how much profit a not for profit organization can make before it is a not for profit organization. The short answer is that we actually make a surplus or a shortfall, not a profit or loss. They are accounting terms. There is no limit to the amount of surplus we can make.

The Queensland Conference Committee sent an extremely comprehensive report on the upcoming RAOA National Conference in Brisbane next year. It sounds fabulous and I encourage you all to make a note in your diaries now to be there, and start to save your pennies to make it a reality. The conference committee are working hard to present this conference for you and are doing some outstanding work. The dates are October 15, 16 and 17, 2010 at The Holiday Inn—Brisbane. The theme for the 2010 conference is 'Celebrating Research'.

The RAOA Qld branch has brokered a fabulous deal with the health fund MBF for members of the association. MBF and RAOA have joined forces to offer you, as a Reflexology member, an exclusive Health Plan offer. The plan in full can be found on the members web page under the News section. Some of the benefits are: Save an average of 11% on your private health insurance with MBF HealthLink corporate products, and receive at least 90% of the charge back for selected services.

For those members who have clients in health funds not covering reflexology, there is a letter on the web page under the topic Health Funds. You can download this or copy it for your clients to send to their own fund.

For those of you who would wish to travel to South Africa next year the South African Reflexology Association is celebrating 25 years in May 2010. Keep an eye open on the web for information.

Finally, wishing you all a very happy Christmas. Remember to pass on your joy to others.

Anne Young



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#### December 2009

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**This issue:** Front cover courtesy of Jan Cullen; Christmas feet courtesy of Callan Lane.



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The Reflexology Association of Australia Limited was incorporated in 2002 as a company limited by guarantee (ACN: 101 412 319)

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### State matters

Please contact Jan Cullen to advise the contact for your State. Jan's email is jan.cullen@virginbroadband.com.au



Hello everyone. My attempt to pass on the role of Editor of this journal has proved unsuccessful. I could not be happier! I really enjoy working on FootPrints—the people I meet, the articles, the wonderful FootPrints team. So I have decided not to tempt fate again and remain in the role.

It has been a hard and difficult year for me—in fact I can't remember another year that stands out as much as this one. So many challenging and confronting things have happened and sometimes I wonder what keeps me going. But there is something in all of us that helps us to survive these times. It helps us to not only keep going, but to retain our sense of humour—whether it is our 'inner voice', God, or whatever you believe in, it is there to help and protect you. I have been astounded to see how many people have offered to help me along the way this year. It has taught me that how you see yourself is not as others see you and I feel blessed to have so many wonderful people watching out for me.

I look back on this tragic year where, amongst other things, I have lost my sister and, more recently, my mother and I know how important it is to live every day as it comes. I have also learned not to 'sweat the small stuff'.

In closing I would like to thank the FootPrints team, those of you who contributed articles, the advertisers, the proofreaders and our members. I sincerely wish each and every one of you and your families a very Merry Christmas and a prosperous New Year.

Jan Cullen

### Erratum:

In the September 2008 edition of FootPrints, the Cathie Bromwich article 'Hormones of fertility and pregnancy' on page 15 should have acknowledged Susanne Enzer's contribution.

The National Board has discussed various submissions and decided on the following description for 'Defining Reflexology'.

*'Reflexology is defined as an application of a stimulus or stimuli to a reflex point anywhere on the body. For list of variables refer to the Diploma of Reflexology Health Training Package in National Training Information Services.'*

# Balancing through the toes

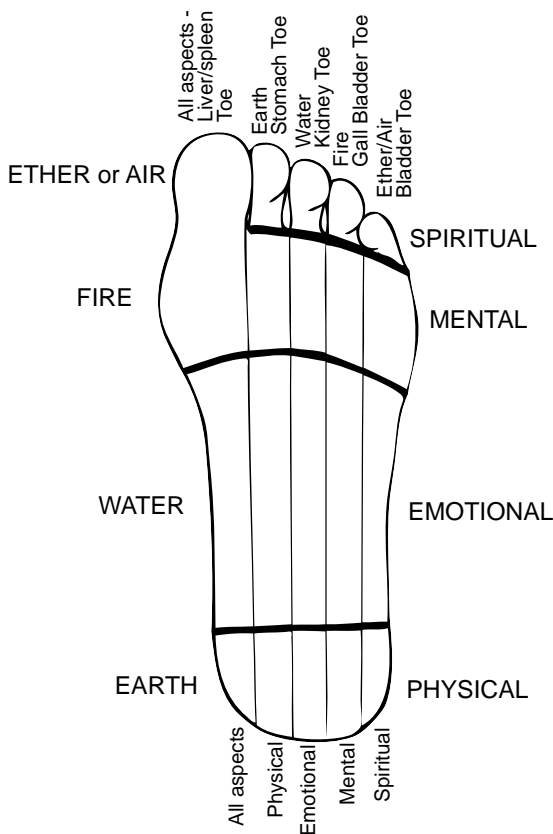
by Moss Arnold

The discovery and development of this Balancing technique began with the meridians that run through the feet and the discovery of the third digit as the Kidney meridian toe.

There are two facts that need considering:

1. Every digit (fingers and toes) has at least one meridian assigned to it, except the third toe.
2. Every meridian either begins or ends at a digit except for one—the Kidney meridian.

Therefore, it is presumed the third toe (longitudinal zone 3—which is the center of the foot and has two zones either side) is the Kidney toe. The Kidney is the Root of Life and the center of our being—the most important chi of the body.



Foot Interpretation

This division of the foot is not only consistent with the meridian flow through the feet, but also with the elements of life and levels of existence: *Physical*—Earth; *Emotional*—Water; *Mental*—Fire; and *Spiritual*—Ether or Air. Again the four aspects of all life, reflected in the feet.

A word here about these connections. The first two—*Physical* relating to the Earth element and *Emotional* relating to the Water element—are quite clear. However, the other two are less obvious, and some people would disagree. Let us look at these two: *Mental* relating to Fire and *Spiritual* relating to Ether or Air. In the Chinese system, the mind (and its mechanical device, the brain) is not a separate energy or organ of the body and therefore there is no meridian pathway for it. This is because, to the Chinese, the mind is 'Housed in the Heart' and the mind/brain has no energy of its own, but is 'fuelled' by Heart chi, which is located in the chest area and is the Fire Phase and Fire element.

The *Spiritual* relating to Air or Ether is usually assigned to the lungs and therefore the chest area, but in this interpretation it is 'raised' to the head and reflected in the toes. In the Chinese energy flow system, yang or heaven's energy flows downward from the heavens and enters the head first. In the Indian Chakra system, heaven's energy also enters the human being via the top of the head—through the Crown Chakra—so both systems assign the head to yang or heaven's energy.

Note that the Big toe has the Liver and Spleen meridians both starting there; the second toe has the Stomach meridian; the third toe has the Kidney meridian; the fourth toe has the Gall Bladder meridian, and finally the fifth toe has the Bladder meridian.

When you link this information with the aspect or Phase of each, the result is shown in Table 1.

For a more detailed analysis see my book '*Chi-Reflexology : Guidelines for the Middle Way*' Chapter 20 'Reading the Chi of the Feet' pp186–196.

How can Reflexologists use this information? Using this cross-referencing grid we can begin to see and understand the interplay or inter-relationships of the energies, elements and aspects of life as reflected in the feet. More precisely, we begin to see the inherent combinations.

This knowledge can be applied to the meridian flow through the body from head to toe and toe to head. With the Liver, Spleen, Stomach, Kidney, Gall Bladder and Bladder meridians either ending or beginning in the toes,

Table 1: Toe, Meridian, Phase and Element Correlations

Digit	Meridian	Yin/Yang	Phase	Element
Big Toe	Liver & Spleen	Yin	Wood & Earth	All elements
Second Toe	Stomach	Yang	Earth	Physical
Third Toe	Kidney	Yin	Water	Emotional
Fourth Toe	Gall Bladder	Yang	Wood	Mental
Fifth Toe	Bladder	Yang in Yin	Water	Spiritual

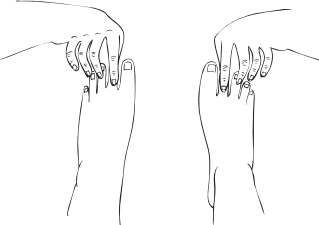
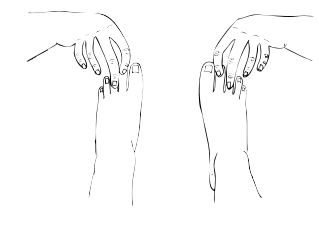
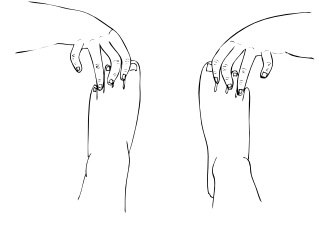
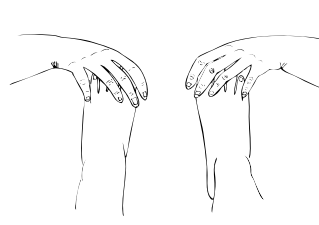
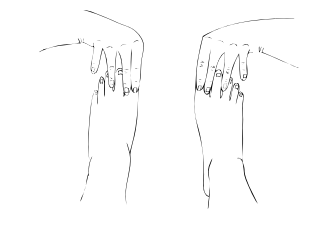
Continued on page 4

the toes can be used to connect and clear blockages in the flow of chi through these meridians. They can be used to balance all the aspects of life, the Physical, Emotional, Mental and Spiritual. They can also be used to ground a person and/or their meridians.

Finally, the technique developed can be used to integrate the human being on an energy and element level. The

technique can be used to balance and integrate, not only the two hemispheres of the brain, but also the two sides of the body (left and right) and/or to balance the body above and below the navel. This technique is used when any or all of these imbalances arise, that is: meridian flow, elements of life, the Four Levels of Existence and/or integration.

**PRACTICAL TECHNIQUE**—Balancing Chi, Meridian flow, Elements/Four Levels of Existence and Integrating Technique

Description	Illustration
<p>1. Begin by holding the two <b>SECOND TOES</b> with both thumbs gently held flat on the base of the plantar (sole) of the second toe and both index fingers gently held flat on the top of the 2nd toe. Do not hold anywhere else. Hold for 12 out-breaths of the receiver, concentrating on balance of meridian flow (here Stomach), or Earth element (Physical), and/or Integration.</p>	
<p>2. After 12 breaths, move to both <b>THIRD TOES</b> and holding with flat thumbs on the plantar (sole) and middle fingers held flat on the top of the toe, repeat for 12 out-breaths of the receiver, concentrating on balance of meridian flow (Kidney), Water element (Emotional), and/or integration.</p>	
<p>3. Move to the <b>FOURTH TOES</b>, holding with the flat of both thumbs and ring fingers, and repeat for 12 out-breaths of the receiver, concentrating on balance of Gall Bladder meridian, Fire element (Mental), and/or integration.</p>	
<p>4. Then move to the <b>FIFTH TOES</b>, holding with flat of both thumbs and little fingers and repeat for 12 out-breaths of the receiver, concentrating on balance of Bladder meridian, Ether/Air (Spiritual) and/or integration; and finally,</p>	
<p>5. Move to the two <b>BIG TOES</b>, holding with flat of both thumbs and index and middle fingers on top, for 12 out-breaths of the receiver, concentrating on Liver and Spleen meridians, all aspects of the human being, and/or integration.</p>	

NOTE: When moving from one pair of toes to the next pair, except at the very end when you release both Big toes, first walk your right hand to the next toe BEFORE moving your left hand. This way you do not disconnect!

Why 12 out-breaths? This is simple, twelve is the number of spiritual and wholistic balance and the out-breath of the receiver is their natural rhythm of life.

This technique is applied very gently to the full length of both toes, which are supported between the thumbs and fingers. Make sure that only the toe intended is

touched. Keep all other fingers out of the way. Intent, and a respectful, conscious approach, is important here. Once this has been completed, the toes and feet should not be touched again during this session, so it should be the last thing the reflexologist does to conclude the treatment.

Continued on page 5

Balancing through the toes  
Continued from page 4

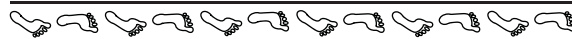
Another aspect that came to light after developing and writing about this balancing sequence is that it also reflects the 'process of birth and life' as well as the 'process of death'. The Process of Life is that we come from the source—spirit (God) and as we are born we develop the mental, emotional and physical aspects of life in this order. The reverse is the Process of Death, which is physical, emotional and mental leading back to the source, spirit (God). You will notice that the balance is actually done via the Process of Death (physical toe, then emotional toe, then mental toe and then the spiritual toe) followed by the Big toe which is all aspects of life and therefore bringing it all back to life! This initially concerned me and later amazed me when I realized this relationship.

This is the technique I use for specific purposes and/or when I am drawn to do so. In the latter case I simply

concentrate on my own breathing, linked to the receiver's breath. There are many reactions that occur during and after this technique. One common response during the treatment is a sudden involuntary movement which is the energy moving through a blockage and/or the connection being made and integration occurring.

Realize this technique is like slowly and gently playing a piano, from one key (note or aspect/element) to the next. One of the reasons for this is that you are using the reflected fingers to the appropriately reflected toes and the thumbs (All aspects) underneath! Intent is paramount. Do not think of anything other than your purpose. Especially do not think about any imbalances, dis-eases, etc. The purpose is to balance and integrate, nothing else.

**Remember strength is weakness as weakness is strength.**



# Australian College of Chi-Reflexology

[www.chi-reflexology.com.au](http://www.chi-reflexology.com.au)

## Advanced Clinical Chi-Reflexology Training

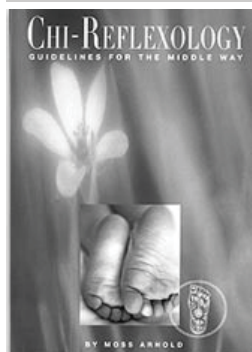
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Chi-Reflexology is a unique and original approach developed by Moss Arnold, which combines a re-examination of the theoretical and practical fundamentals of Reflexology with the Chinese philosophy, including TCM (Traditional Chinese Medicine)



## Chi-Reflexology book, chart and DVD also available

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### Research assistance request

I am planning to run a research trial next year with my students to monitor the effects of reflexology on High Blood Pressure. Part of the planning process involves doing a literature search and gathering as much evidence or information about similar trials that have taken place or case studies that are in existence. If you have been part of a similar trial or have done personal research/case studies on this, please could you contact me on 03 9655 9535 or [emma.gierschick@endeavour.edu.au](mailto:emma.gierschick@endeavour.edu.au)

# Reflexology in Australia—Part 2

Excerpts taken from Heather Edward's talk at the International Council of Reflexologists Conference, Cairns—September 2007

In September 1991 two milestones for the development and credibility of Reflexology were achieved with firstly a phone call by Sue Ehinger to Lynn Hatswell and the hosting of the first Australian Reflexology Conference by the Victorian School of Reflexology and Herbal Studies. It produced, in Lynn's words, initial contact by 'the sand groppers' with the other states. This conference was the brainchild of Sandi Rogers and had as its theme 'Aiming for a Professional Standard'.

This wonderful conference was opened by Trevor Steele as the President of RAA Victoria and boasted an exciting array of local and international speakers including; Christine Issel, Avi Grinberg, Lynn Hatswell, Bruce Bentley, Trevor Steele, Ron Guba, Danny Spijer (who incidentally was the legal eagle who helped with the Victorian Constitution), Dr Vagif Sultanov, Dr Richard Kobylarz, Sandi Rogers and Suzanne Fitzmaurice.

The Essendon Motor Inn in suburban Melbourne became the forum for the Inaugural Meeting towards the formation of a National Reflexology Organisation. This was held on 16 November 1991 at 8:00am. New South Wales, Queensland, South Australia, Tasmania, Western Australia and Victoria were all represented. A motion was submitted and passed that a National Committee be formed with two delegates from each state and that the venue for meetings be rotated around the states.

There was to be no official office bearers and the host state would provide secretarial support for the meeting. The cost of transporting the delegates to meetings was to be born by the states themselves. The next meeting was to be held in Victoria.

On 16/17 May 1992 the first Reflexology Association of Australia National Delegates Meeting took place at Trevor Steele's 'Bed and Breakfast' on the lake at Daylesford, Victoria, with two representatives from each of New South Wales, Victoria, Western Australia and Queensland. Those representatives being; Sue Ehinger, Graeme Murray, Sandi Rogers, Trevor Steele, Bert Davis, Lynn Hatswell, Sally McCrae and myself. While the first Australian Conference in Victoria was a milestone in the development and credibility of reflexology, this meeting was also a milestone in training standards. From this meeting came national training standards and the official registration of the first Reflexology Association of Australia recognized training course, that being from the Victoria School of Reflexology and Herbal Studies. Initially RAA assessment for practitioner membership was an informal perusal of theory and practical results and a practical session on the assessor/s. By 1996 we had two Reflexology Association of Australia recognized courses in Victoria, one in New South Wales, three in Queensland and two in Western Australia. At this time there were no National Government Standards for Reflexology.

The first Reflexology Association of Australia National Delegates Meeting has been followed by similar meetings in May of each successive year. Education issues were, and still are, an important part of the National Delegates Meetings which are now organized to coincide with the

initial yearly conferences. As the national conferences became biennial, in part to accommodate the ICR conferences, teachers organized extra meetings to continue the establishment of Reflexology standards across Australia. Sue Ehinger led the focus here.

The Report of the First National Committee Meeting shows that the agenda included 'areas of common interest to all states' and it was agreed under this item that the following should be common to all state associations: name (we would adopt the Reflexology Association of Australia, (state) inc.); Logo (the Western Australian logo being adopted); Constitution; Statement of Objectives; Categories of Membership; Criteria for Membership; Code of Ethics, Criteria for Approval of Schools/Teaching Institutions and ways in which to educate the public about Reflexology. It is very obvious that 15 years ago these delegates laid down some very firm foundations for our national body.

At this time, alternative lifestyle festivals, markets and small committee meetings provided a springboard for the early development of natural and wholistic therapies in all states.

Sandi ran another National Conference in Victoria in 1992 and the 4th ICR Conference in 1993 before handing the reins over to the RAA. Sandi Rogers was instrumental in gaining Melbourne as the venue for the ICR Conference and in organizing its success with international participants including Christine Issel, USA; Mo Usser, UK; Bill Flocco, USA; and Harvey Lampel, USA. Thanks again must go to Sandi Rogers for really putting Australian Reflexologists right up there in the development and enthusiasm of Reflexology around the world. It was at this conference that Trevor Steele received the Eunice Ingham Award for his services to reflexology in Australia.

Further conferences have been held bi-annually starting in 1994 in Western Australia, 1996 in Sydney, 1998 in Brisbane, 2000 in Hobart, 2002 in Victoria, 2004 in Perth and 2006 in Adelaide. Each of these conferences have been an exhilarating, re-energizing experience for the attendees and the organizers alike.

Another very positive move took place on 13/14 November 1993. This was a Reflexology Teacher's Summit held in Sydney at Su Enzers. It was attended by Sue Ehinger, Su Enzer, Sue Graney, Carol Morphett, Graeme Murray, Rebecca Ridge and Penelope Spong from New South Wales, Dee Leamon, Josie Magazzu and Trevor Steele from Victoria, Lyn Hatswell from Western Australia and myself from Queensland. Apologies came from Pam Kelly, Tasmania and Ian Wall, New South Wales. As you can see there were Australia-wide representatives. The focus was on the content and hours of training with the aim to produce professional practitioners worthy of recognition within the health industry.

For three weeks in October 1994 Sue Ehinger and Trevor Steele along with five others ventured to China where they learnt the Rwo Shur method, attended a three day

*Continued on page 7*

National Conference and five days of advanced classes. Sue went on to present workshops and continues to do so in Chinese Reflexology for our benefit. It was in 1994 that Sue organized Chris Stormer's first Australian seminar in 'The Language of the Feet' in Sydney. Over the years most Australian reflexologists have now become quite familiar with Chris's wonderful work. The principals of the pioneering schools connected well with each other, as we all had a similar vision for the development of reflexology in Australia.

During the mid 90's there was wide publicity that natural therapists (including reflexologists) would soon be required to obtain government accredited qualifications in order to practice. Consequently students became more and more aware of studying with government accredited training institutions. Unfortunately many Registered Training Organisations were employing under-qualified reflexologists and non-members of RAA to present their reflexology training.

By 1996 RAA had standards of acceptable training in place that required reflexology trainers to be Professional Members of the Association as well as a Certificate IV trainer and assessor, as opposed to the requirement by RTO's which was that trainers had Certificate IV trainer and assessor but were not necessarily registered professional practitioners with RAA.

RAB became a Registered Training Organisation in 1995 enabling Sharon Stathis to offer the first Certificate IV in Nationally Recognised Reflexology qualification by an Australian college specializing in Reflexology.

In April of 1996 Australian Reflexologists were shocked and saddened by the sudden untimely death of Trevor Steele, Principal of Australian School of Reflexology and Relaxation. Fortunately Dee Leamon and Carol McBain were already working closely with Trevor and were able to continue delivering quality training in Victoria.

By 1998 three Western Australia courses had also been government accredited to Certificate IV level. Through this period RAA's minimum recommended hours were extended to 200, then 250 attended hours. Today the hours exceed 300. Courses now include electives delivered by international presenters such as Lyn Booth—Vertical Reflexology; Martine Faure-Alderson—Cranio Sacral Reflexology; Chris Stormer—Language of the Feet and The Universal Method.

As part of the Association's attempts to keep abreast of Government regulations for Professional Organisations, CPT was first discussed at the state delegates meeting in May 1998 and introduced to most states in July 1999. The move to accumulate ongoing points firmly established RAA as a self-regulating body with Professional Level Practitioners.

Although the program was not uniform initially, by July 2001 a nationally agreed on program was implemented. It required members to gain 25 CPT units in one year (one unit = one hour) to maintain professional status. The points could be gained from two categories. Category One: A minimum of 10 points needed to be obtained from study specific to Reflexology practice and Category Two: A maximum of 15 points from attendance at RAA meetings,

practicum exchange, public speaking, business study, a position on the committee or relevant subscriptions and articles.

By July 2002 Tasmania (who joined in 1995) and South Australia were now well and truly an active part of the Association and the national Reflexology Association of Australia (RAA Limited) was officially formed. In 2003 the CPT program became more streamline and by July 2004 Professional Members were required to accumulate 20 CPT points per annum to validate their ongoing update of professional skills.

In May 2000, despite misgivings from Victoria, NSW and WA, the National Delegates Meeting, after much discussion, was persuaded to drop the RAA assessment and recognition of courses in favor of acceptance of Certificate IV graduates of government accreditation courses, on the grounds that it would be easier to administer. This meant that graduates of training courses, which were not to RAA standards but government accredited to Certificate IV level, would now be accepted as practitioner members. This again highlighted the issue of trainers who were non recognised RAA members and the possibility and, more likely, probability of graduating students with inferior Reflexology qualifications which would mean a lowering of the standards of Reflexology practitioners. A very disturbing thought for those who had worked so hard to gain Reflexology the good standing it was establishing in the Australian Health Field. As a result of this push toward Government accreditation I went ahead and registered the first nationally recognised Diploma of Reflexology course in May 2002 and Reflexology Centre Australia became a Recognised Training Organisation in December 2002.

As an RAA initiative, work began on the initial drafts of a Reflexology Training Package in 2001 with state sub-committees, specifically in Western Australia and Victoria headed up by Lynn Hatswell, Brigitte Johnson, Gladys Duncan, Dee Leamon and Carol McBain but was put on hold when the government shifted its focus away from the inclusion of reflexology in the current Health Package submission. Australia was seeing more and more emphasis being directed to public awareness for Accredited Training and pressure being applied toward Associations to accept only applicants who met qualification standards delivered by Registered Training Organisations.

The RAA as a self governing body is able to maintain its own standards. In 2004 Western Australia chaired a national education subcommittee of teachers, from all participating states, formed to look at various aspects including:

- ◆ Modification of the RPL document
- ◆ Re-evaluation and upgrading of training standards, where necessary, leading to
- ◆ The proposed re-introduction and refining of the RAA schools' accreditation process

The members of the National Education Committee headed up by Lynn Hatswell and James Flaxman produced new guidelines for theory and practical

assessment to accommodate all avenues of Reflexology training and ensure the quality of RAA Professional Practitioners. This work was halted in April 2006 by the National Board not long before RAA's re-involvement with the Government Reflexology Training Package in August 2006.

The inclusion of Reflexology in the National Training Package has created a degree of angst amongst Reflexology trainers across Australia. Previously individual organizations could submit and obtain a nationally recognised training certificate course in Reflexology, based on the standards of those making the submission and any other submissions already in place. This course would then need to be delivered by an RTO for a Nationally Recognised Certificate IV or Diploma to be issued. Non RTO's could deliver the course but it may not be recognised nationally.

As Government requirements for Registered Training Providers are rigorous with ongoing administration tasks, where the goal posts are constantly changing, many private trainers found this path just too difficult. Some moved into training for big Natural Therapy RTO's and a few struggled on only to find that Government Recognition wasn't the be all and end all until 2006 when the Government Health Package draft was announced to be released in late 2006. It now looks like April 2007. This was the final straw for schools run by long term trainers such as Lynn Hatswell in Western Australia, Dee Leamon and Carol McBain in Victoria, Sue Ehinger in New South Wales and now myself in Queensland. It seems that the best option for these experienced people is to look at producing quality training materials to fit the proposed package.

If and when the National Training Package including Reflexology is implemented, previously recognised courses will be superseded by the National Package. It was important for the RAA to have input into the content of this submission in order to maintain the already high and specific standard of training generally available. Fortunately the Association already had documentation in an adequate form to have quality input into the submission. This was necessary in order to reflect the true aims, philosophies and techniques inherent in our modality and avoid it merging into nothing more than a foot massage. In saying that it is important for RAA to have input I am also of the opinion that RAA should not be involved in educating reflexologists but may provide and encourage workshops of value to reflexologists. Educating reflexologists becomes a conflict of interests. The RAA is there to serve its members and promote reflexology in the public field. Educating the medical profession, health funds, Nursing Homes, careers and providing ongoing training opportunities is the RAA's role while being the 'Industry Watch Dog'. The unfortunate part about National Packages is that they involve compulsory modules which do not specifically relate to Reflexology but are part of professional practice and required by all health care practitioners. I do believe that the inclusion of Business training for a Reflexologist is essential if you wish to

develop a viable thriving practice and Business training to this point is probably the biggest single area in our training requiring more emphasis.

It seems that one of the negative aspects of gaining and maintaining professionalism is the need for more and more training in what used to be commonsense. Albert Einstein once said that commonsense is the accumulation of knowledge and experience by the time you reach eighteen.

Since Reflexology was first formally introduced to Australians back in 1984 we have seen a growing and increasing acceptance particularly by nurses and more recently by nursing homes, hospitals (albeit a few) and the medical profession generally. Jan Williams, our second National President of RAA, has been instrumental in gaining ongoing interest by the Australian Medical Association over the last three years. We are now actually seeing incorporation of reflexology training into nursing and podiatry courses even if only at an introductory and/or elective level. Congratulations fellow members and reflexologists!

Over the last fifteen years a wonderful range of quality hands-on reflexology training has become available due to the hard work of a few dedicated hard-core reflexologists. It is up to us all to nurture and encourage ongoing developments within our industry always remembering the grass roots. First and foremost you have to be able to perform a quality hands-on reflexology session and only dedicated and experienced trainers can truly assist in fostering the best in each and every potential reflexologist. In 1938 Eunice Ingham wrote '*Study for a moment the life of a sturdy oak, which from a tiny acorn grows. Stop and observe how it lifts its leafy arms toward Heaven to receive from the passing breezes the exercise necessary to strengthen its root supply, increasing the capacity to gather moisture and nourishment necessary to furnish and keep the sap flowing freely through every part. If we cut off the roots sufficiently to rob it of its life-giving sap, how long will the tree be green and full of life? In the face of this shall we forget the necessity of keeping our whole body in motion; every part in perfect rhythm.*'

I would particularly like to thank Carol, Dee, Lynn and Sharon for their input. As a trainer, it gives me great joy to have been an integral part of the developing trends in Australian Reflexology. I would like to praise our own Sue Ehinger, Lynn Hatswell, Dee Leamon, Joyce Lockett, Carol McBain, Graeme Murray, Sharon Stathis and Trevor Steele (in his absence) for their ongoing dedication to the RAA and education of reflexologists in Australia. To those I have neglected to include in this presentation I apologize.

I would just like to leave you with one of Chris Stormer's gems:

#### **Our Dreams are within our reach**

*Within our reach lies every path we ever dream of taking  
Within our power lies every step we ever dream of making  
Within our range lies every joy we ever dream of seeing  
Within ourselves lies everything we ever dream of being*



# National primary health care reforms

Sonia Bailey, Qld Chairperson

In Mid-October I was at the NORPHCAM (Network of Researchers in the Public Health of Complementary & Alternative Medicine) Research Conference where I heard the Parliamentary Secretary for Health, The Hon. Mark Butler, talk about the Government's determination to create a National Health Reform; the importance of the results from the 'Bennett Report' (by Dr Christine Bennett); and the 'Primary Health Care Draft': <http://yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draft-report-toc>

The Hon. Mr Butler mentioned that about 9% of the National Economy (\$100 B) is spent in the Health (illness) sector, with less than 2% spent on prevention—and the need to increase the focus on prevention (including battling alcohol and obesity), in order to reduce the amount spent on illness. The Bennett report concluded that we have an excellent health care system in Australia in treating the sick and very sick, but it's cracking under the strain of an aging population and chronic diseases. The Government is looking at significant approaches to Prevention.

The decisions (General Health Reforms) are taking place now and by March 2010, the State Health Representatives will be getting together to decide on a National Reform package. The Hon. Mr Butler mentioned that if the States don't come to an agreement, a referendum will be called and the next election will essentially be a 'Health Election'.

The Hon. Mr Butler mentioned that the Government is aware of the growing importance of CAM's (\$2 B spent or 2/3rd of Australian adults use CAM's) and that CAM's still do polarize opinion in the community—'pushing the envelope' and 'ongoing controversy' were the words he used.

At the NORPHCAM Research Conference, we also heard about the implementation of CAM into the National Health Care system in Malaysia and how this came about: 1996—formulation of a standing committee for CAM; 1999—recognition of umbrella bodies; 2001—National policy of T&CM (CAM); and, since 2001—integration of T&CM into their hospitals (National Health Care System). Dr Ramli Ghani mentioned the need for: regulations/accreditation, education and training, research, networking, products and international collaboration.

There were some very important points Dr Ghani also mentioned that I would like you to consider: you have to get political to get things moving; why must we change?; ... the side effects of drugs (the combination of drugs and CAM reduces drug side-effects); the development of the World Health Organisation Traditional Medicine strategy 2002–2005 promoting safety, efficacy and quality of CAM; when the focus is on health and well being (not illness) the Government will see CAM as important and funding for integration will not be a problem.

**If you would like to have your say regarding the National Primary Health Care System, including the Draft report, please go to [www.yourhealth.gov.au](http://www.yourhealth.gov.au). Now's the time for us to get representation at the political health forums that are taking place nationally, between now and March. Keep an eye out for talks in your area and share the locations with other RAoA Members near you. Sharing your views and ideas—one of the topic headings is preventative health and it's true that complementary and integrative health rarely gets a mention.**

## GP SUPER CLINICS:

Implementation of the GP Super Clinics Program is currently underway: **nine in Qld, eight in NSW, five in Vic, four in Tas, three in SA, two in WA and one in NT.** The Australian Government wants to ensure that all Australians have access to affordable, high quality, comprehensive and integrated primary health care services, which are convenient and accessible.

The Government sees the GP Super Clinics as a key element in building a stronger primary health care system. The aim of the GP Super Clinics will be to provide a **greater focus on health promotion and illness prevention** and better coordination between privately provided GP and allied health services, community health and other State and Territory Government funded services.

GP Super Clinics will support primary health care providers to adopt models of care focused on best practice **integrated multidisciplinary team based approaches** and efficient and effective use of technology.

There may be a range of contributors to the services provided through the GP Super Clinic including: Commonwealth, State, Territory, or local government, private practitioners (**including through non government not-for-profit organisations**), or private health insurance arrangements. It is intended that each GP Super Clinic will bring together general practitioners, nurses, visiting medical specialists, allied health professionals and **other health care providers** to deliver better health care, tailored to the needs and priorities of the local community.

The Australian Government will not own or operate GP Super Clinics. Therefore, all operational matters including the range of health care services to be provided are the responsibility of the clinic operator.

Importantly the services provided through the GP Super Clinics are expected to meet the needs and priorities of each local community (please refer to the consultation processes on the website below for information regarding each clinic, i.e. local health needs and priorities raised during the meeting for Redcliffe, Qld, included: access to GP services; midwifery services; access to after hours

Continued on page 10

services; Aboriginal and Torres Strait Islander healthcare services; and in-home healthcare services. Brisbane Southside local health needs discussed at the meeting included: preventative services including programs on smoking cessation and programs addressing obesity, diabetes and drug and alcohol abuse; physiotherapy services; mental health services; and services for refugees.)

(The Department of Health and Ageing received a number of applications and many of these expressed a commitment to develop alternative and innovative models of care.)

**This information regarding GP Super Clinics has been taken from the government website. For more comprehensive information, visit:**

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics>

*On this site you will find a wide range of up-to-date information about the Australian Government's GP Super Clinics Program, including information specific to each of the GP Super Clinic localities. Content on this website will be reviewed and progressively updated. Please check this website regularly for the updates.*

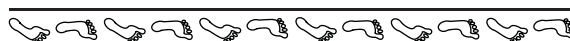
#### **GP Super Clinic program objectives**

While there is not a prescriptive model for GP Super Clinics, there are a number of core characteristics, which the Commonwealth expects each funded clinic to demonstrate:

- ◆ GP Super Clinics will provide their patients with *well integrated multidisciplinary patient centered care*. GP Super Clinics will support their patients, particularly those with, or at risk of, chronic disease(s), with the option of receiving the full range of health services they need in a coordinated manner, where possible and appropriate, in a single convenient location.
- ◆ GP Super Clinics will be *responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islander people*.
- ◆ GP Super Clinics will provide *accessible, culturally appropriate and affordable care* to their patients.
- ◆ GP Super Clinics will provide *support for preventive care*, including promotion of healthy lifestyles, addressing risk factor and lifestyle modification to prevent chronic disease and improving early detection and management of chronic disease.
- ◆ GP Super Clinics will demonstrate *efficient and effective use of Information Technology*.
- ◆ GP Super Clinics will provide a *working environment and conditions which attract and retain their workforce*.
- ◆ GP Super Clinics will be centers of *high quality best practice care* and will be expected to meet industry accreditation standards, including accreditation against the Royal Australian College of General Practitioners' Standards for General Practice (3rd edition), and accreditation for training, where this is applicable. Where appropriate, GP Super Clinics would also be encouraged to participate in the Australian Primary Care Collaboratives Program: <http://www.apcc.org.au/>
- ◆ Post establishment, GP Super Clinics will *operate with viable, sustainable and efficient business models*, drawing revenue from existing programs and initiatives (including provision of health services under usual fee for service arrangements), and potentially other sources such as community partners.
- ◆ The GP Super Clinics program will *support the future primary care workforce* by providing high quality education and training opportunities supported by infrastructure for trainee consulting rooms, teaching rooms and training facilities to make general practice attractive to students, new graduates, GP trainees and registrars and other health professionals.
- ◆ GP Super Clinics will *integrate with local programs and initiatives*, demonstrating enhanced co-ordination with other health services and a partnership approach to local health service planning and coordination. ☞

### **Reflexologists have an opportunity to work alongside the medical profession in the Government's new initiative of GP Super Clinics**

The Govt.GP Super Clinic's website (<http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics>) gives a summary regarding the outcomes of each clinic under the heading 'Consultation Process—GP Super Clinics'. If you are interested in participating in this exciting opportunity to make a difference in people's lives look under "GP Super Clinic Locations" to see if there is a clinic in your area. You will need to contact the owner and offer your service if you wish to be involved. Details of the successful funding recipient are available on the relevant State /Territory page on the GP Super Clinics website: [www.health.gov.au/gpsuperclinics](http://www.health.gov.au/gpsuperclinics)



# CPT Education and World-Wide Conferences —Calendar of Events

For inclusion in 'Calendar of Events' place your advertisement with FootPrints Advertising Coordinator  
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Inclusion in the CPT Calendar of Events is a further bonus which advertisers receive!

2010	Presenter	Title	Location
21 February	Australian College of Chi-Reflexology	Foot Talk	*Contact Moss Arnold <a href="mailto:moss.arnold@chi-reflexology.com.au">moss.arnold@chi-reflexology.com.au</a> <a href="http://www.chi-reflexology.com.au">www.chi-reflexology.com.au</a> ; (02)4754-5500
12–15 March	Australian School of Reflexology	Facial Reflexology	Sydney Contact Sue Ehinger <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a> (02)4976-3881 <a href="http://www.reflexologyaustralia.com">www.reflexologyaustralia.com</a>
24 March	Australian College of Chi-Reflexology	Lymphatic Drainage Reflexology	Contact Moss Arnold *Details below
10 April	Australian College of Chi-Reflexology	Sports Reflexology	Contact Moss Arnold *Details below
11 April	Australian College of Chi-Reflexology	Feng Shui for Practitioners	Contact Moss Arnold *Details below
17–18 April	Australian School of Reflexology	Auriculartherapy	Sydney Contact Sue Ehinger <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a> (02)4976-3881 <a href="http://www.reflexologyaustralia.com">www.reflexologyaustralia.com</a>
23–25 April	Reflexology New Zealand	National Conference	Auckland, New Zealand Contact Stephanie Gowan <a href="mailto:gowan@xtra.co.nz">gowan@xtra.co.nz</a>
21 April–10 May (19 days)	Deborah Johnson and Mr Jing Zhang	Chinese Reflexology and Study Tour	China Contact Deborah Johnson 0402 065 684 <a href="mailto:feetsanctuary@optusnet.com.au">feetsanctuary@optusnet.com.au</a>
15–16 May	Australian College of Chi-Reflexology	Chi-Reflexology 2: Balancing & Diagnosing Techniques	Contact Moss Arnold *Details below
29 May	Australian College of Chi-Reflexology	Hand (Acupressure in) Reflexology	Contact Moss Arnold *Details below
30 May	Australian College of Chi-Reflexology	Vibrational Reflexology	Contact Moss Arnold *Details below
27 June	Australian School of Reflexology	Extension Day	Sydney Contact Sue Ehinger <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a> (02)4976-3881 <a href="http://www.reflexologyaustralia.com">www.reflexologyaustralia.com</a>
3 July	Australian College of Chi-Reflexology	Sound Reflexology	Contact Moss Arnold *Details below
17–18 July	Australian College of Chi-Reflexology	Australian Bush Flower Essences & Chi-Reflexology	Contact Moss Arnold *Details below
21–22 August	Australian School of Reflexology	Maternity Reflexology II	Sydney Contact Sue Ehinger <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a> (02)4976-3881 <a href="http://www.reflexologyaustralia.com">www.reflexologyaustralia.com</a>
18–19 September	Australian College of Chi-Reflexology	Reflexology for Women	Contact Moss Arnold *Details below
10 October	Australian College of Chi-Reflexology	Astrological Reflexology	Contact Moss Arnold *Details below
15–17 October	Reflexology Association of Australia	National Conference 'Reflexology Celebrating Research'	Brisbane, Queensland Holiday Inn, Brisbane Contact Kate McKnight, Chairperson <a href="mailto:2010brisbaneconference@reflexology.org.au">2010brisbaneconference@reflexology.org.au</a> <a href="http://www.reflexology.org.au">www.reflexology.org.au</a>
16-17 October	Australian College of Chi-Reflexology	Biomechanics	Contact Moss Arnold *Details below
27–28 November	Australian College of Chi-Reflexology	Therapeutic Ethics	Contact Moss Arnold *Details below
18 December	Australian College of Chi-Reflexology	Spiritual/Crystal Reflexology	Contact Moss Arnold *Details below

\* All courses at Springwood NSW. Contact Moss Arnold: [moss.arnold@chi-reflexology.com.au](mailto:moss.arnold@chi-reflexology.com.au); [www.chi-reflexology.com.au](http://www.chi-reflexology.com.au); (02)4754-5500

# Getting to know members of your Board



**Susan Jean Ramsey** of Streaky Bay South Australia, Vice President 2009

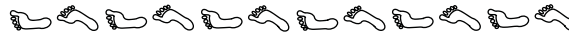
My passion for helping people of any age exploded when introduced to Reflexology in 1981. Self-employed since 1992. Diploma of Reflexology, Remedial Massage, Botanical Herbs, Lymphatic Drainage and more... The philosophy of my practice is to provide long-term relief from pain and discomfort by encouraging self-management.

My program for Aged in Care is in its 16th year. As a Reflexologist I have travelled and worked nationally and internationally. Co-ordinator of National Conference 2006 Adelaide. My youngest client: 2 hours; oldest client: 101 years. I travel 715 km one way to Committee meetings in Adelaide. Fishing and boats are my hobbies.

**Margaret Watson**, Victorian Director

I graduated in 2004 from the Australian School of Reflexology and Relaxation in Melbourne. I was introduced to Reflexology by a close family friend, Marion Bond, when I was 18 in the mid 80's. What I hope to bring to the Board is members' feedback on how we can make Reflexology even stronger in our communities.

My speciality in Reflexology is working with adolescents with behavioural problems in schools. My practices are in Camperdown and Colac in Western Victoria, where I live with my partner, 2 wonderful sons and 2 canine pooches.



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Registration coming soon



# Out of the ashes—Bush fire response

by Emma Gierschick

Nobody had a clue when they woke up on 7 February, just what lay ahead for so many Victorians. While we were all aware that there was significant risk of fires, the extreme tragedy took us all by surprise. Events unfolded hourly, with seemingly endless reports of more tragic loss of lives and property. Within hours of the news breaking, it was clear that as therapists we had to do something to help.

The initial plan was just to organize a simple fundraising event in Melbourne city centre and invite reflexologists and masseurs from several different industry professional associations to join staff, students and alumni from Endeavour College to provide mini treatments on the public in the city. However, just like the bush fires, the response plans also quickly grew out of all proportion.

The following day the fundraiser had developed into a national event, to take place in Melbourne, Perth and Brisbane and also in New Zealand. Many major industry associations had confirmed their willingness to be involved and had posted a notice on their website or issued it to their members and the flood gates opened.

## Therapist Unite—National Fund Raiser

The event was to be called Therapists Unite—as it would involve qualified therapists from all backgrounds working together regardless of their professional affiliation or education. What an amazing event it turned out to be – but with only 2½ weeks to organize it from start to finish, it was an absolute organiser's nightmare.



*Therapists working in Melbourne—'Therapist Unite fundraiser'—Hisako Goodes, Vittoria Eales, Stephanie Kufner*

Apart from the logistics of getting the notice out to everyone, registering volunteers, organizing shifts, planning equipment and roles, etc, there was also lots of red tape and MANY forms, registration applications and formal documents to complete with the City Councils, Red Cross, Consumer Affairs, etc. The Red Cross were so inundated themselves that many workers had to work manually as their computers were required for other duties and they had been unable to keep up with demand for cash tins or receipt books and had none left. Fortunately all the aforementioned official organizations made events for the bush fire appeal a priority and rushed things through, agreeing to give exemption on fees—a massive financial saving.

Most volunteers didn't mention where they were from with their initial contact, requiring follow up phone calls or emails. To try and keep some control on the rapidly expanding list of emails and messages a colour code

was created for each state e.g. blue for Queensland volunteers as they were also experiencing floods, red for Victorian ones as we were in flames, yellow for West Australia as they were having sun, etc.

Then the original planned venue in Melbourne was cancelled 10 days before the event as the owners of the location decided to hold a benefit concert the same day so we had to find an alternative venue and a similar situation also occurred in Perth. Fortunately there was already a 'Plan B' ready but it certainly added to the workload, stress and challenge.

The day itself was very long and tiring, setting up at 6.30 am and packing up again at 8.30 pm. Melbourne is known as the city of 'four seasons in one day', but after 11 years of drought and a week of 45+ degree heat we could safely guarantee that we could work outside without fear of rain.

Collectively there were around 100 volunteers all working side by side creating a unique upbeat atmosphere. Practitioners and students took it in turn to approach passers-by, promoting what we were doing and several people just gave a donation without a treatment. There were 20 massage tables or chairs available at any given time and on average approximately 3 or 4 reflexologist practitioners were working consistently. All practitioners were requested to commit to a minimum 3 hour shift. The initial shift of 8 am–11 am was the quietest as people were rushing to work, but from 11 am to 3 pm and from 5 pm to 7.30 pm it was madness.

A huge thank you has to go to **Rie Masedome, Stephanie Kufner, Vittoria Eales, Paula Havryluk, Hisako Goodes, Jardine Loya, Kathy Richards, and Kate McKnight** (the lone Qld representative) who all represented the RAoA proudly (my apologies if I've forgotten anyone).

Over \$13,000 was raised that day and when added to the other Endeavour college initiatives, **close to \$21,000 was raised.**

## APERN—Australian Practitioners Emergency Response Network

The other HUGE initiative that was created in addition to the fundraiser was APERN—the Australian Practitioners Emergency Response Network.

Once the initial notice regarding the fundraiser was sent out to all associations the flood gates opened and we suddenly got INUNDATED, and I mean inundated, with many requests from therapists wanting to assist in the affected areas and also from therapists who lived in the regions and needed help.



*The original group of APERN—first face to face meeting*

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*Out of the ashes*  
Continued from page 13

I was literally receiving 40–50 calls or emails a day and someone also mistakenly posted my mobile number on a website—which was not good, in that I was getting calls throughout the night too!

But what happened next was truly magical—as several strangers spontaneously began to work together with the enormous task of trying to link the need for help with the desire to help.



*Therapists working at Whittlesea on CFA volunteers Stephanie Kufner, Thea Brown, Jardine Loya*

As the week unfolded, some order was starting to be created, but trying to set up emergency response teams in locations that were in total shock and disarray, with therapists who were badly affected by the tragedy on the ground, was chaos. By the end of the week it was decided that we should all meet

face to face at Whittlesea, the main staging area, so we could review the week and plan the next move.

A structure was needed to make it manageable and we came up with the name **APERN—the Australian Practitioners Emergency Response Network\***.

One of our first challenges was finding out exactly where the staging areas were so we could organise teams of volunteers, but as the fires moved, so did the sites and it was such a chaotic time that even getting to know where the sites were, or for us to be allowed access to them, was difficult and was certainly not an option in some cases while there was risk of the fire turning direction again.

Each staging area hosted up to 500 CFA volunteer fire fighters with tents for some of the lucky ones to sleep in. Whittlesea was one of the main staging areas, hosting approx. 500 CFA volunteers – people of all ages and backgrounds. There were many sites, noises and experiences during this time that were moving, but one that put a lump in my throat (one of many) was the first time I walked into the Whittlesea staging area showground to see so many people from such different backgrounds all working together supporting each other—there were no boundaries—no distinctions.

At any one table representatives from the Police, the Army, the CFA, the Red Cross, TV reporters or film crews, Animal Rescue workers, practitioners from APERN or pastors from the Salvation army would be found—all sharing support, strength and stories, while the volunteers from the Salvation Army and Victorian Country Women's Association provided meals and toiletries 24/7.

The Animal rescue teams worked tirelessly around the clock searching for any wildlife that may have survived the fires. Millions of animals and birds perished in the fires and many were injured. Only a handful could be helped. A young kangaroo was found and brought back to the site one afternoon—it had taken refuge in a dam to avoid the flames and had been in the water for days now suffering from hyperthermia—many more weren't so fortunate.

In order to work at the sites we had to get permission from the people in charge of each staging area so we could set up a space to work. This varied from site to site, as it could be a Government official from the Dept of Sustainability, the CFA, the Army, the Police, or the Fire Brigade. It did get easier as time passed and word spread of who we were and what we were doing, but the initial fortnight was tough. Sourcing equipment was initially an issue and communications were very difficult due to the locations and situation.

We were trying to set up rosters and a structure of some kind and act with credibility but many people were just turning up with their equipment ready to work and we had no idea who they were, or what skills they had. People spontaneously left their lives and families at home and stayed on site for a week at a time, many travelled 12–15 hours from interstate with no idea of what they could do but just wanting to help. We even had people from overseas contact us offering help. At times it was quite overwhelming—surreal and numbing—it didn't take long to realise we were all operating on automatic. Everyone was.

The peak times volunteers were required was 8 pm–1 am and 6 am–9 am, when the fire fighters were changing shifts so people who wanted to help had to be committed to doing those hours. For some this meant early starts and very little sleep. The first weekend, for example, I finally got to bed at 1.30 am – only to have to get up again at 4.30 am to return. Spontaneous interviews were given with several international and national TV crews including a German TV crew, Chinese TV crew, SBS, Herald Sun, Channel Nine and Ten, Governor General Quentin Bryce and also a documentary for the Salvo's—it was absolutely surreal. During the first week I clocked up over 120 working hours—and this honestly paled in comparison to so many, many others.

I travelled over 1400 km in 3 **days** when my normal **monthly** travel might only be 300 kms. So many roads were blocked due to fallen trees—each trip to Marysville consisted of 5<sup>1</sup>/<sub>2</sub> hour journey each way on top of an 8 hour shift. But how could you complain—your home and life wasn't under threat and these brave volunteers were risking their lives to help others—the least we could do was help their aching bodies to enable them to continue.

Initially our focus was on supporting the emergency service personnel only as the needs of those acutely affected by the fires was vastly different and would require a very different service. It was preferable that only experienced practitioners who had experience of working with those in severe trauma worked on the local

\* Similar organisations already exist in the United States and Europe, with response teams organised to assist the emergency service personnel at 911. We made contact with our international counterparts and got guidelines sent over so we could use them as a base.

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*Out of the ashes*  
Continued from page 14

community members, but that kind of practitioner was in short supply—it was learning on the ground and supporting each other.

We also had to ensure that the services being provided were credible as there were several 'do gooders' and religious groups whose intentions were totally inappropriate. There was also the issue of looting—even at the staging areas this was a problem.

Several regions were cut off from the public as they were either still a crime scene with the Army undertaking the harrowing task of trying to locate missing people or were still unsafe. Special permission was required from the Police to enter these areas, which involved an interview to ascertain the reason for going, providing formal identification, signing a register with an expected return time and wearing a special wristband.

King Lake was one such area but, as some locals were still living there, a small group of APERN therapists were allowed access. The first group of practitioners came back after several hours in an acute state of shock prompting us to rethink the viability of this—we had to make sure we had support mechanisms in place for those needing to debrief afterwards.

Marysville was another such site. But Marysville was an experience all on its own. It was still a crime scene, so only the Army, Paramedics and Police had access there but a Sergeant heard what we were doing and requested that we have access to work on his men—a real honour, even if he initially had to order his men to receive a treatment.

A psychologist came to address some members of APERN and commented what he was seeing and hearing from survivors and people affected in some way by the bush fires (including the volunteer therapists) was worse than his 6 month stint in Afghanistan—says quite a lot doesn't it!

But there were some small positives too—and we all needed to look for anything that could remotely be considered a positive at this time. Many new people were introduced to massage and reflexology from this experience. One, a 70 year old CFA volunteer had never had a treatment of any kind in his life; another fire fighter asked if the oil used in the massage was flammable. If in doubt—it's better to ask I guess!!! Many people were initially reluctant to allow themselves to be touched, not wanting to bear their feet or feeling it wasn't the 'manly thing to do'. However, eventually word spread and once someone had received a treatment they were more likely to come back for another. During the first week alone at Whittlesea over 500 treatments were given.

It was unquestionably one of the most rewarding, moving, challenging and humbling experiences ever. The fire fighters and emergency service personnel were so grateful and appreciative of what we were providing for them and although some took a little 'coaxing' to have a treatment ... *'Enough of this Aussie bloke stuff—you get yourselves over to the massage tent, get in the chair, you're having a treatment—it's not an option!'* (might



CFA debriefing before a shift

need to brush up on my bedside manner a bit) ☺ —I was told I sounded like their commander—but it worked. Word soon spread and reluctant clients nervously stepped forward.

The comments of appreciation and gratitude were moving; being told that 'knowing they could get a treatment at the end of a 12 hour shift had kept them going that afternoon' was choking.

Being a part of the tent city with over 500 volunteer fire fighters camping there for days, watching them being briefed at 9 pm before climbing aboard an army of fire trucks to head off in the dark—in silence—for another 12–15 hour shift, then seeing them return again at dawn is one of the moving sights I will never forget. It really felt like they were being waved off and welcomed back from war and even now evokes emotion. It was TRULY HUMBLING.

The effects of the fires were far reaching, with many therapists needing debriefing and counselling both during and after the fires. It was not unusual to smell smoke during dreams and be walking around 'wired up' and frazzled for several days after volunteering—or to remove items from the car 2 months later and still be able to smell smoke on them.

As a consequence of the bush fire tragedy, something good is 'Rising out of the Ashes.' APERN is being formally created and will continue to build and grow so that teams of practitioners around Australia can register and be deployed to support our emergency service personnel at future times of need. It will come under the umbrella of Hands on Health and is already getting much support from the Dept of Sustainability, CFA and Governor General Quentin Bryce. One of the goals of APERN is to be the CFA equivalent of the therapist's world to assist in times of emergency. It is obviously still in the infant stages of development and will take time to build, but everything has to start somewhere and Australia is an awfully large country—but each mountain starts with a simple step, and with enough support and backing it will happen.

The work in Victoria is far from over. The people who were directly affected need ongoing long term support so practitioners who can volunteer their time as an ongoing basis or even assist as a one off are still required.

There are currently 3 separate locations now set up and looking for practitioners to assist, in Wallan, Flowerdale and King Lake, so if you are able to help out in any of those regions please contact me for co-ordinator contact details.

If you would like more information about joining APERN as a volunteer—regardless of the state you live in or if you would be willing to assist the communities as they rebuild in Wallan, Flowerdale or King Lake please contact me direct at [emma.gierschick@endeavour.edu.au](mailto:emma.gierschick@endeavour.edu.au)

*POSTSCRIPT:* The latest figures I have from the Red Cross is that over \$375 million was raised in total for the Bush Fire appeal making this the world's largest ever fundraising event. 🙏

# World Reflexology Week in Tasmania

by Sharon Tay

In the **south** it was a great event for our members who participated giving feet reflexology to members of the public who came to the Adult Education Centre in North Hobart where we rented a room for the day. Although it was a very wet and cold day, it did not deter people from attending. This was the first time for many years that we have gathered together as a team to promote our organisation for this special yearly event on the reflexology calendar. The dull weather did not dampen our spirits and we had a lot of fun meeting new 'prospective' clients and taking turns having our feet done at the end of the day when it became quiet. The day went by very quickly and the flow of people was steady allowing each practitioner time to have a break. Those who attended for the day were: Gaylene Webb, Janice Dance and Sharon Tay. Members who were able to join us for half a day were: Lynda Kidd, Sarah Blain, Hristina Minic and a student from Island Health College – Erin Sutherland. We look forward to running the event again in 2010.

In the **north**: Shirley Lawson spent World Reflexology Week visiting MAIB and Westpac centres as well as working from her clinic. Each day throughout World Reflexology Week Shirley would give each person 15 minute sessions comprising a few foot aerobics and some pressure points, a couple of systems and foot massage to complete. Twenty three staff members from the centres had a great time experiencing the feel of reflexology and asked when the next session would take place. At each centre Shirley drew a lucky door prize (one hour reflexology session). The session took place during lunch hour breaks so that it did not interfere with the staff's work. Shirley has been visiting these centres for the past ten years giving neck and shoulder massages while staff are seated at their work stations. She has for the past three years promoted Reflexology for World Reflexology Week in this manner which has proven to be very successful. Dedicated practitioners like Shirley are to be commended for their work and efforts that they give to reflexology. Thank you, Shirley.☺

*Photos are from Friday 25th September 2009 at the Adult Education Centre North Hobart. Promoting: World Reflexology Week.*



*Hristina Mimic and Sarah Blain giving reflexology to a passing client at the Adult Education Centre in North Hobart on World Reflexology day. Gaylene Webb in background*



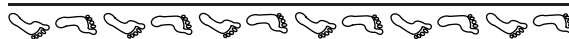
*Student Erin Sutherland from Island Health College North Hobart*



*A funny moment for Janice Dance*



*Lynda Kidd gives Sharon Tay reflexology*



The team at FootPrints would like to wish all our readers and their families a very happy Christmas and a safe and peaceful New Year!





# Facial Reflexology—A case history

by Sue Ehinger

**F**acial Reflexology was developed by Danish reflexologist, Lone Sorensen, evolving over the course of her 30 years experience as a complementary health therapist.

The face fascinated Lone for reasons of its proximity to the brain. Early experimentation using foot reflexology and facial acupressure on children with special needs yielded such remarkable results that it started Lone on a quest to develop a healing therapy on the face that has earned her three honorary awards from the Argentinean office of the World Health Organization in 2001.

Facial Reflexology is a marriage of several healing systems: the oriental meridians, acupuncture points, South American facial maps, Vietnamese facial maps and nerve points and clinical neurology. Lone believes that facial reflexology is so effective because it works in such close proximity to the brain and central nervous system.

The treatment procedure comprises seven basic steps as well as up to six additional protocols which are used to tailor an individual treatment session for the client's health requirements. A treatment begins with rotation work on thirty-five facial points, each of which fulfills three criteria: they are an acupuncture point, important blood circulation area and also rich in nerve endings.

There then follows an assessment of the entire surface of the face (except the eyelids) for deposits within the deeper dermis layer of the skin. A slow, deep massaging movement explores facial body maps (based on those used in the Andes by a nomadic tribe called Mapuches). These maps are aligned with neurologically rich areas of the face that also connect with the various systems of the body. A five-scale grading system is used to assess the worst of the deposits and the area concerned dictates the focus of the rest of a treatment session.

Lone categorizes these deposits as follows:

- 1st Grade: 'Sand'-like grit in facial zone—not serious – indicates usual tension in body system or along relevant meridian.
- 2nd Grade: 'Rice'-like grit in facial zone—indicates considerable tension in body system or along relevant meridian and should not be allowed to get worse.
- 3rd Grade: Swelling or tenderness in facial zone— indicates a problem in the corresponding body zone or meridian.
- 4th Grade: 'Pearl'-like lump in facial zone—indicates potentially serious health problem in the corresponding body system or along relevant meridian.
- 5th Grade: 'Stone'-like lump in facial zone—indicates serious health problem in the corresponding body system or along relevant meridian.

Stimulation follows using three oriental facial maps that address the nervous system and physical body culminating in the seventh and last stage of the treatment—a delicious

harmonizing face massage that unites the mental, physical and emotional aspects. Additional procedures include the use of cranial lines, acu-points, hormonal balancing, a choice of 564 facial nerve points and muscle stimulation. The treatment is deeply relaxing and, in addition to its therapeutic effect, gives the face a youthful glow that female clients, in particular, enjoy.

## Case Study: Anxiety and Depression

After reading an article on Facial Reflexology, X contacted me for a series of Facial Reflexology sessions. X is a 50 year old female who has been suffering from anxiety, panic attacks and depression for 14 years. Since the death of her mother two years ago the anxiety has become more severe as she has been plagued by bad dreams and emerging memories of a difficult childhood.

X is unable to work and her panic attacks cause her to feel nauseous, break into a sweat and she feels her 'heart beating in her ears'. She finds it impossible to be in enclosed spaces such as shopping centres and often bursts into tears for no particular reason. The anxiety sits in her stomach like a 'big black thing'.

Other health issues:

- ◆ Extremely overweight
- ◆ Heavy smoker
- ◆ Severe weeping eczema on her forearms for past 5 years
- ◆ Some allergies
- ◆ Slightly underactive thyroid

**Medication:** Antidepressant

**Current treatment:** Cognitive Behavioural Therapy

**Treatment:** Treatments were weekly and I followed the same procedure for the first 5 sessions. The largest deposit was located in the lung reflexes of the face which is not surprising given her smoking history and skin problems (skin relates to the lungs in TCM). The treatment protocol in Facial Reflexology is always based on the location of the worst deposit. This means that the lungs and colon received additional stimulation and the balance work related to those organs. Nerve points for the lungs and skin are also treated as were points on her face and ears for anxiety and depression. I finished the session with some foot reflexology of the nervous and lymphatic systems.

**Results:** At the second session she reported having been less anxious all week and that she had not had any panic attacks (two per week was usual for her).

At the third session she was feeling so much better and had even been able to remain in a shopping centre without feeling nauseous or having an urge to flee. No panic attacks and no tears that week. The skin on her arms was showing improvement.

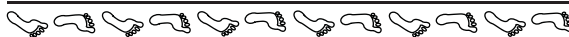
*Continued on page 18*

Facial reflexology  
Continued from page 17

At the fourth session her improvement continued. Still no panic attacks, some low level anxiety but she was now so happy with reflexology that she had booked into a reflexology course. She had also decided to attend a weekend Journey Intensive workshop to work on the emotional trauma from her childhood.

At the fifth session her skin showed significant improvement—the inflammation was fading, less itching and the open weeping areas were healing; no panic attacks; she was bravely dealing with the painful memories that were emerging from the Journeywork.

**Six months later:** X has continued to come for reflexology treatments, now every second week if she can. Her arms are free of eczema, she no longer has panic attacks and she has given up smoking. She now sees the psychologist monthly instead of weekly and although she has ups and downs with depression and anxiety, these symptoms are much more manageable and there is a clear connection between their presence and the work she is doing on clearing the issues from her past. 🙏



### ICR Conference

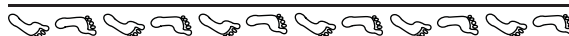
At the recent ICR conference in LA in September, I was honoured by being invited to serve on the ICR Board as one of the 7 Directors. I will be taking on the portfolio of Promotions, and specifically World Reflexology Week. Since taking office I have already liaised with our new President Anne Young who generously wrote a letter of support to assist one of the Reflexology Associations in USA who are struggling with Government regulations, and I anticipate connecting with many other associations world wide. I will ensure any relevant information about

the ICR, or reflexology issues overseas are passed on via Footprints or the RAoA website as appropriate, and invite readers to visit the ICR link [www.icr-reflexology.org](http://www.icr-reflexology.org).

I can also confirm the next ICR conference will take place in southern Portugal—September 2011. Information will follow as details are decided.

Finally I would like to congratulate our new President Anne, and our other board members on their new roles and wish them every success.

*Emma Gierschick*  
National Public Relations Coordinator  
Endeavour College of Natural Health



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# Important notice regarding your Health Fund Provider status

by Jenn Cooper  
Membership Administrator for RAOA

## Important Information for all Professional Members

New Commonwealth legislation affecting Health Funds came into effect on 1 July 2009. From 1 July a Reflexologist must belong to an association in order for the health funds to recognise the practitioner as a provider. More than ever now the RAOA needs to be accountable in collecting the relevant documents to support provider status. The Health Funds have also set their own eligibility requirements. These requirements include current insurance, first aid and CPT. From 1 July, it is now law that a practitioner must belong to an approved Association in order for any rebates on the practitioner's services to be made.

The RAOA fully meets the requirements under the new Law. Members with Professional Status will continue to be recognised as Health Fund Providers as long as they meet the relevant Health Fund's additional eligibility requirements. For your information we have placed on our website the full list of Health Funds that give rebates.

### Medibank Private

The RAOA is now accepted as a provider with Medibank Private. We have been given the number **0799501K**. As a Provider of Reflexology you must now use this number on all receipts that you give to clients who are members of Medibank Private. Failure to do this will result in no rebate paid to the client.

### Provider receipts for MBF clients—information taken from MBF Provider Registration

To ensure claims will be processed with a minimum of delay, we require that all accounts/receipts are prepared on official letterhead stationery, or stamped on RAOA receipts with the practitioner's name and practice address. The account/receipt must also include the following information:

- ◆ Patient's name
- ◆ Cost of each service and details of payment made
- ◆ Date of each service and date account/receipt was issued
- ◆ Full written description of each service, including the type of treatment
- ◆ When a subsequent account is issued, it should be endorsed 'duplicate copy'

If this is a group practice, the name of the therapist providing the service must be shown on the account/receipt.

## YOU NEED TO MAKE SURE YOU KEEP THE RAOA UP TO DATE

There will be a significant impact and possible loss of Provider Status if you at any time, lapse your membership fees, are late in sending your insurance, first aid or CPT to the Membership Office. You must pay your insurance on time and complete your first aid every 3 years. If you lapse at any time in insurance, first aid or payment of fees, you are then required to meet the New Rules outlined by the health funds. These requirements, especially the academic qualifications change from time to time. If your paperwork is out of date, you may find yourself in the position where you no longer meet the new requirements of the Health Funds. If you are unable to be placed back on the RAOA list of providers then your clients will not be able to claim a Health Fund rebate.

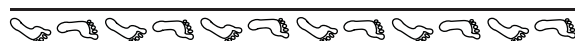
## HOW TO AVOID LOSING HEALTH FUND PROVIDER ELIGIBILITY

You must ensure that:

1. You remain a financial member of the RAOA without any breaks in your financial membership;
2. You keep your First Aid Certificate and Public Liability and Indemnity Insurance up-to-date and do not let them lapse, not even for 1 day. The RAOA must also receive a copy of your current first aid and insurance. (We will remind you *but* it is your responsibility to send us your new certificate.)
3. You must keep your Continuing Professional Training up to date. That means 20 CPT points each financial year.
4. If you leave a clinic practice or begin at a new clinic then the new address must be updated with the membership office so that this can be sent on to the various Health Funds.
5. Keep a check on which health funds cover reflexology. Go to our website [www.reflexology.org.au](http://www.reflexology.org.au)

Log in and view the updated Health Fund table. We update this regularly depending on changes to health fund status and additions to Health Funds. Recently we were accepted with GMF Health Fund so this has been added.

We are here to help you continue with your membership and your reflexology career. Please contact the office (07 3396 9001) or email ([membership@reflexology.org.au](mailto:membership@reflexology.org.au)) if you have any questions or queries about this important information.🙏



# Letter to the Editor

Dear fellow reflexologists and the RAoA Board,

I read with great interest the letters regarding reflexology training standards in the September issue of FootPrints. I too have concerns about the future of reflexology training and of the RAoA itself, but see these relating more to the direction that Australian society is taking in general and how we allow ourselves to be over-governed in this country, rather than to what the RAoA Board is doing for its members.

However, we really need to remain clear about our objectives as an Association including this: 'To serve and protect the needs of all members within the national structure'.

Not every member wants to teach reflexology or work in the medical arena where a government accredited Diploma may be required. Nor does every member or potential member want to work fulltime.

It is certainly excellent that our clients can receive health rebates but should we allow ourselves to jump to the tune of the Health Funds? They are, after all, in business to make a profit and so will support reflexology only as long as it suits them!

Do we really need a 'Provider Professional' level of membership? Such a step could result in loss of members. Surely this can be done by administration so that the Health Funds requiring that level are sent a list of members who qualify.

For those members who don't have a Diploma, why not charge clients a little less? It will save much more money in the long run than attending a full Diploma course to upgrade!

As someone who has participated in various capacities in the RAoA since its inception, including the editorship of FootPrints for nine years, I know how much time and effort, blood, sweat and tears goes into every small decision that is made on our behalf. I was there when the first training standards were drafted and also when the Association began the tedious process of producing competencies for the soon to be reviewed National Training Package.

In the beginning the sub-committee did attempt to draft Cert. III and Cert. IV packages but there were not enough hours or manpower to do both, so we opted for the Cert IV. When the Association finally had the opportunity to gain recognition for a reflexology qualification, the complementary therapies industry as a whole had adopted the Diploma level as the professional standard.

We do have a group of very committed people at the helm. Glenda Hodge's article 'The Cost of Unity' (also in Sept. 09 issue of FootPrints) demonstrates how one member's eyes were opened to what goes on behind the scenes. Emails fly back and forth every day and decisions that will affect all of us have to be made. Board members do this to the best of their ability, at the same time earning a living, being there for the family, looking after elderly parents and trying to 'have a life'!

Just because we pay a membership fee does not mean that we can expect the impossible from our committees. I agree with our President, Ann Young. It is a privilege to be a member of our Association. With our membership fees we are contributing to the future of our therapy while being part of a greater family. This is not something we can get from belonging to a large umbrella organization.

Over twenty years ago, when I started my reflexology career, I felt completely isolated. Now, thanks to the many committee members over the years, we have a supportive

network of practitioners, training standards, health fund rebates, possibilities to work in the medical arena, corporations, private practice as well as in spas, resorts and markets, a professional journal, conferences and much more. In short we have a profession to be proud of and much to be thankful for.

It is always difficult to weigh the costs against the gains. As Ann wrote in her reply to Moss Arnold, 'some smaller teaching schools have fallen by the wayside'. I believe the results of this sacrifice will not be seen for some years and that it will have a big impact on levels of individuality, creativity and even standards of competency of future graduates of reflexology courses.

Large colleges and TAFE have the staff and the income to engage in the government accreditation process. However, these institutions are very mindful of profit and the reflexology teachers who work there, as passionate and skilled as they may be, have little control over the courses they teach and there are many compromises and sacrifices made at the altar of the dollar.

The so-called 'small schools' that fell by the wayside were those that developed the standards in the first place and demonstrated passion and commitment to the furthering of reflexology that has brought us to where we are now. These schools, though small in size (because they only taught reflexology) were not really small in output of graduates. And it is not 'some schools', it is all but two reflexology schools as far as I know that have had to close their doors.

Will graduates of the big colleges and TAFE join the RAoA? With the advent of the Diploma level qualification, reflexology courses have become hideously expensive. In Sydney this has meant that course attendance is down and the largest college here is opting for holding only a full-time course next year. I imagine this course will be attended mainly by massage therapists who take the extra reflexology modules to obtain another string to their bow. I hope I am wrong.

Multi-skilled therapists are more likely to join the ATMS which covers massage and reflexology. As it is easier to get a massage practice up and running, many will focus, no doubt, on massage and the subtle use of reflexology may never be explored and developed. In this climate, increasing our membership is going to be a huge challenge for the RAoA.

Regarding the review process for the National Training Package, I believe it is important that there is an accredited Cert. IV level and that we continue to retain that level for professional membership. It is also vital that the remaining small schools be supported so that their graduates may join the RAoA without jumping through complicated hoops.

Ideally we should direct our focus and resources increasingly towards education of the public about what 'real' reflexology is so that they can tell the difference between a foot massage at a shopping centre and reflex-therapy (whether it be for relaxation or for a health issue). This will increase our credibility and counteract the damaging effects of articles such as a recent one in the Sun Herald labelling reflexology as a 'dodgy' therapy!

*Continued on page 21*

Letter to the Editor  
Continued from page 20

When government starts down the road of regulation it does get rid of the charlatans—a good thing if they are charlatans—but it can also take the soul out of what is good and honest and making a difference. So it is up to all of us to make sure that this does not happen to reflexology by each one of us contributing what we can towards a proactive Association and therefore a bright future for reflexology.

Yours in reflexology.

Sue Ehinger


Principal  
The Australian School of Reflexology



On behalf of the Board of Directors of the Reflexology Association of Australia, I wish to thank the FootPrints team comprising Jan Cullen, Margaret Clift, Judee Hawkins and Jessica Wagner, for their consistent effort and dedication in creating a professional journal of interest and quality.


Anne Young  
President





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# STATE MATTERS

We are almost to the end of another year and what a year we have had here in Tasmania. With the vast changes in our weather (the wettest for 70 years) has not deterred our enthusiastic members to promote our Association and continue faithfully working with reflexology.

Already we are organising workshops for 2010 and looking forward to our last day workshop in October. Anne Young will be visiting our state to give a day workshop on: Musculo-Skeletal Reflexology—Pathways to Good Health. This workshop will take place on Saturday 10th October at Zepps in Campbell Town starting from 9.30 am. Members of our association always look forward to these events and an opportunity to have another get-together in furthering our education with reflexology.

Next year our plans are to hold day workshops in March and May. As well as visiting guests, our local members



## TASMANIA

Sharon Tay (Face reflexology for older persons) and Janice Dance (Maternity reflexology) will hold workshops in the year 2010.

### Swap meetings

The last swap meeting for the year will be in the south. Sharon Tay will run another swap meeting on Friday 23rd October at 2.30pm. The topic: Face Reflexology for Older Persons.

### State director

At last we have our state director. The Tasmania branch welcomes Janice Dance as our representative who is already hard at work for us. Thankyou, Janice.

### Meetings

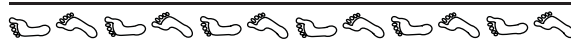
At our last meeting on 16th August held at Zepps Campbell Town, 11 members attended. This was a good turn out even though the weather was wet and cold. After the meeting Janice Dance gave a talk on Maternity Reflexology. As usual, Janice's talk was very informative and geared towards class participation which we all enjoyed.

Our next meeting and final for the year will be held on Sunday 15th November at Zepps Campbell Town starting at 9.30am.

### Christmas break

After our next meeting on Sunday November 15th, the Tasmania Branch will take a break over the Christmas and holiday period and return next February 2010. Any correspondence can be directed to Gaye, Lynda and Sharon. The Tasmania Branch takes this opportunity to wish our members on the mainland a very merry Christmas and a safe and happy holiday.

*Sharon Tay*



Feet, feet, feet—the New South Wales Branch has been busy, busy, busy with Expos this year. July saw the Branch out at Rosehill Racecourse—not watching the horses but spreading the word at the Retirement Expo. October saw Sydney host the Masters Games and the New South Wales Branch was there getting hands on with feet from all around the world. November will see the Branch on its annual visit to the Mind Body Spirit Expo at the Sydney Exhibition Centre where many feet return each year for the reflexology alone.

At the Branch meeting on September 15th we had the pleasure, once again, of Kim Rusten giving a very



## NEW SOUTH WALES

informative talk on the Endocrine Balance. This ended with all of those present experiencing what it feels like to give and receive this powerful yet gentle technique. The meeting was well attended and everyone left enthusiastic with something new to try or a bit of relaxing revision. At our Branch meeting on November 17th our speaker will be Sue Ehinger

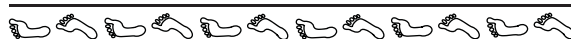
giving a talk on Facial Reflexology. In other words we are in for another treat.

Winding down to the end of the year the members can look forward to the Christmas party in December at the Green Gourmet Vegetarian Restaurant in St Leonards. What better way to end the year than catching up with all our friends in reflexology.

Planning is already underway for events in 2010 so keep your eyes open for lots of opportunities to earn CPT points.

Wishing you all a safe and peaceful Summer.

*Jenny Arnott*





Members who live in south east Qld. have the privilege of meeting at the new college, Australasian College of Natural Therapies (ACNT) at no cost to the Association. This is certainly much appreciated and meetings have been well attended. In Qld. we also have a number of very active regional groups which are located in Northern NSW, Gold Coast, Sunshine Coast, Darling Downs, Rockhampton, North Qld., Far North Qld., and Northern Territory. These members all have regular meetings and I am sure have stories to tell!

This year we have welcomed two new directors, Glenda Hodge and Heather Edwards who, at the time of writing, are attending their first 3 day board meeting and AGM in Melbourne. We wish them well and look forward to feedback for our state branch. We thank Glenda for taking on the ever expanding role of National Treasurer and Heather for taking on the Research Director role, and look forward to their updates as they settle into their positions. After months of 'putting it out there' we now have a team to run the 'special events' and '2 secretaries' to join our Qld. committee. This support is greatly appreciated as we are a not for profit Association and state committees consist of willing practitioners who step forward to volunteer for the good name of Reflexology! Thank you!

In SE Qld we have Educational Practicum Exchange groups (EPE) who meet on a monthly basis. These groups are located in North, South, East and West. The topics vary from Colour Therapy, Vibrational Energy to Goal Setting. This is a great opportunity of networking with fellow practitioners and earning CPT points. We have welcomed two members from Sweden and Canada and look forward to the sharing of their reflexology experiences.

A group of nine members took the wonderful opportunity of attending the NORPHCAM National Complementary and Alternative Medicine Research Conference which examined the role of CAM in Australian Health Care: Linking Researchers and Practitioners. Very

informative with guest speakers from around the world sharing their knowledge and experience in regards to CAM, Health Care and Research; linking clinical practice and research; understanding the various types of research; finding and appraising evidence in literature; an introduction to research study design; and much, much more!

Heather Edwards attended the 15th International Holistic Health Conference in Melbourne on 9,10,11 October and reported that it was most exciting to be part of a conference that was largely attended by medical practitioners, and particularly encouraging to experience their interest in complementary medicine. Each morning began with Yoga and Meditation for those who rose early enough.

Most of the speakers were incorporating complementary medicine, or aspects of it, into their practices and/or researching its value. For example there was Dr Marc Cohen, Professor of Complementary Medicine at RMIT University and program leader for the Master of Wellness Program. He is also involved in ongoing clinical research, academic publishing and many government and academic committees.

Other speakers included

- ◆ Dr Gary Deed, an integrative GP with wide experience in the integration of herbal, nutritional and environmental medicine into clinical practice. He advocates for the improved education of medical practitioners and health professionals, research into complementary medicines and affordable access to complementary medicine as a role in health care.
- ◆ Dr Craig Hassed, General Practitioner and senior lecturer, Monash University Dept General practice

- ◆ Dr Charles Teo, highly innovative Sydney brain surgeon
- ◆ Prof Robert Allen, regarded as a leading expert in Integrative medicine.
- ◆ Dr Elizabeth Brophy, leading expert in the regulation of the integration of complementary medicine and legal issues related to the practice of complementary medicine.
- ◆ A/Prof Luis Vitetta, head of the Centre for Integrative Clinical & Molecular Medicine, Uni Qld.

There was much discussion about the positive aspects of incorporating Complementary and Alternative Medicine, CAM, into mainstream medical practice and the need for ongoing research. According to Heather, it was a most worthwhile conference!

Qld. members are now taking part in the promotion of the benefits of good support foot wear to their members. This is a promotion being conducted between RAOA and Kumfs Shoes NZ. We, as practitioners, are aware of the need to advise our clients of the importance of correct footwear.

World Reflexology Day in the park: A small group of practitioners joined together to celebrate WRW with complimentary treatments to the public at the Reflexology Park, Red Hill, Brisbane. Only a small turnout but much appreciated by participants.

RAOA Conference Committee: I have the privilege of being part of this committee who are meeting twice each month for the planning of the next exciting conference for members! We will keep you posted with regular updates on the website, FootPrints journal and State newsletters.

Reflexology Celebrating Research... Keep these dates in your diary 15,16,17 October, 2010—Brisbane!

In SE Qld. we meet each month for a general meeting with an educational topic. These meetings are available to members for their CPT points.

Till we meet again! As always ... stepping ahead with Reflexology!

*Libby Stark*



**FOOTPRINTS JOURNAL**

ISSN 1039-2092

Published by the Reflexology Association of Australia, Limited

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June issue: May 1

September Issue: August 1

December issue: November 1