

FootPrints



The Journal of the Reflexology Association of Australia

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From the President's desk ...



Hello Everyone,

I am pleased to say that Spring seems to have brought with it some wonderful promotional energy as well as some welcome sunshine and warmth. Reflexology articles have been published in 'ONECOTA', Australia's leading magazine for older Australians and in 'Natural Therapy Pages' along with a video, thanks to Cathy Boyle, Qld and Misha Frankel, NSW. Also Michelle Beever, Victoria gained an article in 'Alive' magazine which is a free distribution in health stores. Any time you also manage to have an article printed please let us know. The more times people see reflexology in print the better for everyone, both practitioners and the public.

Included in this issue you will find reports from a few groups on their successful World Reflexology Week (WRW) promotions. Congratulations to all those who used WRW to promote their business and reflexology in general. Michelle Beever has taken up the challenge to make sure that WRW in 2012 will be a time to be remembered. If you would like to assist Michelle in working toward this event please contact her on shelltom7@bigpond.com.

You will be pleased to learn that RAoA was represented at the Australian Integrative Medicine Association's conference in Sydney 14/15/16 October. RAoA had a display area where sample sessions were given and information was handed out, including brochures and reflexology research documentation. Special thanks go to the research committee for providing the research studies and to Gretel Spiegel, Misha Frankel and the NSW volunteers for their participation. Hopefully RAoA will be invited to attend this conference each year.

Thanks go to Victoria for hosting the AGM this year. The Board enjoyed meeting members on Saturday afternoon 15th October—there was even one Queensland member, Kate McKnight. It is always a welcome time to discuss issues that may be of concern and share experiences together.

At the Board meeting Saturday and Sunday 15/16 October the Board had the privilege of being led, by John Peacock, in a planning session. John is the General Manager of the Associations Forum of which RAoA is now a member. John was actively involved 10 years ago in facilitating the merger of all state bodies into one in 2002. Considering this, he has a special interest in the welfare of RAoA and has offered his ongoing support to the Board and the future of RAoA. John's input during our meeting was invaluable. We have a number of new initiatives to work on for the benefit of all.

The subject of Rolling over CPT points from one year to the next was one of the items discussed at the Board meeting. Emma Gierschick briefly presented details about the program that AAMT use for their ongoing professional development. Over the next few months the Board will be working on probable major changes to how we delegate points for CPT. All in all it was a very successful meeting, albeit very challenging and full.

Last Board meeting a number of committees were set up to spread the load and allow certain members to focus on particular areas. We encourage you, the members, to join one of these committees and bring to the Board your concerns and expertise to help create a stronger and ever growing Association that is meeting your needs. The committees include: Finance, Occupational Safety and Health, Promotions, Conference, Business Strategy, Research, Education, CPT and World reflexology Week.

Finally, I would like to welcome Helen Adendorff, our new co-editor. I am sure that you will agree that she and the team have done a great job with this issue. We are still looking for someone to share this role with Helen so if that is you please contact the Footprints team.

Heather Edwards,
President

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December 2011

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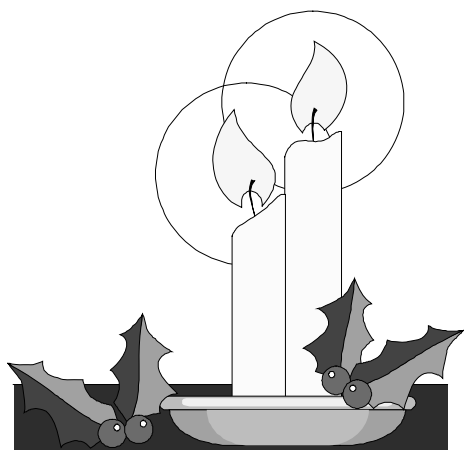
Front cover: Photo and Christmas feet supplied by Kate McKnight.

Association Awards

	Life Membership	Outstanding Achievements
NSW	Sue Ehinger Graeme Murray Cherel-Sue Waters	Joan Harwood Ronda Mackay Judee Hawkins 2009 Ann Jooste Jacobs 2009 Misha Frankel 2010
QLD	Heather Edwards Sharon Stathis Tissa Hennig Joan Boardman Smith	Don Stretton Julie Bidwell Jan Williams Glenda Hodge Ian Gilbert Miranda Mann Irene Bull Patricia Maclean Margaret Coventy 2008 Catherine Lee 2008 David Wong 2008 Claire Siertsema 2009 Jan Kiss 2009 John Zurfluh 2010 Sonia Bailey 2011 Kate McKnight 2011
SA	Joyce Lockett Rosemary Urban (deceased)	Suzanne Pfitzner Susan-Jean Ramsey 2006 James Flaxman 2008
TAS	Pamela Skeggs Dianne Yaxley	Gaylene Webb Vicki Delpero Lorna Menzies (posthumously) 2010
VIC	Dee Leamon Carol McBain Josie Magazzu (deceased) Marion Bond Trevor Steele (posthumously) Emma Gierschick	Natalie Baker Samantha Langridge Karen Fothergill Marion Bond Helen McCallum 2010 Dani Singer 2010 Anne Cooper 2010
WA	Keith Solomon Brigitte Johnson Lynn Hatswell	Patrica Bell Flora Toft Gladys Duncan Chris Aubrey Des Bradley Lis Anderson Mairead Spooner 2008 Catherine Chandler 2008 Judy Moyes 2011



The RAOA Board and the FootPrints team wish all our readers and their families, a very happy Christmas and peaceful New Year



SOMETHING TO THINK ABOUT!

WILL MEMBERSHIP REMAIN THE SAME?

It seems that membership in organizations is changing. World-wide there is a move to Associations having more customers.

The younger generations are into change rather than commitment and belonging. They do not see the benefits of remaining in one organization for any length of time. That includes long term membership in one association.

HOW CAN WE GROW OUR MEMBERSHIP?

DO WE NEED TO LOOK FOR CUSTOMERS RATHER THAN MEMBERS?

If you have any thoughts on this please go to the Reflexology Association of Australia FaceBook site or the website forum.

“They shall bear thee in their hands that thou hurt not thy foot against a stone.” (Prayer Book 1662. Concise Oxford Dictionary of Quotations 1981)

Reprinted with kind permission, from Susanne Enzer's 'A compendium of Foot Folk Wisdom & Trivia'

Helen Adendorff, our new co-editor, has trained internationally and in Australia. She is a qualified Natural Therapist, Reflexologist and Thought Field Therapist (TFT). She completed her Reflexology Diploma at the College of Natural Therapies, Erina, NSW, in 2002.

Helen has had her own natural therapy and reflexology practice since graduating. Her practice included Corporate Reflexology. For some time Helen had a regular tenure to lecture to 1st year nursing students at Griffith University. This short course introduced them to alternative methods of healing. It was an introduction to Reflexology and Self Care techniques.

Helen has a background in corporate management and public speaking, both internationally and in Australia. She has numerous published articles.

Helen currently works full time in government and continues to practice reflexology and TFT/ EFT part time. She is also a volunteer for Tamborine Mountain Community Care.

Stress, digestion and reflexology

by Anne McHugh

When the body perceives itself to be under attack, it does not stop to consider what is attacking it but immediately adopts its Fight or Flight response. In olden days when a man spent his time gathering food and protecting his family, danger was all around and he had to be constantly ready to stand and fight or run like hell. Today the biggest danger is Stress, but the reaction of the body is exactly the same.

Essentially the body's response is designed to protect the vital organs and to mobilise itself for physical action. Blood vessels leading to the brain and the skeletal muscles are dilated while the blood flow to lesser organs is decreased. The rate of breathing increases and the airways open to allow the intake of more oxygen and the elimination of carbon dioxide. Large quantities of glucose are released into the blood stream to provide energy. The production of saliva and digestive juices is decreased and the elimination processes slow down, as these are of no use in combat.

When our forefathers were fighting off their enemies, these responses were instant and short-lived; enough to resolve the situation. The effects of stress, however, can last longer and the extra energy produced cannot be used up. If the body cannot quickly return to its normal functioning, problems start to set in.

Take eating for example. Everything we eat is broken down gradually by the incredibly efficient conveyor belt that is our digestive system, until it is ready to be absorbed into the blood stream and used to fuel and strengthen every part of the body.

The teeth and tongue break down the food into small particles suitable for swallowing. It then drops down into the stomach where it is neutralised by acid and mixed with juices before being passed on to the small intestine, or gut. Here the waste product is removed and continues on into the colon for elimination. The gut has several little pockets called Villi which are just one cell thick and everything else—proteins, carbohydrates, fats, vitamins and minerals—all pass through these villi into the blood stream.

We have already seen that, when under stress, the production of saliva and digestive juices has slowed. So too has elimination. Blood has abandoned the lower body and rushed to protect the vital organs. So the digestive process described above is not going to be very efficient. Firstly the food will not be properly digested when it reaches the intestines, leading to large amounts of

nutrients being eliminated. Even with a properly balanced diet, we could actually become deficient in vital vitamins and minerals. Elimination has also slowed, and so constipation could now become a real problem. Acids in the stomach cannot be neutralised and stomach aches, wind and eventually ulcers, could also become a big problem. Anything that does make it through to the blood stream will also have a hard time as the blood there is now in short supply.

It all comes together to paint quite a nasty picture. So what is the solution? Recognising stress and working to alleviate it is essential but we must also make sure not to make the situation worse with our diet.

Meals during stressful times should not be large. Five or six small snacks a day instead of three large meals would be easier on the digestive system. Make meal times sacred. Set the table and sit down, even for a small snack on your own. Take a few moments to enjoy the anticipation—appreciate how the food looks, its colours and aromas. 'Mouth-watering' is not just a phrase—it is actually the first stage of digestion.

Eat slowly and chew well. If you have a drink with your meal, make sure not to wash down unchewed food. Avoid fatty and spicy foods and cut down—if not out—stimulants such as coffee and alcohol. Eat plenty of fruit and vegetables and drink lots of water. Vitamin and mineral supplements can be useful but check with your doctor first.

Stress can be caused by many situations—home, work, relationships, illness or worry. It is not always possible to change the situation but our attitude and how we cope can alleviate the harmful effects.

Reflexology is hugely successful in dealing with stress. When I went to a bank to give a series of short treatments to the staff during their lunch breaks, I was amazed to get an 'Ouch!' from every single one of them when I touched the neck area. I quickly adapted a firm but gentle touch there and they began to relax and unwind. The head neck and shoulders will be tense in people even if they do not consider themselves stressed. However, the digestion and elimination areas should always be remembered for special attention when there is any sign of stress, as they need all the help they can get.

*Reprinted with the kind permission of Feet First
(Irish Reflexologists Institute Limited)
Winter issue 2010*



The most beautiful thing we can experience is the mysterious. It is the source of all true art and all science. He to whom this emotion is a stranger, who can no longer pause to wonder and stand rapt in awe, is as good as dead: his eyes are closed.

—Albert Einstein

Reflexology trial at a Nursing home

by Maxine Blanchard

In 2004 I had the privilege to take part in a reflexology trial at Grafton Aged Care Home in South Grafton, to establish whether reflexology could have an effect on bowel motion and to prevent enemas.

I organised this by approaching the nursing home director. As far as I recall the nursing home paid half and the patient's family paid half and accepted it was a trial run to be reviewed depending on results.

The trial was conducted over a three month span instead of the 6 months initially agreed upon due to falling pregnant with my second child.

Six patients were chosen, with a treatment plan of two 15 min treatments per week.

Two patients had severe later stages of dementia.

Two females with mild stages of dementia.

Two males with mild stages of dementia.

All suffered constipation.

The results showed that patients all reported to have easier bowel motions and better sleep patterns.

One of the male patients was very sceptical and cranky; he did not see how I could help him by playing with his feet (as he put it). After returning from the second treatment he was amazed, very happy. The nurses, also

sceptical at first, were happy to see me because it made their job easier.

The most outstanding thing I remember was one of the ladies who was suffering the very late stages of dementia had no way of communication, her body was contracted in every joint. She could only lay in the foetal position. I remember feeling so sad and wondered myself if I was making a difference. Fifteen minutes is only a short time but I was very alert and watched for her facial expressions. After ten minutes the pain in her face eased and her breath changed to a slower deeper rhythm. After the fourth treatment her body responded quicker with my touch and for a time her tendons relaxed.

One day when I arrived and spoke loudly to greet her, her eyes opened up wide and she tried to smile. My heart leaped, when a tear of happiness ran down her cheek. She clearly communicated with me and she knew exactly what I was there to do because she looked at her feet. It was the only way she had left to communicate other than moaning and groaning.

If I had a chance again I would love to continue researching this area as definite pain relief was present.

For further information contact Maxine Blanchard—reflexmax@gmail.com



Reflexology Association of Australia Ltd 2012 National Conference



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Case Study—Painful feet

by Heather Edwards

Client A, 57 years, female, 65 kg was referred to me by a podiatrist with foot pain and tingling in both feet. She had been having regular treatment with the podiatrist, including orthotics, for some time but with little relief. She had also had some physio treatments. Her history included appendectomy, gall bladder, hysterectomy, a small skin cancer and four sinus operations. She was currently taking Amprace, Diabex and Zocor and in 1996 had Warfarin for a suspected blood clot. Other issues included sleep problems, diabetes, high blood pressure and neck pain. In 1999 she was in a car accident and suffered whiplash.

The pain in the arch of her feet and swelling in the right ankle were the main reason for her visit but she had ongoing sinus infections and a gritty left eye that was bothering her when she attended my clinic. The diabetes and blood pressure were managed by diet and medication. Her diet was reasonable but as well as drinking 1 or 2 coffees and 3 to 4 herbal teas each day she was having 6 to 8 glasses of water. I suggested that she cut back on her fluids considerably as she was probably over doing it and this could be contributing to her pain.

SESSION 1—10th March

On initial inspection the feet were very soft, pale and lifeless looking and very much lacking in tone. I worked a general basically Ingham method session with quite gentle pressure. All toes were very tender as were the adrenal gland, ureter and kidney reflexes particularly on the right foot. Client A was surprised how readily I could work around the ankle on the right foot toward the end of the session even though initially, ankle rotation displayed marked sensitivity.

Homework—roll a golf ball under feet daily for 10 minutes each foot at least once a day and rotate ankles while sitting.

SESSION 2—17th March

Immediately following the first session the feet were better for a few days but the last two days they had actually been worse than before she had commenced reflexology. In the first 3 or 4 days she had been walking and striding out really well but by last night there was tingling across the toes again which had previously been there throughout the whole foot, off and on in intensity. I proceeded with the same treatment and this time it was particularly tender on the lateral side of both feet in

zones 4 and 5 from the waist line to the toes as well as the whole arch. The right ankle was still tender and the lumbar 1 and 2 spinal reflexes were quite sore to touch.

SESSION 3—23rd March

During the week 'A' had been able to walk around the shops but was still experiencing tingling in her feet around the forefoot and toes and occasionally through the plantar surface slightly more medially and sometimes more like an ache. The right ankle was puffy but soft today. As we worked, the left foot was very sensitive everywhere but particularly the toes and arch. The right foot was also sensitive. Both spinal reflexes were sensitive.

SESSION 4—31st March

Feet getting better with each visit: able to walk further and longer. Feet are still tender but nothing like they were previously. Feet feel to be more toned and generally in a better state of coping—good progress! 'A' is continuing with homework and will commence using a foot spa.

SESSION 5—13th April

Left foot has been painful for the past couple of days and the right only a little. While working the mid digestive, maybe pancreas and/or kidney reflexes were very tender. Fluid intake has been out—lots of coffee and very little water which could affect the pancreas/stomach and kidney meridians. I suggested that more balance was necessary. 'A' is continuing to increase the distance that she walks

SESSION 6—20th April

'A' has noticed a real improvement in the last 2 days as she took her morning walk. She seems to be flowing through her feet better. The feet were still sensitive to work but any sore spots were not as sharp. She was feeling great after the session.

SESSION 10—22nd June

'A' is walking very comfortably now and feeling great. She is still careful not to overdo things. Her kidney and pancreas reflexes are no longer really sore.

I almost always used basically Ingham method sessions with 'A' throughout her treatments. Once the pain had gone from her feet she continued with monthly sessions for general maintenance. I do still see her occasionally. Her feet are a totally different pair to when she first came to my clinic. They are pink and strong these days and her health is generally good. She does still have ups and downs with her sinus condition. 🙏



Did you know?

The first multi-focal contact lenses were invented by Stephen Newman, an optical research scientist in Australia, in 1992.



Book review

HOLISTIC REFLEXOLOGY the eight principles

by Glenda Hodge

Reviewed by Susan Rusden

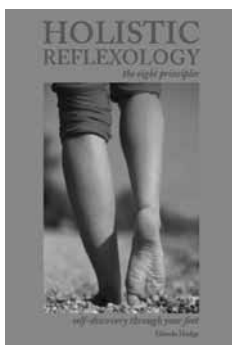
Australian Reflexologist, Glenda Hodge, has written an inspiring book based on her experiences with Complementary Therapies including Reflexology. Her personal, professional life and clinical experiences are what led Glenda to write this refreshing book on Holistic Reflexology.

Before the main read of this book Glenda outlines her eight belief principles upon which she bases her work. She discusses how beliefs that we hold on to can suppress creativity and how blocked energy could be the reason behind our physical health symptoms and negative life circumstances. Each belief is related to Glenda's own life experience. The next section of the book is a quick introduction to the book which is based on eight holistic reflexology principles.

Principle One looks at a metaphysical perspective of the anatomy and physiology of the body systems and how to discover the connection of pain and symptoms around daily life.

At the end of each system of the body Glenda shares some of her client and personal experiences which help the reader understand the metaphysical concept. Reading through each of these systems of the body made me think about my own feet and what it could mean for my own personal journey. It was a real good wake up call for me, I think we all need one of these now and again!

Principle Two takes on the topic of Chakras.



Principle Three looks at how each of the toes are related to the elements of Ether, Air, Fire, Water and Earth and how each one of these elements express its energy through the toes.

Principle Four briefly discusses how organs of the body often suppress emotions.

Principle Five looks at the very interesting topic of interpretation of the feet, or what the feet can tell us about ourselves and our lives.

Principle Six looks at the feet in general and the metaphysics behind the shape, texture and position of the foot.

Principle Seven talks about how important it is to focus on what our clients have to say as it could be the words that they use in conversation with us that tell us what could be the cause behind their health problems.

The last Principle looks at how sometimes the types of clients that are drawn to us might actually be trying to tell us about something that may be going on in our own lives.

Glenda wraps up her book with an inspirational conclusion which encourages the reader to take on board the various aspects of her eight principles. At the end of the book you will find black and white photos of the different systems of the body and the positioning of the reflexes of the feet. At the end of this book you will read a very brief journey back through Glenda's life, which gives the reader a better understanding of how she came to write this fascinating book.

I found 'Holistic Reflexology the Eight Principles' a very interesting read. It would be very easy for any Reflexologist to pick up this book and to take any of the principles outlined and put it in to practice in any clinical situation. ☺☺



Client study from a metaphysical perspective

by Glenda Hodge

My holistic approach to reflexology leads me to believe that there are other issues besides the physical that contribute to pain in the feet.

A lady came to see me with a painful right heel. The pain travelled from the heel towards the medial soft tissue and up to the ankle. From my understanding of the foot, it began in base chakra area and travelled up to sacral chakra. My first thought about the foot pain was that it was something to do with a group or belonging issue (heel) which continued on to some sort of money concern.

This lady had been seeing a podiatrist regularly for over ten months and wearing orthotics. Nothing was giving relief and an operation had been suggested as the only option left to relieve the pain. She was no longer able to

drive her car, visit the gym or stand in the kitchen to do the washing up.

Her husband was a minister of religion and was close to retirement, which meant they would leave the area, their friends and their home of many years. They would relocate, be estranged from everyone who had supported them in the past and re-establish their life. They would soon be leaving the community in which they both played a vital role. Like many people facing retirement, there were concerns about future finances.

She understood the connection I was making between her foot pain and her forthcoming lifestyle changes. Her foot began to improve almost immediately and within a few months she was back driving, walking, exercising and doing all the things she hadn't been able to do for many months. There was never any more talk of an operation. ☺☺



AGM President's Report—2011

During 2010/2011 the Board has identified how to portray and state the specific direction of the Reflexology Association of Australia (RAoA) in this Vision Statement ...

The Reflexology Association of Australia is a leader in an integrated health care system with a strong global presence in preventative and therapeutic health management.

If the RAoA is to be a leader in health management now and in the future, specific direction also has been identified to assist in achieving this reality:

Our Mission is –

The Reflexology Association of Australia will be of service to members by ...

- ◆ ***Maintaining high levels of training including continuing professional development.***
- ◆ ***Promoting an awareness and understanding of Reflexology.***
- ◆ ***Providing professional support structures including practice guidelines.***
- ◆ ***Representing members in public and political arenas.***
- ◆ ***Supporting and engaging in research within the association and with other organisations.***

In having formalized these principles I wish to acknowledge that none of this could have been achieved had it not been for the dedicated efforts of my predecessors. They have nurtured the dream of every reflexologist to be successful and to spread the word of reflexology as a viable complementary health modality. Today RAoA is well recognized within the realms of health care due only to the energy and commitment of everyone who has served on the board, on branch committees, within our administration and the many members who have volunteered their time to assist in promoting public awareness and understanding of reflexology and our association.

We have welcomed to the Board four new members, Michelle Beever, Victoria, Karen Bishop, WA, Leanne Brown, representing NSW and Lynda Kidd, Tasmania. We are privileged to have them join with us and bring with them their wealth of experience and dedication.

I would like to thank the Board for supporting each other and working cohesively over these past months to find a productive harmony. I thank the many members who readily offer support to the board and encourage more of you to join in the sub-committees as we work together to achieve our vision.

Maintaining high levels of training including continual Professional Development.

Training

At the forum held at the Brisbane conference in October 2010 it was recognized that since the HLT Diploma of Reflexology was introduced ...

1. fewer people are studying reflexology
2. cost to study has greatly increased
3. increased inability to study without a massage component

The Skills Accreditation Council was contacted to apply for the introduction of a Certificate IV in Reflexology. Schools were contacted to support this move but unfortunately there was apparently insufficient support and this request was unsuccessful. As a result, the current proposal is that the RAoA will develop a Certificate IV that is accredited by RAoA.

Christine King, WA Director and responsible for the Education portfolio, has been instrumental in developing the Certificate IV in Clinical Reflexology which we hope to finalize by Christmas 2011. It is designed to work with the HLT Diploma of Reflexology as an Industry Accredited Qualification (RAoA Accredited). As far as possible it parallels the diploma units. This facilitates Recognition of Prior Learning, (RPL), the approval necessary for those wishing to continue on to diploma level.

We are presently inviting members to consider taking up the challenge of training to teach the Certificate IV. In the December issue of Footprints we will be advertising for consultants from each state to select trainers and mentors to oversee courses in their state. Consultants will liaise with and be a part of the Education Committee. It is planned that the course will commence in July 2012.

Over the past year the numbers of people training to become reflexologists has dropped away. Without new reflexologists joining the RAoA and the usual non renewals RAoA numbers have dropped to 941. It is hoped that the new Certificate IV will attract additional trainees and put a stop to the slow decline in numbers. It offers a course that is more affordable, industry specific and employs trainers who are recognized, qualified reflexologists.

As a result of a student enquiry relating to their inability to join the RAoA due to having studied by correspondence and for the benefit of future students a notice has been added to the Schools and Colleges page of the website stating ...

THE REFLEXOLOGY ASSOCIATION OF AUSTRALIA (RAoA), DOES NOT ACCEPT GRADUATES WHO HAVE COMPLETED REFLEXOLOGY TRAINING VIA CORRESPONDENCE! *The Health Funds that recognize professional reflexologists registered*

Continued on page 8

with the RAoA do not accept reflexology training completed via correspondence. This notice also appears on RAoA membership Application forms.

Continuing Professional Training

- ◆ The CPT program has been extended to include Senior First Aid and CPR Training.
- ◆ New forms have been designed to assist members to record their CPT events more efficiently.
- ◆ The Board is also looking at mechanisms to facilitate the possibility of rolling points over from one year to the next.
- ◆ Assessment and availability of opportunities for obtaining CPT points is constantly being looked at and researched.
- ◆ The Research Committee has provided opportunities for members for continuing professional development in the form of cataloguing workshops and data logging days.
- ◆ More opportunities for participation on sub-committees
- ◆ More practicum exchange opportunities continually growing.

Promoting an awareness and understanding of Reflexology

Administration Office

As we no longer employ an answering service and the office is manned every day enquiries now go direct to the office. This has been a bonus as Jenn Cooper and Jan Williams excel in their communication to both members and the general public. It enables those enquiring about the services of RAoA to receive an immediate, high quality response.

Brochures

- ◆ Stress brochures introduced during the year have been very successful.
- ◆ All brochures and promotional material are being aligned in appearance for continuity

Footprints

- ◆ Helen Adendorff is the new Co-editor due to the resignation of Jan Cullen
- ◆ Protocol manual developed
- ◆ Will remain in hard copy at present but new subscribers will be encouraged to take an on-line subscription.
- ◆ Members wishing to receive Footprints on-line in preference to the hard copy are encouraged to notify the administration office.
- ◆ Need to look at considering a Footprints marketing strategy

World Reflexology Week

- ◆ Misha Frankel in NSW was able to promote reflexology through Ziera outlets which can be expanded to Victoria and Queensland for WRW in 2012.
- ◆ Cathy Boyle in Queensland organized for a promotional page and video on Natural Therapy Pages. Misha Frankel was interviewed for the video.
- ◆ Michelle Beever a Victorian Director, among a number of smaller promotions, had an article in *Alive Magazine* which is distributed to all health food stores.
- ◆ Many members participated in volunteer or sponsoring presentations of reflexology to the public

Australian Integrative Medicine Association Conference

- ◆ RAoA will be represented at the conference in Sydney this October. Members will interact with medicos from Australia and New Zealand. They will be exposed to the latest developments in integrative medicine.
- ◆ A trade table has been secured and a group of volunteer reflexologists will offer sample sessions to the conference participants.
- ◆ Brochures and promotional research folders have been supplied for distribution.

This is an exciting opportunity to share reflexology with the medical profession.

Library

Branch Library contents are listed on the website to enable borrowing across the country.

Providing professional support structures including practice guidelines.

Website Development

Additions have been made to the research section of the website including information on *Valid Research, Acceptable to the Research Community and Guidelines for a Literature Review*. An article on *What is a Literature Review* has also been printed in *Footprints*.

Research folders are being developed for use on trade tables at conferences and for members to access for presentations to industry when seeking employment opportunities.

The FootPrints index is complete and a mixed selection of issues from March 2002 to June 2010 is now fully accessible on the website.

Join Here button has been added to the home page to assist prospective members.

Committee forum pages are available to aid communication between meetings.

Unfortunately the members' forum is not being used as much as we would like. We encourage members to use it to share successes and discuss issues that arise during clinical practice.

James Flaxman, the Website Administrator, is always ready to assist in new ventures suggested for the site.

FaceBook

RAoA's presence on Facebook this year has opened a new avenue for promoting reflexology and the association.

Association Membership

RAoA has taken the positive step of joining the **Associations Forum**. This membership will benefit RAOA, by assisting us through a wide ranging support system of friendly contacts and the availability of further governance training. It will enable RAOA to develop its strategic direction and will open up opportunities to grow a more financially viable association.

Throughout the year RAOA has continued to attend the **Inter Association Regulations Forum (IARF)** meetings to participate in discussion relating to the formation of a structure relating to registration. Unlike FNTT who were a supporting body able to assist with policy development, complaints and compliance issues IARF has had the aim of setting up a registration body for Complementary medicine practitioners. A registration body would list practitioners who comply with education and practice standards acceptable to Government Health legislation. It would provide the public and all health practitioners with a register of recognized practitioners. Like our association with FNTT, RAOA would continue to function and accept members in its current form. At the July meeting in Sydney the discussion group formalized the name, **Natural Medicine and Therapies Regulation Board, (NRATRb)** for this new company and invited associations to commit to a payment of \$1500 to remain as active participants in its development. To date RAOA has made no formal commitment.

We are currently researching another possibility while continuing to observe the developments of NMATRb's progression in order to ensure that any additional body that RAOA becomes affiliated with is in the best interests of the members. Becoming a part of the correct registering body is a step forward in health care recognition for RAOA. If RAOA accept NMATRb as their umbrella organization members would have the choice of belonging or not.

Conference 2012

The Conference Committee, under the leadership of Lynda Kidd, is well on its way to delivering another successful conference in September 2012. The venue is already booked, a reflexology path is still being negotiated and the process of selection of speakers is under way for a new-look workshop presentation conference. This should be an even more interactive conference than the very successful Brisbane conference in October 2010.

Representing members in public and political arenas

Submission re Unregistered Health Practitioners

In March this year RAOA was represented at the Australian Health Ministers' Advisory Council (AHMAC) forums across Australia. The forums sought feedback from the community about regulatory protections available to consumers who use the services of unregistered practitioners. Under current law RAOA practitioners are classified as unregistered practitioners. At the informative forums discussion occurred concerning the consultation paper "Options for Regulation of Unregistered Health Practitioners" and associations were invited to make submissions. The board would like to thank all those who attended meetings. Their feedback was invaluable in completing the submission.

RAoA made an independent submission, one of 165 tabled, demonstrating that we are a strong association that has much to contribute. Our submission included the requirement to:

- ◆ Consider the terminology regarding the words "*unregistered practitioner*" Currently professional complementary health care practitioners registered with professional associations like ours are called "*unregistered practitioners*" which we believe is misleading and confuses the general public.
- ◆ Set up a register of professional members to be made available to the public for them to find qualified practitioners
- ◆ Be recognised as totally separate and different from massage.

Supporting and engaging in research within the association and with other organisations

A **Memorandum of Understanding, (MOU)** between NORPHCAM and RAOA was signed on Friday 25th March 2011 at the board meeting in Brisbane. RAOA members now receive the NORPHCAM newsletter by email. Our collaboration with NORPHCAM opens up supportive opportunities for future research projects.

Currently the Research Committee is collecting support studies and working with NORPHCAM to collate information for a literature review on the Australian research project '**Reflexology Helped Clients!**' and collating information from the Questionnaire '**What is the profile of a reflexologist and what do they do? - A demographic study**'. The study has been extremely well received with over a 95% return rate.

In this ever changing environment of legislation, I recognize that we must hold on to our passion and remain unified to maintain the strength and individuality developed by the founders of RAOA. We are pioneers in a different age and stage in the development of reflexology. You, the members are the lifeblood of our association. Your needs are our concern and we constantly work toward fulfilling those requirements. We receive feedback

Continued on page 11

Have you really thought about your true worth as a Reflexologist?

Recently I had a very interesting conversation with Marie Duggan from NSW regarding what RAOA is working towards within integrative medicine and a government instigated registering body in the UK. I asked her to put onto paper the context of our talk. Apart from some minor editing here is her reply for your consideration.

“Hi Heather,

Just to reiterate my background, I have worked within complementary therapies for the last sixteen years as a Reflexologist and Massage Therapist. For the last three years in the UK I was employed by ‘The Holistic Cancer Care Centre’ at the James Cook University Hospital in Middlesbrough. At the centre I was employed to practise reflexology, giving treatments to cancer patients undergoing surgery, chemotherapy and radiotherapy. I would often be asked to give treatments to patients on the haematology wards and at times at the bedside when patients were at the very end stages of life.

The integration of complementary therapies within conventional healthcare is an ever evolving process and there has been many procedures and guidelines developed to safeguard the patients, practitioners and to create a professional trust between these two areas.

In the UK a Government funded ‘Complementary & Natural Healthcare Council’ was implemented for the safe and recognised practice of complementary therapists. This register did raise concerns within the various professional bodies of therapies as some felt that we would be giving up our autonomy. This has not proven to be the case, as private colleges still continue to deliver high standards of training as do further education colleges with no interference. However, in reality what it has done is to ask for the therapists wishing to be on this register to show evidence of training, continued professional development, insurance status, experience and codes of conduct. In fact no different to the requirements asked from any of the complementary professional bodies.

This has now given the conventional health professionals a register they are happy to use and refer their patients to as a recognised standard of training and professionalism. In turn the complementary professional organisations are now discussing the integration between conventional medicine and complementary treatments for their members at a very high level within the healthcare system. What is most important is that we are being recognised as professionals.

I know that the RAOA are working towards our members and training becoming recognised within the Australian healthcare system. I have personally found from returning to Sydney that despite my long history as a therapist and experience within the UK that the conventional healthcare system does not recognise us as professionals. The big concern with this is that these fields are happy to

acknowledge the need and relief that reflexology brings patients but are only prepared to have us on site as volunteers.

There are many changes starting to happen to allow us the professional status we need and these changes need to be made from all quarters. We need to be working with and liaising with the Government Health Service, managers of hospitals (private and public) and the private health providers to create a working model for Reflexologists to be acknowledged as professionals. However we also have a responsibility in this by showing our worth and high levels of training. We need to promote our dedication to professional development and high standards within ethics and codes of conduct and practice.

We need to consider:

Hospitals etc are approaching our organisation because they recognise how much relief and peace we bring patients.

Most Reflexologists are self-employed and have had to pay for their: training, professional membership, continued professional development courses, first aid certificate, insurance and business development. Why then would we be ‘content’ to go in and deliver treatments for free?

By providing an ever ready batch of willing reflexology ‘volunteers’ for any hospital who ask, are we in fact perpetuating this lack of professional recognition?

Do the same organisations employ or sub contract the services of the Manager, Nurses, Physio’s, Receptionists, Office administrators and the Cleaners? Would they be expected to deliver their services for free? Of course not!

Why would the conventional system ever change to work with us and create policies and procedures if we are happy to go in and treat patients for free?

Consider this—in order for you to give a treatment in the first place within the healthcare system you will be required to have all of the above qualifications and certifications in place. BUT you are still not going to be recognised as a professional!

I feel this raises some questionable concerns regarding insurance. I understand that some organisations are happy for us to go in as volunteers (with all of the above in place first of course). However are we happy that we are fully covered by insurance? Of course we all have insurance so that’s ok, right?

Well, is it ok? Firstly, we’re not there as ‘professionals’ in the eyes of the institution. So we are probably covered by their insurance for personal injury. However does the lack of recognition of professional status mean that there is no implied consent by the Doctors for us to treat patients ... cancer or otherwise? So, by the nature of working in cancer care or general hospitals we are probably working

Continued on page 11

... your true worth as a Reflexologist?
Continued from page 10

on patients who require Doctors approval according to our training and insurance requirements. Where does this leave us? Are we there as professionals or not? Are we covered by insurance or not?

These are all very grey areas for the practitioner as a volunteer but you are still there giving treatments while wearing your reflexology hat. If you are a volunteer are you being accepted as a professional therapist and are you happy to proceed with your treatments without clinical approval—written or orally given?

Having worked within the cancer care field I know how dramatically a patient's condition can change from one chemotherapy/radiotherapy treatment to another. Being recognised as a professional means you are accepted there to deliver your treatment. In cases of concern (and there will be such cases) you have procedures to follow, such as discussing the appropriateness of your treatment with a clinical lead. This ensures safety for the patient and for you the practitioner.

In order for changes to happen and to change the status quo we need to value ourselves and our dedication to training within our field. Once we do this then others will too and our status will become more recognised.

Warm wishes,
Marie Duggan"



Did you know ??

Australia has possibly the lowest population density of any country in the world, ie, 2 people per square km.
Japan has 327 people per square km.



AGM President's Report—2011
Continued from page 9

from Jenn Cooper, our Membership Officer, but also welcome comments, questions and queries directly: be they positive or negative. Your communication with us is essential to the RAOA being able to move forward and provide the service that you deserve.

Together we can make a difference in health care for ourselves and those around us and achieve excellence in our industry.

I ask that my report be accepted

Heather Edwards, President
15 October 2011



Case Study—Using Reflexology in a nursing home

by Fiona Davis

I have been doing Reflexology in a nursing home on a specially challenged lady since 2005. Over the years I have documented seasonal rashes along with any deposits and swelling on her feet.

My client seems to get a recurring rash on the dorsal side of her feet. In April 2011 I noticed the rash was red with dry skin and bleeding slightly due to my client scratching at the rash. This could bring about another problem, infection, if left unattended.

I informed a nurse because my client is not able to communicate her opinion to staff. The nurse was grateful for letting him know and the rash on my client's feet was attended to straight away.

My client being specially challenged, was grateful to have a Reflexologist who can monitor her progress in co-operation with the nursing staff. The rash has gradually improved. My client is delighted to have her feet worked on and looks forward to her reflexology sessions once a month.🙏



WORKSHOPS for 2012

Holistic Reflexology , the eighth principles

Brisbane, Saturday 10 March 2012, Part 1

Brisbane, Saturday 17 March 2012, Part 2

Astrology, basic overview of planets, signs and houses

Brisbane, Sat 4 February and Sat 11 February 2012

Toowoomba, Sat and Sun 18 and 19 February 2012

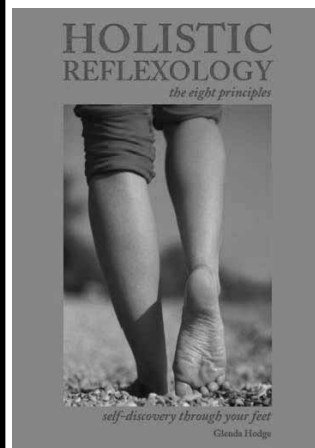
Townsville, March 2012

Holistic Perception, personal growth through understanding

Brisbane, Sat 25 February 2012

Further details at www.energyforliving.com.au

Find me on FaceBook at Holistic Reflexology



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the eight principles

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Glenda Hodge, Brisbane

07 3395 1906

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World Reflexology Week—NSW and Ziera

by Misha Frankel

A big thank you to NSW members for their contribution towards the success of the Ziera campaign! Having reflexologists in eight Ziera stores for WRW took a lot of organising and a big thank you goes to Vallerie Moffat (Area Manager for Ziera) for her dedication and commitment to making this event happen.

As with all events we expanded our awareness so that next time we will factor in the following.

- ◆ Schedule campaign outside of school holiday time
- ◆ Best in-store time is between 11am and 3pm
- ◆ If possible improve advance advertising to Ziera staff and customers

Feedback from everyone who received a treatment was positive and all those reflexologists who contacted me have indicated how much they enjoyed the experience and would do it again. The Ziera staff were very supportive and I know a few of them also received a treatment so they were able to share their experience with customers and encourage them to “have a go”.

From my experience quite a few customers who wandered into the store simply to browse, agreed to have a mini-treatment and were so relaxed and “in the zone” that they ended up actually buying a pair of shoes. So it was a win-win situation for Reflexology as well as Ziera.

In total 151 treatments were provided across eight Sydney metropolitan stores. Some therapists worked more than one day. The average number of customers seen was 6 over a 4 hour period.

One customer from each store was selected from the 2 for 1 offer draw and letters have been sent to them congratulating them on their win and giving details of the therapist/s in their area who were part of this campaign. It is up to the customer to contact the therapist direct because it was important to give customers the option of one or two therapists because of distance issues.

This type of competition means that the customers who were part of this campaign have the opportunity of assessing therapists in a clinic environment.

Thank you everyone. Let's look forward to a bigger event in 2012 which includes Victoria and Queensland.

... and Valerie's response

Thanks for the 'Wrap Up' notes, I was pleased to be able to help. I felt overall it was a successful campaign. Our customers were delighted with the blissful treatments the Therapists gave in the stores.

With what we have learned from this experience and more forward planning I feel next year will be even more successful. I look forward to working with you again.



I Choose ...

to live by choice, not by chance;
to make changes, not excuses;
to be motivated, not manipulated;
to be useful, not used;
to excel, not compete.

I choose self-esteem, not self pity.
I choose to listen to my inner voice,
not the random opinion of others.

Update on research

Published in September 2011 Reflexology Research Newsletter
by Barbara and Kevin Kunz

Medical applications of Reflexology in post-operative care

The value of reflexology for patients post-surgically is demonstrated by fifteen studies conducted in eight countries. As reported in Medical Applications of Reflexology: Findings in Research about Post-operative Care, Maternity Care and Cancer Care, patient pain, anxiety and recovery are all aided by the application of reflexology post-operatively.

Researchers note the value of reflexology post surgically: speeding recovery time; adding to nursing interventions to ease pain when medication alone is not enough as well as easing anxiety, common in post-surgical patients. In addition to quality of life for patients, such improvements have financial consequences: earlier discharge from the hospital as gastrointestinal and urinary functions return earlier as well as savings in the lessened use of pain medication.

Medical applications of Reflexology in maternity care

As documented in Medical Applications of Reflexology: Findings in Research about Post-operative Care, Maternity Care and Cancer Care, reflexology has significant effects for women during all phases of the maternity experience: pregnancy, labour, and post partum care. In twenty-two studies conducted in seven countries (China, Iran, Denmark, UK, Northern Ireland, Taiwan and Korea), researchers find reflexology to be a non-invasive and safe intervention for women during maternity:

- ◆ easing symptoms of pregnancy
- ◆ creating shorter duration for labour and decreasing pain during delivery
- ◆ meeting postpartum care concerns: initiating lactation more quickly and more successfully;
- ◆ helping with lochia and uterine involution as well as return to normalcy for urination and defecation.

Research also shows reflexology work provides emotional support during pregnancy (social stress), delivery (lessened anxiety) and postpartum (depression and anxiety).

Among benefits of reflexology use to improve care in the obstetric ward, creating a better experience for expectant and new mothers including:

- ◆ avoiding use of and potential side effects of pain-killing medicine
- ◆ saving money helping reduce pain and, thus, encouraging mothers concerned about pain to use vaginal birth rather than caesarean section
- ◆ avoiding side effects of drugs to encourage lactation which could be harmful to the baby.

Medical applications of Reflexology in cancer care

Results from 24 studies show that reflexology helps cancer patients improve the physical and emotional symptoms of the cancer experience. As reported in Medical Applications of Reflexology: Findings in Research about Post-operative Care, Maternity Care and Cancer Care, research demonstrates reflexology's effectiveness at alleviating pain, relieving anxiety, easing nausea and more for cancer patients undergoing chemotherapy, symptom management, post-operative care or palliative care,

The research has been conducted by nurses world-wide—twenty-four studies in ten countries—within specifications of scientific research: publication of results in professional journals (nursing or oncology); use of control groups (12 studies) or pre-test/post test methods (8 studies); as well as measurements and analyses by standard methods (e.g. the Spielberger State-Trait Anxiety Inventory and ANOVA respectively).

For the 28 million people fighting cancer worldwide and the 1.3 million diagnosed each year in the US alone, findings from the reflexology research offer potential for improved quality of life and easing of symptoms.

Speaking to such potential are the results realized by the total of 1,173 cancer patients participating in the 24 studies:

- ◆ In eleven studies totalling 697 cancer patients receiving chemotherapy, reflexology was found to be effective in easing symptoms such as nausea vomiting, fatigue and anxiety.
- ◆ For those under cancer care with concerns about management of symptoms, six studies of reflexology which included a total of 255 patients demonstrated its effectiveness in reducing pain and anxiety
- ◆ Two studies of post operative cancer patients including a total of 89 cancer patients noted results of lessened pain and anxiety reported by patients to whom reflexology was applied as well as significantly less use of analgesics.
- ◆ Five studies of reflexology applied to a total of 69 cancer patients in palliative care found that reflexology helped with alleviation of fatigue, improvements in quality of life, and decrease in pain as well as being comforted.

To find out more visit Barbara and Kevin Kunz website:

<http://www.reflexology-research.com/nursereflexology.html>



Introducing natural therapies to an aged care facility

by Maxine Kohn

Recently I was approached by a local Aged Care Home to treat one of their residents. Residential aged care is Australian Government funded to provide for those no longer able to live at home because of aging, illness or disability. Two main types of residential care are available in Australia—low level care and high level care.

Low level care provides help with the activities of daily living such as dressing, eating and bathing, accommodation, support services such as cleaning, laundry and meals and some allied health services such as physiotherapy. Nursing care can be given when required.

High level care provides people who need almost complete assistance with most activities of daily living with 24 hour care, either by registered nurses, or under the supervision of registered nurses. Nursing care is combined with accommodation, support services, personal care services such as help with dressing, eating, toileting, bathing and moving around and allied health services such as physiotherapy, occupational therapy, recreational therapy and podiatry.

Natural therapies were not historically offered at this particular home. However, one of the residents on the high care floor was distressed and not responding to medication so I was contacted to discuss the possibility of introducing aromatherapy to alleviate his distress. I am qualified in both Aromatherapy and Reflexology and I generally combine the two modalities. At the initial telephone contact it was agreed with nursing staff that a combination of Aromatherapy and Reflexology would be trialled for a period of one month. I would meet with them the next day to assess the resident and prepare a care plan.

All publicly funded homes must adhere to high standards of care for their residents and are governed by an independent body—The Aged Care Standards and Accreditation Agency. The home needed to have copies of my professional certificates, current membership certificates, insurance certificate and first aid certificate. I assembled these documents in a presentation folder and prepared a separate copy of all documents to leave with the home. As I was using essential oils as part of the treatment, I also needed to supply Material Safety Data Sheets for each of the oils that I would use with the resident. This information was easily obtained from my essential oil supplier simply by emailing a request.

Prior to the initial assessment, permission is gained from the family of the resident to provide treatment. After the assessment and provision of treatment, I then invoice the home and they arrange payment through the resident's trust account held by the home. Ongoing assessments and subsequent treatment remedies are paid for the same way.

I was very aware that it was essential to make a good impression with the nursing staff. I had been informed that some nursing staff were extremely sceptical that natural therapies would have any affect at all.

Personal presentation would count as it is well documented that first impressions are formed in the first moments of meeting. I dressed professionally in slacks and shirt (not a polo) and being winter I added a matching jacket. All documents were assembled in folders and placed in a smart bag completing the professional 'look'.

On arrival at the home for this initial introduction I met with the Registered Nurse on the high care floor and provided copies of certificates and documents. I then discussed with her the particular needs of the resident I was to treat. The resident has been diagnosed with dementia and the treatment would focus on anxiety relief. I spent thirty minutes assessing his needs and took a list of his current medications. I then returned to my home office to analyse the information and prepare an aromatherapy remedy to ease his anxiety. Having a list of medications is essential to ensure there would be no adverse interaction with the essential oils I would choose.

Once the care plan was formulated, I wrote a report detailing my discussion with the registered nurse and explaining the rationale for choosing certain essential oils and the method of application. The method of application was to apply the oil remedy to the spinal and head reflexes along the thumbs of both hands. Hands are easily accessible, nursing staff already had a habit of touching the resident on his hands to catch his attention when they entered his room so it would be nothing out of the ordinary. This was important, as the resident disliked any change in routine.

I then returned to the home and demonstrated the method of application to nursing staff, as they would be applying the remedy each day when the resident was given his medications. The remedy is kept in the 'drug trolley' with other pharmaceutical medications.

One month after beginning to use the essential oil remedy on his spinal and head reflexes on the hands, the resident had reduced use of PRN anxiolytic drugs from five days in a week to just one day in the week. The natural therapy treatment continued and at the end of a two month period the resident had received no PRN anxiolytic drugs in the previous two weeks. Nursing staff were very impressed with the outcome. This resident continues to receive his natural therapy treatment daily and is much more settled.

The trial is considered a success and the home has continued to refer residents for treatment. Three months later, I am now supervising natural therapy treatment for a total of twelve residents at the home. This is a positive

Continued on page 15

Introducing natural therapies ...
Continued from page 14

outcome for all concerned—the residents, the nursing staff at the home and for myself. It supports the efficacy of natural therapies and their use as complementary to pharmaceutical treatments.

Reference:

http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/Types%20of%20care
http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/cq-188
PRN – Pro re nata, a Latin phrase meaning 'as the circumstances arise'.



Did you know ...?

People who laugh a lot are much healthier than those who don't. Dr. Lee Berk at the Loma Linda School of Public Health in California found that laughing lowers levels of stress hormones, and strengthens the immune system. Six-year-olds have it best—they laugh an average of 300 times a day. Adults only laugh 15 to 100 times a day.



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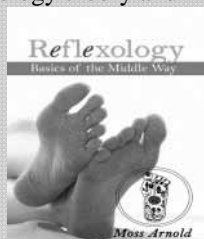
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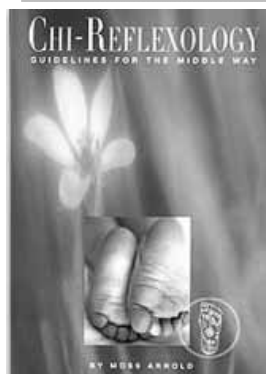
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What can you read from these feet?

September 2011 'FootPrints' cover



Fiona Davis of Rockhampton says:

In the photo the right foot appears to be holding back something in the past but on track in the present. The flexible toes on the right foot show a secure, alert person who adapts well to all ways of thinking—too much flexibility encourages manipulation. The tense right foot shows there may be a conflict with a man (men) or a resistance to one's own masculinity.

Peeling skin—releasing the old.

Dry skin like calluses on the left foot's chest reflex—extra protection over emotions around females. The baby may not show its true emotions around females and is holding back what he/she wants to say as there is an apparent puffiness at the throat reflex on the left foot.

The colour of the baby's feet—red—embarrassed, angry or frustrated.

The baby's feet appear to be broad—down to earth person.

The little toes appear close to the other toes and even tucks underneath the other toes—a person who is close to the family.👶

Heather Roylance, Queensland RAoA Member says:

I enjoy reading feet—and here's what I get with these wee ones.

This is a very old soul—and she has lots of 'news' to bring us.

She has been punished before—quite severely for—'being different'—and wasn't really going to come back this time as she still carries hurt with her.

She has had lots to say—but this has been 'quashed' before—and is very frightened that this may happen in this life—so may be hesitant until she becomes confident and feels secure in her new surroundings. She has needed to be loved which is why she has chosen to come to wherever she is now.

There is a guide on her right foot—a young face—perhaps late teens early 20's—someone who appears to be very 'switched on'. Is it someone she was with before? She has piercing eyes and clear skin—with a longer type of face and looks like a cap or is it hair which points into the centre of the forehead?

This child is very well balanced—and has heaps of energy!! Is there stiffness in her neck? She is very, very sensitive—and the feelings and thoughts of this soul are paramount to her. She won't 'do' or 'talk' about anything unless she feels it is right in her heart.

The colour 'blue' would be good for this child.

"Well, we will have to wait for Ellayna Grace to grow a little more before we know if either of these readings hit the mark."

Ellayna's proud Grandmother, reflexologist Judee Hawkins

The opinions above, are solely those of the authors and do not reflect the views of the RAoA



World Reflexology Week, 2011

by Mandy Johnson

At Old Gippsdown Heritage Park, Moe, Victoria, on Saturday 17 September three Gippsland members took advantage of their market day to promote World Reflexology Week.

Once we started there was no stopping and we did many feet from 8 a.m. until 2 p.m. We were able to raise the awareness of Reflexology locally for many people who had heard about it but wanted to know more. We had very positive feedback and everyone just loved the experience. We charged \$10 for 15 minutes (though we probably gave longer) and raised \$250 for Old Gippsdown Heritage Park who rely on public donations to keep running.👶



From left to right are:
Mandy Johnson, Linda Tuley and Christine Witchell.

World Reflexology Report—Cairns

by Julie Bateman

The Discount Drugstore chain of Chemists puts on a monthly promotion for Community Awareness of a Natural Therapy here in Cairns.

We were asked to participate and I said 'Yes, the last week in September is World Reflexology Week and (5) of the RAOA Practitioners could make themselves available'.

The Pharmacists (who own (7) Chemists in Cairns) Frank and Vince Pappalardo were sceptical at first, purely because of a lack of education on Reflexology and its benefits/results.

So of course they were the first two in the chairs while we worked on them and explained thoroughly what we were doing and the related anatomy and physiology. We also spoke about the history of modern day reflexology and how the true value of this therapy seems to have been lost through the maze of other natural therapy modalities. We also explained to them about Dr Martine Faure-Alderson, from London/Paris, and her Cranio-Sacral Reflexology work on post-cancer patients in two Australian hospitals.

We had the opportunity to give sessions to staff members who wanted to experience reflexology.

It went viral!!!! The Community response was far and above our expectations.

Walter said before we started our CPT meeting, 'We need our "Week" to be promoted with a donation of some sort, instead of it being for free.' I picked the Daniel Morcombe foundation, and all agreed. The Pharmacists were delighted with our choice and said they would organize all of this on behalf of us, RAOA.

Here's a point about education: The thing that all of the Practitioners were able to get across, was the clear distinction of what a Reflexology session is truly like and how it stands as a therapy in its own right. Even though all of us have done training in other modalities and incorporate them in our own private businesses, we did not use these i.e. Reiki, Massage, Healing crystals or Aura work ... we wanted Reflexology Practitioners and the RAOA as an organization to stand out, and for the community to experience this true Modern Day therapy.

Some comments were: 'It was nothing like a reflexology session that they had experienced before' and 'I would thoroughly recommend it, to anyone'.

We pointed out the benefits of the RAOA and the differences and distinctions in the level of training that is required of all who graduate and join this organization. We discussed government accreditation and practitioner

certification and that there is a requirement and commitment to ongoing study, which includes updating various protocols with specialized training from a variety of teachers. Many come from all over the world to instruct/teach members.

Three of us did simple basic Reflexology/Meridian sessions. Two also, were busy with Facial, Hand and Auricular Reflexology. In order to explain to people why and how this therapy works, we used the Advanced Reflexology Meridian Chart, to show people visually how it works for all organs and the entire body and the International Institute's Ingham Method chart for the mapping of the body. Many people thanked us for explaining it this way.

The Chemist also brought in a variety of Reflexology books and DVDs to sell to the public. We were able to give them a list of authors and names of books, so that they could purchase 'the right kind' for sale.

What else can we say???? Our cup runneth over ... we have gained many new clients for our businesses.

So we accomplished more than we ever thought possible ... our attention to detail (as we have been told by the RAOA) was meticulous. Of vital importance, was 'our dress ... to look professional ... make sure shoes are good ... wear badges ... stick to the guidelines of workplace health and safety, using disposable hygienic items for every client'. We used all those little things that were published in Footprints months ago to great success. And, I might add, we WERE watched! Many commented on our cleanliness; no-one sat on a chair that wasn't cleaned, or put their head on a pillow that wasn't covered with a net first. For this we applaud the RAOA in its instruction to do so.

In the meantime, I had approached the Cancer Council to do our yearly promotion with them. And they rang us too late! However, they have just finished building the Marilyn Mayo Cancer Council Accommodation Centre for a cost of 4 million dollars. They have a Wellness Room for Complementary Therapies and they have asked for a group from the RAOA to take a guided tour of the facilities and organize times for us to start volunteering our services for Cancer patients and their carers. We are also looking forward to giving them our assistance. We raised \$603.30 at World Reflexology Week!



Natural Medicine and Therapies Registration Board

Margaret Watson, Janice Dance, Heather Edwards, Christine King,
IARF Representatives on behalf of Reflexology Association of Australia

On Friday 21st October Margaret Watson and Heather Edwards attended the first general meeting of the Natural Medicine and Therapists Registration Board (NMTRB), formally IARF, in Hobart. RAoA has agreed to be an inaugural member of this registration board which permits RAoA to continue to have a say and forge forward as a valuable complementary and integrative health choice. The meeting focused on aspects of the draft constitution as the basis for this board.

Belonging to a registration board is seen to be beneficial for RAoA members as it will be a register of recognized practitioners and one voice with collaborative standards going to government rather than a whole lot of smaller associations with varying standards and sometimes conflicting messages.

Marie Duggan, (see Marie's letter in this edition), has offered to be a representative for RAoA on a working committee for the Natural Medicine and Therapists Registration Board. She will be a valuable asset and advocate for us. We now have someone who, I believe, can really ensure that Reflexology holds its rightful place within this registration board.

Below please read a précised version of Marg Watson's last report ...

PROGRESS REPORT for RAoA MEMBERS FROM THE INTER ASSOCIATION REGULATION FORUMS— 1st to the 7th FORUMS

by M. Watson

Over the last two years the IARF has progressed, sometimes it seems slow and frustrating but quite an experience for the RAoA representatives who attend. From a Reflexology Director's perspective attending the meetings, we get the impression that the RAoA is being well heard now. It is productive and flows. Through our presence, professionalism and active involvement we are demonstrating that we are a strong Association that has a lot to contribute.

The IARF is a discussion group that is heading towards being formed as a new company, the title (IARF) is an umbrella forum title to embrace and record formally the discussions necessary until a confederation is formed to mould together a structure to assist the public in using our qualified professional services. Once a confederation is formed a name will be given that reflects the industries involved and this confederation will be one accepted by the Australian Government. It is a forum platform to explore how to amalgamate and regulate all the different associations with an aim to unify the different modalities as one voice as far as Complementary and Allied Medicines are concerned. Each Association will continue to operate as they are and this body, (IARF), will basically be one body that the Government Health Ministers deal with and recognise as regulated. That is all they will do.

For some members who have asked the difference between IARF and FNNT, it is:

FNNT was an organisation of bodies. IARF is not an organisation, it is a discussion group.

FNNT was an umbrella organisation; it provided templates for best practice, scope of practice and audit facility. IARF is proposing a structure relating to registration/regulation but will have a much bigger say. FNNT was a support body, not a registering body; it provided support for us to move into the body/Company that we have now. We didn't have to comply with FNNT apart from audit. FNNT's quality control mechanisms got us into health funds. FNNT was an integral stepping stone that has placed us in a position to move to the next level—Regulation/Registration according to Government Health Ministers legislations in order to outlaw rogue practitioners.

IARF is a cohesive group. The commonalities between the Associations' different standards of education will look like the HTL packages. Working parties have been set up to come up with one ruling for EDUCATION to work through the packages; SCOPE OF PRACTICE; GOVERNANCE Outline; one line of COMMUNICATIONS & BUDGETING. There will be no additional cost to you for our involvement in IARF. RAoA allocated a levy for FNNT which will now, for all intents and purposes, be used for IARF. The Inter Association Regulation Forum is helping all our Industry practitioners to form a framework to stand us in strong Registered stead for many years to come. IARF has been set up to help tackle problems that RAoA is facing as well as all the other Associations in our field. One of the tasks of the IARF is to set up a framework so that if members of the public have a complaint regarding a person that is not qualified or a 'rogue' practitioner, then the complaint can be heard.

At the IARF 7th meeting on 29 April 2011, we had a guest speaker, Ms Anne-Louise Carlton, Manager Health Practitioner Regulation Unit, Health Regulation and Reform Branch, Department of Health, Victoria. Anne-Louise is acting as the general co-ordinator to the Australian Health Ministers' Advisory Council {AHMAC} to the discussion concerning the consultation paper '*Options for Regulation of Unregistered Health Practitioners*'. Anne-Louise ran all the AHMAC Australia-wide workshops, working with Associations regarding regulation. She expressed at our forum, her excitement that the Inter-Association Regulation Forum had been formed and that so much work had already been done. Anne-Louise did say that she will report to government that this Forum had been gathering and was up and running with existing working parties. She advised and encouraged all the associations represented in IARF to continue and keep going on the current path. She stated '*The Rules of Integration is fragmentation. In losing identity you become unified and integrated*'. Anne-Louise expressed that some associations may feel that they will lose their autonomy and identity. She said trust in the process and it was her belief that things will work out for the better for all concerned.

Continued on page 19

An IARF steering committee has been set up and is working on a 3 year plan with a priority of two. The people on the committee were nominated for their experience, knowledge and willingness to undertake such a huge time consuming task. Attended the meeting on behalf of the RAOA, we witnessed a very positive forum that flowed in a unified fashion. We have attended in the past, from a perspective of guarding our modality, not wanting to see it fragmented, to now seeing Reflexology listed highly on the IARF whiteboard of importance. We felt that the steering committee had a balance of personalities and modalities representing Australia's public health interests.

We will be guided by and will work through what the steering committee suggests for the greater good of all, decisions will always be voted on at the IARF meetings. Nothing will be decided without unanimous consensus.

Reflecting on the progress, we are proud that the RAOA have been a part of this process and that we have continued to have a say in the ongoing forums. We have committed to attend future forums to represent the RAOA. The RAOA working party representatives will no doubt keep us informed in between the forums. It is exciting for the RAOA, as part of the natural health industry, to help create a new path in managing our industry, looking after all the stake holders that includes us as practitioners and most importantly the members of public with whom we work.🙌



What is ... Kinesiology?

by Dagmar Ganser, BHSc, ND(Adv)
Natural Medicine Practitioner

Kinesiology—pronounced Kin-easy-ology—is borne of chiropractic and embodies Eastern, Traditional Chinese and Western medicine. Since the inception of Applied Kinesiology (AK) in 1964, many clinical techniques have been developed. While some of these specialise in certain aspects of health, such as emotional, physical or spiritual, all utilise the body's own energy to assess and treat imbalances. This technique is known as muscle testing.

AK is a system for evaluating body function by testing how the body reacts to various forms of stimuli applied to the nervous system. These are known as 'challenges' which cause the muscle being tested to lock or unlock. In other words, kinesiological muscle testing does not evaluate the power a muscle can produce but rather evaluates how the nervous system controls muscle function.

AK addresses the triad of health—structural and physical elements, chemical including nutritional, and mental or psychological. In order to achieve health, all three elements of this triad must be in balance. If I had to use just one word to describe kinesiology, it would be balance.

The body has an innate ability to heal itself. When overburdened with stress, toxins, physical damage or injury, the body is thrown out of balance and its healing ability impaired. The qualified kinesiologist is able to identify blockages and, by clearing these, paves the way for the body to heal.

Most of the examination and treatment procedures in AK relate to the nervous, lymphatic and vascular systems together with the inter-relationship of cerebrospinal fluid, the cranial-sacral respiratory motion and acupuncture/meridian points.

Subsidiary techniques of AK include Touch for Health, Neural Organisational Technique, Neuro Stress Release, Neural Spiritual Integration, Three-in-One, Kinergetics,

and Counselling Kinesiology just to name a few. Although the techniques may vary in their approach to a health issue, they all address imbalances by clearing blockages.

Some areas where kinesiology has proven particularly beneficial are:

- ◆ learning disabilities;
- ◆ allergies;
- ◆ chronic pain;
- ◆ head and jaw issues;
- ◆ sports or physical injuries, including whiplash;
- ◆ emotional and stress-related issues;
- ◆ strengthening focus;
- ◆ nutritional imbalances;
- ◆ conception and fertility.

Kinesiology is complemented by nutritional and herbal medicine. Fatigue, pain, anxiety, depression and many other conditions may be attributed to nutritional deficiencies. These may be the result of unwise dietary choices or blockages—you may be consuming wholesome foods but absorption of nutrients is just not happening. Kinesiology is able to identify sub-optimal nutritional status as well as reveal underlying blockages. By removing the inhibiting cause, your body will be able to benefit from nutritional or herbal medicine prescribed by a qualified Nutritional or Herbal Medicine practitioner.

Our bodies are a complex interwoven system embodying the physical, chemical and emotional. All these aspects must be functioning and interacting in order to support optimum health. Kinesiology embraces all these aspects in a gentle, non-invasive form of balancing and re-harmonising of the entire self.

Whether applied as a stand-alone therapy or integrated with other forms of natural medicine, always seek the services of a qualified practitioner.🙌



Footwear, foot health and wellbeing

by Liz McAndrew (Ziera Shoes)

An American study found that 82% of women report having foot pain and 72% having a 'foot deformity'. It has also been reported that foot pain is four times as common in women than men.

Ill-fitting and unsupportive footwear, pointed toe shapes and very high heels all play a part in why women seem to have such frequent foot problems. In fact footwear is a major factor in foot health and can therefore be seen as important too for overall health.

Quality shoes assist the natural walking gait. Shoes that fit well, are cushioned and comfortable make you feel great. They give you the freedom to get on with life without giving your feet a second thought.

By wearing good shoes you're also more likely to be more active during the course of your normal day. Run around and do some errands after work? No problem if your feet aren't holding you back.

Balance can be enhanced when wearing good shoes and falls can be prevented in the elderly. Good shoes can also reduce the incidence of foot health problems such as corns or hard skin, bunions, arthritis in big toe joints, clawing of the toes, heel discomfort and blisters.

Once you've made that decision to invest in good shoes, the key thing is to find a pair that are a good fit for your feet. This includes having your feet measured and trying on shoes made on different lasts to find styles that suit your feet, your lifestyle as well as your personal style.

The key when choosing shoes is to purchase shoes made of natural leather that mould to your feet and allows them to breathe. Adjustability is also an advantage, with Velcro, laces and elastic all helping to create a personal fit.

Ideally you should shop for shoes later in the day when your feet are the biggest (they swell during the day). Also, remember that size is about fit and feel—not a number. Different styles (even within the same brand) can fit differently, so have a sales professional measure your feet but go with what feels right rather than the size you expect to be.

Men and women working in retail, nurses, hairdressers and teachers—who spend all day on their feet—are especially prone to sore and tired feet. Apart from changing their job or daily activities, there are some simple changes that can help with aching feet.

Choose good shoes—Flat shoes are best for all day wear, as they don't cause pressure on heels.

Rest your feet during break times—Try to use breaks to give your feet a break too!

Adjust the flooring you stand on—If possible, add soft rubber mats to stand on behind counters or spend less time on hard surfaces. Making small changes to the floor surface can make a big difference.

Give your shoes a rest too—Many people have one pair of shoes they love to wear all the time, especially if it's part of a uniform. But by wearing the same shoes day in day out, shoes never really get a chance to dry out and are kept moist with perspiration. It can also make you more likely to pick up (or have problems getting rid of) fungal infections, and smelly feet. The best advice is to have 2–3 pairs that you rotate allowing them to dry naturally between use.

Wear different types of shoe—It's best if you alter the type of shoes you regularly wear i.e. flats, heels, sports shoes etc. Each require you to use a different set of foot muscles, so this way your whole foot will get exercise. The calf/achilles muscle will shorten in women who wear heels constantly and find it uncomfortable or difficult to walk barefoot.

Podiatrist John Miller of Foot Mechanics® wrote the following in a newsletter produced by 'Ziera' in relation to women's shoes:

'I have discovered a "G" Factor guide to wearing high heels—glamour, glide, guide and give—four easy tips to help women enjoy heels without the problems.

Glamour—High heels can enhance your outfit but save wearing them only for glamorous occasions. Try to limit wearing them to around three hours, and make sure the height is not too high to give you trouble walking.

Glide—Taking smaller steps and shortening your stride will minimise damage to your feet. Put the heel down first and glide. Not only will it stop you from looking lanky, it will also give you more control and balance on each step.

Guide—It's important to get the right fit. Ask for advice from the experts who can guide you to finding the right size. Make sure there is up to half an inch of space in the end of the shoe and that the shoes aren't too narrow. This helps to insure that any unnecessary pressure causing pain doesn't occur.

Give—Give your feet some extra special attention during and after wearing high heels. Exercise the calf, heel and foot muscles by stretching them out to increase circulation and help them relax. Giving your feet a moisturising massage after wearing heels will help your foot muscles relax and restore some of the essential moisture you lose wearing backless, or open-toe heels.

By following the four simple "G" Factor tips above means all women can experience and enjoy high heels. ☺



CPT Education—Calendar of Events



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2011	PRESENTER	TITLE	LOCATION/CONTACT
17 December	Australian College of Chi-Reflexology (Moss Arnold)	Essential Oils and Reflexology	Springwood, NSW **** (see below for details)
2012			
January (2 days) (to be advised)	Martine Faure-Alderson	Cranio-Sacral Reflexology	Cairns, Queensland Contact: Heather Edwards, reflexca1@bigpond.com www.craniosacralreflexologySinternational.com
10–13 February	Australian School of Reflexology (Sue Ehinger)	Facial Reflexology 1 & 2	Sunshine Coast, Queensland (venue to be advised) **** (see below for details)
4 & 11 February	Glenda Hodge	Astrology, basic overview of planets, signs & houses	Brisbane, Queensland Contact: Glenda Hodge – 07.3395.1906 email: glenda_hodge@optusnet.com.au
18/19 February	Glenda Hodge	Astrology, basic overview of planets, signs & houses	Toowoomba, Queensland Contact: Glenda Hodge – 07.3395.1906 email: glenda_hodge@optusnet.com.au
24–27 February	Australian School of Reflexology (Sue Ehinger)	Facial Reflexology 1 & 2	Willoughby, Sydney, NSW **** (see below for details)
25 February	Glenda Hodge	Holistic Perception, personal growth through understanding	Brisbane, Queensland Contact: Glenda Hodge – 07.3395.1906 email: glenda_hodge@optusnet.com.au
10 March	Glenda Hodge	Holistic Reflexology, the eighth principles, Part 1	Brisbane, Queensland Contact: Glenda Hodge – 07.3395.1906 email: glenda_hodge@optusnet.com.au
17 March	Glenda Hodge	Holistic Reflexology, the eighth principles, Part 2	Brisbane, Queensland Contact: Glenda Hodge – 07.3395.1906 email: glenda_hodge@optusnet.com.au
March	Glenda Hodge	Astrology, basic overview of planets, signs & houses	Townsville, Queensland Contact: Glenda Hodge – 07.3395.1906 email: glenda_hodge@optusnet.com.au
5/6 May	Australian School of Reflexology (Sue Ehinger)	Auriculartherapy	Willoughby, Sydney, NSW **** (see below for details)
27/28 October	Australian School of Reflexology (Sue Ehinger)	Japanese Cosmo Face Lift	Willoughby, Sydney, NSW **** (see below for details)

**** Contact: Moss Arnold—02.4754.5500
email: moss.arnold@chi-reflexology.com.au
www.chi-reflexology.com
(courses run from 9.30 am to 5 pm)

**** Contact: Sue Ehinger—02.4976.3881
email: sue@reflexologyaustralia.com
www.reflexologyaustralia.com

World-Wide Conferences (courtesy of Reflexology World)

2012	PRESENTER	TITLE	LOCATION/CONTACT
4–6 May	Reflexology Association of America		Orlando, Florida email: RAAConf2012@reflexology-usa.org
13–11 May		Rien Conference	Luxembourg
28–30 September	Reflexology Association of Australia	National Conference	Launceston, Tasmania email: 2012conference@reflexology.org.au
8–11 November	Reflexology Association of Canada		Toronto, Canada www.reflexolog.org
2013			
September	International Council of Reflexologists		Capetown, South Africa www.icr-reflexology.org



Research analysis snapshot of the member questionnaire

Research Committee

Question 10: 290 members work with any government /groups in either paid or volunteer capacity. The breakdown being—

Aged Care	91
Palliative	44
Carers Qld	16
Cancer Support Groups	58
Women's/Mother's Groups	28
Other	80

(This category was quite diverse comprising Aboriginal Health, Community Centres, Disability Services, Mental Health, Hospitals, Seniors Groups as well as many individual community groups.)

Question 11: The percentage of the work with these groups that is paid work revealed:

0–25%	153
25–50%	0
50–75%	15
75% +	50

Further analysis of the survey will be reported in the next issue of Footprints. 🙌



AIMA 2011 Conference held in NSW

Gretel Ann Spiegel

This month on behalf of our Association I attended the **17th International INTEGRATIVE MEDICINE CONFERENCE** held at Manly Novotel in Sydney from 14–16 October 2011.

The majority of the keynote speakers were either medical doctors or PhD graduates who were incredibly interesting and discussed the most relevant and thought-provoking topics. As you can imagine many of the presenters referred to medical terms and science that sometimes was beyond my knowledge at some stages. It was a pleasure to meet medical practitioners who engage in the practice of integrative medicine, which includes acupuncture, auricular therapy, yoga, butekyo breathing techniques and meditation. I had a strong sense that this medical profession is moving into our territory and with their strong academic backgrounds and knowledge of medical science have the ability to present strong arguments to support their reasons for recommending complementary and alternative therapies to their patients.

The AIMA conference was a wonderful opportunity

for our Association to showcase reflexology. We had a Reflexology Association Stand where we displayed our brochures and the research papers, which looked very professional. We carried out foot, hand and ear reflexology, which was received with great enthusiasm and interest by conference delegates, most of whom were only aware of foot reflexology. Many returned several times over the weekend to experience the different types of reflexology and others to have us erase their headaches or restore their energy, which was wonderful. A big thank you to Misha Frankel, Kim Rusten, Marijke Webster, Carmel Thorn, Angela Clarke, Usha Adams, Jenny Arnott and Siobhan Morgan for all their assistance.

Overall the conference was a great success and I was so inspired to meet medical professionals who value the role that complementary and alternative therapy can play in the art of healing, that I have joined as an associate member. Copies of the conference talks will eventually be available for us to share. 🙏



STATE MATTERS

The NSW Branch has been very active over the last few months with various activities focused on spreading reflexology into the wider community. During World Reflexology Week we had 18 therapists working in eight Ziera shoe stores in suburban and regional NSW. This proved to be an exciting promotion that saw the link between the RAoA and Ziera strengthen. We gave 151 treatments over the week and one customer from each store won 2 treatments for the price of one to be taken up with one of the Reflexologists in their area. Ziera even joined the promotion and gave away one pair of shoes to someone who had a treatment and bought a pair of shoes. Next year it is hoped that



NEW

SOUTH WALES

this promotion will also be taken up with the Victorian and Queensland branches.

Next was the Integrative Medicine Association Conference which Gretel Spiegel and I attended (see report above).

The talks were highly informative and meeting those in the medical profession who felt complementary medicine and related therapies have a part in promoting good health and the healing process was a real joy. We had a trade stand and another batch of volunteers gave mini treatments during the event.

The annual Mind Body Spirit Festival has just ended and from all accounts was another big success.

Misha Frankel 🙏

This year seems to have flown by as Tasmanian Reflexologists put many hours of time and effort into organising the 2012 National Reflexology Conference, to be held in Hobart. Emails have flown around the State as the conference committee beavers away at the many tasks involved in preparing for such a huge event.

In August a very successful Workshop 'TCM with Reflexology' was presented by Sue Ehinger. Enthusiastic members attended including two from Victoria. Thank you ladies for coming over and enjoying some Tasmanian hospitality.

State Regional swap meetings continue to bring members together, to share knowledge, discuss topics, and 'do' each others feet—*ah ... bliss!*

Reflexology Week in September saw Shirley Lawson

TASMANIA



in the North, doing her usual magic work at the call centres. The South missed the splendid organisational skills of Sharon Tye this year, but she will be back on board in 2012. A number of our members found time to enjoy overseas or interstate holidays during winter—was this to escape an unusually cold, wet season?!

By the time this report goes to print, Christmas will be on the doorstep, bringing yet another year to an end. The RAoA Tas will have celebrated it at our final meeting in November, giving everyone time to prepare their own festivities.

We welcome all Tassie members to our meetings and workshops. Make 2012 your year to become involved!

Mary Farr 🙏

Reflexology Association of Australia

Some results from World Reflexology Week a few of our members had this to share—

Reflexologists in Cairns made use of the monthly Community Awareness of Natural Therapy in their Cairns Discount Drugstore chain of Chemists (see Julie Bateman's report on page 17). The community response in Cairns was far and above the group's expectations.

While others worked on the following—

For World Reflexology Week this year, Natural Therapy Pages offered to promote the week and our modality through their site, newsletter and Facebook page at no cost to the RAOA. NT Pages is going ahead in leaps and bounds with a very helpful and proactive staff, well skilled in using the new media and customer service not seen before in Yellow Pages. This has been a step in a new direction for us moving away from our promotions in shopping centres etc., to promotion through the internet newsletter, Facebook and Twitter. It has been interesting to note that Jenn Cooper, our Membership



QUEENSLAND

Administrator, has received an increase in the number of calls asking for reflexologists following this promotion. Another article placed in the national ONECOTA Council for the Aging

Newsletter attracted 10 calls in the first two weeks of publication. I think there is a message for us here, that these ways of communicating and marketing Reflexology are effective and need to be embraced and used to our advantage creating more opportunities for us as professional Reflexologists. The interview can be viewed at: http://www.naturaltherapypages.com.au/article/world_reflexology_week_2011

And the video at: <http://www.naturaltherapypages.com.au/therapist/connectingenergies/4165>

Like us on Facebook, maybe even try Twitter.

Warm regards,

Cathy Boyle

Proving that a little goes a long way

Hi Everyone!

We have had a couple of busy months down in Victoria.

We had a fantastic General meeting in October with students from two of the Victorian schools attending our student information night. For our members at the meeting we had two very informative and successful break-out groups run very capably by two of our members. Jenny Rigby ran a discussion group on Reflexology and Cancer and Brenda Seville ran a group about Reflexology and Fertility/Infertility. Both groups were



VICTORIA

very interesting and we have had requests to run the same groups again so that people can attend the one they missed out on!!

We had the honour of hosting the Annual General Meeting on Saturday 15th October in conjunction with the Board Meeting and those in attendance all agreed it was a very successful meeting. We have also had an amazing day of Dowsing introduction with another of our members Judelle Scheer.

Wishing all members around Australia all the best for the Festive season and a fantastic 2012.

Sam Langridge

Practitioners of Reflexology in Western Australia are continuously promoting the benefits of Reflexology throughout our community. World Reflexology Week in September was the perfect opportunity for us to be relevant and topical. One of our members, Liz Harrison, took the initiative to get Next Generation Fitness Centres to allow her to promote Reflexology to their many members and to provide hours of free sessions. I was able to lend a hand on one of the days and was delighted by the enthusiastic feedback from the members.

We held our third Study Day of the year in mid-October with a great turn out from our members who were keen to learn more about setting up their own business. We were lucky to have a representative from the Small Business Development Corporation talk to us at length and share their wealth of knowledge on issues that might affect us such as tax and GST.

We were also thrilled to welcome back one of our more experienced members and former President, Brigitte



WESTERN AUSTRALIA

Johnson who completely inspired us and satisfied our desires to learn more about how to break into the corporate world. She also updated us on the latest teachings associated with the Diploma Course in Reflexology which Brigitte now teaches.

We have been busy preparing for our involvement with this year's Wellness Expo taking place at Hillary's Boat Harbour. Over 15 members will be active, providing free Reflexology sessions to attendees of the Expo in November.

We are very grateful for the continued efforts of our members who host Practicum Exchanges and organise Coffee Clubs. We have recently added a new Practicum Exchange to the list as one of our members felt we needed to address the needs of those located in the north of Perth. We welcome initiatives such as this as they provide a great opportunity for members to earn and learn whilst meeting face-to-face, something that is ever important in this e-world we live in.

*With warm wishes from the West,
Gillian Kenny, Chair*



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Contributions of articles, case studies, book reviews, personal experiences and letters to the Co-editor are welcome. The following guidelines will help make the editing and publishing process easier for all:

1. Articles can be chatty and informal, or more formal and educational. They must, however, be accurate, well researched and fully referenced (if applicable).
2. Articles that have not been booked by the Co-editor for a specific issue will appear in an issue decided by the Co-editor, as space and topic allow. To appear in a specific issue an article must be submitted for consideration up to 3 months in advance of the issue date.
3. Articles may be sent by email in Microsoft Word format to the Co-editor (footprints.articles@reflexology.org.au) using standard Times Roman or Arial fonts. Faxed, pdf and scanned articles are not acceptable.
4. Photographs and line drawings are preferred at 100% size, 300 dpi resolution TIFF, EPS or PDF format. Original, high resolution, camera JPG files only are acceptable—preferably grayscale or high contrast coloured images. Photographs and line drawings should be forwarded as separate TIFF, EPS or PDF files—please do not embed photographs or line drawings into articles. Images taken using a mobile phone are not acceptable.
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9. Advertorials will not be accepted.

REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

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State Branches

If there has been a change in the above directory, kindly email Helen Adendorff, footprints.articles@reflexology.org.au

FootPrints Co-editor
 Contact Helen Adendorff
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FootPrints Advertising & Subscriptions
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Advertising policy

- ◆ As only a limited number of advertisements and inserts can be accepted it is advisable to book early.
- ◆ All advertisements including inserts must be booked in advance and copy provided to the Advertising Coordinator, Judee Hawkins. Mobile: 0412 187 238
 Email: footprints@reflexology.org.au
- ◆ Payment must be received by the date shown on the tax invoice issued; otherwise the advertisement will not be printed
- ◆ Display advertisements must be submitted by the copy deadline (see below).
- ◆ FootPrints is distributed at the end of the month of issue, i.e. March, June, September and December.

Copy deadlines

March issue: February 1
 June issue: May 1
 September Issue: August 1
 December issue: November 1

Advertising sizes and rates

Display:		Current price:
Full page	29.7 cm deep x 21 cm wide	\$250 per issue
Half page	13 cm deep x 18 cm wide	\$137 per issue
Quarter page	13 cm deep x 8.5 cm wide	\$75 per issue
Eighth page	6.5 cm deep x 8.5 cm wide	\$50 per issue

- ◆ All rates include GST
- ◆ Members of the Reflexology Association of Australia receive a 10% discount on the above rates only.

Inserts
 Per A4 sheet to all States \$250
 To an individual State \$0.63 per copy

FootPrints is distributed to approximately 1,100 members Australia-wide.

Advertising contacts:

General advertising—inside cover pages and inserts contact Judee Hawkins. **Email:** footprints@reflexology.org.au or **Mobile:** 0412 187 238.

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The Reflexology Association of Australia

The Reflexology Association of Australia is an independent, non-profit organisation and is not affiliated with any educational institution. It is managed by a national Board of Directors, and has branch committees in each state. All positions are honorary.

The Reflexology Association of Australia has been in existence since 1989, when it was first incorporated in Victoria and subsequently in all other states. As a national body, the Reflexology Association of Australia Limited was registered in July 2002 to further the aims and objectives of the Association, namely:

- ♦ To develop and promote an awareness and understanding of reflexology within the Australian community
- ♦ To represent the interests of the reflexology profession within the public and political arena
- ♦ To establish and maintain uniformity and high standards of training within Australia
- ♦ To maintain a high level of professional practice
- ♦ To serve and protect the needs of all members within the national structure
- ♦ To act as a central information and resource body for all members
- ♦ To act as an advisory body within the jurisdiction of the national body
- ♦ To promote co-operation with international reflexology bodies
- ♦ To establish and maintain relevant national databases of practitioners
- ♦ To provide ongoing professional development for members and a supportive network for reflexologists
- ♦ To promote research and development which support reflexology

The national magazine “FootPrints” is published quarterly. It keeps members informed about developments in the field of reflexology both nationally and internationally, and provides a platform for their news and views.

The Reflexology Association of Australia is committed to the belief that reflexology can be of great benefit to the health of all Australians. It publishes a referral register on its website (www.reflexology.org.au) and has a referral phone service (1300 733 711) for members of the public who wish to consult a qualified practitioner.