

FootPrints



The Journal of the Reflexology Association of Australia

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Inside this Issue

From the President's desk ...	1	Down syndrome and Reflexology	12
Acupressure for shoulder pain and shoulder injuries	2	Sonia Bailey: A Revelation initiated from reading 'Love without end' Chapter 13—Jesus on Science	16
Report on Reflexology on Quadriplegics and Paraplegics	4	Board Meeting Report	18
What is ... Feng Shui?	5	Research and Reflexology: Time for a rethink?	19
Can stress be painful?	6	Face it	20
World Reflexology Day Celebrations	8	CPT Education—Calendar of Events	21
Judee Hawkins—Life Member Award	9	State matters	22
How I celebrated World Reflexology Week	9	Branch contact details	24
Is reflexology the new cure for infertility?	10	FootPrints—Contacts, guidelines and deadlines	24



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From the President's desk ...



To achieve your DREAMS remember your ABC's:

Avoid negative people, places, things and habits;
Believe in yourself;
Consider things from every angle;
Don't give up and don't give in.

Unknown

How often do we become disheartened when things don't quite go the way we had imagined they would? This is not the time to give in but instead the time to re-evaluate and approach things from a different angle. Case in point: the recent changes to the RAOA Constitution! At the AGM in 2012 these changes were not passed by the members but with further clarification and ongoing education members now see the benefits in opening up Directorship to a maximum of two AMs at any one time resulting in overwhelming acceptance at the 2013 AGM. The updated Constitution is available for you on the website.

Thank you Adelaide members for your warm welcome and well run AGM Workshop Day on the weekend of the Board meeting, 19/20 October. Special thanks must go to Susan Ramsey, her committee, and James Flaxman for making it such a success. I see this as the forerunner for bigger and better AGM events in the future.

We are now very much in the world of technology, evidenced in the growth of the RAOA Facebook site and its links thanks to the untiring work of Kate McKnight. It is not possible that technology is going to replace what we do as reflexologists but we should be looking to take advantage of what social media offers, particularly in regard to promoting our business. It means, for many of us, moving out of our comfort zone and exploring the great unknown. There are many options and opportunities waiting to be incorporated that could be very beneficial to each of us.

If you have not already completed your member profile on the RAOA website please do so; this is free on-line advertising for you and your business. This is where prospective clients go to look for you and your specialities.

Recently I was invited to participate on the Reflexology Panel for the World Massage Conference being held in November; see www.worldmassageconference.com. This is an on-line Conference which is readily available to RAOA members. Thanks to the organisers, a free link was arranged for members to connect into the Reflexology Panel pre-conference presentation, providing a CPT opportunity.

A national Research Interest Network has been initiated with members from Perth, Darwin, Cairns, Brisbane and two from Sydney. Particular thanks must go to Miranda Mann for driving this forward. We are hoping to establish groups in each region. Volunteering to be involved in a group like this assists in gaining CPT points, gives you engagement with like minded members, and benefits your networking opportunities.

I would like to convey a big thank you to all those who participated in World Reflexology Week activities; let's make it bigger and better in 2014.

May you all enjoy a Happy, Safe and Fulfilling Christmas and New Year holiday period!

Heather

December 2013

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Front cover: 'The Gift of Reflexology' courtesy of Kate McKnight.

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Acupressure for shoulder pain and shoulder injuries

How reflexology and acupressure played a major part in my recovery from a motor bike accident

by Vera Emmi

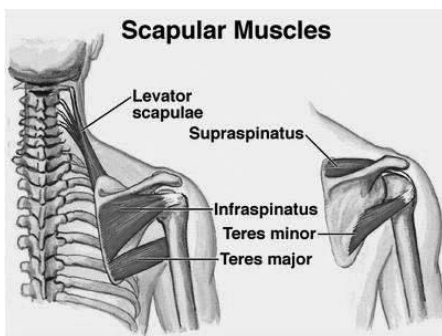
Healthy Body Healthy Skin hbhs08@hotmail.com

A condensed story of my journey:

When life presented me with a motor bike accident I was totally spun out as I was in the process of selling my Skin and Health Clinic and embarking on a few years of travelling around Australia.

I received a major break in my right leg which required a plate and 10 screws (4 of which were 100 mm long); a broken right humerus requiring a plate and 8 screws; a rotator cuff injury; and my elbow was frozen at a 90 degree angle. 80% of the right side of my body was covered in bruising. I also hit my head and for a few years the right side of my head felt completely separated from the left side. And yes, all this on my right side and I am a right hander—hence the fun began! As Divine Timing would have it I couldn't remember what had happened which enabled me to concentrate on my physical injuries and recovery without having the emotional and mental trauma that went with it. Naturally when I did remember, that was another story.

For the purpose of this article I will mainly focus on the recovery of my shoulder injury.



After surgery I discovered that I couldn't move my shoulder, but nothing could be done at that stage—it was a wait and see thing. During my 11 days in hospital I used

any tools possible to give myself some reflexology—bearing in mind I could not move at all. I used the handle end of a knife and a spoon to try to reach places but with completely no movement on my right side and not being able to lift myself up, it was very challenging. Of course the nursing staff thought I was 'weird' and couldn't understand what I was trying to do. The staff who brought me my meals knew and would leave a knife and spoon behind—they were more understanding than the nursing staff.

My mum received a quick lesson on how to 'poke and probe' at my feet and perform her style of reflexology. She was my daytime carer and my partner was my night time carer (as he was working). My right leg/foot and right arm/hand were so swollen that the skin popped off my arm and hand (true story!). My leg, ankle and foot were twice their normal size.

Once home from hospital I was fully wheelchair/bed bound. I had a wheelchair for getting around and also needed a wheelchair toilet/shower. I was not able to bend my leg so would need a bucket under my heel for

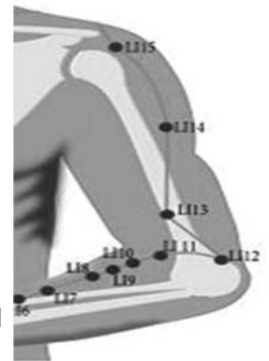
support. I was in the wheelchair for 2 months and I wasn't allowed any weight bearing with either my leg or arm for that whole time. (I spent a further 3 months walking with the aid of a walking stick.)

Once home from hospital I had a colleague come to my home and perform reflexology and remedial massage on me twice a week for about a month. After that I was at least able to stand on my left leg and manoeuvre myself around a little and mostly did my own therapy.

This is my journey with my shoulder—from 1% range of motion to currently approx 95%.

After 3 months of my shoulder not wanting to budge, the surgeon who operated on my leg and arm suggested I have shoulder surgery, but not until all my other injuries had healed. Determined not to go down that path I armed myself for what was to come and went on to discover ways to conquer this experience.

At the time of the accident I had been studying Chinese Pathology but everything I was learning covered more internal medical conditions and not structural ailments, therefore the acupressure points that I was learning were more related to diseases. This started my journey to researching which points I could use to assist with my shoulder, elbow, arm and leg.



On another visit to my surgeon we spoke about cortisone shots. While this is not something I would usually go for, surgery was also something that I didn't want and therefore I had 2 cortisone shots a few weeks apart. This gave me time to start treatment on myself as the cortisone shots had temporarily reduced some of the pain and inflammation. (An ultra sound on my shoulder revealed an excessive amount of inflammation.) This was part of my plan as I wasn't on any pain killers (by choice) and hence my journey ...

I embarked on researching the acupressure points that would assist with my shoulder recovery, and used them with amazement and would think 'mmm ... this is really working—I can really notice a difference'. With each day my arm/shoulder had more movement and also felt lighter.

For those of you new to acupressure, acupressure point therapy releases tension and increases circulation of blood. It is done by applying gentle but firm finger pressure. Some acupressure points are located on muscles (as is the case with many of the acupoints that are beneficial for shoulder pain). When a muscle is in

Continued on page 3



Acupressure for shoulder pain ...
Continued from page 2

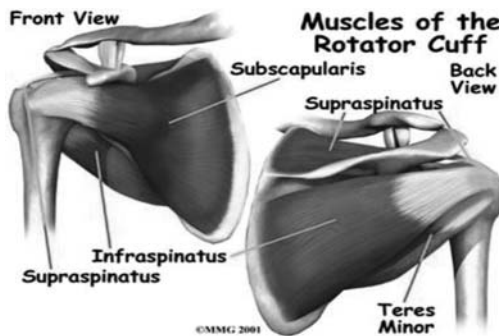
spasm or chronically tense, the muscle fibres contract due to the secretion of lactic acid caused by (in my case) trauma and as a result of the accident, poor circulation. As an acupressure point is held the muscle tension yields to the finger pressure. This enables the muscle fibres to elongate and relax. Blood then flows freely and increased circulation brings more oxygen.

Initially I wasn't strong enough to apply the pressure required so I used anything I could to assist—door handles, knobs, support rails, wooden tools that my partner had made on the wood lathe, tennis ball, some of my precious stones etc. The recovery didn't come easy and it took 13 months before I could turn my shoulder enough to reach behind me and perform certain personal duties which in the interim had to be performed with my left hand (I don't think I need to go into further detail!)

As I added more acupressure points to my routine my shoulder started to rotate more easily. I was starting to be able to brush my own hair, use my right arm more without it giving way on me. Hair washing days were a real ordeal. Many times the pain would be so great that I would spend 2–3 days in bed not being able to move, as, with the intense pain, came nausea and dizziness. The pain would extend up through my neck and into my head and half of my head would be both throbbing and numb at the same time. Probably sounds ambiguous but I think it's one of those things that needs to be experienced to understand it. I finally worked out why and when it would happen so had to set some limitations for myself. That for me was sometimes hard to follow, until it would happen again ... and again ... and then some ... and finally I had no option but to learn to be one step ahead of my body. Sometimes I still slip up, and I am back in bed but where it used to happen every 2 weeks, it now only happens every few months.

The final outcome ... I was able to avoid surgery and currently have 95% ROM—still improving but still at it too! I have total confidence that I will one day have full 100% movement. If it means I will always have to do my different forms of reflexology, acupressure and ball routine, then that's ok as I've seen too many clients who have had shoulder surgery and are still in the same pain as I've been in without surgery.

As we know like attracts like, and since my own shoulder pain and injury I have had many clients with shoulder pain. Most of them have tried many other complementary therapies and allied health services with little improvement. Many say 'I've tried everything. This is just the way I'm going to be'. I just smile to myself and initially try a few acupressure points on them and other reflexology protocols—auricular therapy, face reflexology etc for shoulder. To their amazement when they stand up and move their arm/shoulder, it's much better and it's



fantastic to see 'that look of surprise' on their face and the 'Oh wow!' comment.

Yes the sale of my clinic went ahead and yes we travelled for 3 ½ years. While travelling and doing reflexology at markets, I came across many people with shoulder pain. I would incorporate some of the acupressure points into my reflexology 20 min sessions and

would make enough of an impression on them that they would want to know where I was staying so that they could have more treatments. I remember one day doing 6 people at a little country market, 4 had shoulder pain. They all wanted further treatments and as we were going to be in that town for 3 months, I ended up doing regular treatments on these 4 people and they in turn referred others.

As for my other injuries—I perform daily therapy on myself such as foot and hand reflexology, cranio-sacral reflexology, face reflexology, facial acupressure, auricular therapy and use my SunAncon (wobble machine). Now that I have returned home I have started Tai Chi which I have found to be beneficial and also Cranio-Sacral Therapy (for my head). I had to have the plate and screws removed from my leg after 13 months as one of the screws was hitting on a nerve and I was in pain from the top of my head to the tip of my toe 24/7 for the entire 13 months. I still use reflexology and acupressure on my leg. My elbow is now 100% straight but it took approx 3 years as the last 5% just didn't want to straighten up. It was mainly acupressure that I used on my elbow, and also my partner massaged it daily for the first 6–12 months as there was a great amount of tissue damage. I still apply some acupressure on it 2–3 times a week as this tends to 'free it up'.

The break in my arm still has the plate and screws, but is completely healed and pain free.

While this is a very short version of my recovery, it has enabled me to discover how well Reflexology and Acupressure work together and as a result I now use it for most ailments. Performing reflexology and acupressure while travelling was the best experience I could ask for as I discovered each state/area/region has different ailments—whether it's the water or the weather or a combination of both. I learnt so much and I was truly blessed to have such a range of ailments to work with, both disease and structural.

As for Reflexology, we should all be very proud of ourselves for choosing such a modality to work with. I have had many treatments during the past 5 years since the accident and tried endless modalities and none come close to Reflexology and Acupressure.

I am happy to chat should you be placed in the same or similar position as I was—just 'don't give up', and know that you really can make a difference with someone's shoulder pain or injury. Reflexology and Acupressure really does work!!!



Report on Reflexology on Quadriplegics and Paraplegics

by Bruce Foster

In a general sense, with all the Quads I've worked on (I'm the only Para I've worked on) there's been a common reaction/response.

Herewith my observations:

1. **Relief.** Feeling good for a change, naturally; without intoxication or medications, clean and a sense of 'aliveness'.
2. **Deeper Relaxation** and with on-going treatments, **better sleep** and **easier breathing during treatments.**
3. **Spasms and their medication.** My experience is that spasms calm down and cease during treatment. I have a client with Parkinson's, who is constantly shaking otherwise. There seems to be a new 'overriding signal' in the nervous system.

In the long term Reflexology can provide a non-chemical addition and/or alternative to the medication usually used.

This is where a family member, not a practitioner comes in ... for ease of access, fine tuning to the individual and an activity/resource which is under their own control.

4. **Elimination.** Stimulating in the short term which assists with constipation.¹ Stabilising in the long term with regular treatments in regard to the bowel routines Quads have to live by. Again, regular 'home help' is required.
5. **General health and well-being.** As we already know, Reflexology provides the body with the body's own energy, that the body needs to look after itself. With immobile people activity-stimulation-energy can be missing to a great degree. I consider Reflexology can supply and bring back some of that missing energy. i.e. stimulation.

The more we work, the highs and lows, (the superficial immediate reactions) are evened-up, we then access and stimulate the deeper various systems that are the miracles of the human body, and the better off we become, i.e. *MORE ALIVE*. This is where a family member learning Reflexology, or winning Lotto \$ \$ \$ to 'foot the bill' comes in.

6. **A Secondary Issue.** To date, I've worked on only one Quad who is a friend over a period of time. However, after a while he decided to not have Reflexology so often. I was shocked, why? Because of the body-feelings he has to live with when he is not having Reflexology treatments. When the good Reflexology feelings wear off he's back to feeling 'not so nice'. He found it easier to live with the constant, regular state

of 'not so nice' than live with the contrast of the highs and lows that the Reflexology sessions provided. In doing so, Reflexology remained a *Treat* more than a *Treatment*, which he could enjoy in the short term (fortunately, unfortunately ...).

Yet another client—mobile but suffering constant arthritic pain—her attitude was to take every chance to get (chemical free) relief. Again, an individual choice, if you're lucky enough to have the choice.

7. **Home Help.** I think practitioners who are working on disabled people should show, and where possible instruct, the family in the basics of Reflexology. Long term, regular application of Reflexology is the key for a life-long condition.
8. **Me on Me.** Being a Para—even though I can't feel my feet or most of my body, I 'do' feel the general well-being benefits, as well as the general and specific benefits of Reflexology.

Before I treat my feet or someone else does, I make sure I'm 'empty', and make sure I've got the time to relax and enjoy it after. This allows 'movements' to be positive without 'accidents'

I work my hands when I can't sleep, to induce sleep and when I need relief for my hands, arms, shoulders, neck and spine when I need something extra.

My main reflex areas in regard to living in and pushing a wheelchair: The full length of the thumbs—for the head, neck and spine. Around the phalange-metacarpal knuckle of the little finger for the shoulder joint, from that knuckle of the little finger to the wrist for the arms, hips, buttock and legs.

The no. 1 area for me, and for all conditions, is the Central Nervous System (CNS). To start, I include the pad of the thumb, then work the middle phalange of the thumb (head & neck), along the shaft of the thumb (spine), across the wrist/base of hand, to the area meeting the metacarpal and pisiform bone below the little finger (base of spine, sacrum, pelvis, hips, buttock & legs). I also work down the metacarpal bone of the Index finger for the spine and CNS (on both hands), focussing especially on the groove in between the bone and the muscle-flesh of the area, as well as the muscle-flesh area itself and any tendons in the area.

MY TIP IS ... with your working finger, roll off the bone into the flesh but come back to the groove in between, then apply pressure and walk the length of the bone, up and down, in and out, anywhere, everywhere and where you 'feel' the most.

9. **My personal style and approach ... Stimulation ... full on!** But it's got to be fine tuned to suit the individual, especially for a disabled person who may not be familiar or ready for such a Buzz. I start off

¹ The stimulating aspect needs to be considered. For example when working a Para-Quad for the first time at an introductory Reflexology session at a Health Exhibition; or a Quad attending your clinic instead of the therapist going to their home. The stimulation may cause large intestine movements within a short time and therefore 'accidents' occur before they get home to their own bathroom.

Continued on page 5



soft and careful, slowly working up to overdrive if we can, observing their reactions as we go, (spasms can spark-up before settling down), trying to be thorough and even for both feet. I usually work half to three quarters of an hour sessions.

Why can't we go wrong? Because we are stimulating the body's inherent intelligence. The body knows and will heal, if given the chance. e.g. stimulation.

My elder sister recommends Facial Shiatsu, or Facial Reflexology for it's benefits and accessibility for disabled people and their families.

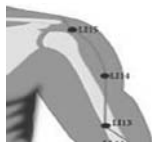
I see Reflexology as a great example of how there are so many different ways of doing the same thing and Reflexology is the only profession where it pays to be all thumbs!👉👈



It is Christmas in the heart that puts
Christmas in the air.

W.T. Ellis

“Acupressure and other protocols for Shoulder Pain and Injuries” 2 CPT



My achievement from 1% range of motion to currently 95%. Since using these techniques on myself I have used them on many clients with fantastic results. I wish to share these with you so that you may be able to help yourself and/or others.

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Heather Edwards, President RAOA

What is ... Feng Shui?

by Emma Gierschick

Health for an individual is the most important, but often also the most neglected consideration in a busy or hectic life. So imagine if your health, wealth, business and happiness could all be improved simply by moving, changing and balancing some of the basic energies of your home or clinic. Believe it or not this is quite possible by applying some Feng Shui principles.

Feng Shui is an ancient art and science that was developed over 3,000 years ago in China. It is often referred to as the simple art of placement, but is actually a complex body of knowledge that reveals how to balance the energies of any given home, office or clinic space to assure the health and good fortune for people inhabiting and visiting it.

Traditionally the Chinese believed that people are affected either positively or negatively by their surroundings, with some places and people being noticeably luckier or healthier than others. In a home or clinic with ‘good Feng Shui’ there is often harmonious family relationships good health and energy and even good fertility, while a business with ‘good Feng Shui’ will attract success and wealth.

When you first meet a Feng Shui consultant they may use words such as ‘Flying stars’ Ba Gua maps, Five Elements, Chi and Yin / Yang, but don’t let any of this frighten or overwhelm you—you really don’t need to know what any of this means. All you do need is to be open to their advice.

A consultant will need to view your home or practice, find out when it was built, which direction it is facing, who lives in it and what areas of your life you would like to improve. After walking around and making notes for a short while, they will return with a comprehensive report advising the simple changes you could make to improve the flow of energy and improve your health, wealth and happiness.

Some changes can be as simple as just getting rid of any and all clutter—which is notorious for clogging up and stifling the clear movement of energy. They may suggest introducing certain colours into different rooms, possible crystals, mirrors or plants. This is especially important if you have a lot of computers or electrical appliances in your home which can all omit negative or draining energy.

Maybe you will be recommended to move your bed so it isn’t facing the doorway (traditionally referred to as the coffin position), or to introduce a water feature which could be as simple as a small fish bowl or water fountain.

Having a Feng Shui consultant view your clinic room and make relevant suggestions could have a very positive impact on your client base; a move as simple as changing the direction the client’s chair is facing so that they aren’t looking at the door could help ensure they return and become a regular.

Many Feng Shui ‘cures’ are incredibly simple and results will often be felt within 30 days of the changes being made. So what have you got to lose?👉👈



Can stress be painful?

by Dorthe Krogsgaard and Peter Lund Frandsen, Touchpoint Denmark



That stress may cause symptoms from the gut, headache, mood changes, etc. is generally well-known. Much more overlooked is the fact that long term stress can also produce pain in the movement system. Most often in the shoulders, neck or lower back.

Many stressed people waste a lot of time and money on therapy, examinations and even operations for musculo-skeletal symptoms with no or only temporary relief. Not that their pains are not real, they most certainly are, and medical tests do indeed show pathological tissue changes; only the real cause is not found in the peripheral tissues but instead involves reactions to prolonged exposure to stress.

The shoulder as an example

Following exercise or use of the shoulder, minor tissue damage will always occur, which is then followed by a small inflammation as part of the normal healing/recovery. In the long term presence of stress, the healing capacity can be dramatically reduced, potentially leading to chronic shoulder inflammation and pain.

Many factors produce stress-pain

Under the chronic influence of high levels of stress hormones:

- ◆ muscles have a tendency to tense up and cause pain.
- ◆ circulation of blood and lymph is reduced leading to a poor nutritional state of muscle tissue and build up of acidic waste products. This hardens the tissue making it more prone to injury.
- ◆ neuroendocrine changes may directly stimulate free nerve endings to send nociceptive (danger) impulses to the brain, eventually producing a painful sensation.
- ◆ brain functions are altered, one change is an increased response to nociceptive signals leading to a lower pain threshold ⇒ more pain.

The physiological side of the stress response includes raising the activity of the sympathetic branch of the autonomous nervous system, leading to a misbalance between sympathetic and parasympathetic. The parasympathetic branch is responsible for healing and tissue repair, but in case of stress the sympathetic overdrive can effectively block or reduce tissue repair, which means more pain.

To contribute to the vicious circles, pain in itself acts as a stressor and adds to the stress response.

An example from our practice

A 42 year old female, employed as a senior manager, presented with shoulder pains. She was on long term sick leave because of shoulder inflammation due to computer work. She had received numerous therapies without effect, but strongly emphasized that she was not stressed.

Initially, most of the applied techniques therefore had to do with shoulder, neck and inflammation. When getting

closer to the end of her sick leave, she started thinking about her work, or spoke to colleagues on the phone, and interestingly, every time she felt an immediate and marked increase in the shoulder pains. We discussed this and gradually she, and her reflexologist, began to realise, that indeed her stress level was very high and maybe this was important.

The therapeutic focus was now changed to stress, and after a few sessions with primarily stress reducing techniques and less focus on the shoulder area, indeed the pains diminished and eventually went away.

This example illustrates, how important—and difficult—it is to find out whether stress is a key issue. This client could probably have saved half of the treatments, had the focus been right from the beginning.

Stress as treatment blocker

When working with a stressed reflexology client the first and most important thing to realize is the fact that severe stress counteracts the effects of reflexology. You may work session after session with the very best of techniques, but as long as the client is in a chronic stage of stress nothing seems to get through.

Only when offering techniques that help reduce the stress level and break the vicious cycle, will reflexology be able to work.

6 tips for the reflexological approach

◆ Tip no. 1: To be invited inside

With a stressed person the physiological response has changed and it can be difficult to be 'invited inside' with any kind of treatment. Therefore, pay extra attention and time to the initial phase of a reflexology session. Hold the feet, palms against foot soles, ask your client to focus on the contact between your hands and her feet and try intuitively to feel when the connection is there, it may take 2–5 minutes. While still touching the feet, ask the client to take 10 breaths, very slowly and quietly, breathing through the nose, and imagining the air streaming in through the foot soles and spreading out in the body.



Figure 1: Tuning in

Continued on page 7



Can stress be painful?
Continued from page 6

◇ **Tip no. 2: No gain – with pain**

The ‘no gain, no pain’ doctrine does not apply to stressed out clients (if at all!).

Aim to keep the entire session pleasant and pain free, to avoid increasing the sympathetic nervous system activity. In the beginning of the session, try in cooperation with the client, to find the right amount of pressure. An intense and at times painful treatment may overload an already fully loaded system. On the other hand, too gentle a pressure may irritate the client as well.

◇ **Tip no. 3: Stop thinking—but stay awake**

In our experience, it is a good idea to ask stressed clients to ‘leave the head’ and focus on the body and especially the feet during the treatment. Stressed persons usually have so many things going on in their minds and have often lost contact with the rest of the body.

A way of continuingly keeping their focus as you go along, is to inform your client which part of the body you are giving impulses to, and ask them to focus on the area and tell you about possible sensations or reactions in the body or in the feet.

Stressed clients are often exhausted, but in our opinion the session will be more effective if clients do not fall asleep. The energy of their consciousness or concentration power seems to strengthen the healing response.

◇ **Tip no. 4: Work bilaterally, slow and less**

Working symmetrically, both feet simultaneously where possible, helps the client centre and focus on the body instead of thinking in all different directions.

A stressed person needs more time for the reflexological communication process. Try to offer slow and calm impulses, and work with fewer reflexes but spend more time on each. Make short breaks, where you simply hold the feet, to allow the person to absorb the impulses.

◇ **Tip no. 5: Work with the ANS**

The autonomic nervous system is a key player in the stress response. One way of working with the ANS is to use reflexes for the spinal origin of these nerves.

Sympathetic: In Figure 2 the red area represents the origin of the sympathetic branch of the ANS, which is found in the lateral horn of the spinal cord in segments T1 to L2. These reflexes can be worked on the plantar aspect of the foot on the periosteum of the bones shown in the illustration. Push the soft tissue aside while working, to enable a direct contact with the bony surface.

For the sympathetic nervous system Figure 2 also shows connections from the spinal segments to areas in the body. If this spinal origin is divided into three main parts, we can see how sympathetic nerves innervate and control blood supply to specific parts of the body (vasomotoric) and organs.

In case of a shoulder problem the upper two thirds of the lateral horn (T1-T9) is contributing to controlling

blood supply to the shoulder. In terms of organs there are connections between the shoulder and organs in the head, thorax and upper abdomen.

The parasympathetic branch originates in the brain stem, upper cervical spine and sacral spine S2-S4 (blue on Figure 2).

Some reflexologists prefer to work with sedating techniques on the sympathetic branch (which is too active during chronic stress) and stimulating techniques on the parasympathetic. We may also choose to simply work all areas and let the system adjust and find a new balance.

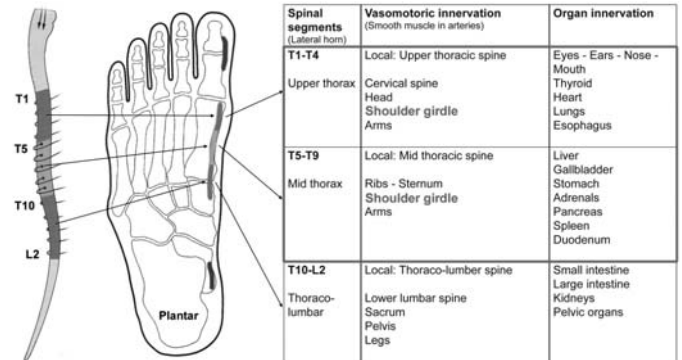


Figure 2: Segmental connections in the sympathetic nervous system. Red indicates the origin of the sympathetic neurons in the spinal cord and in the spinal cord foot reflex. Blue shows the origin of the parasympathetic nervous system (Brain stem + C1-C3 and S2-S4). Shoulder connections are highlighted. © 2013 Touchpoint Denmark

◇ **Tip no. 6: Linking with the sympathetic reflex**

As an additional technique, we can connect the sympathetic origin reflex on the foot to symptom areas either as foot reflexes or locally on the body.

Using the table in Figure 2 as a guide we can help a shoulder problem by placing one thumb along the plantar side of metatarsal 1 (T1-T9) and with the opposite hand work the shoulder reflex or the shoulder area itself on the body. Try to experiment with working both areas together, working one and just touching the other or simply gently holding both areas, to see which seems to be most effective in the given situation.

Inform your client what you are doing, and ask for feedback on sensations, thoughts or reactions.

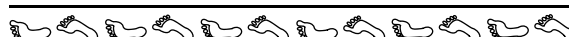
This principle can be applied in many situations where clients experience any kind of pain.

Dorthe Krosggaard and Peter Lund Frandsen ...

are international lecturers and authors of a number of articles and educational manuals on various aspects of reflexology. They will be returning to Australia in April 2014, see www.touchpoint.dk for more information.

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World Reflexology Day Celebrations

1st October, 2013 with Casino Platypus Day Club

Marilyn Heinz

Members of the RAOA (NSW) Northern Rivers Group Lise Plourde, Marilyn Heinz and John Zurfluh celebrated World Reflexology Day in Casino with the members of the Casino Platypus Day Club. The Casino Platypus Day Club meets weekly and we managed to give every member a 15–20 minute reflexology treatment. Most members chose to have their feet done and some preferred their hands to be pampered. In total, we gave reflexology to 52 pairs of feet and 3 pairs of hands!

Some of the comments we received were 'I feel like I am floating'; 'I don't want to get out of the chair'; 'I didn't come over to have my feet done last year but the other ladies said it was so good I had to try it this year. I'm glad that I did, it is so relaxing'; 'I can see that the swelling in my foot is less and my shoe is much looser now'. Some of the ladies came back over to tell us that their sore neck and pain had just disappeared!

This is the third year we have connected with the ladies and gentlemen of the club and they look forward to our return next year. So do we, as we get as much pleasure from giving our treatments as they do receiving them!

See the photos I have included of our Reflexology Day. 📷



From left to right RAOA (NSW) Northern Rivers Group
Lise Plourde, Marilyn Heinz and John Zurfluh



Judee Hawkins—Life Member Award

Judee joined the Association 1/06/2001 as an Associate member while studying reflexology with Sue Ehinger's school, Australian School of Reflexology. Judee completed her training with Sue on 19 June 2002 qualifying with a Certificate IV in Reflexology.



By Sept 2002 she was Secretary of the NSW Branch and remained in that position until mid 2004.

Judee first became a State Director in July 2005 and took on the position of National Secretary until late in 2007. Almost immediately Judee began developing specific Board documentation. In March 2009 she returned to the Board of Directors and resumed duty as the Secretary. She held that position until June 2012. Judee put an enormous amount of effort into the formatting, updating and maintaining of company documents and assisting in the monitoring of the Board forum. Her approach to any duty carried out for the Association was always exceptionally reliable and she was very responsive to all requests, checking and following up. Her general activity was above and beyond that of usual expectations.

In the last few years Judee held the post of NSW Director diligently by herself without the support of another NSW member. During her time as Director she has also often been Acting Chair of the Branch when required. She was particularly diligent in making sure that she maintained regular updates to the branch of Board activities.

Over the years Judee has participated in many volunteer events in NSW including the MBS, at the Starlight Room (Westmead Hospital) and in Nursing Homes. I am aware that there are many more; too many to list.

The Advertising Co-ordinator's position of FootPrints was diligently and reliably fulfilled by Judee since 2006 right up until April 2012. I believe that Judee took on a personal responsibility to make sure that there was always sufficient suitable advertising in our journal, at times spending hours chasing advertisers.

Her skills as Legal Secretary have been very useful to the RAOA as has been her straight-talking, even if a little uncomfortable for some at times.

She has a good, kind heart and has given hugely to our profession, in particular the NSW Branch, and all who came in contact with her.

Judee received the Outstanding Achievement award in NSW from the Board in 2009. This award was well deserved and I believe that it is now time to reward her with a Life Membership of RAOA. 🙏



How I celebrated World Reflexology Week

by working on the soles of The Fernlea House Community

by Carmen Barnsley (Pedisoul)—Victoria

"Editors note: At Fernlea all clients are referred to as guests and this is how Carmen refers to her Fernlea clients"

As a newly qualified Reflexologist (Dec 2012), I wanted to incorporate my new skills with my medical knowledge as a nurse.

Fernlea House is a palliative care day respite centre situated in a cottage in the town of Emerald amongst the beautiful Dandenong Ranges South East of Melbourne. Guests with life limiting illnesses come to Fernlea once per week for a day of living, loving and laughing. The mission of Fernlea is to provide a service delivery model for people with life limiting illnesses that improves quality of life for carers, guests and families, with innovative approaches needed by the community.

I had worked at Fernlea as a nurse and was amazed by the response guests had from receiving Reiki and foot and hand massages from volunteers.

As Fernlea is a small community, I was able to offer Reflexology treatments to both guests and staff during the week. Completing Marie Duggan's Reflexology Cancer Care workshop in February this year was an invaluable tool that I was able to use. I found the guests very open to the treatments and fascinated by the understanding of the reflection their body had on their feet. Guests with various types of life limiting conditions were surprised when I would pick up an in-balance. They would ask "What does that represent?" At first, as a new reflexologist, I was not sure whether to vocalize the reflex area I was working. My answer came when the first guest told me that the area I was working corresponded exactly with where the condition started and was where they had discomfort that day. They were all amazed; one guest I was treating had a brain tumor and I was able to pinpoint an in-balance exactly where the growth was.

The volunteers who give hand massages to the guests were fascinated by the hand and foot mapping, while relaying the extended benefits Reflexology gave with a deeper understanding of the human body.

I was able to volunteer my services for Monday, Tuesday and Wednesday of World Reflexology Week. Both Fernlea House and I sent press releases to local papers, unfortunately no response was received. All guests received information on Reflexology and World Reflexology Week. I have now joined the team of volunteers offering Reflexology as a complimentary therapy for everyone at Fernlea. 🙏



Is reflexology the new cure for infertility?

by Andrea Perry, femail.co.uk

Can reflexology really help with infertility?

Infertility can be an emotionally exhausting, not to mention expensive, condition.

But according to a growing number of people, the key to overcoming the problem for many couples could be far simpler than they think—thanks to reflexology.

An increasing number of women claim this popular type of foot massage has helped them conceive. Now a medical study has been launched to discover if the claims are true.

Reflexology, a traditional healing art dating from the ancient Egyptians and Chinese, involves manipulation of pressure points in the hands and feet and is often used to ease period pain, headaches, sinus and back problems as well as the effects of chemotherapy.

Practitioners claim the soles of the feet are like a mini map of the inside of the body and are linked to our inner organs and systems, including the fallopian tubes and ovaries. By massaging different points on the feet therapists claim they can unblock energy pathways in the body and so help the body to regain its natural balance and heal itself.

Some points on the foot are associated with a woman's egg production and by manipulating these areas reflexologists claim they can correct the imbalances which can hamper pregnancy.

The latest research, a two year clinical trial at the IVF unit at Derriford Hospital in Plymouth, is the brainchild of reflexologist Jane Holt. She approached the unit after 13 of the 23 women she treated with a range of fertility problems fell pregnant last year.

Beccy Wellington, 34, an auxiliary nurse, from Kingsbridge, in Devon, is convinced that her trip to see Jane in November 1999 resulted in the birth of her son Luke, who is now five months old.

'We had been trying for a baby for just over a year and had begun to look at other ways that would help me conceive when someone recommended reflexology,' she said.

'I had four treatments and was pregnant within three weeks. I am convinced that the reflexology got my body in working order so I was ready to conceive. I also felt ten times better, more positive and a lot happier in myself.'

'I went in there with an open mind, but was totally shocked to find myself pregnant so soon,' she said. 'I would definitely advise other women to try reflexology. It may not work for everyone, but it worked for me and it is worth trying.'

Is reflexology the new cure for infertility?

A growing number of women claim reflexology has helped them conceive. Now a medical study is set to investigate the theory.

Full Story:

<http://www.dailymail.co.uk/health/article-20980/Is-reflexology-new-cure-infertility.html>

15 February 2013

www.dailymail.co.uk

Jane Holt, a reflexologist for 12 years, claims one woman she helped had been trying to get pregnant for 20 years.

'Infertility is a complex problem and I think that often what is needed is something that gives the system a bit of a kick start and that's what reflexology can do,' she said.

'At least this gives women the option to try something else while

they are going through hospital procedures and even if it works for some of them that's a bonus.'

Cathy Shipton, who plays nurse Duffy in the BBC TV series *Casualty*, is also convinced that reflexology on the set of the show in Bristol helped her to become pregnant.

She had been trying to have a baby for four years, but four months after having twice weekly reflexology sessions she became pregnant.

In the new study, 150 volunteers will be offered reflexology rather than the fertility drug clomifene, which is usually used to induce ovulation. This drug works in about 70 per cent of patients, but the drug's main drawback is it can increase the likelihood of a multiple pregnancy.

The volunteers will each receive eight treatments over a two to three month period. In order for the trial to be conducted in a scientific way, patients and hospital staff will not know whether true reflexology or a 'dummy' version has been given. Only the reflexologist will know who has had the real treatment.

One in seven couples suffers with infertility. Last year the Plymouth IVF unit saw over 900 patients. Thirty per cent of these were not producing eggs.

The hospital has already pioneered the use of acupuncture—the insertion of fine needles into the body to unblock energy channels—in pregnancy and routinely offers it to women who might benefit.

Dr Jonathan Lord, clinical lecturer in reproductive medicine at the hospital, is co-ordinating the new trial.

'At the moment there is no evidence to say whether reflexology works or not,' he said. 'Although there are several reports of patients in whom it has worked, this is not sufficient evidence to enable it to be routinely recommended.'

Read more: <http://www.dailymail.co.uk/health/article-20980/Is-reflexology-new-cure-infertility.html#ixzz2beS1CavH>

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Down syndrome and Reflexology

by Emma Gierschick

In July 2012 when my daughter was born our world changed. Not just because we suddenly had a beautiful newborn in our lives, but because we were also about to embark on a steep learning curve and into the world of disabilities. Amelia was diagnosed at birth with Down syndrome. This was not a total surprise as it was indicated as a high probability during the pregnancy, but the diagnosis unlocked a new level of care, of selflessness and of understanding and empathy that was to become a priority in my life.



“Special children teach a family so much, a different set of values, a new level of patience, and to appreciate what is REALLY important in life.”

Down syndrome is not contagious, it's not a 'phase' and there is no 'cure'. It is a genetic disorder where there is an extra chromosome number 21; because of this it is sometimes referred to as Trisomy 21. Most people have 46 chromosomes in each cell, but people with down syndrome have an extra chromosome making it 47. It is the most common chromosomal disorder known and one in every 700–900 babies born Worldwide will have it.

There are 3 different forms of Down syndrome; Trisomy 21 being the most common with 95% of people having this. With Trisomy 21 each and every cell has the additional chromosome. There is Mosaic Down syndrome, where only some cells have the additional chromosome—around 1–2% of people have this form, and finally there is Translocation Down syndrome* where extra chromosome 21 material is attached or translocated to a different chromosome. This form can sometimes be hereditary with 3–4% of people having this.

Down syndrome and the particular form it takes is usually identified by a blood test shortly after birth, although prenatal testing is available. Whilst maternal age can have a bearing on the incidence, most babies that are born with Down syndrome are actually born to mothers under 35 years. It is also possible for one half of a twin set to have down syndrome and their sibling not to.

Down syndrome was named after Dr John Langdon Down who was the physician who first described it. It occurs at conception, and crosses all ethnic and social groups and parents of all ages. It is not a new condition and people with Down syndrome have been recorded throughout history.

“People with Down syndrome may have some characteristic physical features, some health and development challenges, and some level of intellectual disability, but they also have the same moods and desires as everyone else.”

One of the greatest challenges people with Down syndrome face is the attitudes of other people who do not understand what it means to have the syndrome. Whilst

it is much better than years ago there is still some prejudice or fear around, mostly due to ignorance.

People with Down syndrome are more like 'regular people' than different and are certainly all different to each other. They do not look alike, although there may be some facial similarities. They typically will look like their siblings or family members. A misconception is that they are always happy, but they also experience the entire myriad

of moods, desires and feelings as everyone else, they can experience love, frustration and embarrassment as we all can. Having said that there is some evidence that suggests they have a tendency towards more positive natures. Some people may however experience a degree of difficulty in articulating their feelings due to possible communication difficulties. It is therefore important to observe and be aware of any non verbal signals. Children are often taught sign language to support them as they learn to communicate verbally.

Physical features of Down syndrome

While there are certain physical traits more common in people with Down syndrome, not everyone will have all the below features. However they are some of the identifying factors that medical staff look for upon the initial examination of a newborn.

- ♦ **Facial features:** The **head** of a person with Down syndrome may be slightly smaller and possibly flatter on the back or on one side, while the **face** may be more rounded but have a flat profile. The bridge of the **nose** is often flatter and smaller due to a shorter or absent nasal bone, and the **eyes** may be oval shaped with a slight upward slant. The eyes may also have an epicanthal fold at the inner corners, but this disappears as the child gets older. The iris may also have white or yellow speckles around it, which also disappears with age. These are called brushfield spots and do not affect the sight.

The **mouth** may be smaller, but they often have a large **tongue**, or one that appears large in relation to the mouth which may protrude at times. The **teeth** often come through at a slightly later stage.

The **ears** may be smaller, or lower set on the head and the apex of the ears may fold over. The **neck** is sometimes shorter and there may be loose folds of skin at the back of the neck in babies but this often also disappears as the child grows. The **fontanels** (soft spots on the head) may also be larger in babies with Down syndrome and take longer to close.



Continued on page 13

Hands and feet: The **hands** may be smaller and broader with shorter fingers that may appear double jointed. The fifth finger may only contain one joint instead of two and may also curl inwards slightly. There is often just one single crease running across the width of the palm – known as a simian line.

The **feet** tend to be broader and shorter. There is often a wider gap between the great toe and second toe that is known as a 'sandal gap'. In addition there is often a deep crease on the sole of the foot running in this gap. Flat feet are also common.



Stature: Babies are usually of average weight and length upon birth, but tend to grow slower and are often slightly shorter and of a stockier build when fully grown. The average height for adults is 5ft 2 for males and 4ft 9 for females.

“Down syndrome is NOT a condition, a disease, an illness or a disorder. It is not hereditary and cannot be ‘caught’. People with the syndrome do not ‘grow out of it’ and cannot be ‘cured’ from it.”

As recently as 1950's the average lifespan for people with Down syndrome was as low as 15 years, and when you read some of the possible conditions that they are more prone to you can understand why. However this was before early intervention, research and new medical breakthroughs. Nowadays, thankfully the average life span is around 60 years.

Health considerations

Below is an outline of some of the more common health conditions people with Down syndrome are more prone to experience. Not everyone will experience all these conditions, and like the general population there are also some conditions not listed here that they could experience. It is therefore not realistic to draft a set reflexology treatment protocol to follow as it would obviously depend on the individual issues the client presented with. Having said that; additional work on the endocrine system and endocrine balances would help a great deal.

Before my daughter was born I had no personal experience of working with any clients with Down syndrome, but I give Amelia a mini reflexology session each night after her bath focusing on her thyroid, brain and digestive tract reflexes. It only lasts for 3-5 minutes depending upon her level of patience, but to date she has had perfect health, with very regular bowel movements and she is developing fantastic core strength. I have also been educating several parents of children with Down syndrome on various reflexes to work on to assist with any presenting conditions their children are experiencing.

Depending on the cognitive abilities of the client it is highly probable that a parent or carer would be present during a treatment, but it is important that the client is included in all discussions and treated with respect. Initially I would recommend starting with 15–30 minute sessions as your client gets used to the touch and experience of reflexology, gradually building it up to a full hour. Due to the discomfort of VRT, I would be cautious of undertaking vertical reflexology unless I was very familiar with the client and any presenting conditions. It may take a little longer to communicate with your client, but it will be incredibly rewarding as the general energy of people with Down syndrome is beautiful, gentle and positive.

Robert St. John who 'devised' Metamorphosis was also a firm advocate that metamorphosis could assist people with Down syndrome believing it was an extreme case of a block in efference. Many reflexology practitioners also offer metamorphosis to their clients, working on the spine reflex through the feet and hands. This is something that could also be explored.

- ◆ **Congenital heart defects:** Approximately 40–60% of babies are born with a congenital heart defects, the most common affecting the walls of the heart. Most defects are corrected during the first few months or early childhood with excellent success rates. In some cases they may even correct themselves but other people may be required to have surgery later on or stay on medication for many years or even for life to keep their heart working effectively. This may affect some people's ability to put on weight.

- ◆ **Musculoskeletal issues—Atlanto-axial instability (AAI):** The majority of musculoskeletal issues occur due to the looseness of the ligaments between the bones, which consequently causes problems with the joints.

Atlanto-axial instability is too much movement between the 1st and 2nd vertebrae in the neck. This occurs in approx 15% of people with Down syndrome. The concern with this is that the spinal cord could get damaged if there is an impingement on the spinal cord from one of the vertebrae. Symptoms of impingement include difficulties in walking, abnormal gait, neck pain, limited neck mobility, lack of coordination, or clumsiness, head tilt, increased muscle tone to the point of spasm and / or over exaggerated reflexes. The medical solution to this is to fuse the two vertebrae together. It is recommended that all children with Down syndrome are screened for AAI via x-rays around the third birthday and again when the child is between 10–12 years of age. There is also some evidence to suggest that yoga has an incredible effect on the musculoskeletal system and development of children of all ages with Down syndrome.

- ◆ **Other Musculoskeletal issues:** Other musculoskeletal issues include scoliosis; a curvature of the spine, which is often treated with a back brace or even surgery if the heart or lung function is affected. Instability of the hips; which can be caused by the thigh bones becoming too loose where

they join the pelvis—this is often corrected with a cast; dislocation of the patella, where the knee cap moves too far to one side—this is often corrected with special bands worn around the knee cap to keep it in place or, again, even surgery to fasten the kneecap in place.



There is also the possibility of many different foot and ankle problems including excessive pronation - flat feet. Ankle instability with the feet pointing excessively outwards or inwards and bunions where the great toe deviates and bends laterally towards the second toe. Most foot issues are taken care of by qualified podiatrists.

- ◆ **Hypotonia:** Low muscle tone - this can affect all the muscles of the body and can give the appearance of being 'floppy'. In newborns this can affect the way a baby holds themselves to feed, the sucking action required to feed, and the swallowing or gag reflex. It can also affect some of the joints giving the impression of being double jointed. In extreme cases surgery may be required for some joints. It is therefore important to monitor the level of pressure applied to muscles and reflexes during a reflexology treatment, with plenty of eye contact throughout.
- ◆ **Thyroid conditions:** Thyroid conditions are common. The most usual condition is Hypothyroidism or low thyroid function, although some people may experience hyperthyroidism. The symptoms for hypothyroidism are subtle; low growth rate, weight gain, constipation, lack of concentration, memory impairment, lethargy, dry skin, and reduced muscle tone. People with Down syndrome who have thyroid issues are normally tested every 6 – 12 months for life and can often be on lifelong medication to replace the thyroxine that is inadequate.
- ◆ **Gastrointestinal issues:** There are a range of different GI tract issues that a person with Down syndrome may experience including Hirschsprung's disease; a condition where there are no nerve cells in a section of the colon, Coeliac disease; which is an intolerance to gluten, Imperorate anus; where there is no anal opening and severe constipation; and obesity due to poor muscle tone.
- ◆ **Blood problems:** Several blood problems are more common in children and young people including high or low platelet counts, fortunately the platelets seem to self regulate to normality over time. Another condition is Leukemia which is between 10 – 30 times more prevalent in children with Down syndrome. Onset is usually between birth and 5 years, although it can affect people of all ages. Interestingly children with the syndrome respond better to chemotherapy than children without it for certain forms of leukemia.

"I'm sure that the extra chromosome contains a bundle of extra love, joy and character."

- ◆ **Respiratory tract conditions and infections:** People with Down syndrome have relatively narrow ear and nasal passages leading to a tendency towards an increase in coughs, colds, ear infections and other minor infections. There is also an inclination towards upper respiratory tract infections which can become severe very quickly requiring hospitalisation. Depending upon the abilities of the client it would be great to introduce some very simple hand reflexology techniques the client could complete to assist with their respiratory health.
- ◆ **Eye, ear, or teeth problems:** As already mentioned ear infections are more common due to a shorter than average Eustachian tube. In addition approximately 50-60% of people with Down syndrome experience some level of hearing loss. Eye problems are also very common. Apart from the regular long or short sightedness that could be experienced, there can also be a tendency towards cataracts, blocked tear ducts, strabismus – where the eyes do not work together and astigmatism – where the eyeballs are an irregular shape. Teeth cavities are not so common, however gum disease is.
- ◆ **Skin and hair issues:** People with Down syndrome may have dry, rough skin, and a tendency towards eczema or other fungal or yeast infections. In addition babies and young children can often have blue hands and feet due to poor circulation. Alopecia or hair loss is also more common.
- ◆ **Sleep apnoea:** Sleep apnoea is common due to obstruction of the upper airways by large adenoids or tonsils. Approx 45% of people with Down syndrome experience this. People often snore and they can stop breathing for 5–10 seconds at a time. This creates restless sleep and can lead to irritability in the mornings. In severe cases this can decrease the oxygenation of the blood during sleep time causing pulmonary hypertension or high blood pressure in the lungs. This is bad for the heart and can cause chronic damage. Treatment may involve the removal of the tonsils or adenoids.
- ◆ **Alzheimer's disease:** Alzheimer's disease is the most common form of dementia, and can occur more frequently and at a younger age for people with Down syndrome, the most common age being the mid 50's.
- ◆ **Lowered immunity and reduced expression of pain:** People with Down syndrome often have a lower immunity therefore it is important that any medical conditions or concerns are attended to immediately to ensure they do not develop into anything more serious – this is especially the case in the very young or elderly. They are also not necessarily able to communicate or localize pain or discomfort easily, therefore it is important not to underestimate the discomfort somebody may be experiencing. Be mindful of the pressure being applied and the temperature of any water used in a footbath at the start of a treatment. Also make sure you maintain

good eye contact and look out for any non verbal cues when working to ensure you are not causing undue pain.

- ◆ **Growth:** People tend to grow smaller and at a slower rate than the general population, they may also be more easily prone to weight gain or obesity, therefore a physically active lifestyle is encouraged. Babies and young children typically have a separate growth chart to regular babies. Unfortunately, the existence of these charts is not always common knowledge even amongst the medical world.
- ◆ **Podiatry and structural issues:** Low muscle tone can lead to instability in the structure of the foot with a tendency towards excessive pronation or flat feet. It is important that strong supportive footwear is used and if necessary orthotics.

The initial diagnosis and early days

There are prenatal screening tests available to parents during a pregnancy to confirm if a baby has Down syndrome. The most common is an amniocentesis. If a parent declines this there are also several other 'soft markers' that can show up during routine examinations including the initial blood test taken at 12 weeks and the first ultrasound scan. Wellbeing checks are undertaken at scans to check the measurements of the femur, ulna, abdomen, nuchal translucency of the neck fold, and bridge of nose. Some babies keep their extra chromosome 'hidden' from medical attention until birth, which often makes the diagnosis harder for some parents to accept. Genetic counseling is available at many hospitals but unfortunately some hospitals still expect most parents will want to terminate a pregnancy upon

“When you find out a person has downs syndrome don’t say ‘you are sorry’, ‘that’s sad’, or ‘oh dear’. It does not come across as supportive. It implies that you think they are ‘less than’ when in fact they are enhanced—chromosomally enhanced.”

a positive diagnosis. It is believed that up to 95% of all pregnancies with a prenatal diagnosis end in termination, with a further 30% of those that continue ending in miscarriage.

Once a baby is first diagnosed they are assessed for as many of the afore mentioned possible conditions as possible so the first few months of life are pretty exhausting going from one assessment to another, especially when a parent is trying to create

sleep and feeding routines. In addition it is not unusual for babies to have difficulties with body temperature regulation or with feeding, so immediately after birth they may be required to spend time in a NICU unit (neonatal intensive care unit) or go home with a nasal gastric tube fitted for feeding.

Fortunately there is external support available to assist new parents and to help families adjust, with several Australian Government initiatives in place including the Better start, and early intervention programs, which are focused around providing any additional support for the child and family during the first formative years. The State and National branches of the Down Syndrome association is also a hugely valuable resource offering support and advice.

“No parent of a baby or child with down syndrome would ever consider them to be a burden—instead they are considered a gift.”

On July1 2013, the National Disability Insurance Scheme (NDIS) or Disability Care program was rolled out, a very positive move for people with a disability. Obviously regular reflexology treatments would assist with many of the potential health conditions a person with Down syndrome may be prone to or experience, starting as early as working with a baby. Allied health professionals are covered with Government funding to assist with some of the afore mentioned conditions, and it would be great to see natural therapies such as reflexology and massage also included.

There are several great facebook pages and websites for parents of children with Down syndrome to connect with each other, supporting each other, asking for or offering advice and promoting achievements such as getting qualifications including diplomas, and degrees, winning medals at the Special Olympics, and getting married. Down Syndrome is not to be feared, people with the syndrome have exactly the same needs and desires as everyone else; the fear and judgment just needs to be removed.

For more information

www.downsyndromeaustralia.org.au
<http://www.disabilitycareaustralia.gov.au>

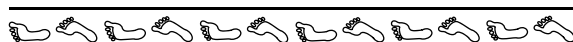
Babies with Down Syndrome – a new parents guide. Susan J Skallerup



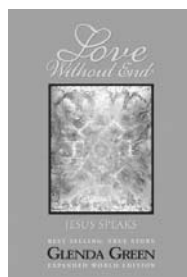
Emma Gierschick is a past National President and Hon. Life member of the Reflexology Association of Australia and current Director on the International Council of Reflexology board.

More importantly she is the honored mother of the beautiful Amelia Rose-Eiden. She is happy to be contacted for further information regarding Down syndrome

emma@7keys2freedom.com



Sonia Bailey: A Revelation initiated from reading 'Love without end' Chapter 13—Jesus on Science



Sonia Bailey is a new Board member. On her flight to the RAOA Board meeting in Adelaide she was reading Glenda Green's book, excerpt of which is relayed below. She shares what it revealed to her in the hope that it is beneficial to both the Board and all members."

There is no accident I read this part of a book that I've been wading through for over a year ... just prior, I had asked myself 'How can I help move the RAOA forward? , How can I help increase member numbers?'

*... 'He emphasised that, 'science is the pursuit of workability, developing consciousness about how life works, and applying that consciousness toward solving the problems of living,' and said emphatically: 'Any activity which employs that attitude and process is science. In recent decades, because of the overwhelming dominance of high technology and military competition, science has succumbed to the glamour of elaborate machinery and intellectual elitism. This is not the true measure of science. **Such investments have given the false impression that mental elitism has greater value than practical service**' (Reflexology = practical service). 'Actually, the opposite is true. It is from service to life that all true science springs, after which the mind may express its servitude by summarising the brilliance of our natural inclinations.'*

*'There is a key to the universe. All the answers are right in front of you. Its secrets are unlocked by formulating our question. **Without the right question, the answer is invisible.** Therefore, approach reality with a humble, inquiring mind, open in heart and perception, and free of judgement. **If you will ask the right questions, all will be revealed!**' (I asked the question and the answer was revealed!)*

*'True intelligence is innately humble—not in a self-effacing way—but in the way of innocent perception and workable discernments of reality. **The issues of life are like broken points in a circle of wholeness. They are very specific in nature and can be repaired only with correct assessment.**'*

'From the beginning of consciousness, man has searched for the 'Grand Plan', in hopes that he would discover some holistic imprint for all existence and then learn to administer it as a technology. If such could be done, then the ultimate panacea—the cure for all ills—could simply be laid upon the Earth like a golden blanket, and no more problems! If such a thing existed, it surely would be the most valuable commodity upon the Earth!'

*'There is a holistic imprint, but it cannot be summarised in a blueprint, nor monopolised by technology. **That imprint is love.** There is no matrix, grid work, or blueprint large enough to catch it all!'*

'Still there are no panaceas. Even love must be given and nurtured with respect for particulars of reality and restored at the points where it has been broken. It is the nature of holistic reality that any fracture or disruption of order is very particular in kind and occurrence, yet the contributing factors may be many or varied. The very idea of a panacea is a misconception of workability.'

*'It is characteristic of the naïve, the desperate, or the mercenary to gravitate toward archetypal concepts which can be represented as panaceas. The hope is to cover all bases with a generality that promises to correct hidden ills without ever acknowledging or delving into them ... **you must be subject specific in your handling of life! You may break a circle at any place you choose, but I assure you that it can be re-joined only at the very place of the fracture.** There are no magic circles that descend in polite generalities and repair problems without exposure and clarification of them. Nor can you handle one problem by polishing something else which was not broken. If the foundation of a house is cracked, you are **not** going to fix it with a new roof or camouflage it with landscaping. The same is true of broken relationships, broken plans, and broken hearts. **Find out where the break really occurred. Fix it there.**'*

'Discernment, acknowledgement and workability are humbling attitudes, but without them you do not have science. Through them, you have the love connection—the caring for particulars that moves life forward, and the devotion to workability, which is a primary impulse of love.'

'It is the job of science to address the workability of particulars and to strive for explanations and understanding within categories of common probability. This is an unassuming pursuit, but a very noble one, for it will take man to the threshold of infinity. Such attitudes generate respect for life, for infinity, and all particulars of existence.' ... Glenda asks 'Are you implying that infinity is here and among us, like spirit?'...

*'Infinity is the universal factor which **allows** quantities to be translated to quality and qualities to be translated to quantity. Therefore it relates to the transmission of potential in every dimension of reality. It is through this function that adamantine particles (particles of infinity) (Higgs Boson particles) synchronise with the power of love. **Perhaps this is why man gravitates toward one answer for all things, because he instinctively seeks for contexts of commonality and predictability (medicine does this).** The instinct is healthy as long as it does not rely upon archetypal formulas, **or impose fixed ideas upon life (medicine does this) instead of distilling truth from life's intrinsic nature (Reflexology does this)** and constant tendencies.'*

*'The critical mass today in all technologies is not with the science itself, but in human expectations about it **e.g, the***

Continued on page 17

Sonia Bailey's epiphany
Continued from page 16

field of high-tech medicine has brought countless blessings to mankind—answers that were only dreamed of a hundred years ago. **Its accomplishments, however, have been so dazzling as to suggest a new panacea for all human ills.** This is a more dangerous illusion that you might think, because whenever anything is regarded as a panacea, **then unrelated injuries will transfer their symptoms to that domain.'**

(Reflexologists 'know' we aren't the 'only panacea'—we work with all other modalities!)

'Let's consider, e.g, a man who has suffered financial failure. Instead of confronting and handling it in a subject-specific way, he **may** have a heart attack. **That way a panacea which he believes in—medicine—might come to the rescue and give him the new lease on life he needs.** Chemical medication, in general, has come to be regarded as a panacea, even though many human ailments are not chemical in nature. **Now a world full of distress is transferring its symptoms into chemical dependency.'** *(we understand this; 'metaphysical' reasons)*

'It's the nature of all panaceas to illicit transference. Eventually they fail to provide all the solutions promised, but in the meantime they become a magnet for ills that need to be dealt with in other ways. You should be careful to understand that any problem will transfer its symptoms to whatever it believes contains the solution *(natural therapists see medicine as the panacea/solution to: recognition/increased business)*, but the eternal truth is that solutions will be found only in relation to actual causes. Respect for this should be ingrained in any scientific procedure. This is an infinitely workable universe, but you cannot make it work by avoiding its issues or by hiding behind generalities that promise you a rainbow for breakfast. These phenomena are not limited to physical health. Any panacea is a dangerous illusion. Eventually all panaceas will self-destruct.'

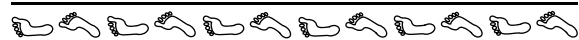
My epiphany from reading this: 'REFLEXOLOGISTS ARE 'HEALTH CARE LEADERS'—we work holistically and with the natural abilities of each and every 'body'; we work together with other modalities and medicine and we don't see ourselves as a 'panacea'. Going by the Universal Laws listed in the above passages, we can hold our heads high in our profession for the practical service we provide to humanity. Then why do we see ourselves as 'less than' the medical profession, that 'mental elitism' has greater value? This is something that needs to change within ourselves so we can go forward into the future as equals—as we change, then the opinions of others will change.

Move into the future: confident in who you are and the service you provide to humanity—knowing that you are not always the answer for everything; believe in yourself, see yourself as equal; be passionate/work wholeheartedly, be joyful, and loving what you do. In doing so you build a strong foundation and you continue to succeed regardless of what changes or external factors come along that try to test you—they will not affect you or blow you off track. The

RAoA has a strong foundation; now we just need to let the branches and leaves (us as members) continue to grow and spread throughout our communities—if we all go forth and grow with like-mindedness, imagine the possibilities! Perhaps you'll have your own epiphany from reading the above; please feel free to share them with me: education@reflexology.org.au.

The following quote popped into my mind this week and you may have seen it on the RAoA FB page: I had been considering how sometimes Reflexologists aren't respected by either other health professionals or the general public, mainly because they don't understand Reflexology and the amazing abilities of the body to heal. I wanted to share it with you, in case you would like to use it too (change it and use your own words)... 'If you denigrate Reflexology, you denigrate the natural workings of the human body.'

'Love without end' was first published in 1992 and is non-denominational



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Website:
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Board Meeting Report

19/20 October 2013

by Heather Edwards, President

The Board meeting and AGM and workshop day held in Adelaide, 19/20 October was excellently hosted by the South Australian branch. Attendance at the AGM was impressive. Thanks must go to Susan Ramsey and the SA Branch for helping to make the weekend very worthwhile. The changes to the Constitution, notification of which all members received along with the invitation to attend the AGM, were passed. This means that an AM can be voted onto the Board if and when required.



At the AGM Judee Hawkins was awarded the honour of Life Membership in recognition of her invaluable contribution to RAoA for over a decade. Judee held the position of Secretary on the Board 2006—2012. See further details in this edition.

Unfortunately the Auditor's report had not been completed for the AGM but figures already supplied indicate RAoA has reduced expenses this year and even though the income from membership is down the Association is doing much better than the previous financial year. Please read the President's Report AGM 2013 for full coverage of the year's activities. (This Report is available on the RAoA website and/or can be sent if requested.)

It was noted at the meeting that the loss of Catherine McIver, means that it is essential for the Board to quickly find a replacement Treasurer.

Meeting Outcomes:

- ◆ The Policies and Procedures document has been updated.
- ◆ A policy has been written and posted for member reference regarding content details when posting on-line profiles.
- ◆ The Vision and Mission statement has been reviewed with no further changes recommended.
- ◆ Branch secretaries have been advised to include a confidentiality statement as an insert in Branch minutes each time.
- ◆ The Board has withdrawn the fee for Student membership. Membership will be free for the first year; payment will commence thereafter.

- ◆ Tasmanian Reflexology Path—The Board is very impressed with how successful the Path Committee have been in raising funds to lay the path. The Committee are concerned about the lack of funds to complete the path. The Board has agreed to encourage a national fund raising effort to assist with moneys for this and future paths.
- ◆ The Membership Survey has been distributed. We have had quite a number of responses which is very pleasing.
- ◆ The Board understands that the availability of Health Fund rebates is an attractive benefit for some reflexology practitioners and their clients and will continue to seek ongoing compliance. We have been notified that as of 30 September 2013 Australian Unity will require graduates to hold a HLT Diploma in Reflexology to entitle their clients to claim rebates. News regarding the government stance on rebates for Complementary therapies is expected early in 2014.
- ◆ Currently graduates completing a Correspondence course in Reflexology do not qualify for Full membership with RAoA. Due to the quality of some on-line courses now available, the Board is reconsidering the credibility of such training and looking to endorse training that includes 64 hours of face to face practical, including clinic, hours. In regard to Health Funds this will require definite renegotiation as currently they do not list Correspondence graduates.
- ◆ It was confirmed that it is important to secure partnership with existing RTOs delivering the Diploma to enable Certificate of Clinical Reflexology and Certificate IV graduates to readily upgrade.
- ◆ As a result of the changes that are being made to the HLT Diploma RAoA needs to review the Certificate of Clinical Reflexology to bring it into line. Work will commence on this early in 2014. Sonia Bailey, Education Director, will be assisting me with this task.
- ◆ A 'Trevor Steele Scholarship' for a student studying reflexology has been approved.



Continued on page 19

- ◆ The CPT committee will completely review the CPT program for 2014/2015 with the aim to bring in the carry-over of points for one year. In the meantime we are pleased to introduce an excellent ongoing education CD prepared by Vera Emmi; this one on Shoulder Pain being the first of many to follow.



- ◆ Social Media in the form of on-line conferences, webinars and Utube videos is another option that the Board is looking into for future CPT opportunities.
- ◆ A Sports brochure is being finalised and the Maternity brochure is due for an upgrade.
- ◆ A Membership campaign is being embarked on by the Board. It is very apparent that we require more members and sponsors or partners, if RAoA is going to continue as a viable association into the future. Currently student numbers are remaining constant but the aging demographic of our members is creating concern as they retire and cease or minimise their practice. The Board is also looking into other sources of sustainability.
- ◆ Marketing and advertising have been identified as essential areas lacking sufficient focus. We are initially searching for an advertising coordinator for FootPrints. IS THIS YOU?

Heather Edwards, President

POSITION VACANT

The National Board needs a new **FootPrints Advertising Coordinator**.

It is a satisfying role with the primary involvement being to obtain advertisements for insertion into FootPrints four times a year.

It is a voluntary position but does earn you CPT points. FootPrints organising is done by email, so anyone in Australia can take on the role.

We have four positions on the FootPrints team—the Editor (Helen Adendorff) and Co-editor (Sharon Tay); Advertising Coordinator (was Jenn Cooper) and Desktop Publisher (Margaret Clift). We support each other and work together to publish FootPrints.

All enquiries to Heather Edwards
National President
president@reflexology.org.au



Research and Reflexology: Time for a rethink?

by Miranda Mann

A review of research literature relating to the effectiveness of reflexology can be very disheartening if one follows the path of Randomised Controlled Trials (RCT's). Unfortunately the current culture of health research is one that relies on this evidence-based approach to establish effectiveness of a treatment—an approach that all too often overlooks the way this holistic treatment is given. Consideration to an appropriate starting point for our therapy may be an option, like 'Observational Clinical Study' or 'Randomised Treatment Study' to health specific issues, as a pathway to the advancement of recordable material and building a usable library.

Research is undoubtedly very important for increasing the credibility of our profession however as Tony Pullin (NSW) points out:

"Research for our therapy and Association requires an injection of focus and direct attention, not just

for research sake but for sharing across all our Association platforms (i.e. publications, media releases/electronic media, profile building and professional advancement just to name a few). The research arm of our Association and the member benefits are inexorably linked and it's our members that should gain knowledge through the participation in, and the results of, focused research."

Let's take the blinkers off for reflexology research and harness what we as Australian Reflexologists can do to put reflexology on the 'mainstream' map.

The Reflexology Research Skype Group met for its first meeting on Friday 1st November with 6 members including Jane from Perth, Jan from Darwin, Suzanne from Toowoomba and 3 from Brisbane.

PERHAPS YOU WOULD LIKE TO JOIN THIS EXCITING NEW GROUP ... Contact Miranda miranj50@westnet.com.au



Face it

Facebook news—Social networks for the now moments

by Kate McKnight

Dip Reflexology, Dip Holistic Counselling, Reiki Master, Teacher, Meditation Facilitator

Hi everyone! Here we are at the end of another year! I am sure many of you are looking forward to a well-earned rest over the holiday season.

There is one thing I know for sure and that is ... Facebook never sleeps, nor takes a vacation. I've been very busy managing it over the year, pretty much every day, checking in, reading posts and delivering information and inspiration. By the time you read this we'll have over 1,000 likers with hundreds of interested contributors each day.

I have enjoyed reading every contribution on Facebook. Thank you for sharing so many powerful reflexology experiences and stories, client feedback and forthcoming events and workshops many of you are providing. Together we are all making it happen, widening our reflexology audience and helping one another directly day by day.

Reflexology brings true magic to life in so many ways and the RAoA Facebook page is becoming an equally magical platform to share the art of healing that the powerful modality of Reflexology provides.

Indulge me now for a moment or two whilst I share a brief collection of amazing comments and posts from 2013. Those of you who are regulars to Facebook will agree with me that it is an honour to share in the wisdom and stories from professional practitioners, clients and friends on Facebook, here's just a few...

Amy Cole: I had a heavily pregnant woman tell me she had a vision of being a beautiful white mother swan and said she'd never felt so relaxed. Quite a few other clients experience tingling in their fingers and say they feel the energy in my hands. Lovely x

Janice Dance: I have found reflexology amazing at balancing all the systems within the body as all are connected. The release of hormones from the endocrine system of glands and organs generate energy, energy creates vibration and heat. The vibrations and heat differ according to the hormone production occurring within a particular organ or gland. It has been recorded as frequency and photographed as colour. The seven different chakra colours are directly associated with the endocrine system and an assembly of nerves called a plexus connected with this system of hormones. Finishing off a session with an endocrine balance is always part of my therapy.

Veronica Doppler: I do a home visit for my 94yo client who has a reflexology treatment every week to help with nerve pain in her feet. She said it's the best gift she has ever given herself and doesn't know what she would do without it.

Jill Billings: only today I had a client that has suffered from sciatica for 3 yrs. Since her 1st treatment last week she had relief from her symptoms and could not thank me enough, made me emotional.

Sharon Campbell: My elder clients (70+) comment "it makes me feel stronger and in one piece again" The younger clients (70-) say collectively that they feel more "whole". It's all in the eye of the beholder.

Deb Bell: I had a text from a client after the treatment saying 'omg' I think I love you & I can now move my neck". For me receiving that message was better than winning Lotto.

Nina Hino: "Gotta share this ... Last time when my 4 year old son asked me to give him reflexology, he said "mom, can you please put angels to my feet again". Yep, even 4 year olds think it feels divine.

Ruairi O'Duil: As a male therapist, I found that starting a business working from a home based clinic added an extra layer of resistance to getting things going. I then started on a one day flat-rate in a clinic. The biggest difficulty with this is that you have to get your brand new potential clients to come on the one day you can actually work. Not so difficult after 7 years in practice but hard at the beginning! It cost me money to work in that clinic. I was lucky to find a very supportive clinic owner who offered me a % based rent. We agreed that I could work at certain times but I only paid her when I actually worked. The rate, 25%, was a bit steep but it allowed me to build a flexible offer, and a client base. (Thanks Phoebe). When it was consistent, we switched to a day rate. A lot of multi-modality clinics like to have a reflexologist on board so, ask if they can be flexible.

Sarah Hoey: The client will heal themselves, we just know where to press!!

Connie Hardy: It's always a different experience. Nearly every client finds themselves in 'the zone'. I have had clients say to me....'I told myself before the treatment that I was going to stay awake but I just couldn't keep my eyes open'. I believe that this is when deep healing takes place. I have never had a client yet who hasn't smiled at the end.

Gerlinde Bowen: I made this up for myself. "We are pioneers and dare. Never give up!"

... and on that positive note, may you all keep well and safe and continue to bring healing to others in your practice of reflexology. Wishing you all a very peaceful end of year season, happiness, joy and plenty of reflexology See you again next year.

Love and blessings Kate x



All our dreams can come true – if we have the courage to pursue them.

Walt Disney



CPT Education—Calendar of Events

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2014	PRESENTER	TITLE	LOCATION/CONTACT
8–9 February	Sue Ehinger	Auriculartherapy	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
Feb 15–16	Sharon Stathis	Ayurvedic Reflexology Workshop—SMART 1	Brisbane www.ayurvedicreflexology.com
Feb 21–24	Sue Ehinger	Facial Reflexology 1&2	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
March 21–24	Sue Ehinger	Facial Reflexology 1&2	Epping, VIC Sue Ehinger 02 4976 3881 sue@reflexologyaustralia.com
April 4–5	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Stress	Perth, WA www.touchpoint.dk
April 6	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Digestion	Perth, WA www.touchpoint.dk
April 12–13	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Stress	Sydney, NSW www.touchpoint.dk
April 23	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint workshop, Round about: Digestion	Brisbane www.touchpoint.dk
8-11 August	Sue Ehinger	Facial Reflexology 3 & 4	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
August	Martine Faure Alderson	Treatment of the Hormonal System in Cranio Sacral Reflexology	Tas, Vic, NSW, SA, WA, Qld Heather Edwards 0424 678 450 reflexca1@bigpond.com
8-9 November	Sue Ehinger	Japanese Cosmo Face Lifting	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com

Oncology Massage Courses

Dates	Module	Location	Contact
11–13 Jan 2014	OM2	Bloomhill, Buderim, QLD	Kylie 0410 486 767 or kathryn@oncologymassagetraining.com.au www.oncologymassagetraining.com.au
23–25 Jan 2014	OM1	Lifeline, Central Coast, NSW	
30 Jan–1 Feb 2014	OM1	The Centre, Randwick, NSW	
1–3 Feb 2014	OM1	Bloomhill, Buderim, QLD	
13–15 Feb 2014	OM1	Gestalt, Northcote, VIC	
21–22 Feb 2014	PALLCARE	Canberra Hospice, Canberra, ACT	
24–26 Feb 2014	OM1	Corowa Council Civic Centre, Corowa, NSW	
28 Feb–2 Mar 2014	OM1	Vivacious Living, Ardross, WA	
8–9 Mar 2014	ADVTUT	Bloomhill, Buderim, QLD	
20–22 Mar 2014	OM1	Venue TBD, Canberra, ACT	
4–6 Apr 2014	OM1	The Centre, Randwick, NSW	
4–6 Apr 2014	OM1	Riverdell, Hillier, SA	
10–12 Apr 2014	OM1	Gestalt, Northcote, VIC	
26–28 Apr 2014	OM1	Bloomhill, Buderim, QLD	
9–11 May 2014	OM2	The Centre, Randwick, NSW	
15–17 May 2014	OM1	Lifeline, Central Coast, NSW	
15–17 May 2014	OM2	Gestalt, Northcote, VIC	
24–25 May 2014	ADVTUT	Bloomhill, Buderim, QLD	

World-Wide Conferences (courtesy of Reflexology World)

2014	PRESENTER	TITLE	LOCATION/CONTACT
October 17-19	Reflexology Association of Australia	The Professional Reflexologist Branching Out	Victoria Novotel, Glen Waverly www.conferencedesign.com.au/raoa2014/
May 2-4	Reflexology Association of America	Biennial Conference	Santa Fe, New Mexico infoRAA@reflexology-usa.org www.reflexology-usa.org



I will honour Christmas in my heart, and try keep it all the year.

Charles Dickens

STATE MATTERS

*'Jingle bells, jingle bells, jingle all the way',
goodness it's here already!*



To capture the past couple of months since September, all State branch members have been outstanding in effort and achievements. All should feel proud and applaud each other.

In World Reflexology Week many members engaged their communities through volunteering and participation. From our State's quiet achiever, Ann Jooste-Jacobs (Referral/Employment Officer—October report), *"As a result of the World Reflexology Week expo on 27th September at the Cotswolds Retirement Village on the North Shore, a new reflexology clinic will start on Monday 14/10/13. This clinic will run from 10 am for the morning – initially – and be manned by Charlotte Wells. The Village is providing a clinic room at no charge to the therapists and the residents having reflexology will pay the therapists directly for their services. This is all thanks to the wonderful support of the Manager and staff at the Village. A big thanks to the other 4 therapists – Yeen Ng, Vicki Witham, Susan Laurent and Joanne Carson (who stepped in at the last minute when someone else was*

NEW SOUTH WALES

unable to make it)" – reminding us all that there are opportunities out there, so be proactive in your community and be rewarded.

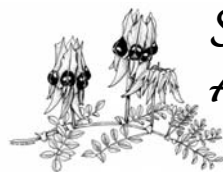
This year's Mind Body Spirit Festival was held in November at Darling Harbour for the last time. The organising committee and our dedicated team of volunteers have our collective appreciation for the continued success this event represents to Reflexology. Well Done All!!!

Huge appreciation to all our committees for their commitment to each other and to the members as this requires personal conviction. From time to time committee member's situations change and the resignation recently of Samantha Payne (Director) and Jan Cullen (State Cashier) is regrettable. A sincere thanks to these members for their contribution to the branch..

To help celebrate 2013, the branch is having a Christmas Gathering at the Neutral Bay Club, a timely way for all to socialise. Many members operate as solitary therapists, so BIG cheers to all State members and members nationally.

Tony Pullin

The AGM combined with the CPT day attracted around 30 people here in Lovely Adelaide. Thank you to all who came, it was a great day full of lots to learn.



SOUTH AUSTRALIA

The afternoon was spent learning an intro to Kinesiology with some hands-on muscle monitoring. Overall it was certainly a full day with some great CPT points earned.

The morning was all about accessing consciousness, designed to raise awareness and empower you to create the life you desire.

From the SA crew we wish you Happy Holidays and do hope you make this festive time count with all the ones you Love. Chow for now.

Midday we all joined for a meeting with the Board—it was great being face to face with the team behind the scenes! I must say the timing was perfect, instead of being at the end of a day when most people are tired it was a great decision!

Chris Spencer

With the end of the year approaching, fast and busy lives often become even more hectic, our members are nonetheless responding to help at community events. Kalparrin, a nurturing day for carers with disabled children have scheduled their second event in quick succession—Compassionate Friends in Dwellingup and Homeless Connect—the yearly major outreach programme organised by the City of Perth are all rewarding projects to be involved in. Relay for Life in Bunbury, a Health Expo in Bridgetown as well as in Hillary will also find our reflexologists applying their skills. Thank you all, wonderful people, for your generosity.



WESTERN AUSTRALIA

To celebrate the end of 2013 we have combined our study day on 'Stress Management' with a Picnic in the Park. It is a free event, as we invite current

and past members, students, practitioners of other modalities and associations and friends of reflexology in general to share with us practical tips on nurturing our body and soul on a daily basis. Yoga, Chi Vitality and Meditation (accompanied by the magic of a gong) encourages us to focus and capture the precious moment where everything is possible.

Wishing you all a joyous Christmas and peace, happiness and health in 2014.

Brigitte Johnson

Reflexology Association of Australia

Hi everyone!

Here we are again, facing another year drawing to a close; time for some introspection on personal accomplishments and milestones reached and some choices that could have been taken differently ...

However "Success comes from failure to failure without the loss of enthusiasm" Winston Churchill.

We have had a fairly exciting year with wonderful workshops offered in our State, and looking forward to a wonderful workshop again in November. Our guest speaker is a very well accredited reflexologist with her roots and passion in Padaveda and holds the promise of a very pleasant educational day with a practice component to enrich our practice. We also have our Christmas meeting planned with a lovely speaker and encourage as many as can, to attend.

A reminder—if PM members are considering dropping their membership, the entry requirements to regain this



QUEENSLAND

membership is now a Diploma, so you may not qualify should you have a Certificate. Please think carefully before you make the decision about losing your PM membership.

Those of our members that are in the regional groups will be pleased to note that I am slowly developing the DVD library with recorded workshops and educational speakers that can be ordered and posted to the Queensland members for an educational component for CPT points.

I will also be joining regional meetings via Skype in future, to bring the groups together and stay in touch on a more current and real basis. Via Skype, I will join Rockhampton tomorrow and am looking forward to it greatly.

In closing, may I take this opportunity to say to you all ... 'May peace be your gift during this Festive season and the whole year through ... as all roads during this time lead home.' Author Unknown

Linda Williams



TASMANIA

It is the end of yet another year! The Tasmanian branch has seen change and accomplishments that we are proud of. We have a good team supporting the branch and are looking forward to another productive year next year.

We celebrated World Reflexology Week with individuals promoting reflexology in their local areas. Our lovely Shirley did a special day for corporate workers in her area near Launceston and raised money for the Association as well. The workers look forward to her special visit each year.

Our members have also attended some fantastic workshops throughout the year and we thank all the presenters for their time, effort and knowledge. Our

final workshop is a Pilates instructor showing us some Pilates movements and explaining how these movements benefit our body. The movements will focus on the feet and hands. The feet movements will be able to be incorporated into a reflexology or massage treatment or be included as homework for our clients. The hand/arm movement will also be able to be used for clients but are chosen for the practitioner as self care after a day's work performing sessions. Self care for the reflexologist is an area that we have not had many workshops for, so this will be an important one. This will also be our Christmas celebration meeting so we will be having a special lunch and lots of fun catching up with other members from all over the state.

We wish you and your families a safe and blessed Merry Christmas and all the best in the up and coming New Year!

Lynda Kidd

Victoria is bopping along into the year with our members participating in the Royal Women's Hospital Expo held on 18 and 19 October and giving something back to our nurses. The volunteers were booked out both days and reports back from both the reflexologists involved and the organisers, was that the Expo was a must to attend next year, with everyone thoroughly enjoying the event.

We are running a training day in March next year to assist members with their CPT points. A similar day was run a couple of years ago and was an outstanding success. The training day utilises the knowledge and skills of our own members as we ask for volunteers to give their time

to share their knowledge and skills with the rest of us. We usually have up to four speakers on the day, the costs are kept down and it is an excellent opportunity to catch up with friends and colleagues. Our last General Meeting will be on 6 December and we are hoping for a bumper attendance to see out the year.

Victoria wishes all our fellow reflexologists and friends a very Merry Christmas. We hope you enjoy the festivities and have a wonderful time with family and friends. See you in the new year.

Amanda Barnett Wood



The FootPrints team wish all our readers and their families, a happy and safe Christmas period!

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Guide to contributors

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.
5. Any graphics, diagrams, graphs or photographs that are not the work of the author must be accompanied by written permission by the original author for their use in FootPrints.
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7. The Co-editor reserves the right to make alterations to or reject an article for publication. Where substantial changes have to be made, the Co-editor will show the final copy to the author, time permitting.
8. Advertisements are to be submitted as required size in PDF or EPS format.
9. Advertorials will not be accepted.

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- ◆ All advertisements including inserts must be booked in advance and copy provided to the Advertising Coordinator, Jenn Cooper. Phone: 07 3396 9001
 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 by the end of the month of issue, i.e. March, June, September and December.

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

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Display:		Current price:
Full page	29.7 cm deep x 21 cm wide	\$255.00 per issue
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Inside back cover only available @ \$400 per issue
 Contact Heather Edwards—president@reflexology.org.au

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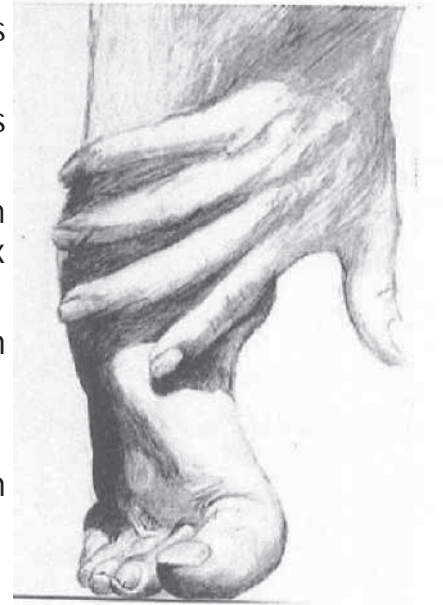
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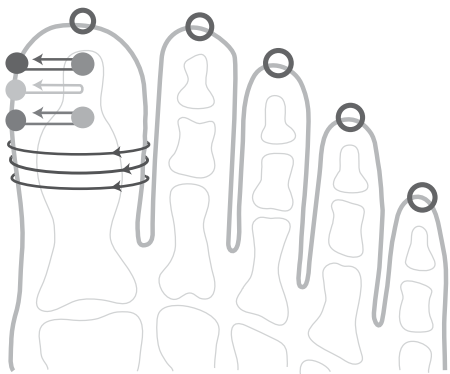
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- How does supination to pronation, when man moved from being on all fours to the upright position affect the reflex points?
- How does the angle of the occipital hole and the cord position with man standing change the development of the brain?
- How the hand influenced the development of the brain?
- How the Therapist can re-enforce Feet Reflexology with Hand Reflexology?
- How patients can be shown self help through the hands?



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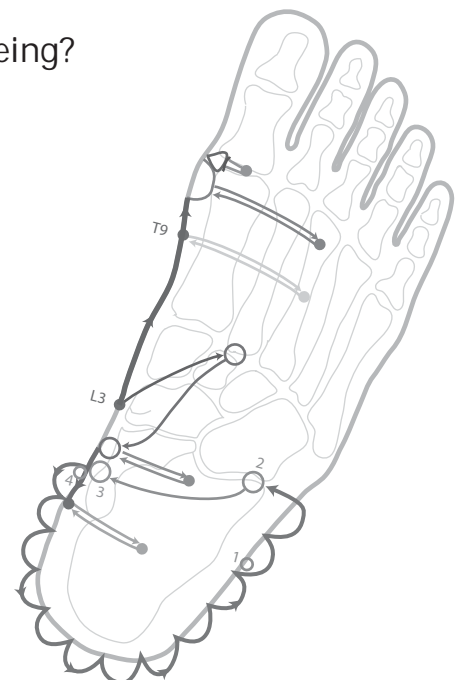
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The Reflexology Association of Australia is an independent, non-profit organisation and is not affiliated with any educational institution. It is managed by a national Board of Directors, and has branch committees in each state. All positions are honorary.

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.