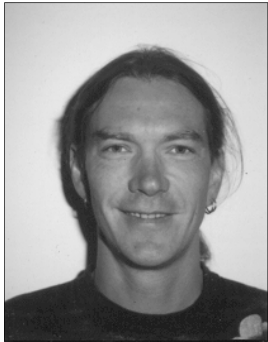




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LETTER FROM THE BOARD



Hi to everyone,

Here are a few words from the Vice President on some of the activities that have been happening within the National Board.

Recognition of Prior Learning (RPL) or Recognition of Current Competencies (RCC) as some may

call it, is a work in progress. The documentation that will standardise the process nationally is nearing completion.

This is a very important procedure as it allows reflexologists to join the RAA regardless of when or how they received their training. The process enables an applicant to demonstrate that they have the skills and knowledge required for full membership.

This leads into the very important topic of schools that are not Registered Training Organisations (RTO's).

We hope to in the near future have in place a system by which students from these schools do not need to go through RPL and are accepted as the standard required for full membership. This would save considerable time in RAA administration and be of benefit to the schools and students.

All of this fits in with a larger focus on increasing membership in the coming year. Student brochures are in the pipeline as one means of achieving this. One of the most effective forms of advertising is word of mouth. Increasing our membership involves every one of us. The more we can talk about the Association and reflexology to interested parties the further the word spreads.

The aim of a larger membership is to build a strong association giving reflexologists a higher profile in areas like, community health, private health funds and the medical profession. A large membership means a stronger voice and higher impact when ever the RAA promotes reflexology in any area.

So please be aware that it is all of our responsibility to support and strengthen our Association. With this in mind it is essential to behave in a professional manner at all times in your clinic and any other time you are representing the RAA as a member.

Membership of the RAA is something to be proud of and it increases your professional status within the public eye. Please always represent your profession and all other members with care and consideration, thank you, happiness and health to you all.

James Flaxman

Vice president.



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This issue:

Cover photograph is the winner in Category 1 of our photo competition, titled "Reflect-ology". The photograph was sent to us by Tina O'Sullivan. Congratulations.

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The RAA Limited was incorporated in 2002 as a company limited by guarantee (ACN: 101 412 319)

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RAA

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If you require a reflexologist in a
particular area, town or state,
the RAA National Referral Service is
able to assist.

We can put you in touch with a
qualified reflexologist in most
states of Australia

**Phone: RAA on:
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Mission Statement of the RAA

Our Vision

For reflexology to be highly regarded by the general community in
the promotion of health.

Our Mission

- To promote awareness and understanding of reflexology within the community.
- To attain and maintain a high standard of professional practice across all states.
- To be a central information and resource body on matters pertaining to reflexology.
- To provide ongoing professional development and support for our members.

Introduction to Craniosacral Therapy in Reflexology

by Dr Martine Faure-Alderson, France/UK

Introduction:

This article explores a newly discovered system that has been named the cranio-sacral system, how it was found, where it has led and what it could mean to you, the reflexologist.

Working with this system offers an improved quality of life for everyone, no matter at what level they function. Cranio-sacral therapy is practised by many chiropractors and now a new application has been discovered whereby the techniques can be applied to the feet in combination with advanced reflexology techniques. The resulting somato-emotional release realises new potential for healing and health enhancement.

Cranio-sacral therapy is an adjunctive modality that can be usefully and effectively incorporated into many kinds of reflexology practices, in physical medicine and for body-mind integration. I believe its best use is in post-traumatic stress disorder.

This integrated approach has been used in a variety of cases where deep scars have been left in the cell memory of tissues of patients with post-traumatic effects of attempted murders, rapes, satanic cult abuses, physical beatings and the like. The release of retained traumatic energy that seems to be the key factor stored in tissues, appears to occur. We look forward to a continued refinement and development of this approach to helping people with such severely traumatic life experiences.

CRANIO-SACRAL SYSTEM

The cranio-sacral system itself is made up of:

- 1) The layered membrane system called the meninges
- 2) The cerebrospinal fluid (CSF) which is enclosed by this membrane system
- 3) The structures within the membrane system that control fluid input and outflow for the system

What I have just described is a semi-closed hydraulic system that uses the waterproof *dura mater membrane* (the outer layer of the three layered membrane system) as its fluid enclosure barrier. It uses cerebrospinal fluid as the hydraulic component of the system, the choroid system within the brain ventricles as the fluid *input* component and the arachnoid system as its fluid *output* component.

The powerful influence that the cranio-sacral system exercises upon total body function happens mainly because it encloses the *brain and spinal cord* as well as the *pituitary and pineal glands*. Since the brain and spinal cord are more or less masters of the nervous system, it is easy to see that the cranio-sacral system, by means of its effect upon the environment of the brain and spinal cord, has powerful



influence over a wide variety of bodily, mental and emotional functions. Via its influence upon the pituitary and pineal glands, the cranio-sacral system also has a powerful effect upon the function of the endocrine system and the hormones that it secretes.

As cranio-sacral therapists, we know about the attachment of the *dura mater* membranes to the skull bones, the vertebrae of the upper neck, the sacrum in the low back and to all the little openings in the skull and vertebral column that allow the passage for major nerves to all parts of the body. We also know how to find the areas of restricted movement

within the cranio-sacral system. In reflexology we know how to re-establish normal accommodation motion in all of these areas. In doing this work we are often able to improve the function of the nervous and endocrine systems by improving the environment in which these systems do their work.

In my cranio-sacral course for reflexologists, we learn where the anatomical part of the semi-hydraulic system is found and how we can release its movement and ameliorate its function.



In the practical work, the sensibility of the hand to those tiny structures is developed. The palpatory ability of the reflexologist is extended leading to a better understanding of the cranio-sacral movement.

HEAD, SKULL and CRANIOSACRAL SYSTEM

The Newborn

Following the general assessment of the newborn infant, sometime within the first 72 hours of life a more in-depth evaluation should be carried out. This evaluation should include the head (the skull in particular), the cranio-sacral system, and a look at the brain for more obvious problems. It is true that the cranio-sacral system does not as yet have

its proper place in traditional medicine. However, the positive results of quality cranio-sacral work with newborns and children are amazing and the benefits are beginning to look irrefutable. In any case, cranio-sacral evaluation and treatment should be done with every infant.

Anatomy and Physiology

During foetal life, the brain, as it is forming, is initially covered with three layers of meningeal membrane. These three layers from the inside (next to the brain substance) out are:

- 1) The *pia mater*, which covers the brain quite intimately. It follows the brain tissue into all the crevices and sulci that characterise its surface.

Intro to Craniosacral Therapy in Reflexology (cont)

- 2) The middle layer of meningeal membrane is called the arachnoid because it somewhat resembles a spider web in the way in which its fine fibrous strands are woven through its fabric and connect to the pia mater. The arachnoid membrane follows the brain surface into all of the crevices and sulci as does the pia mater. The subarachnoid space between these two innermost meningeal membranes is filled with cerebrospinal fluid.
- 3) The outermost layer of meningeal membrane, the dura mater, is tough by comparison to the delicacy of the arachnoid and pia mater membranes. The dura mater membrane is actually double layered in the skull. In later life, the outermost of the two layers of dura mater doubles as the inner lining of the skull bones.

At the time of obstetrical delivery, the skull bones are largely developed. However, the interfaces between the bones are not clearly formed. These interfaces are known as sutures after they are formed. Sutural formation at the time of delivery would interfere with overriding of the skull edges. This overriding, which is known as head-moulding, allows the foetal head (which, when it is expanded, would be too large to pass through the mother's birth canal) to collapse as it passes through this birth canal. The foetal head can thus gain access to the outside world without too much damage to either mother or newborn child.

THE HEAD AND SKULL

Now let's consider what an average newborn head feels like within the first day or two after its delivery. First of all, within a few hours the shape of the newborn head should be almost symmetrical. Any overriding of bone edges that persists after 24 hours can usually be corrected by the proper application of Cranio-Sacral Therapy. The sooner the treatment is applied, the better it is for the child.

The bones are very soft and can be modified easily by holding the head in your hand, letting the fluid modify its flow so that it pervades all areas. It gives the impression under your fingers of the unfolding of a flower, pulsating gently to the rays of the sun.

There are two soft places in the normal newborn head. These soft places are officially called fontanelles. The fontanelles are key areas that allow foetal head moulding during passage of the "too large head" through the "too small birth canal".

Any birth is a shock and needs physical, emotional and mental adaptation.

CRANIOSACRAL SYSTEM: EVALUATION TREATMENT WITH REFLEXOLOGY IN CHILDREN AND ADULTS

An in-depth evaluation and treatment of the newborn is most efficiently carried out shortly after birth. I am firmly convinced of the value of this cranio-sacral work in the newborn and in children in general. Any trauma at birth or later in life will be helped greatly by cranio-sacral therapy in reflexology.

In the newborn the whole procedure usually takes about five minutes and, even in complicated situations, seldom requires longer than ten minutes. More often than not, one or two treatments are all that is needed to correct the cranio-sacral problem in the newborn. Ongoing cranio-sacral therapy seems

to increase maximum level of function to normality.

The cranio-sacral rhythm is felt as a gentle widening of the skull as it shortens slightly from front to back. This change in skull shape alternates about eight to ten times a minute with a subtle narrowing and lengthening of the skull. If this motion is not symmetrical on both sides of the head, I will, with my hand, very gently inhibit the side that moves the most.

Since this movement is caused by the rhythm of the hydraulic force of cerebro spinal fluid within the dura mater membrane, when we inhibit the movement on one side of the head, the other side experiences a small increase in fluid pressure. Often, this increase is enough to liberate any restriction to movement on the side that was moving the least. Frequently, at this early age, this is the only treatment that is required.

In reflexology, we can obtain the same effect on the cranio-sacral rhythm by specifically massaging certain areas of the toes of the child. The reflex action operates at a distance from the head and modifies the fluctuation of the hydraulic force within the dura mater membrane. It is done in a very gentle way and regularises the movement of the cerebro spinal fluid.

Abnormal changes in cranio-sacral rhythm include difficulty in swallowing, bronchial congestion, heart rhythm problems, colic, pyloric spasm of the stomach and poor bowel function. A myriad of colicky babies have had relief after indirect treatment of the cranio-sacral system on the feet to release the fluid at the base of the skull.

Another problem that can have the same cause is torticollis because the accessory nerve may be pinched at the jugular foramen. Once again, Cranio-Sacral Therapy may correct the torticollis problem quickly and easily, as we have access to the jugular foramen indirectly at the reflex point in the feet.

Every newborn could benefit from a cranial check after the birth process.

It should be done as soon as parents recognise that there is a certain amount of stress in a child either when just born or even later, at puberty or adolescence.

The symptoms, which are good pointers of cranio-sacral imbalances are:

- 1 Unusual amount of crying
- 2 Digestive problems with repeated rejection of food
- 3 Inability to retain the whole quantity of food if quantity is right for the child's age
- 4 Weakness of neck, lack of strength generally, mobility to turn right and left
- 5 Lack of sleep, abnormal hours, no routine, and no recognition of day and night
- 6 Difficulty to adapt to environment, excessive sensitivity to light or noise with jumping and crying
- 7 Inability or difficulty in sucking or eating
- 8 Difficulty in relieving wind, problems with excess hiccups
- 9 Projective vomiting – irritability, colicky symptoms

Cranial Treatments

The cranio-sacral rhythm is a movement of CSF which expresses function and is felt all over the body. If you are trained as a reflexologist to do cranio-sacral techniques, a

Intro to Craniosacral Therapy in Reflexology (cont)

treatment of the sutures on the toes of the feet will regularise, balance and amplify the movement of the CSF in the head.

In the newborn a few minutes is sufficient. In an adult, it will take more time to balance. Following a whiplash with direct or indirect trauma to the head and neck, the gentle undulating movement of the CSF is weak or not felt to move at all. It could be congested and stay in one part and then you will experience pain. With foot reflexology it is possible to support and amplify the cranio-sacral movement in order to optimise its function.

Each cell is nourished by the CSF; each cell receives information through it; each cell, through the CSF, participates in the music of the organism, the music representing the expression of the whole being at all its levels – physical, mental, spiritual and emotional.

Trauma of varying origins such as structural, emotional, chemical or infection will be helped. Most pathology starts with a difficult birth according to Dr Frymann, who after

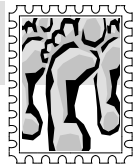
examining 1250 cases finds that only 11% did not present with malfunction or distortion of some sort eg: migraine, sterility, early aging. Many psychological illnesses come from trauma of the occipito mastoid bone or the sphenobasilar, or compression of the fronto sphenoidal bones of the skull and head.

Cranio-sacral reflexology applies massage to the cranial zones on the feet and enhances the movement of cerebrospinal fluid. It will eliminate stasis in the tissues after injury or operation and it will bring back biochemical and bioelectrical balance of the whole as well as to the mental and spiritual, memory in the cell of that person.

The cranio-sacral reflexology as just described allows us as reflexologists further demonstrate the principle of holism in our healing field.

Dr Fauvre-Alderson has attended a general medical course at Chelsea College in London and practices and teaches in France and the UK. She is qualified in naturopathy, osteopathy, homeopathy, herbal medicine and acupuncture, and has established a school of reflexology in Paris.

Letter to the Editor



My name is Louise Perry, and I have an experience I wish to share with you.

Last Saturday my friend, her husband and 2-year-old son came over for dinner. My friend Melissa was due to have her second child in four or five days, and was absolutely petrified about this delivery because she had had a horrible delivery the first time. I asked her to let me do some reflexology on her to help her relax and we would see what happened. The baby was engaged but had not dropped (her first was 2 weeks late and still hadn't dropped).

All night we all joked about how it would be funny if Melissa went into labour on the way home (50 mins drive away), as she had not packed anything for the hospital.

Well, on Sunday about 5pm, I received a phone call from her husband, Michael saying that reflexology really works. He was ringing to say that Melissa had had the baby at 5:08 that morning. I rang Melissa straight away to find out the details.

She said "Next time work a little a little lighter as it all happened too quickly". They got to the hospital at 4:40am and baby Joshua Ronan was born at 5:08am. Not only was Melissa in shock, but so was I. Her total labour was about two hours or less from waters breaking to delivery, and she had a much better labour this time.

This is what I did and observed to achieve this outcome. Melissa was very emotional, stressed, scared and not wanting to have this baby. She told her gynaecologist that if the baby did not arrive by Friday she was going in for an elective caesarean because she wanted to be able to sit down and go to the toilet with a bit of comfort, instead of incredible pain. Melissa's feet were cool to touch and pale in colour, except for the uterus reflex areas. Melissa reaction before we was if this works I am going to tell all my friends to come and see you at 'delivery time'. During the treatment pain was the main feeling. Even though I was

not using hard pressure we could still work out where the baby was, as one side was more painful than the other. Afterwards she seemed very relaxed and calm, with a more balanced emotional outlook, but still joking about "If this works..." and "What if I went into labour on the way home?"

I worked the following areas firmly but not hard, keeping the level of pain within the 6-7 range of the pain scale:

- ~ Relaxers, including diaphragm reflex
- ~ Spinal reflexes especially the **lower lumbar area*
- ~ **Chronic uterus reflex*
- ~ **Uterus and ovary reflexes*
- ~ **Musculature of the pelvis*
- ~ Fallopian tube reflex
- ~ **Adrenal reflex*
- ~ **Pituitary reflex*
- ~ Endocrine balance
- ~ Stimulated the lymphatic system
- ~ General Danish method over the feet
- *All areas in ITALICS rated about a 6-7 in pain.*

My thoughts were positive but sceptical as I had only had limited success with my first delivery and little with my second as I had two emergency caesareans. I had faith in my ability but was shocked to hear how quickly it all happened. It took me a day or so for the news to sink in. And Melissa went into shock as well, which happens with fast deliveries.

All in all, I feel very happy that I could help my friend with my skills as a reflexologist to have a speedy, safe, drug free delivery, with only a few stitches as Joshua was 9lb 14oz.

Thank you

Louise Perry, Perfect Touch Therapies, Warburton Highway, Yarra Junction, Vic 3797 Ph: (03) 5967 1590 Mob: 0425 702 519

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Networking and Mentoring in Reflexology

By Heather Helmy, NSW

Having commenced my reflexology practice in July 2001, I am now able to look back and see what I have gained in this period of time. For me it has been a very positive and rewarding experience and has allowed me to conquer fears, be challenged, become aware of my abilities and strengths, accept my weaknesses, and allow me the freedom to do whatever I wish.

Going into business for yourself is a challenge. It has many rewards but there can be many challenges. I am working independently for myself and am completely responsible for creating my own business.

After 22 months I sometimes say to myself - What am I doing? Where am I going? Yes I have chosen to be self employed. It gives me the freedom to be my own boss. To work my own hours. To operate my business as I choose and to be open to new experiences.

I found myself feeling a bit negative last week - the truth being that the money is not flowing. I have to meet my commitments. Suddenly I said to myself - Heather stop this nonsense and do something about it. I am responsible for where I am at.

So I picked up the phone and rang a contact I knew in a local real estate agency. An appointment was made to visit her. As I have also commenced working as a "Live the Life You Love" coach I spoke to her about the courses that I run and also about reflexology. I often forget that people do not understand what reflexology is. The result of my initiative is that I have two new clients for reflexology and also for the coaching group.

Yes, we do have to get out into the community. I receive most of my clients through word of mouth, and by talking to people. I am a regular at our local cafes where I go for my morning coffee. Many of my clients I have met while having a coffee and the owners introduce me to potential clients. I rarely advertise in the paper. Earlier on I did, but did not find it was worth the cost for me, although the wholistic centre where I work does a regular article in a free monthly magazine.

At the centre, I sub-lease a room, so therefore I am not tied down to premises for a long term. We have a great working environment and clients comment about the way we all work together with no competition between us. In the centre there is a naturopath, hypnotherapist, counsellor, massage therapist and a reflexologist. We are not all working there at the same time. We regularly refer clients to each other as we are aware that one modality on its own is not always the answer to solving some problems.

My area of expertise is working with depression, anxiety and clients who need to put a foot forward in life and begin living their true purpose. I am not inspired to work with sports injuries, or just on a physical level and do not draw these people to me. We all find our niche. I believe when we are aware of this we attract clients accordingly.

I am also a member of the local Chamber of Commerce. There is a breakfast meeting once a month and it is

rejuvenating meeting other people in the business community.

When an opportunity comes to speak - stand tall and talk about your passion.

I was introduced to the Lighthouse Program through the local Chamber. This is a mentoring program for Year 9 students who do not want to be in school.

Last year I had a student who came to my work every Friday. Her confidence increased, and she was a delight to have at the Centre. I gave her the responsibility of answering the phone, welcoming clients and she would do what ever was asked of her. She was introduced to reflexology and her mother became a regular client of mine.

Next week I am taking on another student - this time a male. These students are arranged through the program. This is once again another way of introducing reflexology to the community.

Mentoring reflexology students can also be very satisfying.. I have had the pleasure of introducing two of my clients to studying reflexology. One client has now completed the course and started seeing clients almost immediately as I was able to give her work at a Health Resort. The other client is in the earlier stages of her course and I am sure will be feeling confident when she has completed her studies.

Being a mentor during their training encourages students to feel positive about what they are doing, where they are going and to live their life as they choose. I am reminded of techniques that I have almost forgotten about as they practise on my feet. We can get caught up in our own pattern of treatment and being reminded of ways that we were taught and may have forgotten about is beneficial.

Yes, having your own business is worth it. If fear is stopping you from putting your hand out to touch those feet, then just think how much you enjoy having your feet done and how the person who becomes your client will feel.

Reflexology is truly an amazing therapy that works on the mind, body and soul.

I have made wonderful friendships since working in this field and know that I have my hands to offer when someone is feeling low, has a headache or whatever and it only takes a short time to lift their spirits. Thanks to reflexology.



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12-14th Sept

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The Story of Kay D: A Creative Response to Reflexology in Palliative Care

By Michelle Kennedy, NSW

In August 2001 I was asked to attend Kay D. as a registered nurse within the Area Health Palliative Service.

Kay was a 42 year old woman who had been diagnosed in April 2000 with cancer of the right breast, which became aggressive and progressed to the bone, liver and pelvic cavity over the next 16 months despite intensive chemotherapy and radiotherapy in that time. She had partial hair loss and was extremely underweight and weak.

Kay was fortunate to have a loving and supportive family in her husband Richard, a son of 18, Jason who was completing his HSC, and a daughter, Kerry, who turned 21 in the last months of her mother's life.

She was a very caring and positive person, who believed in just "getting on with her life", but became frustrated with episodes of depression over her continuing illness and lack of a future for herself with her family. She felt she had no more plans to make, her attitude "just take every day as it comes".

Despite this, Kay's determination to survive was remarkable, and despite these feelings of powerlessness, she had decided to try to get some control back into her life by using more natural therapies that could co-exist with the oncologist's third weekly treatments. This is when our conversation turned to reflexology to assist her to manage some of her symptoms, and Kay became enthusiastic at the thought of a treatment that did not involve medications.

Kay was continuing to receive oral and intravenous chemotherapy with palliative radiotherapy to reduce pain and tumour pressure. She had complaints of nausea, lethargy, generalised pain and ongoing diarrhoea and constipation related to the chemotherapy and morphine she was having. Anti-nausea tablets and aperients helped to relieve these, but Kay was becoming reluctant to keep taking the medications she needed to control these symptoms.

She was at risk of increased infection with the chemotherapy reducing her white cell count and neutrophils, and therefore her immune system was weak and depleted. She was struggling to eat, and her diet was poor causing further issues of lethargy and constipation.

Two weeks after meeting Kay, I commenced weekly reflexology treatments during my routine visits, aiming to decrease her nausea, improve bowel clearing, decreasing pain levels and hopefully boost her immune system. I was hoping, because of the advanced nature of Kay's disease, the balancing and integrations of chi-reflexology would put Kay in a more peaceful state of mind, less fearful of her approaching death.

When I first commenced treatment, Kay had just completed a cycle of chemotherapy, and despite medication, she continued to feel nauseated and unwell. I planned to coincide my visits in future with the day before her chemotherapy to assist with overcoming the side effects.

My treatments over the coming weeks were a continuation of

basic reflexology with Chi, as I felt the Chi might be more beneficial for Kay in trying to find the equilibrium she would need to fight the progressive disease.

On my next visit, Kay was sitting out of bed watching TV. She said the nausea had eased and bowel actions were not as intense as they had previously been following chemotherapy. However, she now had oral thrush, which prevented her from eating as much as she'd have liked. Spine and hip pain were causing problems, and she had to increase morphine intake.

I showed Richard, her husband, the areas to be treated for bowel clearing if needed in between visits, as I felt the increased morphine may lead to further constipation. He was fascinated and keen to learn how to help Kay in a way that did not mean "pushing more pills", and that was a painless method of treating her. I felt that in some ways the benefit received by reflexology was also benefiting her husband and decreasing his sense of powerlessness.

Kay continued with her chemotherapy cycles and her symptoms varied with nausea, diarrhoea and generalised bone pain. I was still giving reflexology prior to treatments, and she said she felt she was recovering more quickly, and her anxiety and mood swings were not as marked. She had no further episodes of thrush, and moreover she felt her pain levels were not as intense. She was very keen for the reflexology treatments to continue and I showed Richard areas to treat in between visits to reduce nausea and her pain levels.

Two weeks later, CT scans showed the cancer had progressed with further "spotting" in spine and hips. Radiotherapy was to commence to the right hip to try to reduce growths and pain. Kay was having difficulty with walking, and weight and hair loss made her barely recognisable. Haemoglobin levels were low, and a blood transfusion was given with a short stay in hospital, which gave her a little more energy when she returned home, and helped also to increase her appetite. She even enjoyed a glass of wine with Richard on one occasion.

She requested that I increase my reflexology treatments to twice weekly, because she said that I gave her a greater calmness and an occasional feeling of euphoria. During the treatments, and especially during the Chi-balance and Integration, I had the privilege to be aware of the inner strengths and subtle energies of this wonderful person, which became clearer and more peaceful as the sessions progressed.

The decision was made with Kay and her oncologist to cease chemotherapy at present, and allow Kay to build up her strength. It was not discussed, but I believe Kay had come to an inner place where she knew she did not have very much time left, and wished to spend it "chemo-free" with her husband and family.

Kay was relatively pain free, with no nausea and the occasional bouts of constipation over the coming two weeks. However, she began to have increasing lethargy and tiredness and would spend most days sleeping or dozing.

(Continued on page 10)

Reflexology in Midwifery Practice

By Lyndal Mollart, NSW

Lyndal Mollart presented this paper at the National Reflexology Conference in Melbourne, 2002.

Firstly, I would like to briefly describe the tips, trials and tribulations of introducing reflexology in a hospital setting with Area Health approval. The Central Coast Health Maternity Services Complementary Therapies Working Party slowly but methodically went about implementing reflexology into all areas of midwifery practice – antenatal, labour and postnatal care (and aromatherapy into delivery suite). The introduction involved lots of heart and commitment, the right touch to cope with bureaucracy with an emphasis on research findings.

Then I will discuss our 2 year single-blind randomised controlled trial on the use of reflexology for women with moderate to severe oedema in late pregnancy.

Why introduce Reflexology and Complementary Therapies (CT)?

- I believe CT can expand, enhance and complement nursing and midwifery practice. CT's are suited to midwifery as it enables midwives to provide a holistic care especially when there are concerns for both mother and baby regarding use of drugs and medical interventions (McCabe 1996; Tiran 1996)
- The Royal College of Nursing (RCN 1995 p.26) and The New South Wales Nurses Association recognises that various forms of healing such as therapeutic touch, massage, relaxation, meditation and visualisation **are and always have** been a part of nursing and midwifery practice and should continue to be **recognised and valued**. The associations also recognise that Reflexology and aromatherapy may be incorporated by nurses/midwives within their holistic provision of care (Lamp 1997).
- A Common misconception is that complementary Therapies are unscientific. Even if evidence is not yet available, this does not necessarily mean that a CT can be immediately dismissed as 'unscientific'. Because we can't explain a therapy within present medical science does not mean that it is ineffective, but rather our present scientific knowledge is defective. Secondly, The need for CT research must be balanced against the inescapable fact that many midwifery and medical practices continue, despite research, to indicate that they have no proven benefit or may even be hazardous to mothers or babies. Tattam (1995) suggests that only 15% of medical interventions are supported by solid scientific evidence.

How we implemented Reflexology into our Maternity Unit

The working party was formed in 1998 with representative from Pharmacy, Midwives from each area interested in complementary therapies i.e. Antenatal clinics, Delivery suite, Community Midwives Program, Childbirth Education Programs and the Clinical Midwife Consultant. The pharmacist was trained in Traditional Chinese Medicine, which helped at times and hindered as well. We decided that reflexology would be easier to introduce as we had 24 midwives with certificate course and there seemed sufficient

research to support the introduction (no drugs!!)

Reflexology in midwifery practice

- Reflexology can stimulate, sedate, balance, relax (Enzer 1997).

Examples of reflexology use in:

Antenatal Care

- Improve woman-practitioner relationship, provides comfort and relieves anxiety
- Balance and maintain equilibrium during pregnancy:-
- Relax -helpful for the fatigue of early pregnancy, disturbed nights,.
- Balance energy e.g. for effects of hormonal changes in pregnancy and postnatal
- Gently stimulate – constipation
- Sedate- Symphysis Pubic pain
- Increase vitality- decreased foetal movements (CTG), Many midwives have use reflexology with sleepy babies during CTG's
- Labour primer- natural induction of labour

Labour Care

- Decrease excessive energy eg threatened premature labour
- Increase vitality eg useful to speed up slow labour

Postnatal Care

- Relax- through labour and exhaustion of early motherhood
- Move blockage eg: after epidural
- Balance energy eg: for effects of hormonal changes in postnatal period – postnatal depression (PND)
- Stimulate bowel mobility- especially after a Caesarean section for wind pain
- Urinary retention- empty bladder
- Delayed lactation- IV in hand = breast zone.

Baby

- At birth - low apgars
- Stimulate bowel movement (meconium plug)
- Relax and sedate (headache-/painful birth experience)

Our policy guidelines

"Reflexology for Midwifery Practice" was passed by the Obstetric Clinical practices committee in July 1999, received our Medical Staff Specialist approval in March 2000 and was finally passed by the Area Health Ethics Committee in July 2000.

Policy - Main points

- Reflexology was used within the holistic care of the woman
- Informed verbal consent
- Contra-indications eg. IDDM
- Not replace emergency midwifery care- eg. haemorrhage or retained placenta
- Documentation-nursing action/ side effects/ benefits
- Practitioner qualified and current competency
- Audit/quality activity undertaken

Reflexology in Midwifery Practice (cont)

Reflexology and Research

When we first formulated the policy, we had to look at the reflexology research. In the last 10 years a number of research projects have been published, mostly in Scandinavia and Europe. The Randomised controlled trials include Headaches, Asthma, Low back pain, NIDDM, and Premenstrual symptoms. *Colour doppler ultrasound* blood flow changes of the right kidney during foot reflexology in a placebo-controlled double blind RCT (Sudmeier 1999). Finding statistically significant change in right kidney blood flow in subjects receiving foot reflexology.

For labour, the research showed for induction of labour (Clausen and Moller's (1996) with women receiving foot reflexology **required less syntocinon** and achieved a **quicker change in cervix** dilatation than the control group.

Published clinical trials and reflexology include headaches and migraines, relaxation with cancer patients. There are three studies relating to pregnancy, pain relief in labour, reduction in labour time (Feter 1988, Motha & McGrath 1993, Green 1996). For more clinical trials see internet:

<http://www.pacificreflexology.com/res.htm> and

<http://www.reflexology-research.com/medlinerearch.htm>

It would appear that most reflexology research to date demonstrates that the therapy can be at least effective as a recognised conventional treatment for a particular condition, more helpful or if no difference "did no harm".

Our research

Our next step was to develop a **research project for reflexology and pregnant women**. The 2 year single-blind randomised-controlled trial studied the use of reflexology for foot and ankle oedema in pregnant women over 32 weeks gestation. The statistically analysis was completed at the end of March 2002.

Approximately 40 to 50% of women experience foot oedema in late pregnancy. Although this condition is not dangerous, it can cause women discomfort, feelings of heaviness, night cramps and painful numbness. Currently there are few treatments for oedema other than rest, keep legs elevated and wearing of supportive stockings. Some of these strategies are useless for a busy woman.

When reviewing the current literature on the management of leg and ankle oedema in pregnancy, the Cochrane Database systemic review conducted by Jewell and Young (1999) suggested that women's experiences and symptom relief would be the most important outcomes of any research for oedema.

Research Method

Participants were randomly assigned to one of three therapy groups. Therapy 1 group (n=20) received relaxing reflexology techniques and therapy 2 group (n=25) received a lymphatic reflexology technique for 15 to 20 minutes while in a semi-recumbent position. The control group women (n=10) were similarly positioned for an equal time frame but received no reflexology. Blood pressure readings and circumference measurements of right and left ankles, insteps and foot/toe junctions were recorded prior to and immediately after the therapy. Participants completed a questionnaire at each session.

A short definition of lymphatic reflexology technique is a foot reflexology treatment, which reflects the lymphatic drainage action of the body ie. Interstitial fluid moving from the cells into the lymphatic capillaries, to the lymphatic veins, trunks – cisterna kyle and returning into the circulatory system by the superior vena cava.

Research findings

Only session one was able to be analysed as the sample sizes for each group decreased in session two and three. Of the 96 women invited to participate, 55 women completed session one.

A number of participants in the rest and relaxing reflexology groups showed slight increases in some circumference measurements, however in the lymphatic reflexology technique all mean circumference measurements were decreases. Despite the decreases, there were no statistically significant differences between the 3 groups in differences in circumference measurements. The blood pressure readings decreased in all groups, but were no statistically significant after the completion of the session.

In analysis of the participants' questionnaire, the women's view of symptom relief demonstrated statistically significant decreases in mean measurements of stress, tension, anxiety, pain, tiredness, irritability and discomfort levels in all groups. A 'perceived wellbeing' score revealed the Lymphatic reflexology technique group significantly increased their wellbeing the most, followed closely by relaxing reflexology and then the rest group.

Reflexology appears to be an effective and more acceptable method than bed rest for improving symptom relief and increasing wellbeing. In the women's viewpoint, reflexology shows promise as an effective management modality in providing a safe, friendly approach for pregnant women with uncomfortable and often painful ankle and foot oedema in late pregnancy.

Funding was provided by the NSW Nurses Registration Board to enable statistical analysis

Our next project (quality activity) is to conduct 1 hour reflexology sessions one day a week for midwives working in our unit. Over a period of 6 months we will investigate the effectiveness of reflexology on midwives stress and tension levels.

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(Continued from page 7) *The Story of Kay D.*

Richard continued to treat her feet on days in between my visits. Amazingly, she would have cravings for food on some days – sending Richard out searching for fresh prawns or a certain brand of ice cream.

She also requested her local priest to visit and this delightful gentleman visited her frequently. It was following these visits that the energies in Kay's feet had such a wonderful quality of peace and calmness that I felt her acceptance of death, and therefore her actual death was not far.

Seven days later, Kay died very peacefully whilst sitting in her lounge chair, watching her favourite show – the "Bold and the Beautiful".

I thank her for allowing me to treat her in those last months of her life – I felt privileged in knowing such a courageous woman and her wonderful family.

It is estimated that at least half of cancer patients use alternative therapies at present. At this time, within the local Wentworth Area Health Services, the winds of change are turning towards the natural therapies including reflexology as effective treatment for palliative clients and the protocols for use within the Public Health Service are currently being written.

I look forward to the day when a reflexologist will become part of the team working in Palliative Care – let's hope it will be soon!

Photo Competition Results

Tina O'Sullivan is the winner of Category 1 in our photo competition. She has been a reflexologist for the past ten years. She trained at the Australian School of Reflexology and has a busy clinic in Cessnock. She also practises reflexology in a local nursing home. Tina also works with the Bowen Technique.

The winning photo was taken by a friend, and was chosen for its originality, simplicity and uniqueness.

Category 2 was one by Glenda Chapman, details and picture in next issue.

My thanks again to Cherel Sue Waters and Karen Pike for their invaluable help in choosing the two winners.

Health Care for Practitioners

By Sharon Tay, NSW

Sharon Tay works as a beauty therapist, massage therapist and reflexologist from her clinic in Lenah Valley. For the past eight years, a large percentage of her work has been visiting the elderly, infirm, disabled in nursing homes, hospitals, and private homes on a regular basis. The core of her work is giving regular manicures (with hand reflexology), waxing, facials (with face reflexology), feet reflexology and massage. Over the years through Sharon's observation, and conversation with many health care practitioners (holistic and conventional), she has observed that many practitioners are very neglectful of their own health.

Those of us who work as natural therapists in the health care industry, spend a large percentage of time giving to others, physically and emotionally. Many hours of work and continuing study are the main objectives in becoming a professional therapist in our own specialised field, so that we are able to give the best of quality and care, helping to educate clients in taking responsibility in their own health.

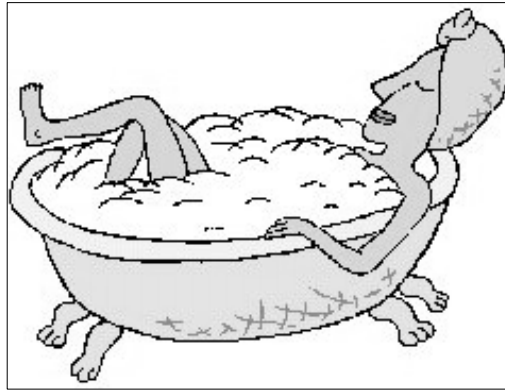
Each day, the practitioner is faced with many challenging aspects of different ailments and problems that individual clients are going through. The practitioner learns to become a good listener in that he/she may be able to have a clear understanding where the clients needs are to be met. This requires a lot of attention where the practitioner may need to spend a longer consultation with the client, or refer them on. At the end of the day, the practitioner can become very tired and drained, often neglecting to take 'time out'. Neglect of own self-care can lead to illness and burn out.

It always amazes me how often I come across people working in the health industry, holistic or conventional, that do not take 'time out' for themselves to enjoy the pampering, or just having a therapy to stimulate the body's own healing power into action. The poor excuses I have heard are:

1. 'I haven't got the time
 2. I can't afford to have any treatment**
 3. I don't have any transport to get there
 4. I don't need anything that can be of benefit
 5. Why pay someone when I can do it for myself cheaper
 6. I'm far too busy to have time for myself
 7. I have more important things to spend money on'
-and the list goes on.

Just think, if all our clients adopted this attitude, we the healers, would not have a business. Those of us who are practitioners in natural therapies have this philosophy that what you sow, so shall you reap, or what you give out to the universe, the universe will pay back twice fold? Yet in practice, many do not take this advice, therefore wonder why their business is not doing so well? I believe, if you are really serious about being a professional 'health' practitioner, it is your duty to take 'time out' and allow yourself to give your body treatment on a regular basis. Our bodies are like cars, always on the go and need constant maintenance to be able to continue on our journey. Many people will spend a fortune on their car, yet neglect the body.

***As for the comment you can't afford treatment, the reality*



is, you can't afford to neglect your health. It is amazing how quickly a few dollars add up by putting money away each week until you have enough for your pampering session. By my own experience, I have found on several occasions, when I have had treatment, the money spent as come back thrice fold by extra client bookings. Who says the universe doesn't work!

BARTERING

Joining up with another colleague to do a swap, and giving each other a treatment, may be ok during your student days or when first graduating. It is not advisable to continue with the bartering system as your grow in your business for a few reasons:

1. Does not pay the bills
2. Can take a 'freebie' for granted
3. Not take the treatment or practitioner serious
4. Bartering can keep you in the poverty trap

The advantages of paying for a service, from your colleague is:

1. You feel better to pay and get the service you want, and when you want
2. There is respect for both parties,
3. What you give, you will receive in another way
4. Paying your way will give you a sense of respect

EMOTIONAL SUPPORT

All health care practitioners will from time to time be faced with a difficult situation with a client, or faced with other related work problems in which advice may be needed. Sometimes a practitioner may just need someone to talk to, which can be so beneficial finding another colleague who is a good listener. Stress related work can be a practitioner's down fall if he/she does not seek help when needed. Seeking help from another practitioner or from any committee member of your health-care organisation, does not imply any weakness or lack of professionalism. In fact, it shows a caring and considerate person who is trying to do the best for themselves and their client. Unfortunately, some practitioners feel too proud to ask for help, and this can lead to their own down fall.

ANNUAL CHECK-UP

As like cars, we too need to have our annual service in the form of examinations from our medical practitioner, dentist, naturopath, or any other specialist that can help to keep our body parts in full working order, in maintaining good health. You owe it to yourself to treat yourself with respect and love, and only then, can you do the same to others. **So healer, learn to heal thyself.**

AT Ankle Circles

By John K. Pollard, III, D.C.

“What is the most helpful technique for the most under-treated area I can think of to share with my fellow massage therapy professionals? Hopefully, this concept or technique would be so worthwhile that it might precipitate life-changing events; for example something like saving a frustrated ankle/knee client from an operation.”... and the words ‘AT Ankle Circles’ come to mind.

A bit more explanation might help. The artistic and conceptual aim of Articular Therapy is to define and create procedures that **Test, Treat and Train** a client’s articular movements in a single procedure. The purpose is to gain a more concentrated result during the equivalent period of time. For example, if you tested 1 minute, treated 1 minute and trained 1 minute, that would equal 3 minutes of what might be called THT: Total Healing Time. Now, if you tested 3 minutes, treated 3 minutes and trained 3 minutes that would equal nine minutes of THT. So if you can do all three in the same 3 minutes your “treatment time” becomes very high-value and the carryover of your client practising the same exercise they are going to be doing twice a day at home “seals the deal”.

The following AT Ankle Circles Test/Treat/Train procedure I am going to share with you does this pretty well. You will find it a very effective treatment protocol for ankle, foot and knee problems.

Ankle Introduction

If I had to pick the joint that was...

- the most important in the body
- the most overlooked and undervalued
- the one most health professionals know least about and do the least with

... I would pick the ankles. Given the fundamental importance of the ankles to human locomotion, this is a huge oversight. During movement the ankles represent the exact point of mechanical transfer between our body weight and the ground. When standing they provide the foundation point of stability for every joint above them. In my AT practice I enjoy an ‘Ankles First’ policy, and 6 out of 10 my chiropractic clients need exactly this policy to some degree.

As you know, the ankle is formed by the talus of the foot being held beneath and between the coupling of the tibia and fibula. The anatomical movements of the ankle are usually described as: dorsiflexion (toes moving towards knee) and plantar flexion (toes moving away from knee). This is all well and good, but the real action or non-action in the ankle occurs when you try to rotate them – in other words, circumduction. Here is the procedure I use in my office described in two-sections. Begin practising with the dorsi rotations and when you feel comfortable move to the more problematic and fruitful plantar circles tests. Try them on your next ankle/knee client!

Ankle: Dorsi Rotation Test

The following procedure involves keeping the ankle in dorsiflexion (when the toes and foot are pulled toward the knee).

The Client:

Client is prone, with feet and ankles just over the edge of the table. Instruct as follows:

“Point your toe down towards the floor. Pretend there is a long pencil attached to your toe and, using your toe, draw a circle on the floor about the size of a grapefruit.”

The Practitioner:

Practitioner is facing the client, looking straight down at the ankles. Make sure the client is rotating their ankle as you have described. Use your hands to give them movement guidance if need be. **During client motion give the ankle a firm back and forth fingertip massage to determine what it feels like. Move your fingertips all around the joint during the movement.** This would be identical to what osteopaths call transverse frictional massage (TFM). Ask your client to perform 4 to 6 ankle rotations clockwise and anti-clockwise on both ankles to see which one is ‘thicker’. At some point during client movement, grip the whole ankle lightly with both hands to assess resistance and ‘thickness’.

Findings:

Normal Joint:

Both directions of movement are easy for the client to make. The ankle fascia feels smooth and functional all around the ankle joint.

Fixation Pattern:

One (or both) ankles are thicker than normal.

There are bumpy, gritty, jerky bits to the movement.

There is an unusual and/or distinct pattern of fascia build-up. Client has to lift leg to even turn ankle or experiences cramping.

Client also experiences pain and/or restriction where you feel fascia build-up.

Typically there is a history of ankle injury. If this has not emerged from your case history now is the time to ask.

Clinical Notes:

If there is any normalcy in the ankle it is usually in dorsiflexion. You can often find a 90% normal dorsiflexion with a 60% abnormal Plantar Flexion. When you find fixation, usually one ankle is distinctly tighter than the other. You might find one ankle ‘all over the joint’ with strange, atypical movement patterns. This is certainly hypermobile and probably the symptom side. You are best working on the most fixated ankle on a 2:1 ratio. As you begin working on the fixated side, the client will typically advise you that the other ankle is the one ‘that’s the problem’. Get used to this. Try ten rotations clock, and then ten rotations anti-clock using a firm TFM during the movements. See if you can pick which direction is worse, if either. Then swap and repeat on the “good side”. Finish one more round on the “fixated side”, possibly treating the “fixated direction” on a 2:1 ratio as well. So if the left ankle rotation is worse going clockwise, work with TFM clockwise rotation 2:1 to anticlockwise. Make a note in your files of the worst ankle side as well as the worst ankle direction on that side, if applicable.

Ankle: Plantar Rotation Test

Plantar-flexion is when the foot and ankle are pointed away

AT Ankle Circles (cont)

from the knee. This is definitely going to be the worst of the two movements. **If dorsiflexion was bad, plantar flexion will be worse.**

The Client:

If proceeding from previous test, client is asked to move back up (headwards) the table, still prone, with feet and ankles on the table and toes pointing away. Keep the front of the ankle touching the table as much as possible. Instruct as follows:

‘Keeping your toes pointing away as much as possible, pretend there is a long pencil attached to your toe. Trying not to lift your leg, use your big toe to draw a circle on the wall behind you about the size of a grapefruit.’

The Practitioner:

While the client is plantar rotating their ankle, watch that he or she does not use the leg to lift the ankle completely off the table (unless they absolutely must to perform the action). This will usually be a magnitude more difficult than the dorsi movement. As before, treat the ankle during the test using a firm fingertip TFM massage as you assess the fixation. Move your fingertips **all around the joint** during the client movement concentrating on the most fixated fascia. Check both clockwise and anti-clockwise movements.

Findings:

Normal Joint:

Both directions of movement are easy for the client to make. The ankle fascia feels smooth and functional. There is no need to lift the leg in the air as the front of the ankle can comfortably remain in contact with the table.

Fixation Pattern:

Client has to lift their foot off the table to even pretend to make the movement. There is often a distinct area of fascia build-up around the malleoli. This could be lateral or medial build-up, anterior or posterior. Client often experiences toes cramping and pain during movement. Fingertip pressure on the fascial build-up can elicit client pain response.

Clinical Notes:

This is typically the worst fixation of the ankle. We never really make this motion during ‘normal’ life, yet this is a key consideration for ankle function. This movement is loosely similar to pulling back on a bow and arrow. Without the ability of the ankle to ‘seat back’ the ankle is compromised moving forwards. When first testing this movement the client often experiences cramping in the toes. This is a good thing as the client is now more aware of this restriction. Client awareness is crucial in AT as it brings the client actively to the process. Once they finally “feel” a fixation, they want to make it go away. Use TFM on the most fixated ankle using a 2 to 1 ratio. It is also probable that one direction on a single foot (clock or anticlockwise) will be distinctly worse than the other. If you like efficiency, work the most fixated direction on a 2 to 1 ratio.

Conclusion

At the end of your treatment both you and your client will experience a dramatic increase in his or her ability to draw the ankle circles unassisted. As they do this at home, twice a day, the next time you see them their ankle joints will be even healthier.

This AT ankle circle procedure is phenomenal for treating symptoms of knee, foot and ankle problems. But don’t wait for symptoms - make it the first thing you try on a client. Try it on your kids, your parents, spouse or friends. Check as many people as you can, of as many ages as you can, and compare how the ankles move at different ages with different bodies. Keep your ears and heart open when clients describe the many frustrations and times they have given up trying to treat exactly what your fingers are doing.

However, the ultimate value of the AT Ankle Circles is that they represent an exercise your client can perform twice daily in what I call a ‘lifestyle-easy’ manner. If you email me at johnpollard@bigpond.com, or send a self addressed stamped envelope to John Pollard, 170 Oak Rd, Kirrawee, NSW, 2232, I would be happy to send you the A5-sheet that I give all my ankle patients so you can use it in your clinical situation. I am very proud of this exercise because, not only do my clients seem to be doing it, they keep on doing it. For some it has even become like brushing their teeth, something they do twice daily as a health maintenance routine. When you test/treat/train their ankle circles a second, third and fourth time and witness the changes this exercise produces, you will find it very easy to help your clients remain motivated to do the ankle circles between visits.

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NSW Reflexologists Survey

By Christine Atkins, QLD (formerly NSW)

At the end of 2001, all 181 members of RAA (NSW) were asked to complete a 44 question survey. The primary objectives of the survey were to identify areas where the Association could improve the service we provided, and to give us a snapshot of our membership.

A BIG THANK YOU to all who took the time to complete the survey. The Committee appreciates the feedback (positive and not so positive), and we hope all our members will benefit from the suggestions you made.

We would also like to encourage the other state branches to conduct the same study so that the results will be relevant across Australia and can be used for future comparisons as our therapy develops..

The survey provided us with both quantitative and qualitative data. Some of the quantitative data is included in this article. The qualitative data has been forwarded to committee members for their consideration. A full report of the survey results is available, via e-mail, from our research officer, Christine Atkins (ChrisAtkins@bigpond.com). Please note that this is a 22 page Word document.

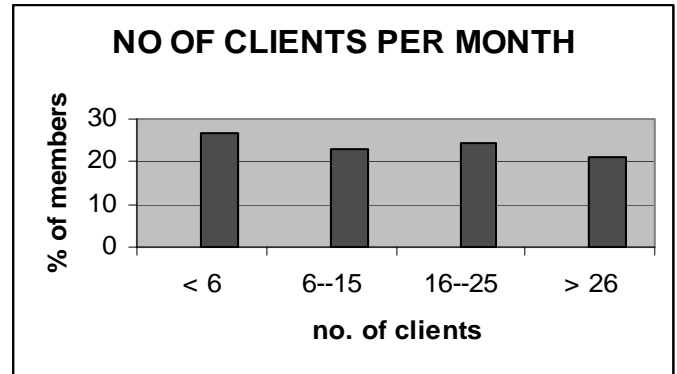
The response rate to the survey was 47.5%, which allows us to extrapolate the following about our members.

82.4% are female.

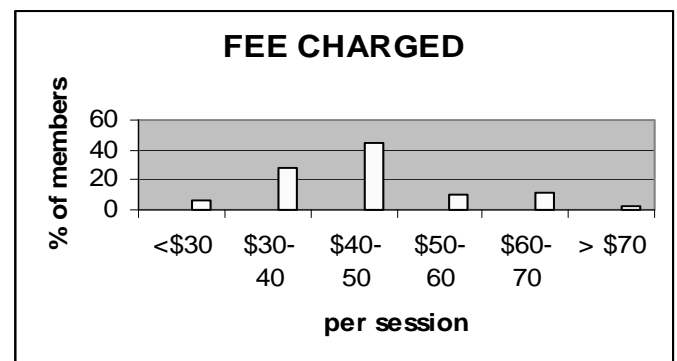
77.9% are aged 45 or over. 11.6% are aged 35-44; 9.3% are aged 25-34. We have no members aged under 25.

44% undertake at least some reflexology on a voluntary basis.

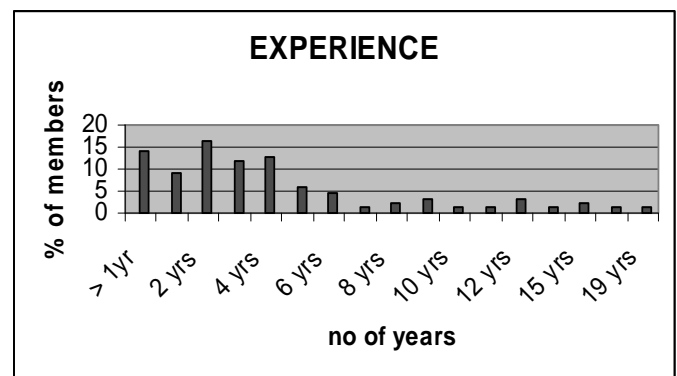
Sadly, reflexology is the primary source of income for only 29% of members, and a full-time business for only 22%. The number of clients per months reflects this statistic - 26.7% of respondents have less than 6 clients per month; 24.4% have between 6 and 15; 23% have between 16 and 25; and **only 20.9% have more than 26 clients per month.**



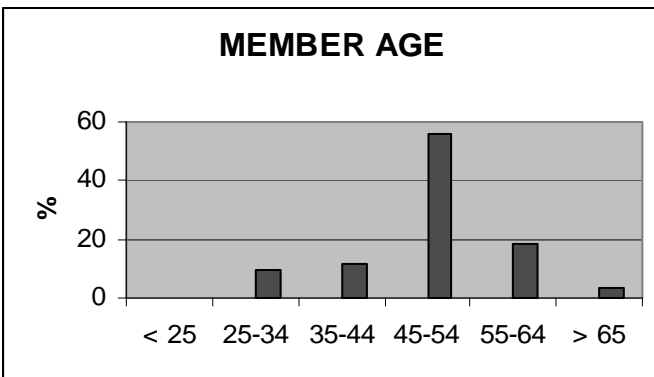
The most popular session fee is \$40-\$50 (44.1%). 27.9% charge \$30-\$40; 11.65 charge \$60-\$70; 10.4% charge \$50-\$60; 5.8% charge less than \$30; 2.3% charge over \$70.



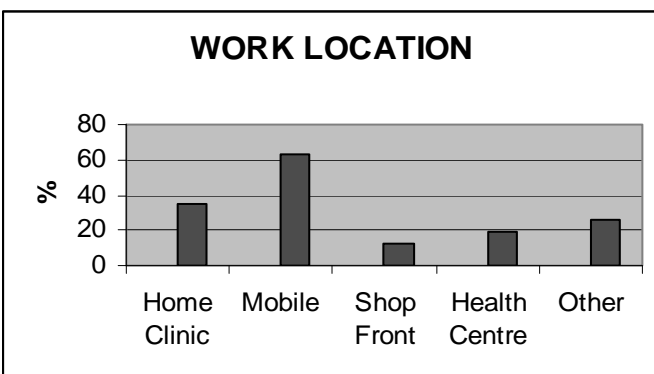
69.5% of members have less than 6 years experience. The majority of respondents (23.2%) have 1 year's experience or less. Only 17.4% have more than 8 years experience.



Our members are more likely to refer clients to other health professionals than to receive referrals from those health

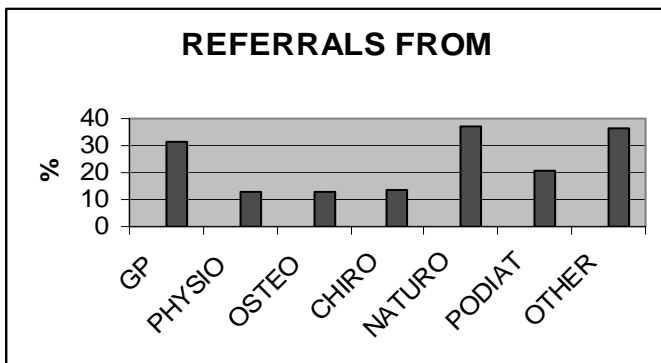
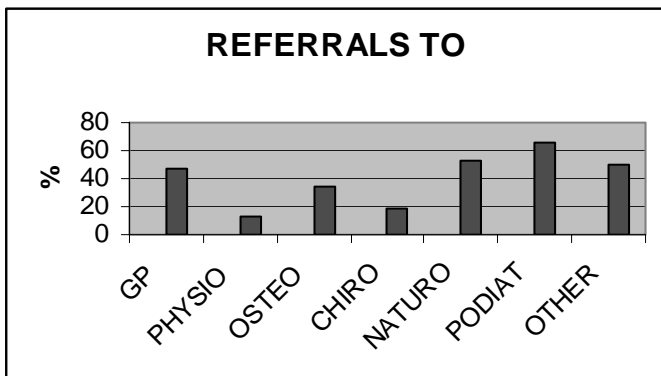


86% are sole practitioners. 62.8% work from home clinics; 34.8% provide a mobile service; 12.8% work from shop front clinics. An encouraging 18.6% work from health centres. 25.6% work from other locations (including nursing homes, offices, college clinics, hostels, markets).

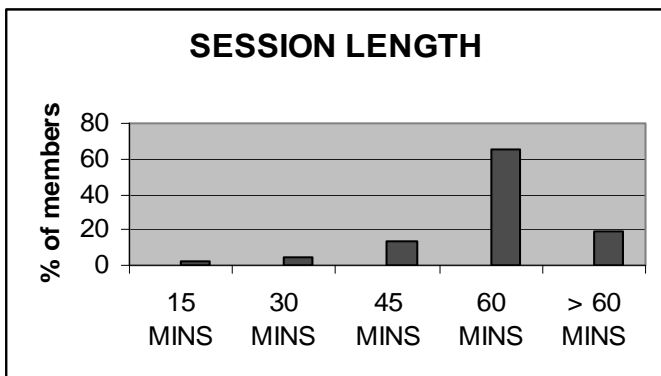


NSW Reflexologists Survey (cont)

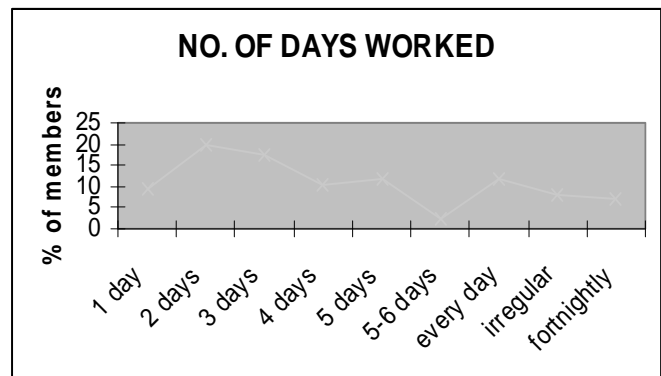
professionals.



The average session length for the majority (65.1%) of respondents is 60 minutes.



11.6% of members practice every day. 19.8% practice 2 days per week; 17.4% 3 days; 11.6% 5 days; 10.5% 4 days; 2.3% 5 or 6 days; 9.3% 1 day. 6.9% practise once per fortnight, and 8.1% practise irregularly.



72% of members have qualifications in other modalities. A total of 73 other fields of qualification were nominated, with the most popular being massage (61.3%); reiki (32.2%); aromatherapy (19.3%); counselling (6.4%); and acupressure (4.8%).

60.4% of members combine other modalities with reflexology - massage (28.8%); reiki (21.1%) and aromatherapy (15.4%) are the most commonly used.

62.8% of our members are also members of the ATMS. 51.1% of RAA members are members of a wide variety of other associations, but only 9.3% are also members of other reflexology associations.

42% of members subscribe to reflexology publications other than FootPrints. 94% of these members also subscribe to Reflexology World.

Members were asked to list the health conditions of 7 clients they had worked with during the past year, and the outcome of reflexology treatment. There was a very long list of "successful" outcomes. The most commonly nominated were: Stress reduction/management/Relaxation - 19.8%; Back pain - 15.1%; Pregnancy - 13.9%; Sinus - 10.4%; Headaches & Migraine (each) - 9.3%.

60 conditions which only partially responded to reflexology, or which had not responded but treatment was ongoing, were nominated. These included: CFS - 11.6%; Depression (11.6%); Back pain (6.9%); Stress reduction/management/Relaxation (5.8%).

Members reported on a total of 26 conditions did not respond to reflexology, including: Back pain (3.6%); Stress reduction/management/Relaxation (3.6%); diabetes (2.4%).

43% of our members reported having clients whose specific health condition had caused them concern. 38 conditions were nominated, most commonly CFS (15%); cancer (10%); severe depression (5%); and MS (5%).

Satisfaction levels - whilst 93.1% of our members are satisfied with RAA (NSW), only 39% nominated their overall level of satisfaction as good or excellent. However, only a few members provided comments about how the Association could improve its service to members. What would make you tick the 'good' or 'excellent' box, rather than 'satisfactory'???

89.5% of our members want to receive the results of reflexology research studies. 32.5% are willing to participate in such studies as a reflexologist, and 16.2% are prepared to assist with the administration of research studies.

Members attended a wide range (more than 80) of different seminars/workshops/professional development courses they had attended during the previous year. They also nominated 72 areas of further training which they felt would be beneficial to their reflexology practice.

Many members took the opportunity provided by the survey to make positive comments, constructive criticism, and suggestions for change. These were very welcome, and we hope they can be used to good effect.

The survey questions are available from Chris who can be contacted at ChrisAtkins@bigpond.com

State Matters

NSW

It's June and here we are half way through the year already. By the time this comes to print we'll have held our first Annual Branch Meeting. Congratulations to all new committee members & to returning members, thanks for going another round.

After lots of brain-storming late last year and early in the new year by the committee on offering various educational workshops, swap nights, special speaker nights etc., yours truly has volunteered to get the ball rolling.

We begin this month (June) with a treatment swap. So all interested members please come along and enjoy - probably a much-needed treatment. Please share any techniques you've learnt. I've decided to start things off by introducing a couple of my own on our first night. This will be held at Crows Nest Community Centre. It would be appreciated if people could indicate if they are attending, as this gives some idea of numbers. Please bring a LaFuma chair if you have one.

In August we hope to organize a Speaker Night & October we will probably have another treatment swap/educational night. In November we have MBS and I'll be looking for lots of willing thumbs & fingers to assist. Please put those dates in your diary. I KNOW THAT MEMBERS WILL BE FALLING OVER THEMSELVES OFFERING TO HELP! Remember all goes towards CPT.

REGIONAL ROUND-UP

Mid North Coast (Pt. Macquarie) NSW

A group of about 6 or 7 reflexologists meet in Pt. Macquarie for monthly treatment swaps. Discussions of various techniques arise and encouragement to try something different or new occurs during these sessions.

On 13-14 April the Health Expo was held. Jill Wade, Mary Rule, Barbara Sheppard & Ann Ryan had a reflexology stand, working over the two days, pleasing the locals with their talents. Diana Hook gave a helping hand taking bookings.

The Reflexology Centre organized a stand, and Brenda Sarno and Michele Hartrick worked feet also. The centre has just doubled in size with 3 extra rooms and more therapists.

Newcastle Regional Group

Keith Lowe is currently trying to organize group sessions. Keith has a list comprising of RAA members, and some new practitioners who are not yet members and students. Keith tried to organize a swap night with 10 people in March. Unfortunately due to sickness and other unforeseen events only a student and Keith turned up. Keith had arranged to show the RAA Power Point presentation. Keith has been making full use of our Presentation Pack, giving lectures and demos on reflexology at Cypress Lakes Resort, Pokolbin in the Hunter Valley.

It was a quiet night with just the student and Keith, but it turned into a wonderful exchange for both of them.

South Coast Regional Group

Mary Millgate is trying to put together a support group in the South Coast area. Mary is willing to do the hard work and is asking people to just come along and support each other.

Many thanks to Keith, Brenda & Mary for your contributions.

Gaining Knowledge, Sharing & Working Together is what it's all about!! So Keep Shining your Light & Have a Great Year!!!

Veronica Miles, Special Events Officer.

VIC

Well the new elections are already upon us, in fact by the time you read this piece no doubt each state will have new committees already in place. Time passed so quickly for us, and it feels as though we've moved mountains.

Apart from changes introduced to our members from the new board, over the last term our branch committee has introduced several state initiatives including a state member survey, introducing a buddy system for new members, active recruitment of students and the forming of new regional groups for our country members. All these initiatives have been easily adopted and accepted which is fantastic.

Several members have also been out and about promoting our wonderful modality with great success. Katie Hannah and her team of fabulous volunteers attended another expo held in the Carlton Exhibition buildings in March. There was a heavy demand for our services, resulting in lots of referrals and a very healthy profit for our association.

Pam Jenkins, Carol McBain and an ASRR student gave a talk and demonstration at the Northern Hospital in Epping. Apparently there were over 100 people present, and our gallant reflexologists were slightly overwhelmed by the response they received. As a result, Pam has been invited to organise another information day within the hospital in September, and has several more talks planned.

One of our committee Members, Helen Mugg is currently overseas in San Francisco attending an Oncology Conference. While she is there she has the opportunity to talk about how to relax the body through reflexology and meditation and will be demonstrating a hand and foot treatment. Again fantastic stuff. It's great that we're able to make such headway within the medical fraternity.

With the changeover of committee, a couple of our more long-standing committee members are taking a break. It's always a concern that some committee places may remain vacant, but I've been delighted with the response from our members eagerly volunteering to come on board. There's no doubt we have a very highly motivated & keen membership which is just what we need as an association on the move.

My sincere thanks go to our committee and general membership for all your hard work over the year and for your support and patience with all the changes that have been introduced. I believe we're growing stronger month by month. I have felt proud and honoured to be the branch Chair.

Friday 2nd May saw our branch holding our ABM. It went fantastically and I was delighted to see not only an excellent turn out of members (55 people), but also 11 students, visitors or new members. Voting was swift and this year we had more members volunteer for committee positions than we needed. Everyone's enthusiasm and motivation is fantastic.

Our next general meeting on 7th July will be our **new annual student welcome / members discussion forum** which is very exciting, and will hopefully see our numbers grow even stronger. Thank you Victorians for your support to our association.

My best wishes to all new committees for a successful year ahead.

Kind Regards, Emma Bettles

State Matters (cont)

QLD

By the time this edition of "Footprints" is published, our current state committees will be winding up and handing over to fresh new groups, with lots of new energy and new ideas. As Emma Bettles said in the last "FootPrints", change is good, there are lots of jobs to volunteer for, we all have a different style and method in the way we do things and that's what makes it all so interesting. The national executive has been working hard behind the scenes to lay the groundwork for us all to forge ahead confidently as one entity over the next year. Time now to think nationally, with lots of good communication across the states as well as within. We can look forward to a rewarding period of progress and growth in 2003/4.

We have had a good year to date in Queensland, with a variety of learning opportunities on offer and the promise of more to come in the second half of the year. We've had some fun with some entertaining presentations at meetings, as well as raffle prizes and a secret Santa at Christmas time. There is an interest in initiating some research activity and some training in methodology. It seems this interest is spread right across Australia, so perhaps a nationally co-ordinated research base can be established – there has never been a better time to begin, with complementary therapies so much in the public eye.

Our participation in the four regional "Look Good Feel Good" expos went well and we are now preparing for "Body Mind Spirit" and AMAQ. It's certainly gratifying to see how well known reflexology has become and how well accepted; we are always given good locations in these expos and other exhibitors ask to be put next to us because we are so good at drawing the crowd! We are well catered for now in upgrading our qualifications to diploma level, with two reflexology schools already nationally accredited to offer the course. The schools have also expressed an interest in becoming involved in reflexology research. Things are looking good.

The submission on GST exemption prepared by Sara Higgins has gone into the Australian Taxation Office and we hope that as we establish ourselves as a professional force nationally we will qualify for the exemption.

Unfortunately, one jarring note occurred earlier in the year when an unregistered, unqualified reflexology practitioner was reported to the Health Rights Commission for misconduct. The misconduct was unintentional. The practitioner lacked awareness of professional ethics and conduct and apologised sincerely, but nevertheless such occurrences reflect badly on us all. They remind us how important it is to follow our professional code of practice at all times.

Time now to wish both the outgoing and incoming committees all the best. It is very satisfying being involved at committee level; working together to make something happen, hearing at first hand what is going on, feeling that you have been able to contribute something, and at the same time learning many new skills. I was only a new graduate when I joined the Queensland committee two years ago, but the experience has proved invaluable in getting to know people and learning about the reflexology "scene".

Patricia Maclean, Queensland Chairperson

WA

Well, our reflexology year draws to a close bringing our attention to our achievements and a wave of excitement as we anticipate a new committee and a new program of events.

It is time for new faces on the committee and new leadership as Debbie Kiprowski and myself step down as President and Vice President and Brigette Johnson steps down as our WA representative on National Body and as National President. Associations and committees function best when there is fresh blood and fresh enthusiasm and new ideas on board to support a core body. I am aware that changes can also create fear, but speaking from personal experience we should put aside our fears and discover our personal potential and the educational and friendship opportunities of being involved in running our Association.

We now have a steering committee involved in organising the National Conference for September 2004. So far we have set the dates, title and venue. We are excited about welcoming you to our beautiful state and we hope that you will use the opportunity for some time-out from your busy life to see a little of Western Australia.

We are proud of our education program that provides ongoing opportunities for our members to meet, share refreshments, exchange ideas and take part in our educational event that will enhance their practice and knowledge. For our February quarterly we had Dr Alison Craig from Family Planning present a workshop/discussion on sexuality in the clinic environment. Alison, in her quiet gentle way, challenged us about our prejudices and ability to deal with sexuality in our own lives and in that of our clients. She gave guidelines in creating an open safe environment for clients to discuss their sexual health and when to refer to other health professionals. I have put together a handout on emergency services to assist in personal, relationship and family crises that shall go out to all our members in the West.

Our 3rd Annual Study Day was on 6th April. 37 members attended the day that covered the endocrine system with all presentations being made by our own members. Our presenters chose different aspects of the system and for many it was their first time to present. The confidence and quality of these presentations was outstanding. This is when we know our Association is working well for its members.

Our annual branch meeting in May was followed by a presentation on fear, understanding it, its origins, limitations and how to overcome it.

On Monday 14th April I presented my aspect of the endocrine system to our members in Bunbury. We appreciate the effort our south-west country members make to maintain their professional standards.

After a successful year of cooperation and friendship our committee have decided to finish with a social night out. It will be great to just relax together and laugh together as friends. They join me in extending our love and friendship to all our readers.

As my last correspondence with you as W.A. President, I wish you joy in your work and peace in your heart as you continue to save humanity.

Wyn Fields, W.A. President

Book Review

by Graeme Murray

Colour Reflexology for Health & Healing

by Pauline Wills

Published by Vega. Price \$37.00

ISBN 1-84333-018-0

Pauline Wills is an experienced author who has published several books on reflexology and colour. She is a trained yoga instructor, and in 1998 founded the Oracle School of Colour, based in London. The school is affiliated to the Complementary Medical Association in the UK.

One's first impression of the book is one of quality, both in the paper and in the colour saturation of the charts and pictures.

Pauline looks at the history and zonal divisions of reflexology, her foot and hand charts are easy to read and fairly anatomically correct, but it is her chapters on colour and the use of colour which are the most interesting and informative part of the book.

She covers such topics as "the function of the spine in esoteric teachings", looking at the three "Nadis" inside the spinal column, and how they connect with the chakras.

The history of colour therapy is explained from the first century AD through to the twentieth century. How sunlight can be used in treatment, and the more recent use of light (i.e. lasers) are both explained.

There are individual chapters on the electromagnetic spectrum; the aura; chakras and colour, showing the twelve colour wheel; and how additive and subtractive colours work. How to integrate colour with reflexology is explained, as is how to use a pendulum for dowsing (with a couple of exercises to test your skills). You are taught how you can solarise not only water, but also sac lac tablets, cream and crystals. There is an exercise to test your colour sensitivity in the chapter "Working as a Channel for Healing", as well as an exercise on crystal meditation.

The book then goes through each colour of the spectrum from violet to red, explaining their benefits, accompanied by hand and foot charts showing the reflexes associated with that particular colour. There is also anatomical information on the gland and relevant reflexes associated with the colour. Under "Treatment Colour for Common Ailments", the ailment is explained, with its treatment and complementary colours and relevant reflexes. So, under "Violet", the condition is amnesia, the reflex is the brain, the treatment colour is violet and the complementary colour is yellow. The position of the chakra relative to the colour is charted, and the chakra explained. Visualisations and meditations with each colour are also covered.

As well as the spectrum of colours, the colours turquoise, red/orange, gold, magenta and lime green are discussed, though in less detail.

The book is well laid out, and is very easy to read with wonderful pictures, instructions and explanations. The only criticism I have is with some of the charts and anatomical diagrams. I think the charts could be more anatomically correct, given the author's experience in this field. The diagram of the heart is particularly confusing.

Apart from these little niggles, the book is well worth having, particularly if your interested in using the wonderful medium of colour with reflexology.

A to Z of Terminology

This section is intended as a regular feature to help make us more familiar with some of the technical terms we may come across.

Abbreviations used:-

A.S.	Anglo Saxon	L.	Latin
D.	Dutch	L.L.	Late Latin
Fr	French	M.D.	Middle Dutch
Ger.	German	M.E.	Middle English
Gr.	Greek	O.Fr.	Old French
Jap.	Japanese	Sp.	Spanish

Fibula (fib'u-la)[L. pin]

The outer and smaller bone of the leg from the ankle to the knee. Articulating above with the tibia, and below with the tibia and talus, one of the longest and thinnest bones in the body.

Finger, words pertaining to:

- Acrotaxia: [Gr. *ataktos*, out of order]
Muscular incoordination involving or limited to the fingers and toes.
- Acrodynia: [Gr. *akron*, extremity + *odyne*, pain]
An infantile disease, showing lesions of the skin on the hands and feet, swelling of the extremities, digestive disturbances and itching of hands and feet, which with the cheeks and the tip of the nose are intensely pink.
- Arachnodactyly: [Gr. *arachne*, spider + *dactylos*, finger]
Spider fingers. A state in which fingers or toes are abnormally long, slender and curved.
- Campodactylia: [Gr. *kamptos*, bent + *dactylos*, finger]
Permanent flexion of fingers or toes.
- Dactyl [Gr. *daktylos*, finger]
A finger or toe; a digit of the hand or foot.
- Digit: [L. *digitus*, finger] A finger or toe.
- Nail: [A.S. *naegel*]
A horny cell structure of the epidermis forming flat plates upon the dorsal surfaces of the terminal phalanges. Called toenails and fingernails.
- Phalanx: [Gr. Closely knit row]
Any one of the bones of the fingers or toes.

Source of material: A medical dictionary.

Note that no bars appear over letters in the pronunciations. This is due to the unavailability of these symbols.

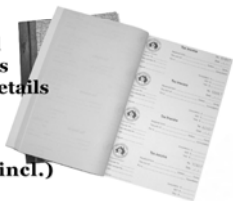


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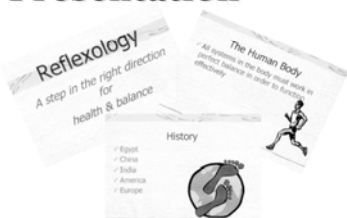
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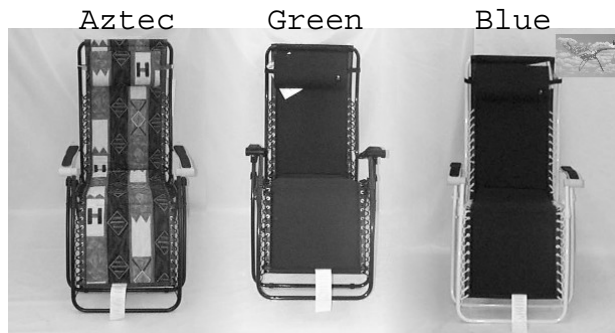


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Health Funds Overview

Health Fund Coverage	Contact	Apply	Prov No	Rebate Package	Rebate	Annum
AHMG (Inc: Govt Employees; Illawarra Hlth; Aust Country Hlth; Mercantile Mutual; Senior Advantage; Aust Union Hlth; Better Health; Aust.Hlth Mngmnt; Health Bonus)	1300 366 868	Yes - by phone quote RAA No	RAA No on official rept	Various packages in group	Approx \$20 - \$25	Varies
Aust. Unity Health	13 2939	Yes	Yes	Natural Therapies	\$25	\$350;\$600Fam
AXA (Incl: HBA, Mutual Community; ANZ; AXA Hlth Insurers)	131 243	Yes	Yes	Alt. Therapies	\$15	\$100
Credicare Health	07 3365 0022	No	RAA No on official rept	Alt. Nat. Ther. (Top Extras)	\$24	
Druids Health Benefits Fund	02 9267 9141	No	RAA No on official rept	Ther. Massage (Ancillary)		
Grand United	02 9370 6888	Yes	Yes	Ultra Care	\$25	\$500
Grand United Corporate	1800 800 245	Yes	Yes	Ultra Care (Nat. Therapies)		
Health Partners (SA)	08 8223 7588	Yes	Yes	Naturals + (Gold & Select	\$12	\$150
IOOF	1800 813 326	No	RAA No on official rept	Extras Cover PA PB PD	\$20	\$500
IOR	1800 803 784	No	RAA No on official rept	Alt. Therapies (AP Cover)	80%	\$120
Manchester Unity	13 13 72	No	RAA No on official rept	Any cover with Nat.	Approx \$20	
MBF	132 623	No	RAA No on official rept	Any cover with Nat.	70%	\$200
St Lukes Health Insurance	1300 651 988	No	RAA No on official rept	Nat. Ther. Extras Y4 & EP	Y4:\$25/EP:\$13	\$400
CommonWealth Bank Friendly Society	1300 654 123	No	RAA No on official rept	Mid Extras; Top Extras	\$22 ; \$30	
Defence Health	1800 335 425	No	RAA No on official rept	Basic Extras; Top Extras	\$18; \$25	\$150 ; \$200
Naval Health Benefit	1800 333 156	No	RAA No on official rept	Ancillary Naturopathy Facility	85%	\$220
NSW Teachers Federation	1300 728 188	No	RAA No on official rept	Ancillary Cover (Nat. Ther)	\$29	\$300
Railway & Transport Employees (NSW, Qld)	02 9745 3900	No	RAA No on official rept	Ancillary Comp Hlth	\$20	\$200
Reserve Bank	02 9551 9037	No	RAA No on official rept	Top Ancillary		
Teachers Union Health & Union Shopper Health	1300 360 701	No	RAA No on official rept	Ultimate Choice Easy Choice Healthy Lifestyle Bonus	\$32 \$26 70%	\$450 < \$540 \$400 \$100(S)\$200(F)
Transport Friendly		No	RAA No on official rept	Natural Therapies Ancillary	\$22	\$350
Druids Friendly Society	03 9329 5144		Recognise reflexology if	practitioner is also naturopath	chiropractor or	physio
Medibank Private	1800 188 188		Hospital and extras - new	bonus package covers as	health-related	expense
Mildura Dist. Hosp. Fund	03 5023 0269		Will cover in-patients			
Phoenix Welfare Ass.	1800 028 817		Recognise reflexology via	ATMS or ANTA membership		

Restricted

Health Funds

Conditional

RAA Continuing Professional Training Categories and Requirements 2002/2003

- ◆ Members at Professional level are required to collect **25 CPT units** over a twelve month period from July 1 to June 30 each year (pro rata where 1st year of Professional membership begins later in the membership year - 2 CPT points/month). To be recorded on CPT Record Form received with membership package/renewal.
- ◆ Send completed form to: **CPT Officer, Reflexology Association of Australia Ltd, Your State (see details pg 2 FootPrints)**
- ◆ **NOTE: 1 hr of Activity = 1 CPT Unit** (eg 7 hrs at a workshop = 7 CPT units).
- ◆ **Please retain all certificates or receipts.**

Category 1: All 25 CPT points may be obtained from this category and may be obtained from one individual activity or a variety of category 1 activities.

1 Hr = 1 CPT unit

- **Attendance** at any RAA speaker meetings.
- **Attendance** at Reflexology Conferences (National or International)
- **Workshops**, seminars or training modules within a Reflexology course
- **Study** of Anat, Phys, Pathology to Aust Qualification Framework (AQF) standard beyond that undertaken with Reflexology training
- **Upgrading qualifications** within AQF (Cert IV, Dip, Post Grad)
- **Further Reflexology study** outside AQF (Colour, Maternity, Ear, Hand, Face, Meridians etc)
- **Study Groups/Practicum Exchange/Regional Groups** - informal training eg case study presentation, Reflexology speaker, peer discussions on efficacy, techniques, networking etc (*attendance to be recorded*)
- **Presenting** workshops/case studies relative to Reflexology at RAA meetings
- **Accrues specific CPT units**
- **Formal Report** on Clinical research/**Publication** of reflexology book/text (25 CPT Units)
- **Published Review** of Reflexology or Anat/Phys books (Min 500 words) (5 CPT Units per review)
- **Published Articles/Case Studies** on Reflexology (5 CPT Units per article)
- **Purchases** of Reflexology, Anat/Phys Books, and/or annual subscriptions to Reflexology publications, annual membership to other Reflexology Associations (1 CPT Unit per purchase/subscription—copy of receipts required)

Category 2: A maximum of 15 CPT Units only are available from this category and may be obtained from one individual or a variety of category 2 activities.

- **Attendance** at RAA meetings - attendance recorded
- **Practicum Exchange** - attendance recorded
- **Representing RAA in Public Arena** - requires prior RAA endorsement - **Delivering workshops/lectures/presentations to interest groups**
Attending voluntary Reflexology programs at Nursing Homes, Hospitals etc; Displaying Reflexology techniques at exhibitions, fairs etc
- **Representing Reflexology in the Public Arena** - as above but does not require prior RAA endorsement
- **NOTE: Units for lectures not available to paid teachers of reflexology**
- **Study** - Professional/Personal Development incl: other modalities, Nutrition, Counselling, Communication, Business Skills, Public Speaking etc
- **Elected positions to RAA Management Committee** 12 CPT units for any elected executive management position
- **Travel Time** - for members travelling over 100 km in one direction to attend CPT activity.

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What are the benefits of professional membership?

- Quarterly FootPrints Journal
- Referral exposure via the internet & 0500 line
- Subsidised workshops & training
- Health fund registration (for client rebates)
- Network with over 1,000 members nationwide

How much does it cost to become a professional member?

\$110pa incl. GST
(plus joining fee)

Events 2003-4

For those travelling here is a list of events that are occurring both here in Australia and abroad.

- 12-14 Sep Intl. Council of Reflexologists
Montego Bay, Jamaica
icr.samek@sympatico.ca
- 23-30 Sep World Reflexology Week
- 21-24 Nov 1st World Congress of Chinese Medicine,
RMIT University, Melbourne
www.rmit.edu.au/wccm2003
- 7- 9 May Reflexology Assoc.of America,
2004 National Conference, Nashville
www.reflexology-usa.org
- 17-19 Sep RAA National Conference, 2004
Perth. 08 9480 4704

Check these web sites: www.raansw.com.au www.reflexology-research.com www.reflexology-usa.org
www.reflexology.org.au www.pacificreflexology.com www.verlaghannemarquardt.de

Advertising in FootPrints

Rates (all include GST)

Inside front and back covers – please inquire with the Editors.

Display advertisements

	Size	Cost per Issue
Full page	26 cm deep x 18 cm wide	\$143
Half page	13 cm deep x 18 cm wide	\$ 77
Quarter page	13 cm deep x 8.5 cm wide	\$ 40
Eighth page	6.5 cm deep x 8.5 cm wide	\$ 25

RAA members receive 10% discount on the above rates. Copy deadlines – see page 24

Inserts

Per A4 sheet: to all States \$164; to an individual State \$0.50 per copy

Networking Page

\$25 per line

Advertising Policy

- ◆ *As only a limited number of advertisements and inserts can be accepted it is advisable to book early.* Please check with the Editor (02 4976 3881) regarding space availability.
- ◆ Display advertisements must be submitted by the copy deadline (see p24) on high quality paper using 600 dpi laser print or by electronic transfer.
- ◆ Advertorials will not be accepted.
- ◆ FootPrints is distributed around the end of the month of issue. The distribution date cannot be guaranteed.
- ◆ All advertising must be paid for at the time of booking.
- ◆ A copy of all inserts and display advertisements must be sent to the Editor at the time of booking.

FootPrints Journal

ISSN 1039 – 2092

Published by the Reflexology Association of Australia, Limited

Postal address (publisher)

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NSW
Australia

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Guidelines for Articles

Contributions of articles, case studies, book reviews, personal experiences and letters to the editor are welcome. The following guidelines will be helpful if you are planning an article, as they will 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 editor for a specific issue will appear in an issue decided by the editors, 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 or on a floppy disc (IBM compatible in Text File or Word for Windows File) to the editor (see address above). Faxed articles are not acceptable as they do not scan well. Pictures can be sent as TIF files or JPG files.
4. If an article has been previously published, written permission from the author/other publication will be required. The editors must be informed if an article is currently under consideration by another publication.
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6. The editors reserve the right to make alterations to, or reject an article for publication. Where substantial changes have to be made, the editors will show the final copy to the author, time permitting.
7. Advertorials will not be accepted.

Copy Deadlines

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