

FootPrints



The Journal of the Reflexology Association of Australia

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From the President's desk ...



As from April 1, 2011 I became your new President. So many people in my life would be so proud of my achievements: family, friends and colleagues. I feel contented and privileged to be writing this report. Geographically I am located 714 kms North West of

Adelaide. Reflexology became an important part of my life in the winter of 1981. My particular interests are Anatomy and Physiology and community health issues. The program that I developed for Residents in Aged Care is in its 17th year. Remedial massage, aromatherapy and lymphatics are a few of my skill areas. Cancer, Sport and Children are also of particular interest to me. In this new role I will also be drawing on my past knowledge and experience as a secretary, treasurer and clerk.

The Board met in Brisbane in late March 2011. (Fortunately, we saw no evidence of the flooding.) I have been the Director representing South Australia for 2 years. I aim to be approachable and fair to all members on any issues.

A full report on the Brisbane meeting is in this issue of Footprints. The Board and a number of other members of the Association work continuously throughout the year, striving to keep informed and up with the times, administration, governance and our public profile.

There will be a necessary increase of fees this year. Professional Members are reminded to increase their own fees in line with the Consumer Price Index % rise each year.

The Board thanked Anne Young in Brisbane for her term as President, her Directorship and for sharing her knowledge. Anne retired on 31 March 2011. On behalf of all members I wish Anne the very best for the future.

Autumn is the time for Annual Branch Meetings. Like-minded people will gather to create a Committee for their State. One or two of these people will be your Director/s. With your guidance and input they will share ideas with other Board members. The input from each State Committee is both necessary and valuable for making National decisions. I am looking forward to a new season of Directorship. Thank you to those Directors who have completed their term in office and a big welcome to those who have become new Directors.

A Directors' Teleconference will be held in July. The purpose of this meeting is to elect the Executive Committee of the RAoA. Any urgent business matters will also be discussed.

The next Board meeting will be held in Melbourne, Victoria on 14, 15 and 16 October 2011. The AGM for the RAoA will be held on Saturday, 15 October 2011. All members are welcome to attend the AGM.

Professional Members will have received an individual provider number from Medibank Private by now. If not, please contact Jenn Cooper at the Administration Office. The Administration Office has been going through renovations over the past few months. All courtesy of the landlord. Jenn tells me that the office is more open and lighter to work in.

Members are encouraged to load their personal profile onto the RAoA website.

World Reflexology Week is in September—have some fun and be creative. A few ideas are listed in this issue of Footprints.

2012 National Conference, 'Stepping into the Future' is to be held at the Country Club—www.countryclubtasmania.com.au—located just outside the City of Launceston. Dates are Friday 28 September to Sunday 30 September 2012.

Yours sincerely

Susan Jean Ramsey

President



Board of Directors 2010–2011

President and CPT

Susan Ramsey (SA)

0417 855 931

susanjeanramsey@bigpond.com

Vice President and Research

Heather Edwards (QLD)

0424 678 450

research@reflexology.org.au

Treasurer

Glenda Hodge (QLD)

0414 822 015

treasurer@reflexology.org.au

Secretary

Judee Hawkins (NSW)

0412 187 238

secretary@reflexology.org.au

Promotions & Publicity

Jo Impey (VIC)

0417 365 734

promotions@reflexology.org.au

Margaret Watson (VIC)

0418 125 412

reflexol@dcsi.net.au

Director

Janice Dance (TAS)

0438 789 313

dancewithreflexology@gmail.com

Education

Christine King (WA)

0419 929 310

bluesky_training@westnet.com.au

Contact Hotlines

Administration Manager

Jenn Cooper

PO Box 253

Wynnum Central, QLD 4178

Phone: 07 3396 9001

Fax: 07 3393 5468

Office hours:

Monday–Wednesday 8.30 am – 1.30 pm

Thursday and Friday 8.30 am – 4.30 pm

Members can phone 07 3396 9001 and

calls will be answered. Please leave a

message outside of these times.

For all membership enquiries AND applications, changes of address

Email: membership@reflexology.org.au

CPT enquiries

Email: membership@reflexology.org.au

Website Administrator and

Company Secretary

James Flaxman

Email: webadmin@reflexology.org.au

June 2011

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Front cover: 'Sculptures by the Sea', Bronte Beach 2010. Photo by Doris Litzki.

World Reflexology Week

(last full week in September each year)

Educate your Clients—Public Awareness

☺ Teach clients how to take care of themselves.

☎ Provide contact details to refer on if need be.

Have resources available:
Brochures, Information Sheets, Books, DVDs,
Newsletters.

📖 Offer presentations to share your skills.

Approach community and district services:
e.g. Hair Salons, Schools, Health Services,
Information Centre, Local Council etc.

Association Awards

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

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DATES FOR 2011

SYDNEY – 7th June

CANBERRA – 9th June

MELBOURNE – 21st June

HOBART – 23rd June

SUNSHINE COAST – 9th August

TOOWOOMBA – 19th August

TOWNSVILLE – 27th September



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Infertility and Pregnancy Loss: reflexology can help!

Presented by Lyndall Mollart
RN. RM. Ma Mid. Dip. Reflexology
Accredited Trainer—Authentic Susanne Enzer
Maternity Reflexology

The morning session will include pregnancy loss/post-miscarriage recovery in a holistic approach: nutrition, tips on self-care and reflexology. Reflexology helps to rebalance the endocrine and the lymphatic system. The morning session will finish with a practical session of the Endocrine Balance.

The afternoon session will focus on infertility. This session will include why couples have trouble conceiving (including polycystic ovary syndrome), a brief overview of medical fertility treatments and general pre-pregnancy tips. Reflexologists can work together with the couple to explore the physical, psychological and spiritual environment around conception. The practical session will be a combination of colour light, chakra and endocrine balance reflexology. *Colour light reflexology torches will be provided.*

2011 Workshops—

Brisbane: Saturday 6th August

(check website www.maternity-reflexology.net)

Sydney: Sunday 9th October

(contact ASR - ph 02 4976 3881)

Melbourne: Saturday 3rd September

(ASRR - info@asrr.com.au)

Other states: if interested, contact Lyndall

(lmollart@gmail.com)

Open letter to all Reflexologists



Dear fellow Reflexologists,

The following article is just deep thoughts and strong feelings that I had after my return from the Brisbane conference. I don't say I am right, I just felt compelled to write down what I feel.

I have concerns regarding the direction we are being pushed, mainly in the area of education and also with compliance for the health funds.

I have been practicing Reflexology now for 11 years having completed my Advanced Practitioners course at the ASRR in Melbourne in 1999.

I have also studied Certificate 4 in Foot and Hand Care at East Gippsland TAFE. I have been working full time, treating on average between 30 and 35 clients a week, since 2004. I do not advertise—all my new clients are word of mouth referrals.

The amount of work Board members and all the committee members of each branch put in to advance the cause of this wonderful modality and get Reflexology 'out there' is truly inspirational and never ceases to amaze me—the energy and enthusiasm is incredible. Congratulations to all concerned.

Question: Will a person who completes a Diploma be any better Reflexologist, or will they be any busier than someone who has completed a Certificate? Will they be any more reputable? The answer is very simple, absolutely not. A person's **attitude** is possibly the most important factor in answering the questions. Don't get me wrong, the first aid and insurance is certainly a good thing as far as our clients are concerned as they will know that they are dealing with a reputable practitioner etc, to a degree. I understand that this will make it harder for the 'quacks' to get into the field, but attitude is the key and most other attributes like intent, caring and nurturing come under attitude.

I feel Reflexology is such an important modality for humanity and with the current direction, trying to get Western Industrial Medicine to recognise Reflexology as a meaningful and useful tool in peoples' road to health and well being is not the right way—they do what they do and we do what we do. It is different, I would suggest, that all doctors that started at medical school had the correct intention, that they wanted to help people and they certainly do, but in **their** way, with the use of drugs and medication We help people help themselves in **our** way. We are signposts in our clients' journey to wellness; they have the choice and free will to pick whatever modality they think will help them—it is **their** choice not ours.

The best we can do is have our house in order, be unified in our approach and train as many people as we can and let our satisfied clients do the talking and walking. They will tell their friends and their friends will tell their friends and then they may even tell their GP. People power will win in the end. We do not have to convince GP's, Health Funds, etc, we only need to work on feet and those feet will do the rest.

Why do we need to prove anything to anyone? We know it works. The health system at present is strained and if everyone was truthful, it is in a state of chaos and I think the authorities know this.

Natural therapies are beginning to emerge and now, in Australia, it is a multibillion dollar industry.

The only way to control and manipulate this growth industry is for the greedy authorities to implement regulations and restrictions, selling it by the false front (we are making sure all your members are ethical and by this you can show your clients that you are reputable, blah blah). It's a form of control. If you want your clients to be able to claim, you must do this and this—it is the thin edge of the wedge and all it will do is stifle and make our wonderful work rigid with compliance issues.

It is already working for the authorities with the fees required to charge for the Diploma course and all the work to get accredited as RTO's, the enrolments have dropped dramatically. This means that anyone that may have been interested are now deterred. What a shame Reflexology becomes the loser—well actually human kind is the loser because feet are not being worked on.

And all for what? So our clients can claim and we can be a more reputable modality. Well I have news for everyone—out of the close to 1600 clients I treat a year only 10 to 12 people actually claim, that is .0075% , so what a lot of work with submissions, etc (others may find this is not the case, but if we make claiming an issue it will be—if we don't, it won't). Continuing education is vitally important but for our own professional development not for authorities.

Continued on page 4

We must not live in fear that if clients can't claim they will not come. If they come to you because they can claim and are they working on themselves, do they really want change and healing in their life? Just because they can claim, just maybe they are not ready to heal, they are looking for excuses, the victim, poor me, remember we do not heal them—we are signposts in **their** healing journey.

We fear the consequences of man-made laws; why are we doing this to ourselves? We are working with universal love and energy. Now is the time we need to trust our intuition—we need to go with the flow of our heart centre—we must trust and the rewards will come. We must not follow the old worn path of science as it is going against our intended journey. We must travel the path less travelled, like the original pioneers of Reflexology.

We are now at the crossroads. Do we go with trying to prove to science that Reflexology works and really beat our heads against brick walls, wasting enormous amounts of energy trying to get them to see our way because they never will—but our clients will and they will vote with their feet literally!

The belief that we need to follow science or we need to have the research that Reflexology works—I ask, how can something as natural and wonderful as Reflexology be proved scientifically? Answer: we probably never will as they will keep moving the goal posts because they will only want to hear what they want to hear and see what they want to see and extract out of the studies what they want people to know.

Following the Western approach will only suppress us from our creative self expression. Why do we maintain the belief that we must prove to government, doctors or whatever organisation wants to discredit us, just to please them or be accepted by them? Why the need to be accepted by a system that is in total chaos? What of the wonderful work of our early pioneers like Eunice Ingham, Dwight Byers and locally the late Trevor Steele, Dee Leemon, Carol McBain and everyone in all states of Australia? They believed and trusted their intuition and look how many beautiful Reflexologists they have trained, who are practicing be it at home with just family and friends, in a clinic, either part time or full time. It does not matter as long as people are having their feet worked on, the owners of the feet will spread the word.

The last 5 years has seen many changes and the earth itself is going through major transformations. The human race is going through an age of higher spiritual evolvment. Let us embrace this change and be leaders. Let us not get lost in the physical world of fear mongering—this will only get in the way of our dream—the dream for Reflexology to be universally recognised. This will only happen if we do it our way.

This may mean that we have to cut back and prune. Of course, not everyone will be happy but if we keep following the current path of being pushed to be accepted on their terms, I am afraid we may be smothered out of existence, so prune we must, because only when we prune do we get new growth that will flourish. If we leave the pruning we will only get dry, rigid and woody and eventually wither and die.

Let us all unite together and watch our wonderful modality flourish.

Yours Sincerely in Health,

Frank De Lorenzo

the foot man



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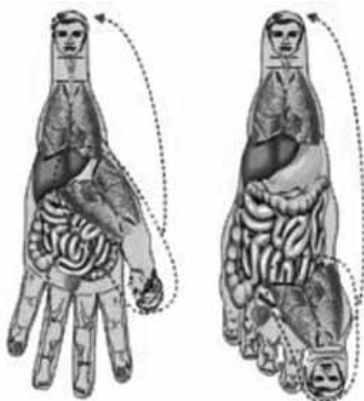
Su-Jok Therapy Basics

by Vicki Delpero

Independent Midwife educator, NET therapist, Su-Jok Reflexologist, Psychosomatic Therapist, Being in Colour Facilitator.

Prof. Park Jae Woo of Korea first discovered and developed the art of Su Jok ('Su' means hand and 'Jok' means foot in Korean) in the late 1980's and it is now practiced widely throughout European countries, with the western world now catching up. It is a system of healing based on finite acu-points on hands and feet.

- ◆ The thumb correlates with the head,
- ◆ The forefinger and little finger with the arms,
- ◆ The third and fourth fingers with the foot,
- ◆ The palm corresponds to the trunk.

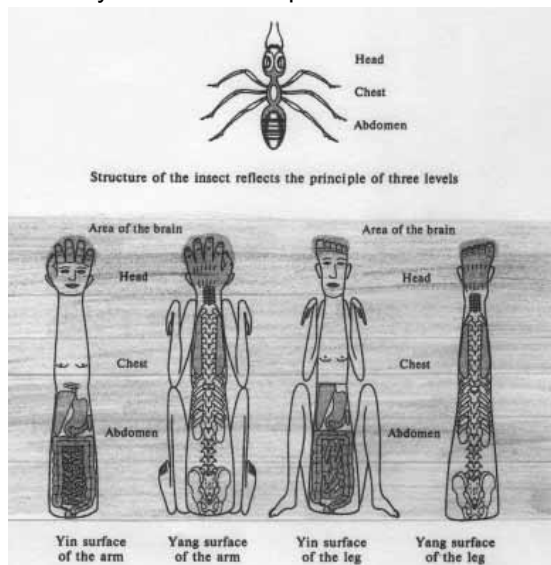


From this starting point, Prof. Park developed an enormous theory with many fields and branches. His system is now called Onnuri, 'the whole world' in Korean, and consists of:

- ◆ Su Jok,
- ◆ Six Ki Therapy,
- ◆ Auricular Therapy,
- ◆ Head Therapy,
- ◆ M-Particle Therapy,
- ◆ Colour Chakra Acupuncture,
- ◆ Twist Therapy,
- ◆ Diamond Therapy, and Smile Meditation.

Insect Therapy

Each finger on a hand and a foot is similar to a whole person's body. The finger has 3 parts (phalanxes) and the body also has three parts without the extremities—a



head, a chest cell and a belly cavity. These parts are neatly separated from each other on the body and on the finger the look is that of an insect, hence the name.

This is a mini-system of correspondence. The essence of healing is to find in one of the corresponding systems a zone reflecting the imbalanced organ, generally this will be a point of discomfort on the hand or foot.

Once points are located differing methods can be used to stimulate:

- ◆ acupuncture needle,
- ◆ massage,
- ◆ magnet therapy field,
- ◆ warming up with light,
- ◆ put a colour dot on the point etc.,
- ◆ apply a moxa,
- ◆ apply a special Su Jok lamp on the point,
- ◆ cooling with colour and magnetic therapy,
- ◆ seeds to stimulate the point.

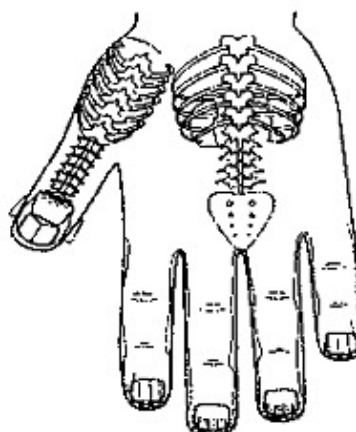


I find treating the hand easier, simply because it is easy to get to and the person being treated can self-treat throughout the day. Active points on the feet are also very effective but can be too uncomfortable when walking on the seeds. Anyone can find points on the hands and feet guided by pictures, because hands and feet have identical structures.



Systems of Correspondence

All organs of the body are represented on the left and right hands and feet. Plus they are represented on every finger and toe.



Each finger represents a different energy based on the TCM six energy theory: Thumb—Wind; First finger—Heat and Hotness; Second finger—Humidity; Third finger—Dryness; Fourth finger—Cold.

Continued on page 6

Su-Jok Therapy Basics
Continued from page 5

Su Jok Diagnostics

You can try this right now. Using the diagram as a guide, take a pencil or some other sharp object and start pressing around the parts of the hand that are corresponding to the parts of the body that you know you have a problem. Don't stop at the point of sharp pain, continue probing until you find the point of the most intense pain.

Under the pressure, you will be able to feel a small sphere around which the worst pain lies. The very act of pressing on the painful point is healing in itself, you can go on pressing like that (not really advisable) or you can apply some other kind of influence on that point.

For instance, fix a seed over the point. Use any seed you like, however, be guided by a possible similarity between the seed and the organ treated. For example:



- ◆ use kidney beans for kidney or reproductive issues, they are also red which is warming;
- ◆ for brain, use small walnuts;
- ◆ for stimulating heat use pepper—it is readily available and very 'active'.

If you are not sure where the point of strongest pain is, you can put several seeds together and fix them over the entire corresponding region. Replace the seeds regularly as you will note that after one or two sessions, the seeds lose their power and become dry.

Su-Jok for Fertility

Being a midwife and natural fertility specialist, I was particularly drawn to Su-Jok because it is so effective in assisting conception. I have witnessed first-hand how effective it is with 2 clients with long term fertility issues—now pregnant since instigating intense therapy.

Reproductive organs also have many corresponding points on the hands and feet and by stimulating them it is possible to increase fertility. Often pregnancy is not happening because there are imbalances in other organs and glands besides the reproductive system, such as the thyroid, pancreas, adrenals, pituitary gland or something else.

All these can be stimulated with Su-Jok therapy. By stimulating, using the appropriate colour, warming up or cooling down these points and meridians, balance can be restored quickly.

Basic fertility stimulation

For women it is important to stimulate the uterus and ovaries. For men it is important to stimulate the male genital's corresponding points and prostate.

Points corresponding to the male and female reproductive systems are the same.

You can stimulate them with a pointy object—something like the point of a pen but it shouldn't prick the skin. You can also stimulate them with seeds, and/or magnets. All these methods are powerful when you do them regularly.

The pituitary gland, ovaries, uterus and adrenal glands are best warmed up with moxa.

Seed Therapy

Whatever the acute problem, apply three seeds on the reproductive point and wear them as long as you can. If this is not appropriate during the day then be sure to wear them through the night—heal yourself while sleeping! The prolonged wearing of seeds, for several months in a row, has been documented to have assisted severe cases of endometriosis!

All of the above are only basic ways of stimulation according to Su-Jok therapy. For those wanting to explore the therapy, more workshops are being conducted across Australia and New Zealand in the near future.

Email: wellness@casadelsole.com.au for more information on Australian workshop dates. ☺



Stepping into the Future
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Conference hotline: 0403 277 823
2012conference@reflexology.org.au

Report on Board Meeting March 2011

The Board has been working on a number of important governance matters and a lot of time at the last meeting was spent in doing this. Some of the areas covered were:

- ◆ SWOT analysis of the company and its functions
- ◆ Strategic plan
- ◆ Occupational Health and Safety.

It has been decided that the Board needs to run on committee lines. For example, we already have a Finance Committee who assist the Treasurer in formulating policy and help with the payment of bills. We also have a Research Committee. It has been decided to expand this concept to include a Conference Committee, an Education Committee, a Promotions Committee, a Publicity Committee, an OH&S Committee, and others as announced by the Board. Members across the country are sought for these committees. The Research Committee would like to expand into subcommittees in each state to assist their work. It is felt that this way of operating is more in accord with the general philosophy of the RAOA in that all members have an equal say and can assist in developing the company in the direction desired by most.

A lot of work has been done by Christine King and Heather Edwards in developing an industry standard for the RAOA. At the last conference a call went out for those interested in forming an Education Committee and a number of people responded. Christine and Heather will be presenting their work to date to this group and that committee will continue until it is the industry standard is finalised. This is exciting news as it means we will be able to regain control of the knowledge required by reflexologists to meet our standards. If you wish to be involved in this, please contact Christine or Heather.

The Research Committee is still working with NorphCAM to complete the research begun last year. The RAOA signed a Memorandum of Understanding with NorphCAM at the Board meeting together with Professor Jon Adams who has provided so much help in bringing about a project of real merit.

The Board has confirmed the Scope of Practice of reflexology. It is written on the web:

Reflexology is based on the principle that certain parts of the body reflect the whole. Reflex points which relate to all parts of the body can be found in the feet, hands, face and ears. These points respond to pressure, stimulating the body's own natural healing process. The body starts progressively clearing blockages, re-establishing energy flows and balancing itself, resulting in better health. There are many different styles and approaches used in reflexology, however, the basic principle is constant. Subtle yet powerful, reflexology is becoming increasingly popular in the world of complementary therapies.

We will be asking members to add a new category of membership to our current levels. This is to be called Friends of Reflexology and is for those without training, but interested in reflexology. Any change will require a change to the Constitution at the 2012 conference in Tasmania.

An article, agreed by the Board, Lyndall Mollart (International Maternity Reflexology trainer), Gill Thomson (taking over Sue Enzer's school) and Emma Gierschick (ICR director) will be in the next FootPrints. This article is aimed at addressing some of the concerns felt by the international reflexology community regarding YouTube videos demonstrated by Moshe Kruchik of Israel, purporting to be lymphatic reflexology on a pregnant woman.

Various Board members as well as a number of state chairpersons attended a series of forums across the country put on by the Department of Health Victoria on behalf of the Federal Government. These forums are directed at bringing further legal requirements pertaining to non registered (or self regulated) health care workers. The forum was directed to developing a form of either Government-regulated or a strengthened self-regulated healthcare work force.

The Board finalised a complaints form that will be made available to anyone making a complaint to the RAOA.

During the flood crisis in Qld and Victoria, money was raised through efforts of the Victorian branch and via a donation button on our web page. It was decided that the money raised in Victoria would be donated to Rotary (Vic.) at the request of the Victorian members and the money raised from the web would go directly to members affected by the floods as a cash donation.

All policies and By-Laws have been updated and will be on the web as soon as possible. Some changes/additions were made to the CPT to cover people who co-ordinate groups such as Skype, Facebook, Coffee Shops and such like. Full explanations will come with the renewal packs from the office.

A discussion was held on requests to have a conference every year. It was decided that this would not be in the best interests of the company. It should be remembered that the reason for bi-annual conferences is so that members can avail themselves of the ICR conference in alternate years.

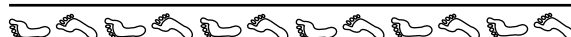
As of 1st April 2011, Susan Ramsey will be President of RAOA.

I wish to thank all the members of the WA branch and the WA committee for giving me the opportunity to be successively Vice Chair, Chair, Director, Vice President and President of RAOA. It has been an enormous pleasure. I hope and trust the Coffee Shops and Skype groups continue to grow in strength and numbers. When I first started them I saw the huge potential for CPT points and for fellowship for members across this state.

I am happy that I was able to re-ignite the debate about the educational standards of reflexologists since the inception of the HLT Diploma. I am in awe of the potential of reflexology in helping people with diverse complaints and conditions.

Regards

Anne Young 



Have your say: RAOA Accredited Certificate 4 Reflexology

Dr Christine King (PhD)

Education Director, Reflexology Association of Australia

email: blueskyretreat@westnet.com.au

The Reflexology Association of Australia is introducing a RAOA Industry Accredited Certificate 4 of Reflexology in 2012. This article discusses the reasons why we have taken this step, what the course will consist of, how it will parallel 11 of the HLT Diploma units to enable further study to Diploma level and, finally, how you can be part of the process.

It is essential to state right from the start of this article that this will not affect current memberships or membership levels but it will change future membership for students and graduates.

In 2012 the RAOA will be introducing an Industry RAOA Accredited Certificate 4 Reflexology. This decision to introduce the Certificate 4 has been taken as a consequence of the following:

1. The introduction of the HLT Diploma (Government Accredited) has resulted in fewer people studying Reflexology and fewer colleges offering Reflexology training.
2. The HLT Diploma has increased the cost of Reflexology up to \$7000. For many people this is too high a cost for Reflexology training (I have had people contact me in regard to this issue).
3. Many students have been told they have to study Massage as well as Reflexology and this again, is not what many potential students want and this is also reducing student numbers.
4. All of these factors are seen as a threat to Reflexology in relation to future members.
5. As a consequence of this, the Skills Accreditation Council was contacted to apply for the introduction of another level of Reflexology Qualification, namely Certificate 4.
6. Letters were also prepared and sent to colleges asking them to also contact the Skills Accreditation Council to back/support our appeal for the introduction of a HLT Certificate 4.
I know some colleges/schools did send letters and support the appeal for the introduction of a Certificate 4 as well as the HLT Diploma.

Unfortunately, this action was not successful and although the Skills Accreditation Council never contacted the RAOA or Directors, we did receive a copy of an email in January stating that there would be no changes to the Reflexology Diploma in the next HLT package.

We then went to the next step:

PROPOSAL: Develop Certificate 4 Reflexology that is accredited by the RAOA.

The proposed Certificate 4 academic/unit outlines (adapted from the education committee documents 2003/2004) and criteria was handed to Directors at the March meeting.

This proposal with material that Heather Edwards and I worked on was presented to the Directors meeting in March and was approved by all Directors.

Result: Certificate 4 Accredited by RAOA that is ready for teaching in 2012.

The Certificate 4 is designed to work with, rather than replace the Diploma of Reflexology. It will be an Industry Accredited Qualification (RAOA Accredited) that will work with the Diploma and as much as possible parallel 13 of the 21 Diploma units. This is designed so people may receive RPL for units covered in the Certificate 4 if they want to continue to the Diploma.

There are 14 units of which two are HLT units, 9 are parallel to HLT units, two are similar with industry standards and there is one new unit that is Reflexology Industry Standards. The industry standards unit that states hours of Reflexology practical training, number of clinic hours with the public that must be supervised, hours for case studies, trainer's qualifications and much more. This is the unit where we set much of the criteria discussed in the October forum meeting at the Conference in Brisbane.

The 9 units that are parallel to the HLT units were developed by the 2003 Education Committee. Designing these units includes a huge amount of work and commitment and as such it is important to recognise the following people who have developed these units: James Flaxman, Margaret Brown, Cherel Waters, Sue Ehinger, Mary Farr, Vicki Delpero, Dee Leamon, Carol McBain, Yve Francombe, Gladys Duncan, and Lyn Hatswell. A grand achievement that now will be part of the RAOA Certificate 4.

Only colleges/schools that have the RAOA Certificate 4 Reflexology or are REGISTERED TRAINING ORGANISATIONS that teach the Diploma of Reflexology will be listed as RAOA accredited schools from July 2012.

Students with non RAOA Certificate 4 qualifications will need to apply for RAOA RPL to join as a RAOA member and pay an application fee for consideration for membership. If they are not accepted due to not completing equivalent units they may complete the units with any school/ trainer approved by RAOA. *Please note this will not alter current membership. If you are a member now the level of membership you have will not be changed in any manner.*

This allows the RAOA to set standards of membership entry.

Important: No other training organisations other than REGISTERED TRAINING ORGANISATIONS or schools running RAOA Certificate 4 may state, advertise or imply their students gain automatic membership to RAOA or that their course is RAOA approved.

Continued on page 9

Schools/colleges (including sole traders) may apply to teach the RAOA Certificate 4.

There will be criteria for people who want to teach, for example:

- ◆ Diploma of Reflexology preferred from recognised School/College.
- ◆ At least three years' experience as a Reflexologist.
- ◆ Three years as a professional member of the Reflexology Association.
- ◆ Certificate 4 Assessment and Training (from a REGISTERED TRAINING ORGANISATION) or equivalent, or pass the Reflexology Training Workshop on Designing Courses (to be run by the RAOA).
- ◆ Partnership with REGISTERED TRAINING ORGANISATION will be looked at favourably (enabling students to continue studies to Diploma level).

If people have the required qualifications they may apply to teach Certificate 4.

Suggested procedure:

- ◆ Applicants pay an Application Fee—a non refundable fee of \$880. This will include the training workshop on how to design units and meet RAOA criteria.
- ◆ Applicants receive RAOA Certificate 4 requirements with time constraint for their submission.
- ◆ Applicants must provide a full submission of their proposed Certificate 4 outlines and details of how they will meet the RAOA requirements. These requirements will become Industry Standards: For example at least 50 hours of student clinics with the general public supervised by a qualified Reflexology Trainer including proof of supervised clinics to be provided.
- ◆ Education Evaluators with a minimum of Certificate 4 in Assessment and Training or equivalent, will evaluate the application/submission and approve, ask for modifications, or refuse submission.

If accepted: Accepted as provisional provider for 1 year

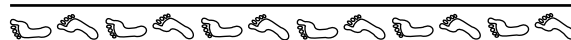
- ◆ After one year there is random evaluation of course including student evaluations.
- ◆ After one year as provisional provider if applicant passes evaluation they become full Providers of Certificate 4 RAOA and accredited as a provider for a period three years. There will be an annual fee.
- ◆ After a three year period as an accredited provider of RAOA Reflexology courses, the School must reapply and resubmit providing evidence of compliance, student evaluations, etc . Application Fee suggested \$440 and suggested \$275 annually.

In conclusion: This is a big change for the RAOA as we have never had a RAOA accredited qualification course before. RAOA have recognised courses run by colleges but it has never had an accredited course. This change will enable us to be proactive in promoting and encouraging responsible Reflexology training, increase the number of schools teaching Reflexology and the number of Reflexology students and graduates. We will also promote to the Skills Accreditation Council (government) the introduction of industry standards at all levels of Reflexology training.

If you would like to have a say you are welcome to join the on-line Education Forum by contacting *Christine King* at blueskyretreat@westnet. The purpose of the forum is to discuss education and primarily, at this stage, to determine industry standards to be introduced into the course.

The forum will commence in June when everyone, including schools and colleges, would have had an opportunity to join it.

Christine King: Email comments and questions to blueskyretreat@westnet.com.au



Research Report

by Heather Edwards

We are excited about the official signing of the Memorandum of Understanding between NORPHCAM and RAOA on Friday 25th March at the board meeting in Brisbane. The MOU will ensure an ongoing association with this professional research group.

We encourage members to join NORPHCAM as practitioner collaborators in order to stay abreast of their activities through the website and newsletter updates.

Find us on Facebook—Join the Reflexology Association of Australia Facebook community and share your Reflexology experiences with us.



Read about future events and CPT workshops





Foot joint mobilisation

by Glenys Petrie

Last August, my husband and I started our preparation for a walk in Spain, The Way of St. James, an 800 km walk from the French side of the Pyrenees to Santiago. We will be doing it later in 2011. After a few months of 'walking-in the boots' I also arranged for a different pair of shoes with a one piece sole, to be re-soled and re-heeled.

Not long after this I noticed a lump in my right foot between the first and second metatarsals (reflex area: the chest). It felt like a marble or a stone when I walked on our wooden floorboards. At the time it seemed obvious to me that the lump was caused by the boots and the additional walking, even though I'd slowly built up the distance to 6–7 km four to five days a week over four months. So I stopped wearing the boots and stopped the training until it settled. I continued wearing my newly soled shoes for everyday use.

I was in a great deal of pain and this resulted in a change of gait to avoid putting too much pressure on the area. I already had lower back problems due to work-related injuries over about 35 years, and following a car accident in 2008 I also had some burning and nerve pain in both feet, particularly the left one, so the gait change affected these problems also. However, things didn't settle, they worsened. A month later, it felt like I had glass shards over the entire plantar surface of each foot and, at its worst, I was confined to bed for three days. My feet hurt even when there was no pressure on them. Not at all planned as part of my preparation for the walk!

I spent those three days in bed realising that it wasn't about the walk any more. It was about being able to walk around the house and to do everyday things. I was already being treated for the back and other injuries by a therapist who combined Bowen Therapy, NeuroSkeletal Therapy and Kinesiology as needed, and also by a Reflexologist with Facial Reflexology and had made good progress with this combination. But I now wondered about Foot Joint Mobilisation (FJM) specifically for the feet. I also considered that having the other shoes re-soled was probably the problem. This simple action altered the support of the shoe and put pressure on areas of my feet that hadn't existed beforehand. I haven't worn them since.

I was aware of Jan Kiss' workshops on FJM and had planned to attend. This was a therapy that I hadn't tried before. So I rang Jan to talk to her about the problem with my feet and how FJM may help me. I also booked in for the workshop at the Gold Coast.

My first appointment was a challenge for me, firstly to be able to drive as it hurt to touch the accelerator and also to let her touch my feet when it hurt even if I lightly massaged them. And it did hurt, but it felt good. The next

day the level of pain was noticeably less, and even less 48 hrs later. I was still in a lot of pain during the week but I remember wishing that I could have daily treatments. After the second appointment I was able to walk again without constant pain although I still needed soft footwear all the time. I initially had 3 treatments, a week apart, and after the third treatment I knew that I would be able to re-start my walking again ... soon, slowly.

It was then that I did the FJM weekend workshop down the Coast. On a personal note I struggled to stand for the short length of time to do the treatment because of the pain in both feet, but at the end of each day my whole body felt energized. I treated my feet with a walk in the sand and surf at the end of the last day. This was the first time for 3–4 weeks that I could walk without some soft support. For about a week following I felt the best that I had felt in a long time, both my whole self and I had very little pain in the feet.

My next appointment was 2½ weeks later and I'll continue having a few more weekly appointments. The lump is still there but I'm managing it. X-rays show nothing ... that's good. The other extreme pain in both feet has gone. I'm able to walk around the house for a few hours a day without shoes. I'm walking 2–4½ km every second day in my boots. My feet are far more flexible.

I've looked at this from a structural, metaphysical, emotional and reflexology perspective and am continuing to address it.

I know that Foot Joint Mobilisation made a HUGE difference to the healing that has occurred, now let me tell you about the workshop.

'Foot Joint Mobilisation Plus' —Currumbin, February 2011

- ◆ Excellent notes and images:
 - ◇ well presented, anatomical language, good explanations, bibliography, bound notes;
 - ◇ includes postural assessment;
 - ◇ gives examples of problems and how the various muscles are presenting;
 - ◇ provides notes about modalities that can be used with FJM; and,
 - ◇ a large section on self care stretches and advice.
- ◆ Great practical opportunities through the weekend.
- ◆ Very good venue—space, facilities, quiet good for learning.
- ◆ A great and supportive group of other therapists.
- ◆ Certificate of Attendance (educational—15 CPT).👣





CPT Education and World-Wide Conferences —Calendar of Events



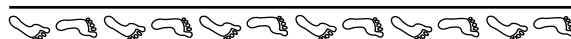
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2011	PRESENTER	TITLE	LOCATION/CONTACT
21 June	Embrace Holistic	Engaging in Birth Seminar	Melbourne, Victoria—Contact 0420.231.700 email: enquiries@embraceholistic.com
24 June	Embrace Holistic	Engaging in Birth Seminar	Hobart, Tasmania—Contact 0420.231.700 email: enquiries@embraceholistic.com
25 June	Australian School of Reflexology (Sue Ehinger)	Facial Reflexology Revision Day	Sydney—Killara, NSW ++++ (see below for details)
26 June	Australian School of Reflexology (Sue Ehinger)	Combining Microsystems	Sydney—Killara NSW ++++ (see below for details)
2 July	Australian College of Chi-Reflexology (Moss Arnold)	Sports Reflexology	Springwood, NSW **** (see below for details)
22/25 July	Australian School of Reflexology (Sue Ehinger)	Facial Reflexology 1 & 2	Sydney—Killara, NSW ++++ (see below for details)
6 August	Lyndall Mollart	Infertility and Pregnancy Loss: Reflexology can help!	Spring Hill, Brisbane, Queensland Contact: Lyndall Mollart 0410 422 965 or Glenda Duffy 0412 917 687 email: lmollart@gmail.com
9 August	Embrace Holistic	Engaging in Birth Seminar	Caloundra, Queensland Contact: 0420.231.700 email: enquiries@embraceholistic.com
19 August	Embrace Holistic	Engaging in Birth Seminar	Toowoomba, Queensland Contact: 0420.231.700 email: enquiries@embraceholistic.com
30/31 July	Australian College of Chi-Reflexology (Moss Arnold)	Australian Bush Flower Essences & Chi-Reflexology	Springwood, NSW **** (see below for details)
13/14 August	Australian School of Reflexology (Sue Ehinger)	Using TCM with Reflexology	Launceston, Tasmania Contact: Gaye Webb – 0419 574 562 email: gayewebb6@gmail.com
20 August	Australian College of Chi-Reflexology (Moss Arnold)	Spiritual/Crystal Reflexology	Springwood, NSW **** (see below for details)
3 September	Lyndall Mollart	Infertility and Pregnancy Loss: Reflexology can help!	Melbourne, Victoria Contact: Lyndall Mollart 0410 422 965 for further details—email: lmollart@gmail.com
10/11 September	Australian School of Reflexology (Sue Ehinger)	Advanced Auricular Therapy Part 2	Sydney—Killara, NSW ++++ (see below for details)
16/19 September	International Council of Reflexologists	Biennial Conference	Castro Verde, Alentejo, Portugal email: icr2011conference@gmail.com www.icr-reflexology.org
24/25 September	Australian College of Chi-Reflexology (Moss Arnold)	Maternity Reflexology	Springwood, NSW **** (see below for details)
8/9 October	Australian College of Chi-Reflexology (Moss Arnold)	Lymphatic Reflexology	Springwood, NSW **** (see below for details)
9 October	Australian School of Reflexology (Lyndall Mollart, Presenter)	Infertility and Pregnancy Loss: Reflexology can help!	Sydney—Killara, NSW ++++ (see below for details)
15/16 October	Australian College of Chi-Reflexology (Moss Arnold)	Biomechanics	Springwood, NSW **** (see below for details)
15/16 October	Dominique Meeroff, U.K.	Metamorphic Technique Workshops	Byron Bay, NSW Contact: Mirko 0422.442.447 www.metamorphictechnique.com.au
22/23 October	Dominique Meeroff, U.K.	Metamorphic Technique Workshops	Sydney, NSW Contact: Mirko 0422.442.447 www.metamorphictechnique.com.au
17 December	Australian College of Chi-Reflexology (Moss Arnold)	Essential Oils and Reflexology	Springwood, NSW **** (see below for details)
2012	PRESENTER	TITLE	LOCATION/CONTACT
January (2 days) (to be advised)	Martine Faure-Alderson	Cranio-Sacral Reflexology Level 2	Cairns, Queensland Contact: Heather Edwards reflexca1@bigpond.com www.craniosacralreflexologyinternational.com

**** Contact: Moss Arnold—02 4754 5500
(courses run from 9.30 am to 5 pm)
email: moss.arnold@chi-reflexology.com.au
www.chi-reflexology.com

++++ Contact: Sue Ehinger—02 4976 3881
email: sue@reflexologyaustralia.com
www.reflexologyaustralia.com



Conclusion to the recent 'Ingham' foot reflexology clinical trials through RAoA

—February to April 2010

by Sharon Tay

After the initial six weekly trials were completed, I invited each client to return for another two sessions to include face reflexology. The first session followed a fortnight after and the second session a month later. The reason I did this was for my own curiosity to see if adding face reflexology to foot reflexology had made any difference having both ends of the body treated. For the final session each client came on the same day at different intervals. During this last session I had a student from Island College observing and asking the clients questions. Each client was contacted before the session so I could ask them if it was ok for the student to be in the room while they were having treatment. All agreed.

I find it is much easier to work over all the reflex/pressure points on the face before focusing on specific points. I always start and end with a face massage including gentle neck stretches, eye and ear cupping. This also helps the circulatory systems, skin and muscle toning and to induce relaxation. Head massage and pressure point application help to release Serotonin, a hormone that is found naturally in the human brain and also the digestive tract.

Serotonin is known as the 'happy hormone' as it greatly influences an overall sense of well being. It is an important neurotransmitter transmitting nerve impulses. The amino acid **tryptophan** is credited with producing Serotonin. It helps to regulate moods, temper anxiety, relieve depression, induce sleep and regulate body temperature and metabolism.¹ With this in mind, we know why so many people love to have a head and neck massage, a facial and especially for older people, a regular visit to the hairdresser.

Face reflexology²

Client one: My first client was a 51 year old woman who works in a garden nursery. When she came for her first treatment at the beginning of her six weekly sessions, she had problems related to her knees, lower back, shoulders, neck and feet, especially the right foot where she felt tenderness along the medial side and around the heel. She also had suffered with sinusitis. These problems had occurred constantly due to the nature of her work. She commented on the improvement to her feet and said they felt less sore and less stiff. Overall, she remarked that the treatments had been progressively more relaxing each time.

The face

The specific points I focused on were the sinuses, around the base of the head, top of the head, neck and along the jaw line and ears as well as giving the full facial treatment

with relaxation movements and neck stretching. The client was astonished how much better she felt and that her sinuses were more clear which lasted for more than a few days. She said face reflexology had made her skin feel good and that some of her minor spots had disappeared.

A month later the client returned for her final treatment to experience meridian brushing after having foot reflexology. I added this after the trials as I wanted to see if introducing this therapy would help to improve relaxation at a deeper level. The client found that having meridian brushing after her foot treatment felt very soothing, relieving tension and numbness in the feet and legs. Overall, the client said she had no sinus problems since the last treatment from having face reflexology and she certainly would recommend having face reflexology and foot reflexology together.

Post trials: This client has returned to my clinic for further treatments and commented that her sinus problems have not returned.

Client two: A 44 year old male who is unemployed due to a back injury. He had a number of chronic conditions which included anxiety and depression. After the six weekly trials the client felt that the effects from each session were lasting longer than the last. He felt good in his whole body and said that reflexology was great for his feet and legs and his overall being, as well as very relaxing, but did not help his back pain.

The face

The client was looking forward to having face reflexology after a fortnight's break. Because of the chronic problems this person had, I worked over all the reflex points to the head, face, ears, neck and jaws ending with gentle stretches to the neck. After treatment he remarked that having face reflexology felt good and said his whole body was more relaxed and that he loved having his face worked on and found the therapy to be gentle.

Final session

The client had remarked that after having face reflexology from the last treatment, he had a sense of feeling calmer and was sleeping better. Overall, he liked the touch of meridian brushing after the foot treatment followed by face reflexology for his final treatment. He said that reflexology was a great experience and good for relaxation and sleep but had hoped that his lower back (with fused discs) would have improved.

Client three: An 80 year old woman with diabetes, impaired hearing and carer of an invalid husband. After the initial clinical trials the client reported that her sugar

¹ www.wisegeek.com Medicine and treatment.

² See article on: My Journey with Face Reflexology (published in the March 2011 edition of FootPrints).

Conclusion to recent clinical trials
Continued from page 12

readings were stable and she was sleeping better. She said that her aching feet and legs had improved with each treatment.

The face

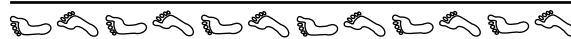
The client remarked how wonderful face reflexology felt, especially to her skin and she noticed how smooth the lines were on her face. She reported that she had slept very well and did not wake up until 8 am next morning after her treatment from the day before.

From her final treatment, she said the meridian brushing felt good especially along the side of her aching legs making them feel very relaxed. The client said she felt

totally relaxed all through the session and went to sleep. Overall, she remarked how she would love to have face reflexology and foot reflexology as a regular treatment as it helped with her ailments and it felt very good and relaxing.

Conclusion

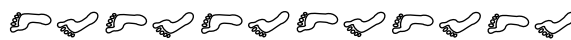
The three participants were very good candidates as each presented with chronic conditions, a challenge for the practitioner. I believe the introduction of incorporating face reflexology after the treatment of foot reflexology proved to be valuable and the comments from the clients had shown positive results. Overall, I felt these were very successful clinical trials and look forward to conducting more, especially on certain topics for research.🙏



“I was a very sickly child and the doctors could not cure me. One time my mother took me to another doctor who was a very frightening man. He told my mother to get me out of town and take me to the countryside where I must never wear shoes. My parents were not rich people but constructed a little building with a canvas roof where I lived for as much time as possible. I never wore shoes. At first my feet were very painful and after a while they became used to the treatment. I walked barefoot on sand, on pebbles, on rocks, on the droppings of the fir trees, in the water and everywhere. My health began to improve and in time I gained my health. To this day when I am stressed in body or mind I imagine myself in that place with my shoes off and always feel much better.”

(Hans van der Werff, Holland)

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



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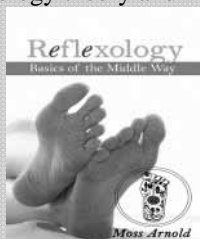
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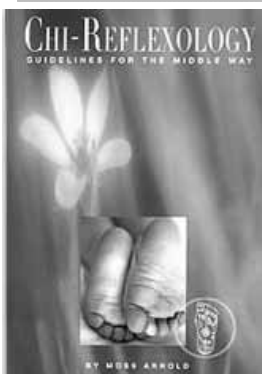
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Case Study—Cerebral Palsy & Reflexology

by Rachael Fabbro

MF is a 69 year old male, residing in high-level care within a nursing home in Camberwell. MF was born with Cerebral Palsy yet lived reasonably independently, albeit in a wheelchair, until 5 years ago when his family and medical practitioners decided that he required full-time high-level care.

MF is an amazingly intelligent and articulate man, with a love of classical music so great I can hear his beautiful music playing all the way from the front door each time I visit. MF's sister also has regular reflexology treatments and it was at her request that I began treating MF on a weekly basis about 9 months ago.

Definition & Pathology of Cerebral Palsy

Mosby's Dictionary describes Cerebral Palsy as a motor function disorder caused by a permanent, non-progressive brain defect or lesion present at birth or shortly thereafter. The neurological deficit may result in spastic hemiplegia, monoplegia, diplegia or quadriplegia; athetosis or ataxia; seizures; paraesthesia; varying degrees of intellectual disability; and impaired speech, vision and hearing. The disorder is usually associated with premature or abnormal birth and intrapartum asphyxia, causing damage to the nervous system. Abnormalities in breathing, swallowing, sucking and responsiveness are usually apparent soon after birth, but the characteristic stiff, awkward movements of the infant's limbs may be overlooked for several months. Beginning to walk is usually delayed and when it is attempted, the child manifests a typical scissors gate. The arms may be affected only slightly, but the fingers are often spastic. Deep-tendon reflexes are often exaggerated and there may be slurred speech, delay in development of sphincter control and athetotic movements of the face and hands. Early identification of the disorder facilitates the handling of infants with cerebral palsy and the initiation of an exercise and training program. Treatment is individualised and may include physical, speech and/or occupational therapy, prosthetics, orthotics, specialised equipment, surgical intervention and various indicated drugs.

In MF's case, the following symptoms are present: slurred speech; spasticity of the hands, fingers and feet; excess phlegm on the chest; difficulty chewing food and eating; spastic involuntary movements mainly of the legs and feet but also sometimes of the hands; difficulty sleeping due to spasms of the legs and feet; and a fierce desire to be as independent as possible which can be quite frustrating for nursing staff and family members. Recently I have noticed that MF has lost all control of his urinary function also. He recently had a severe blood infection which required IV antibiotics, during which time his doctor postponed reflexology treatments (for the period of a month).

Treatment & Comments

Initially MF was a little reluctant to try reflexology since his history and survival had depended for so long upon complete faith and trust in the medical profession (the allopathic medical profession). His sister, however, a

regular reflexology recipient, finally managed to convince MF to have a treatment just 'to see whether it helped at all'.

Since MF is wheelchair bound apart from when he is in bed, access to the plantar surface of his feet is very difficult. Add to this that his legs are usually in pressure bandages and his feet are quite contorted and rest on the metal foot-plates of his wheelchair. The only reasonable way to work on MF's feet was for me to literally sit on the floor because even a footstool was too high to properly work the foot reflexes.

It should be noted here that MF receives regular physiotherapy and hand therapy treatments, so hand reflexology is not something he will consider. I was able to work on MF's hands once but he much prefers foot reflexology.

In the beginning, a lot of MF's treatments were trial and error simply because I hadn't previously worked on a client so restricted in his movement and situation. We tried tipping MF's wheelchair backward slightly to better access the plantar surface of the feet, but because of the excessive amount of phlegm on his chest, this resulted in a coughing fit which I would rather forget. Different pillows of various sizes were trialled to lift the feet above the metal foot-plates of the wheelchair just enough to work the plantar surfaces of the feet. Flexion/extension of MF's legs are severely compromised and thus a large pillow under the feet is uncomfortable for him. We also trialled a number of bands applied to the back of the foot-plates, at ankle level, to stop MF's feet slipping back behind the foot-plates. This was a common occurrence for MF due to his seizures and spasms, which regularly caused lesions/cuts/bruising to various areas of the feet, mainly on the dorsal surfaces and ankles. These lesions have a tendency to become infected due to restricted circulation and poor general health of this client, which often means that I am required to avoid particular areas of the feet during a treatment.

The other issue I had to address was the cleanliness of this client's feet. As MF's feet were often in pressure bandages and the toes particularly curled under (they are much better now) natural body secretions and skin shedding resulted in a smelly combination of toe-jam that wasn't always attended to by nursing staff. I decided to use a partial foot-bath whereby I would wash MF's feet using warm water and essential oils before each treatment. As it was not possible for MF to put his feet into the bowl of water, I used face-cloths soaked in the water to wash under and between his toes. Over time I became aware of how time consuming this was becoming and have opted instead to use wipes with an antibacterial spray. Not sure that MF is going to like this as much in the winter months, however, we only have a ¾ hour treatment, therefore, spending 10 minutes preparing foot-baths and washing feet is not beneficial to this client.

Continued on page 15

MF's feet are quite large and always swollen. Having said that, I have noticed that over the past 3 or 4 months the swelling is reducing slightly. Initially MF's feet were almost purple as a result of bad circulation and I have noticed a significant reduction in this discolouration also. As a result of the blood infection mentioned earlier, there is now a patch on MF's right shin about the size of a mobile phone that remains purple and angry looking. Despite weekly treatments, this is yet to subside however I do believe that better circulation and nerve innovation resulted in the slight yet significant reduction of discolouration and swelling of the feet.

As MF's condition stems from a neurological problem at birth, I always do extra work on the brain, spine/reflexes of the nervous system. He particularly enjoys work on his big toes and sighs when I work the brain and cervical reflexes. The great toes are both very crunchy yet also spongy in some areas. As the feet are twisted, the spinal reflexes are not straight forward and the thoracic and lumbar spine reflexes are particularly congested and lumpy to the touch. Initially, I was unable to get much movement from the feet when applying the spinal twist technique, however, more recently the feet have become a little more flexible. Interestingly, the shape of MF's twisted feet mirrors his posture, with shoulders and spine curled to a hunched position most of the time.

Within a few months of beginning treatment, MF noticed that he was able to lift his right hand a little higher than he had been able to previously and he also had slightly better finger control. As a result he decided to take himself for a little stroll in his electric wheelchair, but lacking fine motor skills he got himself stuck in 'go mode', moving backward quite quickly into a wall which just happened to have hanging on it quite expensive artwork. Nursing staff were not impressed and MF was banished back to a manual wheelchair to prevent him from trying this again. I was excited to hear this news because it meant that treatment had restored a tiny amount of movement and confidence for my client. I quietly laughed to myself about the damaged artwork.

Quite soon after beginning weekly reflexology treatments we also noticed a reduction in the severity and duration of leg and feet spasms. These were quite debilitating for MF not only during the day, but affecting the quality of his sleep throughout the night. Medication was only having a slight impact on these spasms and it seems that reflexology has really made a significant improvement for my client in this regard. At first, just touching MF's feet caused his legs to spasm. Within a few months, touch no longer initiated spasms and these became both less frequent and less severe during treatment. Now it is a rare occurrence that MF's feet spasm during a treatment and in the exceptional event that this does happen, it is usually after a sleepless night the day before.

One of the most congested areas of MF's feet are the adrenal reflexes. Ever since I began treating MF the adrenals have felt like rocks under the skin. I always include adrenal sedation and endocrine balancing in MF's treatments, however, his condition has been so chronic for such a long time that I am not expecting a lot

of change here yet. MF is also an 'A Type' personality which is understandable given his lack of control over most other areas of his life. Where he can though, he enforces his opinion with vigour, which has led to personality conflicts with staff at the nursing home. These encounters make MF even more anxious, which then cycles without MF having the ability to calm himself down. One of the biggest changes MF noticed since having regular reflexology treatments is his ability to completely relax during a treatment and improved levels of anxiety during the course of his week following treatment. On the odd occasion we have cancelled an appointment, MF has noticed his anxiety levels rise in the 2nd week post-treatment. This is one of the reasons MF likes to have weekly treatments.

Another benefit to MF of regular reflexology treatments is his ability to engage in therapeutic 'exercises' following a treatment. The nursing home offers residents a weekly exercise class which happens to occur half an hour after MF's weekly reflexology treatment. MF has commented a number of times that he is much more able to perform limited exercises following his reflexology treatment, as opposed to when he has not had reflexology prior.

As mentioned previously, one of MF's symptoms is excessive amounts of phlegm. MF has noticed that during a reflexology treatment he is able to cough-up large amounts of this which, although not pleasant for the observer, is very relieving and therapeutic for the client. MF has commented that this relief usually occurs only during a reflexology treatment (other than when using medication).

Summary

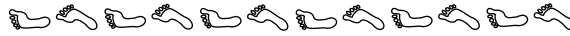
Whilst it took some time to fine-tune MF's treatments to suit both client and practitioner, MF now receives weekly treatments of 45 minutes which both he and his caregivers (family members and nurses) have reported are advantageous for him in quite a number of ways. In addition to the well-known benefits of reflexology such as improved circulation and nerve innovation, enhanced relaxation, reduction of anxiety and overall feeling of well-being, MF has shown that such simple and often overlooked improvements can be life-changing: He now has the ability to clear his chest, the ability to move his right arm just millimetres in order to control his wheelchair, the pleasure of uninterrupted sleep from leg spasms, a little more flexibility and less swelling in his feet—all these things may seem simple and insignificant, however, to a client suffering a lifetime of symptoms associated with Cerebral Palsy, these are wonderful gifts.

In terms of life expectancy associated with Cerebral Palsy, MF has certainly lived a long life. It is not known for how much longer MF will survive, however, he has recently commented that his days are becoming less predictable and he has noticed a decline in his ability to do the smallest thing, for example, he can no longer flick off the light-switch unaided. Whilst reflexology brings great relief for a client such as MF, life's little pleasures are still taken away slowly one by one. MF's family want me to continue treating MF weekly for an indefinite period of time. Perhaps these treatments will change in time to take on a more palliative approach. Perhaps we will

need to continue to adapt these treatments to suit MF as his symptoms become even more debilitating. For now though, as upsetting and uncomfortable as it is for me to see my friend each week becoming weaker and more frustrated, I need to remind myself that at least he has his 45 minutes of bliss each week. The lovely look on his face whilst I am working: he squints his closed eyes and

puckers up his mouth and points his face to the ceiling... and then sighs deeply. This is all the feedback and thanks I need to truly know I am making one person's day a little brighter.

May we never forget that this gift we have been blessed with brings great relief and peace to people in so many different ways. 🙏



Natural facelift in a weekend

by Dianne Hopkins

A weekend in Sydney is an exciting prospect for me. I love the harbour, that sea breeze, the warmth, the welcome of the people and lack of responsibilities! To combine this with a weekend full of learning a fabulous new technique and hearing of how work (reflexology) is carried out overseas and the amazing positive changes it has made to many peoples' lives—this is what I class as a priceless weekend!

Lone Sorensen came to Sydney in 2008 to teach the 'Sorensen method of Facial Reflexology' (not to be confused with the Vietnamese facial reflexology—being only a small component of the Sorensen system). It was a totally different and new way of working for me and I find it hard to remember what it was like treating clients before I knew how to work the face as Lone has taught.

A week ago, I was lucky enough to be in a class of about 20 students (including Hitomi from Japan!) learning from Lone her 'Japanese Cosmo Facelift'. It was hard to imagine that there could be more ways to work the face—the work we had been taught was already varied and intense. But although the facelift has many elements that we already knew, the depth and emotion of the work was quite a surprise.

The technique uses hands and a couple of drops of oil (usually rosehip). It starts with NP points (neurovascular points—these are meridian points which are also nerve points) being worked. This helps clear any blockages, opens up the body to healing and helps with lymph flow. This step was followed by deeply working the South American Indian zones—a step we've learnt before but with much more dynamic action. The last stage was to massage the face using Japanese style of deep work. At each point we also held meridian points and cleared lymph.

It all sounds quite simple, but trust me, it was a lot to learn and very intense, deep work. Due to the muscle work, I found receiving this awakened much more emotion for me, as does a massage. The 'facelift' left me with a glowing feeling and like I'd had my whole body worked. Looking around the class there were many subtle and some amazing changes to other students' appearances—one girl in particular looked like she had had her brow wrinkles 'removed'. What a result after one treatment! Some reported back about

health improvements after the weekend—quite unexpected when receiving a facelift!

I love the facial reflexology Sorensen treatment. It takes me on quite an energetic journey. Her method allows you to treat problems from many different angles—via meridian work, points, direct reflexes, energy balancing, cranial lines, etc. The Japanese Cosmo Facial in itself is not so detailed, but whilst

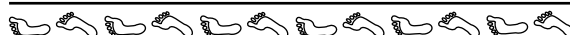
helping someone to 'tonify' their appearance, you also help the person's overall wellbeing. I found it was very relaxing and releasing on an emotional level.

Lone admits to her initial reluctance to help with peoples' 'vanity'. Her main interest is helping those with 'incurable' conditions—especially children. She soon realized the Japanese Cosmo Facelift was doing more than treating the surface. She was giving long term and long lasting health benefits to clients. In Europe and Japan they guarantee change if you have 12 treatments over 4 weeks. Then maintenance is only once in 8 weeks. So if you know anyone who is looking at Botox or surgery—have them first try a facelift with no chemicals or knives. They may even feel better as well as look great!

I'd highly recommend attending a course when you can. It will give you such a new scope for helping your clients. 🙏



Instituto Lone Sorensen c/ Amistad 17-19, 08005 Barcelona
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Farewell to President Anne Young —March 2011

At the recent board meeting in Brisbane, Anne Young advised she would not be continuing in her role as President as at 1 April 2011. Susan Ramsey is the new President and Heather Edwards is Vice President.

Photograph taken at the board meeting shows directors:
Back row: Christine King (WA), Glenda Hodge (QLD), Heather Edwards (QLD), Margaret Watson (VIC), Anne Young (WA), Janice Dance (TAS), Jo Impey (VIC)
Front row: Judee Hawkins (NSW), Susan Ramsey (SA)

Photograph courtesy of Jenn Cooper (Administration Manager)



From Reflexology to the Metamorphic Technique:

A transformational journey

by Dominique Meeroff

At the end of world war two a British naturopath called Robert St. John discovered a new healing modality which used firm pressure on the reflex points of the feet to bring about well being in the whole body. He trained in Reflexology and found it incredibly powerful and effective. However, noticing that not all Reflexology maps were the same, he set about finding his own set of points. For this he used his experience with clients, his intuition, and a pendulum.

In the course of his research he discovered that whenever he found a congested area, the spinal line would also show signs of stress at the corresponding level. This crucial insight led him to change the very nature of his approach which he now called Spinal Reflexology, working up and down the spinal reflex points for the whole of the session.

When clients came to him with lower back pain or digestive problems he would focus entirely on the spinal line from the middle of the foot to the heel. The feedback was impressive, with one intriguing and unexpected result. Out of around 20 clients who received this treatment, half would mention having had feelings about their mothers after the session. Some suddenly missed their mothers. Others felt long suppressed emotions towards them. Some reported a new longing to become a mother whilst others became aware of resentment around their role as a mother.

St. John realized that the cells of the body hold our energetic patterns, the background to who we are. When we touch points on the side of the heel it evokes all things relating to the mother principle. He observed that clients with hard skin in that area often appeared ungrounded, unable to nurture themselves or had unresolved issues with their mothers. It was as if somehow mothers transmission was incomplete.

Suddenly the work no longer focused uniquely on the body, but now evoked the

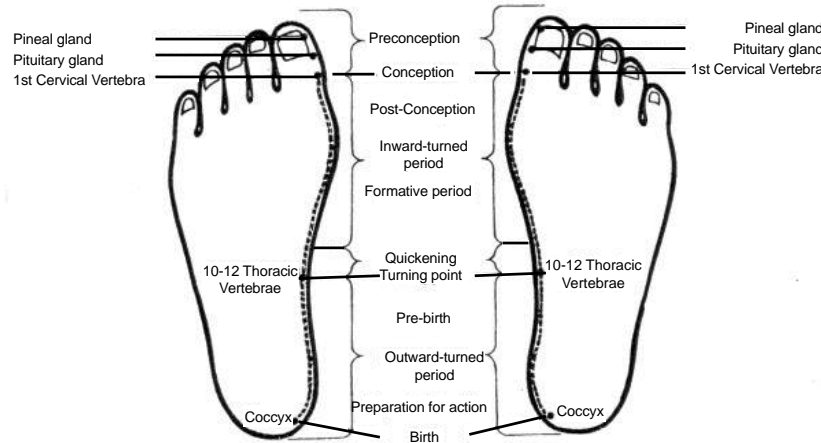
emotional level as well. So now he had located the mother principle, where was the father principle? This he discovered on the side of the first articulation of the big toe. Hard skin there seemed to express unresolved issues with the father and with outside authority or not having fully taken on one's own authority.

St. John also felt that the father point represented the one moment in time when a man participates in the creation of life: conception. The mother point became known as the birth point. The spinal line in between embodied our journey in the womb where we establish the blueprint for the life we are about to embark on. During gestation,

when mother has a shock or strong emotion, it plants the root of an energy pattern which we will experience as a life challenge or life lesson, a theme which serves to reveal our purpose.

Now St. John called his work Prenatal Therapy and practitioners abandoned the reflexologist's touch, stroking gently along the prenatal line. At times, when they came across a 'disturbance' seen as evidence of a pattern affecting the client, they would send intention, colour and healing. Manifestations at the top of the foot evoked patterns around the client's sense of self, limiting beliefs and behaviour, and feelings of not belonging. The lower foot reflected patterns around opening to the world, being seen, relating to others and moving forward. People reported amazing changes in their lives. For some it was greater emotional balance. Others who had been stuck for years suddenly found the way forward. Many manifested love, health and purpose.

But St. John noticed that whilst dramatic changes were taking place, in some cases the old ways would return. 'What can I do to create a permanent shift?' he asked himself, until finally he saw that 'he' did not have the power to transform the client, but



reflex points of the spine and the prenatal pattern as found in the feet

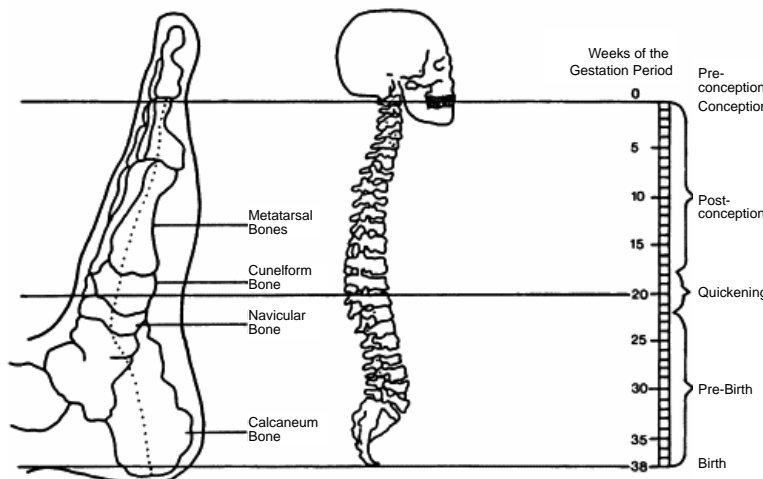


Chart of the prenatal pattern as formulated by Robert St John

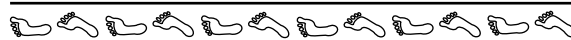
Continued on page 19

their Life Force did. He renamed the work Metamorphosis and no longer focused on perceived 'problem' areas. By uniformly stroking all the points on the feet, hands and head, it allowed the clients' innate intelligence to evolve them in whatever way was most appropriate.

Gaston Saint Pierre, a long term student of St. John's, took the practice one step further. He added the proviso that one should always remain detached and never seek to influence, direct or heal. Just as the seed knows exactly how to grow into what it wants to become, so do we. We seek only a catalyst and a ground free of direction, a free space in which our inner knowing can evolve us. The power of Life within can transform all the places where we have resisted the inner transformational flow that is our true nature.

The Metamorphic Technique is as simple as breathing, the touch of grace, a deep trust in the wisdom of Life. People learn to give themselves sessions, to work on children, partners, friends and family. Pregnant women use it to transform so that their unborn child need not repeat the patterns of past generations. Practitioners offer this unique catalyst to their clients: not healing, therapy or massage but a space in which transformation can happen. A Metamorphic Technique session is a Yes to the intelligence of Life and an invitation to transform.

Dominique Meeroff is an international MT teacher based in London and a trustee of the Metamorphic Association. She has completed advanced teacher training with Gaston Saint-Pierre, author of 'The Metamorphic Technique'. She is currently writing a book on MT and coming soon to Australia. See www.MetamorphicJourneys.co.uk and www.MetamorphicTechnique.com.au to find out more. ☺



Metamorphic Technique **Workshops**

WITH DOMINIQUE MEEROFF FROM THE UK

15 - 16 October 2011 – Byron Bay
22 - 23 October 2011 – Sydney



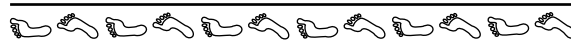
Metamorphic Technique is a gentle touch on the feet, hands and head along points which correspond to our time in the womb where we establish the blueprint for our life. This touch acts as a catalyst to the Life Force within, enabling you to move from where you are now to where you can be. Originating from Reflexology, MT is often used for personal development, by mothers, people wanting to heal long standing health issues or simply to move forwards in their lives. No previous training required. This workshop will teach you how to use MT in your life and is part of the practitioner training. Dominique Meeroff is a leading teacher of MT, teaches internationally and is currently writing a book on the technique.

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

Albert Einstein



Book review

'The New Reflexology A Unique Blend of Traditional Chinese Medicine and Western Reflexology Practice for Better Health and Healing'

by Inge Dougans

Marlowe & Company, an Imprint of Avalon Publishing
Group Incorporated, 2006

Book review by Christine Gruettke

Inge Dougans' book 'The New Reflexology' essentially links reflexology in with integrative medical approaches and Traditional Chinese Medicine (TCM)/meridian therapy, health care approaches that look at the larger perspective of an imbalance, sharing the philosophy that nothing happens in isolation and that, therefore, every single part must be assessed in relation to the whole.

The reflexologist can, therefore, focus on working the meridian sections and inner branches on the feet and the organ-related reflexes on each of the meridians to assist the client in attaining and maintaining the vital life force/chi equilibrium essential for health, healing and wellbeing.

In accordance with the organs they tie into the body's energy system network, meridians come in two energy polarities, yin/female and yang/male and all have an external (meridian proper) and an internal (branch) section. Hollow organs are considered yang/male and more 'external' within the body's universe, are often located in body cavities and receive, transport and digest food and liquids while also dealing with waste product elimination. By contrast, more 'internally' located organs are classified yin/female and assist the body in absorbing, regulating and storing substances. Put into more contemporary terminology, the meridian network can be likened to the body's version of a National Broadband Network with all its pathways and branches.

Continuing TCM's concept of nothing happening in isolation, Dougans links blockages and congestion on the meridians to the consumption of low-chi food (large quantities of non-digestible and non-biodegradable chemicals and even fruit and vegetables grown in a way distorting the chi content of natural 'goodies'), the emotional level and the mental level. (As an aside, the Taoist tradition looks at feelings as a communication from God and emotions as messages from imbalanced organs.) Stress on any level can be related to lack of chi

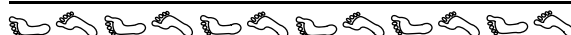
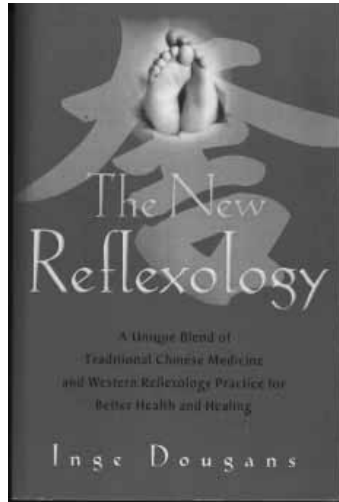
or the way the body's energy 'performs'. For instance, excess intake of sugary foods can congest the spleen/pancreas meridian (TCM relating the spleen to sweetness in life), thus leading to symptoms along its path such as knee pain, a painful menstrual cycle with PMT or swollen sore lateral breasts. To take the example further, food quality may also put undue stress on the liver (in TCM the seat of anger). The consequence of a liver that 'takes rather than absorbs life force from metabolised food to carry out its normal functions may be a chi deficiency that can spark off anger or depression'.

TCM groups our twelve meridians into five elements: Earth, Metal, Water, Wood and Fire, each of these elements relating to a interdependent yin/yang pair of meridians in the body. Dougans takes the Five Elements Theory to a new level, placing the element of Earth (to which she refers as our internal 'compost heap' represented by the stomach and spleen/pancreas meridians) at the centre of all body processes where it is supported by the elements of Wood (nutrition from the plant kingdom = useful matter, liver and gall bladder) and Water (kidneys and bladder assisting food digestion and absorption) on either side. Following an anatomical map, the components of the Metal element (lungs and large intestine) are, therefore, shown above and below the stomach/Earth (lungs and large intestine, respectively), with the Fire element (Heart, Small Intestine, Pericardium and Triple Burner meridians) at the four corners. Since each of the Fire meridians has an internal branch that runs through the heart, their placement symbolises to Dougans both creation of energy and zest for life. Taking the concept further, Dougans transfers the Five Elements to the cell and looks at them together 'as a cell' whose main purpose is to create a well-balanced Fire enabling us to live at optimum.

Dougans interestingly notes that, while the six meridians in the feet are associated with the elements of Earth, Water and Wood, it is the other six in the hands belonging to the Metal and Fire elements that seem to service the organs that correspond to many of modern-day dis-eases.

The book clearly explains why meridians and knowledge about them are essential for reflexology, how meridians and the Five Elements can be used for both assessment and treatment, and how any foot issues relate back into the rest of the body. In keeping with the integrative approach, the book also emphasises the importance of well-balanced diet and nutrition and includes step-by-step reflexology treatments.

Inge Dougans is the author of numerous books on reflexology and the principal of The International Academy of Reflexology and Meridian Therapy in Bryanston, South Africa. 🐾



Lymphatic Reflexology for pregnant women

What is foot lymphatic reflexology for pregnant women?

It has been of great concern to a number of members and to the board of the Reflexology Association of Australia that there is a video on You Tube that purports to come from an expert in the field of maternity reflexology. The style of reflexology therapy being demonstrated does not appear to be in line with national and international guidelines on the treatment of pregnant women in general and also has a number of style errors relating to foot reflexology lymphatic technique in particular. The video appears to show dramatic decrease in the foot oedema but the questions that have been asked include:

What reflexology technique is being used?

The technique shown seems to be lymphatic massage rather than reflexology technique as it moves fluid from the ankle up the leg rather than using reflex zones of the urinary and lymphatic system.

The reflexology lymphatic technique is based on reflex zones in the body on the feet thereby reflecting the movement of lymph from cells, into lymphatic vessels, in the abdominal cavity and thoracic trunk, and then returning into the circulatory system via the subclavian vein (reflex zone near heart reflex zone).

Is this strong massage of interstitial fluid up the foot to the leg safe?

Traditional lymphatic massage is a light massage. The question that needs to be asked is: What is happening below the surface to the fragile cells' membranes and interstitial spaces? Strong pressure on lymphatic vessels compresses them and impairs their ability to transport lymph.

Why was the pregnant woman flat on her back with potential for postural hypotension?

Midwives, medical officers and maternity reflexologists are aware that pregnant women from approximately 30 weeks gestation need to be positioned with a slight pelvic tilt (small towel under one hip) to prevent postural hypotension and loss of consciousness due to pressure of the growing uterus on the abdominal aorta. Some women are more prone than others to this condition especially if a woman has low blood pressure or pregnant with twins.

This video is not a true representation of evidence-based practice techniques. As such, the technique used would not align with midwives and qualified maternity reflexologists. The concern is that well meaning, unsuspecting reflexologists may endanger their pregnant clients if they try to replicate the method shown. This could reflect back on our modality especially in a climate of research-based practice that the overall complementary health industry is aiming towards.

We question the ability that any practitioner can form an international maternity reflexology society without the support of the global community of reflexologists trained in maternity reflexology.

Janice Dance (*Director RAOA, Maternity Reflexologist & Doula*)

Anne Young (*National President RAOA; B.App.Sc. Physio, Dip Reflexology, Dip.Massage, Dip. Aromatherapy*)

Emma Gierschick (*Director I.C.R. and past National President of RAOA, Hon Life Member*)

Lyndall Mollart (*RN, RM. Ma. Mid. Dip. Reflexology*) *Maternity Reflexology Consortium Founding member, Australasia.*

Gill Thomson (*RN. RM. Dip Reflexology*) *Maternity Reflexology Consortium Founding Member, UEC.*

27 March 2011



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STATE MATTERS



QUEENSLAND

On the weekend of the **2–3 April 2011** the Qld RAoA hosted the **Reflexology in Cancer Care Workshop** in Brisbane with international presenters, **Carol Donnelly and Ursula Courtney** from Dublin. The aim of this workshop was to remove fear and instil confidence in Reflexologists treating those who are living with cancer and their carers.

Both Carol and Ursula have extensive experience in treating people who are living with cancer and those who care for them. Carol is a Reflexologist who has been working for 14 years with clients living with cancer at the ARC Cancer Support Centre in Dublin. For 11 years, Ursula was Director of Services in ARC Cancer Support Centre (www.arccancersupport.ie). ARC has become the accepted blueprint for community based psycho-social cancer care in Ireland. Carol is the Principal Tutor and Director of her school, Suaimhneas Reflexology in Ireland. Ursula is currently the Director of Courtney Health and Cancer Consulting.

Carol stepped us through guidelines for Reflexology treatments discussing how to give safe treatments by adapting our techniques and modifying the pressure so patients can receive reflexology treatments that are appropriate to their medical condition. While cancer used to be a contraindication for Reflexology, it is no longer so according to the UK Association of Reflexologists. However, they do encourage those who are working with people with cancer to undergo further training to optimize support for the patient. It is also necessary to understand the medical treatment and likely reactions in relation to pressure. We were encouraged by Carol to use our confidence and skill to adapt our treatments to the clients' needs.

It was a delight to welcome some of our regional members to the workshop, from afar afield as Townsville and Rockhampton as well as members from the Sunshine and Gold Coast areas.

Cathy Boyle 



TASMANIA

Workshops

Sharon Tay's workshop 'Face Reflexology and Reflexology for Older Persons' was held on Sunday, 6 February at the Adult Education Centre in Kingston. There were six members who attended and one person from interstate. Members enjoyed 'hands on' learning the technique of face reflexology and many issues relating to older people in care.

Carol Donnelly and Ursula Courtney held their workshop on the weekend of April 16th and 17th at the Island Health College in Hobart. The workshop was well attended with three interstate members joining the group. Those who attended found the workshop very informative and learnt new ways in using lymphatic and relaxation techniques for clients with cancer.

In August, Sue Ehinger will be giving a workshop 'Using Traditional Chinese Medicine with Reflexology'. The venue will be in Launceston and advertised at a later date.

Meetings

At our last meeting on Sunday, 20th March members enjoyed the new venue at the Campbell Town School Library. The members agreed that the venue had more facilities and had extra room for demonstrations and practical work during the 'education' part of the meeting. Veronique Tabor gave an interesting and informative discussion on 'A Case Study on Emphysema'.

Our next meeting on 22nd May, will be the branch ABM. Members will have an opportunity to practise and share their foot techniques on each other after the general and annual business meetings. The ABM is time when the present committee step down from their roles and a new committee is elected. After two years as news editor for Tasmania I, too, will be stepping down from my position. I have thoroughly enjoyed my time as editor and take this opportunity to thank the committee for their support and wish the new editor all the best in her new role.

Cheers,
Sharon Tay 





VICTORIA

The wonders of technology never cease to amaze!! My last FootPrints report is still floating around in the ether, hopefully it might land on Jan's desk one day. In the meantime here's what we have been doing down south.

Whilst so much of our country has been subjected to the extremes of nature be it wind, water or fire this summer, our thoughts and prayers have been going out to all affected in every state. In a practical way Victorian members have done what we do best, help by doing feet. I would like to thank Natalie Baker, Dee Leamon and Sheilah Arneson for their wonderful efforts in organising fundraising events. In all we have raised over \$2,000 which has been donated to RAoA members and to the Bentleigh Rotary Club for distribution to local communities affected by the floods. I also thank all the members who donated their time to help us. I have tried to run a day at Bentleigh Rotary Market a couple of times but both times the weather has beaten us!! But not to be deterred we will be trying again later in the year when the weather improves.

We have also started running some short, one day courses on a Sunday which have proven popular. This is a cheaper and more convenient option for members as it does not involve a full weekend. This is something we will continue with in the next membership year. These courses have covered a number of subjects—both Reflexology and other topics such as Aromatherapy and an amazing day was spent with the educators from the Billings method, discovering how this technique is now being used by women to chart their fertility to achieve pregnancy as well as avoid it.

On behalf of the Victorian members I would like to thank our state committee for their dedication in the last twelve months and wish the incoming committee all the best. Good luck to all the incoming state committees and the new Board members for the coming membership year.

Sam Langridge



We had a Study Day titled 'Different Types of Reflexology' on Sunday 13/3/11 up at Mundaring—we had positive feedback about the day. The next Study Day will be on Sunday 31/7/11 and so far we have organised two guest speakers to talk on TMJ.

Our 2010/2011 WA Branch Committee held its last committee meeting for the year term on 4/4/11.

By the time you receive this report in the June issue of FootPrints our 2010/2011 WA Branch Committee would have stepped down and the new 2011/2012 Branch



WESTERN AUSTRALIA

Committee would have been elected at our WA ABM on 15/5/11. At the WA ABM we have a bonus at the end of the meeting of 2 guest speakers: one speaking on Dementia and the other on Mental Health First Aid.

I'd like to take the opportunity to express my gratitude and to thank you for the opportunity of having been the Branch Chairperson for a year; it was a most insightful experience. I would also like to thank the team of people I worked with. I wish the new Branch Committee every success for 2011/2012.

Tyna King



NEW SOUTH WALES

We had a great general meeting this month with a terrific attendance of members.

Thank you Doris

Litzki for organising **Karen Koedding** from 'A Little Elf' as our guest speaker for the night. Karen enlightened us on how to clear the various forms of clutter from our homes and offices and how to create some order and gave us maintenance ideas.

This month I also attended the Unregistered Health Practitioners Forum held in Sydney. This was conducted by the same team from the Victorian Department of Health who have travelled Australia-wide to present this forum. The forum was to address the issues of unregistered health practitioners, registered health practitioners who practice outside the typical scope of practice of their profession, consumers of health services provided by the previously mentioned two groups and education providers from service providing agencies.

I would say most attendees were registered practitioners and a couple of public interest groups. Most attendees were hoping that legislation would be created to help with the regulation of any unregistered practitioners and were there to protect their modalities and their own interests. The options were discussed and the results of each discussion will be published on the www.ahmac.com.au website in due course. I enjoyed hearing the concerns of other practitioners that mirrored similar concerns that I have about protecting our modality.

The NSW team has been very busy organizing speakers, workshops, prizes and lots of paperwork for our up and coming ABM. I am looking forward to an interesting and informative weekend and hope to see many NSW members there.

Gretel Ann Spiegel
NSW Chair

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Guide to contributors

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

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

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

State Branches

NSW	Address: PO Box 366, Cammeray, 2062 Chairperson: Gretel Spiegel Phone: 0421 362 333 Email: gretsky7@bigpond.com Minute Secretary: Misha Frankel Phone: 0417 443 701 Email: misha@mail.webpub.net
QLD	Address: P.O Box 253, Wynnum, Central QLD 4178 Chairperson: Cathy Boyle Phone: 0410 507 617 Email: cathboyle@optusnet.com.au Secretary: Blanche Pratt Phone: 0420 995 422 Email: blanche.pratt@hotmail.com
SA	Address: PO Box 104, Mundulla, 5270 Chairperson: Margaret Rowett Phone: 08 8753 4093 Email: maryfield@internode.on.net Secretary: Libby Ivens Phone: 08 8271 3398 Email: eri@internode.on.net
TAS	Address: 133 Lennox Ave, Lutana, 7009 Chairperson: Gaye Webb Phone: 03 6273 5032 (Mob: 0419 574 562) Email: gayewebb6@gmail.com Secretary: Lynda Kidd Phone: 0417 374 058 Email: lmkidd@utas.edu.au
VIC	Address: PO Box 66, Bentleigh, 3204 Chairperson: Samantha Langridge Phone: 0412 018 969 Email: pressurepointreflexology@hotmail.com Secretary: Amanda Barnett Wood Phone: mob 0449 972 982; clinic 9533 4431 Email: imprintz@hotmail.com
WA	Address: 17 North Banff Road, Floreat, 6014 Chairperson: Gillian Kenny Phone: 0448 848 200 Email: mountainashfarm@hotmail.com Secretary: Phone: Email:

State Branches

If there has been a change in the above directory, kindly advise Jan Cullen by email jan.cullen@mallesons.com or by phone 0417 283 203.

FootPrints Editor

Jan Cullen
Mobile: 0417 283 203
Email: jan.cullen@mallesons.com

FootPrints Advertising & Subscriptions

Judee Hawkins
Mobile: 0412 187 238
Email: footprints@reflexology.org.au

Desktop Publisher

Margaret Cliff
Phone: (02) 9858 2620
Email: margcliff@gmail.com

Advertising policy

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

Copy deadlines

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

Advertising sizes and rates

Display:		Current price:
Full page	26 cm deep x 18 cm wide	\$250 per issue
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Per A4 sheet to all States	\$250
To an individual State	\$0.63 per copy

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

Advertising contacts:

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

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

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

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

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