

FootPrints



The Journal of the Reflexology Association of Australia

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From the President's desk ...



Hello Everyone.

The Board met in Manly, Queensland for two full days on 24/25 March. Directors began arriving in Brisbane on Wednesday prior to the meeting which afforded an opportunity to visit the newly renovated office and catch up with Jenn and Jan. An education meeting and a CPT meeting were held either side of the weekend making for a very busy time for some directors.

During the two day meeting it was recognized that branches are finding it more and more difficult to fill committee positions. Historically we have had State branches run out of the capital cities but there are quite a number of regional branches across the country as well. Taking this into consideration and how they are run, which generally is in a less formal manner, we recognize that perhaps all branches could be run in this way. There would still need to be elected Directors but perhaps this would free up more eligible people to work on the Board and directly associated committees. By the time you receive this Journal you will have had your ABMs and we will know how successful committee election has been. Further discussion on committee structures will be available at the Conference in Launceston.

During the meeting it was identified that the Constitution requires revision and consequently the By Laws and Policies and Procedures documents. Revised documentation other than the Constitution will soon be available. Advance notification of the proposed changes to the Constitution is being sent to everyone. These items will be voted on at the AGM in Launceston. This may then require further changes to the working documents of RAOA. The Vision and Mission Statements for RAOA were further worked on and the Scope of Practice finalized. You will receive copies of these in your Renewal Packs.

Further items of discussion were restructuring of the office, updating of Work Health Safety issues, new CPT opportunities, national presenter's agreement, and promotional opportunities.

You are probably aware by now that Leanne Brown has joined Jenn and Jan in the office as the Accounts Coordinator. Welcome Leanne! Leanne will be looking after all payments required by branches. The branches will only have to worry about depositing any incoming money directly into a relevant local branch. This means that there will be no real need for a treasurer just someone to send in a monthly return regarding what has been deposited.

At the Education Committee meeting on Thursday 22 March Christine King outlined the process required to enable RAOA to commence rolling out the Certificate of Clinical Reflexology. This meeting was the culmination of work that had commenced in March 2010. The Certificate will permit interested people to study reflexology and receive an Industry Approved Certificate on completion of the course and valid practitioner membership with RAOA. Two schools have currently been registered to deliver the Certificate and more are being considered.

Following the weekend meeting a CPT meeting was held on Monday 26 March which Susan Ramsay led. Emma Gierschick was able to join this meeting via Skype; the marvels of technology! New and exciting possibilities for CPT opportunities were discussed.

All meetings were very productive, hopefully ensuring member satisfaction into the future. I am looking forward to catching up with many of you at the Conference on 28/29/30 September. I trust that you have already scheduled this into your diary and many of you have registered to attend.

Heather Edwards

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New and changed roles in the Admin Office
We currently have 3 Staff members available in the administration office:

Jenn Cooper—Membership

Communications Coordinator

membership@reflexology.org.au or

admin@reflexology.org.au

Jan Williams—Education Coordinator

education.raoa@reflexology.org.au

Lea Brown—Accounts Coordinator

accounts@reflexology.org.au

Jenn Cooper—

Footprints Subscriptions and Advertising

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June 2012

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Front cover: 'Bride's muddy feet' photographed by Nick Blanch. See story, page 2.

New members

Reflexology Association of Australia Members that have joined since July 2011.

There are 56 members in total and do not include student members. These are AM, IM or PM members, listed per State.

Members for June Footprints—joined since July 2011

firstname	surname	postlocality	memstate
Sue	Grey	HASTINGS	New Zealand
Kim	Day	COFFS HARBOUR	NSW
Cynthia	Gibson	BEROWRA	NSW
Cathy	Hamilton	NORTH SYDNEY	NSW
Verena	Harkness-Muller	HURSTVILLE GROVE	NSW
Ann	McAfee	WILLOUGHBY	NSW
Prudence	Proctor	MANLY	NSW
Mirna	Rivera	WATANNONI	NSW
Gumrang	Yu	NEWPORT	NSW
Saffron	Adams	DICKY BEACH	QLD
Trudi	Bareham	BUDERIM	QLD
Margaret	Beak	MARYBOROUGH	QLD
Sheryl	Bourke	STAFFORD HEIGHTS	QLD
Terrence	Boyle-Allardice	SOUTHPORT	QLD
Angela	Cappelli	ENOGGERA	QLD
Anna	Collin-Attrill	PADDINGTON	QLD
Fiona	Ennis	MUDGEERABA	QLD
Collene	Etheredge	HIGHGATE HILL	QLD
Wilma	Fudge	REDLAND BAY	QLD
Carolyn	Gibson	ANNANDALE	QLD
Geoffrey	Hanson	CRANLEY	QLD
Val	Jackson	PALMWOODS	QLD
Suzanne	Jewell	TOOWOOMBA	QLD
Peter	Kross	MT CROSBY	QLD
Eileen	Lothian	LITTLE MOUNTAIN	QLD
Jean	Mallard	LITTLE MOUNTAIN	QLD
Pamela	Nish	DEAGON	QLD
Jane	Rourke	TRINITY BEACH	QLD
Carol	Sadler	PELICAN WATERS	QLD
Yoko	Takada	CAIRNS	QLD
Joan	Tan	SUNRISE BEACH	QLD
Claire	Wynn	ELAMAN CK	QLD
Annette	Yates	BUDERIM	QLD
Rhiannon	Loukes	SEACLIFF PARK	SA
Sarah	Barker	WILMOT	TAS
Belinda	Brown	PAKENHAM UPPER	VIC
Tracy	Brown	MCKINNON	VIC
Naomi	Campanale	MACLEOD	VIC
Courtney	Cheah	MT WAVERLEY	VIC
Christina	Crockford	ST ALBANS	VIC
Deanne	Hewitt	AVEEGRA	VIC
Gabriele	Judd	ESSENDEN	VIC
Mary	Lawrance	MORNINGTON	VIC
Tracey	Micallef-Reid	NTH DANDENONG	VIC
Judith	O'Brien	ALLANSFORD	VIC
Emily	Reid	MOORABBIN	VIC
Marie	Torok	SANDOWN VILLAGE	VIC
Sharon	Coll	KARRINYUP	WA
Maeve	Dolan	ROCKINGHAM	WA
Pauline	Igglesden	MUNDIJONG	WA
Evelyn	Keyser	MT HAWTHORN	WA
Kim	Machanick	CANNING VALE	WA
Margaret	Osborn	CHURCHLANDS	WA
Fiona	Rick	NARROGIN	WA
Anthony	Turner	TUART HILL	WA
Kelly	Wellmann	WEMBLEY	WA

Congratulations and thank you

to Leanne Brown, Jenn Cooper and Jan Williams for responding with enthusiasm to the changed roles and responsibilities attributed to each in the Administration Office.

Jenn, the Board of Directors would particularly like to thank you for your dedicated service to the Association over the past ten years and welcome your acceptance of the additional roles allocated to you. We look forward to how you will develop communication avenues through advertising and promotional activities while continuing to be a close contact with our members. You are very much our ear to the grass roots of the Association!

Jan, we know that your experience as a trainer will be most beneficial as you take on the responsibility of Education Coordinator. We thank you for accepting this role and for the great work that you do supporting Jenn by keeping track of and communicating with our members.

Leanne, 'the new kid on the block'; the Board has already been privy to your expertise in all matters financial and trust that you will settle into your new position as Accounts Coordinator with continuing enthusiasm.

We wish each of you another very successful year in Reflexology.

With heartfelt thanks,
Heather, On behalf of the Board.



Front cover:

'Bride's muddy feet', photographed by Nick Blanch

On the 10th of October 2010, my good friends Michelle and Robin were married in their back yard. As the big day arrived, Brisbane received unprecedented heavy rains the day before. On the morning as the bride made her way to the place of marriage the rain cleared enough for the ceremony to take place. But just as they were presented as husband and wife a fresh and heavy downpour began. As the torrential rain flowed and rivulets began to form in the back yard, the bride could not escape the ferocity of the weather. Michelle succumbed to the events of the day and forevermore will be known as '*the bride with muddy feet*'.

Jenn Cooper

Foot reading

by Jane Sheehan
www.footreading.com
email: jane@footreading.com

Picture the scene. It's 1998 and I'm experiencing reflexology for the first time. I've trotted along to the local beauty parlour with my friend for her birthday. She fancied having some reflexology and I thought it was a beauty treatment! They were telling her all about her health and I was amazed at how much they knew. Then it was my turn. I had such a profound experience that I had to know more. Yet for me, it wasn't just the physical aspects of our health through the feet that interested me. It was how the emotions and personality are reflected through the feet.

Skip to 2012, I am now the UK's leading foot reader, teaching groups of reflexologists and having travelled as far as Australia, United Arab Emirates and the USA to bring my teaching to new audiences. I analyse the structure, texture, deformities and blemishes of the foot to understand the emotions and personalities of my clients. I can use this as a stand-alone treatment or as an additional tool in my reflexology treatment to enable a more holistic approach. When doing it as a stand-alone treatment I am very direct. I tell the client exactly what I am seeing. But when I am doing it as part of a reflexology treatment, I am not direct. I have what I call 'an intentional conversation' where I am reading the emotional background and leading the client to discuss that area of their life, but getting them to open up and tell me their story. In this way you open the reflexology session up to become more holistic, treating the body and the emotions at the same time. I can not only work the relevant areas of the foot following the physical map, I can use the emotional map as well.

People assume that foot reading is like fortune telling. It isn't. It's a fascinating tool to allow you to learn about someone's emotions and personality. I compare it to the Myers-Briggs personality profiling tests that employers often use in their recruitment process. It doesn't tell you everything but it does tell you enough. Unlike the Myers-Briggs tests though, it would be very hard for you to throw the results.

Through teaching foot reading, I have found that it's not only reflexologists who benefit from adding foot reading to their treatment. Mary Stapleton wrote to me telling me of how she has incorporated foot reading into her hypnotherapy practice.

The use of foot reading in hypnotherapy

by Mary Stapleton

The use of foot reading in Hypnotherapy? Why? How? I can hear it now ... and I will be the first to admit that many of my clients do look at me strangely when attending their first Hypnotherapy session to be asked to remove their socks!!!

It was 2005 when I first met Jane Sheehan. A friend of mine had asked if I would like to attend a workshop on Foot Reading with her and as a reflexologist I thought it would be interesting. I had recently qualified as a Hypnotherapist and was looking forward to having some fun, working on the 'other' end of the body, as it were. I wasn't disappointed, the day was very enjoyable and informative and everything I had thought it would be. It was new, it was a bit 'off the wall' and I was full of enthusiasm, about this practice of Foot Reading.

Initially, I persuaded people to get their socks off and allow me to read their feet. I had also recently trained as a Face Reader, not the Oriental Diagnosing style, (although I did complete a course in that), but a Thomas Moser teacher training in Face Reading, another truly fascinating art. It became something I just did increasingly as I talked with clients, I would just watch. I could do it quietly and without anyone knowing I was gathering information about them, piecing together information about their personalities. I began to think more about the two amazing practices of Foot and Face Reading and how I could integrate those findings into my work. I began to use both Foot and Face Reading within my Hypnotherapy sessions. What Foot and Face reading was giving me was a fast track into my client's personality enabling me to communicate at a level that best suited their unique personality traits and enhancing their experiences.

Some examples. Tight tendons may indicate to me that a client has challenges with letting go (amongst other things), so that may tell me that I will have to work harder on the induction process (the method used for guiding a client into trance). These people almost never relax, minds are always going. I may also read that as maybe the client has issues with 'stepping out of the box' and maybe hangs onto things, (also shown by a cleft in the chin) I am then able to back that up by looking at the angles of the feet, plus reading other traits and with careful communication I can then start to build up a picture of what really is going on with my client and if they would respond better to analysis or suggestion therapy.

Interestingly, Clients who have these tight tendons (and clefts in their chins) are nearly always early for appointments. (Sometimes up to 10/15mins early!!) I can nearly always guarantee now that they will have these tendencies.

It is so interesting really how these practices just help each other; in fact I find it quite incredible that I can know so much about someone and they have barely even begun to tell me their story.

I was working for another clinic a little while ago and was told not to do foot Reading as it undermined the program I had been employed to work on. You can imagine my

Continued on page 4

Foot reading
Continued from page 3

response ... I politely explained the value of Foot and Face Reading and if they wanted me to work with them that was the way it was to be! After that, they let me get on with it; I think initially they had thought I was reading, to quote 'their fortune'

I find that Foot reading helps to build rapport and respect of clients as they feel that you already have gained a deeper understanding of them and their challenges within a comparatively short period of time.

It has quickly evolved into a major part of my sessions and has now become an integral part of what I do, giving me a much greater insight into how a client will respond to Hypnotherapy. It also helps me assess what I need to integrate into that session, ultimately giving, what I believe, to be a better therapeutic experience.

It has been a very interesting period of learning for me. Foot and Face reading along with Positive Thinking techniques (I am a Silva graduate) and EFT have enabled me to develop a unique way of working. I am absolutely amazed by how these practices have helped the quality of my work, with this skill you can spend more time on therapy and less on coaxing answers from someone who may be experiencing severe challenges in their lives, what ever that may be.

I will always be grateful to Jane for introducing me to Foot Reading it has become such a massive part of my life's work.

Thank you Jane.

Mary Stapleton CHyp (Peterborough)
Clinical Hypnotherapist.
Fully Licensed Hypno-Band Practitioner
Reflexologist

What can your feet tell you?

Just as in reflexology, in foot reading we have a map of the foot using horizontal and vertical zones which I outline in my book 'Let's Read Our Feet!'. In reading the vertical zones, we are understanding the topic that you are thinking about. In reading the horizontal zones, we are understanding which area of your life that this thinking is impacting. The actual blemishes that we read are interpreted to tell us how it made you feel in relation to these zones.

It is a vast topic, but here are a few things that you can understand and incorporate into your treatment straight away.

Yellow ball of the foot

In reflexology the ball of the foot represents the lung area. In foot reading it represents your emotional life. If you see yellow discolouration in this area it is interpreted as 'You are feeling fed up but are keeping those feelings to yourself.'

Hard skin on shoulder reflex

Hard skin on the shoulder reflex represents 'having responsibilities that are weighing heavily on your shoulders.'

Cracks on the heels

Cracks on the heels indicate 'obstacles that you perceive you have to overcome before you can move forward and take the next steps.' Foot readers would use the map of the foot to understand which area of their life these obstacles impacted and would choose the deepest crack to tackle first.

Little toe on its side

This person is unconventional, rebellious, my way or the high way!

Of course, all of these things have a physical as well as an emotional reading. Don't forget what you already know. Do treat the physical as well as dealing with the emotions.



Food for thought

Author Unknown

*There are two days in every week about which we should not worry.
Two days which should be kept free from fear and apprehension.*

*One of these days is **yesterday**, with its mistakes and cares, its faults and blunders, its aches and pains. **Yesterday** has passed forever beyond our control. All the money in the world cannot bring back **yesterday**. We cannot undo a single act we performed. We cannot erase a single word we said. **Yesterday** is gone!!*

*The other day we should not worry about is **tomorrow**, with its possible adversities, its burdens, its large promise and poor performance. **Tomorrow** is beyond our immediate control. **Tomorrow's** sun will rise, whether in splendor or behind a mask of clouds. But it will rise. Until it does we have no stake in **tomorrow**, for it is yet unborn.*

*This leaves only one day: **today**.*

Anyone can fight the battles of just one day.

*It is only when we add the burdens of **yesterday** and **tomorrow** that we break down. The experience of **today** doesn't drive people mad—it is the remorse or bitterness for something which happened **yesterday**, and the dread of what **tomorrow** may bring.*

Let us therefore live one day at a time.

Helen Croser

(Formerly Helen Warren)



Some older members may remember Helen from many years ago.

Helen was one of the very early people to gain her Certificate of Reflexology from the International Institute of Reflexology with Dwight Byers in 1988. She was one of the early tutors in the Australian School of Reflexology and Relaxation set up by Trevor Steele and a member on the first committee in Victoria. Helen helped establish the Reflexology Association of Australia.

Another milestone for her was to be a speaker at the International Council of Reflexology Conference in Hawaii in 1999. Helen, a former nurse and mid-wife, spoke of her experiences using reflexology techniques with some of the babies in the Special Care Nursery at Monash Medical Centre in Melbourne. She also felt privileged to speak at conferences in Sydney and Launceston.

Helen married David Croser, a beef and barley farmer, nearly 15 years ago, and lives on a small farm near Minlaton on the Yorke Peninsula in South Australia. Both of them are mostly retired and she and David, (who is also a Country Music singer with several C.D.s to his credit) travel in their caravan to Country Music Festivals throughout the southern States. Helen has also discovered a hidden talent for writing poetry and reads some of her gems at these festivals too.

I caught up with Helen over the Christmas period when she and David came to Victoria to visit family members and to celebrate her 70th birthday. It was lovely to see her again.

I thought members would like to know something about an original member who helped to start the Reflexology Association 23 years ago.

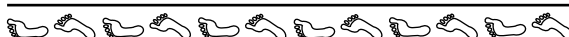
Carol McBain (another original member)

THE DILEMMA

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I'm sitting up in heaven, watching fam'ly down below,
I wasn't really organized before t'was time to go.
There were heaps of things I meant to do, before the time was right.
But my summons came in early, on one cold and windy night.
I'd frittered time away, and lost some hours and even days,
If I could go back down on earth, I'd rectify my ways.
There's a suitcase full of photos, and some boxes sealed with lids.
Also plans I'd made, still in my head, to help with all grand kids.
There's recipes not cooked, and what I think is even worse,
There's books that needed reading, and unfinished rhyming verse.
There was wisdom still to gain, from courses waiting to be read,
And so many marv'lous things to do, still trapped inside my head.
The garden beds need mulching, there's big weeds and hungry plants,
Some munched by slimy snails, and others smothered by black ants.
At the Op. Shop they'll be overwhelmed with more than they can use,
They will sort through my belongings and give thanks, they cannot lose.
Some people will make money, from the sale of all my stuff,
Hope someone wants my Bible to gain strength when times are tough.
I am watching them below, as fam'ly's sifting through my things,
Sorting clothes and books was easy; and distributing my rings.
The history of my ancestors lacks interest for them all,
It's added to the 'throw out' pile, heaped up against the wall
And although they can't keep ev'rything; tis interestng to see,
What each person values most, and wants to keep as part of me.

There's documents to search for, and then things will get much worse,
Imbalance in my cheque book, will be sure to make them curse.
But the nightmare won't begin 'til they start searching for a key,
To my passwords on computers, I'd stored in my memory.
I'd followed all instructions, choosing words and numbers too,
Committed them to memory, as I was meant to do.
I'd kept information private and I hadn't told a soul,
I had tried to do it perfectly, I'd set it as a goal.
I struggled with those passwords, with my memory not the best,
Each time I needed access, was like sitting for a test.
I would often mix them up, and it would give me quite a fright,
To be told to try again, when I had thought I'd got it right'
It really was exhausting, to remember them each day,
I needed a solution, and thought hard to find a way,
Then I did the unforgivable, I wrote some down you see,
In a tiny black cloth book, that would be only used by me.
The problem then was different, each day I had to look,
In safe and secret places searching for that little book.
If I failed in this endeavour I'd be forced to take the test,
And to change some of my passwords, to select the very best.
Determination drove me to mix upper case and low,
With many groups of numbers, linked up neatly in a row,
And to make my passwords safer, I chose codes to help me look,
But I needed one specific place, to hide my little book.
I'm looking down from heaven, as they're sorting things below,
And now that I have passed away, I wonder who will know
How to access all my passwords, and to sort out all my files,
So that ev'rybody's headaches will be swapped for winning smiles.
I'm glad I had been dreaming! It feels good to have the chance
To rectify the problems, I have seen now, in advance,
It is somewhat overwhelming, but I guess the hardest part
Will be how to sort out muddle, and just where to make a start. 🙏



Website wanderings

by Maxine Kohn

This will be a regular spot highlighting parts of the website that would be useful to you as members.

This issue we look at how to find a list of resources that your state branch library holds.

Did you know that each state branch has a library of resources available for members? There might be instructional DVD's, Books, Journals, all types of valuable resources to help you expand your knowledge base.

How can you find out what resources are available?

Go to the Website.

- ◆ Login on the 'Home Page' using your membership number and postcode.
- ◆ Click on the blue 'State Information' navigation button near the top of the page. Remember you must login first as this information is only available AFTER you login.
- ◆ Choose your state by clicking on the State Name link in the list. This gives you access to that State's information.
- ◆ The library link is the first in your state list. Click on the library link and you now have access to a list of the resources available from your state branch.
- ◆ To make inquiries about borrowing from your state branch library, please contact the person at the top of the resource list for your state.
- ◆ Stay tuned next issue for another look at what you can find on the website....👉👈



Attitude and appearance

courtesy of Heather Edwards

1. Start the day off right. If you have a good and positive attitude in the morning, it sets the tone for the rest of the day.
2. Project a successful image by dressing well and being well groomed.
3. Give of yourself. Being thoughtful of others will give you a feeling of fulfillment.
4. Be around people with cheerful and positive attitudes as much as possible. This will keep your own attitude good.
5. Don't take occasional discouragement seriously. You can't expect total perfection of yourself. In any situation there are factors that you cannot control.
6. Have confidence in yourself and be proud of the things you do well. Don't compare your weaknesses with the strengths of others. Think of your past accomplishments and plan for your future instead of dwelling on temporary setbacks.
7. Expand your vocabulary and have a positive inflection in your speech. People respect and admire one who has a good command of the language.
8. Keep mentally active and aware. Read new positive approach books, take courses designed to better yourself and most of all avoid boredom. Keeping mentally sharp is necessary for your success.
9. Always observe the 'GOLDEN RULE' – do unto others. Your actions will be reflected back to you. Have a friendly attitude towards others and they will treat you the same way.👉👈



 <p>Reflexology Association of Australia Limited 2012 National Conference</p>  <p>Stepping into the Future REFLEXOLOGY 28th - 30th September, 2012 Country Club Tasmania Launceston, Tasmania</p> <p>Keynote speakers</p> <ul style="list-style-type: none"> ● Beryl Crane ● Helen Perkins <p>Register today! http://tinyurl.com/steppingintothefuture For assistance email or phone 0403 277 823</p>	<p>Pre-conference Workshop Thursday 27th September Beryl Crane 'Crane Method' Utilising Meridian System. Combining Acu Points on the Upper and Lower Limbs in with a Reflexology Treatment.</p> <hr/> <p>Post-conference workshop Monday 1st or Tuesday 2nd October Helen Mary Perkins The Reflex Resonance Technique™ Explore and develop your own intuitive abilities with the use of voice for the future benefit of your clients.</p> <hr/> <p>Trade Exhibitors 2012conference.exhibitor@reflexology.org.au Trade tables are available for exhibitors of related products and services. If you are interested in displaying your wares and haven't yet booked, please email us soon! Forms and costs are available on RAOA website.</p>
<p>Further Information available www.reflexology.org.au or email 2012conference@reflexology.org.au</p>	

Challenges facing Reflexology in America

by Christine Issel

The lay of the land

The United States of America is unique among the developed countries of the world in that it has no national health care system designed to cover all its citizens. Health care is under the direction of each individual state and therefore any governmental activity, rules or laws must be passed fifty times. This is very time consuming and an expensive system. In addition, most manual therapies within the Complementary and Alternative Medicine (CAM) fields are governed under massage if they do not have their own laws. This is highly restrictive and means a reflexologist usually must spend money on a massage education then pass a massage exam (when they have no interest in practicing) in order to perform reflexology. Only five of the fifty states do not have a massage law. Through strenuous legislative work in the last twenty three years the reflexology field has gained twenty eight exemptions from under massage laws and has worked successfully to have three states laws of its own passed.

On the national level there are two organizations that work very closely together on all legislative issues. Julia Dollinger of Florida serves as the Legislative Committee chair of the Reflexology Association of America (RAA), the national membership organization. She is joined by me, Christine Issel, of California, being the Legislative Consultant for the American Reflexology Certification Board (ARCB). ARCB is a national independent testing agency not affiliated with any school, instructor, business or association. ARCB's primary aim is to protect the public through certifying the competency of trained reflexologists.

Legislative Session

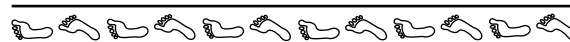
January through March are very busy months in the legislative sector. In most states new bills must be introduced or old bills, not passed in the previous session, are re-introduced within the first 90 days of the year. Currently there are bills pending or planning to be introduced impacting reflexology in the states of: Texas, New York, Ohio, Washington and Oregon and two local city ordinances in California. Even though state government structures may be similar, they are also unique and therefore there is no such thing as a cookie-cutter approach to legislation. Legal arguments must be researched and individualized for each state. A one page written position paper takes a whole day to compose.

The issue of human trafficking

An unethical, but growing trend in the USA is the operation of reflexology businesses, often employing Asians, that front for the operation of human trafficking and prostitution. Cracking down on human trafficking is receiving support from several sectors of society:

law enforcement, faith-based groups, and human rights organizations who are putting pressure on the government to do something to stop it.

Human trafficking and reflexology first came to legislative attention in 2010 in the southern state of Georgia. The major challenge is how to write new legislation that closes down fronts for human trafficking, protects the public, and supports the right to practice reflexology as a separate discipline. With the bad press, another challenge is getting legislators and the public to recognize reflexology as a legitimate, respectable and viable CAM therapy. To this end RAA and ARCB jointly designed and printed a brochure briefly stating the field's stand against human trafficking, introducing the existence of both organizations, and assuring the public that professional reflexologists follow a strict Code of Ethics and Business Standards. The subject of human trafficking is distasteful and reflexologists shouldn't have to deal with it, but sticking their heads in the sand is not going to make the issue go away. Already this year reflexologists in Washington State are facing a reflexology bill introduced without their knowledge which the sponsoring legislator blatantly states is a human trafficking bill. How this plays out and the best interest of all is served, remains to be seen.☺



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DVT (Deep Vein Thrombosis) in flight and long distance travel

by Susan Jean Ramsey

Delicate are the veins!

What is DVT?

Deep Vein Thrombosis is a blood clot that forms in a deep vein.

Veins are part of our cardiovascular system. Blood is circulated throughout our veins by the heart. Vein problems are:

- ◆ Phlebitis—inflammation of a vein and can be associated with a clot within the vein. Usually this problem is in the leg.
- ◆ Varicose veins—swollen, knotted veins usually in the legs. They happen when the walls of the veins become weak and blood cannot be returned to the heart.

Who is at risk?

Anyone taking long distance travel but the following increase the risk:

- ◆ recent surgery—blood flow to the legs is reduced under anaesthetic;
- ◆ immobility from recent injury or an illness;
- ◆ some medical conditions cause the blood to clot;
- ◆ the contraceptive pill, HRT;



- ◆ people living with cancer or heart failure, pregnancy, obesity; and
- ◆ mature aged society taking long distance travel.

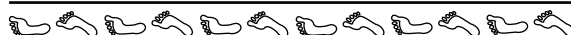
All should seek medical advice from your local GP doctor before taking long distance travel.

Reducing the risks?

Exercise your legs and feet regularly. Cabin exercises are recommended in your in-flight magazine and by the cabin crew. Drink water. Elastic compression stockings may be required, ask your GP or doctor. Anticoagulant medication if there is a previous history of DVT or another risk factor to be considered when travelling, ask your GP or doctor.

Circulation can be improved with reflexology, a treatment before travel, during travel and/or post travel will improve circulation. Reflexology helps to relieve stress and tension, improve blood supply and promote the unblocking of nerve impulses.

There are a few reflexology activities that can be easily done by the passenger. Any good reflexology book will show you this. Ask your reflexologist to teach you a basic technique. Google DVT for long distance travel. 🦶



Ross River Virus

Marianne Grainger

In WA there is a Ross River epidemic at present mainly in and around Mandurah due to the amount of stagnant water and mosquito plagues. We live in Pinjarra not far from there and work in Perth during the week. I booked my husband into the doctor as he was suffering from severe cramps, aches and pain and fatigue. The Doctor queried whether he had been near Pinjarra as this was one of the worst affected areas for the Ross River virus. The Doctor then ordered blood tests that came back positive.

On doing research I found Dame Cilento's findings in which she suggested huge doses of powdered Cal C powder, the non-acidic vitamin C supplement. She suggests to take it three or four times a day to flush the system until it produces diarrhoea thus flushing out the virus. Meanwhile I did Bowen therapy which helped with the aches and pains but also in stimulating the Lymphatics to purge.

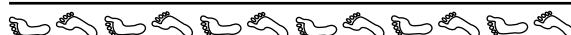
My husband likes his TV sports and is hard to drag away. Plus I am tired after clinic all day, so I started doing reflexology while he was watching TV. The feet were very tender, especially around the sinus areas and lymphatics.

The spinal area was also very tender. Not surprisingly due to the stagnation of cerebro-spinal fluid associated with the virus. I did a full reflex and simply went over the tender areas a few times till they seem to soften without killing him. And believe me that wasn't easy as he was very tender and I just had to ignore his flinches.

I now do it regularly as he says it gives him great benefit afterwards. He does not cramp as often, his energy levels have risen dramatically, he sleeps better as he is no longer so overtired. He can lift things more easily as he has more strength. He is also nowhere near as grumpy. He has commented on how much difference he has in quality of life since the treatment on more than one occasion. His feet are still tender to the touch, but he says he certainly feels a whole lot better afterwards.

Everyone is surprised at how well he is managing but we are sure it is only the reflexology maintenance that is accounting for that. Fellow members even if you can't get your husband into your clinic, do their feet wherever you can; they can be so stubborn it isn't funny!

Now I don't feel as helpless when I see him come home. Reflexology has made such a difference. 🦶



Letter to the Editor

by Margaret Brown

I enjoy reading Footprints Magazine and recently I needed to find some information for a Senior school Student about Reflexology and send a few case studies as well.

Most Case Study articles in Footprints & also Reflexology World, are of a good standard and follow a process of introduction, method used and outcomes.

However I was very concerned with an article in Footprints December 2011.

There was a hypothesis and a sentence on the outcome for all patients. The rest of the article described the practitioners emotions, as well as 'reading' into the emotions of one of the residents who received the treatment. One cannot presume a tear was because of happiness in a resident who cannot communicate and is in late stages of Dementia.

I am not condemning the practitioner, I merely want to state that if we want to be taken seriously by the community, and in particular the Medical Profession and Scientists, and keep the area of Reflexology open and available, then we must record facts, not feelings!

Maybe as a suggestion, one could use a letter to the Editor, in a more casual manner to share the wonderful responses we see and hear from clients during and after Reflexology treatments.

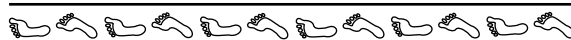
We can be happy with outcomes for Clients, but we need to be the practitioner allowing the steps to better health to be the Clients' process ... and the practitioner the Witness.

Margaret Brown
reflexmarg@bigpond.com

Response from Research Committee

In relation to how a tear is perceived would very much depend on how familiar the practitioner is with the client.

In qualitative research emotions are valid research responses. Qualitative research is being used more and more in CAM research studies.



Letter to all Members

My name is Maxine Blanchard. I have been working from a Doctors surgery in WA for 10 months. I worked with their patients; patients that had been feeling unwell for an extended time. I achieved wonderful results right in front of their eyes.

Unfortunately I had to move back to NSW due to a sudden death in my family.

I now have excellent insight into how we (RAoA) are viewed by doctors. They see us with great curiosity and concern. During my discussions with them they want more evidence based proof, and their questions answered.

There is a wonderful opportunity for Reflexology to be taken very seriously but I fear we are losing credibility, and fast.

I am also a certified Oncology Massage Therapist—with Oncology Massage Training. I have completed 1,2,3, I have my fourth one to complete then I can work in major hospitals.

It has been conveyed to me that questions from Doctors that relate to reflexology are always going unanswered. We need RAoA members to step up and be respected and counted. We need to be PROFESSIONAL and ACT PROFESSIONAL! I have been a PM of RAoA for ten years and in that time I have not seen any professional jobs advertised. I only see volunteers wanted in our major hospitals. **I want to make clear here I am in no way insulting the volunteers' work.*

Facts—In Western Australia

- ◆ Volunteers are working in the hospital on some of the sickest patients.
- ◆ Volunteers require no minimum hours of experience.
- ◆ Volunteers are working uninsured—surely this is a breach of patient care.

- ◆ We have 630 qualified PM reflexologists available to work with these patients.
- ◆ We are not being seen as a professional group and never will be if volunteers are allowed to work.
- ◆ Up to \$15,000.00 to study a diploma.
- ◆ No jobs available other than self-employed.
- ◆ Health funds rethinking about rebating us.
- ◆ There is a high demand for our work and it is growing.

Suggested Review and Approach

- ◆ Add up all volunteers' hours?
- ◆ x hourly average rate
- ◆ = a Dollar value
- ◆ Letter to hospitals detailing number of fully insured experienced PM's, including as much evidence based information as possible.
- ◆ Follow up on promotion for RAoA research grants.
- ◆ Volunteers could work in some other area of patient care for donation \$ value to get around insurance issues? Money gained goes towards RAoA research fund?

Thank you for reading my letter and hopefully you could consider these ideas.

I love the results reflexology can achieve. I feel the time is now to come together!

Regards,
Maxine Blanchard
The Grafton Wellbeing Centre—02 6643 3466,
Mobile-045 925 1786

The Reflexology Association of Australia is on Facebook

Join our exciting on-line community

*Kate McKnight, Diploma Reflexology, Cert IV Massage Therapy
Reiki Master, Educator*

When electricity was invented some people said 'The light will fade the wallpaper'. When the telephone was invented my grandmother was the first in her street to own one and everyone came from far and wide to make calls from her house, yet most refused to get a telephone for themselves. Then television came along ... 'Watching television for too long will make you go blind' was said from time to time.

Technology can be scary at first, but there is nothing to fear as we now move into the next era of electronic communications...social networking.

We may not be happy about some of the technological advances that summon us at an ever increasing pace to keep up, yet we must consider that when technology delivers a tool to bring us closer together shouldn't we at least give it a try?

Facebook: The Small Screen for Big Business

I know very few people without e-mail or computers these days. There are some who choose not to participate, but even these few will request something to be printed, or sneak a peek at a computer now and then. Just like everyone lining up at my grandmother's door to make phone calls, we all eventually need to communicate readily with each other. For our reflexology membership there is no better place to connect than on our very own Reflexology Association of Australia Facebook page.



Reflexology can be a difficult message to get across to the uninitiated. Some explanation is usually required. The best way to get the message across in bulk is through the media, visual stimulation and day to day communication.

Facebook is the next wave of how we can connect to the reflexology family and to the general public. In the age of social media reflexology can't afford to be left behind, we must be visible in media. Facebook and social networks are now part of how people connect and do business.

The RAOA Facebook page delivers an instant world of advertising potential for our members, plus it opens the door to everyone and anyone interested in reflexology and what we do.

Promote yourself or your workshop on the Reflexology Association of Australia Facebook Page and share your reflexology experiences



The RAOA is embracing social media networking and we are inviting all members to take advantage of this opportunity. On the RAOA Facebook page members can promote National and State events, workshops, meetings, seminars, conferences, CPT opportunities and all relevant reflexology happenings around Australia and the globe.

The RAOA page offers information on reflexology books, you can view links to reflexology related websites, pages, materials and relevant U-Tube information.

Who is Facebook for?

There are two aims for the Reflexology of Association of Australia Facebook page.

Firstly the RAOA Facebook page aims to connect practitioners, promote events and share information that is helpful to all those who view the page.

The RAOA page also aims to engage the general public and involve them in what we do and what reflexology is all about. The social media generation are on Facebook 24/7 and this is where we have the opportunity to inspire a captive audience.

Facebook and Your Privacy

Facebook has very strong privacy settings. When you set up your profile, you are required to create a password and log in just as you would on any other online application. You control and customise the privacy settings to suit your needs. Once you have a Facebook profile you can find friends, start sharing and instantly visit the Reflexology Association of Australia Facebook page.

A Facebook profile is easy to set up and manage. It is much more fun and interactive than Email. If you're already established on Facebook, visit the RAOA page regularly and join our world-wide reflexology conversations.

Like Me! Show your enthusiasm for the Reflexology Association of Australia page by clicking the 'Like' button at the top of the page. You can also 'like' comments, photos and wall posts. It is all about reflexology being noticed in media and this leads to more interest and understanding about what we do, which leads to more clients and a higher profile in the natural health industry.

The RAOA page is administrated by several of our members, who are constantly checking in on the page and updating it. Visit The Reflexology Association of Australia page and start sharing today. All members can be part of this new shift in how we communicate together with our RAOA members, our clients, the public and the world-wide reflexology community.



Should universities teach alternative medicine?

Reprinted from Sydney Morning Herald, February 4, 2012

THE SCIENTIST ROB MORRISON

WE LIVE in the most scientific of ages but you wouldn't know it. Medicine was once the preserve of the barber-surgeon. Treatment was anything but evidence-based, bloodletting was fashionable, and if you escaped without major infection you did well.

That was centuries ago. Modern medicine has mostly weeded superstition and folklore from its treatments, and relies on practices forged through the rigour of the scientific method.

Science cannot answer everything but is by far the most effective method ever developed for sorting truth from falsehood in the natural world. It has hugely influenced modern medicine.

Science is not simply unarguable facts and inviolable dogma. Assertions that cannot be tested by experiment fall at that first hurdle, distinguishing science from pseudoscience, in which assertions are too vague or mystical to be tested experimentally, or dogma is not abandoned even when experimentation shows it to be false.

Universities are the custodians of good science. Of all institutions, they are the places where science should be best understood, promoted and defended, so it is extraordinary that so many Australian universities teach and promote pseudoscience under the scientific banner.

Homeopathy, reflexology, iridology, energy medicine, tactile healing and kinesiography are just some spurious health 'treatments' being presented as if they were evidence-based. Many have been subjected to fierce scientific scrutiny and discredited, yet they persist in university health courses, with some of this quackery in veterinary courses as well. Universities allowing such nonsense to be taught on their campuses give it totally unwarranted credibility, and it is not just a few; more than one-third of the sector is involved.

Concern over this betrayal of science recently prompted the formation of the Friends of Science in Medicine, an association supported by more than 400 leading Australian and international scientists, clinicians and consumer advocates.

The association's first priority is to 'reverse the trend which sees government-funded tertiary institutions offering courses in the health care sciences that are not underpinned by convincing scientific evidence'. Britain recently took this step and FSM has written to all vice-chancellors in Australia urging them to do likewise.

If our universities cannot, or will not, distinguish between science and quackery, or defend the legacy that hundreds of years of scientific progress has brought to the disciplines that they are now responsible for, who will?

Dr Rob Morrison, OAM, is Professorial Fellow at Flinders University.

THE RESEARCHER ALAN BENSOUSSAN

COMPLEMENTARY medicine treatments are used by two in three Australians each year and have been taught in universities here for two decades. The recent call by Friends of Science in Medicine to ban the university teaching of 'complementary medicine' presents a sad view of science and a shameless push to censor learning.

There are two fundamental points proposed by this group. First, that healthcare practices should be based as much as possible on sound scientific evidence. This is easy to agree with. Rigorous testing of all modalities of healthcare and the promotion of evidence-based clinical practice is essential. But "evidence-based medicine" is a relatively new approach. Most medical and allied healthcare practices have not been rigorously tested.

Second, this group argues that abolishing the teaching of complementary medicine will somehow strengthen its evidence-based clinical practice. This is nonsense. A strong link between research and education helps communicate the fruits of research rapidly and effectively to clinicians. To impose greater barriers to this is counter-productive to quality care.

This year, Chinese medicine practitioners will be registered in Australia. To exile these practitioners and others will damage patient care, close off communication with other healthcare providers and diminish the ability to improve practice over time. There are few cardiologists who do not recognise the value of fish oil supplements in heart disease, and few geriatricians who are not aware of the importance of calcium and Vitamin D3 for bone health. Chinese herbal medicine is administered routinely in hospitals for many chronic diseases. Why would we shut our minds to these possibilities? There is no better place than our universities to rigorously discern what works from what does not. This has led to recognising herbs such as Artemisia as a proven anti-malarial and St John's wort for depression. With increasing rates of disease, an ageing population and ballooning healthcare costs, now is not the time to shy away.

This disregard for patients' choice will only discourage them from disclosing complementary medicine use to their doctors. While perhaps based on some real concerns, this campaign reflects a narrow view of what is being offered and is uninformed by the great effort that has gone into emphasising science in the delivery of these courses. Sensibly, the Australian Medical Association has withdrawn support for this lobby group.

Professor Alan Bensoussan is director of the centre for complementary medicine research, University of Western Sydney.

Continued on page 12

*Should universities teach alternative medicine?
Continued from page 11*

THE STUDENT ROB PEARLMAN

AS A medical student, I require any belief I have to be based on evidence. This may be strong or weak, depending on the maturity of the discipline in question, but there must be a plausible scientific basis at the end of it.

Modern medicine can be overwhelming to the layperson. This can result in feelings of distrust and a lack of control over their care, which may lead to exploration and engagement with practitioners of "natural" alternative therapies.

My first qualification was in commerce. It is the economic argument that I feel best showcases the problems with offering courses in pseudoscience in government-funded universities.

The first is the economic problem of freeloading. Therapies and regimes that lack a scientific base achieve legitimacy by appealing to a distrust of science and false claims of efficacy. This Trojan horse legitimacy is extended by the provision of pieces of paper bearing the seals of our great tertiary institutions.

At the same time, they protect themselves by promoting "Integrative Medicine", an ill-defined concept where the alt-med practitioner takes you for \$100 every couple of months whilst you continue to see your GP to make sure you don't drop dead on their watch.

The increasing boldness of some practitioners is periodically exemplified by cases of appalling negligence, such as the 2002 death of nine-month-old Gloria Thomas in the care of her homeopath parents.

The second argument is about the misallocation of resources. Australian taxpayers are supporting students to study degrees that are utterly meaningless in the real world. They have no scientifically valid evidence base, and despite extensive research, little prospect of obtaining one. On graduation, these students cause a misallocation of private purses, as those seeking health advice go to those unqualified to provide it.

An argument could be made that the provision of such courses is a product of demand. William Charles Wentworth, calling for the establishment of my alma mater, Sydney University, argued it would provide for 'the child of every class, to become great and useful in the destinies of his country'. Publicly funded universities have a responsibility to the most appropriate use of public funds, a use that is in the nation's best interests. It cannot be said this is now true.

Rob Pearlman is a stage 3 medical student at Sydney Medical School.

THE SURGEON VALERIE MALKA

FOR MORE than 10,000 years, natural therapies have been used, while conventional medicine is but 100 years old. They deserve the recognition universities have given them as they have healing modalities and benefits proven by credible and peer-reviewed research. The World Health Organisation estimates that more than 80 per cent of the world's population relies on natural therapies to treat, prevent and cure diseases, yet in Australia we have closed-minded colleagues determined to damage and bring into disrepute the entire natural health profession.

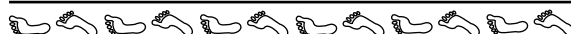
Do the Americans have it completely wrong? Not only do they have dedicated courses in universities but almost 85 per cent of US medical schools offer elective courses in alternative and complementary medicine or include it in required courses.

There is no better than modern medicine when it comes to surgery, emergency and trauma, but for almost everything else, traditional, natural or alternative medicine is far more effective—particularly for chronic illness which modern medicine is completely unable to treat or cure. These therapies, unlike modern medicine which focuses on symptom control, work to treat the entire person, recognising and stimulating the body's innate capability to heal the root cause of illness. Modern medicine actually suppresses and thwarts that innate healing mechanism by unbalancing the complex human organism and its systems, particularly the immune system, with the liberal use of drugs and ignorance of the importance of diet and lifestyle.

With conventional medicine's birth came the slow and deliberate move by the medical profession to discredit what became labelled "alternative medicine". I can only presume that what lies at the heart of it is the threat to conventional medicine's power base and the unhealthy relationship it has long enjoyed with the trillion-dollar pharmaceutical industry.

It is about time the Australian medical profession started educating rather than medicating. It is unfortunate that it is the public's disillusionment with modern medicine and its inability to treat many diseases, as well as the dreadful side-effects of any treatment offered, that have increased the popularity of complementary and alternative medicine. It should have been due to the interest, enthusiasm and reason of doctors, scientists, researchers and politicians.

As a qualified medical specialist and surgeon, I am ashamed of the medical profession when it so blatantly displays its ignorance and persists in attacking a profession from which we have much to learn.🙏



What is ... Energetic Healing?

Deborah Shepherd
www.energetichealingassoc.org

Energetic Healing is a holistic approach to wellbeing, which embraces you as an energy system that is alive, and constantly evolving. Practitioners are able to offer support on many levels (physical, emotional, mental and spiritual) so you become free to embrace life again.

Many ancient cultures embraced the belief that energy and life force flows through the body and deeply affects mental, emotional and physical being. Current research suggests that energy does extend through and beyond the physical body and that imbalances can set the scene for illness to develop.

Most practitioners will use these ancient techniques to assess energy through either their understanding of the chakra system which aligns to the energy centres of the body, or the meridian pathways (also used with acupuncture techniques). Decoding the language of both systems can assist in understanding if there is an imbalance or blockage, which can transpire into a physical sensation such as a rash, pain or numbness, or an emotional state; for example, sadness, anxiety, depression or fear.

Rather than focusing on the systems, Energetic Healing considers the external influences and circumstances, mindset and feelings and how these interact to achieve greater balance, clarity and alignment within mind, body and spirit.

After an energy healing session a variety of emotions may be experienced, ranging from a state of peacefulness to an intensity of an emotion; this may be part of the process and is similar to a detoxing effect. To get to the root cause of a problem the emotions need to surface to have a way of expressing themself.

To support this process, flower essences may be recommended to assist the shift, commence journaling or introduce a meditation practice.

Energetic Healing supports the achievement of stress management, healing of chronic illness, relaxation and restoration of wellbeing by offering a holistic approach that enables the root cause of the problem to be resolved and create significant relief.

When sick of treating the symptoms and not getting through to the cause or just wanting to feel great, Energetic Healing may be the answer. ☺



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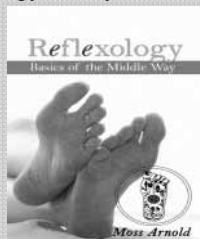
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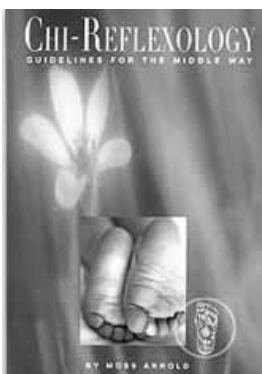
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Client history: Treating a client with Dementia

by Sharon Tay

During the past sixteen years while visiting older people residing in a nursing home or in their own home, many had suffered with some form of dementia. I found using the technique of reflexology treatments along with natural beauty care proved to be successful in achieving target results in helping the clients to relax and become less stressed often many of them going into a light sleep. Among many other ailments for dementia sufferers, constipation is also a common problem. The majority of my female clients have had face reflexology and hand reflexology while others have had their feet worked on. The following case I have chosen below is of a client whom I had visited over a period of 1½ years. She resided in a nursing home receiving regular fortnightly foot reflexology treatments in her room. In April 2009, the client's family had requested in agreement with the medical staff, that she should continue to have regular treatments as she always had reflexology on a regular basis before she went into care. During the sessions she had with me, I noticed considerable improvements as well as a decline in her health and well being. It was towards the end of her life that I made the decision to stop as she was not responding and could no longer cope with any physical touch due to considerable pain she was suffering. I completed the final treatment at the end of October 2010 due to the client's decline in her mental and physical health.

The following dates are 'selected' visits I have chosen for this article showing her good days and bad days and the response she had to reflexology.

(I have given her the name 'Jane', not her real name.)

Dementia is an 'umbrella' term for a variety of symptoms that may accompany or indicate certain diseases or conditions. Today there are many different conditions known to cause dementia symptoms. These symptoms may include impaired memory and confusion, difficulty in performing day-to-day familiar tasks, and changes in personality, mood and behaviour.

If dementia is caused by disease or an injury, it is usually irreversible. However, it may be reversible when caused by treatable conditions, such as dehydration, constipation, infection, vitamin deficiencies and imbalances, pain, medication poisoning, brain tumours or depression.

The most common form of dementia is Alzheimer's disease. This is a result of damage and changes to nerve cells within the brain. It causes cognitive, emotional and personality changes. As the disease progresses, these changes become more severe. The second most common form of dementia is caused by cerebrovascular disease (stroke). A stroke occurs when the supply of blood to the brain is suddenly disrupted. Blood carried to the brain by blood vessels stop moving due to a blood clot or plaque in the artery and in some cases causes the artery to break or burst. Depending on the severity of the stroke some people can suffer minor affects of dementia while others are affected both physically and mentally.

Client's file

As with all my clients I keep a personal file and collect data on their daily activities and general health. For Jane, I had kept contact with the registered nurse (RN) and anything that needed to be discussed about her progress or concerns with reflexology I would document and relate them to the RN. In return he/she would inform me of Jane's general health and how she was during the interim between my visits. The registered nurse would also inform me about the client's medications; mainly for her pain relief and for constipation which was an ongoing problem with Jane. From time to time over the period of my visits, Jane's medication would be altered and this sometimes made considerable difference to her moods. She was prone to falls therefore she would have stronger medication.

First visit 3/4/2009

Observation of client

Jane was a seventy five year old woman and had been diagnosed with Alzheimer's disease. Her mobility was slightly impaired although she could sometimes walk with assistance. Her walk was slow and she shuffled as she walked. She was on medication for pain relief for her hips. She also suffered with Constipation.

Jane loved music, especially classical and could easily converse when ever classical music was being played. She was more relaxed while the music played during her treatment. Jane was able to understand simple instructions, but I found she needed to be reassured especially when new instructions were being introduced to her for the first time. She could answer if I ask about how she is feeling eg: 'are you cold?' 'Do you want a blanket', 'how does this feel,' etc. She became more relaxed once she was familiar with the reflexology treatments.

I found giving her reflexology in her room while she was on her bed more beneficial as she was able to be relaxed without the disturbance by other residents or cleaning staff. For each session I placed a pillow at the foot of her bed with a towel placed over the top of the pillow, to rest her feet. This was an easy option for me as I could sit comfortably at the end of her bed and raise the bed by remote control to the height that was best for me and safe for my client. At the beginning of each session I would reassure Jane that she is ok and I would always tell her what I was going to do. In the early days of her treatments, Jane would always chat away about the music she was listening too, and eventually she would relax and fall into a deep sleep. This was a common pattern until she either broke a bone from a fall or suffered with constipation or from some other injury. Her breathing became slower as she relaxed and became very peaceful when I worked on her feet.

Continued on page 15

Observations to feet, skin and toenails and fingernails

Jane's left big toenail was discoloured and it looked as though she may have had an infection. My concerns were that the toenail may become infected again. There was slight peeling of skin between the two toes near the big toe and there was a distinct mouldy odour to the left foot. The other toenails on both feet were reasonably good and her feet had no obvious injuries or unusual colouring. Eventually her toenails improved when special attention was given by the carers during Jane's morning shower.

11th June 2009

I had not visited Jane for a couple of weeks due to a mid year break. However, it did not take long before she became familiar with reflexology and was relaxed as soon as I started to work on her feet. She did not communicate but followed instructions when I had asked her. When it was time for her to get up, I put on her shoes and she walked with me into the corridor until a staff member took over from me. Jane had been to the toilet before my visit which helped with her becoming less stressed.

26th June 2009

Since my last visit Jane had a fall to her left hip and when I arrived I was informed by the RN about the accident. Jane was in a lot of pain, but she had been given medication to help with her pain. The carers had put her in a lounge chair (easy chair). I suggested leaving her in the chair as she looked more comfortable and it would probably be best not to move her. I could manage giving her reflexology on her feet while she was lying in her chair. This proved to be satisfactory for me while I was working on her feet. I could see she was in pain, and she became restless in her chair after I had been working on her for 20 minutes. I could see she had enough, so I finished early.

Treatments

On each occasion I have worked all the reflex points to the feet and hands with more emphasis on the reflex points to the digestive system including colon, respiratory system, immune system and the head/brain reflex points. My aim was to help Jane become more relaxed and to help with her constipation problems as well as her general well-being. For each session I applied a few drops of almond base oil with a drop of calendula essential oil and tee tree oil with a hand and body lotion. To the face during the time I applied face reflexology, I applied almond and calendula oils only. Jane had shown no side effects to these applications.

10th July 2009

I arrived at 10.40am and found Jane asleep in a chair in the lounge room. She looked pale and I was a bit concerned at first. The carer told me she had been sick and had vomited earlier but she also had breakfast and has kept it down. The carer helped Jane on to her bed, and a pillow and blankets were for me to use as I prepared Jane for her reflexology session. She was not very talkative and went into a 'light sleep' as I worked on

her feet. I had noticed her feet were very cold (and it was a very cold day) so I only removed her shoe and sock on the foot I worked on, then put them back on when I had finished. I did the same as I worked on the other foot. While working the reflex points to her digestive and urinary points she 'flinched' by becoming tensed for a moment then she would relax. She went back into a light sleep and remained rested after having reflexology.

Friday 24th July 2009

Jane was very relaxed. I found that she would relax more if music was played during treatments. Jane looked a lot better and seemed happier than my last visit. The skin between her toes has improved and today's treatment went smoothly.

Tuesday 24th August 2009

Although Jane was initially unsettled she became completely relaxed for this session and I was able to give her extra time on her feet and hands working over the reflexes two to three times followed by a gentle massage. Over all, the session went very well and Jane looked very relaxed and was happy.

Friday 2nd October 2009

It did not take long before Jane settled and went into her 'usual' light sleep. She was very relaxed throughout the session and only began talking when I worked on her hands. Reflex areas: I worked over the chest and lung reflexes and digestive reflexes with extra time as I felt they needed more attention. In the digestive reflexes gastric juices were stimulated and this caused her to pass wind several times. The carer said she had not toileted this morning so I said that this could possibly change later.

Friday 27th November 2009

Jane was a little more talkative and at times she became restless. I noticed her right eyelid was bruised. Her feet were not washed so I applied a tea-tree cleanser using a disposable face cloth before I commenced the reflexology session. I worked all the reflex points over three times as it has been a few weeks since my last visit. Session went for one hour.

Friday 11th December 2009

When I arrived I was informed by the carer and a nurse that Jane's left hip was swollen. I worked extra time on the reflexes related to the hip, knee, spine and lymphatic system. Jane did not stir at any time nor did she appear to be uncomfortable. Her breathing was steady and calm.

23rd December, 2009

I was told by the RN and carer, that Jane had been in a lot of pain and was on a strong pain relief medication. She had been like this for awhile and had another fall two days ago. Fortunately her doctor found no fractures so it was a matter of managing her pain. She favoured her right side. I noticed her walk was more of a shuffle and she needed to be helped to her bed by the carer. She went into her usual 'light' sleep once reflexology treatment commenced. She flinched a few times when

Treating a client with dementia
Continued from page 15

I worked some of the foot reflexes that relate to her intestines, kidney, hip/knee and sciatica. Jane remained relaxed and her breathing was calm. I asked her how she was feeling with the foot massage and she answered 'perfectly good'. **Observation:** I have noticed Jane had declined in her health since my last visit, she was less talkative. Her skin was a little paler than usual. Clearly reflexology is beneficial for Jane in helping her to relax and remain restful.

8th January 2010

The RN mentioned that Jane's health had declined further and Jane is susceptible to having falls. Her walking was very poor and she needed to be in a wheelchair. She was very tender in her upper right arm where bruising has occurred and during this session, Jane nursed her right arm across her chest most of the time. It has been noted that after her reflexology session she is calmer. I find that Jane goes easily into relaxation and a light sleep once the music is played.

5th February 2010

When I arrived for Jane's session I found her lying across her bed in a foetal position. After the carers placed her in position ready for her treatment, Jane went into her usual 'light' sleep and would occasionally remark on the music. I spent time working over all the reflexes to her feet.

5th March 2010

When I arrived, coming from the lounge room towards me, was Jane walking on her own 'unaided' which was a surprise to me as I have never seen her walk so well since I have been treating her. To my astonishment she asked me if I was going to give her reflexology, that she needed her feet to be done. I said I was. Jane sat on her bed and began to take off her shoes. Half way through the treatment Jane sat up a few times and became restless. I stopped and asked her what she wanted but she was a little confused and I asked her would she like me to continue and she said yes. She wanted me to turn off the music which I did. She was becoming more restless and I observed that she may need to go to the toilet as I could hear she was passing a lot of wind. I stopped altogether and asked her if she wanted to go to the toilet, she said no, but I felt she may need some attention very soon. The RN informed me that Jane was having problems with constipation again and had not been for a few days which would explain her restlessness and headaches. I had managed to work on reflexes for headaches and constipation which seemed to be working.

Friday 16th April 2010

Jane has not had a bowel motion for four days, she could not relax and appeared to be uncomfortable. I have observed on several occasions when Jane is unsettled it generally means she is having problems with her bowels. I was unable to complete her treatment. and had to finish after 30 minutes. I had enough time to work the reflex points for her bowels and digestive system.

Friday 28th May 2010

I was informed by nursing staff that Jane had a fall recently but did not suffer from any bruising or broken bones although she had indicated that her shoulder was sore. She became relaxed after a few minutes into the session and did not make any attempt to move or talk. I worked extra time over the reflex points for; shoulders, arms, hip, spine and colon.

Friday 8th July 2010

Since my last visit the RN informed me that Jane had had one 'aggressive' moment, but soon calmed down. Due to her deteriorating condition, she has had a few minor falls. As I worked through the intestines, kidney and shoulder reflexes, Jane 'flinched'. Over all, the session went very well and Jane was very relaxed.

Friday 23rd July 2010

I found Jane on her side on the couch in the lounge room. Jane had a tendency to curl up in foetal position and needed reassuring about stretching out her legs. I covered her with blankets on her bed as she said she was cold. Jane did not respond to talking or to the music. She did 'flinch' a few times when I worked over her reflex points around her toes, and heels. Apart from that she was calm and I was able to complete her treatment. **Observation:** Jane has declined in her communication skills and no longer responds as well as she had a few weeks ago.

Friday 20th August 2010

When I arrived I found Jane lying on the floor. The carers did not know if she had a fall or just was lying there. When they got her up she was able to walk (shuffle) with both carers and showed no signs of distress. The carers got her on to her bed ready for me to give her treatment. Jane is more bent over towards the right side of her body when she walks or lies on the bed. She remained calm and slept through the treatment and did not communicate. After the treatment was over I asked her did she like having her feet massaged. She replied 'Yes very much, it was good'.

Friday 3rd September, 2010

Jane has declined further in health. I had to stop treatment as she wanted to go to the toilet. The carers assisted her. She was placed on the bed again ready for treatment. However, she was unable to relax and held her legs tightly together. I could see she was in considerable pain and she mentioned that her hips were burning. I felt it necessary to finish the treatment. The RN informed me Jane is now on 'Palliative care' treatment and most of her medication has been stopped, only giving medication for her pain.

Friday 9th September, 2010

Jane was more responsive today and very relaxed. She was more aware of what was happening and talked briefly at the beginning of treatment. She

Continued on page 17

Reflexology Association of Australia

Treating a client with dementia
Continued from page 16

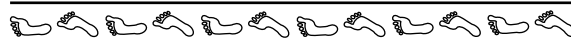
commented that 'it felt good' when I asked her how she liked having her feet massaged. Overall, this session went very well.

15th October, 2010

Jane became restless before we commenced treatment. (I noticed that Jane's right hand was in a strap but the carers did not know why). Once again Jane became restless and wanted to go on the toilet again. I called for a carer and by the time the carer came, she did not want to go. I continued with her treatment and she became restless again towards the end so I thought it was best to end the session. I left Jane in the hands of the carer.

Summary

Overall, it was a wonderful experience working with Jane and seeing her moods through the highs and lows. The medical staff had commented many times that the sessions were beneficial and she remained calm a few days after each treatment except when she was in severe pain. Reflexology worked well for her constipation and the RN reported that she would have a bowel action not long after she had reflexology. Having worked with other clients suffering from dementia, I have found that reflexology is so beneficial for them especially as it helps them to relax and enjoy the touch of someone working on their feet. 🙏



CPT Education—Calendar of Events

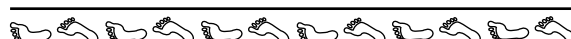
Inclusion in the CPT Calendar of Events is a further bonus for advertisers
Place your advertisement with FootPrints Advertising Coordinator—footprints@reflexology.org.au



2012	PRESENTER	TITLE	LOCATION/CONTACT
2 June (day 1) 3 June (day 2)	Australian College of Chi-Reflexology (Moss Arnold)	Clinical Practicum 1	Springwood, NSW 9.30 to 5 pm **** (see below for details)
30 June (Sat)	Australian College of Chi-Reflexology (Moss Arnold)	Spiritual/Crystal Reflexology	Springwood, NSW 9.30 to 5 pm **** (see below for details)
20 July to 23 July	Australian School of Reflexology (Sue Ehinger)	Facial Reflexology (Parts 3 /4)	Willoughby, Sydney, NSW ** (see below for details)
28 July (day 1) 29 July (day 2)	Australian College of Chi-Reflexology (Moss Arnold)	Australian Bush Flower Essences & Chi-Reflexology	Springwood, NSW 9.30 to 5 pm **** (see below for details)
15 Sept. (day 1) 16 Sept. (day 2)	Australian College of Chi-Reflexology (Jacqui Baldwin)	Reflexology for Women	Springwood, NSW 9.30 to 5 pm **** (see below for details)
29 Sept. (day 1) 30 Sept. (day 2)	Australian College of Chi-Reflexology (Jody Morrison)	Lymphatic Reflexology	Springwood, NSW 9.30 to 5 pm **** (see below for details)
7 October (Sun)	Australian College of Chi-Reflexology ((Maurice Federici)	Sports Reflexology	Springwood, NSW 9.30 to 5 pm **** (see below for details)
13 October (day 1) 14 October (day 2)	Australian College of Chi-Reflexology (Jacqui Baldwin)	Foot Talk	Springwood, NSW 9.30 to 5 pm **** (see below for details)
27 October (day 1) 28 October (day 2)	Australian School of Reflexology (Sue Ehinger)	Japanese Cosmo Face Lift	Willoughby, Sydney, NSW ** (see below for details)
27 October (day 1) 28 October (day 2)	Dominique Meeroff from the UK (Mirko Casagrande)	Metamorphic Technique	Byron Bay, NSW *** (see below for details)
3 November (day 1) 4 November (day 2)	Dominique Meeroff from the UK (Mirko Casagrande)	Metamorphic Technique	Melbourne, VIC *** (see below for details)
10 November (day 1) 11 November (day 2)	Dominique Meeroff from the UK (Mirko Casagrande)	Metamorphic Technique	Sydney, NSW *** (see below for details)
10 November (day 1) 11 November (day 2)	Australian School of Reflexology (Sue Ehinger)	Auriculartherapy	Willoughby, Sydney, NSW ** (see below for details)
Presenter Details:	****Contact: Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com (courses run from 9.30 am to 5 pm)	**Contact: Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com www.reflexologyaustralia.com	***Contact: Mirko Casagrande 0422 442 447 www.MetamorphicTechnique.com.au

World-Wide Conferences (courtesy of Reflexology World)

2012	PRESENTER	TITLE	LOCATION/CONTACT
28-30 September	Reflexology Association of Australia	National Conference— Stepping into the Future	Launceston, Tasmania 2012conference@reflexology.org.au
8-11 November	Reflexology Association of Canada		Toronto, Canada www.reflexolog.org
2013			
September	International Council of Reflexologists		Capetown, South Africa www.icr-reflexology.org





CERTIFICATE OF CLINICAL REFLEXOLOGY CONSULTANTS and TRAINERS REQUIRED

The RAOA is currently introducing the Certificate of Clinical Reflexology and we are looking for people with the Certificate of Workplace Assessment and Training or equivalent to work as Consultants and Trainers.

Consultants will help people who apply to teach the Certificate Course and require assistance in meeting the requirements of the units and also may be required to evaluate the final applications.

Trainers will design the outlines and once accepted be an Accredited Provider to deliver this Industry Approved course.

Criteria for Education Consultants and Trainers:

Please Note: Due to conflict of interest people that own schools or manage reflexology courses at a school cannot apply for the Consultant position.

People who teach in schools but do not own the school or manage courses are eligible to apply if they meet the following criteria:

- Professional member of the RAOA or equivalent Association for a minimum of three years.
- At least three years experience as a Professional Reflexologist working with the public as a Reflexologist or in reflexology education. CV including two references is required.
- Certificate 4 in Workplace Assessment and Training or equivalent.
- Knowledge of the HLT Government Accredited Diploma of Reflexology.
- Current Certificate of Police Clearance.

This is a paid position in which the applicants who want to teach the Certificate of Clinical Reflexology would apply for assistance and the RAOA Consultant would receive \$40 per hour plus GST if applicable.

The Consultants would also be part of the RAOA Education Committee by feeding information re problems and suggested changes required for the individual units and the Clinical Certificate of Reflexology.

The outline for the Certificate is on the members' web site under Education Certificate of Clinical Reflexology.

Ideally we are looking for one or two Consultants in each state.

For further information please contact Jan Williams education@raoa.reflexology.org.au or PH: 07 3396 9001.



World Reflexology Week in Tasmania

by Shirley Lawson, Tasmania State Treasurer

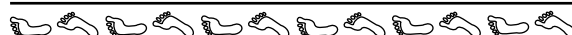
Firstly some brief history ... I have been visiting several call centres and businesses for the past 12 years on a weekly basis and providing five minute 'neck and shoulder massages' to staff whilst they are seated at their work stations. Quite a few staff have become clients of mine and so most of them were familiar with my work as a Reflexologist.

In 2006 I invited the late Lorna Menzies to join me in this adventure of promoting World Reflexology Week at all of these venues. She happily obliged and we were swamped with staff wanting our services. The sessions are always conducted during lunch breaks so as not to interfere with their work day. For the most part we were able to use their First Aid or Board rooms and dutifully turned up armed with foot baths, wipes, towels, oils, creams, CD player and CD's, raffle books, change, Gift Voucher, lunch, water, hand wash, brochures and business cards. Also, then we were able to use Reflexology chairs as well as Massage tables. Back then we only charged \$5 for 10 minutes (just a

taste of Reflexology!). It has been \$10 for 15 minutes for the past couple of years (we do a few foot aerobics, some pressure points, a couple of systems and a foot massage). At the end of the day we draw a Lucky Door prize and present the winner with a Gift Voucher for a full hour Reflexology session with the practitioner of their choice.

It proved very successful and we were invited back for more of the same, so I have continued on with this for the past six years with some of our local reflexologists joining me. It has proved to be great fun as well as promoting Reflexology to our community. When Lorna and I started it, we were actually featured in Tourism Tasmania's newsletter together with some hysterical photos. We donate some proceeds to the Association (after expenses have been deducted).

And Yes, it will be on again this year!! despite the fact that the Tasmanian Conference will begin that same week. It has become fondly known as the 'Shirley and ??? Road Show!!!'



Organising an event to celebrate World Reflexology Week

Marilyn Heinz—Casino NSW population 11000 (marilyn_heinz@yahoo.com.au)

Organising an event to celebrate World Reflexology Week is satisfying on many levels. World Reflexology Week is a wonderful opportunity to promote reflexology in the community and I have enjoyed giving my time and reflexology for the enjoyment of others. It is very satisfying to watch a look of contentment or a smile spread across a person's face simply because you took the time to place their feet in your hands. An event can be organised individually or together with other reflexologists. In the past, I have tried both approaches.

The first year I decided to run a World Reflexology Week event I took advantage of having my clinic in a Pharmacy. I approached the owner for permission to hold free reflexology sessions in the front of the pharmacy rather than in my clinic. He agreed and so I advertised the event through posters around town and in the local newspaper. I invited people to ring and make a booking or to just turn up on the day and take a time slot. I did about 20 sets of feet that day! The amazing thing about doing a session in public is that it generates its own interest and people approach you for more information about reflexology.

The next year I organised to give a talk and demonstration to the local Arthritis Group. After the demonstration, I offered anyone who was interested a free ten minute session. The following year I ran a World Reflexology Week event as a thank you to past and present clients offering them a free 20 minute session. I made myself available on two separate days and took no paid appointments on those days.

The next time I participated in a World Reflexology Week event was with another reflexologist. We found out that if we were not running the event for profit we could use the meeting room at the local library at no cost. Again, the agenda was to give a reflexology presentation and then offer free 15 minute sessions to anyone who thought they might enjoy a treatment. We also provided tea, coffee and biscuits for people as they waited for their turn.

Some people chose to do some shopping and then return at a scheduled time. Again, the event was advertised via posters around town and through the local newspaper.

Last year one of my clients was the president of Legacy for our area. She has given her retirement years to volunteering for the benefit of others and often

spoke fondly of her work with Legacy. After one of her appointments I asked her if she thought that 'her Legacy Ladies' would like to receive a short reflexology treatment for free. 'Of course they would!' was her reply, and so another World Reflexology Week event was hatched. I approached two other local reflexologists to see if they would like to participate. We worked it so that two of us would give 20 minute sessions to the ladies and the third person would be available to provide information about reflexology and answer any questions. As most of the ladies were elderly, we hired a room at the local Community Centre so that there was easy access to toilets and a kitchen. Again we provided tea, coffee and biscuit and this was greatly appreciated as it gave the ladies time to socialise after their treatment and to ask any questions about reflexology. As my client is very efficient, when she took the idea to the next Legacy meeting, she compiled a list of people who were interested. At the Legacy meeting just two days prior to our Reflexology Event, organised everyone into a time slot and presented us with the schedule. We all enjoyed the day. Using Community Centres for meetings has become more complicated. The local Council wanted us to lodge our public liability policy with them. To simplify the matter we ran the event under the umbrella of the Legacy group who already had their policy lodged with council.

On all of these occasions' posters, books, brochures and business cards were made available. I have found that at least one new client is gained from these events.

As you can see, it is simple to run a World Reflexology Week event on your own or with other reflexologists. Each is very satisfying, however I prefer getting together with other reflexologists so that ideas can be shared for the event, together with the organising and running of the event. There can always be someone available to answer extra questions. In addition, it makes the day more special as I love being with my reflexology buddies!

I hope that you have fun with World Reflexology Week this year.

Regards,
Marilyn



Did you know ...???

During the night, toxins are flushed from the body. The toxic waste is sent through the digestive system into the bladder and bowels, into the mouth, and also to the feet. The soles of the feet especially exude bacteria and toxins.

Wash your feet in the morning if you do not bath or shower just to rid the body of the poisons sent to the soles of the feet during sleep.



Metamorphic Technique

Workshops & Free Talks

WITH DOMINIQUE MEEROFF FROM THE UK

27/28 October 2012 - Byron Bay

3/4 November 2012 - Melbourne

10/11 November 2012 - Sydney

Metamorphic Technique is a loving 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 by people with an interest in personal development, mothers, and anyone wanting to move forwards in their life. No previous training required. This workshop will teach you how to use MT on yourself and others, and is part of the practitioner training. Dominique Meeroff is a leading teacher and trained with the founder of MT.

\$425 Full Price, **\$375 EARLY BIRD** (ends Oct 15), \$275 Repeat Workshop

This course counts **11 points CPT for the RaoA Members.**

Places are limited so book ahead to avoid disappointment!

For Free Talk Dates and Online Booking go to

www.MetamorphicTechnique.com.au

Mirko 0422 442 447

Putting your marketing effort into the place your profit comes from ... your current customers!

reprinted with permission of Heather Edwards

Research

What do you know about your customers?

Do you know why they come to you?

Do you know if they are happy with your service?

How often in a year do they come to see you?

Do they consult your competitors too?

If you don't know, maybe you should think about finding out a little more about the people who pay your wages.

What are you going to do about it?

Once you know your customers you can think about how you can reward them for looking after you. It is a two way street.

You need to demonstrate that you appreciate what you have been given and ask how you can be of more help to them.

Making it happen

Acknowledge your clients' birthdays.

Set up a reward system, e.g. after a number of sessions offer one at half price.

Give a discount to an existing client who introduces a new client.

Take an interest in your clients as people, not just as clients.

Monitor and record your results

Seek feedback from your clients.

Keep them well informed and check that your communication is clear and understood.

Refer your clients to other professionals as soon as you perceive a need.

Think of each customer as of lifetime value and give something back to show your appreciation.

Build a two-way relationship so that your clients can help you to help them and others.

Do it now before one of your competitors does!

Research Report—June 2012

The research committee is mindful of its role in helping RAOA to meet its mission to 'advance the reflexology profession' and to achieve its vision for reflexology of being 'recognized as a major component of an integrated health care system.'

Natural Cures

The Association received an offer from www.naturalcures.com to contribute a monthly article of between 1000 and 1500 words to its US-based website. Several committee members were consulted—there was a general feeling that a US-based publication was not our optimal target market, and that the time involved in preparing articles of this length would be a challenge. The committee is exploring other publications which may benefit the RAOA.

Indexing

Cataloguing of articles in the research archives continues. This activity is something that is quite time consuming but much can be achieved when a group come together and work on it. Conversely it would be ideal for someone who has worked with excel and has spare time at home to just work away at it slowly and gain CPT points. The task is about recording the articles contained in the journals that RAOA has in the Archives. We record the journal, edition, page/s, title, author, key words and any special identifying facts. Once completed the information is uploaded to the research page of the website for access by interested parties.

Email requests for assistance/information

Things have been very quiet at research@reflexology.org.au so far this year, with only a couple of requests for information.

A request from Ronel Strauss, who wrote:

'I'm doing research for an assignment on the Australian influence on Reflexology in Modern History at the International Academy of Reflexology and Meridian Therapy in South Africa.

'There is a lot of unverified data on the internet and rather than just dive head first into all the info out there I'm taking the direct approach and asking practitioners, researchers and organizations myself. Will you please send me either some info you might have on the Australian modern history of reflexology? Or point me in the right direction with an email address for someone I can ask? Any help in this regard would be greatly appreciated.'

has been followed up with information from Heather Edwards' history presentation at the ICR conference in Cairns.

Follow up re Australian Regional Health Group (ARHG)

As part of the committee's commitment to 'Representing and advocating for members in the public, government and health arenas' there has been no reply as yet, from this health fund, to the submission requesting that reflexology be reconsidered as a valid listing for rebates.

Member survey

The data entry from the survey of members has been completed, and forwarded to a researcher for assistance with the statistical analyses. The committee is examining other options, including online services which assist with survey design and provide a report on the results available, for data analysis in the future.

Research Committee members were invited to have input into the literature review and writing up of the final report for the Member Survey and the 'Reflexology Helped Clients' survey, but to date there has been little response. It is not uncommon for completion of a research project to take up to five years but we would like to think that completion may be achieved within the next twelve months.

Research funding

All research committee members have been provided with details of organisations which provide research funding in Australia, and asked to obtain information regarding which areas of research they would be interested in being involved. We hope that this type of information will lead to Australian research into the effect of reflexology on various conditions. The committee would also appreciate input from any member who has ideas for funding opportunities.

Monash Medical Centre

Brenda Seville, Victoria, was provided with research study documentation to support her application to provide reflexology treatments at the Monash Medical Centre. Unfortunately the application was turned down at this time.

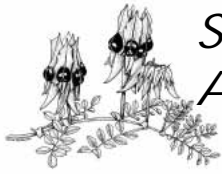
Chrissy Atkins, with the close support of Maxine Kohn, is taking a very active part in heading up the Research committee now. We look forward to more interstate member involvement in the future as branches of the committee spring up across the country. If you would like to be involved or have information that could be of assistance to the committee please email Chrissy on research@reflexology.org.au.



The difference between a successful person and others is not a lack of strength, not a lack of knowledge, but rather in a lack of will.

Vince Lombardi

STATE MATTERS



SOUTH AUSTRALIA

Greetings from the city of Churches!

We had a great time on the first of April; it was an informative and 'hands on' day, that was shared with a few new faces and total of 13 people on the day.

The day started with a review on Foot joint Mobilization, presented by James Flaxman.

James provided an excellent review via a demonstration and explanation of the Foot in regards to joint mobilisation. We all tried our skills in foot mobilisation by way of an exchange on one another.

Margaret Brown then presented her video of Chinese reflexology, and shared a few new tips and moves for some. The video showed how a treatment is performed in China, as well as pre-treatment and advice on technique. A highly informative insight into Chinese Reflexology.

The day concluded after lunch with our practitioner exchange, which completed a very satisfying day for all.

Our next CPT event is with Sue Ramsey; Ear and hand reflexology on the 6th of May, coinciding with our next Annual branch Meeting at the Bowden Brompton Community Centre at 1pm. 🐾



WESTERN AUSTRALIA

Calling all members from across the country. Why not consider heading West at the end of July when we will host our next Study Day.

It will be held in the picturesque Shire of Mundaring which is hidden away in the Perth Hills, just 40 minutes east of Perth. Transport yourself from the hustle and bustle of the city to a place where you can be totally immersed in nature. In the wonderful laid back Mundaring Sharing centre we will catch up on Anatomy revision and amongst other things, learn about Endocrine Balancing.

It has been said that Perth is the most isolated city in the world but not so much these days with the advent of budget airlines. So why not come and share with us a day of learning and networking in a wonderful setting that will surely give you a taste for more of what the West has to offer.

The world famous Bibbulmun Track passes through Mundaring on its way to Albany in the south-west and is an ideal starting point to enjoy some of the region's stunning scenery.

For more information about the Study Day or if you might like to speak at the event on a particular topic please email me at mountainashfarm@hotmail.com.

With best wishes,

Gillian Kenny 🐾



NEW SOUTH WALES

We have had great general meetings over the past two months with a terrific attendance of members. Thank you to Yeen Ng for organising our guest speakers Mirva Inkeri in February who spoke about the Power of Soul Healing Technique and in March Debbie Rayfield and Linda Birch.

Debbie Rayfield is a homeopath and Linda Birch is a reflexologist from Life Spring which offers palliative care, in association with the Fountain Centre. The centre offers information, support and advice for people affected by cancer, chronic and life threatening illness, in order to make it easier for them and their families to cope. They

assist at any point during the treatment or illness, from the time of diagnosis. They are carrying out some very inspiring work.

The NSW team has been very busy organizing some fabulous 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 as many NSW members as possible.

As our office bearers are reaching the end of their tenure I would like to say thank you to everyone for their contribution to sustaining the NSW Branch. I look forward to working with you in the future.

Gretel Ann Spiegel 🐾



QUEENSLAND

Hi All.

The Queensland State has had a wonderful past few months and is also looking forward to some very special events in the near future too.

We are looking forward to our ABM in May and have secured four very special speakers to share their passion and life experience with us on the day. The first being Glenda Hodge, discussing the topic of Discovering yourself through Astrology. At our last branch meeting she shared the topics of Does Astrology have a role in the practice of Natural Therapies? This was so well received and enjoyed that we are looking forward to the next chapter. We will also be enjoying a special item from Sally McGregor and Alyson McRitchie from the Shoe Shop Children of the Revolution. Lastly but certainly not least of all we will be hearing from Maxine Blanchard under the topic of My Journey over the past 10 years with Reflexology.

We are also looking forward to yet another very successful and enjoyable few days of Mind Body Spirit. I have taken the liberty to ask a few of the Regions within Queensland to just give a few lines on what has been in the area that would be of interest to all as well as what they might be looking forward to.

Sunshine Coast

In February this year we were lucky enough to run a Facial Reflexology course here on the Sunshine Coast. Participants came from various places in Queensland and Sue Ehinger came up from Sydney to teach Lone Sorensen's Facial Reflexology. The Workshop was held over 4 days and we learnt the first modules of Lone's extensive system. Everyone thoroughly enjoyed learning this new technique and of course receiving it as we practiced it on each other. We are looking forward to seeing Sue back here next year to build on our skills.

Diane Livingstone

Rockhampton

In Rockhampton there is the Holistic Reflexology Workshop on Friday and Saturday the 8th and 9th of June 2012. Glenda Hodge will be giving a power point presentation on Discovering the messages of your body systems, disease and symptoms on Saturday ... Part Two—Discovering the message of your feet based on Principles #2 and #8 from her book.

Fiona Davis

Not forgetting the South East Qld and regional areas, that hold Educational Practicum Exchange groups and who meet on a regular basis, to swap treatments and share information, of which a list of these venues are printed in our monthly newsletter, 'What's Afoot'.

Linda Williams



VICTORIA

The 2011/2012 year has been eventful for the Vic Branch. Sam Langridge needed to stand down from Chair in December to be true to her own healing journey. Carol McBain and I decided to try to fill Sam's shoes to get us to the ABM. It has been a journey we have really enjoyed and in writing the report for the ABM one could not help but notice how green our Victorian Branch is. By that I mean we are brilliant at recycling as so many of the same members keep moving around between different positions. We are currently in the situation of needing to look at the model under which our Branch is run as it has become increasingly challenging to fill the Committee of Management roles. We will be having a meeting in June to discuss this with our members and we are very positive that something inspirational will come out of it. Carol and I will stay on in our positions to help facilitate this. On a really bright note our General Committee is brimming over with talent and enthusiasm. Further we have reintroduced the Buddy System under the new Membership scheme and we feel this may help boost attendance numbers.

Reflexology education in Victoria is looking bright as we now have two schools, The Health Arts College and the Australian School of Reflexology and Relaxation that offer the Diploma in Reflexology taught by Association

members. Our aim is to entice graduates into the RAoA rather than other associations that may also cover other modalities they are involved in. Maybe 2012 will also see the introduction of our new Certificate in Clinical Reflexology to Vic. The ASRR has been assisting many practitioners, under the RPL system, to upgrade to Diploma and Carol and I have been fortunate enough to be in that group.

We wish to thank Rachael Fabbro our Secretary Angel for the amazing work she has carried out on behalf of all of us. Her efficiency, enthusiasm and generosity of time have been outstanding. We have now divided her role into three parts, Minutes Secretary, General Secretary and Website co-ordinator and Rachel has offered to stay on in the capacity of Website Co-ordinator. Our Treasurer, Ann Griffin who has travelled from Bendigo to Melbourne (that's dedication) for both general and committee meetings will be really missed both for her competence and wonderful down to earth approach, thank you so much Ann. We also have Nola Granger retiring from Committee, thank you Nola especially for all the work you did in getting out the notices for the ABM that was a big job. In the next edition of Footprints we will be able to inform members of the status of our Vic Branch.

Dee Leamon

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Guide to contributors

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

1. Articles can be chatty and informal, or more formal and educational. They must, however, be accurate, well researched and fully referenced (if applicable).
2. Articles that have not been booked by the Co-editor for a specific issue will appear in an issue decided by the Co-editor, as space and topic allow. To appear in a specific issue an article must be submitted for consideration up to 3 months in advance of the issue date.
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4. Photographs and line drawings are preferred at 100% size, 300 dpi resolution TIFF, EPS or PDF format. Original, high resolution, camera JPG files only are acceptable—preferably grayscale or high contrast coloured images. Photographs and line drawings should be forwarded as separate TIFF, EPS or PDF files—please do not embed photographs or line drawings into articles. Images taken using a mobile phone are not acceptable.
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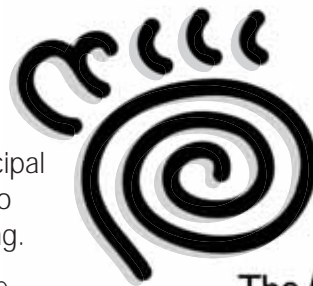
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The Reflexology Association of Australia has been in existence since 1989, when it was first incorporated in Victoria and subsequently in all other states. As a national body, the Reflexology Association of Australia Limited was registered in July 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.