

FootPrints



The Journal of the Reflexology Association of Australia

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From the President's desk ...



Hello fellow reflexologists and friends.

Earlier this crispy Tasmanian April morning I met up with Shirley Lawson at the Inveresk Precinct in Launceston to view the proposed site of the first permanent Tasmanian Reflexology path. What an ideal grassy spot; bounded by the historic tram line to one side and the old rail line to the

other along with three trees on the shorter end and 6 trees on the opposite side! This is to be the permanent site for the RAOA path developed by our northern Tasmanian reflexologists for the 2012 Conference path.

This March the Board met in Wynnum, Queensland, at the national office. During the two very full days on 16/17 March, much time was spent focused on addressing our budget for the coming year and into the future. Susan Ramsey arrived in Brisbane on Wednesday prior to the meeting as she had scheduled a CPT committee meeting on the Thursday and a Work Health Safety meeting on the Friday. Catherine Mclver arrived on the Thursday in order to spend valuable time with our Accounts Coordinator Leanne Brown and familiarize herself with the office and staff. The Research committee also met on Friday. All in all it was a very busy few days for staff and directors resulting in a very productive and rewarding meeting weekend. See a full report on page 11.

Probably the most important item identified during the weekend was the fact that all Branches across the country need to be more mindful of their requirement to actively develop income resources and minimize expenses.

An unexpected major illness suffered by Jo Impey's partner, Peter, has brought about a very positive response from the members in Victoria and we now have a second director from the south. Thank you Karyl McGlinn for taking on the challenge to step up to a Board position! Fortunately Karyl was able to attend the meeting in Wynnum and has already made her presence felt as a strong and enthusiastic member.

Unfortunately early in March our Research Director and Vice President, Chrissy Atkins, found it necessary to resign from the Board. The Board is particularly saddened to lose Chrissy after only nine months. In her short time she has been instrumental in finalizing our submission to government, setting new directions for the Research committee and working to address inconsistencies in RAOA documentation. She has been a very valuable member and I thank her for her commitment and dedication to a better RAOA and look forward to her return in the future.

Due to the Board's reassessment of RAOA's financial position it was decided to reduce staffed office hours from 57 to 48 hours. Consequently this has meant a redistribution of staffing and responsibilities. You will no longer find Jan Williams' cheery voice at the end of the phone as we now only have Jenn and Leanne in the office. As many of you will remember Jan was President from 2002-2004 and has been a valuable member of the national office staff for the past three and a half years, so it was a difficult decision to rearrange staffing without Jan. We all thank Jan for all her work over the years and wish her well in whatever her heart desires into the future.

By the time you read this you will have benefitted from a great workshop day around your ABM. I welcome all new committee members and look forward to a productive and enjoyable 2013/2014 membership year.

Heather Edwards

Board of Directors 2012-2013

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Front cover: Relaxing feet: Avril Davis and Helen Adendorff. Photo courtesy of Helen Adendorff.

Association Awards

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

Members having joined since February 2013–April 2013

First Name	Surname	Suburb	State
Therezze	McDonald	PALM BEACH	QLD
Adrienne	Hodgetts	BIRTINYA	QLD
Kelly	McPherson	WONGALING BEACH	QLD
Elena	Nika	WILSTON	QLD
Elizabeth	Garriock	WARANA	QLD
Julie	O'Connell	NEWSTEAD	QLD
Margaret	Beak	MARYBOROUGH	QLD
Susan	Borg	EATONS HILL	QLD
Karen	Galbraith	MT WAVERLEY	VIC
Carmen	Barnsley	TECOMA	VIC
Deborah	Coyne	BUSSELTON	WA
Joanne	Claxton	PERTH	WA
Lee-Ann	Pettigrew	NORTH LAKE	WA
Ashleigh	Williams	DUNSBOROUGH	WA

Attention EXPO organisers! Looking for additional material to display?

Here is a document that WA has used in the past at Expo's to encourage people to choose Reflexologists that are members of RAOA. The RAOA office holds an electronic copy that can be accessed by all Branch organisers of such events. It is a simple document that when printed and laminated on 2 A3 sheets looks quite effective. Use as is or add your own touch.



Choose a Reflexologist who is a member
of the
Reflexology Association of Australia

Because our members.....

- Have had extensive training, specialising in Reflexology
- Are dedicated to maintaining a high standard of professional practice and abide by a Code of Ethics
- Have ongoing professional development through Post-Graduate courses
- Are recognised by several private health insurance groups, therefore giving clients an opportunity to claim rebates on their treatments
- Our members are passionate about Reflexology

(For peace of mind, always ask for the practitioner's qualifications)



Rheumatoid arthritis

by Trudi Bareham, Member, Sunshine Coast

I write from the heart about what I learnt and felt about chronic disease. It is more real that way and a very shortened version of events. I was diagnosed with RA (Rheumatoid Arthritis) early in 2009. I had minimal symptoms but strong markers indicating an aggressive form of RA. Here is an overview of the disease ...

Rheumatoid arthritis, or RA, is a form of inflammatory arthritis and an autoimmune disease. For reasons no-one fully understands, in rheumatoid arthritis the immune system—which is designed to protect our health by attacking foreign cells such as viruses and bacteria—instead attacks the body's own tissues, specifically the synovium, a thin membrane that lines the joints. As a result of the attack, fluid builds up in the joints, causing **pain** in the joints and **inflammation**, it is also systemic—meaning it can occur throughout the body affecting organs too.

Rheumatoid arthritis is a chronic disease, meaning it can't be cured. Most people with RA experience intermittent bouts of intense disease activity called **flares**. In some people the disease is continuously active and gets worse over time. Others enjoy long periods of **remission**—no disease activity or symptoms at all. Evidence shows that early diagnosis and aggressive treatment to put the disease into remission, are the best means of avoiding joint destruction, organ damage and disability.

Signs and symptoms

The **symptoms** and course of rheumatoid arthritis vary from person to person and can change on a daily basis. Your joints may feel warm to the touch and you might notice a decreased range of motion as well as inflammation, swelling and pain in the areas around the **affected joints**. Rheumatoid arthritis is symmetrical, meaning if a joint on one side of the body is affected, the corresponding joint on the other side of the body is also involved. Because the inflammation is systemic you're likely to feel fatigued and you may become anaemic, lose your appetite and run a low-grade fever.

Long-term effects

Rheumatoid arthritis may affect many different joints and cause damage to cartilage, tendons and ligaments—it can even wear away the ends of your bones. One common outcome is joint deformity and disability. Some people with RA develop rheumatoid nodules: lumps of tissue that form under the skin, often over bony areas exposed to pressure. These occur most often around the elbows but can be found elsewhere on the body, such as on the fingers, over the spine or on the heels. Over time, the inflammation that characterizes RA can also affect numerous organs and internal systems.

After diagnosis, I saw the rheumatologist who suggested immediately taking methotrexate, a disease modifying drug which suppresses the immune system, thereby slowing down disease progression. This is the first in a line up of drugs which may or may not work and come



complete with quite awful side effects. Having met numerous people in the past with RA who felt no better for taking a cocktail of drugs, (plus I do not react well with many drugs), I chose to take the natural route.

Much research ensued along with a deep fear and anxiety of what my life would be like with RA. At best I would be in lifelong pain and at worst, lifelong pain, unable to work, unable to do things for myself and have terrible deformities as a bonus. I have intrinsically believed that we all have an innate healing ability within us but we have to somehow access this. I had no idea just how much of a journey I had embarked myself on but it has been the most life changing experience and one I am so very grateful to have experienced.

Working as a holistic therapist since 2002, I thought I knew a lot about people and health. I actually did know an awful lot and far more than I gave myself credit for. Having spent most of my life feeling not good enough, with little confidence, low self esteem and self worth, sadly, it's hard to give yourself credit for anything.

When you are diagnosed with a serious disease, especially one with nothing positive available to read, life suddenly becomes very different. As my fears surrounding the illness increased, so did my pain levels, anxiety levels and I found myself completely defined by RA. Diet was my main area of attack in this battle. I was utterly convinced that diet was a crucial factor and it became a complete obsession, and everything revolved around food. For 3½ years I tried all the recommended diets which heal and cure everything, but they just did not work for me. The pain was increasing, and I was terrified this was my life from here on. I meditated regularly every day, morning and night, and still nothing was changing. I felt so sorry for myself. I was a good person, all I ever did was try to help other people and here I was suffering more than I ever had in my life. I was so angry—"why me?" and I cried in a way I had never done before.

Throughout all this, somehow, my belief that we can heal ourselves was still alive. Every time I almost gave in, something would happen, a light bulb moment to give me hope once more. I couldn't find a single positive thing to read about people who tried managing RA naturally, and I eventually gave up looking because it was so depressing. One day however, I came across a book called *'The Long Search'*, a story of a lady who had found ways to manage her RA naturally. It's funny why things come our way! This book came my way because I love butterflies and on the front cover there was a beautiful butterfly. I see butterflies as spiritually meaning change and growth. This book offered the first real glimmer of hope I had found. It led me also to a spiritual group called White Eagle, a worldwide group but with few bases. There happened to be one just 40 minutes drive from me. This was the beginning of the real journey for me.

Continued on page 4

Rheumatoid arthritis
Continued from page 3

I have also long believed that physical pain originates from an emotional aspect of us. Through people I had met, the traumas they experienced, and the physical results of this, I had no doubt in my mind this was correct. It is a belief that very few others agree with, some therapists included and I was made to feel stupid by them—once again my self esteem and confidence took a bashing. I withdrew from this belief system, conforming to what others expected. At this time I became dissatisfied with clients who came expecting me to fix all their problems, taking no responsibility for themselves whatsoever, and then blame the therapy for not working. Feeling so utterly desolate myself, I was ill equipped to deal with people like this, so I made a decision and temporarily stopped taking new clients. I didn't want to help people who didn't want to help themselves, especially when I was trying so hard myself and still suffering. I also decided to change my webpage and write about what I believed people needed to hear about healing and I started getting calls from a different type of client—clients who wanted to help themselves.

Going to White Eagle Lodge helped me evolve enormously on a spiritual level. I bought two audio books, 'Heal Thyself' and 'Seeking Serenity', which allowed me to understand from a spiritual level why we get sick and how we are able to heal from this. It is a radically different approach from the normal alternative healing, but encompasses my beliefs entirely. Although I felt I had a normal life and childhood, I began to understand how even small traumas, hurts and life events can affect us very deeply on a subconscious level. I felt very sad that I was actually an extremely unhappy little girl because of unfortunate events that happened at a young age, and understood that as a child, I did not have the capacity to be able to process such things. Having regular treatments since diagnosis, which particularly addressed the subconscious mind, allowed me to make sense of my life and understand why I had become sick.

I was no longer locked into a battle with RA. I accepted that it was in my life for a reason, and the reason would become apparent. Even writing this now gives me goosebumps! Becoming friends with disease is far easier than it being an enemy and life began to change. Dietary changes were helping but still not enough. Mid 2011 to April 2012 was the most intense physical and emotional part of this journey. I often felt I could not survive and at times wasn't sure I wanted to. Fortunately the light bulb moments just kept coming. Learning to completely alleviate pain through breathing techniques, was amazing. If I could heal pain just through breathing, what else could I do? Working on the subconscious memories was so utterly revealing in the bigger picture, I was amazed! Things I was not aware of which I found out from mum were stored in my subconscious and affected so me deeply. I was truly blown away by the power of the mind in this life of ours.



August 2011 I decided I wanted to share with others what I had learned. When I was diagnosed with RA I had no hope and taking the natural route is a very lonely place to be when you are in so much pain. If I could talk to others and give them hope, how amazing would that be? I was still not in a good place—how could I give others hope when I was still in such a bad place? Despite my progress in becoming spiritually aware, my emotional and physical pain was still deteriorating. I knew on some level (evidently subconscious!) I was still holding on to the pain. I was afraid to let go but didn't know why.

I eventually created the situation my fears surrounding RA held for me—not being able to work and earn money; being cared for fully by others and being in the most excruciating pain; bizarrely, it wasn't the RA which caused it but sudden and necessary surgeries and after-effects. It was a moment of complete awakening for me and the day which changed my life entirely. That was April 2012.

I love working with energy and believed that is where my work would eventually take me. In April 2012 I took a new reiki client and it opened doors to a new world for me. I started my support group called Natural Ways for RA and we now have over 70 members, on email and Facebook, with a core group who meet monthly on the Sunshine Coast. I love helping people, but often questioned being a therapist as I felt some people just didn't want to be helped. For many reasons and because of things I experienced a long time ago, I realised empowering people to help themselves was the path I needed to follow. I began to let go of things in my life which were no longer serving me spiritually and life now is amazing. Working with the RA group has given me so much passion and my heart sings every day when I think of the difference this group has made to their lives. Less pain, less inflammation, greater awareness of how food affects them, and even more importantly, how emotions affect them. My work as a therapist has also improved because I understand how to help people through everything I have learned.

December 2012 I was advised by the rheumatologist that I am in remission in as many ways as is possible. Remission is rare even following the medical protocol, which is also apparently the only way to manage RA. Suddenly I realised just how much I have achieved. Despite all I read and was advised, I have overcome a chronic, degenerative disease with no cure and no joint degeneration. I have no pain or inflammation and I feel amazing.

Being diagnosed with RA was the best thing that ever happened to me. It may have been a journey to hell and back BUT it has given me my life back. I was truly a lost soul and now through my experience, I have so much passion, a fantastic life, confidence and self worth. I have found my calling and life is just amazing. I achieved something that in essence is impossible.

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Rheumatoid arthritis
Continued from page 4

It has also taught me far more about working with people than anything I learnt in any courses and I hope that by sharing what I have and what I am about to, it will make you think differently when you work with clients—we are all guilty at times of determining we know what is best for clients and what the problem is. Clients only tell us the things they want us to know. I can fully validate that the subconscious hides much from the conscious mind; it is therefore impossible for us to know the best course of action when treating a client.

The body and it's subconscious knows how it got sick and therefore knows how to get well. It knows in what order things happened in the body/mind and in what order these things need to be healed. Whatever you determine may be the client's issue, or what you think needs addressing from the consultation, the things they say or their presenting symptoms, please immediately remove yourself from this. In my experience from my personal journey with healing from RA and from treating many people, the symptoms and conditions they present with are FAR removed from what they need to heal from. The body is highly intelligent—I ALWAYS treat the whole person, and never treat specific symptoms or systems because I do not believe it is within my judgement to determine what this person needs to heal. Trauma can block their subconscious from allowing the story to be told and many, many people are in complete denial of their illness/pain and why they have it. Remember we are only facilitators for healing—the client is actually the 'healer' and the subconscious will heal the emotional and physical body when it is ready, willing and able.

When treating clients with RA—I avoid treating during flare ups with anything other than reiki or energy treatments, as treating can exacerbate symptoms causing horrendous pain—your client will blame



you, and probably never return or have reflexology again. If your client understands the emotional aspect of healing along with Herxheimer effect and Herings Law of Cure, then they will understand that symptoms often will get worse before improving, but the majority of people with RA or chronic disease will have no knowledge of these things. Avoid stimulating the immune system, all treatments should be calming and sedating. Maybe Gentle Touch reflexology. Most people with RA and AI disorders are on a cocktail of drugs to suppress the immune system, and therefore may have many underlying conditions and side effects associated with these drugs and be in a state of high toxicity.

If you have clients with RA who you feel may benefit from our group I can be contacted at naturalwaysforra@hotmail.com or they can join the group at www.facebook.com/groups/naturalwaysforra

We share resources, stories, information, have regular meetings and speakers and for the future a membership website is planned.

I believe illness and disease occur because something needs to change. For many people, change is very difficult and as I discovered, even when we are willing and able to change, it is not easy to let go of things which are so deeply buried within us. Fear can be a crippling emotion when combined with illness and the mind is so powerful in the way it controls us.

Benjamin Disraeli said 'The secret of success in life is for a person to be ready for opportunity when it comes'. Who would have thought the best opportunities may come in the form of chronic disease? As I regularly quote to the

RA group (from Robert Anthony) 'If you keep thinking what you are thinking, and you keep doing what you are doing, you will keep getting what you are getting.'

The choice is ours and it is our gift.

www.naturaltherapypages.com.au/trudibareham



Are you confident in performing First Aid?

by Susan Ramsey, Director WHS

Workplace health and safety—what happens when something goes wrong at work? Compliance and how do you rate? Are you ready for workplace injuries? Are you confident in performing First Aid? Do you have policies in place? Do you have a First Aid Kit in readiness for First Aid?

Accidents and stress are present in the workplace. Employees have different views about the consequences. Individuals must take responsibility. It is essential that all businesses understand their legal obligations when it comes to workplace health and safety. To download copies of the model codes of practice, visit www.safeworkaustralia.gov.au.

There are significant penalties and fines under the Work Health and Safety (WHS) laws that have been operating in South Australia since 1st January 2013. All States have these laws now. An overview to help understand and comply with the laws can be found at www.business-sa.com.



I strongly advise all members to research these new laws in their own State or Territory by doing a Google search, enter 'Work Health and Safety' followed by your State or Territory.

Check your fire alarm now and at regular intervals. Also check that you have emergency contact details on the client's record sheets and for your staff. Plus check your First Aid Kit is current. Have a sign visible for people to know where your first aid kit is housed.



Cancer treatment and Reflexology

by Emma Gierschick

A study led by a Michigan State University researcher offers the strongest evidence yet that reflexology—a type of specialized foot massage practiced since the age of pharaohs—can help cancer patients manage their symptoms and perform daily tasks.

Funded by the National Cancer Institute and published in the latest issue of *Oncology Nursing Forum*, it is the first large-scale, randomized study of reflexology as a complement to standard cancer treatment, according to lead author Gwen Wyatt, a professor in the College of Nursing.

“It’s always been assumed that it’s a nice comfort measure, but to this point we really have not, in a rigorous way, documented the benefits,” Wyatt said. “This is the first step toward moving a complementary therapy from fringe care to mainstream care.”

Reflexology is based on the idea that stimulating specific points on the feet can improve the functioning of corresponding organs, glands and other parts of the body.

The study involved 385 women undergoing chemotherapy or hormonal therapy for advanced-stage breast cancer that had spread beyond the breast. The women were assigned randomly to three groups: some received treatment by a certified reflexologist, others got a foot massage meant to act like a placebo, and the rest had only standard medical treatment and no foot manipulation.

Wyatt and colleagues surveyed participants about their symptoms at intake and then checked in with them after five weeks and 11 weeks.

They found that those in the reflexology group experienced significantly less shortness of breath, a common symptom in breast cancer patients. Perhaps as a result of their improved breathing, they also were better able to perform daily tasks such as climbing a flight of stairs, getting dressed or going grocery shopping.

Wyatt said she was surprised to find that reflexology’s effects appeared to be primarily physical, not psychological.

“We didn’t get the change we might have expected with the emotional symptoms like anxiety and depression,” she said. “The most significant changes were documented with the physical symptoms.”

Also unexpected was the reduced fatigue reported by those who received the “placebo” foot massage, particularly since the reflexology group did not show similarly significant improvement. Wyatt is now researching whether massage similar to reflexology performed by cancer patients’ friends and family, as opposed to certified reflexologists, might be a simple and inexpensive treatment option.

Reflexology did not appear to reduce pain or nausea, but Wyatt said that could be because the drugs for combating those symptoms are generally quite effective, so the women may not have reported them to begin with.

Although health researchers only recently have begun studying reflexology in a scientifically rigorous way, it’s widely practiced in many parts of the world and dates back thousands of years.

“Reflexology comes out of the Chinese tradition and out of Egypt,” Wyatt said. “In fact, it’s shown in hieroglyphics. It’s been around for a very long time.”

Source: Michigan State University



Special needs feature series

Due to a general lack of awareness, or fear regarding working with people with a special need or disability, Emma Gierschick will be producing a series of feature articles outlining the characteristics of ‘more common’ conditions or special needs.

In each article she will describe the general clinical features, any special considerations that need to be taken account of, a reflexology approach, where to get further information and resources that are available. Conditions that will be covered include: Autism / Aspergers, ADD / ADHD, Cerebral Palsy, Down’s Syndrome and Fragile X disorder.

If you have any experience in working with people who have a special need or disability please send the editor an article or case study to be printed alongside the relevant feature.



SURVEYS! NO MONKEY BUSINESS ...

RESEARCH COMMITTEE

With the new membership year coming up it is time for you to tell us about your business and what you need. This year’s survey has been simplified and focuses on you, the members, your practice and your use of the RAoA website and social media e.g. facebook. Your input from this survey will indicate strategies to provide support for your practice.

The research committee are supporting the Board of Directors by developing, distributing and collating information through membership surveys every two years. We now have an internet program called Survey Monkey which allows us to do on-line surveys while still being able to provide paper copies for those without a readily available internet connection. This program includes a system to analyse the data which will minimise the workload of the committee greatly.

Still on the road with Reflexology

Rebecca Cole

You may remember reading my articles about reflexology in the outback and our 12 month working holiday around Australia. Well, much to the disappointment of my clients in Echuca, Victoria, 18 months has passed and we are still on the road. The experience has outweighed all our expectations in the adventure, reflexology and the amazing destinations.

So the amazing journey with reflexology continues. I made it my mission while working on the mining exploration site to further the education and development of reflexology with a demographic of people who usually would not seek this type of treatment. I am pleased to report that of the 15 people working at the site, 4 people experienced their first reflexology treatment with 3 returning for further treatments. One night I was busy preparing tea when a Driller came in looking for the First Aid Kit. He was looking for Panadol having had a headache for weeks. There was nothing to help in the Kit so I told him to come and see me after tea and I would see what I could do. He was very sceptical but was at the end of his tether and was not rostered out for another week, so decided it was worth giving it a go.

Mr T told me that when his hips go out he gets headaches and usually sees a chiropractor and then he is all good for a while. With that in mind I decided to jump straight into Vertical Reflex Therapy (VRT). After explaining the treatment and the pin prick sensation that he would



experience, I was met with a facial expression of "yeah right". This didn't deter me as I know the power of VRT. Half way through the treatment I notice Mr T was swaying a bit, I asked him if he needed to sit down and he declined. A minute later I looked up and he was very green, I asked him to sit and completed the treatment seated but still weight bearing. Mr T said "I can't believe you can make me feel so crap just by touching my feet". I completed the treatment with the harmoniser and gave Mr T a glass of water, as the colour returned to his face. He was amazed at the experience and how he had felt like vomiting but the sensation had then disappeared. He still had a headache, so I sent him to bed with more water. The next morning Mr T was pleasantly surprised to wake up without a headache for the first time in over a week. He is converted and had hour sessions after that. I had to laugh when he said to me "when you stop travelling set up shop in Waikerie SA, I have lots of hippy friends that I can refer to you", so obviously he still thinks it's a bit out there!

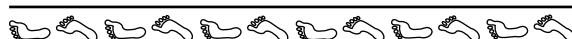
After spending 11 months in Alice Springs, Darwin here we come! As we headed north it seemed that everyone else was heading south. About 20 caravans an hour were going in the opposite direction. All the tourists said we were mad going to Darwin in September but the locals said once you get through the build-up the wet is terrific. So here we are in Darwin during the build-up and yes it is humid and you sweat but hey, so does everyone else.

Although the caravan park was quietening down, I had a really good response to the sign I put up in the toilet blocks. Once I had a few clients then word of mouth and the serene picture of the relaxed person in a comfortable chair having their feet massaged did the rest. Mr A approached me about his sore back and we were making really good progress until he lifted something heavy and it shifted, jarring his back. I started giving him intensive VRT and it helped a bit but he was still in lots of pain and his work needed him to see a doctor. The Doctor said that

the reflexology would be helping and to keep it up, but also take some anti-inflammation tablets as well. I was pleasantly surprised to hear that the doctor had said that, and made a mental note to go and see her and introduce myself, as it looks like we may stay here for the next 6 months.

The universe works in a wonderful way. We registered to house sit while in Darwin for three reasons: to save some money; to experience

a different area; and to get to know the locals. It has been an amazing journey so far. The owner of the first house is studying a massage degree by correspondence and it just happened that she was in the middle of the Reflexology elective. Was she excited when she found out what I did? We did a swap and I gave her some pointers and guidance while she was busy taking it all in, asking loads of questions and really enjoying the experience. It was a stretch on the brain to go back to Reflexology 1! She offered the use of her massage room while she was away and told me to put a sign up on the notice board at the supermarket. So, although I thought it was going to be hard to do reflexology while travelling to different areas to house sit, it is all falling into place. All owners are more than happy for me to work from their homes and are already spreading the word with family and friends. So now I will just wait and see how it unfolds!🐾



Primary health, Medicare Locals and Reflexologists?

Lyndall Mollart, RN RM Ma Midwifery Dip Reflex

Under the National Health Reform, the Australian Government is aiming to shift health services from hospitals to primary care. Primary care is the “provision of access to comprehensive, community-based health care, including through first point of call services for prevention, diagnosis and treatment of ill-health, and ongoing management of chronic disease”.¹ The Australian Government is committed to strengthening the primary health care system and giving people access to the services they need locally and reduce hospital admissions.¹ Primary care helps people better manage their health and plays an important role in preventing disease.¹

Primary care includes a range of services provided by APRA (Australian Health Practitioner Regulation Agency) registered health professionals such as general practitioners, nurses, midwives, psychologists, physiotherapists, pharmacists, dentists, allied health professionals and community health workers.² There is very little mention in the government documents recognising complementary and alternative therapists as primary care providers. The RAOA submission to the “Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government” (2008) addresses the 10 proposed elements that underpin a future primary health care system and explains that reflexologists are primary health care professionals and:

Reflexology offers the opportunity to support the range of Medical and Allied Health services currently available, especially in the area of preventative health care. At the same time also assisting those already utilising Medical and Allied Health care services. (RAoA 2009)³

Medicare Locals

A key component of the Reform was the establishment of a new nationwide network of Medicare Locals. The formerly known ‘Divisions of General Practice’ form the foundation of the new ‘Medicare Locals’ through a process of transition until 1 July 2012.⁴ There are now 61 National Medicare Locals, with 20 Medicare Locals in NSW.⁴

Medicare Locals are primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps. They drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.⁴

Medicare Locals are required to deliver on the following five strategic objectives

1. Improving the patient journey through developing integrated and coordinated services.
2. Provide support to clinicians and service providers to improve patient care.
3. Identification of the health needs of local areas and development of locally focused services/programs.
4. Facilitation of the implementation and successful performance of primary health care initiatives and programs.
5. Be efficient and accountable with strong governance and effective management.

Membership of Medicare Locals

The membership requirements seem to vary between each Medicare Local. All Medicare Locals accept GPs and AHPRA registered primary health care practitioners as members free of charge as set out in Table 1 (below).

Some Medicare locals also accept Non-AHPRA registered primary health care practitioners and other primary health care professionals as members, if they meet the eligibility criteria.⁵ Such Primary Health Care Practitioners may include:

- ◆ Audiologists and Audiometrists;
- ◆ Exercise Physiologists;
- ◆ Orthotists/Prosthetists;
- ◆ Social Workers, Youth Counsellors;
- ◆ Speech Pathologists;
- ◆ Health Educators; and
- ◆ **A range of Natural Therapists e.g. Massage Therapists, Reflexologists, etc.**

Eligibility criteria for non-APRA members may include requirements such as:⁵

- ◆ be actively involved in the provision of primary health care;

Continued on page 9

Table 1: AHPRA registered health professionals

Aboriginal and Torres Strait Islander Health Practitioners	Occupational Therapists	Podiatrists and Podiatric Surgeons
Chiropractors/ Osteopaths	Optometrists	Psychologists
Dentists Dental Hygienists Dental Prosthetists Dental Therapists Oral Health Therapists	Medical Radiation Practitioners (including Diagnostic Radiographers, Medical Imaging Technologists, Radiographers, Nuclear Medicine Scientists, Nuclear Medicine Technologists or Radiation Therapists	Chinese Medicine Practitioners (including Acupuncturists, Chinese Herbal Medicine Practitioners, Oriental Medicine Practitioners and Chinese Herbal Dispensers)
Medical Practitioners	Pharmacists	
Nurses and Midwives	Physiotherapists	

Reflexology Association of Australia

Primary health, Medicare Locals ...
Continued from page 8

- ◆ hold nationally recognised qualifications;
- ◆ be a member of a National Association, professional body or equivalent that is related to their profession or occupation;
- ◆ be committed to the provision of evidence-based health service provision and practice;
- ◆ be supportive of effective linkages and collaboration between primary health care providers that benefit clients and patients.

So, do reflexologists want to become members of a Medicare Local?

Possible advantages of being a member of a Medicare Local include:⁵

- ◆ Access to education and training workshops/events/networking meetings;
- ◆ Access to the organisation's business services and resources;
- ◆ Advertising on website for your events and positions vacant;
- ◆ Listing on Online Health Services Directory. The Online Health Services Directory aims to provide an easy access point to referral and other information for local health services within our region;
- ◆ Publications including newsletters and updates;
- ◆ Attendance and voting rights at the AGM; and

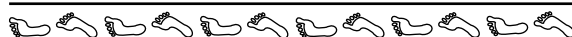
- ◆ The opportunity to join an organisation with proven experience and success in advocating for positive change in primary health care services.

I suggest you look on the internet for your local Medicare Local and see if they will accept you as a member. The advantages of being a member of a Medical Local seems to be very beneficial for yourself as a business owner and having the opportunity to have a say at the primary care level in your community.

Link: <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/medilocprofiles>

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5. Central Coast NSW Medicare Local. <http://www.ccnswml.com.au/membership>.



The Victorian RAoA Branch presents the **13th National Conference**, which will be held at **Novotel Glen Waverley, Melbourne on the 17th - 19th October 2014.**

Our theme is **The Professional Reflexologist branching out.**



The Professional Reflexologist
Branching Out

Check out our conference website for more details www.conferencedesign.com.au/raoa2014/

If you would like to be involved, have ideas, would like to speak, are interested in a trade table etc please get into touch on 2014conference@reflexology.org.au

and also like us on Facebook <https://www.facebook.com/ReflexologyAssociation2014Conference>

Working well through volunteering

by Kate McKnight

As part of my work in Reflexology, Reiki and natural health, I am a volunteer administrator for the Reflexology Association of Australia Facebook Page. I write for and also supply many of the photographs. This I find is another helpful way to share and gather wisdom. Take a look at the Reflexology Association of Australia Facebook Page and there, you will see a growing audience of reflexology fans, therapists and light workers enjoying and contributing to this page.

Why volunteer? Well, I have volunteered for many organisations over the years in various capacities and find that every contribution makes a positive difference and can sometimes change someone's life for the better! We are often so money focused these days that we forget about the wonderful work volunteers do. Volunteering is good for the soul because it comes from a 'helping' mindset.

Helping others actually helps us feel better too, and science is now exploring these ideas as defining aspects of what makes us human ... helping others is actually good for us!

The Australian bushfires is an example of how volunteers can help others from simply holding someone's hand to bravely battling the fires. Volunteers are the silent heroes and heroines that keep many organisations going.

In the field of natural health, volunteers are the backbone of what we do as therapists and light workers. Volunteers have built and founded organisations from the ground up. Many of these run on a shoestring and are mostly held up by volunteers. In natural health, volunteers have lobbied governments and made amazing changes in how we manage health care.

Many volunteers are women on low incomes and perhaps it is this group that understands the value of creating positive supportive structures within society for positive change. These structures are often under threat but they continue on. I am happy to be part of these structures in my small way as a volunteer and hope to see a deep transition in how we do business in the future, from a more helpful perspective, mindful of the value in volunteering.

Shanti Shanti (Peace and Stillness [in Sanskrit])

Provided with permission from the Professional Facebook Page:

Kate Kennedy McKnight—Wisdom Gatherers®




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 by understanding the science***

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Modules 3 & 4 are for therapists working in a medical setting.

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The national **Contact a Therapist** listing is also available on the website

www.oncologymassagetraining.com.au

Why is it so many people live on the outside and never get to know who they really are?

The fear of new thoughts and the uncertainty of new ventures,

Holds back the joy of new boundaries and unlimited expression.

Life becomes so confined and its scope so limited

That I cry inside at the shame of such shallowness.

Listen to your inner voice

The one that speaks the truth.

Over-ride the sound of the brash loud cry.

The one that says you're high and mighty.

It is the inner voice with its depth of meaning

That holds the key to true reality.

Hold your head up high and feel the strength within.

Let the sun radiate out through the smile in your eyes so that all whom you meet are warmed by your presence.

Misha Frankel



RAoA Board Meeting

16/17 MARCH 2013

The Board meeting was attended by all current directors. The following is a summary of the major items covered at the Board meeting.

Actions from the September meeting: Completed diligently by all Board members!

Constitution: It has been decided that changes are required to the constitution. Some of these are the proposed changes raised at the September AGM 2012 but not passed. You will receive information regarding this over the coming months and again during September ready for voting on at this year's AGM in October.

Policies and Procedures—Changes to this document are ongoing and the current document includes a revised policy for conferences.

Budget: It was noted that—

- ◆ Product sales are down by 30% in the past 6 months.
- ◆ The budget should be set without the inclusion of conference profit/loss as this should be considered as a bonus.
- ◆ Budget is prepared on a 10% increase of previous years actual costs.
- ◆ FootPrints magazine expenses (postage and printing etc) and income (advertising) to be coded so that true profit/loss for this item can be shown.
- ◆ The introduction of student fees was discussed. It was noted that free student membership has proven very beneficial as most students become full members on graduation so the fee was kept minimal to cover costs of FootPrints and administration costs.
- ◆ Membership income requires improvement. Jo will start a membership drive with Jenn to raise more funds through membership.
- ◆ Branch incomes are down and expenses are high. Branches should be covering the rental of venues used for meetings and any event held.
- ◆ In membership form "Joining fee" title is to be changed to "Administration fee".
- ◆ The current auditor is expensive and not efficient in returning the books for the AGM so we are looking into a cheaper auditor. Suggestions welcome.
- ◆ Board expenses—although they seem expensive, they are still below ATO recommendations. Meetings in Melbourne could be cheaper than Brisbane as directors can fly home the day that the meeting concludes. In future all Board meetings apart from the AGM, will be held in Melbourne.
- ◆ Budget is to include more for our website. We are upgrading our website image and including an online CPT program which is to be followed up with online membership joining and renewal section.
- ◆ Budget needs to be increased to cover staff training.
- ◆ Budget needs to allow for membership of associations such as NMR. It was agreed to pay the requested \$2000 toward registration of the company, as requested earlier this year.
- ◆ Budget to allow \$500 for purchase of photos for social media and pamphlets. The board discussed a competition to gather a package of photos from members. Is there a member who is a professional photographer who would be willing to create a portfolio?
- ◆ Staffed office hours should be reduced from 57 to 48 hours. Unfortunately this has meant reducing staff from three to two.
- ◆ Future investment in a growth account would be good fiscal policy. To achieve this a percentage of the RAoA income will go towards building the company and is to remain as an asset. The aim is for money to go towards an office so that the current rent can be utilised to increase our assets further. We have re-instated the old growth account to start this going again.

CPT:

- ◆ Points for paid sessions was discussed and will not be added to the CPT categories.
- ◆ In future, presenters will receive a set fee for RAoA organised workshops/events rather than a percentage payment.
- ◆ Webinars are being considered as avenues to gain CPT points.

Brochures: The revised original RAoA brochure is almost ready to go to print. Work has begun on a Sports Reflexology brochure.

Footprints and advertising in state newsletters:

- ◆ FootPrints is now being printed in Queensland. This has reduced production costs.
- ◆ Advertising prices for FootPrints will be increased.
- ◆ Lea has produced a list with prices charged by each state for advertising in their newsletters with the suggestion of a standard national price. It was decided not to have a national price but the list could be updated and distributed for viewing by each state.

Membership levels and benefits: A brochure is being produced to explain the benefits received by each membership level. Membership prices have been reviewed with an increase for some levels.

Advertising: RAoA will place an advertisement in JAMTS journal in an attempt to attract their members to attend our functions/events. JAMTS has 12,000 members.

We are also investigating a reciprocal hyperlink with AAMT.👉



Foot massage decreases agitation in dementia patients

Reproduced from: <http://www.massagemag.com/News/massage-news.php?id=11910&catid=286&title=foot-massage-decreases-agitation-in-dementia-patients>
posted:12/1/2011

After receiving a 10-minute foot massage each day for two weeks, people with dementia and a history of agitation immediately showed a significant decrease in agitated behavior, according to recent research. In addition, the reduction in agitated behavior remained significant two weeks after the massage intervention had ended. The study, "Exploring the effect of foot massage on agitated behaviors in older people with dementia: A pilot study," involved 22 people with a diagnosis of dementia and a history of clinically significant agitation. The mean age of the subjects in this study was about 85 years, and all of them were permanent residents of a care facility.

Eligibility criteria included recent history of exhibiting clinically significant agitated behaviors, according to nursing records, as well as not receiving other forms complementary therapy and no contraindications for foot massage.

For the intervention, trained massage therapists provided the subjects with a standardized five-minute massage on each foot once a day for 14 days, always between the hours of 1 p.m. and 6 p.m. The massage consisted of light pressure, with long, gliding, rhythmical strokes of the entire foot and ankle.

Agitation and related behavioral problems were assessed at baseline, immediately after the end of the two-week intervention period and again two weeks after the massage therapy had ended. These outcomes were measured using the Cohen-Mansfield Agitation Inventory and the Revised Memory and Behavior Problems Checklist.

According to caregiver reports, the most common agitated behaviors observed in the study's subjects were verbal aggression, wandering and repetitive movements.

Results of the research revealed significant improvements, compared to baseline, on both the Cohen-Mansfield Agitation Inventory and the Revised Memory and Behavior Problems Checklist. The improvements were significant immediately after the two-week massage intervention and also two weeks after the intervention had ended.

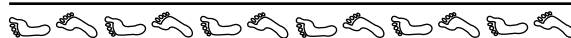
"The results suggest that regular short foot massages can reduce agitation and related behavioral problems in people with dementia in just two weeks, irrespective of gender," state the study's authors. "Furthermore, these changes appear to be maintained for at least two weeks without massage.

"The results also indicate that foot massage is well tolerated by people with dementia," they added, "with only two participants refusing ongoing treatment."

The researchers propose a randomized, controlled trial to confirm the findings from this pilot study.

Authors: Wendy Moyle, Amy Nicole Burne Johnston and Siobhan Therese O'Dwyer.

Sources: Griffith Health Institute, Griffith University, Nathan, Brisbane, Queensland, Australia. Originally published in September 2011 in the Australian Journal on Aging, 30(3), 159-161.



Notice to all Members



Check the www.reflexology.org web site for all State events.

South Australia, Western Australia and Queensland also have their Library catalogue available.

Any member looking for a Mentor, feel free to contact your state Director. There is a Mentor list on the web site.

PM members looking to become a Director in their state should share their interest with their state Director.

Current Directors are available to mentor future Directors and Expressions of interest are always welcome to continue the great work the Reflexology Association of Australia is doing. Some of the skills required by the Board are Secretary, Public Relations, Social Media, Treasury, Work Health & Safety, and Reflexology knowledge, but not limited to these skills.

Any Members with an interest to be on State Committees please contact your local Secretary or Director.

What is ... Homeopathy?

by Emma Gierschick

One of the basic principles of homeopathy (or homœopathy) is 'like Cures like' which, simply put, means a substance that has caused symptoms can also be used to relieve them again.

According to the World Health Organisation (WHO), Homeopathy is the 2nd most popular healing modality in the world. Unlike conventional medicines, which control the body and its symptoms through chemicals, Homeopathy uses minute doses of substances that trigger a positive reaction from the body's self-healing mechanism. In doing this it is believed that two things can happen:

1. The body is stimulated to correct its own state of ill health; and
2. It is strengthened by this process to be more resistant to the problem in the future.

The word 'homeopathy' is derived from the Greek words homoios, meaning 'similar', and pathos meaning 'suffering'. Homeopaths treat patients with specially prepared substances that mimic the symptoms of those diseases in healthy people.

Homeopathy has a 200-year history of successfully treating both acute and chronic health problems. Deep-seated complaints such as arthritic, digestive, and respiratory disorders can be resolved as effectively as headaches, hay fever, and the discomfort of teething. Because mental-emotional symptoms also arise when a person is in a state of imbalance, problems such as jealousy, lack of confidence, depression, panic-attacks, and children's behavioural disorders will safely and effectively resolve during treatment. Homeopathy truly is a complete system of medicine.

What is a visit to a homeopath like?

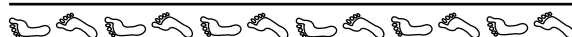
A Homeopath primarily gets to know their clients in great detail. In order to treat them as an individual there is a requirement to build up a comprehensive profile of all their symptoms, so that a unique and personalised remedy can be created that perfectly matches their symptom picture. During a consultation, some questions may seem a little bizarre as clients are asked for information relating to current symptoms, past medical history, about their physical, mental, emotional changes, any usual aches or pains, diet, sleep, lifestyle, and family history, and also their reactions to weather and other aspects of the environment.

Initial consultations may take up to an hour; however simple acute complaints may only take 15–30 minutes. The Homeopath will then match this profile with a profile of symptoms for a homeopathic medicine.

Homeopathic medicines are safe and have no long-term side effects. There are no drug interactions with homeopathic medicines, so this means homeopathic medicines can be safely taken along with medications prescribed by a vet or a doctor. Homeopathic medicines can be safely given to children, pregnant women and pets.

Many homeopaths are extremely interested in reflexology, especially in deciphering the various marks on the feet to assist them with a diagnosis—something we can't do, so it might be worth linking in with a local practitioner for cross referrals.

For more information or to find a Homeopathic practitioner near you go to www.homeopathyoz.org



Face it

Facebook news—Social networks for the now moments



I asked the readers to offer a new name for my column and here it is "Face it" sent in from Vera Emmi. Thank you Vera! 'Face it' seems an appropriate title as we all need to face a great many things in daily life and certainly facing technology with open arms and willing hearts allows the opportunity to explore new directions and make helpful connections.

I am happy to report that the RAoA Facebook page has continued to grow in numbers and popularity worldwide. We currently stand at 755 likes and by the time this magazine goes to print that may be closer to 800.

The RAoA Facebook page is now gathering wonderful information including videos, articles and, most wonderful of all, conversations and comments about some rather hot topics 'facing' many of us as therapists and clients. Here is a glimpse of what reflexologists, associations and clients are chatting about...


Hot Topic: As healers and professional therapists, it is important to continue our own healing and self-nurturing care, just as we would instruct our clients to participate in regular treatments for maximum health benefits. When was your last reflexology session, are you due for a treatment?





Helen I always remember seeing Father Joseph at a RAoA conference and telling us he did his own feet every day - very inspiring but I still think that receiving one from a colleague is much better. I do work on my own feet whenever I can, my last session exchange with another reflexologist was November last year, so I need to get my diary to make one soon. Thanks for the prompt!

Continued on page 14


Face it
Continued from page 13

 **Connie** Our Reflexology group have exchanges on the 2nd Monday of every month. We all love the opportunity of some tlc & to discuss many topics that are of interest to us all


 **Pamela** I had a Facial Reflexology with Tracey Holland last week... wow.. first time.. and I floated home. It was so relaxing. This year I am doing exchange treatments with other reflexologists, so that we all stay calm and balanced.


 **Heather** Treating self and family should be your first priority. It does pay dividends! Remember this when things start to get a little out of balance; come back to your base...


The following conversation relates to the client's experiences during reflexology treatments...

 **Connie** It's always a different experience. Nearly every client finds themselves in 'the zone'. I have had

clients say to me....'I told myself before the treatment that I was going to stay awake but I just couldn't keep my eyes open'. I believe that this is when deep healing takes place. I have never had a client yet who hasn't smiled at the end

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

 **Lee** I agree it's different for everyone, but I have loads of clients experience colour during treatment.

 **Ashleigh** I see exactly this every time I give a treatment, but swirling and morphing into peacock blues and purples!!

Many of our hot topics have covered research on pain relief through reflexology, fertility success and reflexology fees. Visit the Facebook page to have your say, suggest a topic or share your experiences.👉



Leave your ego out of healing

Deirdre Brocklebank April 2013

Like many of you, I have explored several healing techniques and therapies over the years. I do not consider any particular form of healing is necessarily significantly 'better' than another. Therefore, I use a range of skills and tools to meet the specific needs of each client.

Foot reflexology (for which I received a Diploma through the Australian School of Reflexology in 1998), is one of my prime therapies. I have added to my reflexology skills over the years with auricular therapy, hand reflexology, VRT (Vertical Reflex Therapy), Dip. Face Reflexology, and Dip. Japanese Cosmo Lifting thanks to the dedication of such amazing teachers as Sue Ehinger. I have also studied and apply other energy therapies in my work including Pranic Healing, Theta Healing, Reiki, Bush Flower essences and EFT (Emotional Freedom Techniques) to name a few.

About three years ago I included FasterEFT (Emotionally Focussed Transformations).

FasterEFT is a self help methodology developed by Robert G. Smith after many years of studying and working with thousands of people. He has put together new techniques and processes that integrate the most

The diagram illustrates the Emotional Freedom Technique (EFT) tapping points on the head and body. It includes a list of points such as Top of head, CV 22, ASPIRATION, CHIN, CV 24, COLLAR BONE, R27, R28, and SE. Below the diagram is a table titled 'Significance of EFT Points' which lists various points and their associated emotional and physical issues.

effective elements of EFT, BSFF (Be Set Free Fast), NLP (Neuro-Linguistic Programming), spiritual understanding, science and the mind's great ability to transform itself.

FasterEFT is fast, direct and to the point and it has a logical belief system that is easily accepted. I have found with my clients that it is possible to quickly transform how they represent their past, shift their emotional disruptions and restore their physical health with FasterEFT. This is done by addressing the entire mind/body system which includes what you think and how you process your thoughts, along with the body's response.

FasterEFT is performed by aiming at memories and feelings that concern us while tapping on specific meridian points

on the body. It is a stress management technique that you can use on yourself whenever you want to no matter where you are.

For me, working with FasterEFT is like being on an adventure tour which unfolds in many directions. It is very exciting to following the connections through the neural pathways in the unconscious mind to unravel and change

Continued on page 15

memories and so transform how we live our lives. The following are some of the examples of how I have used FasterEFT to help my clients and others.

Who would have consciously thought that clearing and rewriting the memory of a chook being shot would be the final necessary step in releasing a client's shoulder pain that had been causing her discomfort for a long time? In the words of this client: 'I've been using the basic method of EFT for many years, and have now been introduced to FasterEFT through Deirdre. In a session which focused on a shoulder problem which I'd had for many months, I had a strong childhood memory of chooks being shot. The connection for me was that my arm felt like a flapping injured wing of the chook. Besides laughing at this incredibly funny image, we tapped through, resulting in a happier chook that has now passed over to the "other side". The outcome for me was that I was able to straighten and raise my arm with minimal to no discomfort in a very short period of time. I am pleased that my shoulder is still flexible and pain free, months after that session.'

FasterEFT is a step up from EFT along the way to working within the realms of the very powerful subconscious. The following words of another of my clients demonstrate this clearly. 'I have had several years of experience with meridian tapping and I was looking for someone who was able to help me break through my own "ceiling of limitations" and help me get to the next level of freedom within myself. Then I found Deirdre. I had one two hour session with her and she graciously helped me to catapult myself into an accelerated de-cluttering of the old and launched me into the new. I was so amazed and liberated by the experience. During the two weeks between my next visit I had found my joy, found my groove and I am so excited about shedding more skins and becoming more of who I know I can be and less of all that other stuff.'

In the words of another client: 'Nothing else works for me quite like FasterEFT. It always works quickly and leaves me feeling lighter and relieved. Deirdre taught me a few things and I use it all the time. It's quite amazing. It has helped me with my low self-esteem issues and left me feeling more confident and in control of my life.'

Changes don't always happen as quickly as we may want them to, or exactly in the way that we may want them to and I reaffirmed two very valuable lessons about this while working with a client for his asthma. The first one is that persistence pays and the second one is to let go of my attachment to the outcome. Both of these lessons apply to all my healing work.

My 40 year old client had asthma since he was a child. His main form of treatment for 30 years had been with a Ventolin puffer. In his first and only FasterEFT session, we tapped for memories around his asthma plus other fear based memories and issues. It was a long session as he started to have an asthma attack during it and his initial reaction was to use his inhaler. I continued to tap on

him for all his reactions and emotions until he no longer felt the need to use his Ventolin. A month later he emailed me: 'I just want to let you know that my asthma has dropped by 90%. I used to use my spray every hour on the hour throughout the day. Now I'm lucky if I use it twice a day. This is great! Thank you very much.'

As FasterEFT is so quick and easy to do, I want to help people with it when the opportunity arises. For example, during a conversation on a recent short plane trip, the man next to me told me how his home had been threatened in the 2003 Canberra bush fires. He showed no emotion while recalling how close the fire had come to his house and how it turned away at the last minute. He did, however, react strongly to the memory of the sound of the warning siren that was played on the ABC radio at the time. With his permission I tapped on him and it only took three rounds to clear the emotions around this very strong memory. The look on his face said it all. He was very surprised and relieved.


On another occasion, a woman that I was speaking with said that she had a lump in her throat from stress and she was finding it hard to swallow. I did a couple of rounds of tapping and she was then able to swallow water without any difficulty. She even said that the water tasted sweet. This was amazing as it was only Melbourne tap water and she hadn't been able to taste sweetness for several months.

I really like it that a person doesn't have to believe in FasterEFT for it to work for them. For example, I tapped on my sceptical, elderly friend 'Sally' while she was in hospital. When I first visited her she was in a lot of pain and fearful of breathing because she had been very bruised when she was resuscitated, prior to being admitted to the emergency unit. The tapping helped her to breathe without fear and with minimal pain.

Sally still finds it hard to believe that whatever I did with the tapping was able to help her as she said: 'I am a sceptic and I don't understand or believe in what you are doing. However, I always feel better after it, so whatever you do seems to be working.'

Sometimes I may only use one major modality e.g. reflexology or FasterEFT in a session. However, I have found that a combination of reflexology (predominantly feet) following FasterEFT in a session can have profound, positive effects for my clients. I also often encourage clients to tap on themselves while they are receiving standing or seated reflexology if an emotion or physical discomfort arises, while I continue with the reflexology.

There are many modalities, therapies and tools available today to help us along our healing pathways. They may all play a significant role in this. I would encourage you to be open to them all and to find what works best for you and/or your clients.

www.bodyandsole.wordpress.com www.ntpages.com.au/bodyandsole www.fastereftoz.com.au 



Now there's surgery for fat feet?

The rise of 'toe-besity' cosmetic procedures

<http://www.dailymail.co.uk/femail/article-2171999/Now-theres-surgery-fat-feet-The-rise-toe-besity-cosmetic-procedures.html>

PUBLISHED: 14:18 GMT, 11 July 2012 | UPDATED: 07:05 GMT, 12 July 2012

Cosmetic surgery to rid feet of fat toes, coined 'toe-besity', is on the rise.

An odd-looking toe is a source of great embarrassment for many Americans who are turning to podiatrists for toe re-shaping surgery.

New York-based Dr. Oliver Zong, who specialises in slimming down people's feet, told **Good Morning America** that a growing number of people are beginning to obsess over smaller details of their feet, like the width of their toes.

Dr. Zong, who is also the surgical director at NYC FootCare, has been in practice for about a decade, and when he started, he said toe reshaping was unheard of.

He said: 'When people first started asking, I said "What?" We were mostly doing toe shortenings in the beginning.'

A 37-year-old patient of Dr. Zong's, who only spoke using his initials, E.R., said he hid his fat right big toe for years, and decided to have surgery to shave off some fat and bone.



His second toe was also a hammertoe, and on top of being unattractive, the toe also caused him great discomfort.

He said: 'I always had issues with it. It was one of those things that you're just not comfortable with and try to hide it. The bone was pushing the nail up, and the nail curved up a little bit, so it was hitting the shoe.'

He added that there is still a lot of swelling three weeks after surgery, but he already feels better about his foot.

'I already see improvement, and I feel so much more confident now,' he said.

Toe re-shaping surgery is considered entirely elective, so insurance companies will not cover the costs, which can range from a few hundred dollars to a few thousand dollars, depending on how complicated the procedure is.

E.R.'s surgery cost \$2,500, but Dr. Zong said the surgeries are not usually as complex as his.

While Dr. Zong doesn't see the harm in performing cosmetic procedures, as long as they are safe and as long as there is something to fix cosmetically, other podiatrists, however, do not support the idea of cosmetic foot surgery.

Dr. Hillary Brenner, a podiatric surgeon in New York and a member of the American Podiatric Medical Association said: 'I don't think it's ethical unless you're having pain.'

'You're undergoing risks - there's the risk of anesthesia, infection, deformity of the toe if the surgery is not done right, a risk of re-occurrence and the risk of surgery in general,' she said. 'It's trauma to the foot.'

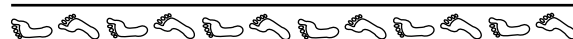
Dr. Zong believes toe surgery is the same as any other type of cosmetic procedures, helping patients who are embarrassed to gain self-esteem.

'They feel more confident. Some people have said they're so embarrassed that their boyfriends have never seen their feet,' he said.

Dr. Brenner said a number of patients, mostly women, have come to her requesting cosmetic surgery, many hoping to have their pinky toes removed in order to fit into smaller shoes.

However, she says she always turns them down.

'Why fix something that's not broken?' she said.☺



Reflexology for asthma

(on a Doctor)

by Jeanette Avins RAOA member WA
brightlight@inet.net.au

I have extensive experience using reflexology on cancer patients in a surgery and hospital setting. I have been volunteering at a Doctor's surgery in Perth since 2009 and at SolarisCare located in a local Hospital in Perth. The comments and results of working at the surgery have been very positive and rewarding. I left SolarisCare in late May 2012.

I had the opportunity to work on the Doctor's ("Dr X") feet a couple of times. On 29 June 2012, Dr X asked if I would mind doing a reflexology session on her feet, as she had been suffering with asthma and because the attacks had been so difficult for Dr X, she said 'to the point of feeling as if I am choking'.

Dr X had taken steroids enabling improved breathing. Unfortunately, she had an adverse reaction to the steroids and her legs and feet were badly swollen, and accompanied by water retention, they were very tender and sore to touch. Dr X's left leg had bad bruising around the calf area. The feet were swollen and red, including underneath the majority of her toes.

I worked on Dr X's feet systematically starting with the right foot, concentrating mainly on the lung area, which I worked for half an hour. During this procedure, Dr X sat upright and started coughing strongly. The coughing eased off from time to time during the half hour enabling her to lie back down again at times. Throughout all Dr X's previous coughing spells, prior to reflexology, no mucous/'glue'¹ at any time had been released from her lungs.

The same procedure was given on Dr X's left foot and during this time, no coughing occurred and we proceeded through the session without interruption. Again I worked on the lung area for half an hour. After completing the session I explained to Dr X that a coughing reaction may occur at a later time.

On the 29th Dr X was admitted to Hospital for 3 days in order for her doctor to deal with the water retention in her legs.

The following morning on 30 June 2012, Dr X phoned from hospital, very excited to advise me that about 8:00 pm the previous night (29 June 2012), about 8 hours after the first treatment, she had started coughing and much to her surprise the congestion on her lungs was released and mucous was coughed up. She thought this mucous release was miraculous.

Dr X was in hospital resting and I was not able to go and see her. At 7.30 pm on the 30 June 2012, I did contact healing² on Dr X's feet. It lasted from 7.30 pm to 8.07 pm, 20 minutes on the right foot and 17 minutes on the left foot. For most of this session I worked on the lung area on both feet.

On 1 July, I rang Dr X about 10.30 am to enquire how she was feeling, and she sounded fine and was getting lots of rest. I asked her if she had been coughing and bringing up anything during the evening and Dr X reported that around 12 midnight she had been coughing and bringing up mucous from her lungs.

On 2 July I went to the Hospital and Dr X reported that during the night about midnight she started coughing and bringing up mucous again. I started a treatment commencing on the right foot and Dr X immediately started coughing with one small amount of mucous being released.

The treatment was interrupted by a trip to the X-ray Department. We completed the reflexology treatment on both right and left feet in the X-ray Department. As with previous treatments my sole concentration was working the lung area which seemed to be moving the mucous.

On 3 July, Dr X reported that at about 6 pm she had a small amount of mucous coughed up, however at 8 pm and midnight on 2 July she started coughing again and bringing up a fair amount of mucous. She also reported that the water retention in her legs had improved, and that the swelling in the ankles and feet had gone down tremendously.

When I made comment that I thought she was taking medication for water retention, the Doctor responded by agreeing, but stated that 'it had not reduced until you started doing my feet'. She strongly believes that it has been the reflexology that moved the mucous from her lungs and the water retention from her legs and ankles. A dramatic improvement when I saw them today.

In summary the reflexology sessions in hospital assisted in loosening and breaking down sputum/mucous in the lungs, enabling the mucous to be expelled, reducing the water retention in her legs and in turn reducing the swelling in her ankles and feet.

Dr X stated that the reflexology treatments were definitely beneficial in eliminating all of the above problems.🙏

¹ Dr X advised that during asthma attacks the glands in the bronchial tubes secrete very thick clear glue like mucous, very different to any other, and because of the stickiness, it is hard to get up. It is actually see through and as clear as water, just sticky, and causes a lot of distress to people having asthma attacks as it interferes with their breathing.

² Spirit Healing by Harry Edwards, Herbert Jenkins Ltd., 2 Clements Inn, London, W.C.2, 1960, page 33.





Nico Pauly

Nerve Reflexology

Interview with Nico Pauly

May 2009

Tell us how Nerve Reflexology began.

Walter Froneberg, a German chiropractor, got in touch with the school of Hanne Marquardt and learned her approach of classic foot reflexology. In his clinic, he altered the spinal reflex zones techniques by applying instead a static direct pressure on the bones of the feet - as opposed to "walking" in the soft tissue. He noticed that the paravertebral muscles were responding much quicker than with the classic zone technique. Given that these points were responding so quickly, he became convinced that they must have a direct relationship with the corresponding nerves. So he called these points "nerve reflex points". He elaborated in a period of 20 years of experience nerve reflex points for the whole peripheral, autonomous and central nervous systems.



Walter Froneberg also adapted special techniques for the spine like: "specific muscle and nerve massage" and "modified joint mobilisations". He combined these manual techniques with the nerve reflex points and called this new approach: "Manual Neurotherapy."

How is it different from more classical reflexology, such as the Ingham Method, for instance?

The techniques of nerve reflexology are completely different from the classic zone techniques.

Nico Pauly has taught Nerve Reflexology course for the professional federation of reflexologists in Holland (VNRT), Greece, the UK and also for the Danish Reflexology Association. He has presented papers at the ART conference in London and the ICR international conference for reflexologists in Rome. He is a well known and highly respected medical physiotherapist and tutor, who has practised for 30 years in medical institutions and has used Froneberg and his own reflexology techniques for the past twenty years. Nico Pauly was affiliated to the IRSK-Wings organisation which is the Belgium scientific institute for post-graduate courses in the health sector and now runs a specialised Nerve reflexology and Manual Neurotherapy organisation called MNT-NR International (www.MNT-NR.COM). He states that Reflexology needs to have as much medical/clinical input as possible if we are to gain the respect of the medical profession.

1. The pressure is given with the outside side of the top of the thumb to small parts on the bones of the foot. Meaning: the bone of the thumb is touching the bone of the foot (see picture).
2. If the corresponding nerve is overloaded, the nerve reflex point will be painful. The therapist holds the point, without moving until the pain decreases.
3. The nerve reflex points can be combined with classic zone therapy. You can first treat the nerve of the affected structure

by pressing the nerve reflex points and then treat the structure by zone therapy. The effects are much better and quicker, a normal innervation being the first important thing for a good function of structures.

What is your part in the evolution of Nerve Reflexology and Manual Neurotherapy?

I learned Nerve Reflexology (NR) and Manual Neurotherapy (MNT) from Walter Froneberg himself, and later, together with his son in law Norbert Gosch, I became a teacher in Belgium, teaching MNT and NR to physiotherapists. My personal touches in MNT and NR are:

1. The science based approach

Very soon, I felt the need for a scientific and didactic approach, as this was completely missing in the trainings of Walter Froneberg's school. While MNT and NR are working deeply into the nervous system, you must have a consistent knowledge of how the nervous system works and certainly, how the nervous system is reacting on pain.

I elaborated a "pain clinical reasoning and handling model". In this model, students learn to analyse the pain of a client to find out where the dysfunctions are in the peripheral, autonomous and central nervous system and how the psycho-emotional behaviour of the client is influencing the nervous system and the pain (see diagram).

Continued on page 19

Reflexology Association of Australia

Interview with Nico Pauly.
Continued from page 18



This model gives students a clear and good structure to deal with nerve reflex points. The whole approach is built on the research in the pathophysiology of pain.

2. Developing new nerve reflex points and refining the manual techniques of MNT

In my 24 years of experience and teaching NR and MNT, I discovered new nerve reflex points for the sympathetic nervous system, for nerve plexi around organs and for muscles. I also modulated the original spine mobilisations of Walter Froneberg in more precise and safer techniques, which I call "spine tuning".

3. Research

Together with my teaching colleague, Rian Lasonder, I published a large study on the effects of nerve reflex points on paravertebral muscles.

In collaboration with well trained nerve reflexologists of the Netherlands, I performed a study on the effects of nerve reflexology on chronic lumbar pain.

Both studies can be downloaded from our website: www.mnt-nr.com.

4. The evolution of MNT and NR with more precise visceral approaches for organs, hormones and the immune system

For this part, I attracted Griet Rondel, a Belgian physiotherapist, certified in MNT and NR. She developed a manual mobilisation technique for the digestive tract and a special approach combining NR and zone therapy for the whole visceral system. Both of us gave this approach a scientific and well structured form.

5. Foundation of MNT-NR International

Together with Griet Rondel, Norbert Gosch (son in law of Walter Froneberg), I founded MNT-NR International. This foundation was needed for spreading out and protecting our concept. MNT-NR International stands for high quality and science based teaching and developing of MNT and NR.

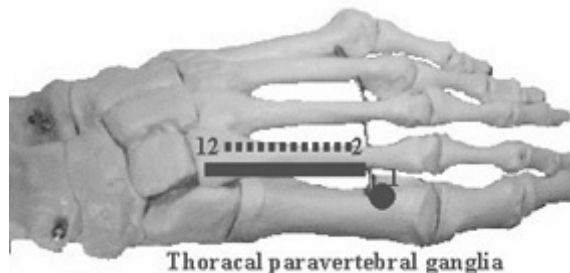
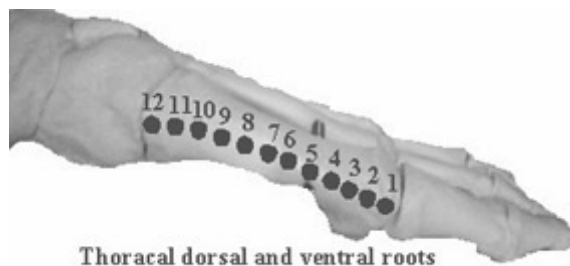
Where on the foot are the Nerve Reflex Points related to the back?

We have several NR-points related to the spine:

- ◆ points for the spinal nerves: dorsal and ventral ramus,
- ◆ points for the sympathetic innervation part like paravertebral ganglia,

- ◆ points for paravertebral muscles.

In the figures below you see spinal nerve and paravertebral ganglia points.



However, in NR or MNT, we never use these points as a single standing approach to back pain. The back is part of a large movement system, including spine, surrounding muscles but also internal organs. All these structures have to move in a harmonious relationship. A chain of nerves is linking all these structures. The NR and MNT therapist will first find out where the dysfunctions in all these structures are located and then try to restore these by interfering in the nervous chain and in the movement chain.

In your experience, how effective is Nerve Reflexology for back pain?

In the research on low back pain, as mentioned earlier, NR has the same result as the evidence-based physiotherapy approach (exercise program). So, it would be very interesting to combine these two approaches in the hope that the result is much better.

Many reflexologists are very frustrated that there are too few studies validating reflexology as an effective therapy. Why in your opinion and given the fact that, as reflexologists, we see constantly how effective our work is on our patients, is it taking so long to prove with randomized controlled studies that reflexology really does work for this or that condition?

There are many reasons for the lack of RCTs (randomized controlled trials).

1. Reflexologists must learn in their education and in their work to speak the same language as the western medicine world. It's like when a Greek and an Englishman meet and speak in their own language about the beautiful weather and sun. They talk about the same thing but they don't understand each other. Reflexologists are talking about energy, yin and yang, meridians and so on ... Let's translate these valuable concepts into the medical western language of physiology, sympathetic and parasympathetic system, hormones etc. ... Then we have already the same language.

Continued on page 20

Interview with Nico Pauly.
Continued from page 19

2. The responsibility of big reflexology organizations like RIEN and ICR. They should rally professional reflexologists on a financial annual contribution. They should work together and create with these finances a scientific committee. This committee could sponsor well designed RCT's or other science based research. I know an English reflexologist, Carol Samual, who is now finishing a PhD with a research on reflexology and pain. These studies are very valuable, however, she had to fund her own research over more than 5 years, without any help from the reflexology world. There is a big responsibility of ICR and RIEN to help these idealistic researchers.
3. In large world conferences like ICR and RIEN conferences, there is a big lack of scientific approach. Lectures should be focusing on research, discussion groups should be focusing on hypotheses and on a scientific approach in daily work, and workshops should demonstrate new approaches.

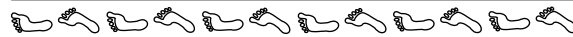
How can you expect interest of scientists when reflexologists do not show any interest in the science approach of their work?

More and more doctors are looking to integrate complementary therapies in their practice. According to you, is integrated medicine going to be the trademark of the coming decades?

There are very interesting signs going on in the medicine world. Certainly the new sciences of energy and epigenetics are very promising for the future. They will slowly convince the medical world of the holistic approach.

I think that in the future reflexology, homeopathy, and allopathy will really operate in integrated teams. Changing minds goes slowly. Let's see in about 50 years from now, I believe that medicine will by then be completely different from the narrow symptomatic approach of today.

For more information on Nico Pauly, Nerve Reflexology, and Manual Neurotherapy visit: www.mnt-nr.com



Reflexology Lymph Drainage (RLD)—

Funding for further research has been granted

by Sally Kay

I am absolutely delighted to announce that funding for further research into Reflexology Lymph Drainage has been granted.

The proposal uses the same methodology as the initial exploratory study, a Single Subject Exploratory Design (SSED), A-B-A design, test-retest reliability.

A1 – Baseline measurement phase

B – Intervention phase

A2 – Follow-up phase

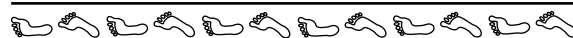
Each case acts as its own control, comparing volume of the contra-lateral normal arm with the volume of the swollen arm before and after the intervention.

The initial exploratory study, involved only 6 participants which is a limitation. Although the results indicated a statistically significant reduction in swelling for each case, these results are not seen as conclusive because of limitations. The results do however justify further research into the technique. The proposal for the next study will recruit 30 participants, from three different cancer care organisations. I will treat 20 cases and train two other reflexologists who will each treat 5 participants.

Providing the results are similar to the first project, the future goal is to conduct a large scale Randomised Control Trial (RCT), which are the gold standard for clinical research.

Exciting times for reflexology :-)

RLD is a reflexology technique which stimulates specific lymphatic reflexes on the feet. Developed & researched by Sally Kay to help with the management of secondary lymphoedema in patients affected by treatment for breast cancer. Sally is a practitioner from the UK and is a member of Association of Reflexologists, Federation of Holistic Therapists (FHT) and Professional Reflexology Association. Sally also has a BSc (Honours) in complementary therapies. In 2012 Sally was the winner of the FHT Excellence in Practice Award by the FHT for researching and developing RLD technique.

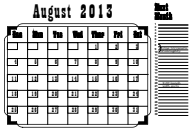


Trivial feet

Foot loose and fancy free—a person unencumbered by a spouse or partner.

Metaphorically had their fetters of wedded slavery removed.

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



CPT Education and World-Wide Conferences – Calendar of Events



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2013	PRESENTER	TITLE	LOCATION/CONTACT
19-22 July	Sue Ehinger	Facial Reflexology 3&4	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
6-8 September	Lone Sorensen	Facial Reflexology for Hormonal Issues	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
10-12 September	Lone Sorensen	Facial Reflexology for Brain Related Issues	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
14-15 September	Lone Sorensen	Neuro Foot Reflexology	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
July- November See specific dates on website	Specialist Teachers from Oncology Massage Training available in QLD, NSW, VIC, and ACT	Oncology Massage Training	All States www.oncologymassagetraining.com

NATIONAL AGM

2013	PRESENTER	TITLE	LOCATION/CONTACT
October 20th	Reflexology Association of Australia	RAoA AGM	Adelaide- SA

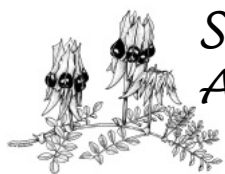
World-Wide Conferences (Courtesy of Reflexology World)

2013	PRESENTER	TITLE	LOCATION/CONTACT
September	International Council of Reflexologists		Capetown, South Africa www.icr-reflexology.org .

2014	PRESENTER	TITLE	LOCATION/CONTACT
October 17-19th	Reflexology Association of Australia	The Professional Reflexologist Branching Out	Victoria Novotel, Glen Waverley www.conferencedesign.com.au/raoa2014/



STATE MATTERS



SOUTH AUSTRALIA

Our April meeting flowed smoothly with a few new faces attending. The practitioner exchange was a welcome relief for those that came, working on the ears, and some foot mobilization techniques. There are always opportunities to learn so much from others.

Final decisions are being made for the up and coming AGM here in Adelaide 20th October 2013. Guest speakers are: Bernice Vergou—Access consciousness, Dana Hookins—Optimum Health & Wellbeing. Are you coming? We'd love to see you here.

I take my hat off to all the crew that keep showing up every few months participating as the core group for SA. Even though there is no acting Chairperson, the rotation scheme seems to work! Everyone is doing their bit to keep things alive here in SA.

Christine Spencer



QUEENSLAND

Good Day Everyone!
Time waits for no man ...

We are once again heading for mid-year, with plans in our diary for the latter half of this year already.

We do have a few interesting things to look forward to in the next few months and they are the Mind Body Spirit Expo that is very well patronised each year. Therapists as well as the clients benefit greatly from this exchange over the three days. It is also a financially viable source of income for the Association which encourages us to keep it as an on-going item on our annual agenda.

We have heard the request from members to have shorter workshop days, with a solid education component to up-skill our members not only at our ABM or our November workshop days. Our ABM is due in a few weeks and we have a very well accredited speaker for the day—we will be sure to share the privilege with many. This again raises the opportunity to start thinking of making yourself available for positions on the branch committee so that we see the continuation of our Association's success and the viability is sustained for the benefit of all members.

In closing...

Great dancers are not great because of their technique; they are great because of their passion.
—Martha Graham

Linda



VICTORIA

Hello Australia! In Victoria, the nights are getting colder and the days shorter, so we know that winter is coming all too soon.

Our branch committee has organised an interesting and fun ABM day. We will all have a wonderful day and I am looking forward to catching up, hearing and learning new information and spending the day with both old and new friends and colleagues.

Our committee this year have done an outstanding job and made the rolling Branch Chair work extremely well. Thank you from all of the Victoria members, for your hard work and dedication. I am enjoying being involved with the committee again and learning my new responsibilities as a member of the Board. Everyone has been so patient with me, while I find my feet.

The Conference committee are all working hard on organising the 2014 conference in Melbourne. They have a wonderful venue, designed an amazing logo and are now working on which inspiring speakers will be presenting. Monique and her team are buzzing, making many decisions and on a great journey, to bring us a conference to remember.

So Australia stay tuned for when and where, as it will be an event not to miss. Keep watching for more information, coming soon ... See you in Melbourne, 2014.

Karyl McGlinn



WESTERN AUSTRALIA

Greetings from the West! The W.A. branch members have just enjoyed their first Study Day for 2013 entitled 'Animals, Healing & Reflexology'. The venue for the day was Perth Zoo. We had some wonderful speakers including Internationally Acclaimed Animal Communicator, Trisha McCaghand, One Spirit Therapist Laura Bird, who uses Bowen and other modalities to heal animals. Many members also spoke of their experiences of healing with their pets. The topic as a whole was extremely popular with members, attracting many new faces and the feedback we received was incredible. We would thoroughly recommend other states embracing this topic if they have not previously done so.

Well, the Committee is now busy planning our ABM, set for 26th May, when we shall be electing our new Committee for the forthcoming year—a very exciting time. I have thoroughly enjoyed my position as Chairperson and thank all of those who've supported me throughout the year.

Hollie Kelly, Chairperson W.A. Branch

TASMANIA



Tasmania has had a lovely summer this year with lots of warm sunny days. This must be the effect of all the warmth we received when you all attended the conference in September. We welcome Janice Dance back as she has returned to Tasmania after spending three years caring for

her mother who appreciated the benefits of reflexology to keep her pain in control. No doubt she still looks forward to Janice's visits.

At our last meeting workshop we spent time learning how to update our profiles on the RAoA website. We did intend to actually update everyone at the workshop but unfortunately we had a few internet issues. Everyone was encouraged to create a draft ready for updating when they got home.

We are so glad to have practicum exchange sessions during this quiet time of the year as it keeps us connected as a group. There have been sessions held in Hobart, Launceston and Devonport which means most reflexologists in Tasmania have a session within travel distance. The number of reflexologists attending these sessions is growing as these are open to all members—PM, IM and AMs.

Janice has already been a speaker at a Hobart Practicum Exchange session speaking on carpal tunnel syndrome, concentrating on how to work the hands to alleviate the pain associated with this condition. Gaye also presented a PE session looking at several different podiatry conditions and the anatomy of the lower leg whilst

techniques and foot conditions were discussed in detail as they practiced on each other. Up north they have had a session reading the feet conducted by Mary and some interesting facts were highlighted in the sharing process. Further north have had PE sessions that have focused on gaining a deeper knowledge of TCM learnt from the workshop which must be two years ago. These have been with Faye and Pamela.

These sessions also allow for networking opportunities by being completed with a beverage or the like, especially the session which was topped off with a hot bowl of homemade soup supplied by Gaye (the days are still sunny but getting cooler now as we head for winter). Sharing of knowledge is something very valuable to our commitment to reflexology and our clinic professionalism.

We are now preparing for our ABM. This past year we have tried an informal approach with the tasks being allocated at the meetings. Although this worked we are looking forward to establishing a new committee to keep our branch running smoothly. For those of you needing CPT points, please remember that you do gain points for being on the committee. Other members are welcome to join in as well. The meetings are open to all interested members whether they are on the committee or not. This meeting will be a PowerPoint presentation by Michele about the progress of the Reflexology Path from beginning days until now. This is mainly for those who could not attend the conference. There are still a few conference books available through National office or at Tasmanian meetings. They are excellent value for the price and buying and reading a reflexology book is worth 1 CPT.

Lynda Kidd

The days and months pass by in a purple haze and suddenly it is the end of April.



There has been focused attention over the last few months on our ABM due at the end of May. Thanks to Jan Cullen's dedication and behind the scenes work in pulling this event together. We look forward to a balanced program with a variety of speakers and topics.

Reflexology is truly benefiting from the efforts of some of our committee members in taking reflexology into the wider community whenever the opportunity arises.

Four of our members participated in the Annual Line Dancing Ball. It is the second year we have been involved and we were very well received. The four therapists were fully occupied in providing short sessions for 3½ hours to 30 very happy foot stomping dancers. Hopefully this will be an annual event for the future.

There was an Autism Spectrum Australia fundraiser in a member's son's school. Six members set up reflexology chairs and brought awareness and support to a special needs group which was an excellent outcome. Graeme Murray produced a banner (with no logo) which was successfully used for this event. This banner will be available for members should they also wish to set up a non-RAoA event.

NEW SOUTH WALES

On the employment front a Queensland therapist who had been holidaying in Malaysia met someone who wanted a therapist in Sydney for their aged father. This was a paid position and it did not take Ann Jooste-Jacobs long to fill this role.

Marie Duggan, one of our State Directors, recently resigned and her position as Director of Public, Government and Medical Relations is being taken over by Gretel Spiegel, our other State Director. Marie has made some incredible inroads with her work on the steering committee of the RPA Life House. We thank her for her efforts and are grateful that Gretel will be continuing with this work. Before departing for the UK, Marie prepared and ran a two day CPT Cancer Care course for Reflexology and Reiki practitioners. This course reflected the underpinning principles to ensure that the Life House committee have a list of practitioners with specific tailored training for their organisation.

By the time this journal is published a new group of committee members will be elected. We look forward to continued support and dedication by this new committee.

Tony Pullin

FOOTPRINTS JOURNAL

ISSN 1039-2092

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Guide to contributors

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

1. Articles can be chatty and informal, or more formal and educational. They must, however, be accurate, well researched and fully referenced (if applicable).
2. Articles that have not been booked by the Co-editor for a specific issue will appear in an issue decided by the Co-editor, as space and topic allow. To appear in a specific issue an article must be submitted for consideration up to 3 months in advance of the issue date.
3. Articles may be sent by email in Microsoft Word format to the Co-editor (footprints.articles@reflexology.org.au) using standard Times Roman or Arial fonts. Faxed, pdf and scanned articles are not acceptable.
4. Photographs and line drawings are preferred at 100% size, 300 dpi resolution TIFF, EPS or PDF format. Original, high resolution, camera JPG files only are acceptable—preferably grayscale or high contrast coloured images. Photographs and line drawings should be forwarded as separate TIFF, EPS or PDF files—please do not embed photographs or line drawings into articles. Images taken using a mobile phone are not acceptable.
5. Any graphics, diagrams, graphs or photographs that are not the work of the author must be accompanied by written permission by the original author for their use in FootPrints.
6. If an article has been previously published, written permission from the author/other publication will be required. The Co-editor must be informed if an article is currently under consideration by another publication.
7. The Co-editor reserves the right to make alterations to or reject an article for publication. Where substantial changes have to be made, the Co-editor will show the final copy to the author, time permitting.
8. Advertisements are to be submitted as required size in PDF or EPS format.
9. Advertorials will not be accepted.

REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

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

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Advertising policy

- ◆ As only a limited number of advertisements and inserts can be accepted it is advisable to book early.
- ◆ All advertisements including inserts must be booked in advance and copy provided to the Advertising Coordinator, Jenn Cooper. Phone: 07 3396 9001 Email: footprints@reflexology.org.au
- ◆ Payment must be received by the date shown on the tax invoice issued; otherwise the advertisement will not be printed
- ◆ Display advertisements must be submitted by the copy deadline (see below).
- ◆ FootPrints is distributed by the end of the month of issue, i.e. March, June, September and December.

Copy deadlines

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

Advertising sizes and rates

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

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

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

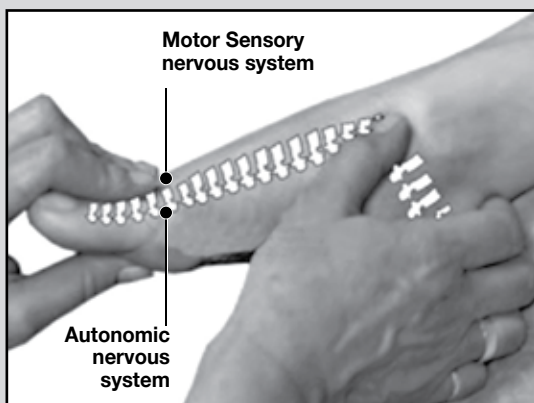
FootPrints is distributed to approximately 1,000 members Australia-wide.

Advertising contacts:

General advertising—inside cover pages and inserts contact Jenn Cooper. **Email:** footprints@reflexology.org.au or **Phone:** 07 3396 9001.

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The Reflexology Association of Australia

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

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

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

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

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