

# FootPrints

The Journal of the Reflexology Association of Australia



June 2014

[www.reflexology.org.au](http://www.reflexology.org.au)

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## From the President's desk



Here we are at the end of another membership year and the end of my three year term as President. There is a certain degree of relief in the knowledge that this is my final President's Desk report but also sadness as another stage of my life culminates. The past three years have

been a somewhat 'rocky road' to tread at times but an amazingly rewarding journey.

Five years ago when I took on a position on the Board of Directors of RAOA I really had no idea what would be required of me. Being a Director is totally different to running a reflexology practice or a reflexology school, especially when the business side of these had not been my major concern. I had succeeded in my reflexology life pretty much on my passion for reflexology but as a Director I was suddenly confronted with the reality that passion alone was not enough. I, along with the other Directors, was responsible not only for my own actions but that of the Reflexology Association of Australia and its standing as a registered company. This brought with it government compliance issues and responsibility to act in the interests of all members within the bounds of the RAOA Constitution, By-Laws and Policies and Procedures.

There has been much learning along the way including a Certificate IV in Governance BSB40907. The Board of Directors is moving from being a group of Reflexologists managing the activities of RAOA to a Board who now govern more while the management occurs in the national office and through the activities of committees that are overseen by Directors.

Our most recent Directors' meeting was held in Melbourne 29/30 March. It was attended by Susan Ramsey, Lynda Kidd, Karyl McGlenn, Judee Hawkins, Sonia Bailey and me. Most meetings are now held in Melbourne as it is the

most economical and convenient venue. Items discussed at the meeting included:

- ◆ Additional documentation to support Directors;
- ◆ Changes to the Policies and Procedures regarding Correspondence/Distance Education courses and the Complaints procedure;
- ◆ Retention and growth of membership;
- ◆ Retention of Health Fund status;
- ◆ Need for more promotional/advertising activity;
- ◆ Education courses, schools, student opportunities and Trevor Steele Scholarship;
- ◆ Mentoring programs;
- ◆ Volunteering dependency;
- ◆ Strategic Plan and Budget;
- ◆ Auditor replacement;
- ◆ CPT program, Understanding your CPT Points and CPT providers;
- ◆ Workshop and Webinar possibilities;
- ◆ Membership benefits chart, Membership form and Membership Renewals;
- ◆ Brochures; and
- ◆ National Conference, Melbourne, 17/18/19/ October 2014.

I believe that the plans and processes that the Board are working on will yield very positive and obvious results for all members and RAOA in the coming year. Also the conference in Melbourne is directed at building your confidence while inspiring and empowering you to integrate reflexology into the community; see <http://www.conferencedesign.com.au/raoa2014/> for all the information.

I wish the incoming President every success and offer my support on an ongoing basis and trust that my final year on the Board will be as enriching as the previous five years. It has been a privilege and a pleasure sharing this time with you all.

Heather Edwards



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

Front cover: Photo courtesy of Heather Edwards. Cooper, the dog, is a willing recipient of some 'Paw' Reflexology, provided by Christine Tayler.

# Dog Reflexology

by Christine Tayler, Panting Paws Behavioural Training

As a dog behavioural trainer, I have started learning reflexology to assist with improving the wellbeing and behaviour of my clients' dogs. I have seen many 'issues' with dogs that are not solved simply with training alone. Often the behaviour is due to an emotional, mental, physical and/or spiritual imbalance with the dog. Reflexology so far has provided me with the necessary skills to help my clients' dogs gain a sense of calmness, assist in clearing their mind and body of negativity and assist in improving body wellness.

Pictured is 'Charlie', a two year old Golden Retriever, enjoying Reflexology. His owner was amazed at how quickly Charlie relaxed into the session. Charlie was positioned on his side with a 'comfort towel' that he commonly carries around in his mouth. Ultimately he ended up wrapping himself with his comfort towel as he rolled from his side onto his back and fell asleep.

Charlie at the beginning of our reflexology session



Charlie at the end of our reflexology session



## Companion animals we love

by Carol Morphet

Companion animals we love, trust and will do anything for, including massage and reflexology. Understanding that they feel pain and emotions as we do is a start.

Recognising stress in animals can be as easy as recognising what causes stress in humans. Signs of stress can be restlessness, agitation, vocalising, biting, dilated pupils, hiding and inappropriate urination and defecation. Yes, some of these signs you may not think apply to humans but they do.

Causes of stress can be: Loss of companion, being in an unknown environment or separation anxiety, diet, heat, loud noises for several minutes like the fireworks.

It is important to have a bond with the animal to encourage them to trust you; allowing them to smell your hands that are washed without soap so that there is a clean fresh smell.

Reflexologists know the benefits of reflexology and what to expect. The animals don't understand and will take some time to trust the experience.

I have worked on face, ears, spine and paws and I believe applying pressure to these areas can have a positive effect on our companion animals nerve and blood supply, muscles, organs and glands.

I start by working over the face from the bridge of the nose under the eyes over the whiskers and out to the ears very slowly. Cats love this and respond well. I then continue on working up the nose from the tip between the eyes and over the head and down the spine. I believe that when the relaxation begins, the reflexology session has begun to release the endorphins and, I have had some success.

Some animals, like humans, crave for human touch and others don't. While we reflexologists talk about reducing pain, stress and anxiety I think when owners see it happening in their animals they are amazed. Their animals are lying on their backs legs spread out and eyes closed breathing slowly; how magical is that! The animals' fur/skin has the same sensory receptors and nerve endings as do our bodies and therefore the information is sent to their brain that they are now experiencing less pain.

When working with paws I begin at the front paws as the animal can use its back paws to let me know by movement if they are not comfortable with the touch. I have found most animals don't like having their paws held for any period of time as they cannot escape quickly. As you massage over the pads and in between the pads you will find different reactions each time.

I have found that when working with animals they most often sense when I am arriving and their owners tell me that they have been waiting by the door. Dogs in particular will lick my hand at the end of a session. The owners tell me that there appears to be less pain or anxiety. It may not be with animals that have debilitating complaints that reflexology has improved them to a great extent but it may be their quality of life that is improved. Who knows the answer, all I know is the grateful animal almost smiles at me and reflexology may have had a hand in it.

Enjoy experimenting with your cat, dog or rabbit and feel the closeness of the animal to you.



# Reflexology for animals

by Sharon Tay

Reflexology for animals (RfA) has been around a long time and only in recent years is it becoming a popular therapy practised among some reflexologists, animal owners, and some veterinarians. During my research online I came across many sites that explain about animal reflexology—how it works, and written information from those who have been specialising in this field. It is good to see that our therapy is branching out into other areas, and becoming more specialised. My specialty over the last 18 years has been treating those in palliative care and the elderly in care, leading me to write two published books so this is a new area of learning for me.

The topic on Reflexology for animals, or Animal Reflexology (AR), has been published in *Footprints* and *Reflexology World* along with a few published books. The authors explain about their experience treating animals. One animal specialist is Marjut Nieminen.<sup>1</sup> Marjut states in her article that she trained as a reflexologist in 1994 along with practical training with dogs. She specialised in Canine Nutrition and took an interest in Homeopathy, leading her to use mineral and trace element blood testing as a way of determining problems and what advice to give to her 'patient' owners. Marjut's initial interest was to become involved in animal welfare. It is interesting to read her observations of individual animal's behaviour through years of experience working as a dog trainer. Experimenting with her own dogs, she wondered about how meaningful their instinctive behaviour could be without the influence of any trainer.

For example, dogs with stomach and intestinal problems had a tendency to constantly lick and even remove hair from the front legs and thigh area; these dogs will often roll frequently. Another example she gave was that patches were seen on the hocks, mostly with 'shy' animals and for dogs with problems to the hips. Through studying an animal's behaviour, Marjut began to record her findings and put them into practise with satisfactory results.

Cathy O'Sullivan's article '*Reflexology for Pets*' printed in '*Reflexology World*'<sup>2</sup>, shares her experience attending a workshop on Pet Reflexology (PR) given by Carol Morphett on August 30, 1998. Cathy gives a brief history of how Carol's interest started in 1993. The first experience Carol shared with her colleagues was when she began playing with her own animals by working on their paws. Carol explains the 'acceptance' animals display while working on their paws and bodies. Dogs are more accepting than cats, as cats have a tendency to be more reserved and take longer to adjust to being touched, especially around the paw area.

One of Carol's stories describes how, when she was accidentally burned down the side of her body in 1996, shock set in later after her initial first aid treatment and she found herself exhausted and unable to call for help. While lying

on her bed during the evening one of her cats, 'Misty', came into the bedroom and sensed something was wrong. She left the room and returned with Carol's other three cats where upon they positioned themselves near Carol keeping her warm. They remained through the night until help was available next morning. This is one story showing how animals can help and are sensitive to human needs.

To briefly sum up Carol's experience with PR is that she sees that animal reflexology follows the same definition as reflexology for humans. There are reflex points in the animals' paws, (front and back), and ears that correspond with all the body organs, glands and muscles. When pressure is exerted on these areas, the animal seems to relax.

Another article published in *Reflexology World*<sup>3</sup> details how animals react to human needs and illnesses. For example, reflexologist Kiannnaa Leighland claims that pet health problems have nothing to do with the animals but

are actually a result of pent-up emotional problems of the owners. Animals strive to relieve human stress and they internalize human issues, which manifest in pet health ailments.

When conducting an individual session, Leighland says she touches the animal, finds the problem, and then immediately asks the owner what is wrong with his or her own life. She says the owner usually gets very angry because they do not want to admit to having issues. Her typical customers are women who supposedly care more about their pets than themselves. She goes on to say, "*Critics of pet reflexology say humans cannot transfer their emotions to animals and that animals can become healthier*

*through regular massage, reflexology, or not*".

Many of us know the value of our animals and what they can give and how important they are as companions and 'working' animals such as guide dogs, visiting dogs to nursing homes, rural dogs on farms and the list goes on. Cats also play an important part in life to their humans and can be of help. Cats and dogs are just as useful to humans as 'hearing aids' are when a person has impaired hearing. This I have witnessed several times when someone comes to my door and I cannot hear due to other noise interference. Ollie may be asleep but when he hears a disturbance or knock at the door he looks at me then climbs off my lap to go to the door and stay there until I open the door or call out to whoever is at my door. My other two cats were just as good and often my visitor was greeted at the door by three cats.

Looking back at one of my cats who had an on-going urinary problem, I now wonder if her problems were related to my problems? It is interesting to see Ollie my old male cat now 18 years old, is probably responding to some



Continued on page 4

of my ailments. He has lost a lot of weight (I am battling to loose weight) and he has difficulty with food which he never used too. I have suffered with gluten intolerance and lactose intolerance for a few years now, plus arthritis, and Ollie has problems with arthritis as well as eating disorders which he never had before. I shall remain 'open-minded' as I am not familiar working the reflexology techniques on animals.

Jacquie Seger has been practising pet reflexology since 2002 and has mapped out a reflexology chart for animals. She too, has seen results where animals benefit from the effects of reflexology treatments. Jacquie states: "According to a survey of around 300 world wide research studies available, the conditions most frequently treated with reflexology included stress, back, shoulder and neck tension, sinusitis, asthma, arthritis, digestive problems and reproductive conditions. Many of these research projects

had a high success rate". She hypothesised that reflexology can help with the same sorts of conditions for cats and dogs<sup>4</sup>.

There are many articles and books written on the topic of pet reflexology or animal reflexology and some include charts. I found by using the Google search engine this was a good start to find some interesting sources.

I would like to invite members of our Association to write detailing their experiences treating animals with reflexology and the benefits that animals gain. Since the early days when articles were written by experienced authors that I have mentioned in this article, pet reflexology is now a 'practised therapy', especially as some veterinarians have taken an interest and are putting it to practise while treating some of their patients.

#### Sources

1. Reflexology World; page 32-34 Issue 10, December 1998.
2. Footprints; volume 3, number four December 1998 page 15.
3. Reflexology World; issue 44, June 2007; pages 9 and 26  
Source: Lagniappe, Mobile, Alabama, June 2007. Author unknown.
4. Jacquie Segers posted 26<sup>th</sup> November, 2009. *Well-being Natural Health and Living News*.



## How do I use foot reading in my practice?

by Jane Sheehan



I use foot reading in several ways. If I'm doing a reflexology treatment, I primarily have my reflexology "hat" on. I work the reflex points to understand the physical aspects of the person. But I have the additional tool kit of foot reading. If I believe an area to be showing up, not because of the physical reasons, but because of emotional reasons, I can start to have what I call an "intentional" conversation. It may appear like a casual comment but really I'm trying to get the person to enter into a therapeutic discussion. For example, if the lung reflex is showing as yellow, and I can rule out any lung issues, then I would be reading that this person is feeling emotionally fed up (by reading the colour and the area on the foot where it is sitting). I can then have a discussion with that person allowing them to explore their feelings, options for change etc.

I also use it for foot parties where the organiser gets a gang of friends together, puts me in a separate room and I do foot readings all evening. It's such fun and you can often hear them shout "What did she say?" as they re-enter the party! Yet despite the fun, it can get very deep, very quickly. You need to add other skills such as counselling or coaching to it and can use it to be a catalyst for change.

I've also used it for PR stunts. I was once asked to read the wine label for the Barefoot Wine Company. They then read out the reading at a corporate event. I thought it was just a stylised drawing but it turned out to be based on one of the founders of the Barefoot Wine Company's feet!

To give you a flavour of foot reading, here are some of the things you can read from this label:

◆ **Wide feet:** You are hard working, always on the go, can't sit still, have to be doing something all the time. If I were to offer you a cuppa you'd be

getting the cups out of the cupboard, you couldn't just stand there and let someone do it for you.

- ◆ **High arch:** You are independent, have strong inner resources. You find it hard to accept help because you think you can do it better yourself anyway! You re-energise by spending time on your own. Too much time with others can be draining for you.
- ◆ **Short toe necks:** You are good at keeping a secret and you're not likely to blab. You keep your thoughts to yourself.
- ◆ **Elongated big toe:** You are good at brainstorming, coming up with new ideas. If we come to you with a problem, you can think up ten solutions to our one. If you have your own problem you have so many ideas about how to fix it, you don't know which one to pick! You therefore work best if you have someone to bounce those ideas off and they tell you which to pursue.

As you can see, never having met the owner of the foot on the wine label, I was able to point out some of their personality. The great thing about foot reading is that during the foot reading, the feet change dynamically during the reading. As the person thinks about what you are saying and what it means to them, the feet reflect how they are thinking through colour changes, twitches in muscles etc. This is what you can then add to the reading to make it much more personal and specific for that person.

Note : If you'd like to know more about foot reading, see [www.footreading.com](http://www.footreading.com) and sign up for the workshop in Melbourne in June 2015. We've also added the Top Ten Secrets your feet reveal, under the "Free stuff" section. You can also hear some interviews and see a few video clips.



**2014 HOT STONE WORKSHOP LEVEL 1**  
Hot Stone Reflexology with Meridians & Body Work

At this Workshop I will be sharing the art of using **Hot Stones** while practicing various reflexology and body treatments. During these treatments we will consider the **Meridians** and the **Body's Energy Centres** for our clients, which, when not synchronized could lay the foundations for diseases.

We will examine the reasons for using Hot Stones and how each individual practitioner can apply them to their regimes regardless of the various reflexology techniques. We also have to be conscious of what the heat and stones do for the meridians on the hands, feet, face and body whilst administering a treatment.

There is no specific level required before attending as there will be something new for everyone. You do however need to attend both days to get the full benefit in your treatment regimes.

**Day 1**

- Qualities & Care of Stones
- Meridians in the Hands, Legs & Feet
- Various Techniques in Reflexology Treatments
- Importance of Stones for Reflexologists.

**Day 2**

- Placement of Stones
- Meridians in the Face, Back & Body
- Body Treatment Techniques

\* Please have a look at our Website for further information on Dates & Venues.

**VENUES 2014**

**Sydney North (NSW)**  
15 - 16 March

**Geelong (Vic)**  
To be Confirmed

**Darwin (NT)**  
26 - 27 April

**Melbourne (Vic)**  
10 - 11 May

**Adelaide (SA)**  
21 - 22 June

**Gold Coast (Qld)**  
12 - 13 July

**Sunshine Coast (Qld)**  
26 - 27 July

**Cairns (Qld)**  
23 - 24 August

**Brisbane (Qld)**  
6 - 7 September

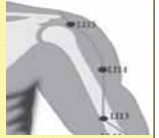
**Bunbury (WA)**  
1 - 3 November

**Sydney West (NSW)**  
22 - 23 November

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## Self-learning CD Package

### “Acupressure and other protocols for Shoulder Pain and Injuries” 2 CPT and only \$34.95



After an accident left me with 1% range of motion in my shoulder I had to find a way to “fix myself up”. I now have 98%. Join me and the many reflexologists who have purchased this CD and are now achieving results. It includes:

- 30+ educational Powerpoint slide show with ‘how to’ instruction, voice-over, diagrams and which muscles and acupressure points to work.
- General outline of how to use the acupressure points.
- Visual chart of the specific acupressure points to use – can be printed and used in treatment room.
- Explanation of the anatomical location of the acupressure points.
- Other tips such as Ear points, cranio-sacral reflexology, hands and face.

#### Written and formulated by:

**Vera Emmi – Healthy Body Healthy Skin (Dip Reflexology) PM RAOA**  
Cert IV Training and Assessment: Cert IV AHA Occupational Therapy:  
Cert IV AHA Nutrition and Dietetics; Cert. Dr Vodder® Manual Lymphatic Drainage

Some comments from those who have already purchased this educational CD:

*I have found the technique of releasing in the shoulders works extremely well and certainly enhances results used with reflexology. I have a lot of happy clients as a result of using Vera's technique. Thank-you Vera for your excellent research and presentation.*

*Client had Frozen Shoulder, repetitive strain injury and very sore feet. Client was impressed so much could be done as most clients think we only give a foot massage. After 2 treatments client commented that she had not had that much movement in her shoulder for many years. (Both of these comments are from Reflexologists.)*

**Cost: \$34.95 includes postage & package**

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This is a very cost effective way of learning a new skill in the comfort of your own home plus earn CPT points. On top of that – have happy and satisfied clients and referrals. This is great business building tool.

Reflexology Association of Australia Ltd  
**2014 National Conference**

**The Professional Reflexologist**  
**Branching Out**

17<sup>th</sup> – 19<sup>th</sup> October 2014  
Novotel Melbourne, Glen Waverley,  
Victoria

**Early Bird registration closes**  
**June 23<sup>rd</sup> 2014**

For additional registration forms please refer to the website or contact Helen Launder on 0401 750 360 to have one posted.

## Our Speakers are:-

- Marcus Bird** – Marketing your business  
**Professor Marc Cohen** – Wellness & the power of Connection  
**Dr Peter Mackereth** - Reflexology in palliative care and cancer care: adaptations, research & innovative approaches  
**Leanne Moore** – Spinal Injury, reflexology & the hands  
**Kate Mcknight** – Becoming the tree. Discover the inner garden & all its’ branches.  
**Mary Unwin** – Becoming a truly professional reflexologist  
**Lee Cummins** - Building better business through relationships  
**Glenda Hodge** - The cyber world of possibility and you; embracing the challenges and rewards of the unknown  
**Bridgette Triandafilifis** – The accounting side of your business

**Post-Conference Workshop –**  
**Monday October 20<sup>th</sup>**  
**Dr Peter Mackereth**

Further information is available on the website [www.conferencedesign.com.au/raoa2014](http://www.conferencedesign.com.au/raoa2014)  
For enquires email Monique Poppelaars -: [2014conference@reflexology.org.au](mailto:2014conference@reflexology.org.au)

# Inspirational stroke survivor Beverley starts own business

<http://www.colerainetimes.co.uk/news/business/inspirational-stroke-survivor-beverley-starts-own-business-1-5970522>

Published in the Coleraine Times on 01 April 2014

**A remarkable Coleraine woman who was diagnosed with diabetes and later suffered a stroke is now running her own reflexology business.**

After being diagnosed diabetic when she was 11 Beverley Ward continually struggled with illness, but set up B'Serene Therapy after completing the Exploring Enterprise<sup>2</sup> Programme (EE<sup>2</sup>P) through Causeway Enterprise Agency.

Beverley said: "I have faced a fair bit of adversity in my life – my father left home when I was seven years old and then at 11, I was given a late diagnosis with diabetes which resulted in me suffering a stroke.

"This led to a series of medical problems including nine bouts of pneumonia, my heart stopping three times, seven months spent in hospital – three in an induced coma – as well as an infection which led to the partial loss of my left hand."

Despite everything, Beverley went on to achieve nine GCSEs, a BTEC National Diploma in Caring Services and a degree in Psychology with Education.

Two years ago she took up her next challenge, a two year course in reflexology. Her tutors were concerned that her disability would stand in her way but she proved them wrong, and despite further illness she completed the course.

Beverley's mum then told her about the Exploring Enterprise Programme.

Beverley said: "The programme gave me the insight into what is required to set up a business and really boosted my confidence. The Enterprise Agency team were really supportive and the aftercare service has been really helpful too." I've never allowed my disability to get the better of me and am determined to make the best out of life. I've learnt so many new skills by embarking on the Exploring Enterprise Programme and want to use my newfound skills to really develop my business. I could never have set up my own business without the support of Leo and the team and I'm more determined than ever to make a success of my business." Leo Mullan, CEA Business Advisor said: "We can help people take the next steps to help them fulfil their ambitions."



*Beverley Ward from Coleraine gives business advisor Leo Mullan from the Causeway Enterprise Agency a reflexology massage to celebrate her taking her first steps back into employment as a self-employed reflexologist after completing the Exploring Enterprise<sup>2</sup> Programme (EE<sup>2</sup>P) through Causeway Enterprise Agency.  
Credit: LiamMcArdle.com*



## Notice to all Members

Check the [www.reflexology.org.au](http://www.reflexology.org.au) 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.

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.



# 'Hormones of fertility & pregnancy have a profound effect on women'

The main players in cyclical emotional effects of hormones in women are oestrogen and progesterone (and activators, luteinizing hormone (LH) and follicle stimulating hormone (FSH)).

The biggest hormonal cycle of life is that of childhood, puberty, childbearing and menopause.

When a young woman reaches puberty, the ovaries become active—then all hell breaks loose!! This is the start of something big; like about 40 years big!!

At puberty, the anterior pituitary gland begins to release *follicle-stimulating hormone (FSH)* and *luteinizing hormone (LH)* which stimulates a small number of primary follicles to grow and mature each month, and ovulation begins to occur. These cyclic changes constitute the **ovarian cycle**.

The growing follicle produces oestrogens which cause the physical changes in the body, effecting deep emotional responses. There may be weight gain, which may cause a crisis in body image. Breasts develop, axillary and pubic hair appears, and the hips widen. These changes can bring about all sorts of emotional responses. There can be feelings of embarrassment, and not wanting to acknowledge what is happening to their body, to the feeling of elation and 'grown up-ness'. With the increase in fertility hormones (oestrogen and progesterone) the mind turns to thoughts of young men. Sexual desires arise, affecting things like taking pride in her appearance, and dress sense, a different attitude towards the opposite sex, (perhaps more outgoing, or more self conscious), cheekiness, questioning of parents and authority, being 'know-it-all-ish' and rebellious.

And of course, the big one, the beginning of periods, is a real landmark in a young woman's life, which leads us to **the menstrual cycle**. Typically the menstrual cycle starts with the first day of bleeding. But for the sake of the explanation I am going to skip the bleeding and explain that later. From day 5 of the cycle through to day 14, a series of different happenings and emotions take place. It is the time when the body is preparing to reproduce. The hormones do their job in preparing the mood and the uterus for conception. There is a good blood flow to the brain, giving her a clear mind and good verbal skills. Interestingly the pupils dilate causing more blinking and improved vision so she can flutter her eyelashes and be flirtatious during this time of increased pheromone output.

By now the oestrogen levels are rising again, produced by the growing follicles of the ovaries. Her breasts become very sensitive and the cervical mucous increases in amount and texture, becoming alkaline and sperm friendly. The body temperature rises and the libido increases, all this in preparation for conception. The blood supply to the brain has now diverted and aimed at the endometrium, repairing it and making it velvety and thick. Then the big day arrives, day 14 of the cycle, and it's OVULATION! Some women can actually feel which ovary ovulated and the exact time of ovulation, to others it passes without even knowing it but

usually this is the time of the month she will feel most sexy.

After ovulation has occurred, the ruptured follicle changes to the corpus luteum, which looks and acts completely different from the growing and mature follicle. As long as there is Luteinizing Hormone still in the blood, the corpus luteum now produces progesterone along with some oestrogen. The body pauses for a while, giving the sperm (if any), a chance to arrive at the ovum. It also stops this enticing behaviour and settles down a bit. While the progesterone levels are increasing and acting on the oestrogen primed endometrium, there is even more of an increase in the blood supply, adding nutrients into the uterine cavity to sustain the embryo (if one is present). During this time the body is beginning to feel bloated and fluid is building up. She will feel as though she has a 'pot tummy', start to get grumpy, moody, and maybe argumentative. Her breasts will become tender and lumpy, the cervical mucous will become thicker and acidic and not sperm friendly at all, she may crave sweet things and she most likely will develop pimples to her dismay, due to the increased production of sebum. So she is feeling pretty down in lots of ways (PMT it seems to be called), but by now she is entering into the last part of the cycle when, if fertilisation has not occurred, the corpus luteum begins to degenerate, lowering the hormone supply. Lack of hormones in the blood causes the blood vessels supplying the endometrium, to spasm and kink. The endometrial cells become ischaemic and begin to die setting the stage for the menses. The bleeding is actually the shedding of the endometrial lining of the uterus and it goes for about 3 to 5 days. The first day of bleeding is typically day one of the cycle.

Physically with some women there can be pain with the bleeding, or perhaps just a sense of dragging downwards. However there can also be a sense of release; any bloating disappears and there may be issues relating to pregnancy (*wished I was, glad I'm not*).

Toward the end of the menses she will become clear headed, with the blood supply returning to the brain. This can also be a time of increased creativity, and happiness within herself.

If the egg is not fertilised, this cycle continues, every 28 days (give or take a few days) for her entire fertile life which may be approximately 40 years. *If ovulation occurs* and the egg *is* fertilised she will get a break for nine months, but only to undergo more hormonal changes and emotional responses in a different way.

So let's take a look now at what happens if the egg is fertilised.

## The Role of Hormones during Pregnancy

A woman's first pregnancy is one of the most exciting and dramatic events of her life. Numerous changes take

place within the body to enable this miraculous process to occur. While the woman's physical changes may be obvious, she will also undergo a lot of emotional changes and the vast majority of the changes are attributed to the **hormones of pregnancy.**

**The first trimester.** After ovulation occurs, and the egg is fertilised, the uterine endometrium is not quite ready for implantation, so the fertilised egg floats freely for a while and is nourished from the uterine secretions where it begins to secrete its own hormone called *human chorionic gonadotropin* (hCG). This is similar to LH, (which causes the corpus luteum to continue to produce its hormones rather than allowing the degeneration and finally the menses). The embryo needs its own special hormone to help implantation, until the placenta is able to take over and establish and maintain the pregnancy. It is thought that this hormone hCG, causes the morning (noon or night) sickness which comes in the very early part of the pregnancy for some women and goes usually after about 12 weeks.

By day 7 after ovulation the egg has embedded itself into the thick velvety mucosa and attached itself to the endometrium. After this time the placenta is formed and it is the placenta that produces the largest part of the oestrogen and progesterone. During the first trimester the mother may have many conflicting feelings and emotions. It may be *'oh dear what have I done! It's in there and it's got to come out!'* or *'I don't want to be pregnant'* or *'I've waited so long at last I'm pregnant, I'm so happy'*. It's during this time some women may suffer from different degrees of morning sickness, from just in the morning, to maybe all day, and some not at all. Extreme tiredness is another symptom of early pregnancy, while the body adjusts to the increasing hormones.

Her breasts will become sore and sensitive, and her sense of smell more acute. Sometimes things that she liked before pregnancy are now repulsive to her.

She may have mood swings, but in any case pregnancy is a pretty emotional time, it's a major life change and it is going to bring up a lot of emotions—both positive and negative. Some women have trouble accepting their changing bodies, others just love being pregnant. The husband or partner's reaction to the pregnancy can also be very important to how she feels. During the first trimester all reflexology must be done gently, observing precautions and using techniques for relaxation and wellbeing. It has been said and still thought by people who don't know, that reflexology should not be done in the first trimester. This is not the case. If there is a risk factor such as habitual miscarriage, then reflexology is more likely to stabilise the pregnancy, not end it. Endocrine balance is always a good thing to do helping to balance the rapidly increasing hormones which play havoc with such things as morning sickness, mood-swings, and food fads and so on.

**The second trimester.** Fourth, fifth and sixth months, or from week 13–27 the woman is feeling at her best. She is feeling relief that she is past the 12 week mark and the pregnancy is well established, and probably had all scans

done confirming everything is OK. She will also be feeling excited, for now she can share the good news. We have all heard it said how the mum-to-be is 'blooming!' It is usually early in this trimester that the baby's movements can be felt. The morning sickness has now subsided and the placenta is producing many hormones to support the pregnancy. The tiredness has subsided and the tummy isn't too large yet but she can have a ravenous appetite and may get cravings. The need to urinate frequently will lessen a bit over the next month or two as the uterus rises out of the pelvis and away from the bladder. The pregnancy hormones raise the body temperature one degree warmer than usual, and the same hormones are responsible for some women getting a 'post nasal drip', as the mucous membranes in the nose swell, and the mouth may have increased salivation, and swollen gums.

Obviously it is very necessary to have good nutrition during pregnancy if the new life is to have all the building blocks it needs to form its little self. The old expression 'you are now eating for two' could cause excessive weight gain, so it's quality more than quantity. Since some harmful substances can cross the placental barrier into the fetal blood it is important the mother is aware of having things like alcohol, nicotine and certain drugs. If she is unsure she should always check with her doctor or midwife.

It is during this trimester that the reflexologist can do a great deal of good work, helping the mother to keep calm and relaxed, supporting all the body systems, including the new life within and treating any minor ailments she may have. Endocrine balance, lots of relaxing techniques, spinal twists, pelvic stretches, kidneys, and digestive system, all help to prepare the body for the big finale.

**The third trimester.** The last three months, or weeks 28–40 or birth.

The uterus has this amazing ability to grow and expand from a fist size organ, to occupying most of the pelvic cavity by 16 weeks, and still continue to grow. As the pregnancy progresses the uterus pushes higher and higher up under the ribs making life a little uncomfortable. The other organs become crowded and the ribs flare. The mother may develop a spinal curvature (lordosis), and her centre of gravity shifts. She may develop a wider stance and some women develop that typical 'waddle'. She undoubtedly will have a typical pregnancy backache and feel great discomfort in the last trimester. The pressure of the baby also can cause sciatic pain. The placenta produces the hormone relaxin, causing the pelvis and pubis symphysis to relax and widen and become more flexible. The relaxin seems to relax the bones of the feet also for they alter shape and appear to spread more (reflecting what the body is doing). It's back to the bathroom again as the baby drops down into the pelvis.

During the last few weeks the mother is feeling very awkward and extremely tired again, physical discomforts change, she may have cramping of the leg muscles, and she may find that it makes it hard to sleep and she is *longing for it to be over.* This trimester the sessions may have to

Continued on page 9



be shorter but more frequent. Endocrine balancing and lymphatic drainage are musts. Plenty of relaxers, pelvic stretches, and some help with the spinal column. The sciatic notch is the one point that can be triggered if the sciatic pain is bad. It is common for the woman to get oedema in the feet and quite often hands, and this can be reduced by regular reflexology lymphatic drainage treatments. If the edema becomes severe the doctor *must* be informed. The digestive tract, particularly the colon reflexes, can be worked to help with constipation, and the chest area and diaphragm, to help with the breasts and lungs.

### Concerning Reflexology

I have found that my pregnant clients find using the la-furma chair to be most comfortable for the later part of pregnancy, when care must be taken to ensure there is no pressure on the inferior vena cava. Work within the comfort of the client.

The body systems that are affected by pregnancy, and need reflexology attention are:

#### Gastrointestinal system

- ◆ morning sickness—due to elevated levels hormones;
- ◆ heartburn—esophagus is displaced and stomach is crowded giving way to reflux;
- ◆ Constipation—motility of the digestive tract declines during pregnancy

**Urinary system**—kidneys have extra fetal wastes to get rid of and they produce more urine during pregnancy. Because of pressure from the growing uterus, urination becomes more frequent (if it becomes uncontrollable it is called stress incontinence).

**Respiratory system** is affected particularly late pregnancy breathing may become difficult.

**Cardiovascular system**—total body water rises and blood volume increases by 25–40% to accommodate the needs of the fetus and to also safeguard against any blood loss during birth. Usually the blood pressure rises a little to help propel the greater volume of blood around the body, and finally because of pressure on the blood vessels, varicose veins can be a problem.

When labour is near the oestrogen levels are at their highest and this seems to trigger the release of oxytocin which brings about weak uterine contractions (Braxton Hicks).

It is not up to the reflexologist to make a decision to prime labour; permission must be given by the obstetric care giver first. When permission has been given, the acupressure points—spleen 6, bladder 60, and bladder 67, can be used. The hypothalamus can be well stimulated, and likewise the pituitary. Vigorous ankle boogie also. When the hypothalamus becomes involved (the actual reflex

point on the great toe becomes prominent), then the true labor is under way. Since both oxytocin and prostaglandins are needed to bring on labor it is important not to have anything that may interfere with the natural production of these hormones. Aspirin and ibuprofen can inhibit labor at the early stages as can stress. This is where reflexology can play an important part in keeping calm and relaxed, allowing nature to take its course. Plenty of relaxation techniques, working on the solar plexus and adrenal glands can be helpful. Towards the end of the first stage of labour, the woman's toes pull back, (extreme dorsi-flexion), and when she is ready to push, her toes go into extreme plantar-flexion. After this time the reflexologist can't do a great deal, until the birth is over and it is time for the afterbirth to be delivered. Working the uterus and hypothalamus can help now.

After the birth, the posterior pituitary releases oxytocin which stimulates the milk glands in the breast to produce milk.

It is good to do reflexology as soon as possible after the birth to help stimulate the hypothalamus and pituitary for the milk supply, and to help the mother to 'get back on her feet', to strengthen the pelvic floor, perineum, and sacral curve, and the body to readjust to the decline in hormones.

The emotional changes that take place after the birth can also be a problem. It can take about three months for the woman to feel normal again. A lot of this is due to the hormonal levels readjusting, but also to the mother adjusting to her new life with baby. A completely new daily routine, no time for anything, and lack of sleep can contribute to the 'blues' which is a pretty natural reaction but shouldn't be confused with postnatal depression, which was once thought to be hormone related. This belief is now being questioned; for it appears both male and female can suffer with it. Whatever the cause, it must be addressed, so advise the client to see the doctor.

Continued reflexology sessions for general wellbeing will help to keep her calm, and cope with life and the new baby. A contented mum means a contented baby. Her milk production will be plentiful if her stress levels are kept down.

**It's plain to see, as far as hormones are concerned, a woman's life is never boring!!**

#### BIBLIOGRAPHY

1. Susanne Enzer—Maternity Reflexology Manual Soul to Sole Reflexology, England 2004.
2. Elaine N. Marieb—Essentials of Human Anatomy & Physiology—Sixth Edition Benjamin/Cummings Science Publishing 1301 Sansome Street San Francisco, 1999.
3. Connie Matthiessen—A Healthy Me—Mood Swings During Pregnancy [www.ahealthyme.com](http://www.ahealthyme.com) 2005.
4. Lisa Cooper—Calming the Storm: Understanding your Pregnancy Hormones [www.BabyZone.com](http://www.BabyZone.com) 2006.



The eye sees a thing more clearly in dreams than the imagination awake

L. Da Vinci

# World Reflexology Week—27th September 2013

Cotswolds Retirement Village—North Turramurra, NSW

by Ann Jooste-Jacobs

(Referral and Employment Officer – Reflexology Association of Australia – NSW Branch)

I approached the Manager of the Cotswolds Retirement Village regarding hosting a World Reflexology Week event in September. He and the rest of the staff were very supportive.

I approached 4 other therapists to join me at this event. Thanks to Yeen Ng, Vicki Whitham, Susan Laurent and Joanne Carson who stepped up to the plate at the last minute when another therapist had to pull out due to ill health.

We were given permission to work in the beautiful club lounge of the village and began our half hour free sessions at 10.15am. In total, we had 33 residents booked in for the day, with a few on a waiting list. Many had never heard of reflexology before.

I had allowed 5 minutes between each resident for a change-over, but this was certainly not enough time to juggle walkers, compression stockings, shoe laces and the like!! However, we managed to get everyone comfortable and seen to by the end of the day.

The manager very kindly provided a free lunch for the therapists and was delighted with the feedback from the residents. I was the only therapist who received a negative comment from a German lady—I had not pressed hard enough!!

Feedback from the therapists was also very positive. Not only did they enjoy the day and the surrounds but felt there was very positive energy in the room.

As you will see from the attached photographs, the residents and the manager thoroughly enjoyed the sessions and as a result of this initiative, we now have a reflexology program up and running at the village.

The manager has provided a clinic room and we are hoping to have two therapists working in this role. The therapists are paid directly by the residents for their services.

I am also looking at setting up similar programs in the area as there are a number of other retirement villages. I have approached them and am waiting on their responses. Hopefully if we can use the Cotswolds Village program as an example, it will not be too difficult to convince them of the merits of offering this service to their residents.



## Reflexology path ... at last it's good news!

The Committee: Michele Bailey, Shirley Lawson, and Pam Skeggs, met with our Landscaper Nick and the Launceston City Council Landscape Architect Niall Simpson on 25th February to discuss the preliminary plan that Niall had drawn up for the Reflexology path at Heritage Forest. As agreed from our last state meeting in November 2013, the path will be placed in the designated area adjacent to the Hoo Hoo Hut at Heritage Forest.

Niall's design is in the shape of a figure eight with the pavers arranged at a space apart so that the aggregate and other pebbles can be added in between as designed. At the crossing of the eight in the centre there will be a pine log bridge over the top. On one side of the circle of the figure eight in the centre, there will be an articulated water feature (maybe with a small sandy beach!). The other part of the centre of the figure eight will feature large rocks and grasses. At the beginning of the path there will be specifically designed seating to allow people to remove their shoes. Two to three seats or flat rocks will be placed around the perimeter. Some herbs or sweet smelling plants maybe incorporated around or in between the pavers for an aromatherapy effect. The path will be 40 metres long and will incorporate the 50 pavers that the committee made, some of which were used at the temporary path put down for the 2012 Conference in Tasmania.

An estimate of a few months was given by Niall from now until excavation work begins at the site. There is a plan for some gym equipment to be placed at the far end of the area adjacent to the toilet block. It is quite a good area as the shrubbery is already established on most sides. Also, at a later date Niall has made provision for the path to be continued around to a Labyrinth that will eventually join up to the Reflexology path again.

All in all, it was a successful meeting, and for once we all agreed!! All Nick has to do is to give us a new quote for the work that he will need to do in conjunction with the Parks and Gardens section of the Launceston City Council. Huge sighs of relief all around!



## Reflexology: Its effects on physiological anxiety signs and sedation needs

Esra Akin Korhan PhD  
Leyla Khorshid PhD  
Mehmet Uyar MD

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### Abstract

To investigate whether reflexology has an effect on the physiological signs of anxiety and level of sedation in patients receiving mechanically ventilated support, a single blinded, randomized controlled design with repeated measures was used in the intensive care unit of a university hospital in Turkey. Patients (n = 60) aged between 18 and 70 years and were hospitalized in the intensive care unit and receiving mechanically ventilated support. Participants were randomized to a control group or an intervention group. The latter received 30 minutes of reflexology therapy on their feet, hands, and ears for 5 days. Subjects had vital signs taken immediately before the intervention and at the 10th, 20th, and 30th minutes of the intervention. In the collection of the data, "American Association of Critical-Care Nurses Sedation Assessment Scale" was used. The reflexology therapy group had a significantly lower heart rate, systolic blood pressure, diastolic blood pressure, and respiratory rate than the control group. A statistically significant difference was found between the averages of the scores that the patients included in the experimental and control groups received from the agitation, anxiety, sleep, and patient-ventilator synchrony subscales of the American Association of Critical-Care Nurses Sedation Assessment Scale. Reflexology can serve as an effective method of decreasing the physiological signs of anxiety and the required level of sedation in patients receiving mechanically ventilated support. Nurses who have appropriate training and certification may include reflexology in routine care to reduce the physiological signs of anxiety of patients receiving mechanical ventilation.

See more at: [http://www.nursingcenter.com/Inc/JournalArticle?Article\\_ID=1637098#sthash.Thy6dhkO.KUm9Jg7v.dpuf](http://www.nursingcenter.com/Inc/JournalArticle?Article_ID=1637098#sthash.Thy6dhkO.KUm9Jg7v.dpuf)



Lost illusions are truths newly found

Multatuli

# Research Committee—Pilot Study planned

The Research Committee are currently working toward a pilot study on 'Does foot reflexology reduce fluid retention?' in discussing how we should approach this, Jan told us about some of the work that she does in Darwin in relation to relieving fluid retention. We asked her to write an article that could be shared in FootPrints. Here is that article.

## Lymphatic drainage Especially in the tropics

Lymphatic Drainage has fascinated me from the moment I read about it. I was in my second year of study when I first came across it. I tried it out on a client who was undergoing chemo for cancer, whose legs would swell to alarming proportions following the treatment. This was not just unsightly but extremely painful and uncomfortable. She agreed for me to work while she read out the instructions. The results were amazing! Her legs would be back to normal within a couple of days. But the really amazing thing was, when I finally did the class, I realized I had not been doing it correctly! This proved the power of Intent for both the Practitioner and the Client.

From then on I was hooked. I seemed to attract clients with fluid retention issues. The most dramatic day was when I saw two sisters-in-law who came together for TLC following the deaths of their husbands. Both had puffy feet and legs. At the end of the session, we all laughed, as their shoes were far too big and the ankles were again shapely.

Another woman had general fluid retention and elevated BP. She came once a month for almost a year. During that time, I had introduced her to the Lymphatic Walk: For this, you walk at a slow, steady pace without stopping, building up to an hour per session. This works as the Lymphatic fluid is like thin jelly and not like water or blood, therefore needing slower pumping to get it to move.

When this woman went for her Physician's checkup, he was most impressed with her improved health, especially the lower BP. He did not want to know what she had been doing, but wanted her to continue!

All this was in cold Melbourne, so when I finally moved up to Darwin, I began to have issues myself. We are at the top of Australia, higher up than Cooktown, and the humidity is high. This appears to be the critical factor, as we can all feel the difference when the Buildup starts; (this is when it starts to get very steamy and storms start coming in the afternoon; it leads to storms at any time and every day). The humidity goes up to 80–90%. My clients change. I have urgent messages requesting Lymph Drainage treatments.

I do Lymph work on my face, neck and head to clear sinuses and unblock ears on a daily basis. We can learn so much when working on ourselves. I also make sure that I do the lymphatic walk each week. I love the beach, so it is a pleasure as well. I also noticed that I retained heaps more fluid when I was exhausted. When I took 3 months off a while back, I rested more than I had for many years. With very little exercise I shed 5 kg – I changed shape! I felt, from how I looked and felt, that it was mostly fluid. Passing on this information to my clients had the same results. Makes sense!

There are other factors to consider besides the humidity. Some types of people simply tend to carry excess fluid – it

can run in families.

Flying can also cause fluid retention in many people. People who have lymph nodes removed as a result of cancer, especially women with breast cancer, have to wear pressure stockings or sleeves when flying to reduce the swelling.

Pregnancy also has an effect with most, due to the increased amount of lymphatic fluid needed during this time to cope with clearing up after the baby in the womb.

I am a great believer in Self Help and suggest that some or all of the following be incorporated into our daily lives:

- ◆ Spend at least 20 minutes a day in a pool or a bath.
- ◆ Drink extra water—helps to flush excess fluid out.
- ◆ Rest with legs elevated above heart.
- ◆ If severe—lie on the floor and put legs up the wall to get things going.
- ◆ If BP is low, bring legs down after a few minutes, wait and put back up.
- ◆ Try using a rebounder.
- ◆ Once a week, do the lymphatic walk.
- ◆ Encourage stress management, relax.
- ◆ REMEMBER TO LIVE WITH JOY.

Clients can hold fluid in many points of the body. In the end, you see a body type and know where to work. It is not always the classic textbook places, so this is never boring!

I often find that painful, swollen joints may have a fluid retention component which when drained, can give so much relief.

It is good to do all of the Lymphatic drainage moves that you know in a block of at least 20 minutes. Seems to enhance the effect.

I use all the methods that I know:

- ◆ Sweep across ankle and dump into bladder;
- ◆ Work between base of the toes;
- ◆ Work base of toes;
- ◆ Drain toes thoroughly for sinus problems;
- ◆ Work great toe to drain and clear the head;
- ◆ Work top of the instep to chest lung area,
- ◆ Followed by the Brazilian toe hold;
- ◆ Endocrine balance; and
- ◆ Finish with the kidney flush.

It is a wonderful thing to be able to help people to let the fluid go and clear out the toxins in their bodies. I find it also helps with stress management, and I use it to 'clear' stressed clients, even if they don't appear to have fluid retention.

Lymphatic drainage has become one of my passions and I love the fact that we can learn so much by working on clients—not just in workshops.

In Love & Light  
Jan Hordern, Darwin.

# Carpel Tunnel and De Quervain's Tenosynovitis

by J. Dance

dancewithreflexology@gmail.com

**Carpel Tunnel Syndrome (C.T.S.)** is one of the most common job-related injuries; according to Diane Joswick *'It is the reason for over two million visits to physicians' offices and approximately 465,000 carpal tunnel release operations each year, making it the most frequent surgery of the hand and wrist.*<sup>(1)</sup>

**Median nerve dysfunction** is the cause of a higher percentage of carpal tunnel syndromes due to compression of the median nerve that travels through the carpal tunnel. From an abstract in the Journal of Neurology, *'Electrophysiological studies were performed on median and ulnar nerves in 234 cases of carpal tunnel syndrome. Abnormalities of the ulnar nerve sensory action potential were found in 39.3% of cases.'*<sup>(2)</sup> The findings indicated C.T.S. was predominantly a Median nerve dysfunction.

**The Tunnel Syndrome** receives its name from the eight bones in the wrist, called carpals, which form a 'tunnel' where nine flexor tendons, three nerve supplies and blood vessels pass through. The tunnel is a passage in the wrist through which these travel to the hand, much of it is located at the base of the palm. The tendons and nerves provide function and feeling to the fingers. The Transverse Carpal Ligament is a tough but elastic structure which holds the bones of the Carpal Tunnel together, often surgically cut to relieve pressure on the median nerve. Carpal Tunnel Syndrome is caused by an increase in fluid causing swelling within this wrist tunnel which affects the peripheral nervous system that feeds sensations into the hand and fingers, often recognised as the medical condition known as C.T.S.

**Fluid retention** results in inflammation causing compression of the Median Nerve, Ulna Nerve, Ulna Artery & Transverse Carpal Ligament.

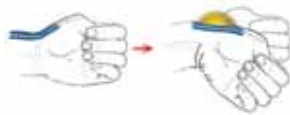
## Common test for CTS is Phalen's manoeuvre.

Put the back of hands together while keeping arms parallel to the floor and fingers pointing down. Hold hands together firmly. If within a minute, one or a combination of the symptoms occur, C.T.S. is the problem. Don't hold this position for more than a minute or after any symptoms occur.



## Common test for De Quervain's Tenosynovitis is Finkelstein manoeuvre.

Pain will occur when the thumb is folded across the palm and the fingers are flexed over the thumb as the hand is pulled away from the involved wrist area. (More info on DQT over page.)



**Symptoms and Causes of CTS.** The manifestation of paresthesia may be transient or chronic. Paraesthesia is a sensation of tickling, tingling, burning, pricking, or numbness of a person's skin with no apparent long-term physical effect. It is more generally known as the feeling of 'pins and needles' or of a limb 'falling asleep'. Other

feelings experienced are itching; intense heat or a burning awareness; pain; swelling; tenderness; discoloration; cold; weakness; irritation in the palm, fingers, wrist and forearm; lack of coordination; clumsiness; debilitating and very uncomfortable. These feelings can start gradually and work themselves up in intensity. The strength and concentration of the pain can occur during the night by simply staying in the same position for too long causing waking. Examples of where pain will increase is when the wrist and hand are used with repetition and persistent overuse without pauses; compression; poor posture and positioning; awkward use of the wrists; constant gripping; computer mouse movement; recurrent vibration like a jack hammer or use of Dental equipment, *'Thirteen percent of screened dentists were diagnosed with a median mononeuropathy.'*<sup>(3)</sup> Tingling can also be as a result of an injury to a nerve that supplies blood to the affected body part, additionally an imbalance of electrolytes or minerals in your body, and certain medications or medical conditions can also cause this numbness.

**Medical C.T.S causes and contributing factors.** Medical conditions that influence an inflammatory response within the wrist are Diabetes; Hypothyroidism; Rheumatoid Arthritis; pituitary gland overactivity; obesity; alcoholism; trauma to the wrist; migraine headaches; congenital predisposition; mechanical problems in the wrist joint; work stress; repeated use; fluid retention during pregnancy or menopause; the development of a cyst or tumour in the canal; in some cases no cause can be identified; sometimes the carpal tunnel is simply smaller in some people than in others, women generally have smaller wrists and carpal tunnels than men, *'women have higher incidences during pregnancy.'*<sup>(4)</sup> Aging of tendons can cause thickening and increase compression, or it can be simply a case of the hand being closed in the fist position during sleep.

**Medical Diagnosis.** It is important that a medical analysis is sort to determine where the problem lays as atrophy of the muscles can occur and once damage to the nerve happens it is more difficult to treat. Compromise of the neck, shoulders, hands and arms can all be affected if the median nerve is damaged. It is important to establish and rule out diseases like Reynaud's Syndrome which affects blood vessels in fingers, toes, ears and nose, any underlying pathology and have muscles tested for strength. An x-ray or scan may need to be performed to divulge things like fractures, and arthritic conditions.

**Other Conditions** like those aforementioned in addition to ruling out Tendonitis which is inflammation of a tendon that links muscles to bones; Tenosynovitis inflammation of a tendon's sheath which causes it to swell and may also retard proper lubrication of the tendon inducing more injury; Ulnar Nerve damage can be affected by tennis elbow or displacement; (RSI) Repetitive Strain Injury; (RMS) Repetitive Motion Syndrome; (CTD) Cumulative Trauma

Continued on page 14

Disorder; (OOS) Occupational Overuse Syndrome which are other terms for disorders caused by prolonged repetitious tasks.

**Cross-section anatomy of median, ulnar & radial nerves**

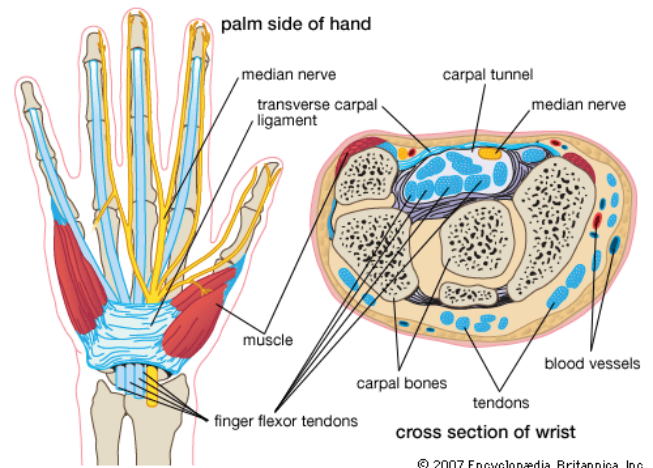
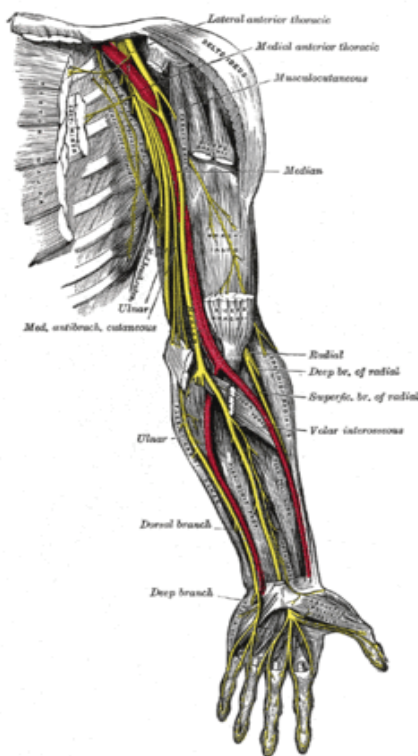
**Median Nerve** is a major nerve to the hand that controls the thumb, index and middle fingers. It is responsible for controlling the coordination of hand, muscle



impulses to the fingers and thumb. When the median nerve within the tunnel of the wrist becomes compressed, mostly due to inflammation the restriction and narrowing compromises coordination and control of the hand.

Note: If the little finger is functional the ulnar nerve is not being compressed. If the little finger is dysfunctional compression of the ulnar nerve is the cause.

**The Ulnar Nerve** and its entrapment as explained by Dr Peter Millett, a sports medicine surgeon is another main nerve to the hand which controls the last two fingers, it passes outside the carpal tunnel but can be affected by tennis elbow or displacement. *'This long nerve travels from the collarbone through the inside of the upper arm and passes through the elbow (through a grouping of tissue known as the cubital tunnel—also known as the "funny bone"). From this point, just beyond the elbow, the nerve continues to travel down through the muscle of the arm and into the hand where it resides in the area of the little finger. It is this specific nerve that allows the pinky finger to move all the way and the ring finger partially. It is a huge controller of the little muscles in the hand that help make fine movements.'*<sup>(5)</sup>



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**Ulnar Nerve Entrapment** *'occurs when the ulnar nerve becomes compressed or entrapped. When this occurs, pain and the inability to move the little finger will be present. It is not known what exactly causes the compression that entraps the ulnar nerve, but prior fractures of the elbow, cysts, swelling of the elbow joint and bone spurs are likely reasons. Some people may confuse the symptoms with arthritis of the elbow.'*<sup>(5)</sup>

**Symptoms**

*'Pain in the hand, pinky finger and ring finger, can cause symptoms of tingling, numbness and a 'falling asleep' feeling in the ring finger and little finger, especially when the elbow is bent. There may be an aching pain on the inside of the elbow. Oftentimes, it may be hard to move the fingers in and out or to hold or grip objects. Finger coordination will also become difficult (for example, typing or playing the piano). Many times, patients will confuse ulnar nerve entrapment with carpal tunnel syndrome because they have similar symptoms. However, these two conditions involve different nerves (in the case of carpal tunnel, the medial nerve is affected). Carpal tunnel syndrome typically causes tingling in the thumb, index finger, and long finger. If the nerve is very compressed or has been compressed for a long time, muscle wasting in the hand can occur. Once this happens, muscle wasting cannot be reversed. For this reason, it is important to see the doctor as soon as any of the symptoms are noticed.'*<sup>(5)</sup>

**Radial Nerve**

Nerves can get pinched by sleeping in funny positions; this can result in temporary and sometimes longer-lasting numbness and weakness. Dr. H. Krob explains *'The term "Saturday night palsy" reveals a "textbook example" of a not-so-common, but very well-recognized, nerve compression syndrome (in this case, of the radial nerve). Also pinching of the median nerve may be hand position during sleep. Determining the cause involves a careful physical examination (which most doctors SHOULD be able to perform, but many cannot or do not), and sometimes requires special tests (including electro-diagnostic testing). Undiagnosed/untreated the hand numbness can get worse, becomes weaker and eventually causes inability to use the hand/s. Hand numbness examination, includes checking strength of major movements at each joint of effected fingers, wrists, elbows, shoulders and checking sensation*

in the entire affected limb up to and including the neck, checking reflexes in several points of the forearm and both sides of the elbows plus checking coordination. This should be in addition to a general examination of the other limbs and major organs.<sup>(6)</sup>

### Nerve Inflammation

Neuritis is inflammation of nerves when the bodily tissues are injured or diseased. The tissues are endeavouring to amplify blood supply to speed up the healing process. Inflammation involves histamine like adrenaline that causes the blood vessels to widen/vasodilate to make the walls more porous. It's a natural attempt to transport more red and white blood cells to the injured area but whilst this may seem helpful it can also create a source for further injury and disease to occur. If blood is reduced from an individual nerve fibre from a trauma, impact or blood vessel haemorrhage, then a histamine reaction takes place triggering an increased blood flow in an attempt to avoid starvation and deliver antibodies to attack foreign substances. With neuritis an inflamed nerve will rob blood supply from other nerves in their bunch, subsequently resulting in a negative response of irreparable nerve damage if it is not dealt with quickly. Unlike muscles that can repair themselves, nerves cannot.

### Pre Nerve Death Stage

Neuropathy is a technical term for nerve death. During the pre death stage, the nerve sends out a signal to accelerate nerve firings which is interpreted by the brain as pain; tingling; heat; pressure. 'Other signs can be ringing in the ears (tinnitus), flashing images (optic neuritis). As neuritis progresses starved nerves die (neuropathy), which results in permanent/partial/total loss of motor control or feeling in the affected area, as in advanced carpal tunnel syndrome, deafness (of some or all sound frequencies) or visual field loss (gray spots in part of what one sees).<sup>(7)</sup> In advanced cases, you may feel pain or cramping around the base of the thumb or it may become non-functional. By the time you feel them in your hand, wrist or arm; cell degeneration is in process and should be taken seriously. It often progresses rapidly if ignored and doesn't take years to develop as many think. Often, just a few mild instances suddenly never go away or are brought on by ever decreasing effort.

### Thumb Tendinitis—De Quervain's Tenosynovitis

De Quervain's Tenosynovitis or washerwoman's sprain, is a painful wrist condition involving two of the tendons at the wrist that pass through the tunnel - the thumb extensors called Extensor pollicis brevis and abductor pollicis longus at the base of the thumb.<sup>(8)</sup> There may be a gradual onset of a dull ache, or an acute flare-up. The pain may start gradually or suddenly, is felt in the wrist and can travel up the arm. The pain is worst when the thumb is being used especially when one forms a fist, twisting, rotating, grabbing or gripping is required, this restricts the use of the thumb. Sometimes the index finger is affected. The pain often subsides with time if the person abstains from the activity.

**Tendinitis** means swelling of the tendons where a thickening of them can occur causing pain, in this case along the thumb area of the wrist. Tendons are covered by lubricated soft tissue known as synovium enabling the tendon to slide easily through the carpal tunnel. Swelling of a tendon causes pressure on nerves resulting in numbness, pain from inflammation at the sight over the thumb side of the hand and sometimes a fluid filled cyst can form. When the thumb is moved a 'catching / snapping' sensation may be experienced. It can occur during pregnancy, arthritis, rheumatoid and in middle aged women. A splint to reduce the use of the thumb will assist in resting it. Mainstream anti inflammatory medications either orally or injection of corticosteroids may help to reduce swelling and pain if activities of the thumb cannot be avoided.

### Reflexology Reduces Pain

Reflexology is very effective at reducing pain and improving all these conditions. How does reflexology work? Fundamentally the spinal cord passes pain signals to the thalamus, the signal is relayed to the cerebral cortex that recognises the sensation and labels it as pain. A signal is relayed back down the spinal cord to release endorphins. The nervous system can respond to only a limited amount of sensory information at one time. When overloaded it 'short circuits' reducing the amount of sensory information available for processing. Reflexology adds sensory information. Reflexology encourages the brain to produce more endorphins. Gentle pressure, acts to confuse the body with too many sensations to respond to, forcing the body to close the pain gates. This interrupts the pain cycle easing pain and causes the body to relax. Reflexology stimulates the pituitary assisting the body in producing more endorphins to reduce pain. Reflexology works in two ways – reduces pain by encouraging endorphin production and interrupts pain cycle through application of pressure. It is when these gates are jammed open that chronic pain cycles begin to have detrimental effect on all the body systems leading to a gamut of body ailments. It is important to acknowledge that any repetitive strain injury requires medical attention to rule out nerve damage or any underlying health conditions.

**As a professional reflexologist it's imperative to know about these conditions to assist clients, more importantly to avoid the syndrome that may prelude you from retiring from the profession of Reflexology earlier than you intended.**

### Foot Reflexology

Foot Reflexology is very efficient in gaining results when the toes and foot reflexes associated with the 'cousins' to fingers and hand are stimulated and gently worked.

- ◆ Hand/wrist carpal tunnel reflexology points on the medial aspect of the inside foot (see diagram).

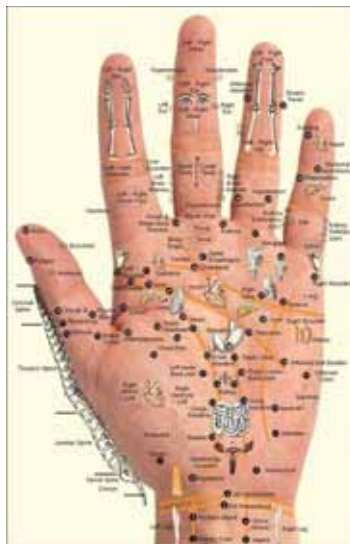


- ◆ Adrenals for inflammatory responses and to alleviate pain. Gently work the Adrenal area which is located underneath the bottom of each foot in the central area, it will be tender.
- ◆ Pituitary for stimulation of hormones associated with the adrenal cortex and thyroid parathyroid connection.
- ◆ Hypothalamus assists the pituitary to release hormones for aforementioned.
- ◆ Spine/Brain are the communication control and basis of homeostasis and balance.
- ◆ Kidneys cleanse the blood, are part of phase II detoxification, working them reduces calcium build up.
- ◆ Thyroid / parathyroid – calcium balance, nerve and muscle function, phosphorous for bone.
- ◆ Arm for the Median Nerve that travels down and enters palm of hand. Using your thumb work/massage the lateral aspect of foot of the corresponding hand that has carpal tunnel. Push in and rock on the elbow joint then with gentle circles rotate the thumb for about 6 seconds. Also beneficial for repetitive strain injuries.
- ◆ Thumb walk over the hand reflex area above the lateral ankle, thumb walk your way up to the elbow and shoulder reflexes, repeat this several times, initially with some firmness then back off and do it with a mild relaxing movement. Additionally imagine a downwards line from the gap between your 4th & 5th toes. Follow this until you reach the area on your foot that bends/flexes on the upper surface of the foot. You'll find a precise spot on the upper lateral/outside; it may feel tender, like bruised or sharp, when pressed. When you've located the spot, press semi firmly with your thumb, using sustained pressure until tenderness has dispersed and repeat about four or five times until the point you are pressing feels less tender. This may temporarily ease the pain in the wrist and is a useful 'first aid' technique in the middle of the night.
- ◆ Shoulder for severe cases of C.T.S.
- ◆ Relative to solar plexus to alleviate stress.
- ◆ Toes are the "cousins" referral areas for the effected fingers and thumb.



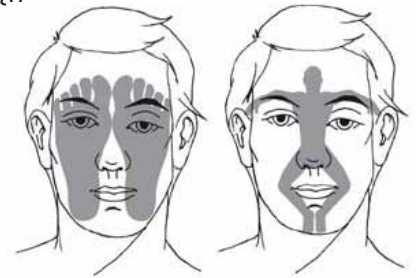
### Hand Reflexology

Hand reflexology is most useful, though I have found if the hand is bandaged, in a splint or too painful to touch, stimulating corresponding points on the feet matching those to the tender areas is extremely



successful. When the pain subsides I can often apply hand reflexology if the splint or bandage can be easily removed and if the client wills this to happen.

- ◆ Work the hands gently and follow the same areas as with foot reflexology.
- ◆ It's imperative to point out to clients, as the feet mirrors the body so does the hand/s reflects the entire body. When an individual has other underlying conditions, is low in immunity, compromised by stress or has inflammatory responses happening within their body, the side effects can sometimes surface as limb dysfunction.
- ◆ By working all the reflexology systems within the hands (or feet) this will have a profound anti-inflammatory response on nerve impingements no matter what the medical diagnosis of their hand condition is.



### REFERENCES

1. Joswick D. L.Ac, MSOM <https://www.acufinder.com/Acupuncture+Information/Detail/Acupuncture+for+Carpal+Tunnel+Syndrome>
2. Journal of Neurology, (J Neurol Neurosurgery Psychiatry. 1973 February; 36(1): 118–123. ) "Electrophysiological studies"
3. Hamann C Werner RA, Franzblau A, Rodgers PA, Siew C, Gruninger S. (Pub Med. From J Am Dent Assoc. 2001 Feb;132(2):163-70; 223-4.) Prevalence of carpal tunnel syndrome and median mononeuropathy among dentists.
4. Pacholyk Andrew MS, L.Ac - (Acupuncture & Herbal Medicine)
5. Millett. Peter J. M.D., M.Sc. Shoulder surgery & sports medicine ulnar nerve entrapment carpal tunnel syndrome
6. Krob Herbert A MD Neurologist (Signs of Nerve Damage in the Hand)
7. Blaylock Russell L. MD. & Weil Andrew. MD - (Joyful aging)
8. Moore, KL, Clinically orientated anatomy 3rd ed; Williams and Wilkins, 1992.
9. Kho H, Robertson E. The mechanisms of acupuncture analgesia: review and update. Am J Acupuncture 1997;25:261-281.

To be continued with working details for Face and Ear Reflexology along with some other beneficial supplementary treatment clues.



### Welcome New Members— February 2014-May 2014

State	First Name	Surname	Suburb
NSW	Karen	Riley	BEXLEY
QLD	Maurice	Caudery	SALISBURY EAST
QLD	Dawei	Jiang	MOOLOOLABA
QLD	Dianne	Wells	PALM BEACH
SA	Marie	Steinke	MITCHAM SHOPPING CENTRE
TAS	Alison	Lakin	TAROONA
VIC	Patricia	Barton	NEWPORT
VIC	Susan	Campbell	CAULFIELD NORTH
VIC	Vanessa	Caroli	KILMORE
VIC	Julie	Coutelas	MENTONE
VIC	Kylie	Hales	MALVERN EAST
VIC	Anne	Lane	LEOPOLD
VIC	Peta	Tyler	POINT COOK
VIC	Sandra	Webster	MONTMORENCY
WA	Sabine	Demarte	CARINE

# Winter and kidney bladder energy

by Vera Emmi – Healthy Body Healthy Skin

**W**ith the winter months ahead now is a good time to touch on this subject. Kidney energy is very important in TCM (Traditional Chinese Medicine).

In TCM every season matches different organs. The winter season is associated with kidney and bladder energy. This means in the winter season the kidney and bladder function and energy could easily be challenged and may need some extra care.

How do you know if your kidney and bladder function and energy have problems? What do you do to protect your kidney and bladder?

Where TCM is concerned, every organ's physical and emotional function is united as one.

The kidney and bladder meridians are partner meridians with the Kidney Meridian being the Yin meridian and the Bladder Meridian being the Yang meridian. For the purpose of the length of this article, I will concentrate on the kidney energy.

The kidney functions to store essence, serving as the source of reproduction and development; to dominate water metabolism thus maintaining the balance of the body's fluids; to dominate bones and produce marrow, thus keeping the bones healthy and strong. It opens into the ear, the urinogenital orifice and the anus. Therefore the kidney is regarded as the congenital foundation of life.

If you have healthy kidney energy you will have healthy bones and teeth. You will not feel the cold, you will sleep soundly, will have good memory, good hearing, be able to listen to others and communicate. You should also have a healthy sex drive, be emotionally strong, fearless, and ambitious with lots of drive.

If your kidney and bladder energy is weak your bones will be cold and aching, especially the feet and ankles. You will find winter hard to tolerate and also not sleep well. Your memory will be poor or declining, as will your hearing. A low sex drive will also be evident. You may also have problems passing urine with either frequent or too little visits to the toilet. Emotionally you may be afraid or fearful, along with a lack of drive and ambition. You may also have poor listening skills.

The weakness of kidney qi can be due to old age or insufficiency of the kidney qi in childhood. It may also result from overstrain (overwork), stress or prolonged illness. As the kidneys are in the lumbar region when kidney qi is deficient it may fail to nourish this area and result in soreness and weakness of the lumbar region and knee joints.

Weakness of the kidney qi also results in the inability of the bladder to control urination, hence frequent urination with clear urine, dribbling after urination and incontinence.

Other indications of deficient kidney yang or kidney yin include: pallor, cold limbs, impotence, infertility, dizziness, tinnitus, nocturnal emissions, dryness of the mouth, afternoon fever, night sweating, and constipation.

Tips to taking care of your kidney and bladder function and energy include but is not limited to:

1. Keeping warm (especially in winter).

2. Do not wear too little clothing in order to look good. By this I mean wearing a strappy evening dress and no overcoat or shawl for fear of spoiling 'the look', or a skimpy top. (I have seen this so many times while we were travelling around Australia and in the cooler States—young girls mostly, out at night in their little dresses.)
3. Never drink or eat anything icy cold from the fridge.
4. Enjoy outdoor life and do more activities in the sun (within reason and using common sense with sunblock—should your skin Fitzpatrick type require it—and time spent in the sun, however usually 15 minutes a day is highly recommended)
5. Develop confidence in yourself. This can be done by reading self-improvement books, personal-development books or attending workshops relative to these subjects.
6. Develop a willingness to listen to others. Try to communicate with others. It has been said we have 2 ears and 1 mouth for a reason—they are meant to be used in that proportion.
7. Take some time out for yourself—meditate, read, relax, go shopping, go to the movies etc.
8. Foods which aid kidney yang deficiency include stews, roasts, soups, steamed vegetables, ginger, garlic, ginseng, prawns, mussels, walnuts, lamb, onions, radish, turnips, cinnamon, peppermint (providing there is no allergies or aversion to these foods).
9. Foods which aid kidney yin deficiency include sweet potato, squash, potatoes, string beans, lemons, kidney beans, fish, oysters, clams, duck and eggs. Yin deficiencies in general are made worse by caffeine, alcohol, sugar and strong spices, therefore these should be avoided.
10. As Winter is the season of the kidneys, now is the time to calm the mind, rest and build your energy, so that in Spring you can literally 'spring' up rested, strong and more at peace. A healthy kidney energy gives you strength, fortitude and conviction for goal setting and a healthy kidney energy ensures a person doesn't get too jealous, suspicious or hold grudges.

Some Acupressure points located on the feet to work to strengthen the kidneys include: KD 1, KD 3, KD 6 and KD 7.

I hope you can use this information to determine if kidney energy is playing a part on your clients' symptoms.

Vera offers post graduate workshops and self-learning educational CD's, contact Vera on hbhs08@hotmail.com or 0407 599953 for more information.

#### References:

Chinese Acupuncture and Moxibustion – Foreign Languages Press  
Research from my various workshops  
Information gathered from the various TCM courses and seminars I have attended over the years  
Acupressure point picture – Google Images



# What is ... *Trigeminal Neuralgia*?

Sue Ehinger, Australian School of Reflexology, [www.reflexologyaustralia.com](http://www.reflexologyaustralia.com)

It is an extremely painful and debilitating condition characterized by severe 'jolt of lightning' type pain to the parts of the face supplied by the trigeminal nerve. We have two trigeminal nerves, one on each side of the face. Each one has three branches fanning out to supply sensation throughout the face, each branch serving a distinct region i.e. mandibular, maxillary and ophthalmic.

Although this disorder is not particularly well known, it is thought to affect more than 1 in 20,000 people in the US. The figures may be much higher, however, as it is often misdiagnosed.

**Cause:** Loss or damage to the nerve's myelin sheath. The exact reason for this is unknown.

## Current theories:

- ◆ chronic irritation of the nerve when compressed by a blood vessel just where it exits the brain stem
- ◆ multiple sclerosis—5% of cases are related to MS
- ◆ degeneration of the nerve due to aging
- ◆ viral infection of the trigeminal ganglion
- ◆ nerve damage due to stroke
- ◆ brain tumour or cyst
- ◆ an aneurysm of a nearby blood vessel
- ◆ misaligned vertebrae

Trigeminal neuralgia is not easy to diagnose as it can mimic many other disorders, especially in the early stages. As a result patients can often receive unnecessary treatment such as root canal therapy and oral surgery.

<b>TN is often falsely diagnosed as:</b>	<b>Typical symptoms that distinguish TN are:</b>
<ul style="list-style-type: none"><li>◆ Post herpetic (shingles) neuralgia;</li><li>◆ Lyme's disease;</li><li>◆ Trigeminal neuritis;</li><li>◆ Temporal arteritis;</li><li>◆ Cluster headaches;</li><li>◆ Facial migraine;</li><li>◆ Myofascial pain;</li><li>◆ Post traumatic neuralgia;</li><li>◆ Sinusitis; or</li><li>◆ TMJ disorder.</li></ul>	<ol style="list-style-type: none"><li>1. Sharp pain attacks that come and go abruptly rather than a constant ache.</li><li>2. The pain is confined to the area supplied by the trigeminal nerve ie: lower jaw, upper jaw/cheek, eye/forehead area.</li><li>3. Pain is almost always limited to one side of the face and does not cross the midline. The right side is more commonly affected.</li><li>4. The pain is provoked by light touch, eating, talking, cleaning teeth or movement of the face.</li><li>5. The pain seems to run in cycles and may disappear for some time.</li><li>6. It occurs more commonly in females (63%); more common in people over 50.</li></ol>

Unfortunately TN can be a progressive disorder and the pain gets worse with time; more and more medication is needed to get relief. Surgery is the next option. Although the initial success rates are high (anywhere between 92–98%), there is a recurrence rate of 23–45% and there are various complications, minor to severe numbness being the most common.



## Some comments randomly selected from the 2014 member survey

- ◆ Finding some CPT workshops getting expensive, have just completed Cert IV in Business Management funded by the Government very valuable extensive business plan and now seeking accredited course in Nutrition I feel these very important to work Holistically in practice and specializing in Stress/lifestyle management and finding this very helpful for clients along with reflexology sessions.
- ◆ There needs to be more on the reflexology website for practitioners, for instance the membership forms should be located there to download should they be mislaid. Just think of what forms are sent to people and if any communication needs to be mailed or emailed to members, it should be on the website.
- ◆ It would be good to know more information on dedicated reflexology workshops available nationwide, say put on a calendar at the beginning of each year and/or month.
- ◆ I would really like to see a Member's update regarding Health Fund rebates as I had a massage on the weekend & was told that all Complementary therapies including Reflexology were being reviewed by a Govt Medical Reviewer to see whether they should continue to offer rebates. <http://theconversation.com/private-health-insurers-natural-therapy-rebates-in-the-spotlight-12706>  
*ANSWER: At this point we still do not have any new information regarding rebates from government or the health funds.*
- ◆ I never volunteer my services!! I like to put a professional price attachment so others always take me serious. This has proven very beneficial and successful. I wish people didn't give their precious time away as a group I feel we will struggle to be taken serious forever! Our new motto should be "RESPECT REFLEXOLOGY!!!!!!"

# Reflexology: Suddenly I can sleep

<http://www.telegraph.co.uk/health/alternativemedicine/3353945/Reflexology-Suddenly-I-can-sleep.html?fb>

As a last resort, insomniac Maria Fitzpatrick tried reflexology—with surprising results

"Have you had problems with your spine, madam?" There it is, I think to myself: the question that confirms that I was right to doubt reflexology. I would have been impressed, even hopeful, if the therapist, who knows next to nothing about me (except that I'm seeking a solution for chronic insomnia), had put his finger on my history of kidney problems while kneading my feet, or even found something disrupting the "energy pathway" to my tired brain.

My back—where I'm told there is a "blockage"—is possibly the only part of my body that has never caused me any trouble. It's easy, at this moment, to see why many traditionalists believe reflexology practitioners to be nothing more than pseudo-science-peddling, fortune-teller masseurs laughing all the way to the bank.

And yet, the art of reflexology, which holds that every part of the body is "mapped" to a corresponding region of the feet, is positively booming in Britain. There are currently an estimated 35,000 reflexologists at work here, pummelling and prodding the nation's soles—and, less commonly, hands—to provide relief for ailments such as sinusitis, asthma, allergies, migraine, angina and digestive complaints.

In the second in the series *Alternative Therapies*, tonight on BBC2, Kathy Sykes, the University of Bristol's Professor of Sciences and Society, investigates the claims of the practice, which has risen from obscurity to the mainstream.

"Conventional medicine has its place, but exploring the alternatives can be very revealing," says Doreen Baker, chief executive of the Association of Reflexologists. "I personally have benefited from reflexology: it has helped my asthma, and when I was recuperating from breaking my leg in three places, I found that, while a medical doctor's exercises didn't help strengthen it, there was a real difference after reflexology."

The practice has its roots in ancient Egyptian, Chinese and Indian cultures, but was introduced in its modern form in 1915 by William Fitzgerald, an American ear, nose and throat specialist. He noted that pressure on one part of the body seemed to produce a numbing effect elsewhere, and introduced the idea of energy zones, running, not unlike Chinese Meridians, from head to toe.

Then, in the 1930s, Eunice Ingham, an American physiotherapist, wrote a book, *'Stories the Feet Can Tell'*, developing the idea that tension in the body can be treated by massaging certain points on the feet. She coined the term reflexology, and one of her pupils introduced the practice to Britain in the 1960s.

Reflexologists believe that "crystalline deposits" of waste products, such as calcium and uric acid, accumulate around the nerve endings, of which there are seven thousand in each foot. By feeling these, a therapist is said to be able to



identify a problem in a corresponding area of the body. Massaging these points is said to crush the deposits and stimulate the body to eliminate them, thus healing itself; revitalising the problem area while restoring balance and harmony to the whole person. Other reflexologists hold that its benefits come from stimulating circulation and "energy" via the nerves.

It is clear that there is no single thesis, even among therapists, as to why reflexology "works". Nor is there a body of convincing scientific evidence showing that it does. Indeed, experts dispute any anatomical link, via nerves or otherwise, between the soles of the feet and the organs of the body.

And yet GPs, depending on their Primary Care Trust, can now prescribe reflexology on the NHS, along with other unproved complementary therapies. They do so because, for many people, reflexology provides relief for stress or pain. As Doreen Baker says: "We have more than 8,000 registered members. I don't believe they would all still be in business if people weren't getting anything out of it."

Reflexology is essentially a form of massage. Studies have shown that massage can result in many physiological changes in the body, among them lowering blood pressure and levels of the stress hormone cortisol, improving mood and immune function, and altering how we experience pain. While it does not claim to cure, diagnose or prescribe, reflexology, through its links to massage, is building up a stellar reputation in many hospitals, including Charing Cross and Hammersmith, and in Macmillan Cancer Relief hospices, where it is used to provide relief for cancer sufferers. A controlled trial at the Institute of Rehabilitation in Hull, yet to be published, has shown that it helps cancer patients to relax and cope psychologically with the after-effects of chemotherapy and radiotherapy.

As for insomnia—there is an end to my story. The therapist asks me if I have problems with my spine. "No, never," I reply. However, there is a hot, searing pain when he massages my instep, under the ball of my foot. This spot, he tells me, corresponds to the spine. It hurts considerably more on the left foot, and I volunteer this information. Here, the pain lingers even after the massage is over.

He asks if I'd like him to look at my back. In a series of swift movements, he presses firmly on three points to the left of my spine, between my shoulder blades. And I yell. A knot of muscle, lodged next to my spine, has made its presence felt.

When I stand up from the table, light-headed, I nearly fall over. The next day, the area is red and a little bruised. But my whole posture feels different, realigned somehow. Two weeks later, I am sleeping for seven hours a night; my previous average was about three. Placebo effect it may be, but my head feels clear and my mental block about reflexology has disappeared.





# Face it

## Facebook news—Social networks for the now moments

by Kate McKnight

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

Hi Everyone! We are continuing to gain more interest in our Facebook Page and the best thing about this is the interaction between practitioners who are actively helping one another with ideas, experience and problem solving. The page is really becoming a great space to post questions about specific health conditions, practitioner workshops, client needs and more. Our practitioners worldwide are not only providing advice and expertise, but they are also helping to provide much needed support for one another.

Practitioners, there is no need for you to feel alone now that we have many on hand to offer support and guidance on our Facebook Page. Your contributions are helping to build practitioner confidence and security, particularly for new practitioners and students just starting their reflexology journey.

Many clients turn to reflexology as a 'last resort' holding high expectations for quick changes or improvements in their health that are not always expected with other forms of medications or treatments. Facebook receives many questions about client expectations which can be intimidating for students or new practitioners. Many of you have come to the rescue, helping, sharing advice, easing troubled or worried practitioners, supporting and encouraging each other, every step of the way.

What an honour and privilege it is for me as FB administrator to witness such selfless assistance and heartfelt kindness. Many of you are sharing your knowledge and experience willingly and you ask nothing in return, only to

be of help to a fellow practitioner who may be feeling some doubts or concerns. Thank you so very much for embracing our RAOA Facebook page, checking in each day and adding your comments and advice.

Never think that this all goes unnoticed. We have 1,306 likes at the time of writing this article. The shares and feeds mean that our page is viewed by thousands of others.

Our fan base is located mostly in Australia; next in line are the UK, then USA, Ireland, Portugal, Greece, Argentina, Canada, South Africa and New Zealand.

In Australia our biggest number of fans is from Melbourne. Thank you Melbourne! Next are Sydney, Brisbane, Perth, Adelaide, Streaky Bay SA, Athens, London, Gold Coast and Bunbury WA.

85% of our Fans are women. The most connected age groups to our page are women from 35 to 54 years at around 27% and up to 64 years of age at around 12%. Men do like our page and the fewer numbers probably reflects that there are less men practicing reflexology than women generally.

So, never think our Facebook page is going unnoticed. It is alive and well, growing all the time and making quite an impact.

Keep on checking in, sharing your wisdom and telling your friends to 'like' us.

Until next time

Keep well with reflexology.

Kate x



## CPT Education—Calendar of Events



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Place your advertisement with FootPrints Advertising Coordinator—[footprints@reflexology.org.au](mailto:footprints@reflexology.org.au)

2014	PRESENTER	TITLE	LOCATION/CONTACT
June 21 & 22	Sue Ehinger	Chinese Reflexology	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a>
July 4-7	Sue Ehinger	Facial Reflexology 3 & 4	Sunshine Coast Sue Ehinger 02.4976.3881 <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a>
8-11 August	Sue Ehinger	Facial Reflexology 3 & 4	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a>
22-25 August	Sue Ehinger	Facial Reflexology 1 & 2	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a>
8-9 November	Sue Ehinger	Japanese Cosmo Face Lifting	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 <a href="mailto:sue@reflexologyaustralia.com">sue@reflexologyaustralia.com</a>
Various dates	Linda Williams	Hot stone Reflexology with Meridians and Body Work	Various locations—see website <a href="http://solehealth-reflexology.squarespace.com/">http://solehealth-reflexology.squarespace.com/</a> Linda Williams <a href="mailto:solehealthreflexology@gmail.com">solehealthreflexology@gmail.com</a>

## World-Wide Conferences

(Courtesy of Reflexology World)

October 17-19th	Reflexology Association of Australia	The Professional Reflexologist Branching Out	Victoria Novotel, Glen Waverley <a href="http://www.conferencedesign.com.au/raoa2014/">www.conferencedesign.com.au/raoa2014/</a>
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# Get the most out of your CPT points

Facial Reflexology Parts 3 & 4 | Sunshine Coast Jul 4-7 Sydney Aug 8-11



Ready to complete the Diploma?

These extra tools will make your treatment focus much more specific and will be especially important for serious health conditions and neurological issues.

Facial Reflexology 1& 2 Aug 22-25



**Good News!**  
We will hold another course in Sydney this year. Previous attendees are really excited about the results they are getting. Book now for early bird fee.

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A 15 step sequence that tones the face naturally, whilst working on the underlying organ imbalances.

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# STATE MATTERS

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At our 2014 General Meetings we have been privileged to have had two wonderful presenters. In February, Misha Frankel walked us through “Connecting Energy Reflex Therapy” and in April we were treated to a “Laughter Workshop” with Christine Kaye. Both were inspiring and informative presentations. It left no doubt that laughter is good for the soul and that intuitive application of energy reflex treatment is also good for the body and soul, or is that sole!

Thanks must go to Yeen Ng, our Education Officer, for organising these inspirational speakers and for the wonderful programme she put together in 2013.

May has rolled around all too soon and we are heading into the final planning stages for the Annual Branch Meeting, the venue is booked, the speakers are confirmed, invitations sent. It is going to be an amazing weekend of speakers and workshops for all our members thanks to the tireless efforts of Janet Burgess for seamlessly bringing this all together.

It’s at ABM time that we also reflect on the valuable contributions made by various committee members during the past year, Bobbie Stanton for her work organising the Reflexology Association’s on-going exposure at the Mind Body Spirit Festival. Misha Frankel for taking on the role of Branch Cashier, temporarily, after Jan Cullen stepped



## NEW SOUTH WALES

down and for running the M4M Workshop programme. Anne Treadwell, Minutes Secretary, for updating and improving the processes associated with this role.

Tony Pullin our Chairperson, who has stepped up and taken on a number of roles over the past year. It has meant working long hours, interstate travel and a huge commitment to the Association.

These are but a few; all of the members’ contributions to the NSW Branch are highly valued.

New South Wales, as no doubt the rest of Australia, was swept up in the memorable moments of the recent royal visit. The preparations, planning and sheer scale of the events was amazing. As most members would be aware Bear Cottage, Manly, was honoured with a visit from the royal couple. This invaluable exposure promoted awareness of this amazing facility and the tremendous work that is done there. On an ABC News item, prior to the impending royal visit, Ann Jooste-Jacobs, our Employment and Referral Officer, was glimpsed performing reflexology at Bear Cottage. In Ann’s words “just wish they had given reflexology a bit more exposure”.

We look forward to the months ahead and the opportunities to give Reflexology more exposure.

*Anne Moorcroft*

Greetings fellow reflexologists, we are experiencing awesome autumn weather here in Adelaide. Autumn is the cycle of celebration and reflection. Watching nature go through its cycles of growth, it’s good to acknowledge the wonderful cycles and rhythms in our own lives, letting go of what is no longer needed in our lives and within ourselves so we have room to grow.



## SOUTH AUSTRALIA

Speaking of growth, we have room for more reflexology volunteers, to bring their skills and knowledge to our group that meets 4 or so times per year ☺ We

had 5 faithful participants at our previous meeting getting ready for the next CPT event: Reflexology for all Sports, that will also include the AGM. This event will be held at the Bowden Brompton Community Centre, 9.30-4.30 on Sun 4<sup>th</sup> of May. Enquiries to Jo Booth 0419804949.

*Chris Spencer*

Good Day  
Time has flown again this year, as we face mid-year again. We have just enjoyed our annual Mind Body Spirit Expo and it was a huge success, both amongst the patrons and the Reflexologists.

The Queensland committee has changed tack a little for our new year and we have some wonderful speakers and topics ear marked in advance for the upcoming year. We are also endeavouring to put more focus in future on our community work and visibility during World Reflexology Week. This platform has been made available to us, to educate and enlighten the community at large and we are driven to take better advantage of this.

We are facing our Annual Branch Meeting In the next few weeks and have a wonderful enlightening speaker



## QUEENSLAND

list available for the day. This would make it appropriate to thank all of the members that have given to their State tirelessly on the committee, fulfilling their roles. This would be the time to wish all members travelling to Melbourne for the Annual conference well, travel safely and may you be enriched by the energy and information shared amongst all.

Some of our members have enjoyed a very educational Touch Point workshop a few weeks ago and can approach their practice with new insight. I have had contact with various more northern Queensland members and they are still being very pro-active and positive with the arranging and maintaining their own Educational meets with guest speakers and constant work in the community.

*Linda Williams*

Dear fellow reflexologists,  
 At the end of this reflexology year we can look back at some really special times. Our study days were all well attended and in two cases booked out. We took a close look at the 'Digestive System', were informed about coeliac disease by a nutritionist on saturated fats, and finished the day tying in reflexology and the relevant TCM component. A pre-Christmas picnic in the park was dedicated to 'self-care'. We were taken through a yoga session, some fun exercises, Chi Vitality routines and finished off with meditation and the magic of crystal bowls and gongs accompanied by the sound of birds and gentle breezes. Our latest study day was dedicated to 'Loss and Grief'. A Psychologist explored with us the grieving in its many forms; we heard about palliative care in Perth and spent the afternoon with an Art Therapist taking us through an amazing grieving/healing process using crayons and collage, finishing with bowls



## WESTERN AUSTRALIA

and meditation. Our ABM will be concluded with a presentation on nutrition in general. Our country branch also runs its own study days and meetings and has informal discussion groups on arranged topics over a cup of coffee. They are engaged and involved in local community events, even a health expo in Bridgetown!

Indeed, our volunteering services have been in such great demand that as a Branch we need to choose which cause we want to support. For many years we have been, and still are, involved with Solaris Cancer Care and to some extent with the Cancer Council as well as Kalparrin, providing our services to parents with children with disabilities. We still are present at one Health Expo, but a number of our members had their own project they wanted help with.

Altogether a busy year ... we thank you all for your support and involvement so that we can stay a vibrant and interesting group into the future.

*Brigitte Johnson*

We would like to begin by thanking all the committee members of the past year for all the effort they have put into organising Branch and Association functions.

In Tasmania, it was wonderful to see the growth of those members who accepted the challenge by taking on a new position within the committee and those taking on a task for yet another year. Special thanks go to BJ who took on a new role as Chair last year and did a wonderful job! and Shirley who survived being our Branch Treasurer for yet another year even with the personal challenges she was faced with. We would also like to thank all the other members who offered to take minutes at the different meetings and those that did the little things that help to make up the whole. For instance, organising the Feet exchange meetings. Life keeps us busy but we need the help and support of all members, no matter how small, to make the Branch, and Association, grow.



**TASMANIA** The Reflexology footpath is still in progress—yes nearly two years' of discussions with the local council by some very determined people. We are still working with the council to finalise a permanent home. After losing the last site, have been given yet another option, which we think looks like a much better option. A new site means a different shaped area so yet another design to be decided on. We are hopeful that this plan will go forward and the pavers will finally have a new home for you all to visit whenever you come way down south. We will let you know exactly where, when the pavers are finally in place.

We wish all the new Branch committee members all the best in their new or renewed positions for the year 2014–2015. We also would like to thank the Directors for all the time and effort they put in to support the members and make the Association a successful business.

*Lynda Kidd*

Victoria is well entrenched in the year now. Our Training Day on Sunday 30 March was well attended with 40 members sharing the day with four very talented presenters sharing their knowledge. Victoria started this Training Day a couple of years ago where members of our Association are asked to share their knowledge and expertise with their peers. It has been a great way for our members to gain CPT points and learn from their fellow Reflexologists.

Our next big event will be the ABM on Sunday 25 May 2014 where we will be welcoming a new Committee. We are currently enticing our members to volunteer their services and join the new Committee for the coming financial year.

## VICTORIA



Our Special Events co-ordinator has been busy organising another function at the Royal Women's Hospital for their Nurses and Midwives Day which was held on 6 May. These events are extremely well received by the Hospital and its employees and we thank all those involved who volunteer their services on behalf of our Association.

And of course we are counting down to October and the Conference Victoria is hosting. Our Conference Committee are doing us proud and we look forward to seeing our interstate friends later this year.

*Amanda Barnett Wood*



# FootPrints Journal

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December issue:	November 1

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General Contact: Jenn Cooper—footprints@reflexology.org.au

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Contact Heather Edwards—president@reflexology.org.au

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## Reflexology Association of Australia Limited

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

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## Attention contributors to FootPrints

The Guide to Authors of articles for FootPrints has been removed from the quarterly magazine and relocated onto the website [www.reflexology.org.au/fp-contributors](http://www.reflexology.org.au/fp-contributors). If you would like to contribute an article or advertisement to appear in a future issue of the Australian quarterly magazine 'FootPrints', please take time to read the 'Guide to Authors' and 'Advertising Policy'.

If you need more information on contributing to FootPrints, please don't hesitate to email the current Editor of Footprints: footprints.articles@reflexology.org.au

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](http://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.

## Board of Directors 2013-2014

### Please know that Directors can be contacted to clarify concerns

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# REFLEXOLOGY ASSOCIATION OF AUSTRALIA

## MEMBERSHIP BENEFITS

Membership Type	PM	IM	Associate	Student
Qualifications Required for membership	Diploma or equivalent	Cert IV or equivalent	None	Enrolled in reflexology related course
Academic Transcript Required	*	*		Proof of enrolment
Membership and Certificates	PM	IM	Associate	Student
A Certificate of Membership	*	*	*	*
A copy of the Code of Ethics	*	*	*	*
A Professional Status Certificate	*			
Membership recognised internationally	*			
Merchandise and Resources	PM	IM	Associate	Student
General RAoA Merchandise (pens, CDs, clothing)	*	*	*	*
Member Resources (website, library, mentors)	*	*	*	*
FootPrints Magazine—quarterly	*	*	*	*
State Newsletters	*	*	*	*
Access to RAoA Webpage	*	*	*	*
Generic RAoA Promotional Business Cards	*	*	*	*
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Profile in Members Directory on RAoA Webpage (Disclaimer on website for IM)	*	*		
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Regular Branch Meetings and Speaker Days	*	*	*	*
Hold branch and committee positions	*	*	*	
Eligibility to be a Director of the National Board	*	*	*	
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Attend Post-graduate Seminars/Workshops	*	*		
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# Reflexology Association of Australia

**VISION for Reflexology:** Reflexology is to be recognised as a major component of an integrated health care system.

**VISION for the Association:** The Reflexology Association of Australia is a leader in integrated health care systems.

**MISSION:** To maintain a viable and sustainable association in order to advance the reflexology profession and to be of service to members.

**We will achieve our mission by:**

- Maintaining a viable and sustainable association.
- Maintaining high levels of training and qualifications.
- Promoting awareness, understanding and usage of reflexology in the general community and the health sector.
- Providing a professional support structure for members.
- Representing and advocating for members in the public, government and health arenas.
- Facilitating, supporting and engaging in research.
- Increasing membership and retaining existing members.

## ATTENTION RENEWING PROFESSIONAL MEMBERS

We would like all renewing Professional Members to record the CPT points on the CPT tracker prior to 30th June 2014.

Just log into the website and click on CPT tracker.

If you need some help just give Jenn a call on 07 3396 9001



## REMINDER

Renewal of Membership Fees will be online this year. There has been no increase of fees for the year 2014-2015. Fees are due by 1 July 2014.

## Reflexology Association of Australia Conference

17–19 October 2014,  
Novotel MELBOURNE  
Glen Waverley

### *The Professional Reflexologist Branching Out*

Our Reflexology Tree of Life is made up of a golden trunk & branches and lime green leaves. The trunk represents strength, structure and support and the colour gold represents good flow of energy and great wisdom.



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Client records are classed as legal documents and they should be completed methodically, and be thorough and up to date at all times. Practitioners are bound by the Confidentiality Act, therefore the records and information contained in them must be safely kept and out of view of other clients.