

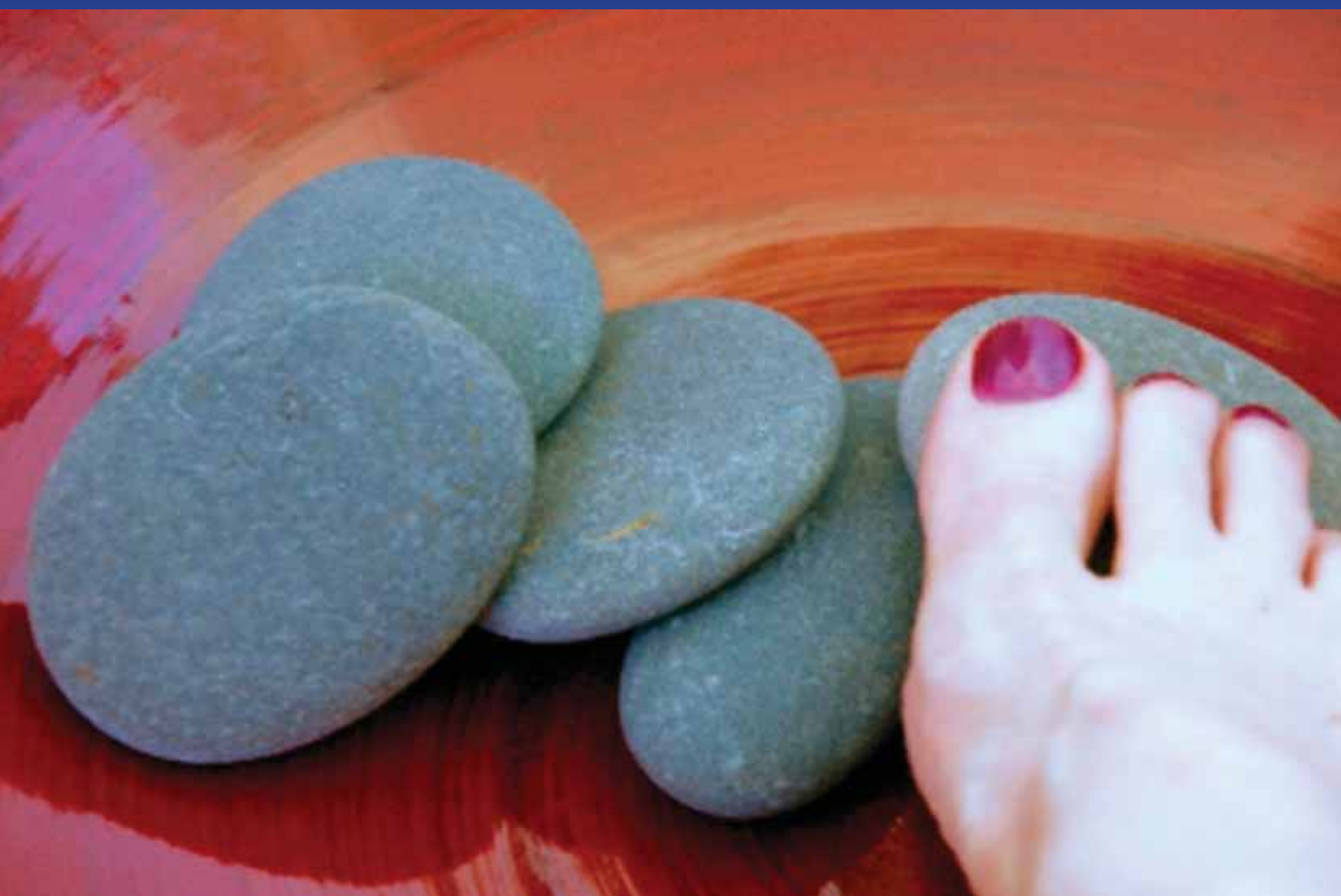
FootPrints



The Journal of the Reflexology Association of Australia

VOLUME 17 No. 1

MARCH 2013



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From the President's desk ...



This Christmas season has certainly been filled with sweltering heat and extraordinary events, commencing in Tasmania with devastating fires, then New South Wales followed by South Australia and Victoria and now the floods in Queensland. Western Australia has not missed out either. As I sit here with the rain bucketing down and the wind gusting, amazingly I am reminded of Dorothea Mackellar's amazing poem 'My Country'. The second verse says it all—

'I love a sunburnt country,
A land of sweeping plains,
Of ragged mountain ranges,
Of droughts and flooding rains.
I love her far horizons,
I love her jewel-sea,
Her beauty and her terror -
The wide brown land for me!'

We do love our home and its many and varied faces even though it can be very harsh. Nonetheless we are a resilient people who can pick up the pieces and make the most of a bad situation. Our hearts go out to those of you who have been directly affected and urge you to make contact with another Reflexologist who I am sure will be willing to assist you through this trauma. I trust that each and every reflexologist will take this opportunity to reach out to those in need by offering their skills.

Throughout last year, more and more of you began engaging with us on Facebook—thank you! I send a special thank you to Kate McKnight who is constantly posting interesting items and monitoring the site and membership/practitioner enquiries. By the time you receive this journal I am sure that we will have more than 600 'likers'. Likes are great but we would like to see more sharing of ideas, and technical information. Everyone can make a contribution through the comments underneath the posts or by contacting Kate to place current content (a few lines or good quality photograph) such as your next workshop, meeting or success story! You can also share RAOA Facebook posts on your page to assist in engaging your fans with the Association, just click 'share'. Did you know that you can link your professional Facebook page to the RAOA page? This is an ideal way of sharing information and becoming visible to a global audience. To see more, visit our page by clicking on the Facebook link on the RAOA website.

Sadly we must say goodbye for the time being to our Public/Govt/Medical Relations Director, Marie Duggan, as she has to return to the UK. Gretel Spiegel will be taking over her role and Lynda Kidd is stepping into the position of Secretary. We thank Marie for the amazing work that she has done in her short time as a Director and wish her well in all her future endeavors.

Although a little late, welcome to 2013. Are you ready for the New Year? Did you accomplish all of your goals in 2012? Did you get the income you wanted? You have two options: do nothing different and get the same results this year as last, or, find out how to get this all figured out and make the necessary changes sooner rather than later.

*Yours in reflexology,
Heather*

March 2013

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Front cover: Photo courtesy of Kate McKnight.

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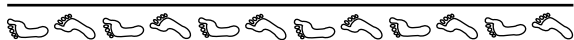
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Proposed Constitution changes explained

by Heather Edwards

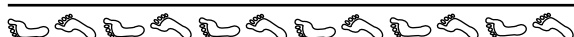
You will recall that at the AGM in September the Board proposed a number of changes to the Constitution. The second and fourth proposals regarding permitting Associate members to be eligible to take a position on the Board of Directors were defeated. I hope to explain some of the reasons for these proposed changes here. Being a Board member is an enormous responsibility both legally and in supporting the pursuits of the company's responsibility to members. It demands considerable energy and time commitment. The majority of our Professional and Full members are busy with their businesses and do not have the time or inclination to devote to Board member duties. Amongst our Associate members there maybe people who have the time and skills to be valuable Directors. One scenario relates to past Professional members who have retired from practice but have retained their membership and would now like to make an active contribution to the RAOA. The proposed changes state that there may only ever be a maximum of two Associate members elected to the Board at any one time and their acceptance is only valid with a 75% agreement by the sitting Directors. This also covers the possibility that the Directors may wish from time to time to bring a specialist such as a financial advisor or a marketing person onto the Board. Having to commit to membership ensures that any Board member has consideration for the interests of the company and its members in consideration.

I urge you to direct your comments, queries and questions to president@reflexology.org.au or your local Director for further discussion.



Members having joined since November 2012–January 2013

First Name	Surname	Suburb	State
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Veronica	Doppler	KILLARNEY VALE	NSW
Robert	Vicary	ASHGROVE	QLD
Wendy	Dalzell	ARANA HILLS	QLD
Tracey	Holland	CAMP HILL	QLD
Rachael	Kannis	PARREARRA	QLD
Louise	Dennison	CRANBROOK	QLD
Barbara	Cardew	PELICAN WATERS	QLD
Eileen	Wallace	PADDINGTON	QLD
Carmen	Barnsley	BELGRAVE	VIC
Michelle	Lowe	DOREEN	VIC
Tanya	Monument	WONGA PARK	VIC
Trudy	Guest	PRESTON	VIC
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The Profession of Reflexology

by Moss Arnold

My passion is the feet, and working the feet therapeutically, which is called Reflexology. The promotion, development and understanding of this fascinating science and art fires my soul. Therefore, its current position and future development is of particular interest to me. This is what motivates me to write this article.

The Reflexology professional association is about associates—those with a particular interest in Reflexology as a therapy and profession grouping together. This is the foundation of any profession. So the first and most important aspect is the members. This is something that many professional organizations have forgotten, or never knew in the first place. If it wasn't for the members there would be no organization!

Historically, Reflexology professional organizations have been established, influenced, controlled and developed by the training institutions, rather than by the members! This is a dangerous point of origin, for the training institutions have a vested interest. Recognition is essential under this scenario and for business reasons such as increasing trainings (hours and standards) in order to increase income. No association can be considered professional if it is not open to all qualified reflexologists!

Further, what has and is motivating those in the recent past as well as those currently in positions of influence within the reflexology community? This is a question I have constantly asked myself, as well as those I encounter. The answer for me lies above. Many of the founders of reflexology, for example, within my own country, have done a great service to reflexology, by giving birth to its development, but have done a great dis-service by then attempting to keep control of it for their own ends. This is a pity, but a common thread that appears over and over again.

Those of the recent past who gave birth, fear the loss of their child, (the power and prestige), and so struggle against allowing their child to grow. They are stifling the development of their child. Is it fear that motivates them, or is it power, or is it greed? Perhaps a combination of all three.

There are a number of common issues confronting the Reflexology Profession in many countries in the world, and they are—

1. Membership to the Professional organization, and
2. Educational standards.

These are not the only issues confronting the Reflexology Profession, but they are the most fundamental of issues upon which a profession is based, i.e. membership and standards. Without members there is no profession! For any profession to exist there must be members—a point that many seem to have ignored, and without standards there can be no discernment. Strength surely lies in numbers!

One cannot create a profession from the top (elitism), nor can one create a profession by imposing it upon its membership. No profession simply “came into being” over-night. It takes time to grow, develop and evolve. Take any profession historically and you can easily see these threads of creation at work. It began at the bottom and grew upwards. To survive it has developed a solid foundation upon which the structure stands. Starting at the top lacks a base upon which to stand!

A profession is built from the ground floor up, as is any structure that is to last! It is the foundations, which are important. This applies both to membership of reflexology associations as well as to the set education standards.

The growth of Reflexology, for a variety of reasons (including and especially the training institutions influence the above), has been concentrated on promotion and government and/or health care system recognition at the expense of gaining a solid membership base and educational structure. As a result the emphasis has been on proving the efficacy of Reflexology and setting the highest (as set by government and health authorities) standards that will prove that Reflexology is professional.

Why? There are many possible reasons, but words like elitism, protection of interest groups and “closed shop” comes to mind. Surely to survive in the long term, a solid foundation and structure needs to be put into place. Not the detailed, petty beaucocratic and dictatorial attitudes and structures that currently pervade and divide the profession! Professionalism is an attitude.; it cannot be bestowed, for it ultimately comes from within the individual and within the group! Those chasing recognition are in fact indicating that they are not professional and further that they do not believe in Reflexology, for they are searching for an external justification and gratification, rather than an internal one.

“If one believes in what one does, there is no need for external recognitions.”

“No piece of paper can bestow professionalism upon you, for professionalism begins to grow from this beginning.”

“Professionalism comes from within each individual of the profession rather than being imposed from above.”

With this preface then, the issue becomes one of gaining members, for strength comes from numbers, and secondly from building a solid education foundation and structure that can be built upon, now and into the future; a structure that can be applied and adapted for any situation and country in the world. Another advantage of this would be the easy movement between countries of professional reflexologists, and the comparison of reflexology between countries, as well as an

Continued on page 4

The Profession of Reflexology
Continued from page 3

international standard into which all reflexology can be accommodated. So this then is the aim of this article—to propose firstly a radical membership drive and secondly an educational model that together with the members can help build Reflexology into a profession, from the ground floor up.

There are basically three modules that are developing within the reflexology community in relation to the medical professional, and they are—

1. Two separate Health Care systems—Natural vs Industrial;
2. The current Health Care system and governments dictating; or
3. The Reflexology Profession getting their own house in order for the purpose of entering as equals within a Health Care system.

What do we, as a profession actually want? And how can we get it?

A profession does not ask those outside itself to set the standards, but rather sets them from within and offers them to those outside, whether they be the general public, a health care system or a government. So let's take time out and get our own house in order so that we can take it out and help it to grow into a Profession of Professionals.

1. MEMBERSHIP

“The longest journey begins with the first step.”

In many countries one of two things appears to have historically happened and continues to happen. And they are—

1. There are a variety of professional associations based upon either training institutions or particular reflexology approaches; and/or
2. The majority of reflexologists are outside the professional association.

Dealing with the first scenario; unless a professional organization is open to all qualified training reflexologists, then it is not representative of the profession. I would go further, to say, that they have no right to call themselves a professional Reflexology organization, and should either “open their doors” or “close them”!

The second scenario is of particular concern and interest, as how can any profession be taken seriously if the majority of reflexologists are outside? How can anything meaningful be done without members? Everything constructed by such a selective, elitist and self-interest based structure is meaningless.

Reflexology varies from country to country but as a general comment most Reflexologists in most countries are either—

1. Not members of the Association, OR
2. Are members of one of various Reflexology Associations within a country.

Firstly, if membership of an association is limited to a particular reflexology training and not open to all qualified reflexologists, then these associations are not representing Reflexology but the training institution. In my opinion they are not professional Reflexology associations! They are in fact closed shops and therefore not representative of the reflexology community!

If an Association wants to represent the Reflexology community in its country, then firstly it must accept the majority, as members, if not all trained Reflexologists, no matter what their level of training. Opening the door initially would be as simple as offering membership to all Reflexologists that have certified (piece of paper) reflexology training from anywhere, and an outline of the content of said training in—

(a) Hours studied

- i) *Face to face teaching, and*
- ii) *Student hours (1/3 of the face-to-face teaching hours); and*

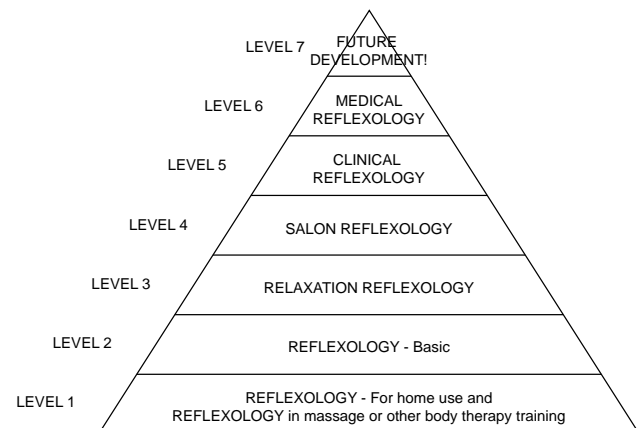
(b) Content/competencies covered.

Have a membership drive for two or three-years—open the doors (make it cheap, affordable and worth joining). This would result in expanded membership as well as providing the association with time to work out the various levels of training based on the information provided by the current members, and training institutions as well as from the new members in a pyramid structure, from the base upwards! This would also allow for a solid foundation and a flexible structure that can be expanded upwards if and when required. This way the Association can actually find out what's happening out there.

The current problem is that Associations are setting the upper standard (professional level) without any foundation. This is dangerous for the future development of the profession, for it needs to start at the grass roots level; not the top, but the bottom!

Also, as the Association builds the Membership structure from the lowest level upwards, the Association would build the Educational levels from the ground floor up. They would go hand in hand.

For example:



Notes:

1. Recommendation that Levels 3 and above be classified as Professional Membership, with each level (and member of each level) being able to be promoted along with their level of skill and competency.
2. Also this is only one suggested breakdown and title of the levels of Membership. This would allow the Association to charge an appropriate fee structure equivalent to the Membership, and allow the Association to accurately promote all members to their professional level of competency.

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This structure, once established would allow all “reflexologists” to be recognised members of the Association, and they would and should have every right to remain at the level they are at, if they so choose, BUT this also allows members to move upwards and to grow with the profession if so desired, from one level to another.

The role of the Association, in this scenario, would be the establishment and maintenance of membership and educational standards, NOT involvement in the process. The Association would not offer any training! This would be contradictory to the role of representing the reflexology community and profession. The association, by definition MUST be independent—not only being fair and impartial, but being seen to be this. The association would then be representing the whole community, rather than an elitist section! This would also allow the Association to promote ALL members at the level of their training.

Further, this would allow the Association over time to build for the future and take members who are interested, upwards through the levels. Part of this would require the Association to—

1. Set these Membership levels, without any discrimination towards any level of membership;
2. Set Education standards (See below) for each of the levels, without any involvement in the actual implementation of the educational process; and
3. Set up a Trainers/Training Institution Membership (Register), where all those who are or who wish to present/teach Reflexology at any level whatsoever would be registered, and again the Association can set a structure as above for trainers, once they are registered. This would be initially open to all, say again for two or three years. Then this structure could be applied to the training as well, that is, for example a trainer could only teach up to the level of their own membership. Therefore if they wished to teach at a higher level, they would need to complete said level! Again, starting from the bottom and building upwards.

This structure, once established, could be used by every country’s Association and type of reflexology in the world to adapt to their particular situation as well as allow them to place themselves within the said structure. This very process would then modify and refine the original structure! Further, it would be a template for all countries internationally.

2. Education (Pyramid Structure)

Once members are on board, then, using the information that they have provided to gain membership, and the information trainers and training institutions have provided for registration, as well as existing training curriculum, the Association can begin to structure the Educational standards at all relevant levels, at the same time that the Association is structuring the membership pyramid.

Also, this would allow the Association to be truly representative of the Reflexology community, and begin to work with the membership and trainers/training institutions, to set the standards, which is the second major aspect of Professionalism. This would also allow the Association to present to “outside” groups or government bodies, their structure, rather than asking them to set the structure! It would be coming from a position of strength, rather than a position of weakness.

Further, all participating associations could contribute their structures in membership, education and trainers/training institutions so that an international model could be developed and maintained, so that other countries and associations could use the same structure to suit their own development. Thus the pyramid structure would evolve and grow as reflexology does.

This would also give a solid foundation that can be developed upwards as required.

3. Trainers/Training Institutions Membership/Register

Lastly, the Trainer’s Membership/Register would also follow the Pyramid Structure outlined above. Get everyone on board and build from the bottom up.

So this is a three pronged structure, incorporating –

1. Membership,
2. Training, and
3. Educators.

A complete structure that would unify reflexology.

The advantages of such a set-up would be many and would provide a solid foundation from which Reflexology could expand into a profession. It would also encourage flexible future developments within the profession of reflexology.

The long-term advantages of this effort would include:

1. Expanded membership of associations so that they could truly represent their profession.
2. The unification of Reflexologists.
3. It would also facilitate movement between countries.
4. International standards that can be utilized for any particular situation.

Those who have built a little empire need to let go. They have nurtured reflexology through its infancy, but it is time that reflexology grew up. And that can only happen if those involved are truly interested in Reflexology and its development towards professionalism.

It is time that the training institutions and the Reflexology profession are separated into two distinct and separate bodies; one to continue their role in training, the other to build a structure for now and the future to lay the foundations of reflexology on solid footing, not upon the sifting sands of individual and/or particular groups’ interests. ☺



Helen Mary Perkins presented the Reflex Resonance Technique™ and workshops at the RAOA national conference in Tasmania. Here, she shares her best practice skills.

My Reflexology Practice

by Helen Mary Perkins

There are a number of ways to earn a living as a reflexologist—self-employed, employed by a clinic, centre or spa, or as part-time work alongside another profession. As a complementary therapy it is still relatively unknown among the wider public and natural entrepreneurship and business acumen is an important principle to survive.

I fit into the first category. As a sole practitioner it can be tough because there isn't a day when I am not thinking how to improve my business. I've had varied experience in my career as I love to travel and have also worked as a 'trouble shooter' helping people set up or improve their clinics. I have also been an employer, employee, volunteer and Saturday girl/junior—working at these different levels has broadened my outlook and capabilities. I believe that it takes three years to set up a business, then five years to make a living from it providing you are marketing yourself well.

My current practice is eight years old and based in Peterborough, Cambridgeshire, UK; it was an evolutionary process from four separate clinics, all of which have led me to one. The original four were quite different, a medical health centre, which offered rooms to therapists; a day centre in a hospice setting, which I set up and is still in operation; a room in a hairdressing salon which was quite noisy but with a ready-made clientele; and a retirement home, which I loved, providing I had lots of time to chat within the session. I have also offered pamper days for staff of various companies and settings including schools, hospitals and charities. From all of these, my customers continue to come or recommend others. New clients may also find me via the internet or on national registers.

I am available to see clients three or four days a week, reduced from six days a week as I have one or two days for training and overseeing my internet business. I work two late nights and occasional Saturdays to help those people who work irregular hours. Each session is booked out for one hour with a half hour in between to write up notes and relax.

Two of my secrets to a successful practice are first: love what you do and build a rapport with your clients; and second, have good life/work balance to set an example and stick to! I think of it as entering into a partnership with the client ... consult and make records, sign a contract to work to the utmost of your ability for exchange of remuneration, unless you are a volunteer or using a barter system. Being a professional reflexologist involves a work ethic such as confidentiality and a programme tailored specifically to support your client's needs as well as your own. It also includes the set duration and appointment times you prefer.



When your client feels at ease with you, both your energy fields join together and information from the vibrations are easily read. As my client sits near me during the consultation I can look at where there is movement or fullness. I can use my intuition or heightened awareness as a simple tool to evaluate how they might be coping with an injury or where their body

is indicating something by where I am drawn to look at or 'sense'.

Watching your client walk in towards you or how they sit helps you to see where the fascia may be holding tension or how their posture has evolved to accommodate them. As fascia extends itself around the whole body including the feet and hands you are touching/vibrating it during the treatment and it affects the whole body.

Loving what you do enables this thought to move from your mind and hands through the reflexes to the person's body. The unconditional kind of love is the most helpful to provide the kind of feedback through the reflexes from the person about the quality and frequency of vibration. It is like a two way circuit. What you and your intuition sense helps to find the correct note and pitch for the Reflex Resonance Technique (RRT) to be wholly effective. Trusting with your intention to heal also incorporates vibrations from your own energy field to intensify the experience for both of you. Your clients are your teachers when using intuition. Your part is to be open and ready to receive. This all aids your development.

For those reflexologists not drawn to using the voice (and this is optional in my workshops), they do find they gain more of an understanding of how to apply intuition, which benefits their client relationships. As I explained in my presentation at the conference, using RRT may not be possible at the first session—I would not want to scare the client away! One has an instinctive feel whether the client is open to this or they may have read about it on the website and have actually requested it. Quite often I will mention it as a suggestion for the follow-on session and if in agreement when they are next with me, I will quietly mention it to them when I am starting. The silence in between the sounds helps you to source the next one and it is also 'held' in the air of the room or area where you are. Many people know how sound changes the atmosphere of a place and that can only be beneficial if it is in a heartfelt moment.

I mentioned earlier that I set up a complementary therapy service at a hospice day centre for neurological conditions. A young man called Mal who had MS, thoroughly enjoyed me using sound with his reflexology sessions. He was mostly uncomfortable, his body distorted and being in the advanced stage found the RRT

Continued on page 7

deeply relaxing, but also hilarious. It was wonderful to hear him giggle as I also worked in a cramped position to find his feet and hands. He said that he always slept better afterwards and felt calmer in his mind.

More case studies and my Outback practice will be

presented in the next article. If anyone reading this is interested to attend a workshop or have an RRT session I would love to be invited. Register your interest or group via email: info@helenperkins.com or for more information visit www.helenperkins.com



Reflexology testament

by Jan Sardie

Twenty Five years ago, I was introduced to Reflexology through a friend who said her friend Heather, needed some people to practice her Reflexology on as she was doing a course. My first question was, 'What is Reflexology?' Desley explained very briefly that it was the stimulation of the nerve endings in your feet by increasing the blood flow to the major organs and areas of your body. I am not sure that was exactly what Desley said but I got the gist of what she was meaning. I had read an article about Chinese medicine which sounded like it did the same stimulation to help the body heal itself. I wasn't sure if it was the same thing but I said yes! I wanted to know more ...

I met Heather and I must admit it wasn't the most pleasant experience as my feet were quite tender. I understood that when Heather moved her thumb along my foot from my heel to my big toe that it related to the spine and it was also really uncomfortable around the hip area. I knew there must have been something in it as this was an ongoing problem for me. I asked my husband, Des, if he would like to come along to see Heather and try Reflexology. He boohoo'd it, saying, it was ok for me but he didn't believe in that stuff—knowing that I was open to natural therapies and medicines.

I continued to have regular sessions with Heather and found that I received relief from the pain in my hip but soon realised it was going to be a slow process. During this time I was learning more about Reflexology and how different parts of the body were reflected on your feet.

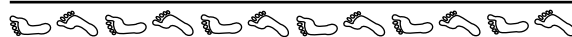
In the meantime, my husband suffered a heart attack and was diagnosed with cardio myopathy which resulted in him needing a heart transplant. At first, he was able to

continue to work although he got tired and the longer he went on, the harder it was for him to complete his duties. After consultation with his heart specialist we started the process leading to a transplant. Des had to stop working as he was getting weaker and he became very short of breath after the smallest amount of exercise.

One week during this time my sister-in-law took Des down to the Gold Coast for a small holiday and when they came back Des told me he hadn't slept for three nights. I rang Heather and asked if she could see Des to assist him to get some sleep. Des must have been desperate because he didn't object. Heather was able to work on his feet and he came home and slept for twelve hours. He was an instant convert. Heather worked on his feet regularly and reflexology gave him relief to be able to sleep and he was a calmer person. Heather gave me some basic instruction so I was able to work on Des daily in-between treatments.

During that time I don't know what we would have done without Heather and her reflexology treatments! It certainly gave Des the ability to wait for his transplant in a relative amount of comfort. After Dr Chan at St Vincent's Hospital, Sydney, completed the transplant, Des' recovery was remarkable and he was out of hospital in ten days, which was unheard of in 1987. He was back at work in three months. I am convinced that reflexology played its part in Des' preparation for his operation and his recovery.

I have continued to have treatment from Heather, which I appreciate very much and I am more convinced than ever of the benefits of reflexology.



Following 4 years of work, the Reflexology Association of America received a one-page testimony/endorsement from the US capital. A document like this is a BIG deal for any healthcare modality in America. Below is the last statement:

"THEREFORE BE IT RESOLVED, that the National Foundation for Women Legislators' National Policy Committee on Health & Empowerment joins the state and national organizations in encouraging the use of Reflexology as one approach for women's health care and wellness issues, in conjunction with the support the Committee has previously shown for a holistic, comprehensive, and patient-centered approach to care."

This has been an ongoing battle in the States where at one time there was a push to make reflexologists train as and register as massage therapists in order to practice.

Submitted by Emma Gierschick

Reflexology training and standards in relation to the Reflexology Association of Australia

by Heather Edwards

Since the government introduced a Diploma of Reflexology into the Health Training Package in 2007 there has been considerable confusion in the minds of many regarding the acceptable standards of professional reflexology in Australia and more specifically for membership with the Reflexology Association of Australia. There is also a lack of knowledge about the varying levels of practical training available to students of reflexology.

First a little history ...

- ◆ By 1996 the association had standards of acceptable training in place that required reflexology trainers to be Full Members of the Reflexology Association of Australia as well as hold a Certificate VI in Training and Assessment if they wanted graduates to gain automatic acceptance into the association. These trainers did not have to be affiliated with a Recognised Training Organisation (RTO). At this time government RTOs required trainers to hold Certificate VI Trainer and Assessor but there was no necessity to actually be a trained reflexologist let alone a registered practitioner.
- ◆ In 1995 Sharon Stathis' Reflexology Academy Brisbane, became a Registered Training Organisation and was the first Australian college specializing in Reflexology to offer a Government Recognised Certificate IV in Reflexology qualification.
- ◆ By 1998 three Western Australia reflexology courses had also been government accredited to Certificate IV level. Through this period the Reflexology Association of Australia extended its recommended minimum training hours for professional practice to 200, then 250, attended hours. Today the hours exceed 270.
- ◆ Many training schools did not see the need to become RTOs delivering government accredited courses as they were preparing students far more adequately to meet industry requirements than the government accredited RTOs who employed trainers without specific reflexology qualifications. Being non reflexology specifically trained these government trainers lacked the skills to be able to equip students to an equivalent level of competency. The process of assessment and recognition of courses in place until May 2000 within the Reflexology Association served as an appropriate measure, at the time, to set a high standard of practitioner competence.
- ◆ At this time there was also pressure being applied to Associations to accept only applicants who met qualification standards delivered by Registered Training Organisations and more and more emphasis was being directed to public awareness to seek Accredited Training. As a result and due to concern within the association regarding the inconsistencies in training and ongoing pressure demanding that all training institutions become government recognised the Association, in 2001, chose to attempt to set in place an industry acceptable course. Work began with state sub-committees, specifically in Western Australia and Victoria, on the initial drafts of a Reflexology Training Package. This was put on hold temporarily when government shifted its focus away from the inclusion of reflexology in the 2002 Health Training Package submission. Over the next few years work did quietly continue toward an association Training Package.
- ◆ In 2004 the members of the National Education Committee produced new guidelines for theory and practical assessment to accommodate all avenues of Reflexology training and ensure the quality of professional practitioners. This has been an ongoing baseline for anyone wishing to join the association whether trained in Australia or overseas. It must be stated here that this baseline equates to Certificate IV in Reflexology. Still today, many applicants, for membership with RAOA, need only produce their graduation certificate and Academic Transcript to initially receive Intermediate Membership.
- ◆ Further work by the committee on a Reflexology Training Package was halted in April 2006 by the National Board as the Reflexology Association was represented on the consultation team developing the reflexology competencies within the government health Training Package. Unfortunately the representatives were out-numbered by those designing the course and consequently it followed the lines of the Massage Diploma stating, for one, that trainers need only be qualified in a related therapy.
- ◆ Once the HLT51707 Diploma of Reflexology was finalised in 2007 the association accepted graduates from government RTOs delivering the course while still accepting those trained by qualified reflexologists at non-RTOs to the level of Cert IV and/or Reflexology Practitioner. This meant that graduates of training courses, which were not to association standards but government accredited to Diploma level, would now be automatically accepted as practitioner members. This again highlighted the issue of trainers who were non recognised RAOA members and the possibility and more likely probability of graduating students with inferior practical reflexology qualifications which raised the possibility of reducing the standards of reflexology practitioners. Understandably it was disturbing for those who had worked so hard to gain Reflexology the good standing it was establishing in the Australian health field at that time.

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Prior to reflexology being included in the National Training Package individual organizations and trainers could submit and obtain a nationally recognised training certificate course in Reflexology, based on the standards of those making the submission and any other submissions already in place. A recognised course needed to be delivered by a RTO for a Nationally Recognised Certificate IV or Diploma to be issued. The finalisation of the Health Package course meant that anyone wishing to deliver a Diploma in Reflexology had to follow the HLT51707 package. Individual submissions were no longer an option. Non RTO's could still deliver the course but there was no guarantee that it would be recognised nationally. The other issue that arose from the addition of the Diploma of Reflexology to the Health Package was that health funds now wanted to only rebate on receipts from reflexologist holding a Diploma. Fortunately many health funds now recognise that reflexologists having met the criteria for professional membership with RAOA, that being a minimum equivalent to Certificate IV, are specifically competent professional reflexologists and eligible for clients to claim rebates.

The disturbing fact currently, is that some RTOs delivering HLT51707 Diploma of Reflexology are preparing graduates to a practical standard less than Certificate IV level. RAOA currently states that it accepts all diploma HLT51707 graduates with the exception of Distant Education graduates who have not completed the recommended practical component of reflexology training. Unfortunately some of these diploma graduates are less than ready to practice satisfactorily in industry. This is even more concerning when we know that there are reflexologists who have trained in non-government recognised training institutions who are capable of excellent practical application of their skills but are unable to receive health fund rebates for their clients. Another concerning factor is that there are some training institutions that do not encourage their graduates to join or even worse may not be aware that graduates are eligible for membership with RAOA.

Membership is available at a variety of levels from Associate Member, AM to Professional Member, PM. An AM includes someone who is a student, a person who has basic training and wishes to work with family and friends and even someone who may have no formal training but has an interest in reflexology. The second level of membership, Intermediate Membership, IM, includes reflexologists qualified to practitioner level who do not carry professional Indemnity Insurance and /or a current First Aid Certificate and/or current CPT point accrual. These members may include past PMs and IMs preparing to become PMs. They are members who are usually practicing reflexology in private businesses performing regular treatments, full or part-time, both therapeutic and/or relaxing but whose clients are ineligible for Health Fund rebates. Professional Membership is for those who work in private businesses

and/or work in multi -modality therapy clinics and can be employed to work in Corporate, Nursing, Elderly and Medical facilities. Many of these practitioners specialise in specifically tailored treatment regimens for much of their work. They may incorporate a variety of reflexology techniques as necessary to suit the clients requirement.

Since 2007 when the HLT51707 Diploma of Reflexology came into being there has been some confusion regarding membership and practice levels in RAOA membership. As stated earlier the basic level of training necessary for acceptance as a professional member of RAOA is the equivalent of Certificate IV. Since the introduction of HLT51707 Diploma the number of new reflexologists graduating has declined partly due to the increased cost involved required before being able to practice professionally. In order to address this RAOA has seen fit to finalise an Industry approved course which is now complete and already being delivered in WA. It is the Certificate in Clinical Reflexology and is equivalent to the original Certificate IV in Reflexology. The Course is available to be delivered by any qualified trainer or institution whether they have, or are affiliated with, an RTO or not.

What must be emphasised here is that RAOA is not a training institution, never was and currently never plans to be. RAOA is a membership association. While RAOA can determine the level of training required for membership it should never become a trainer of reflexologists as it then has conflicts of interest. RAOA should always make available to its members opportunities to comply with their Continuing Professional Development, CPT and this it does on an ongoing basis. RAOA may assist members towards becoming a trainer and providing tools to deliver reflexology training but it should never actually be a trainer. Educating reflexologists becomes a conflict of interests. The RAOA is there to serve its members and promote reflexology in the public field. Educating the medical profession, health funds, Nursing Homes, carers and providing ongoing training opportunities is the RAOA's role while protecting their members and quality delivery of reflexology to the public. The unfortunate part about National Packages is that they involve compulsory modules which do not specifically relate to Reflexology but are part of professional practice and required by all health care practitioners. I do believe that the inclusion of Business training for a Reflexologist is essential if you wish to develop a viable thriving practice and Business training to this point is probably the biggest single area in a reflexologist's training requiring more emphasis.

Over the last fifteen years a wonderful range of quality hands-on reflexology training has become available due to the hard work of a few dedicated hard-core reflexologists. It is up to us all to nurture and encourage ongoing developments within our industry always remembering the grass roots. First and foremost you have to be able to perform a quality hands-on reflexology session and only dedicated and experienced trainers can truly assist in fostering the best in each and every potential reflexologist.👣



Qi and acupuncture points explained

by Marc Webster
www.ateamclinic.com.au



When I was asked to write this article I thought what could be easier? Having been involved in traditional East Asian medicine and martial arts since 1993 I figured this would be a breeze. When it came down to the writing though, I quickly discovered this is probably one of the hardest topics I could try and do justice to. As an acupuncture student we spend the first two years of four studying the meridian pathways

and point locations. We memorise the points' Chinese name, the English translation of this name, anatomical locations and landmarks, the physiological functions, contraindications for use, and the depth and direction of needling. We understood the idea of an acupuncture point from an Oriental perspective, but explaining it in layman's terms, or even in Western medical or scientific terminology is not so easy. Maybe I would be better off to finish my attempt on this article here?

Oriental medicine is based on the concept of Qi. The ancient Chinese believed Qi is what animates the universe. They understood that Qi was everywhere, streaming down from the Heavens above and radiating up from the Earth below. When these two forms of Qi mix and interact, all of nature is formed including man. This Qi animates us, dictates our health and the length of our lives. Our Qi governs the structural integrity of our body from external to internal, and it governs all of the functions that take place in our body, from the cellular level to the systemic. The Qi is carried around our body via the meridian system and can be accessed by the points found along the meridian pathways. Stimulation to the points can bring about a change in the quality and quantity of our Qi.

In the modern world where evidence-based medicine is often the gold standard to prove whether something is valid or not can make it difficult to see the potential value of a medical system based on Qi, the meridians, and their points. Some decades ago, the theory of Bon Han Kim of the University of Pyongyang, Korea, claimed discovery of microscopic anatomically distinct 'acupuncture point' corpuscles but his theory failed to achieve validity.¹ The meridians and acupuncture points appear to have function but no form, just like the famous Triple Heater of Chinese medicine. We cannot cut out a meridian and look at it under a microscope. But don't street maps show subway routes like they run on the surface? A meridian is merely a skin surface manifestation of the 'underground' Qi activity.¹ We cannot fill a beaker with an amount of someone's Qi. Nor could we do this with someone's thoughts, but Western medicine understands thoughts and emotions exist. Surely this Oriental medical model with a history of development and application over the last 5,000 years has some validity? Thankfully even Western science is now starting to find the evidence that these ancient, sometimes esoteric, ideas are very real.

The main meridians of the body are said to connect the external with the internal, superior to inferior, left to right, anterior to posterior, and structure to function and vice versa, enabling Qi to be carried throughout the body. Thus, our Qi enables us to act as a whole, functioning in harmony with our environment. This idea can be seen in the application of the Shigo (midday/midnight) theory.² In this theory, when a client presents with pain in a meridian, a meridian on the opposite side of the body and on the opposite limb (an arm meridian if the pain is in a leg meridian and vice versa), is chosen for treatment. Then several points are palpated to deduce which one most dramatically reduces the pain. In clinical practice this works very effectively with repeatability and reliability. We also see the effectiveness of using Microsystems for treatment. These include the feet, hands, or ears, among others. Once again the idea of the body working as a whole via the meridian system, points, and the Qi is verified. We can apply moxibustion to Uranatei (on the sole of the foot) to treat food poisoning, massage to points on the back of the hand to ease neck pain, or intradermal needles to the points in the ear relevant to reducing back pain.

As Ho and Knight³ point out, "*the meridians and their acupuncture points have no known, straightforward anatomical correlates recognized in western medicine, such as the circulatory system or the nervous system.*" Their research into the liquid crystalline collagen fibres and connective tissues of the body is showing proof of a system strongly reminiscent of the acupuncture meridians from traditional Chinese medicine. These collagen fibres conduct electricity and these conduction paths may correspond to the acupuncture meridians. Aligned collagen fibres in connective tissues provide oriented channels for electrical intercommunication.³ The acupuncture points typically exhibit lower electrical resistances compared with the surrounding skin. This may indicate singularities or gaps between collagen fibres, or where collagen fibres are oriented at right angles to the dermal layer.³ This also has correlation with Dr Yoshio Manaka's idea that 'information' is carried around the body via the meridians, and that this information can be influenced by stimulation at the acupuncture points.⁴ Also Qigong masters have long believed that Qi, its movement and storage, is closely related to the connective tissues of the body.^{5, 6}

Yasuo describes the acupuncture points as a small urn, a three-dimensional body.¹ He goes on to state how acupuncturists often feel a needle 'pulled' or 'sucked' into the point, and this is due to the action of minute skin muscles. He gives the biological definition of an acupuncture point as an assembly of nerve endings, blood supplies, and plump cells, especially adipocytes. In some forms of acupuncture though, the needle is not even inserted into the skin, yet the practitioner can feel sensations in their hands and at the tip of the needle.

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Also in this same style of needling, sensitive clients can feel the movement of Qi and will trace a meridian's pathway with no prior knowledge of its existence. It seems even delicate stimulation of an acupuncture point can initiate the movement of Qi and activate the physiology associated with the point.

It is thought that at the acupuncture points Qi interfaces with the external environment and are places where Qi can be added to or removed from the meridians.⁷ They are similar to gateways where something can pass through in either direction. Qi can naturally move in and out of the body, or it can be influenced to move when stimulation is applied at the location of these gates. These gates can become empty, full, or blocked. I have been told by a Qigong master that there can be 5,000-6,000 blockages in our meridian system every day!⁸ These blockages can be due to the food we eat, emotions we feel, environmental influences like the weather or electromagnetic fields, over exercise, lack of rest, etc. Most of these come and go without causing any real changes to our Qi flow. There are those blockages that can be more of a problem because they do not clear and these will start to move us away from health. When Qi becomes weak or stagnates, and there are changes to the free flowing of the blood, due to this blockage in the meridian then the points can show many changes under palpation, as can the surrounding tissues. Shudo Denmai describes this process, "Qi, which is invisible, is thus transformed into a 'quality' that can be palpated and distinguished. This is what is known as an active (or live) point, which serves as both a point for diagnosis as well as treatment." Yasuo also talks about the idea of a live point. "The point is not fixed. It appears to move, for the structures responsible for generation and transport of the bioactive material may shift from time to time, because of minute anatomical changes (inner factors) and bodily movement (external influences)."¹¹

If someone is healthy and their Qi has a strong and unimpeded flow through the meridians, where Qi is passing freely into and out of the points, then locating the points is more difficult than when that person becomes unwell. The more we move away from good health, the more obvious the physical changes are at the sites of acupuncture points. Serizawa committed thought to this idea also. In one instance, he studied 100 people (50 healthy individuals and 50 unwell individuals) and found in the unwell group that changes to their tissues were concentrated in the regions of the mapped acupuncture points.⁹

In Japanese healing arts the key to the success of a treatment is finding the live point and treating it effectively.⁸ Using the art of palpation Shudo Sensei suggests we look for changes at the surface of the body with abnormal temperature, depressions, abnormal moisture, and congestion in the blood flow. Deeper into the body we search for areas of thicker skin, small lumps and nodules, and hypersensitivity. Palpating even deeper still we can find knots and hardness in the fascia and muscles, and even deeper Sensei will palpate for inflammation and hypertrophy of some of the internal organs.

Acupuncture points, meridians, and Qi are functional and do not correspond to any anatomical structures¹ yet their theory and application have been used to successfully help heal people for millennia. After examining some of the traditional literature Shudo Sensei⁸ states:

1. Acupuncture points do exist.
2. Acupuncture points are the gates along the course of the meridians.
3. The Qi in the meridians enters and exits through the acupuncture points.
4. Pathogenic Qi can collect at the acupuncture points.
5. The Yang Qi of Heaven enters through the acupuncture points.
6. Changes on the inside of the body appear at these gates.
7. Pathology on the inside of the body can be detected through these gates. They can be used for diagnosis. Applying treatment at these gates can correct internal problems.
8. There are some special connections between certain points and the internal organs.

The esteemed researchers, therapists, and Qigong masters referenced here give a much better clue to what an acupuncture point is than I ever could. As a dyed in the wool believer of Qi myself, and no matter what an acupuncture point really is, I have seen clients experience too many positive reactions to stimulation of these points via acupuncture, Shiatsu, massage, moxibustion, magnets, bloodletting, and more to ignore their existence and validity. When the application of direct moxibustion to Uranatei and C.V. 12 induces vomiting in a client suffering food poisoning, or contact needling with a gold and aluminium needle reduces the pain of sciatica while the client is on the table, or when Shiatsu reduces the amount of toxicity dumped by parasites at the full moon into the client's system, how can one not be in awe of this ancient, esoteric medical model and its magnificent points.

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Reflexology Path recipe

Readers who attended the RAOA Conference in September will remember the Reflexology Path. Due to space limitations in the December issue of FootPrints, we were unable to include the 'recipe' for making the path. For anyone wishing to create something similar, the recipe for making the path follows.

To make the pavers:

- ◆ Mix 4 parts quartz gravel to 1 part cement.
- ◆ Add enough water to make a thick paste and stir with shovel until it is all mixed together.
- ◆ Place mixture in 450 mm x 450 mm square timber moulds to make pavers (or whatever shape you desire).
- ◆ Add smooth river pebbles and place in concrete when dry enough for them to remain on the top but not too dry or they will not stick.

Two pavers used approximately 16 trowels of quartz gravel and 4 trowels of cement (4:1). Remember this is not cooking so it doesn't have to be quite as accurate.

To calculate how many pavers are required:

Once you have decided on the length of the path (say 3 metres), the width of the path (say 450 mm), the size of the pavers to be made (450 mm x 450 mm) and the gap size (say 50 mm) you can calculate the amount of pavers required.

- ◆ Add the size of the paver plus the gap (450 mm + 50 mm = 500 mm).
- ◆ Divide length of the path by the total of above calculation (3 metres which is 3000 mm divided by 500 mm = 6 pavers).
- ◆ If the path is to be wider than one paver, do the same for the width of the path



The paver mould can be adjusted to suit the width of the path but any bigger than the suggested 450 mm (which is 45 cm) will become difficult to carry and work with as concrete is heavy. They do not want to be much smaller as your feet need to fit firmly on each paver. The team found that it was better to do small batches (two at a time) and have an old table to work on so that they were not bending crouching on the ground.

The team made approximately 70 pavers altogether although only 40 of them were in the temporary reflexology path at the conference. Experiment with the sizes of the stones to gain the stimulation you require on your path. For those of you who were fortunate enough to trail the pavers, you will have some idea of the sizes and amount of raise that you prefer. Have fun and enjoy the process of creating your own individual reflexology pathway. 🙌



Facebook News

with Kate McKnight

Hi everyone, welcome to the social network segment! Stay tuned to my regular column for interesting information from cyberspace where on-line social networks are creating big business.

Why so much buzz about social networks? Well, thinking globally means that with the click of a mouse we can connect with reflexologists and healers around the world in our own forum space.

We have the ability to expand our expertise through sharing information, hear news of new workshops, conferences and seminars, meet with other professional therapists and educate generally about the wonderful work we are doing in reflexology.

We have almost 600 likers on our page now, double our number this time last year. Our likers consist of other associations around the world, along with reflexologists and interested people generally wishing to learn more about what we do and how it can help them. We are no longer waiting to get on the map, we are creating the map.

Fun Facts

Here are some fun facts about our page that can help with where to direct marketing:

- ◆ Our biggest on-line audience is female in the age range of 45–54.
- ◆ Our second biggest audience is female in the age range of 35–44.
- ◆ Women are our biggest supporters at 84.5% and our male audience is 12.3%.
- ◆ Australia is our biggest audience and our second biggest is the USA. We also have keen followers from the UK, Portugal, Canada, Ireland and Argentina, just to name a few.

Name this column!

Do you have a great name for this column? Facebook News is fine, but there might be a buzzier, catchy title to be had. If you have an idea to rename my regular column please send it to me at kate@katemcknight.com.au. Sorry, no prizes, just the glory of seeing your name in lights as the inspiring winner. 🙌





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Handling stress

by Danielle R. Gault

Handling stress requires a personalized and individual approach. Everyone will perceive and manage each situation differently. It is important to turn to individual insights and strategies to increase the effectiveness of stress management.

What is stress?

The Oxford Dictionary defines stress as 'a state of mental or emotional strain or tension resulting from adverse or demanding circumstances.'¹ This is something that results from the demands and pressures of life. Demands and pressures can be the result of threats, such as rising expenses or major life changes, which affect our security. They can come from a challenge, such as an increase in our work load during peak times or changes in technology, which we have to work through. They can also result from something that is, on the surface, pleasurable such as the birth of a new baby, buying a new house, or getting a promotion.

Change, no matter what the source, affects our energy and ultimately our health. No matter what the source of a new demand or pressure, the body is required to adapt to change. This requires extra energy. An individual has only so much energy available and so adapting to new, challenging, or threatening situations, diminishes the energy levels. Staying in a bad situation can be stressful but sometimes the energy involved in changing the situation can feel overwhelming.

Too many demands and pressures on the system, during challenging times, means the body requires extra care.

What makes stress negative?

When the body responds to demanding and threatening situations it does so with a primitive, instinctive, survival response. The stress response goes in and the body/mind responds to it with a form of fear. Our body and mind, when fear is present, get revved up and the body produces more adrenalin in response. The heart rate increases, blood pressure goes up, and the blood flow focuses on the outer limbs so that the body can react with a fight or flight response in order to return to safety. If the body is subjected to this reaction for too long, or with too much intensity, it runs out of energy and experiences 'burn out'.

It is impossible to avoid the demands and pressures of life but we can control how we interpret and respond to them—either with a positive or with a negative spin.

Any stress, demand, or pressure in life stimulates the mind and body and any stimulation will produce a physical and emotional response. A negative interpretation results in the stress entering the body/mind in a negative way. A positive interpretation will, instead, mean the stress enters the body as a stimulating, creative, and positive experience. The body will still have to adapt whether the stress is viewed as negative or positive, but with a positive approach stress is experienced as stimulating and energizing.

If, however, the stress is interpreted in a negative form, which could mean that the flight or fight response goes on for too long, it can turn into bad stress. Here, the body/mind is thrown off balance due to an over production of chemicals that wears the body out over time as it is in a constant heightened state with the body on high alert. This can create an accumulative stress response resulting in the system losing its ability to return to rest and repair. The heart rate, blood pressure, blood sugar levels, adrenal production, and stomach acid levels all increase, when the body is on high alert, in order to heighten mental alertness and prepare the body/mind for fight or flight.

How to counteract negative stress

What can be done to counteract negative and accumulative stress and pressure? A key tool in managing the stress is using the body's own relaxation response. The relaxation response puts the body and mind in a rest and repair state. This rest and repair state is also accumulative which means the more often the rest and repair state is achieved the more relaxed the body will feel and the quicker it will be able to achieve this state when needed. In order to achieve balance in life and in health the body needs a balance between too much and just the right amount of stimulation.

When stress creates changes of a physical, emotional, and behavioural nature, it is important to pay attention to these changes and do something about it. The negative stress will, if the situation is not altered, wear the body down and the body will become sick due to the imbalance.

Stress management is not a case of 'putting a lid' on the pressure. Stress management is about re-directing the pressure and turning it into something positive.

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Handling stress
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Good stress is considered to be just enough pressure to make for a productive, creative, and stimulating life. Endocrinologist Hans Selve coined the term Eustress² for this good stress (with 'eu' being from the Greek word for 'well' or 'good').

Steps for handling stress

Awareness

Awareness is the first important step toward handling stress. Everyone needs to determine how much stress is in their life and what affect it is having. For negative stress, it is important to first identify ways to change the situation that is causing the stress. Identify what can be controlled and what cannot be controlled. For things that cannot be controlled, it is then important to consider the reaction being caused by the situation. If, as an example, an individual is feeling like a victim, this will create negative stress. Putting a positive spin on it, such as determining what can be learned from the situation, can refocus the stress. Finding ways to increase tolerance and patience, or to use the situation as a growth opportunity, can be a real exercise in enlightenment.

It is within everyone's power to choose from various attitudes toward anything that life throws our way and to always strive to be in control of the reaction to stress. Letting others affect our reactions reduces the control we have over our lives and increases negative stress. Alter what can be altered, avoid what can be avoided, and accommodate what needs to be accommodated—and do so with awareness and conscious control of the reaction.

Focus

The second step in managing stress is learning to focus on one's own destiny, health, and happiness. Giving over to external control results in the feeling that life, health, and happiness is a result of outside forces. It allows for the end result to be determined by the people around you or by random occurrences and leaves an individual feeling very out of control and victimized.

In order to be in more control it is important to learn how to be more assertive and less concerned about hurting other people's feelings. Learning to be more assertive

can help improve self-esteem, prevent abuse by others, and decrease negative stress by saying 'no' to potentially stressful situations.

Additional steps for managing stress are:

1. Create some daily rituals such as meditation, personal reflection, or a regular exercise routine;
2. Learn to stick to, and act on, personal priorities;
3. Analyze situations and, once there is awareness of the impact, strive to overcome them by choosing alternative approaches or focusing on healthy goals and strategies;
4. Develop hobbies, learn something different and plan something creative to do with others;
5. Focus on a healthy diet and reduce consumption of alcohol and caffeine as well as use of tobacco products; and
6. Avoid loud noises, stop negative self-talk and turn worries into stepping stones for growth.

Become more aware

Stress-related disorders are becoming more familiar. Surviving workplace change in a deepening climate of uncertainty has an impact on everyone and expanded skills and insights are needed to maintain a stable inner world when it often appears that the outside world is out of our control.

It is important to watch for early warning signs of stress in order to deal with them as quickly as possible. Some of the symptoms of stress are listed in Table 1, below, but each individual should create his/her own list of things to watch for.

An important point to remember is that the build up from tension, demands, and pressures on our systems is accumulative. This means that the more stress a body is dealing with then the quicker it will be to feel, and react to, new stresses. If, like a rubber band, it is continuously stretched it will get weaker and, eventually, snap.

The Author's philosophy

The healthiest way to live is to desire positive, creative, and productive things. Enjoying life is the key ... not just surviving the stress in our lives but managing it for

Table 1.		
Physical Symptoms	Emotions	Behaviour
Tight neck & shoulders	Depression	Overeating
Pounding heart	Anger	Increase in smoking
Chest pain	Irritability	Increase in alcohol
Headaches	Low self-esteem	Reckless driving
Upset stomach	Apathy	Change in sleep habits
Fatigue	Impatience	Forgetfulness
High blood pressure	Fear	Drug use
Constipation/Diarrhea	Worry	Criticizing
Nervous tics	Pessimism	Inactivity
Rashes	Unusual bouts of crying	Teeth grinding


Continued on page 14

positive results. Become a lifelong learner and look at every situation as a growth or learning opportunity. Life is the meaningful co-existence of opposite values. A person blind from birth cannot know what darkness is because they have never known light. We can't know one value without experiencing the opposite. Ultimately, there are only two emotions – love and fear. According to Dr. Carl Jung, the tension of opposites is the very essence of life itself. Without tension, there would be no energy and consequently no personality. We can't appreciate love without understanding and knowing about fear. With fear comes information and decisions that can be made on how to proceed in any situation. With love, we are simply open, unconditional, and always striving for the productive, creative outcome.

The healthiest choice is to use tension to create growth and integration. The challenge is to use the mind to bring the body back to balance and back to Eustress—good stress—for the creation of a productive, creative, and stimulating life.

Most individuals are always being pulled in many directions as our desires strive to be manifested. That is the nature of life. The key is for each individual to be aware of the amount of stress that can be managed in a positive way. This creates a life full of creative, productive contributions that stimulate internal joy, happiness, and well-being. Others will be served by more happy people in the world. The author took a course with Dr. Bernard Jensen, many years ago, and one of his philosophies stuck with her: I'm going to love you whether you want me to or not, because it is good for me. The bottom line is to take care of yourself and, along the way, keep yourself in balance as much as possible with the minimum amount of stress and pressure and enough rest in between demanding situations. You will be amazed at how the people and situations in and around your life will improve.

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2. <http://en.wikipedia.org/wiki/Eustress>. Viewed May 30, 2012. 

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What is Somatic Reflex Therapy?

by Emma Gierschick

Somatic Reflex Therapy is a comprehensive body of work that offers a complete overview of the human body.

It has been referred to as a **whole system analysis**, where therapists learn how to identify and interpret a client's emotional, spiritual and physical health, based on what is presented to them visually and verbally.

The work has been developed over 18 years taking into account teachings of TCM, Homeopathy, Reflexology, Auriculotherapy, Massage, Naturopathy, Tribal medicine, Channelling and personal experience.

Quite often clients will only disclose what they are comfortable sharing, which may not be the main problem or even the original one. They may have no idea why a particular area, organ or muscle is not functioning fully or is painful, and have scant recollection of when the problem started. The body is sending out messages, crying out to be heard.

Therapists who have studied Somatic Reflex Therapy are familiar with reading and interpreting these messages and understand what the possible underlying cause behind a condition or issue may be; amazing their clients, and standing head and shoulders above their peers.

The work starts from the original contact or phone call with a client. How does their voice sound? Is it shaky, confident, abrupt, or nervous? How do they walk and stand? How quickly do they move? Do they favour one side of their body? Are they structurally in balance?

Do they drag their feet or have a spring in their step, or maybe even a limp? Are they leaning forward? How is their body proportioned? Inner disharmony can often be noticed through the body shape and size. Is their head overly large? Are all their facial features balanced, is one eye noticeably different to the other? Do they have body piercing or tattoos? If so where are they located?

What condition is their hair in? How do they wear their hair? What about their eyebrows, do they actually have 2 eyebrows or is it just one, monobrow?

Is hair growing in any place that it shouldn't be, for example the ears, nostrils, top lip of a woman or the back?

What colour is their skin tone? What condition is their skin? Is it covered in pimples, hair or scars? What shape is their face, their jaw line, and their hairline?

What size are their fingers and hands and feet? How much flexibility is in their wrists, and ankles? Do they have an underlying endocrine imbalance? What size, shape and condition are their toes and nails? How many lines, blotches, moles or marks are present on their feet? Where are they located? Are their fingers or toes covered in rings, cuts, or warts?

What is their footwear like? Is it in good condition, or expensive looking? How does the client feel about their body and their feet? Notice any increases in bulk or hollow areas of the body. Are their legs thick and strong, or thin and wiry?

Continued on page 16

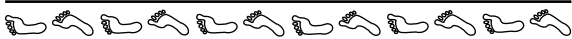
What is ... Somatic Reflex Therapy?
Continued from page 15

Which side of the body is injured or experiencing a condition? What message is it conveying?

Ultimately the more information a therapist can gather about a client, either verbally or visually ensures their treatment protocol will be perfectly suited.

Practical techniques are the final part of the Somatic Reflex Therapy work. Some are simple visualisation exercises shared with the client or given as homework, while others are practical palpation techniques to loosen stored energy or congestion.

All are simple to apply and very effective, and can be a way of cementing the somatic work together.👉



Research

Thanks go to Chrissy Atkins and Marie Duggan for researching, collating and making an RAOA submission regarding: *The Review Of The Australian Government Rebate On Private Health Insurance For Natural Therapies*. By considering not just a single method but including other techniques such as Research Studies, Qualitative Studies, Anecdotal and Other Reports, they have highlighted evidence that Reflexology is clinically effective, cost effective, safe and embodies quality. The presentation is a detailed demonstration of why Reflexology is suitable for subsidy and should continue to attract the Australian Government Rebate on Private Health Insurance.👉

Sally Kay FFHT, BSc

Reflexology Lymph Drainage (RLD)

by Marie Duggan

I spoke with Sally recently regarding her study and training. She was very passionate and willing to share her research and training. Although Sally is a very experienced Reflexologist she has been completing a degree in Complementary Therapies at Cardiff University, Wales. In her final year she was asked to run some form of anecdotal pilot study. Through her experience within cancer care, she decided to run a pilot study using her reflexology lymph drainage technique.

Sally spent a few years working within a cancer care unit in the mining communities in the valleys of Wales and was delivering reflexology treatments weekly on 20 to 30 people. She discovered over time that by adapting her technique slightly she was getting great results with lymphedema patients and often immediate relief, so that by the end of the session there was a significant reduction for the patient.

Due to the success of this trial she has been approached by the head of CAM and encouraged to apply for funding application for Randomised Clinical Research, which will involve 20 participants. Her journey within this has been lengthy and quite difficult but she has now received permission to go forward. Sally detailed the procedure for me: firstly she needed to go before the Universities 'Ethics Panel' for permission, which she gained. However because she was using the technique and research in the UK on National Health Service (NHS) patients she then had to go before their panel on ethics and gain their approval too. She had to show a way to justify her research by linking it with other research and one of the examples she used was the use of reflexology for Fibromyalgia. Sally also had to have a research team

involved and this she achieved with the involvement of Cardiff Met University Research Department. She described the whole experience as daunting and at times quite scary especially before the ethics panel, which consisted mainly of medicos. As with any clinical research procedure things do not happen quickly but this research will be worth waiting for as it will help the promotion of Reflexology and establish the use of it within cancer care.

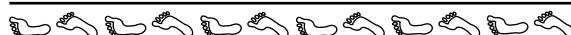
I have put into steps the procedure Sally used:

1. Initial pilot study using anecdotal evidence.
2. Releasing and promoting your findings to generate interest for clinical research.
3. Funding application and involvement of researchers via Universities, CAM etc.
4. Look for ways to justify your research by linking with other research past or present.
5. Permission from relevant ethics committees.
6. Advantageous to involve 'collaborative research' with other Universities globally.

I do not mean to make this seem so simple as there is an enormous amount of work involved and can take years, only the most passionate and dedicated will see it through.

The week after I spoke to Sally she received the FHT 2012 Excellence in Practice Award for her research and development of an innovative reflexology technique called reflexology lymphatic drainage.

<http://www.reflexologylymphdrainage.co.uk>👉





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1 day workshop**

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ASRR at 9 Synnot St, Werribe, Victoria

Presented by Lyndall Mollart
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A poem about children with hidden disabilities

by Kathy Winters

I am the child that looks healthy and fine.
I was born with ten fingers and toes.
But something is different, somewhere in my mind,
And what it is, nobody knows.

I am the child that struggles in school,
Though they say that I'm perfectly smart.
They tell me I'm lazy—can learn if I try—
But I don't seem to know where to start.

I am the child that won't wear the clothes
Which hurt me or bother my feet.
I dread sudden noises, can't handle most smells,
And tastes—there are few foods I'll eat.

I am the child that can't catch the ball
And runs with an awkward gait.
I am the one chosen last on the team
And I cringe as I stand there and wait.

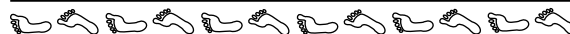
I am the child with whom no one will play—
The one that gets bullied and teased
I try to fit in and I want to be liked,
But nothing I do seems to please.

I am the child that tantrums and freaks
Over things that seem petty and trite.
You'll never know how I panic inside,
When I'm lost in my anger and fright.

I am the child that fidgets and squirms
Though I'm told to sit still and be good.
Do you think that I choose to be out of control?
Don't you know that I would if I could?

I am the child with the broken heart
Though I act like I don't really care.
Perhaps there's a reason I'm made this way—
Some message I'm sent to share.

For I am the child that needs to be loved
And accepted and valued too.
I am the child that is misunderstood.
I am different—but look just like you. ☺



Did you know ...

The earth-foot association is so closely linked
with podosexuality that in virtually all societies
throughout history the foot is believed to have
magical fertility powers. This is traced to the foot's
intimate and constant contact with Mother Earth and
the foot's sexual nerves.
(William Rossi)

Reprinted courtesy of Susanne Enzer

The best made plans of mice and men

by Emma Gierschick
emma@7keys2freedom.com

As many of you already know, back in July I gave birth to my darling daughter Amelia Rose Eiden Anderson, weighing in at a healthy 2.744kg (6.3lb). As you would expect I had thoroughly prepared for her birth with a suitcase packed full of various natural remedies to take, use or incorporate starting with an aromatherapy bath, right through to auricular seeds, acupressure points, flower essences, homeopathics, massage and of course all the various reflexology points on the feet and hands. Waste of time!!!!



In the end I didn't get to use anything and the case just followed me from home to the maternity ward to the birthing suite, and back to the ward again—unopened!!!

Amelia arrived 10 days early and 5 days earlier than I was expecting. I'd been talking with her all through the pregnancy and thought 'we'd got an agreement' for Friday 27th July, but on Sunday 22nd after watching *Downton Abbey* I patted my tummy and announced—'I'm ready when you are and we can do this together' Four hours later at 2.30 am my waters broke.

Not really knowing what to expect I wasn't sure if this was 'it' and thought the contractions I started having at 5.30 am were just Braxton hicks. I humoured myself and decided to time them – to practise and it appeared they were every 6–7 mins apart.

We had a regular antenatal appointment scheduled for 11 am and very reluctantly I agreed to pack my bag—just in case—fully expecting to come home again.

The doctor informed me that my waters had indeed broke, that they weren't Braxton hicks, that each contraction was lasting 56 seconds and were currently 2 mins apart—this was it. Still not convinced I agreed that I would stay in hospital rather than go back home again (a 3 hour around trip) but would go down to the canteen for one of the lovely lemon chicken sandwiches first—in case she was over reacting.

Barely half way through the sandwich I realised that maybe I was in labour so made my way up to the ward for admission. Again I was examined and told the contractions were now 3 mins apart but as this was my first baby it was likely to take a while so was left to my own devices. I was quite tired and thought I might need to preserve my energy so tried to sleep as best I could—bum in the air like mowgly bear in the jungle book. With each contraction I breathed into it and sat back on my heels. At 6 pm I agreed to take my jeans off as I suddenly didn't want anything touching my abdomen (upon reflection I kind of think now that maybe I was in a bit of denial) ha-ha. My waters then completely broke so I decided to have a shower.



I then spent the next 2 hours getting colder and colder under the running water before announcing I needed to push and could someone check me to see what was happening. The midwife appeared declaring she would take me to the birthing suite and proceeded to wrap me in heaps of blankets (as I was freezing) and wheeled me to the suite.

One more contraction and I got on the bed—trying to negotiate for a hot water bottle or heat pack of some kind. Jess the midwife then suddenly informed me that she could see the head and I could push—3 pushes later and my darling Amelia made her appearance waving her arm above her head like she was announcing 'TADARHHH I'M HERE' ha-ha

They placed her on my chest—right next to the heat pack and I remember thinking '*this time last night I was settling down to watch Downton Abbey and now my baby is here—this HAS to be a dream surely*'.

I had had no time to use ANY of my remedies or points—and the plans I had of getting my partner to work reflexology points and pose for a picture etc—all unnecessary!

It was one of the most beautiful, calm and gentle experiences I have ever had in my life—exactly what I would have wanted—but nothing like I had expected.

It was only after the delivery that some of the problems started.

Initially I wouldn't part with the placenta and began to haemorrhage—although I felt great, so the doctors were fussing over me a little (I hate fuss), but eventually almost an hour later this came away—so issue averted. My in-laws came to visit and took my partner home around midnight. I felt a little 'off' but nothing major and my BP was fine so I thought it was probably just a result of the birth and I was still a little cold.

Amelia was also diagnosed with Down's syndrome so required several additional tests, this was not a shock as we had been informed during the pregnancy that this was quite likely but as I had refused an amnio it hadn't been confirmed until her arrival.

Several hours later while having a shower I became tachycardic so thought I'd better let the midwives know—just in case.

Ten mins later 'code blue' was being announced (life in danger) and my room was filled with 8/9 medicos, crash cart, trolley, 2 doctors and 3 members from the coronary care team. Apparently my heart was beating off the scale at up to 300 beats a minute and the medicos were expecting an impending heart attack to happen.

Continued on page 19

The best made plans ...
Continued from page 18

Apart from the unpleasant feeling in my heart I still felt fine albeit a little frustrated at so much fuss.

I calmly asked the coronary care surgeon to pass me the 'rescue remedy and homeopathics' from my toiletry bag while demonstrating to another team member which points to work on my wrists and hand. They humoured me while arranging to transport me to Coronary care.

They wanted to inject me with the 'drug of doom'—wrong name to give a drug if you're trying to convince a patient to receive it. Of course I disagreed and refused it. Then an hour later—with 5 mins to spare before I would be given no choice, my heart suddenly jumped back to normal range again as the ICU nurse was working the points I had demonstrated. This of course led me to an impromptu training moment explaining the value of reflexology and natural medicine, suggesting books, points etc yarda yarda yarda. Never was one to miss an opportunity to promote reflexology!

However at the same time that my heart began to dance, Amelia's body temperature also dropped and she was whisked off to the neonatal intensive care unit (NICU). This was hard to take—I was still trying to come to terms with the fact that my baby was even born—and now we were both in separate ICU units and unable to be together.

I had joked throughout my pregnancy that I would be so excited when my daughter was born that 'my heart would explode with joy' but I didn't mean LITERALLY!!!!!! I am very aware of the power of words and generally choose them very carefully—but even more so now!!!!!!

Amelia then had a problem feeding so was fitted with a nasal gastric tube for her feeds. Not uncommon with Downs babies as their muscle tone can often be weaker, but it was hard when I saw her again fastened up to heaps of wires and tubes in a humicrib. I was allowed to visit her 24/7 but as I was so weak myself (I felt like I'd been hit by a truck) I had to wait until a nurse was available to push me in a wheelchair, and it seemed that each time I touched her, alarms would go off—'mommy alert—check what she's doing' ha-ha. As is normal for any diagnosis, babies are required to undergo several additional tests, health checks etc and an absolute army of professionals came to see me each day offering advice, giving me information, checking on my health or Amelia's—it was pretty overwhelming.

Six days after her birth I was discharged but had to leave her behind in the 'nicu' unit. The following morning she was transferred via medivac over to the Northern Hospital Special Care Unit as this was nearer, and she was improving. She was there for a further few days before I was readmitted.

She was 12 days old before I was finally able to spend a night together with her; and how my heart ached for that moment. So much so, that the following morning—I became tachycardic again. Whisked off to the emergency dept, this time the doctors did not humour me and quickly injected the drug that effectively stopped my heart—then resuscitated me again. It worked and my heart went from 228 beats per min back to 98 beats. But gee I felt pretty rough afterwards.

We were both in hospital for a further 11 days before finally being released—23 days after her birth that went so very smoothly and calmly!

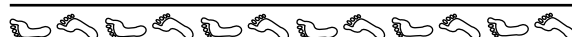
Due to her diagnosis, she required/requires ongoing regular health checks. So, immediately after discharge we were racing back and forth for this appointment and that, blood tests, heart scans, hearing checks, eye checks etc, linking in with the Down's Syndrome Association, better health start, early intervention etc. Once again this was pretty overwhelming, and not ideal given our history but amazing and very reassuring that so much support is available.

I decided due to the problems we'd had, and the amount of upcoming appointments, that it was probably not a wise move to fly to Tasmania and present at the RAOA conference—and so, VERY RELUCTANTLY, informed Gaye Webb, apologising profusely for the short notice but hoping she would understand given the circumstances.

Amelia is now coming on in leaps and bounds, meeting all major milestones, passing all health checks with flying colours and enjoying story time at the library, physiotherapy and yoga, songs, swimming and of course reflexology. She is my absolute sweetheart and I love her more each and every day. She has a strong and determined personality (not sure where she gets that from ha-ha) and I look forward to teaching her all those 'unofficial essential skills and activities' such as climbing trees, kicking piles of leaves, jumping in puddles, doing cartwheels on the beach and sliding down banister rails—after all it would look pretty silly if she just watched me doing them on my own.

Due to the general lack of awareness of Downs syndrome, I intend to write a follow up article outlining some of the issues that Downs babies / people can experience, how to work with them and assist with reflexology and other strategies. There are numerous potential health conditions that can be part of the diagnosis and fortunately my Amelia doesn't have them.

All I can say for now is that Amelia is the best thing that has ever happened to me and even though it was a somewhat challenging start—I would do it all again in a flash to have her by my side, and I look forward to learning from her and teaching her as we go through life together. ☺ Time for more mischief my little darling.💕



Educating the public during

World Reflexology Week 2012

New South Wales Branch

by Misha Frankel

The association between Ziera shoe stores and the RAOA came together again in 2012 to celebrate World Reflexology Week. Having therapists in-store giving mini treatments is a good way of bringing reflexology in front of customers who enter the shop intent on either buying or looking at shoes so why not offer them a way to work on their health through their feet! Offering free treatments complements the customer's shopping experience and is a good way to promote reflexology.

All shoes sold during a 3 week period had a RAOA flyer inserted in the shoe box—ideal exposure. The new RAOA Senior's Brochures were highly relevant for the majority of the clientele who frequent Ziera. Volunteers were able to hand out RAOA business cards, or their own, and some have already gained clients from this exercise.

One cannot predict how many customers will enter a store but on the whole, volunteers gave from 3–14 treatments over a 3–5 hour period. Most customers bought shoes so it was a win-win situation for both Ziera as well as Reflexology. On average each store sells about

100 pairs of shoes a week and as we had exposure in 8 stores that amounted to approx 2,400 flyers distributed.

The 20 volunteers who participated in this year's WRW promotion gave 140 treatments at 8 different Ziera shoe stores in Sydney and some of the regional centres. All the volunteers said that it was an enjoyable experience and many indicated that they would do it again next year.



Last year's WRW promotion at Ziera highlighted a number of areas that needed improvement and this year we built on that experience, however the in-store marketing material still needs to be worked on. We distributed an A4 sign to our volunteers simply stating 'Free 15 Minute Reflexology Treatment'.

They put this sign near to where they were working. The word FREE is always noticed, and in this case it acted as a draw-card to get attention.

The RAOA flyers, brochures and mini treatments would have helped to highlight reflexology and its benefits. We need to seek out as many opportunities as we can to bring our beautiful therapy in front of people. ☺



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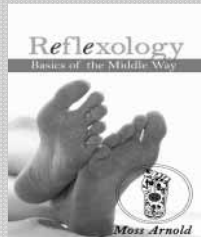


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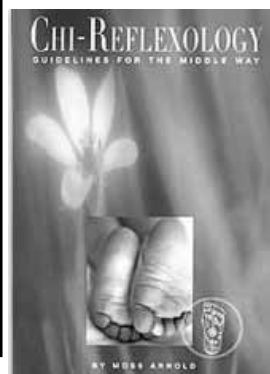
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CPT Education—Calendar of Events



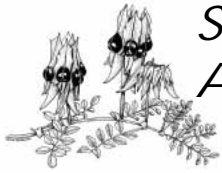
Inclusion in the CPT Calendar of Events is a further bonus for advertisers
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2013	PRESENTER	TITLE	LOCATION/CONTACT
15–17th March	Infant Massage Information Service Justine Poidevin	Certificate in Paediatric Massage Consultancy	Adelaide, Womens & Children's Hospital, SA Ph 1300 558 608 www.babymassage.net.au
6th April	Australian College of Chi-Reflexology Moss Arnold	Essential Oils & Reflexology	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
6,7 April	Australian School of Reflexology Sue Ehinger	Using TCM with Reflexology (Danish Style)	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com www.reflexologyaustralia.com
14th April	Lyndal Mollart	Acupressure in the Perinatal Period	ASSR at 9 Synnot St, Werribe, VIC www.maternity-reflexology.net lmollart@gmail.com
Day 1 & 2: 13,14 April Day 3 & 4: 27,28 April	Australian College of Chi-Reflexology Moss Arnold	Chi-Reflexology 1: Basic Theory & Treatment Techniques	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
4th May	Mel Jordan	EMM-Tech Course for Reflexologists	Thirroul NSW Mel Jordan 0412 902 926 mel@soletude.com.au
25,26 May	Australian College of Chi-Reflexology Moss Arnold	Chi-Reflexology 2: Balancing & Diagnosing Techniques	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
8,9 June	Australian College of Chi-Reflexology Moss Arnold	Clinical Practicum 1	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
15 June	Australian College of Chi-Reflexology Moss Arnold	Spiritual/Crystal Reflexology	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
22 June	Australian School of Reflexology Sue Ehinger	Extension and Refresher Day	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
22,23 June	Australian College of Chi-Reflexology Moss Arnold	Hand (Acupressure in) Reflexology	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
29,30 June	Australian College of Chi-Reflexology Maurice Federici	Qiropractic Foot Therapy	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
13,14 July	Australian College of Chi-Reflexology Anne Fell	Biomechanics	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
19–22 July	Sue Ehinger	Facial Reflexology 3 & 4	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
10,11 August	Australian College of Chi-Reflexology Moss Arnold	Australian Bush Flower Essences & Chi-Reflexology	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
6–8 September	Lone Sorensen	Facial Reflexology for Hormonal Issues	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
10–12 September	Lone Sorensen	Facial Reflexology for Brain Related Issues	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
14–15 September	Lone Sorensen	Neuro Foot Reflexology	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
21,22 September	Australian College of Chi-Reflexology Jacqui Baldwin	Reflexology for Women	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
5,6 October	Australian College of Chi-Reflexology Sharon Hartley	Lymphatic Reflexology	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com
9,10 November	Australian College of Chi-Reflexology Sharon Hartley	Foot Talk	Springwood, NSW Moss Arnold 02.4754.5500 moss.arnold@chireflexology.com.au www.chi-reflexology.com

World-Wide Conferences (courtesy of Reflexology World)

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

STATE MATTERS



SOUTH AUSTRALIA

Hi from sweltering SA, at the end of January (already 2013)

Our blessings go out to all who have been caught in the fires!

The gardens here are very scorched from the extreme heat, we look forward to some cooler days.

We had a great final meeting here for 2012.

South Australia Zoo had an article on aromatherapy for animals, they now have info on reflexology for animals!

We confirmed CPT event for April 7th, conference review with practicum exchange followed by committee meeting. Come and join us South Aussies.....1-3.30pm Bowdon Brompton Community Centre.

May 3rd-5th CPT event, Padaveda workshop and Annual Branch Meeting. All members welcome. Hackney Hotel Boardroom

We also talked about planning an event for reflexology week, possibly having a stall for the City to Bay fun run and inviting TAFE students to be involved.

Discussed AGM for SA in October 2013.

Chris Spencer



NEW SOUTH WALES

As we move into 2013 it is appropriate to congratulate ourselves on last year's achievements. Through the enthusiasm and dedication of our Branch Committee, members had the option of choosing from a variety of different opportunities for showcasing Reflexology within the community. We look forward to the same level of involvement from members and the committee in the future.

The program of talks and workshops scheduled for this year has already started to take shape. The variety of presentations continues to expand and we launch 2013 with our first guest speaker—Cheryl Sue Waters—who will present a talk on Qi Gong. Also in February is a One Day Workshop by Marie Duggan on Cancer Care and Reflexology.

Sue Ehinger and Moss Arnold always offer a variety of Post Graduate workshops and seminars which provide ongoing education and training for members so that they may expand their knowledge and grow their businesses.

The Annual Branch Meeting is scheduled for the end of May and is always the highlight of the year. Plans are well underway for an exciting and informative program of speakers and workshops.

Tony Pullin



QUEENSLAND

Well 2013 started on another very wet note for Queensland. We think of all the folk up north in Rockhampton, Bundaberg and various other areas who have just, and are still, experiencing great loss and devastation from inundation and wind from our Cyclone Oswald.

Toward the close of 2012 we hosted our Annual Workshop with four fantastic speakers. During the past few months we asked our members in our magazine 'What's Afoot' what they would like to hear at future meetings or workshops. We gauged that most members realised that becoming cyber connected was a necessity. However they were too afraid to venture there due to a limited knowledge and level of understanding. We engaged a Social Media Specialist to give us the understanding of the necessity of digital media marketing—so we were educated with Pintrest, to tweet tweet on twitter, to stay linkedin, with our Facebook to brand market, and to experience the new word of mouth!

We also had a Physiotherapist share her artful technique

of Visceral Manipulation of the body and its organs rather than only muscular skeletal treatments—with reference to the 'Book of Messages of your Organs' by Jean-Pierre Barral. This was enlightening and interesting with a bit of a twist.

We then also had two speakers that gave two widely different reflexology techniques and styles that we could use to enrich our own practices with 'Technique with Tools' and 'Techniques for your Palette'.

We are getting ready to host a site at the MBS Expo in Brisbane again this year. This is a resoundingly successful and worthwhile experience, albeit requiring a bit of organisation to flow smoothly like a well-oiled machine.

I have noted that there are going to be some wonderfully enriching workshops and inspiring presenters in 2013 in Queensland and urge all to watch the various RAOA magazines so as not to miss a beat.

Linda

Reflexology Association of Australia

We here in Tassie, hope that all our members and associates had a wonderful beginning to the New Year. I know it has been a difficult beginning with so many states experiencing all sorts of disasters. Let's hope that is the worst for the year and we can all put it behind us and move forward into an exciting year of work and play.

Our committee members have been on holidays since December with our first meeting not til February so there is not a lot to report. The meeting in November was held in a new venue at the Campbell Town Hall. This meeting room was very comfortable so will be our new meeting place for a while at least. Our November meeting was interesting as we reminisced about the conference and discussed new workshop ideas and calendar events for next year (this year now). One of our major projects for this year is to find a permanent home for the reflexology Path. We still have a very committed team working on this with some prospects looking hopeful. Only time will tell. We have, however, had some positive publicity through a local news article who published an article about the reflexology foot path and thus promoting Reflexology itself.

Committee members are looking for new and exciting ways to promote Reflexology this year and plan to advertise our workshops more widely as we had quite a few other therapists interested in attending workshops at the conference. The challenge is on!

After the meeting we enjoyed our Christmas shared lunch in the attached kitchen which was very handy indeed.

During the lunch break we also took some time to visit the Sunday market being held in the upstairs hall. Some treasures were found by some keen members.

This was followed by a group discussion of Helen Perkins sound therapy techniques.

This included a practical session on each other's feet whilst tuning in and making healing sounds. There were a lot of different noises going on, but I think there were only a few who were game enough to create healing sounds loud enough to be recognised as such. Those that did have the courage to make the healing sounds felt the benefit as did their partners. Although these sessions are all about learning, we all certainly had lots of fun trying.

Speaking of healing sounds, we would also like to remind everyone of the beautiful CD composed by Cary Lewingcamp especially for Reflexology sessions and the like. Although they are named after the conference, it is not a conference promotional CD; it is a Reflexology promotional CD. We hope that you enjoy the music and help promote the sale of the CDs as the profits from the CD go directly to RAOA. The CDs are available through the office.

TASMANIA



Lynda Kidd



WESTERN AUSTRALIA

Firstly, our loving thoughts go to out to all of our fellow members, their families and friends, affected by the terrible flooding in our Eastern states. We only see what makes the news headlines but realise that the disasters are much more widespread and affect many more.

Well, the W.A. branch had a busy end to the year ... we had a stand at the Hillarys Wellness Expo on 11 November. The weather was certainly on our side, with blue skies and a gentle breeze coming off the ocean, rustling the leaves and branches on the trees above with the energising sounds of live indigenous music being played. One lady said after her treatment, 'it was the best Reflexology I've ever had because of the gorgeous setting.' Thank you to all the organisers and volunteers that gave up their Sunday to make this happen.

Later on in November much needed Reflexology treatments were given voluntarily by practitioners at the Homeless Connect Day in Northbridge, Perth. This is a truly worthwhile project and may become a regular event in the future.

Kalparrin took place too in November, whereby three members worked back to back for 4 hours! giving well deserved (voluntary) treatments to parents of children with disabilities. This is an extremely well deserving cause and something the WA branch has been a part of for many years.

Wishing a Happy New Year to one and all—may your 2013 be filled with health and happiness.

With warmest wishes,
Hollie Kelly



VICTORIA

The Victorian branch operates quite differently these days. We get around 25 to 30 members to our branch meetings and we always arrange a speaker for these. We continue with the rotating chair person position until someone wants to step in and take the role. We actually have lots of members now who help in a small way to keep things running and so far this has worked very well.

Our Conference Committee is off to a strong start, again with lots of members offering to help with ideas and advertising. 2014 will be here soon and we hope to make the National conference memorable for all the right reasons.

Jo Impey

FOOTPRINTS JOURNAL

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Guide to contributors

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

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

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

Copy deadlines

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

Advertising sizes and rates

Display:		Current price:
Full page	29.7 cm deep x 21 cm wide	\$250 per issue
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Inserts

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

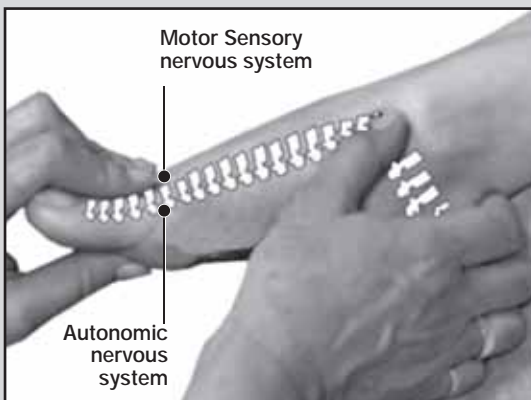
FootPrints is distributed to approximately 1,100 members Australia-wide.

Advertising contacts:

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

Get the most out of your CPT points

Neuro Foot Reflexology
with Lone Sorensen
September 14 & 15



Neuro Foot Reflexology works with the CNS via nerve maps in the feet. It is a completely new form of foot reflexology and has important applications for all neurological problems.

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Learn how the Danes use oriental energy systems with reflexology. If you have studied traditional Chinese concepts before, but found them difficult to apply, then this workshop is for you.



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

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

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

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

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