

FootPrints



The Journal of the Reflexology Association of Australia

VOLUME 17 No. 3

SEPTEMBER 2013



WORLD REFLEXOLOGY WEEK
22-29 SEPTEMBER 2013

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From the President's desk ...



Welcome to Spring in Australia and our World Reflexology Week edition of FootPrints. Two new members, Samantha Payne and Sonia Bailey have joined the Board of Directors. Samantha is taking on the role of Governance and will be very much involved on the Finance Committee while Sonia will be looking after Education and Social Media. I thank Karen Bishop for her two years of service and wish her well in her ongoing work in Western Australia.

Our next big CPT event is the workshop day around the AGM in Adelaide on Sunday 20 October. The Board is looking forward to meeting with you, confirming Directors and sharing ideas. If you have any questions about the proposed changes to the Constitution please contact us.

While remedial massage therapists are coming to grips with the changes to their ability to claim rebates for their clients, it appears that reflexologists registered with RAOA will continue to retain their current status. I suggest that this is due to the ongoing communication with fund providers and their acceptance of the monitoring and standards set and adhered to by RAOA.

Considering the uncertainty for the natural therapies industry around the continuation of rebates it is time for us to focus on the quality and benefits of the service that we deliver.

The availability of rebates is an additional benefit for some professional members while many others focus on provision of services to a community who seek and appreciate the delivery of reflexology whether there are rebates or not. It is to this community of clients that we should be directing our energies!

In order to encourage participation and boost your client base you may consider offering shorter sessions one day, or half day a week as a more affordable option. In regard to those who seem intent on only seeking the therapeutic benefits of reflexology if they are able to claim refunds have you ever asked them how much they spend on 'Extras' with their Fund in order to be eligible to claim. Does it actually balance out as a saving?

We are all aware of the difficulties faced by natural therapists to be recognised as valid complementary medicine practitioners and much of it is due to the fragmentation of associations. The past three years' work resulting in the group Natural Medicine Register (NMR), previously IARF and NMRTB, is the closest associations have come to finding common ground and a single voice. Only with the strong backing of associations presenting a unified set of standards, ethics and principles are we going to be able to substantially influence positive decisions for our industry. This highlights the need for the Directors of RAOA to have the ability to lead with aspiration, vision, sound governance, advocacy and the expertise to implement and achieve goals that benefit everyone.

If we continue to do what we have always done that is what we will always end up with! Your ideas, suggestions and comments can be forwarded to the editor of FootPrints, Facebook, local committee, Directors or specific committees; even better you may wish to become involved in one of the committees. We look forward to hearing from you.

Heather Edwards

Board of Directors 2012–2013 Please know that Directors can be contacted to clarify concerns

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September 2013

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Front cover: Photo courtesy of Heather Edwards. From left to right: Lung Wong, Susan Crase and Sharon Campbell at the Mind Body Spirit Festival, Brisbane 2013.

Association Awards

	Life Membership	Outstanding Achievements
NSW	Sue Ehinger	Ronda Mackay
	Graeme Murray	Judee Hawkins 2009
	Cherel-Sue Waters	Ann Jooste Jacobs 2009
		Misha Frankel 2010
		Joan Harwood 2010
QLD	Heather Edwards	Don Stretton
	Sharon Stathis	Julie Bidwell
	Tissa Hennig	Jan Williams 2006
	Joan Boardman Smith	Glenda Hodge 2007
		Ian Gilbert
		Miranda Mann 2007
		Irene Bull
		Patricia Maclean
		Margaret Coventy 2008
		Catherine Lee 2008
		David Wong 2008
		Claire Siertsema 2009
		Jan Kiss 2009
		John Zurfluh 2010
		Sonia Bailey 2011
	Kate McKnight 2011	
	Sue Brooking 2013	
SA	Joyce Lockett	Suzanne Pfitzner
	Rosemary Urban (deceased)	Susan-Jean Ramsey 2006
	James Flaxman	James Flaxman 2008
		Marg Rowett 2011
TAS	Pamela Skeggs	Gaylene Webb 2011
	Dianne Yaxley	Vicki Delpero 2011
		Lorna Menzies 2010
		(posthumously)
		Shirley Lawson 2012
		Sara Blain 2013
VIC	Dee Leamon	Natalie Baker 2006
	Carol McBain	Samantha Langridge 2010
	Josie Magazzu (deceased)	Karen Fothergill 2010
	Marion Bond	Marion Bond 2008
	Trevor Steele (posthumously)	Helen McCallum 2010
	Emma Gierschick	Dani Singer 2010
		Anne Cooper 2010
		Lyn Fava 2013
		Yve Frankcombe 2013
	WA	Keith Solomon
Brigitte Johnson		Flora Toft 2006
Lynn Hatswell		Gladys Duncan 2006
		Chris Aubrey 2007
		Des Bradley 2007
		Lis Anderson 2007
		Mairead Spooner 2008
		Catherine Chandler 2008
		Judy Moyes 2011

CPT Online

The CPT tracker is now available to record your CPT for 2013–2014.

All you do is log in first by using your member number and then postcode for password. Click on the tracker to record.

If you would prefer a hard copy of the recording sheet then please just email

Jenn Cooper—

membership@reflexology.org.au

Welcome New Members—May to August 2013

First Name	Surname	Suburb	State
Eliza	Leung	WAHROONGA	NSW
Tammy	Richards	GLEBE	NSW
Charlotte	Wells	AVALON	NSW
Jenny	Buchanan	WOLVI	QLD
Sandra	Watt	MONTVILLE	QLD
Reiko	Fujiike-Stirling	NORTH ADELAIDE	SA
Jill	Billings	WALLAN	VIC
Ian	Bristow	DOREEN	VIC
Corrine	Brown	SOUTHBANK	VIC
Kristy	Dowdle	KENSINGTON	VIC
Amanda	Phillips	MELTON	VIC
Bianca	Quattrocchi	ELTHAM	VIC
Cordula	Blood	DUNCRAIG	WA
Julie	Fitzpatrick	WOODVALE	WA
Tara	Kay	HAMERSLEY	WA
Joanne	McLean	COMO	WA
Ruth	Taylor	BALLAJURA	WA
Julie	Weber	MULLALOO	WA
Rachel	Willcocks	CARNE	WA

Correction to Article 'Conferences Past'

It has been brought to my attention that an error has been made on **page 14, Volume 16 No. 4 Footprints, December 2012**, under the title 'Conferences Past' by Sharon Tay.

The conference held in Tasmania 2000, was held at the Wrest Point Broadwalk not at the Mercure Hotel as stated in the article. The Mercure Hotel was to be the venue and later changed to the above venue. The theme for the conference was 'Soles United'. I apologise for this 'oversight' and thank the person for bringing this to my attention.

Sharon Tay

POSITION VACANT

The National Board needs a new **FootPrints Advertising Coordinator**.

It is a satisfying role with the primary involvement being to obtain advertisements for insertion into FootPrints four times a year.

It is a voluntary position but does earn you CPT points. FootPrints' organising is done by email, so anyone in Australia can take on the role.

We have four positions on the FootPrints team—the Co-editor (Helen Adendorff and Sharon Tay); Advertising Coordinator (was Jenn Cooper) and Desktop Publisher (Margaret Clift). We support each other and work together to publish FootPrints.

All enquiries to Heather Edwards

National President

president@reflexology.org.au

The Chris O'Brien Lifehouse at RPA

by Marie Duggan

I have been a Reflexologist since 1997 and I have practised and taught within many health care areas ranging from mental health and disability centres to learning difficulties. Before returning to Sydney in 2010 I was employed at The Holistic Cancer Care Centre at James Cook University Hospital in Middlesbrough, UK for three years.



seen as an 'alternative' and not a complementary treatment to alleviate the side effects of cancer, chemotherapy and radiotherapy. However, putting forward all this information demonstrated how Reflexology is safely and widely used around the world as part of an Integrated Health Care Approach for cancer patients. All of this

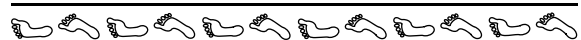
My role was to deliver reflexology treatments to cancer patients and their carers. Although the majority of the treatments were given in the purpose built holistic centre, I was often asked to go onto the wards to give reflexology when patients were too unwell to come to the centre.

made a compelling case for the provision of Reflexology at the Lifehouse and, in November 2012, the Steering Committee approved for Reflexology to be in place when the Hospital opens in late 2013.

Reflexology was given before, during and after surgery, radiotherapy or chemotherapy treatments. Working at the HCCC was an amazing experience and I developed and learned so much in those three years from my Managers, peers and, most of all, from the patients and families supporting them. Without a doubt the treatments facilitated deep relaxation, stress relief; 'me time' for patients and carers and many more benefits such as a good night's sleep and time to express emotions. Through the treatments, the patients also accessed a sense of stillness from the trauma of diagnosis, surgery and side-effects from chemotherapy and radiotherapy.

This was amazing news for patients, carers and reflexologists, as the intention is to employ practitioners as part of the healthcare team. I would like to thank all the people here in Australia and overseas who were willing to share their experiences and guidelines and I would encourage everyone to reach out to each other. We have a wealth of experienced practitioners working within many health care areas and I know we would all benefit from hearing about their journeys, challenges and successes. By sharing our good practices, knowledge and experiences we are empowering each other and educating the public and the conventional health fields. 🙌

Late 2010 I heard about the Chris O'Brien Lifehouse cancer care project at the Royal Prince Alfred Hospital in Sydney and their intention to build a world class cancer hospital offering 'personalized, open-minded patient care' to Australian patients. The open-minded care was to include the use of complementary therapies. I approached the CEO at the Lifehouse and asked if my experience within cancer care would be of value to them. After meeting with one of the Directors of the Management team I discovered that the whole project had been many years in the planning and had Government backing and funding as well as excellent public support running many fund raising events. The intention is for the Lifehouse to be a flagship for Australian cancer care.



I was privileged to be invited onto the Integrative Medicine Steering Committee as the Subject Matter Expert for Complementary Therapies to put forward the considerations, guidelines and standards for the use of Reflexology and Reiki in cancer care. The Steering Committee consisted of approximately twenty experts from the conventional and complementary health care fields. This process took nearly a year with the Steering Committee meeting up and presenting good practices for various modalities. In this time I liaised with members from the RAOA who are doing excellent work within cancer care in different parts of Australia and with the HCCC in the UK as well as collecting as much research into the many benefits of Reflexology from around the world. One of the main concerns from the medical field was that any therapy offered may be

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Marketing yourself

by Linda Williams

<http://solehealth-reflexology.squarespace.com>

How do we market and where do we start ...?

First up you are not marketing a product, since if you were any good at what you do and have a real passion and conviction for your modality – your product would speak for itself.

The art of successful marketing has been researched well, documented, unpacked by many, there are even qualifications that carry weight in the field of marketing and research.

But in my opinion it is all about what we have and what we use on the very basic levels to get what we want or believe we need. We just need to use our own human tools better to get the results.

We are all very special beings but we all only operate on a very basic and God given fundamental level.

We use what we are given, to do what needs to be done. Just as anteaters have a tongue that is modified to do the job of foraging with the help of the specific shape of its head and slope of its back and forelegs to get to what it needs, we are no different.

So ... in saying that, we find what we want and need like any other animal on earth.

We use our **6** senses – yes, six – we definitely have six we may even have a few more but we all can accept six.

1. **Sound / Speech / Mouth**—the spoken word, we all use that one – we have probably over-used that one – since it is such a well-developed sense on the adult human being. It served us well when we were lost, hungry and upset. We learnt quickly that making a loud noise got us some action. Well it is a very handy tool but perhaps we need to sharpen our other senses to the same degree when we are trying to sell ourselves out in the community.

Try to speak to one new person each day about reflexology, without necessarily mentioning that you do it yourself. Let them maybe know that should they need to ever try it – you have a very good contact for it ... give the ownership of choice and decision to them.

Speak to aged care facilities – or medical staff asking them what they know about reflexology and have they ever had it themselves.

We all know how to talk about the product, and ourselves.

2. **Hearing / Ears—Hearing is Listening in action**
The heard word, listen more than you speak – we all know we have two ears, one mouth, so we need to apply that ratio and listen twice as much as you speak. Listen and do not be afraid to refer. Again let your client know that as a person you are listening to them and let them know you have heard and have someone good that would possibly be able to help them.
3. **Touch / treatments**—we are pretty good at these too. We give free treatments all the time. Perhaps we

are over-compensating for a lack of our other sense skills to make up the deficit elsewhere.

Remember we are energy and we work in the field of energy and energy exchange—why do we only follow that practice half way?

Why do you think people ask you what do you charge? What is a charge if not a positive energy exchange ... Never reply with—'a treatment "costs" \$...' as a cost is indicative of a sacrifice and that is not what our treatments are all about.

Again—listen/hear what gets said

For a treatment to be effective we need something in exchange – which transfers energy – money carry's energy even if at times it is toxic – when needing it to live it carries a very, very high positive energy – it is a need.

Don't do so many free treatments, do swaps—trades with fellow colleagues.

But for everyone else you should charge. You need to place a value on yourself—your product is good and should sell itself. **Sell your worth.** If you charge a little – you are putting it out there that your treatments are worth very little. Try it – if you lose any clients you can always change it – but you can't charge up again – you can always charge down.

Try selling packages ...

They then know what they are getting for a set price and it gives you an opportunity to get in and get a result, rather than one treatment now and not ever again.

Capture your audience and get results.

Refer – listen and refer – you can't do everything – and if you have referred and it was the correct referral you would gain far more credibility than bashing through something that's not giving the necessary response.

4. **Taste** – Don't leave a nasty taste in your community's mouth – always be kind, truthful and with the love of helping constantly – have a passion that is so strong that you and others could taste it. Also don't talk about other therapists – it leaves a bad taste.

REMEMBER, people can taste passion as much as they can taste poison.

5. **Sight – Eyes** – what do we do to be seen – if you can't be seen you won't be found. If you are not visual, people will not know you are there. It is the main sense of a human being. A-Frames, venues in places that can be seen, displays, flyers, cards – Facebook, websites, emails and all the items that we can do to be seen, but whatever you do, you need to be constantly in your place. People don't just all walk in the first time they see you in a place, or a space – they want to see that you have staying power which proves your worth on its own. If you are in the same place for six months or more they eventually get to know where you are

Continued on page 5

and if they or their friend ever wants a treatment they will remember and recall where they keep seeing you.

Learnt by repetition.

We are creatures of habit and if we see that someone has been in a venue for a long time they automatically think – ‘they must be good they are still there making it ...’

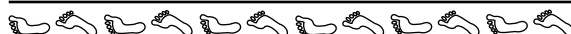
Be cautious with flyers—they are a waste of money if you are putting them in a post box. People get too much junk mail, with carpets and furniture and property agents – they usually fling and bin the lot. They certainly are

not scouring that topic of junk mail for a good therapist in the area. Money for those flyers would be best spent on another form of advertising, and reach a sector in the community or rather place them at health shops or chemists or be creative and leave them at fast food outlets in the area.

If we keep doing it the way we have always done it – we will get what we have always got ... often—VERY LITTLE!

2013 – is the year of the woman in health awareness – I do believe it.

Sell yourself UP not DOWN – that comes naturally.👏



Report: Melbourne Board Meeting

27/28 July 2013

by Heather Edwards

Meeting confirmed that RAOA:

- ◆ Needs an accountant and auditor as well as Accounts coordinator.
- ◆ Students will now pay a \$55 fee to cover the cost of Footprints and postage. The student fee will also cover the cost of insurance (when students are working at expos or community events). Back issues of Footprints will be available to students if in stock.
- ◆ A generic consultation form will not be designed by RAOA. It is up to members to compile these individually as each is legally responsible for the items on the form.
- ◆ A ‘special interest’ search field may be included on the website once the majority of members complete their online profile.

Board discussion on the Strategic direction of RAOA recognised the following risks:

- ◆ Membership is dropping;
- ◆ Threat of losing Health Fund provision status;
- ◆ Not enough people studying;
- ◆ Lack of credibility Medical/Govt/Public;
- ◆ Poor training delivery;
- ◆ Robustness of qualifications;
- ◆ Lack of career opportunities for reflexologists;
- ◆ Other associations offer membership to reflexology;
- ◆ Funds – financial viability;
- ◆ Volunteer dependency;
- ◆ Lack of awareness about reflexology;
- ◆ Non-compliance with governing acts – ATO and ASIC/employment/WHS;
- ◆ Require credible research;
- ◆ Key people dependency.

The Board is now identifying priorities and plans to minimise and deal with these risks. Specific Finance,

Strategy and Governance committees have been established. As new PM and AMs are currently limited, a Membership drive is being considered aimed at boosting the AM numbers.

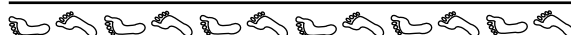
The balance of all accounts as at 28 July, 2013, totalled \$198,925.45. The new Leave Liability and Growth accounts are working well. The term deposit Growth account opened with \$17040.14 and was invested for a period of 6 months at a rate of 4.5%p.a. It matured on June 20; this has further been invested with the interest to mature in December 2013. 2% of total RAOA income will be added to this amount in December and invested for a 12 month period.

The continuation of payments to Natural Medicine Register, NMR, has been approved. Membership and participation in this venture is viewed as important for the future of RAOA and its members. RAOA will also continue its membership with Associations Forum because membership so far has been most beneficial in supporting and developing the direction of the Board as it endeavours to maintain a viable association.

Due to ongoing concerns around the CPT program a full review is scheduled for the next few months. It has been suggested that we add a “Frequently asked questions” section in the members’ area of the website. Research will be carried out into the viability of webinar deliveries as an adjunct to face to face CPT events.

A considerable number of members have been very late in finalising their membership renewal. In future this may result in a “late fee after one month”. Already anyone who is two months late must pay an Administration Fee to renew.

Thank you to all Directors for their participation and enthusiasm. The next Board meeting will be held in Adelaide 19/20 October 2013 with the AGM on Sunday 20th.👏





7 things you can do to make life changes

by R. Danielle Gault, RCRT, BA
 dgault@cwtservices.biz

How many times have you wanted to change something in your life but, somehow, didn't follow through? Change doesn't come easily to us. Many think of change as a scary thing that is to be avoided. Why is this? It is usually because change requires a letting go of the familiar and to learn a new way of doing things which takes both energy and commitment. It is easy to lose enthusiasm for the change process along the way and begin to drift back to a standard way of operating. It is just easier ... so how can we change? What do we need in order to make change and what is the biggest obstacle to change?

1. UNDERSTAND THE BIGGEST OBSTACLES TO CHANGE

Think about the process of learning a new language. What's in the way? Likely it is old habits and the old language. We rarely work toward change without something in our mind that blocks us and creates resistance to learning something new. The biggest obstacle to change is usually the old way of doing and understanding things. Major life changes often take place after a life crisis (such as marital breakdown or a major health scare). This is because the crisis provides an outside force that propels one forward and often results in a feeling of having no choice but to learn a new way of doing things. But to create change purely out of a desire for change—for something less dramatic such as wanting to lose a few pounds or to live a healthier lifestyle—does not provide an outside force and so will require some deep and lasting motivation. Habits and the old ways of doing things will get in the way and at any moment can provide temptation that wears us down and diminishes our motivation. So how can we motivate ourselves to make those relatively small changes? It is important to first understand and accept that small changes often lack the driving force for long-term motivation. This understanding will allow you to set short-term goals in order to provide the feeling of immediate success that will help keep up motivation in the long-term.

2. UNDERSTAND PERSONALITY PREFERENCES AND HOW THEY INFLUENCE THE CHANGE PROCESS

There is a part of all of us that prefers stability, structure, and routine. And there is a part of us that prefers variety, openness, and spontaneity. Everyone tends to be drawn more to one preference than to the other. Understanding your preference can help you create a successful plan for change.

For those people who prefer the structured way of living and want things planned, organized and orderly the process of change, once the decision has been made, often comes more easily.

For those people who prefer things to be more open, go-with-the-flow, unplanned and spontaneous, the change, even after the initial decision has been made,

can be more difficult to sustain and the process can become more burdensome with the passage of time.

Building on an understanding of our nature, and working with, instead of against, our personality tendencies, will help us cope with change and keep our personality from getting in the way of changing something minor in our lives.

Suggestions for the go-with-the-flow people:

- ◆ Make things more entertaining. Find others who will support you and pat you on the back. Or find a way to make a game of it;
- ◆ Put a short time frame on the initial commitment and then get the support you need to follow through. After the initial time period—say 30 days—build on it with future commitments/goals in a new time period; and
- ◆ Create a series of small goals, rather than one large one, and build in measurements for success along the way in order to help keep up the motivation.

Suggestions for the more structured—stable—routine people:

- ◆ Be sure to take a break from your new routine from time to time;
- ◆ Build in some variety so you don't create a rut and so you don't take the new routine too seriously; and
- ◆ Allow yourself a guilt-free day periodically.

3. DEFINE THE CHANGE

Once you have identified your obstacles to change and the personality preferences that influence your progress to change, it is time to identify what it is you wish to change. This can be aided by using a goal-setting process such as S.M.A.R.T.

Make the goal:

Specific (i.e. lose weight)

Measureable (lose 10 pounds)

Achievable (choose realistic goals that you can achieve)

Relevant and (be sure it is relevant to your life and you have a strong interest in it)

Timed (how long? What benchmarks will you identify along the way?)

4. DECIDE WHAT YOU DO NOT WANT TO GIVE UP

One of the greatest challenges to creating change is deciding what things you are NOT willing to give up in order to achieve the goal. This is a very important step in creating realistic and sustainable goals that will allow for follow through and that will keep us motivated. If your goal, as an example, is to lose weight, but going to restaurants with your partner is an important part of your post-work week routine, you may not want to give this up

Continued on page 7

as the strain of doing so can cause a loss in motivation. Instead, making the decision to cut back on the frequency of restaurant visits or increase your exercise regime, may make the goal more achievable. It is important to be realistic about what you are willing to do and the limits you will set for yourself. If you acknowledge these factors, and build them in to your goal-achievement strategy, you will improve your chances of success.

5. IDENTIFY THE BENEFITS OF KEEPING ENGAGED IN THE GOAL PROCESS

The next step is to define the benefits of your goal in order to help you sustain the process. The benefits to the reduction of restaurant visits in order to lose weight could, as an example, be getting healthier, saving money that can be used for other things, and looking and feeling more attractive.

6. PREPARE AND PLAN TO CHANGE

Now that you have a goal, understand your own personality preferences that factor in to achieving this goal, know the limits of what you are willing to do, and have identified the benefits, it is time to make a plan to move the goal forward from something that is just a good idea to something that is now based on reality. Do this by identifying the action steps needed to move the goal forward.

For the weight loss goal, as an example, the steps could be the following:

Step 1—Look at the calendar and chose a start and an end date for the goal. Decide when to go to restaurants and mark these visits on a calendar. Decide how long this method will be used in order to achieve the goal outcome (i.e. 30 days).

Step 2—Decide what resources are needed to fulfill the commitment to losing 10 pounds. This could include exercising at least 4 times per week or investing in a personal trainer to provide coaching twice a week. Communicate with friends who will provide support, dialogue, and help you stay focused and committed.

Step 3—Decide how to measure progress along the way (i.e. using a scale for quantifiable results).

Step 4—Review your habits/progress/steps on a weekly basis. Analyze what did and did not work.

Step 5—Draw on support. Every week build in a discussion with a partner, family member, or close friend to analyze the progress and help you stay motivated, focused, and committed. In this case share your weight

measurement with this individual and the personal trainer to demonstrate that you are moving forward and toward goal achievement.

Step 6—Wrap it up. At the end of the 30 days evaluate the results, capture what you learned about yourself and the goal, and decide what to do next.

Step 7—Set up a new goal and start the process over again if needed. Or take a break from the goal-setting process and revisit it another time.

7. INFORMATION IS ONLY FEEDBACK

Another challenge for some people is that they don't wrap up a goal and this can lead to a sense of failure for the lack of completion. Be sure to wrap up your goal processes by declaring that this goal was either achieved, needs to be reframed, or has been found to not be your true desire. Take responsibility for that part of your life and ensure that you feel in control of everything you do. If that goal was not achieved then it may be because it was not, in reality, what you really wanted for yourself. Learn from this lesson and use it for future goal setting. There is no failure, really, there is only feedback and this can provide opportunities to apply, in the future, what you learned.

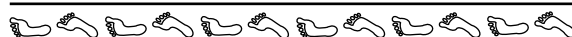
CONCLUSION

Those who are more structured and organized often learn that they take their goal setting too seriously and can get hooked on responsibility and structure. They may find it more difficult to relax or to let go of a goal that truly isn't working for them. They need to accept that not every goal will be achieved and to focus on the positive lessons rather than the perceived failure.

Those who find it difficult to stay with a structured approach need to use a bit more discipline in their lives in order to move forward and not let their whims dictate what they get out of life. Staying on track and on focus can be challenging but is necessary, at times, in order to achieve a feeling of accomplishment.

Our lives require both structure and spontaneity. But for goal setting it is important to learn how to work with both preferences. Self-awareness and understanding are the cornerstones to a happier, successful and more productive life where changes are achieved on our own terms.

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Research survey 2013...

Have you completed the membership survey? Complete it on-line or mail it to the office. It is important that the research committee receive your feedback. The information collected will assist the Board of Directors in determining future strategies to grow RAoA and benefit the membership.

The effect of reflexology on secondary lymphoedema of the arm

“I feel like I’ve got my arm back”

Kay, S., Whatley, J., Harris P. (2011) Cardiff Metropolitan University

Background: Breast cancer is the most common cancer in the UK. Following medical treatment approximately 20% of breast cancer patients suffer lymphoedema of the arm and may experience psychological or emotional difficulties due to altered body image (Mackereth & Carter 2006). Research suggests that cancer survivors with lymphoedema are more disabled and experience a poorer quality of life and more psychological distress than survivors without lymphoedema (Bernas et.al.2010, Pyszel et.al. 2006, Ridner 2005). There is a need for further research into a range of physical therapies for the management of lymphoedema.

Reflexology is a physical therapy focusing on the feet. Practitioners use specific pressure with thumb, finger and hand techniques to stimulate these reflexes on the premise that this effects a physical change in the body. Anecdotally, cancer patients suffering from lymphoedema have reported positive effects on the swollen arm after reflexology treatment.



Figure 1. Swollen arm as a result of lymphoedema after breast cancer treatment

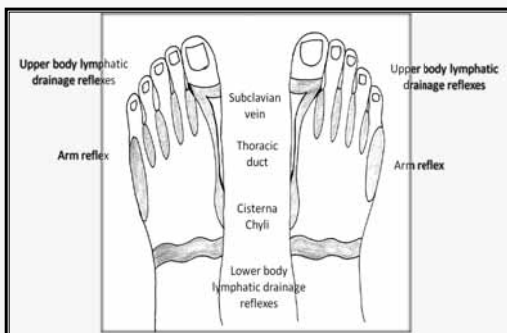


Figure 2. Position of main reflex points of the foot, thought to relate to the lymphatic system.

Method

As part of an undergraduate project, six participants with unilateral secondary lymphedema were recruited from a South Wales cancer-care organization. The participants received four consecutive weekly reflexology lymph drainage (RLD) treatments. Limb Volume Circumferential Measurement (LVCM) was the primary outcome measure used. This method is widely used for calculating arm volume (NHS 2008). Measure Yourself Concerns and Wellbeing (MYCaW), was used to gather subjective data (Patterson et.al. 2006). LVCM and MYCaW measures were taken at baseline, the intervention stage, and at follow-up (three weeks post-intervention).

Results

Positive trends were observed on both outcome measures for all six participants. As a group, the results indicated a statistically significant reduction in arm volume, from baseline to follow-up on LVCM ($t=6.93$, $df=5$, $p=0.001$). MYCaW mean profile scores from baseline to follow-up also showed a significant improvement ($Z=-2.207$, $p=0.027$). The results were supported by qualitative data reported by participants.

Qualitative comments

“I feel like I’ve got my arm back” Participant 6

“My fingers are more flexible, I’m able now to grip objects and make a fist” Participant 5

“Not having to go up an extra size is fab” Participant 2

“My right arm is much lighter now. I had a lot of fluid at a pocket underarm and this too has lessened. Everything I struggled with, clothes, hobbies and driving are no longer a problem. Not embarrassed to take a long sleeved cardigan off and wear short or sleeveless blouses, which has given me my confidence back”. Participant 1

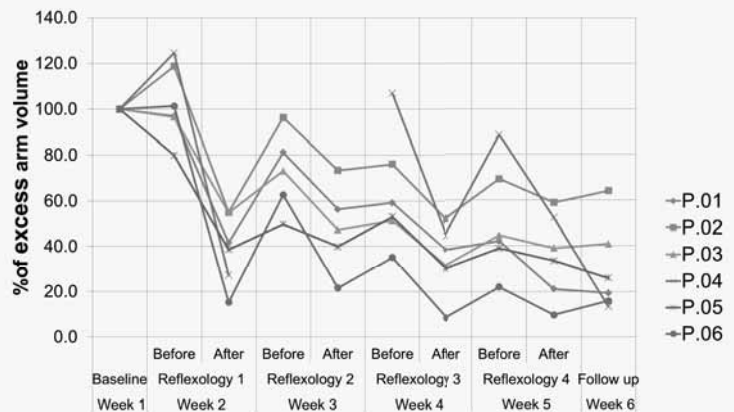


Figure 3. Overview of changes in the percentage of excess volume in the swollen arm

Conclusion:

Findings of this exploratory study suggest that RLD (Reflexology Lymphatic Drainage) may be helpful in the management of secondary lymphoedema. A more robust research design is needed to test for a causal link between the application of reflexology and possible outcome benefits.

Acknowledgements: Thanks are due to the Hospice of the Valleys, Helen Rees MBA, MCSP, SRP (Clinical Services director) and Dr Dylan Harris for their assistance with this project

World Reflexology Week 2013

by Carmen Stout

World Reflexology Week is coming up quickly and is the perfect opportunity for each reflexologist world-wide, to promote reflexology. It is held annually in the last full week in September and this year will take place between 22–29 September.

The aim of World Reflexology Week is for reflexologists to actively participate in the promotion of this wonderful modality and to increase public awareness around the globe. It is celebrated in over 30 countries and starts at the local level. Have you thought about what you can do? Start planning now to help spread the good word about reflexology.

A result from one of the questions of the RAOA practitioner membership survey indicated quite clearly that the vast majority of our members want to work more hours per week as a reflexologist than they actually do. WRW presents as a wonderful opportunity to focus on increasing awareness to the community and other health professionals. Your involvement just may lead to more clients.

I know a lot of reflexologists volunteer their time for some of the bigger Expos, like the Mind, Body, Spirit Festival held in most capital cities. These always create lots of interest and offer people an experience of reflexology for the first time. These expos are all about raising awareness of reflexology and the idea is to get the public to talk about their experience to their friends and family, and then source their local reflexologist. WRW is focussed on reflexology exposure in the local community.

How can I get involved?

There are many ways. Firstly, you need to work out what kind of activity that you would like to do. Secondly, consider your 'target' group. It may be the local health club/gym, health food stores, various community groups, your local library, mother's groups, swimming pools, support groups; these people are already thinking about their health. Consider if you would like to go it alone or get a few practitioners together. WRW is volunteer-focussed and is local to you. It is about talking to local community groups of all kinds and educating the public about the benefits of reflexology.

Here are a few ideas and suggestions:

A small presentation or simple talk with a practical demonstration, e.g. to staff at disability centres or nursing homes .

Leaflet or letter to a specific audience offering discounted treatments e.g. staff at a local business.

Get together with other CAM therapists for an open day or small expo at a local location.

Displays and provision of 'taster' or experiential short sessions in a public place, e.g. local shopping centre or street.

When you have decided what you are going to do, you will need to work out what resources will be needed and get them in plenty of time e.g. posters, brochures,

balloons, leaflets, special offers, your business cards and/or a video on a laptop about reflexology. These are all good marketing tools. Arrange permission with the appropriate persons to hold an event.

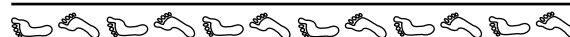
Some reflexologists charge a small or token fee for a short 'taster' session and donate the proceeds to a chosen charity. The public generally comply very happily.

When you have made all the arrangements and the nominated day is upon you, arrive early to be sure of being ready before the start time. Dress professionally, wear your badge, keep the work area neat, tidy and hygienic. Be calm and be prepared, share with enthusiasm and conviction of such a great therapy and you will enjoy the event.

Creative ways of promoting your event include use of the internet via 'Facebook' or 'Twitter', and posters in relevant places.

The RAOA can assist with resources. The ICR also have some information up on their web-site about WRW.

So the best of reflex luck to you for a successful event and please feel free to share your experiences with us through an article in Footprints.👉



Touchpoint

COMING
BACK

Touchpoint workshops to return in 2014



Danish reflexology experts
Dorthe Krogsgaard and Peter Lund Frandsen
will be returning to Australia in April 2014.

For exact cities, dates and subjects for the 2014 tour see

www.touchpoint.dk

We also offer an early bird discount for online bookings.
We are looking forward to seeing Australian colleagues again!

Dorthe and Peter are travelling extensively around the world presenting their highly acclaimed "Round about..." series of continuing education seminars. Expect high quality content and learning material, goal directed, effective techniques and updated knowledge.

Smoking withdrawal

by Susan Jean Ramsey

Once you have made a decision to quit smoking:

Ask for help, find a qualified Practitioner and check with your Doctor for general health issues.

What happens to your body?

At times when smoking has ceased, the body automatically goes into a diabetic state.



Why?

- ◆ If someone has smoked for a long period or from an early age, then stops smoking, the insulin levels are affected in the body.
- ◆ While smoking, the insulin levels equal out. When smoking ceases, the insulin levels rise, tricking the body into thinking it requires more insulin. (Sugar cravings, mood changes and so on are a few of the symptoms.) With patience and time, the body will correct itself.
- ◆ If the insulin levels increase or are overloaded through diet, the body will go into a diabetic state.
- ◆ Consider a sugar free diet.

The build-up of nicotine takes up to 10 years to be eliminated from the body.

People who have given up smoking can experience

- ◆ Feeling 'washed out';
- ◆ Tiredness, low energy;
- ◆ Frustration, anger, mood changes; and/or

- ◆ Sugar cravings, appetite increases & stress.

There are Alternative Therapies to assist the body with smoking withdrawal (as well as nicotine patches or gum)

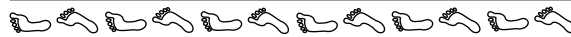
- ◆ How does Acupuncture work?—Reflexes are stimulated to cause the taste sensory organ to act on this, making the taste of smoking foul.
- ◆ Herbs can assist with cravings.
- ◆ Auricular therapy (Ear Reflexology) has the same effects as acupuncture.

Detoxify ... How?

- ◆ Increase fluid intake, eat live foods (healthy choice);
- ◆ Exercise (keep active) both body and mind;
- ◆ Take time out for self (meditate);
- ◆ Be careful not to increase your sugar intake;
- ◆ Body therapies, ie: Massage and Reflexology assist with detoxification;
- ◆ Herbs, Homeopathy, Bach flower remedies and vitamin/minerals also help.

How did my Reflexology Practitioner know I was a smoker when working my feet/Reflexology?

- ◆ Nicotine drops to one's feet—seen in the discolouration; massive heart attack and kidney failure (black feet).
- ◆ Reflexology assists in balancing the body and with detoxification.🙏



The broad back

by Dorthe Krogsgaard and Peter Lund Frandsen, Touchpoint Denmark

In most reflexology traditions a reflex for the spinal column is depicted on the medial side of the feet, and the spine is mostly worked on the inside of the feet.

Because the spine is a central structure in the body, the spine reflex is divided into two with one half on each foot. Therefore, working the reflex on the inside of the foot corresponds anatomically to be working inside the spine, which is the spinal cord.

Through the history of reflexology, this has been shown to be an excellent place to work, perhaps partly because thereby we affect all of the spinal nerves and the huge body area they innervate.

A 3D view on the spine reflex

In our experience, one can get even better results by using a more three dimensional view on the spine reflex and work the full width of the spine. The spine is indeed quite wide. Across the transverse processes it measures just over a quarter of the body's width. We transfer this fact to the feet and extend the common medial spine reflex with both a plantar and dorsal area.

The exact location is easily imagined in the thoracic spine corresponding to the metatarsus. If we reserve the fifth

metatarsal for the shoulder/arm reflex, then just over a quarter of the rest fits very well to the width of the first metatarsal. This is the principle behind our placement of the "broad back".

Here is our starting point and the mental image we consciously focus on when treating the spine, but we also believe reflexology has an "x-ray" effect in the sense that the effect penetrates into the depth, so that in practice we can treat both the front and back of the spine from both sides of the foot. The same principle applies to all reflexes.



Plantar spine reflex

The widest point of the spine is the upper part of the sacrum. We place the sacrum reflex equivalent to the talus and follow the bone as we work quite a distance away from the medial edge of the foot.

More info: You can find more articles and contact the authors via www.touchpoint.dk

Dorthe Krogsgaard and Peter Lund Frandsen will return to Australia in April 2014.🙏





Face it

Facebook news—Social networks for the now moments

by Kate McKnight

You like me, you really like me!

Hello Facebook fans! Just in case you think that Facebook isn't worth a look or that it's not all that helpful in assisting the marketing of the RAOA and reflexology in general ... think again.

Many of the most successful business gurus are saying that Facebook is still number one in terms of getting any kind of marketing message across to the most people in the shortest amount of time. It is still rating as one of the most vibrant and successful marketing tools.

Is the RAOA utilising this space wisely we wonder? What else could we be doing in terms of creating a modern Facebook brand for reflexology and the association? I'd love to hear your thoughts.

As far as associations go we are getting some wonderful feedback about our association and what it means to belong to an association generally.

New members A group that needs recognition here is our newest members. Going on recent feedback, this group appreciates camaraderie, support and information. It is the new members who look for guidance, getting started, peer support and encouragement. New members seem to be positively responding on Facebook.

Recently on Facebook I asked: "Tell us, what do you like best about belonging to a professional reflexology association?"

Here's an example of the response:

Carmen: For myself as newly qualified, peer support and being able to ask questions when I need assistance.

Trudi: I transferred to RAOA last year from another professional body. Best move I made. Luckily at the time, our local co-coordinator had just sent out an email to local therapists regards to meeting regularly. We meet bi monthly and have the most informative and supportive meetings/workshops with an amazing core group of reflexologists. I have not found this with any other association and it has stepped up my passion for reflexology again. Yay!

I love these comments about being part of a professional association and the freedom people have to share their

experiences and feelings about belonging to supportive peer groups. This information is vital for planning similar initiatives. Facebook is providing space for everyone to have a say on many subjects. I feel this is just the beginning!

Where to from here? The big question is how to keep our members informed, supported and connected with us as an association for the long-term. Facebook seems to be providing that link and it is up to us to explore where and how far we can take it.

I have found through writing and sharing on Facebook a growing legion of fans, members and clients who are enjoying a quick response to questions and a forum to discuss any issues knowing that someone is listening to what they have to say.

Many therapists are also joyfully sharing their client experiences on Facebook in terms of health benefits which is fabulous for any potential client viewing the page. Through Facebook I have referred clients internationally and locally to world-wide associations and their websites, enabling clients to easily locate reflexologists in their area. This is another helpful way in leading clients to practitioners and it all happens in a matter of moments.

We can often feel lost within associations and not sure who to talk to, yet Facebook is fast supplying a need in a very immediate and helpful way. As moderator I also have the opportunity to forward questions directly to the RAOA when I receive enquiries. The answers I receive from the office or committee are posted on Facebook which assists many quickly and easily.

I put it to the association to examine the next step. I think social media is becoming a powerful space for carving out a professional image and generating the interest we need. It really is time for everyone to go on-line and support this step forward, so that we are able to continue attracting new members, and support all members in creating a platform for discussion, help and media opportunities.

Until next time,
I'll see you on Facebook👋



The Perth School of Reflexology celebrated with their first intake of students completing the Association's 'New' Certificate IV in Clinical Reflexology, in July of this year.

Hollie Kelly and Karen Bishop decided to join forces last year in delivering the new qualification, combining their many joint years of practice, together with their passion for passing on the wonders and delights of our incredible therapy.

"It has been a very exciting, busy 12 months and I have thoroughly loved every minute of designing and delivering our training. It's wonderful that Perth now has a further

9 qualified Reflexologists who will spread the benefits of Reflexology throughout their communities," says Hollie.

"I did not expect training future Reflexologists to be such an enjoyable and rewarding experience. Passing on my

knowledge and watching these 9 students become so professional and competent in Reflexology has been a remarkable journey" says Karen.



What is ... Yoga?

by Emma Gierschick

Yoga is only for those who are young, slim, fit and built like Gwyneth Paltrow or Madonna—*right?*

Well maybe—but it's also for normal people who are older, stiff, carrying a few extra kilos and whose idea of a good stretch is getting out of bed in the morning. In fact Yoga is absolutely perfect for anyone regardless of age, or physical condition.

Yoga was originally developed in India over 5000 years ago as part of a spiritual practice. The word Yoga actually comes from a Sanskrit word 'Yuj' meaning to unite, or join. The purpose is to unite the body and mind with the spirit through a series of breathing techniques or specific stretches.

Yoga helps retrain muscles to relax again, improving blood flow and circulation around the body, clearing the mind and consequently working more in sync with life.

The first time you try yoga you will realize just how much tension you are naturally holding onto in your body. The simple stretches that your teacher demonstrates don't feel quite as simple as they look. You might be asked to reach for your toes – but struggle to even see them. This all changes over time and after a few sessions when you reach for a pose or stretch you find with amazement that you are suddenly reaching further, or that no discomfort is felt in any given muscle, that you keep your balance for longer and no longer feel the need to blame the air con for blowing you over.

You quickly learn poses with simple names like 'the child',

'downward facing dog' and 'mountain pose' and simple stretches that you can do in a few minutes upon waking in the morning before you start seeing clients, or when you get home from work at the end of the day.

Yoga is ideal for reflexologists as we often sit in the same position for several hours at a time. It relieves any physical tension or muscle tightness we may experience and ensures a relaxed mental calm energy to share with clients. The feet of a yoga student are easy to spot by their sheer flexibility—they are the perfect feet to work on.

While Yoga is a spiritual practice it is not connected to a religion. As you manage to still your mind and breathe into each stretch your internal connection with self deepens.

Yoga has many physical and emotional benefits. It is ideal for improving muscle tone, flexibility and strength, reducing stress and anxiety, and improving concentration. Research has indicated that yoga can help manage many conditions including arthritis, back pain, blood pressure and multiple sclerosis.

While it is ideal for everyone, certain stretches should be avoided for people with some conditions, including pregnancy but a good teacher would be able to help you modify any move to ensure it would be suitable for you.

No fancy equipment or clothes are needed to do yoga, just loose comfortable clothing, bare feet and a large towel or yoga mat. Why not give it a try today and bring more flexibility into your life?🙏



Progress Report on the Launceston Reflexology Path

submitted by Shirley Lawson

After the Conference at Country Club Tasmania in September 2012, the temporary path which was laid for that event was dismantled and taken to Pam's in Kings Meadows for storage until we could find a permanent place for it in Launceston.

A few meetings and many conversations later with the Mayor's secretary, we were able to arrange a meeting with the Mayor of Launceston—His Worship, Mr Albert Van Zetten, on Wednesday 7 November at 10.00am. Our proposal was very well received and he promised full co-operation with this venture of ours.

Following the press release of the Launceston Mail on Tuesday 27 November featuring Pam and Shirley walking on the pavers plus a story, Pam was contacted by Gail O'Connor from Able Australia Services who were building a 'Sensory Garden' at Inveresk precinct, mainly for the use of disabled persons but also open to the general public. Her thoughts were that our path could possibly be incorporated within that area.

Subsequent meetings were held with Gail to discuss this possibility. We were then contacted by the Mayoral Office to arrange a meeting with Andrew Smith, the Parks and Recreational Manager in his office on 20 December 2012 to discuss other areas that may be suitable for our Reflexology path.

Gail O'Connor, at her request was present ... as were Shirley and Pam. Following this meeting Pam, Shirley and her husband visited the proposed site for the Sensory Garden together with Gail. At a later meeting of the group it was a unanimous decision not to proceed along this avenue due to the remoteness of the location and the falling leaves, which could have created a Public Liability problem.

We finally decided to go with the area which Andrew Smith had suggested as viable within the Inveresk precinct (which we had suggested and agreed upon as

Continued on page 13

the ideal spot!). We then arranged to consult with the Manager of the Aurora Stadium and the surrounding area (Robert Groenewegen). The appointment was made for 1 February, 2013 at 11.30.am ... he did not turn up!

Robert had forgotten and got sidetracked ... We managed to set up a 2.00pm appointment that same day. Pam's quip when he greeted us—"Well we have only been waiting since 11.30.am this morning"—broke the ice.

Robert was very co-operative and suggested another area very suitable for the placement of the proposed path, subject to the Board approval, which was granted. He has been very helpful since that time in allowing us to access the area to take measurements etc and the advice given. The area allocated is in a direct pathway to the Museum and Art Gallery bordered on one side by the Historical Tram line and the other by the old Rail line; the front faces the main car park and the rear is a large circular paved walk thru area. It is adjacent to the Blue Café (a popular Dining area) and the Tram Museum.

The University Faculty of the Arts will eventually build Units for their students. We were advised by Robert to get three quotes from Professional and Registered Landscape Gardeners to lay the path and landscape the area to our satisfaction which we did, and have chosen Nick Galbraith of Galbraith Landscaping who is as keen and as enthusiastic as we are to see this through to completion.

Robert also advised us to apply for a Council Grant which we did and we were approved for the full amount of \$5,500.00 (including GST).

Early in April this year Reflexology Association of Australia President, Heather Edwards, was in Tasmania and rang Shirley one cold and frosty morning saying 'I am on my way to the airport can you meet me in 10 minutes at the Inveresk site to view it'. Heather was impressed with the area and felt strongly that the Association would help in any way possible.

We are very very short of the estimated quote of around \$15,000.00 (which also includes other features that we feel are suitable) so we are at present persuing further funding through the State Sport and Recreation Minister to match the Council Grant. If this is successful we will still have a shortfall so are definitely open to suggestions. We have also approached our local Federal member for Bass with no result to date.

Any suggestions or feedback to the Tasmanian Members would be appreciated.☺☺



"I have spread my dreams under your feet. Tread softly because you tread on my dreams."

William Butler Yeats

Then why not use Hot Basalt Stone with reflexology treatments?

by Linda Williams

Points to ponder ... How and why it is advantageous to use hot stones when administering a reflexology treatment? You have various sizes and shapes which are often used as general effleurage stones in the remedial massage regime. However you also get deep tissue stones, facial, hand and feet reflexology stones—these serve various purposes so that they can be classified as working stones, and or placement stones. These beautiful stones can be incorporated in many other disciplines – i.e. chakra balancing (the body energy centres) and meridian balancing (the body energy lines), pre-acupuncture or reiki treatments, and so the list goes on. The very basic principle of these stones is all about being excellent heat and energy conductors due to the fact that they are an 'earth element'. As much as reflexology has its roots firmly based in the true science of anatomy and physiology, in order for our treatments to be extraordinary we would have to admit to also using the channelling of intention and energy—**then why would you not use Hot Basalt Stone?**

These rocks are elements from mother earth, with their origins deep in the bowels of volcanic activity, the very hot molten state of lava rock. They have many trace elements within them as basalts and these rocks weather relatively fast. Typically iron rich minerals break down rapidly in water and air releasing their water soluble cations i.e. calcium, sodium, magnesium, silica and zinc. With a review on each of these trace elements we are aware that they serve the nerves, muscles and skin especially in the function of message transmission within the body systems—**then why would you not use Hot Basalt Stone?**

In addition to this, when adding heat to any treatment regime, you get many advantages such as active movement of toxins, increased circulation, comforting warmth, release of muscular tension without having to use much hand and body strength minimising the constant repetitive strain or physical exertion from the therapist while also replenishing the energetic levels of the therapist when using these heated stones. This in turn creates a sense of calm, which is known to aid clients with anxiety and depression and improve all-round mental psyche. Many clients have experienced improved sleep, with a general sense of an overall powerful treatment—**then why would you not use Hot Basalt Stone?**

Remembering always 'where blood flows healing goes ...' —**then why not incorporate the use of Hot Stones when administering your reflexology treatments?**

Web site: <http://solehealth-reflexology.squarespace.com>

Like us on Facebook: <https://www.facebook.com/solehealth.reflexology>☺☺



InterStim therapy—Can Reflexology help?

by Sharon Tay

Many people suffer with some form of incontinence sometime throughout their life. It may be short term or long term. Long term incontinence can often lead to a chronic condition and other related health issues. In some instances most acute and short term problems can be resolved through medical intervention or by alternative measures. Those who suffer with long chronic urinary or bowel incontinence are more likely to experience other related issues that may stem from incontinence. Some long term sufferer's endure some of the following discomforts such as:

- ◆ Physical pain;
- ◆ Embarrassment (from leakage and unpleasant odour);
- ◆ Rashes or sores (often caused by wearing a pad or senior napkin);
- ◆ Burning (from constant urine leakage);
- ◆ Headaches;
- ◆ Toileting difficulties (such as constipation, diarrhoea, bleeding etc);
- ◆ Depression;
- ◆ Weight gain or weight loss;
- ◆ Social withdrawal;
- ◆ Dietary disorders;
- ◆ Medication (i.e. diuretics);
- ◆ Itching; and
- ◆ Thinning of the skin in the affected area/s.

Other sufferers may be affected by other symptoms that are not listed above.

Leaving a chronic condition such as incontinence, without medical intervention can lead to many other health issues. Unfortunately there are some people too embarrassed to discuss these topics with their doctor because they may feel that they:

- ◆ smell badly and feel unclean;
- ◆ do not want to be examined in the pelvic area;
- ◆ are too old to bother as they have put up with their condition for many years (a common comment among some of my elderly clients),

or they find any other excuse that can prevent them from seeing a doctor.

In this article I will focus more on urinary incontinence having a long history of this 'painful' condition. It is not a pleasant journey to travel and after my experience over the years dealing with such problems I would highly recommend not being embarrassed to see a doctor about any issues relating to incontinence, either short term or long term as, with updated and new medical technology, intervention can help.

This is my story.

From the age of 28 I started to have urinary incontinence which proved to be uncomfortable. At first I was too embarrassed to go to my doctor and left it to the stage where I found I could no longer leave the house due to constant leakage and being in constant pain. Eventually I had no choice but to visit my gynaecologist as I thought

my incontinence may be related to child birth. The doctor said it probably was, after his initial examination and referred me on to a good urologist at the time. After examining me the urologist told me that my sphincter muscle to my bladder was very weak and that is why I had urinary leakage. He said this is common with some women especially after delivery at child birth. Having an operation where the sphincter muscle was repaired gave me relief and I felt comfortable knowing I could approach the world again without fear of leakage or having to wear a protection shield.

I remained free of any major incontinence problems until I came to my late 30's although I did have a few minor issues that were treated since my operation. At the time I was going through a few stressful periods and thought my incontinence may be related to stress and I went to see my local GP. The GP I had at the time referred me on to a 'continence' clinic. The continence psychologist instructed me in how to do some pelvic floor exercises and how to void properly when going to the toilet. She told me that continuing with exercises and drinking water throughout the day would also help.

For a while following her advice I found that the exercises helped until I became ill in my early 40s when things got worse. Not only did I suffer with urinary incontinence, I began to have digestive disorders and allergy problems as well. Throughout my 40s and into my 50s all became a familiar journey for me to see another three urologists, three dermatologists and two gynaecologists seeking medical help to find a way to cure or ease my urinary disorders. Through this period I found that these medical people had no real solution in solving my problem, each telling me to keep up my exercises and void properly which I related to them that I was doing, and that I also exercise regularly as well as having an exercise instructor. My feeling was that there were no conclusive answers nor did these medical people know what further action should be taken.

In 2012 my condition was at its worst and my GP recommended me to another 'younger' urologist whom she felt would be able to help as this doctor was able to help many people who suffer with chronic incontinence. To me, this sounded too good to be true, but as I was desperate I was willing to give another try. Before I saw this doctor, I decided to keep an open mind and not to be too disappointed if things didn't work out. While I was explaining the run-a-round I have had over the years, I told him that I have given up hope of ever being cured. He then told me that there is another relatively new method that he uses that has helped many people since its release in Australia seventeen years ago. It is called InterStim Therapy (IST). This procedure helps those who have explored every other avenue to resolve urinary leakage without any conclusive diagnoses. The doctor told me that in my case it was a matter of the sacral nerves not functioning properly by not sending correct messages to the brain. He told me that InterStim

Continued on page 15

Therapy, also referred to as Sacral Nerve Stimulation Therapy (SNST), works with the sacral nerves that control the bladder and bowel. IST uses mild electrical impulses to stimulate the nerves, muscles and organs in the lower back region.

The doctor then explained about the sacral nerves, showing me a model of the pelvic region and pointing to the area of where the nerves go. He then started to explain how the nerves work and how the stimulator works with the sacral nerves. At this point I felt that my poor brain was being 'overloaded' with too much information.

In information that I found on-line supplied through Wikipedia, the free Encyclopedia, it describes that the sacral nerves are ten; half of them arise through the sacrum in the left side and the other half in the right side. Also, each nerve emerges in two divisions; one division through the anterior sacral foramina of the sacrum and the other division through the posterior sacral foramina of the sacrum. The nerves divide into branches and the branches from different nerves join with one another, some of them join with lumbar or coccygeal nerve branches too. These cross connections of nerves form the sacral plexus and the lumbosacral plexus. The branches of these plexus give rise to nerves that supply much of the hip, thigh, leg and foot.

The sacral nerves have both afferent and efferent fibres, thus they are responsible for part of the sensory perception and the movements of the lower extremity of the human body. From the S2, S3 and S4, raise parasympathetic fibres whose electrical potential supply the descending colon and rectum, urinary bladder and genital organs.¹

IST is delivered in two stages:

- ◆ Test stimulation (screening test); and
- ◆ Permanent implant.

The doctor showed me a test stimulator that looked like a black pager with two buttons on the top and a beige clip around the middle that the patient can clip onto their trousers or slacks. He told me that during the test period the patient has control of the test stimulator whilst hooked up with wires which are internally inserted in the buttock area near the sacral nerves. The patient has control to monitor the stimulator by turning the knob to get better results if necessary. The test procedure is only a day stay in hospital and during surgery the wires are inserted whilst the patient is under general anaesthetic. The procedure only takes about 30 minutes before the patient is wrapped in a tight bandage around the pelvic area to keep the wires in place for one or two weeks during the test period. This means that the patient cannot bathe or shower only a 'sponge' wash. During this period the patient is asked to write down their intake of fluids and their outflow of urine throughout the day. They are also asked to write any improvements or if they

have not noticed any changes. IST does not work for all patients and unfortunately the patient can only rely on the alternative with a 'bandaid' effect by continuing down a familiar path of medication and the use of external creams or ointments.

If the patient is fortunate that the test period has shown some improvement or a major change for the better, then the next stage is the placement of a permanent pacemaker that is placed in the lower buttock near the sacral nerves where the wires from the test stimulator have been left inside the patient ready to be hooked up to the permanent device. During this stage of the operation the doctor will readjust the pacemaker and the wires to be placed near the sacral nerves. The downside is that:

- ◆ The pacemaker is battery operated and will have to be replaced with new ones every ten years which means another operation.
- ◆ The pacemaker will cause security alarms to activate; this can be annoying when passing through the security arch at an airport.
- ◆ Medical equipment such as a MRI cannot be used if wearing a pacemaker.
- ◆ The operation and permanent pacemaker is very expensive and is only available to private patients.

After the first consultation with the doctor the patient is given a lot of information to take home to consider their options. I spent an hour with my doctor and asked many questions and then went home to think more on my options. After a week, I decided to give the first stage a trial and made an appointment with the doctor. A week later I was admitted to hospital for the first procedure and stayed overnight as it generally takes me a long time to get over the anaesthetic, and as I live on my own the doctor advised that it would be a good idea.

The following week I entered the hospital rather nervous, the thought of being operated on and having something foreign in my body did not appeal to me. The operation was over quickly and it was not long before I was in recovery enjoying my time with the fairies before realisation set in that I am now 'wired up for sound' or in my case 'some stimulation'?? It was just as well I had an overnight stay as there was some bleeding through the night and I had to stay until the bleeding stopped and then waited for the representative from the company (where the pacemakers are obtained from the mainland) to come and show me how to work the test stimulator. When I turned up the green knob I could feel a slight gentle tapping sensation (like butterfly wings flapping) and this is what helps to stimulate the sacral nerves. I had control to turn the green knob up or down on the external control device but I was advised not to touch the other button as this is the one that will be used for the permanent pacemaker should I decide to go ahead with stage two.

I left the hospital early in the afternoon to start the one week trial, and spent time monitoring any changes as well as my fluid intake and urine outflow.

For the first three days I could not see any changes. On the fourth day I noticed that I was voiding better and that the leakage was less. By the end of the week there was

¹ Sacral nerves–Wikipedia, the free Encyclopedia. Also has information on IST.
http://en.wikipedia.org/wiki/Sacral_nerves

*InterStim Therapy ...
Continued from page 15*

a change for the better and I rated the therapy to be 45% better which was much improved from anything else I had tried. I was also looking forward to a long hot shower once the bandage was taken off. I told the doctor about my findings but I wanted more time to think about the next stage before I would go ahead. He removed the wires in his surgery saying he can easily replace them if I do decide to take the procedure further. Back home I found that I was going fine for a few days after the wires were removed but it did not take long before things returned to the way they were. It took me about two months to decide if I should go ahead and thought that it did make a difference and that 45% improvement was better than putting up with what I have now.

I went back to see the doctor in November to give him the go ahead to book me in for surgery and to have the implant put in. The following Wednesday I was booked into hospital for the next stage. In the meantime I was having terrible pains in my chest, numbness in my right arm and sweats with high blood pressure. At first I thought I was being stressed over the idea of having something foreign implanted permanently under my skin in my buttocks. This happened on three separate occasions that took me to A&E three times and each time my BP was too high (the highest being 203 over 140), my sugar levels were very low although my heart rate was normal shown through each ECG that I was given. Of course this meant I had to cancel my operation until this problem was resolved. The third time I was admitted to hospital for an angiogram which showed I had a very healthy heart, no arteries blocked and very good cholesterol, this was the best Christmas present I had received. The solutions to my chest pains were never resolved.

Just before Christmas 2012 the cardiologist put me on a low carb diet telling me he has very good success rate with overweight patients who follow his diet. I have tried practically every other diet and none has worked for me due to my other dietary problems. As a vegetarian he did say following a low carb diet could be challenging but if I ate eggs, cheese and some fish it won't be so bad. I said I do, but as I don't eat meat, and I am gluten and lactose intolerant I don't have much choice of what foods to eat. I left his office and thought well it is summer so I will give it a try. To my surprise I found that I lost the first six kilos easily and at last some weight was beginning to shift. I also started going to the gym each day and I lost another five kilos making it 11 kilos loss from Christmas until May 2012 and I was beginning to feel so much better. During this time I was thinking more seriously about the second stage of IST and decided not to go ahead and have this procedure until I had lost more weight. Also I thought about how the stimulator worked and wondered if I started using the 'tapping' movement imitating the stimulator over my brain and sacral reflexes to my feet, hands and the face regularly through the day, would I see any improvements?

It is now July 2013 and trying the tapping method as well as keeping to a good diet (set out by a dietician) and plenty of exercises, I find that things have improved as much as I was experiencing with the IST trial period. It is too early at this point for me to comment on how reflexology can help by acting like IST using the 'tapping' method. However, I do feel there is a turning point at last, and I intend to go on as I am making sure I have a few good reflexology sessions to help me through.

The idea of using the tapping method by tapping on the reflex points is only experimental and I intend to try out using the tapping method on clients who suffer incontinence or related issues to the urinary tract or bowels, and for food intolerances and allergies. Already I have tried using the tapping method on one client who related to me that she liked the tapping sensation and found that it was soothing. I tapped over a few reflex points before and after the reflexology treatment.

The tapping method to imitate IST

Using two fingers, the index and second large finger are best. Alternatively tap fingers gently on your hand which should feel as if rain drops were falling on your hand. You can also use one finger on a specific point. Tap over the reflex points a few times and you can tap up and down and over and around the reflex points. You can also tap up and down the spine from the sacral and from the bladder reflex points to the brain. You can also try to tap the brain and the reflex points at the same time by using both hands; one hand tapping on the brain reflex point and the other hand free for movement over the other reflex points and up and down the spine. This works best while treating the feet and face.

First use the 'tapping method' over the following reflex points:

- ◆ The sacral area;
- ◆ The brain;
- ◆ The bladder;
- ◆ The kidneys;
- ◆ The spine (emphasis on lower spine); and
- ◆ Solar plexus and diaphragm for relaxation.

Working the reflex points for urinary incontinence

- ◆ Solar plexus;
- ◆ Diaphragm;
- ◆ Lower back;
- ◆ Bladder;
- ◆ Ureters;
- ◆ Kidneys;
- ◆ Adrenals;
- ◆ Sacral nerve; and
- ◆ Pelvic region.

As far as I know, there are no specific proven clinical trials done with reflexology for those who have IST.

For further information on IST, I can be contacted via email. If any practitioner knows of anyone who has IST, I would appreciate any feedback.

sharontay_travelling@netspace.net.au



Mind Body Spirit Festival—Brisbane

28, 29 & 30 June 2013

Sue Brooking, MBS Co-ordinator (Queensland Branch)

The Mind Body Spirit Festival was recently held in Brisbane over three days and Queensland Branch was once again part of this large and exciting event. Our Branch has participated in this festival for quite a number of years, and having a reflexology treatment is a 'must do' for visitors over the three days of the festival.

Our stand at the festival is a great way to promote reflexology in the community and a lot of people stopped by to ask questions and many booked in for a treatment. It was wonderful to welcome those who enjoyed their first taste of reflexology and learn what it is all about. We had great feedback from all those who had a treatment, and by handing out RAOA brochures gave them further information on reflexology. The national referral phone number also received calls after the festival from attendees looking for local reflexologists for follow up treatments.



Queensland Branch has a great community of members, with all regional areas participating in local events, and Brisbane members look forward to being part of the annual Mind Body Spirit Festival. Our call for volunteers was answered with a team to transport and set up our equipment on the Thursday before the event; a roster of reflexologists to work the tables over Friday, Saturday and Sunday; supervisors each day to take bookings and the last shift on Sunday evening to help pack up and transport equipment.

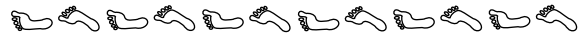
We offered 15 minute treatments. Therapists were booked for 20 minute sessions: the 15 minute treatment and 5 minutes set up before the next client. Therapists volunteered for blocks of 3 hours.

We had four massage tables working from 9 am–6 pm daily with four reflexologists, plus two reflexologist floaters to cover for breaks during each 3 hour shift. We worked on over 280 pairs of feet during the three days, with time slots booking out hours in advance. Some attendees made it a point to come to our stand as soon as they arrived to book in for later, so they didn't miss out!

Our charge for the treatment was \$20 cash, or \$25 credit card payment. It is an affordable treatment for the public and an opportunity for members to raise funds for RAOA, while accruing CPT points towards membership.

Mind Body Spirit Festival is a successful event—for the public to learn more about reflexology, and for RAOA members to spend time together and spread the word about the benefits of reflexology.

Finally, a big thank you goes to all those members who volunteered their time, and worked together to make this year's Mind Body Spirit Festival another great success!



Expectations

When we have much, we expect more.
When we have little, our expectations are lessened
And our joys are many.

Our appreciation is felt on many levels,
Our heart is open for new experiences.
This feeling is different.

It portrays our humanness.
It touches on the root of our being
And allows an insight into life.

Like a light being switched on
Our awareness expands and a warmth is felt
Reality has expanded.

A question has been asked and answered
A stillness and a ripple
Peace

Misha Frankel

sole health
Reflexology

2013 HOT STONE WORKSHOP

HOT STONE REFLEXOLOGY AND MASSAGE

VENUES FOR 2013

At this workshop I will be sharing the practiced art of using Hot Stones while doing reflexology and massage treatments, whilst considering the Meridians and the Body's Energy Centres for our clients. These earthen rocks carry positive healing properties and when combined with heat they are valuable both to the therapist and to the client.

DAY 1 - The Stones

- Their Qualities and their care.
- Meridians in the legs and feet.
- Techniques in Reflexology Treatments.
- Why Reflexologists need them.

DAY 2 - The Stones For Massage

- Their placement and why.
- Meridians in the back and body.
- Techniques in Massage Treatments.
- Why they are important in Massage.

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27 & 28 Jul
Gold Coast

3 & 4 Aug
Melbourne

8 & 9 Aug
Rockhampton

10 & 11 Aug
Sun Coast

24 & 25 Aug
BRISBANE
Ruth Fairfax House

7 & 8 Sept
Adelaide

5 & 6 Oct
Tasmania

16 & 17 Nov
NSW

Kurcha—a Marma Point for the eyes and ears

by Sharon Stathis R.N.



I had always wondered why Eunice Ingham placed her eye and ear reflex areas at the base of the toes and fingers. Knowing that the reflex area for the head was represented ON the toes and fingers, placing the eye and ear reflexes OFF the digits and at their base, remained a mystery to me. That is, until I discovered the Kurcha marma point of Ayurveda.

Ayurveda is the traditional medicine system of India. It is the world's oldest recorded healing system, with written records dating back approximately 5,000 years. The focus for Ayurvedic medicine is on disease prevention. However, if the body develops problems, Ayurveda can provide many helpful forms of therapy for healing. One of these is Marma Therapy (Marma Chikitsa).

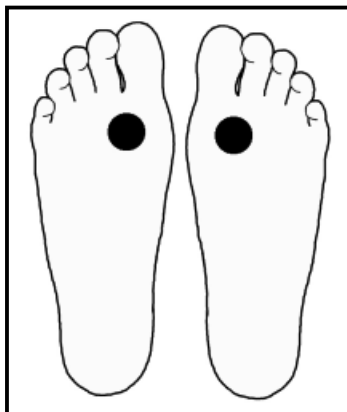
Marma Therapy

Marma points are areas where the vital life force called prana tends to accumulate and flow. Within Ayurvedic philosophy, wellness and the ability to heal are dependant upon the unimpeded movement of prana within the body. Blockages of this vital life force can lead to health issues and disease.

Some of the most important marma points used for treatment purposes are found on the limbs. This is of particular relevance to reflexologists, as there are five important marma points on each foot and hand. Reflexologists may significantly improve the flow of prana by routinely working a marma point for as little as thirty seconds during a reflexology session.

The points that occur on one limb are mirrored on the opposite side. As a general rule, when working foot and hand marmas, the corresponding marmas on the opposing limbs are worked within the same session.

Marma points are located along nadis, the subtle energy channels of the body. The nadis in the Ayurvedic system are the equivalent of the energy meridians of the Traditional Chinese Medicine (TCM) system. The marma points are the equivalent of the acupuncture points.



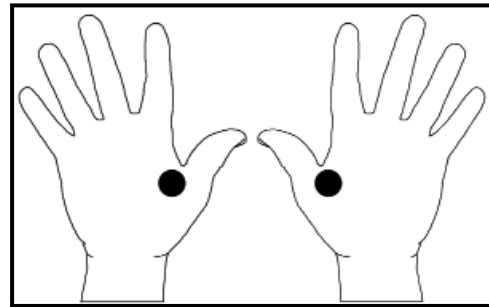
Kurcha marma point – Plantar surface

There are similarities and differences when we compare the points of these two ancient systems of healing. Even within India there are regional differences with regard to the size, locations and names of the marmas.

The majority of marma points are much bigger than acupuncture points, and consequently, much easier to locate and work.

Marma points can vary considerably in size. The smallest is approximately the size of the tip of the little finger. The largest is almost as big as the clenched fist.

Marma therapy is usually more effective if the feet or hands are massaged first, to stimulate the cardiovascular and energetic circulation in the local area. It is important that an appropriate lubricant is used, as working the points 'dry' can have an adverse effect.



Kurcha marma point – Palmar surface

Kurcha Marma

Of the five points on each foot and hand, there is a very large and powerful point called Kurcha. It is particularly associated with the flow of prana to the head area.

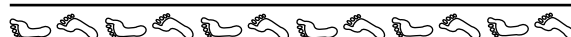
One of the major functions of Kurcha involves the health of the sense organs, especially the eyes and the ears. Other functions include relieving mental stress and aiding mental acuity. Working Kurcha can also help digestive processes.

Kurcha is probably best described as an area rather than a point. The primary area for working this point is beside and over the first metacarpophalangeal (MTP) joint. However, according to Professor Dr. Avinash Lele, co-author of *Ayurveda and Marma Therapy*, Kurcha extends across the feet and hands at the base of the toes and fingers ... just where Eunice Ingham advised us to work when helping with eye and ear problems! Kurcha marma can be accessed from the anterior and posterior surfaces of the feet and hands.

Reflexologists are already working marma points during routine foot and hand sessions. Having sound knowledge of the marmas, including their locations and how to work them safely, will give practitioners the potential to significantly increase the effectiveness of their foot and hand work.

There are important guidelines to be followed when working marma points. All involve working with care and sensitivity. Marma therapy is powerful and is best learnt from an experienced professional.

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The importance of relaxing the hips to increase foot mobility

by Joan Tan

I have a number of arthritis clients and have noticed the more I get their hips to relax, the greater the mobility of their feet and a sense of overall relaxation. In some ways I have always known about this from being a personal trainer and teaching tai chi and yoga for many years, but it is so amazing when I do a reflexology and rotate a client's ankle, then ask the client to relax their hips and breathe deeply, then redo the ankle rotation which then increases dramatically.

With my regular clients I continually check that they focus on relaxing their hips in bed at night and notice how much greater the flexibility of their feet become.

In many clients who are stressed, sit at a computer all day, or drive a lot, a similar result is obtained.

It is common to develop muscle imbalances around the hip.

Hip stretches are part of a treatment plan to address these. In people that sit at work for long periods of time, hip flexors and rotators can become tight and gluteal muscles become weak. This can affect gait, posture, spinal stability and movement patterns.

Approximately 15 degrees of hip extension is required to walk normally. If hip flexors are tight then in order to walk, compensatory movements take place through the lower back causing back pain and premature disc degeneration. Like other joints, if we fail to take them through their full range on a regular basis we eventually lose mobility.

TIPS TO INCREASE HIP AND FOOT MOBILITY

1. Breathing deeply

By not breathing deeply the diaphragm as well as the hip flexors become tight. Anatomically, the fascia of the diaphragm connects directly to the hip flexors, so if the diaphragm is constricted the hip flexors will also be constricted.

Getting clients to practice their breathing when you work on them helps. Also encourage them to take time each day to lie quietly on their back on a hard surface with their knees bent and foot soles on the floor. By breathing deeply they relax their rib cage, spine, abdominal muscles and hips and this allows their internal organs to rest heavily into their back. As they become more relaxed, ask them to direct their breathing down deeper into their pelvis, lower back, hips and all the way to their knees and ankles and out the bottoms of their feet.

2. Sitting correctly

Most chairs are designed for the average body, but one size does not fit all!

Taking the strain off their back is the first step in allowing greater mobility.

Encourage clients to sit correctly when sitting at a desk with a firm, flat surface chair.

When driving, get them to check they have their seat back as upright as possible.

Sitting all day at a computer creates a shortening in the hip flexors (muscles along the front of the hip and thigh that pull you down into a chair). These muscles in turn pull the lumbar spine forward, causing tension and stiffness in the lower back, bracing in the hips and creating dysfunctional movement patterns.

Flat surfaces make it easier to sit forward on the sitting bones (ischial tuberosities). Weight should be equal on both the right and left sitting bones. Sitting on the sitting bones is much more stable than sitting on the sacrum. The postural stabilising muscles can easily relax and reduce the bracing along the spine, creating instant mobility for the back.

When sitting for prolonged periods, if possible have the knees higher than the hips. This allows all of the weight to fall into the pelvis while the hip flexors and the postural stabilisers of the lower back hold you upright. Instead of bracing the torso to stay upright, place the feet flat on the floor with one foot a few inches in front of the other. By pressing into the ground, support travels up through the legs into the lower back.

3. Squat regularly (not possible for all clients)

Squats force the mobilisation of ankles, knees, hips, and the facet joints in the spine. Most people who have not done this movement before find it challenging, and it is not for everyone, especially those with certain ankle, knee and hip conditions.

If a client is not flexible enough to keep their feet relatively parallel and hip width apart, start them with their legs wider apart, feet turned out at 45 degrees. The more they practice squatting, the more willing their body will be to go further down.

When squatting make sure the torso does not pitch forward. Holding a small wooden dowel in front of the chest can help retain the upright position.

This is especially helpful for lubricating the hip joints, and it can help erase the fear that people develop as they age that they will fall and not be able to get back up.

4. Increase the hip joint range of motion

These movements increase the flow of synovial fluid, which lubricates the hip joints. It also provides excellent neurological feedback. The more the hip joints are reminded of large, open movements, the more willing the nervous system will be to allow it to do just that.

The yoga butterfly exercise works the hip joints through abduction and adduction, or side to side ranges of motion, stretching the groin, or inner-thigh muscles as

Continued on page 20

*the importance of relaxing the hips ...
Continued from page 19*

the legs are spread apart. Foot soles are placed together on the floor in front of your torso with your knees bent outward. Knees can be gently moved up and down in a small range of movement.

5. Stretch hip flexors, especially after long trips

Sitting shortens the anterior muscles of the hip and thigh. To keep them long and limber, stretch daily, or at least several times a week. Lunges help to keep the torso upright and help cause a lengthening along the front of the hip and thigh to lengthen the hip flexors.

6. Have a body massage focusing on the muscles surrounding the hips

A general massage of the hip area will help to relax the muscles and increase mobility.

7. Reflexology for the hips

The reflex of the hip, hip joints, and bones of the hip is found around the lateral malleolus (anklebone) and is often sensitive.

Start at the lower end of the lateral malleolus (anklebone) and thumb walk toward the back, turning and thumb walking up behind the ankle. Generally the thumb and hand begin to twist awkwardly at this point.

Switch thumbs and walk down toward the front of the foot, around the medial side of the malleolus.

If there are any areas of puffiness or tautness, then thumb walk carefully in these regions.☺



Herbal feet ...
Crested goosefoot *Chenopodium crisatum*. Used medicinally by aborigines in Australia. It is made into poultice for septic inflammation and breast abscess. (A.B & J.W. Cribb)
Reprinted with kind permission of Suzanne Enzer



Facial reflexology at a supermarket

by Marion Bond

I experienced a most humbling yet uplifting experience in February this year when I put into practice what I had learned from Marie France Muller and her book.

While traversing an aisle at a quiet time in a supermarket in Balwyn there were footsteps behind me, followed by a loud thud. I turned to find a sizeable female person spreadeagled on the floor with her earphones in. My first thought was that she was enjoying listening so much that she had decided to lie prone, but this was quickly followed by the thought that something was amiss. I approached, noting that between half closed lids the girl's eyes were rapidly turning left and back again repeatedly. I squatted beside her head, and after a moment or two wondering should I touch a stranger, I cautiously but firmly placed my index finger under her nose on Point 19 as Marie says to do for epilepsy or fainting. Remarkably, wonderfully, the eyes slowed their frantic turning, with her head returning to a central position, eyes slowly looking up at me, and all was well.

Another shopper had called the staff, another wanted to give her water (fortunately we did not), another asking her name etc. Susan, for that was her name, used her mobile phone to call her partner Jonathan who arrived in a matter of minutes. Susan had left home only ten minutes before, and of course an epileptic would know the sensible thing to do if they feel a fit coming on would be



to lie down as quietly and quickly as possible in the hope of doing the least possible damage. Everyone was most impressed by the 'miracle', not the least being Susan, so I mentioned Reflexology and Marie France Muller with her Facial Reflexology, and Susan noted Point 19 on her face.

My life had taken a leap when I experienced Marie's short workshop at the Reflexology Conference in Sydney in 2008, and thank goodness I invested in her book. Perhaps another leap can be said to happen as I talk to people, anyone and everyone, about the many ways that Reflexology can help, and more importantly, as I am well past the age of twenty one, the ease with which one can work on oneself with Facial Reflexology. My Tai Chi and Qi Gong friends all know about it and several have been to 2 hour workshops that I held last year—all of them have purchased Marie's book.

I am yet to complete the study of the book from page 1, and it was a mite puzzling at first until I worked out that the index relates to chapter 5, page 195 going until the end of the book. Meanwhile I encourage all my clients to purchase a copy, and some friends at the Herb Society have copies. I am now giving a copy to family members and sometimes others when I feel they could benefit. I have purchased numerous copies through the Herb Society as it is much cheaper, so apologies to the RAOA I guess, but I have never minded the fact that \$35 to Marie France Muller was well worth the investment.☺





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2013	PRESENTER	TITLE	LOCATION/CONTACT
September–November See specific dates on website	Specialist Teachers from Oncology Massage Training	Oncology Massage Training	All States www.oncologymassagetraining.com.au
14–15 September	Lone Sorensen	Neuro Foot Reflexology	Willoughby, Sydney, NSW Sue Ehinger 02.4976.3881 sue@reflexologyaustralia.com
5–6 October	Linda Williams	Hot Stone Workshop	Tasmania Linda Williams 07 3822 7361 solehealthreflexology@gmail.com
12–13 October	Specialist Teachers from Oncology Massage Training	Oncology Massage Training	All States www.oncologymassagetraining.com.au
16–17 November	Linda Williams	Hot Stone Workshop	New South Wales Linda Williams 07 3822 7361 solehealthreflexology@gmail.com
2014	PRESENTER	TITLE	LOCATION/CONTACT
Feb 15–16	Sharon Stathis	Ayurvedic Reflexology Workshop	www.ayurvedicreflexology.com
April 2014—For exact cities, dates and subjects, see website	Dorthe Krogsgaard and Peter Lund Frandsen	Touchpoint Workshops Round about series	www.touchpoint.dk

World-Wide Conferences (courtesy of Reflexology World)

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



Reflexology Association of Australia 2014 National Conference



The Professional Reflexologist
Branching Out

17–19 October 2014
Novotel, Glen Waverley, Vic

Registrations & submissions for abstracts
are open on the website:
www.conferencedesign.com.au/raoa2014/
Visit our Facebook page:
Reflexology Association 2014 Conference
Email: 2014conference@reflexology.org.au

Our Tree of Life Logo

A lot of thought went into designing our logo, including our colours & what they represent. In brief:

Gold represents good flow of energy & great wisdom.

Lime Green allows us to get rid of out-dated thought patterns and dogma and makes room for new ideas and processes to come to the fore.

Magenta is the colour of Change. Change of attitude, change in thought patterns, change within cells!

(for a more detailed description, please visit our Facebook page)

Abstracts are beginning to flow in, which is very exciting!

We are looking for Reflexologists who have branched out with Reflexology in the medical field and in other areas. One of those areas would be the Sporting Industry. If you have had success in that area or know of anyone who has, please share it with us and/or put in your abstract.

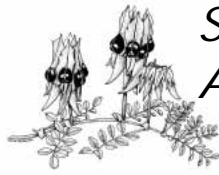
We are also approaching Sponsors & Exhibitors, if you know of any interested parties, please let us know.

STATE MATTERS

Greetings fellow members! Our meeting was well attended—it was great to see new faces! We are happy to share that we now have a Chairperson, thanks and welcome to Marion Rackebrandt.

Secretary—Julie Wilson, Treasurer—James Flaxman, State Director—Sue Ramsey. A big welcome to 2 new committee members Rhiannon Loukes and Julie Wallace who will be joining previous members Mark Pauline Jo and Christine. Thank you to all.

Our next fundraiser: Pauline has organized a sausage sizzle at Mt. Barker Woolworths on the 15th and 19th of Sept. 9–1pm, Please come and show your support for



SOUTH AUSTRALIA

her tremendous efforts by either helping or buying a snag. Ring Pauline for any enquiries 8398 2192.

Our next CPT event Sun, Sept 8th 1–4pm Padaveda review/practitioner exchange with Chris Spencer, Marg Rowett and Julie Wallace. \$25. Register with Chris: spencers2@adam.com.au or ring 0412 813 700.

Please remember to book in for the AGM CPT day in S.A.

Sun 20th October with presenters Bernice Vergou (EFT Trainer) and Dana Hookins (Optimum Health & Wellbeing) Register your name with the RAOA Office, phone 07 3396 9001 or email admin@reflexology.org.au

Chris Spencer

Hi Everyone

Thanks goes to those that have availed themselves and joined the committee team for this new year. This is what keeps our modality valid and real in the market place, giving it a place, a voice and existence –

'In the sky there is no distinction of east or west—it is people who create direction ...'
Buddha

Our ABM in May 2013 was a lovely day shared with all that attended, and our speaker was a specialist in her field of practice and shared with us three very useful points —Reflexology for Skin Conditions; Shoulder Injuries and Shoulder Pain; and Using Acupressure to enhance your Reflexology treatment for Sinusitis. It was also my great pleasure to award the Outstanding Qld Member Award this year to Sue Brooking a member that not only works tirelessly on the committee and in the national office when an extra pair of hands are required



QUEENSLAND

she also has been willing to be the editor of our 'What's A Foot' for some time now.

We have been very privileged to have had Heather Edwards as a speaker for a mini workshop on How many ways can you do the toes? It afforded an awesome reminder

on some things that we have over the years forgotten, and gave us new insight to other practices which we have never used before.

With our NEW LOOK website I urge all members to get to know how to traverse this lovely new user friendly site.

We have yet again had another very successful MBS Expo, and we are now facing yet another in a few months as their dates and venue have been amended for the New Year. We are also looking toward being creative in WRW which will afford us a real opportunity to get our modality out there in the market place and amongst the community.

Linda Williams

The Annual Branch Meeting was a time to thank the outgoing committee for their generous contribution to the workings of this Branch. We welcomed back some of our stalwarts as well as new members ensuring that Footnotes, Study Days, Coffee Clubs, Forums, Expos, and a host of community-based volunteering events continue to happen and are worthwhile, educational and fun.

'How to Create Your RAOA Profile' and 'Aromatherapy for the Reflexologist' were topics at our ABM. 'Looking at stress from a wholistic point of view: the sympathetic and parasympathetic nervous system and chakras on the feet' was explored at a whole day study day/workshop in November.



WESTERN AUSTRALIA

Beautiful and tranquil Mundaring is the location of the August Study Day on 'Digestive Health' with presentations from a Nutritionist, the Coeliac Society and Bowel

Cancer Association and linking it to reflexology practice from various points of view ... all of this supported by the famous and fabulous home cooked, organic food provided at the venue.

While it is easy to have access to relevant CPD in the metro area, our country members find it far more difficult. We have listened and hope that by offering to present from time to time at a country location we help keep our country members more connected and enthused. Aspects of TCM is the topic of choice for a meeting end of August in Bunbury.

Hope you enjoy being part of our supportive reflexology network and have a good time along the way!

Brigitte Johnson



VICTORIA

The ABM in May provided a new Committee for Victoria with all positions being filled except for the Minute Secretary and Newsletter Editor positions. We desperately need to fill these positions, however in the absence of these seats being filled, some of our members volunteered at our first General Meeting to perform a 'round robin' for the newsletter, taking on a publication at a time and passing to another for the next newsletter. It was also agreed that until the secretarial position is filled we will call for a volunteer on the night to take minutes. Hopefully, we will have these two vital positions filled shortly.

The Melbourne Conference for 2014 is taking shape and Monique Poppelaars and the Conference Committee are working hard. The rest of us in Victoria wish to thank

Monique and her volunteers for the work and energy that is being expended to create a great reason for our interstate colleagues to come visit us in Melbourne.

The Victorian branch is currently searching for a new meeting place for the General Meetings. The current hall is becoming far too expensive and we are being forced to find an alternative. It is a great pity as Chambly in Camberwell has been our home for a very long time. But all things must change.

Some of our dedicated members have undertaken and completed the massive job of eradicating the need for storage. They have sorted, tossed and made digital the huge number of boxes that have been hauled around Victoria over many long years. It is a wonderful thing to be box free.

Amanda Barnett Wood

TASMANIA



No Tasmanian report was received for this edition of Footprints.

A sunny Saturday in May saw the NSW Branch gather again for the ABM and Speaker Day at Crows Nest. With lots of chatter and laughter through the day we got through a huge program, kicking off with the Election of Office Bearers.

Thanks to the branch stalwarts and some very welcome new faces, we now have 24 people who are keen to fulfil all the roles that make the branch energetic and forward thinking in meeting the needs of the NSW members.

Our speakers ran the full gamut from Iridology, Facial Reflexology for Autistic Spectrum Disorder to Nutrition for Eyesight and Qiropactoc Foot Therapy. We also heard from Tina Stanton on Being a Professional. With great trade tables, heaps of lucky door prizes and delicious morning and afternoon teas it was a very satisfying day. Sunday workshops were well attended providing more insights into Iridology and Re-alignment of the Spine and Pelvis with Reflexology.

Thanks to all members who came and those who helped on the day—in particular—Jan Cullen, Gwen Dean and Kerrie Kiely who worked so hard to make it such a successful day for all.

The new committee has exciting plans underway for "Members for Members" workshops, in which we get to hear from our peers willing to share the knowledge and expertise from their successful practices. We want to encourage members to share their successful cases and get valuable public speaking experience. So far we have 3 responses and dates will follow in due course.



NEW SOUTH WALES

Our July general meeting hosted a wonderful speaker, Leanne Moore, who gave a talk on Padaveda—blending Ayurvedic Wisdom with Reflexology Principles. She has agreed to do a workshop next year which is very exciting.

The Westmead Children's Hospital here in Sydney has approved a volunteer reflexology program which will commence shortly. Reflexologists stand by ready; both the Volunteer Manager and the Cancer Care Support Manager at Westmead are very excited in anticipation of the program's commencement.

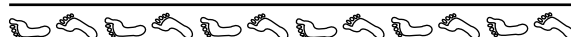
Our fearless leader Tony Pullin is very keen to develop the branch's reach to the regional areas, to make the workshops and CPT points more accessible.

Whether it is through technology or opening member's homes for billeting country members to make it easier and fun to attend events, we are all working to get this happening. It's inspiring to see Queensland is already recording their ABM on DVD—definitely the way of the future.

Mind Body Spirit Festival in November already has 36 people signed up to volunteer and we'll need every one of them plus many more hands to fulfil the demand at this busy event.

Hope you all enjoy your reflexology in the coming months—don't forget to get a treatment for yourselves!

Janet Burgess



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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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7. The Co-editor reserves the right to make alterations to or reject an article for publication. Where substantial changes have to be made, the Co-editor will show the final copy to the author, time permitting.
8. Advertisements are to be submitted as required size in PDF or EPS format.
9. Advertorials will not be accepted.

REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

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

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Advertising policy

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

Copy deadlines

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

Advertising sizes and rates

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

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

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

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

Advertising contacts:

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

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Venue

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Sue, I just wanted to thank you so much for everything. I can't quite believe my luck in finding you and this course, as it is exactly what I wanted to be doing.

Over the years, I have studied at University, TAFE and completed diploma courses. I wanted to let you know that I have never had a lecturer who has delivered a course and skill as you do. I can say quite truthfully that I have sat for eight days and been completely enthralled with your knowledge and understanding of the human body. It is very rare to hold an audience as you do.

I thank you for your time, energy and willingness to share your passion with others.

Adele Williamson, Sydney



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The Reflexology Association of Australia

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

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

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

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

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