

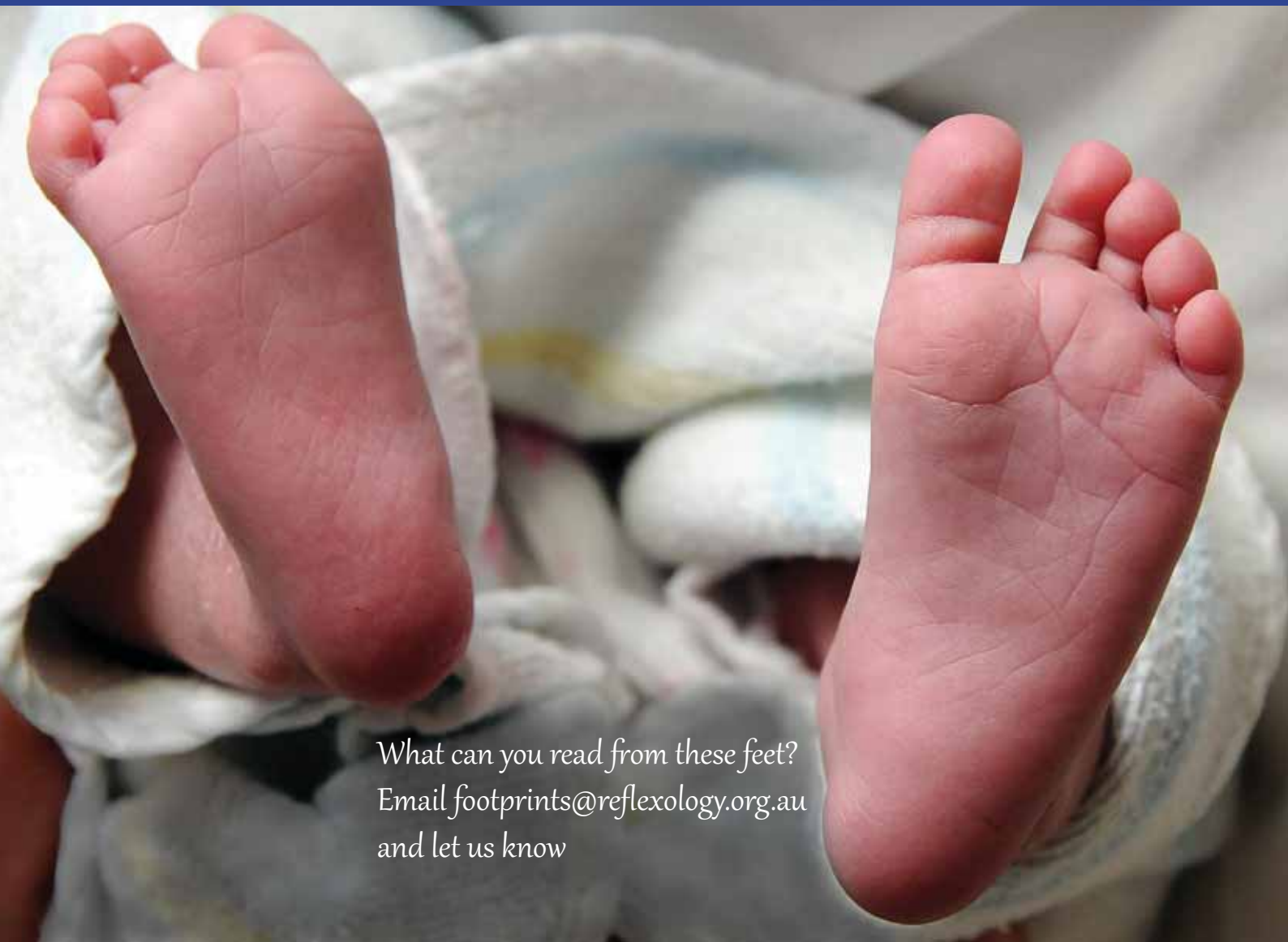
FootPrints



The Journal of the Reflexology Association of Australia

VOLUME 15 No. 3

SEPTEMBER 2011



*What can you read from these feet?
Email footprints@reflexology.org.au
and let us know*

Inside this Issue

From the President's desk ...	1	Leg length affects your health	14
Membership matters	4	Reflexology for back pain	16
Where did our logo come from?	5	The history of Celtic healing	19
Book review	6	CPT Education and World-Wide Conferences	
Education: Upgrading your Qualification to Diploma	7	—Calendar of Events	21
Research Report	8	State matters	22
Facial reflexology (Sorensen System)	9	Branch contact details	24
Reflexology and energy healing	11	FootPrints—Contacts, guidelines and deadlines	24



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From the President's desk ...



When I was first asked whether or not I would consider taking on the position of president, the chords of fear and trepidation were struck loud and clear. 'Do I really want to go there? is this my role?' were questions I asked myself. Similar feelings were experienced at the thought of being a grandmother but, just as I became ready to become a grandmother, so too the readiness kicked in for presidency. I greet this challenge with excitement, expectation, energy and enthusiasm. Together with you and the new board, I embark on what I expect to be an ever changing year.

It seems that the universe keeps finding new challenges for me in reflexology. From small beginnings working with my family and friends to introductory workshops and onto full seminars as a representative for the International Institute of Reflexology, while establishing my practice and the Queensland School of Reflexology, later known as the Reflexology Centre Australia, as well as being very much involved in the Reflexology Association of Australia—it seems that I have come the full circle with the honour of presidency. I thank you all for giving me this opportunity to lead our amazing association.

At the teleconference on July 5, the new Board of Directors was formed and the executive committee elected. It will be formalized at the AGM to be held in Melbourne on October 15. Welcome to Karen Bishop, Michelle Beever, Lynda Kidd and Leanne Brown, the new board members. All board members are enthusiastic to assist me as we move forward running the company and developing a greater awareness of the benefits of employing reflexology as a complementary health therapy. I take this opportunity to thank Janice Dance and Margaret Watson for their commitment and valuable contribution to the board and you, the members, over the past two years.

It is also important to give praise and thanks to our Company Secretary, James Flaxman, and the Administration office staff, Jenn Cooper and Jan Williams. James, your ongoing support and guidance in governance is greatly appreciated. I also thank you for the wonderful work you do in continually updating the RAOA website. Jenn, in particular, and Jan, thanks and appreciation go to you for all that you do in the office to process and maintain all the membership and health fund records. I thank you for your patience with the daily enquiries, members and public and the demands put upon you by the board.

There are many areas to be worked on in the coming year and I welcome your input at any time. The forum on the website is one of the ways that you can be communicating and the RAOA FaceBook site. The more people who have connections to these sites the greater the spread of our activities! The communication committee is working on ways to enhance the perception and popularity of reflexology. There are new brochures being finalized and work is well under way to have greater promotion for World Reflexology Week, 18–24 September.

The research committee is collating the information that you provided through the recent questionnaire and this will assist the board in developing strategies to meet your expectations. To this end, Strategic Plan documentation is being developed to support our professional profile. This will be very valuable promotional material particularly for those of you who wish to work in the corporate world.

Continued on page 2

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CPT enquiries

Email: membership@reflexology.org.au

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Company Secretary

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September 2011

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Front cover: Ellayna Grace Hawkins—2 weeks old. Photo by Andrew McIntosh.

Letter from the President
Continued from page 1

Ongoing education for both you and prospective practitioners is another big area for consideration this year. The education committee is well on its way to re-introducing a Certificate IV qualification with industry approved standards and establishing criteria for trainers. I would also like to see an industry linked procedure for members to upgrade to Diploma if so desired. For some of you I realize that it is not further qualifications that you desire—it is the acquisition of CPT points every year that is an ongoing issue. Susan Ramsay is particularly interested in developing links and avenues that will assist you in fulfilling this requirement.

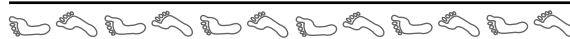
We are at a crossroad with regard to our continuing participation with the Inter Association Regulation Forum. This forum is ready to establish a Registration Board as an umbrella organization for Natural Therapy associations. RAOA has to decide whether or not we wish to make a financial commitment to its further development and remain intimately involved. If we are to continue down this path I commit to making sure that

RAoA has all of its standards upheld and your requests addressed. Our standards are recognized as very high and this must be maintained. I will keep you informed of developments, moves to gain more recognition by government and the creation of working opportunities for practitioners.

As you are aware by now the editor of FootPrints, Jan Cullen, has resigned her position as of this edition and we are looking for someone to take her place. It will be a difficult task for someone to fill Jan's shoes but as Jan says 'things are changing with the journal and I find that I cannot change with it' so it is time for some fresh blood and a new approach. We are forever thankful to Jan for her dedication to this position over the past six years and the many wonderful articles that she has sourced in order to develop and maintain the professional standard of our journal. Please read Jan's final column and also the advertisement for a new editor.

Wishing you all greater satisfaction and ongoing excitement in reflexology.

*Stepping toward better health
Heather Edwards, President*



Reflexology Association of Australia Limited

Annual General Meeting

Saturday October 15th 2011

Best Western Airport Hotel and Convention Centre
(free shuttle from the airport)

3 pm-5 pm commencing with afternoon tea
followed by the meeting at 3.30 pm

- » You are invited to attend the Annual General Meeting of the Reflexology Association of Australia.
- » This year we are meeting on the northern side of the city of Melbourne and we hope this will inspire some of our rural members to take a trip to Attwood.
- » Please take this opportunity to meet with your fellow RAOA members and find out what's going on in your association. You can swap email addresses and phone numbers and enjoy being part of the RAOA's community (CPT points apply).
- » RAOA board members will be there to discuss issues and ideas on the day.

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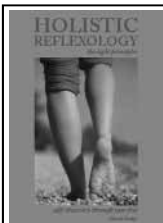
Please RSVP by October 1st
to Victorian Branch secretary, Rachael Fabbro.

Email is preferred to Racheal Fabbro

Email: solacent@hotmail.com

(or 0412 547 690 only if unable to email RSVP please)

The board wish you a safe journey to the 2011 AGM



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Tangle Foot—Premium traditional ale of legendary character, surprisingly light in colour with a smooth taste and a crisp finish.

Many years ago, the Head Brewer invited his staff to sample his latest creation and coin a name for it. So successful was the sampling that several tankards of the ale were consumed. On rising to go the Head Brewer experienced a sudden loss of steering, and so unwittingly fell on a name for this legendary ale. Now as then, Tangle Foot remains 'deceptively drinkable'.
(From a bottle of Tangle Foot Ale)

Reprinted with kind permission of Suzanne Enzer

WANTED

The National Board needs a new FootPrints Editor as Jan Cullen has now resigned as from the September 2011 issue.

It is a satisfying role with the primary involvement being to obtain articles, locally and overseas; you will have the chance to read some interesting articles mostly on health issues, with the primary aim being reflexology.

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 three positions on the FootPrints team—the Editor (was Jan Cullen); Advertising Coordinator (Judee Hawkins) and Desktop Publisher (Margaret Clift). We support each other and work together to publish FootPrints.

WANTED



New FootPrints Editor

All enquiries to Heather Edwards

National President
president@reflexology.org.au

Unfortunately, this will be the last edition of FootPrints with me as Editor. I can't recall how many years I have worked in this role after I took over from Sue Ehinger and Graeme Murray. At that time I just wanted to be a proofreader but was encouraged to take a more active role so took on the position of Assistant Editor. In this role I actually performed all the tasks associated with being an editor and, over time, eventually took on that mantle.

This morning I looked back at what had happened in my life since becoming the journal's Editor. I have lost 3 members of my family and had all sorts of health issues but through it all, my work on the journal kept my feet on the ground.

I cannot tell you how many wonderful people I have met whilst working on the journal. I have learned so much from each and every one of them.

I would also like to mention the FootPrints team—our fantastic Desktop Publisher, Margaret Clift, who goes above and beyond to make sure that we have a professional journal; our Advertising and Subscription Manager, Judee Hawkins, who does such a great job of getting advertisements for the journal; and, finally, Jenn Cooper and her team of helpers who have the thankless



Editor's corner

task of distributing the journal. They are a great team to work with and it will be sad to bid them farewell.

To anyone who is thinking of taking on the Editor's role, it is a very rewarding experience. You meet new people and are always on the frontline when new ideas come along. There is a real sense of accomplishment when an edition comes together and you have put your heart and soul into it.

You may ask, why am I leaving? Well, to be honest, things are changing with the journal and I find that I cannot change with it. I will remain an active member of my branch committee but think it is time to walk away from the journal so that someone else can take over the reins of Editor of FootPrints as it moves into its new growth phase.

In closing, I would like to thank all the authors for supplying me with their articles over the years. It has been a real pleasure working with all of you. Another thank you must go to the advertisers who keep supporting our journal.

I have had a wonderful journey with FootPrints and hope that I have given the members a truly first rate journal.

Jan Cullen

Membership matters

by Jenn Cooper, Admin Manager

We started back this year with the heart wrenching scenes on our TV as we watched the devastating floods sweep across the state of Queensland and then Victoria. As a youngster of eight back in 1974 my family lost our entire home to the Brisbane Floods and we spent the next six months living with family and friends. We returned to our family home after much cleaning and sorting. In those days you kept everything and we didn't have that much to throw away. People came from everywhere to assist and the support of neighbours was inspirational. My parents said we would never see Brisbane flood again in this way because we had a great big Wivenhoe Dam to hold any excess water. Then on the 11th of January almost 37 years to the month our city was flooded again. So seeing all of this happen in January brought back some terrible memories but also highlighted our tenacity to pick ourselves up and start again. And we all did.

Our Queensland Premier, Anna Bligh and Mayor, Campbell Newman, called the city's residents to assist with the clean-up and so the Mud Army was born. I volunteered for the Mud Army as did thousands of others. We were armed with shovels, brooms, disinfectant, bleach and all-important gloves. I was privileged to work on a lady's house where the water had reached just below the ceiling of her two-storey home. It felt like a war zone. It was very distressing seeing people's possessions that they had worked for sitting on the kerbside. In a few short hours people's lives were reduced into tonnes of waste.

I did go home that night and felt I could do more ...

When I returned to the RAoA office I began to receive so many emails from our reflexology members asking how they could help. With the support of our RAoA Board I set up a 'flood donate' button on the website which provided an opportunity for our members to donate funds. These funds have now been distributed to our members who were directly affected by the floods. Here are some words that were written on a card from one of the recipients. It was sent to the Association recently:

'It is with heartfelt gratitude that I thank all members of the Reflexology Family for their supreme caring & kindness to myself and the many that were affected by the floods. The tears flowed upon opening the envelope when I realised what an immense gift from the heart this was! You're reaching out has inspired me ... I humbly thank you and hope you know what beautiful souls you are!'
(Name withheld for privacy reasons)

Now, onto Membership Matters ...

Since December 2010 the 1300 hotline number has been re-directed to the administration office. Previously the 1300 hotline number phone calls were received by an answering service which did a tremendous job. The RAoA Board decided that the calls could be handled more effectively and efficiently within the administration office.

Some days we can average at least four calls from members of the public. We are keeping a record of these calls and the location of the reflexologists requested. As the administration office has both Jan Williams and myself—two active working reflexologists with a combined thirty years of experience—we are able to assist callers. Many want a definition of reflexology and then an explanation of whether it will assist their situation. Most times we are able to give a list of reflexologists within a 25 km radius. This is where the RAoA Website Practitioner Listing is invaluable to us. This list is updated regularly by the admin as it is connected to our internal database. As a Professional and Intermediate Member you can update your own Profile on this section. To date only 160 members have updated their profile. This extra information is really important to the public particularly if you have trained in a specialised area such as Maternity Reflexology. If you do require any assistance in establishing your Profile then just give us a call in the admin office and we are more than happy to help.

Stress Brochures have been popular

In January this year we launched the Stress Brochure. We sold out of 10,000 brochures within a four month period. They have been very popular and our members have given positive and valuable feedback about their use. All brochures are uniform so a standard is set within our industry of information that is consistent and accurate. The admin office currently stocks Professional, Maternity and Stress Brochures. You can phone or email us an order at any time.

CPT changes—Senior First Aid

By now all professional members will have received the revised CPT program. It has a new look: the colours of red, white and blue make it stand out. First Aid is now included and awarded two points for re-certification.

Health Funds

As you can imagine we had a busy schedule during our renewal period this year. Thank you to those members who did pay on time and met all our requirements for CPT, first aid and insurance. Thanks for all your lovely notes and cards of appreciation and encouragement too!

Let me know if you need any assistance with Health Funds.

A major part of my role is to communicate with the Health funds. We fought long and hard to get accepted as a modality in Australia. As an association we must adhere to certain rules and guidelines and this means all members being responsible for updating the membership office etc. The health funds have become more and more vigilant in regards to insurance and first aid. So if you have insurance due in October and November please assist us by sending in your Certificate of Currency once you have paid.

Continued on page 5

Additionally, if you change any clinic details you must inform Jan or I at the admin office ASAP. No need to contact the Health Funds as all information must now come from the Association Admin.

Practicum Exchange Policy

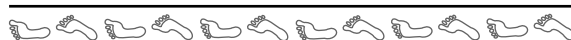
We have noticed over the last few years the popularity of Practicum Exchanges for CPT opportunities.

To clear up a number of questions and queries in this important activity, the RAOA Board have written a policy with clear guidelines for your Practicum Exchange.

This policy was included in the Renewal Packs sent out in July. If you are interested in participating in Practicum Exchanges please read the policy carefully. It contains some very important information you need to be aware of before you embark on this activity.

Lastly I wanted to say how enjoyable it is for me working in the admin role assisting the Board and supporting over 1000 members. Next year marks a milestone for me—I will have been a reflexologist for 20 years after starting my training in 1992. I also will have been working in the RAOA office for ten years having begun in May 2002. What a journey it has been. I have seen many changes over this time and look forward to positive growth as we continue to Step in the Right Direction with Better Health ...

Jenn Cooper, Administration Manager



Where did our logo come from?

by Susan Rusden, Historian (member of NSW Branch)

Recently I was asked to research the original logo of the RAOA by Judee Hawkins, a director on the Board of the Association. I was delighted to take on this task as it led me on an interesting journey into our past.

So, what is a logo? 'a name, symbol, or trademark designed for easy and definite recognition' (according to www.answers.com). My first port of call to help me in my research was to look into the Association's history through the NSW records and members from NSW.

Discussions with Graeme Murray led me to various members around Australia who might be able to help me in my search. First stop, Natalie Baker and Marion Bond in Victoria; Marion has been a member of the Association from the very early days and after a delightful discussion with her on the phone she lead me to Carol McBain from Victoria who was able to put the interesting jigsaw puzzle of the history of the humble beginnings of our Association's Logo. Here is her account on how it all began. I hope you will enjoy her recollections as much as I have.

Hello Susan,

... I certainly remember the history of the Logo. Victoria was the first State to establish itself and form the R.A.A. The inaugural meeting for its formation was 7th April 1989. We wrote the first Constitution, Membership Criteria and the Logo. The main person to get us going was Trevor Steele who became an official lecturer on Reflexology to the International Institute of Reflexology (Dwight Byers) along with Heather Edwards of Queensland. Following Dwight Byers departure from Australia, Trevor and Heather travelled to NSW and Qld., training people until there was a core body of reflexologists to set up their own State Branches all under the heading of the Reflexology Association of Australia. So as not to reinvent the wheel, these States used the constitution and membership criteria that had already been drafted by Victoria. Upgrade changes to these documents were made in the following year or two as discussions took place.

Regarding the Logo: I was on the original committee that was charged with coming up with a design and Trevor Steele was the main instigator for this. The logo that is currently used by the RAOA. is not the original one that was

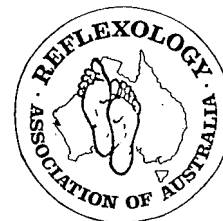
designed but is very similar. The original logo was an outline of Australia enclosed within a single circle with a larger pair of feet on top of the map. The wording of 'Reflexology Association of Australia' was written around the internal perimeter of the circle. The three Eastern States all used this logo.

Once the Eastern States were established, Trevor wondered if there were any reflexologists in Western Australia and so he contacted a friend who lived in Perth to try to find out. (Remember this was in the days before emails and the internet.) It was found that there were indeed reflexologists around Perth and they had formed an Association at about the same time as the Eastern States. They called themselves The Reflexology Association of Australia and they had a very similar logo. It was Trevor's dream to create a National Body as soon as possible so that there were no fragmented groups as is what happened with a number of massage associations and so he invited the WA Association to join in with the Eastern States and they agreed. As an act of goodwill towards our Western friends it was agreed that we adopt the WA logo and that is what stands today.

Best wishes,
Carol McBain

If there are any Members from those 'good old days' who have a tale to tell may I suggest you put pen to paper and submit your stories about the early days of our Association to me and I will compile an article for FootPrints. I'm sure it will make for some interesting reading.

This is the original logo:



Susan Rusden: email susan_pascoe@yahoo.com.au

(P.S. The present logo is now trademarked. Contact Jenn Cooper, membership@reflexology.org.au to register for use on your stationery and website)





Book review

Healing stones for the vital organs 83 crystals with Traditional Chinese Medicine

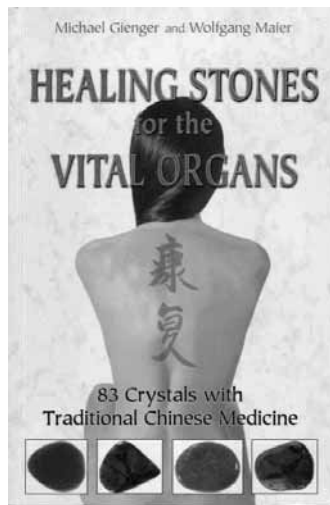
by Michael Gienger and Wolfgang Maier
Healing Arts Press, Rochester, Vermont
ISBN 978-1-59477-275-7 (pbk.)

Book review by Christine Gruettke

Michael Gienger, one of Europe's most respected experts on crystals and their applications for healing purposes and Wolfgang Maier, a German practitioner of Traditional Chinese Medicine (TCM), teamed up in 1999 to begin exploring the combination of TCM and traditional stone healing.

'Healing stones for the vital organs' looks at the interfaces between TCM's organ clock method of diagnosis and the application of traditional healing stones. The fixed sequence and rhythm that each meridian peaks in for two hours every day are aligned with the sun. Any imbalances usually show up during a meridian's ('function area's') peak or rest time so that the function area occupying the organ clock's time slot or the one directly opposite is likely the one causing the symptoms. Peak times often indicate an excess of life force and deficiencies usually show up at a meridian's lowest time. The practitioner interested in healing stones will find this book a well-grounded guide to choosing and working with crystals. The authors encourage intuitive selection, yet are specific about healing stones particularly suited to an imbalance and their exact placement on 'organ areas' on abdomen and back for the treatment of organ-specific imbalances and/or wearing the crystals in the shape of bracelets and anklets to treat multiple areas, entire body systems as well as body-wide issues and problems affecting body, soul and spirit simultaneously. Another suggested location is the thymus which a pendant worn on a necklace would reach. No matter which way of 'interacting' with the crystal is chosen, it is important that there is direct contact between the healing stone and the skin.

Gienger and Maier describe each meridian both in general terms and with respect to its physical function and metaphysical aspects, highlighting manifestation of disturbances along the channel on all levels of existence and ways to strengthen the underlying organ. In putting forward healing stones for each organ/meridian, the



authors draw on ancient and/or traditional wisdom particularly of the Celtic kingdoms in their suggestions for physical, emotional, mental and spiritual benefit. Let us take the small intestine as an example. Its charge is yang/male and its function is to filter both physical and metaphysical nourishment and sort from it that which is useful from that which is not. The small intestine (yang) is partnered by the heart meridian (yin) and peaks on the TCM organ clock between 1 and 3 pm, a time when people take a break or a nap and a time 'particularly auspicious for allowing the mental nourishment of thoughts and inner images to follow the physical nourishment of a lunch and interact with an individual's

goals and wishes'. The small intestine is linked with our ability to process, perceive and differentiate. Suppressed small intestine function, therefore, leads to diminishing sharpness of perception and consequently to numbing and lack of interest in the rest of the world's affairs. Carnelian and sardonyx are amongst the stones suggested to improve nutrient intake, absorption and elimination while assisting in the processing of experiences and helping the individual to regain a life-affirming perspective.

All meridians are explained in turn, highlighting the time of day treatment is most effective for the channel concerned and outlining the length of treatment to derive maximum benefit.

Application of healing stones is not limited to their use in direct skin contact through wearing them or through massage. Another approach the authors discuss is the preparation and internal consumption of gem water. Even though this approach will far more likely be chosen on a personal level, Gienger and Maier caution that great care must be taken as some minerals and/or their surrounding rock formation are toxic to the human body or, like halite (rock salt), may simply dissolve in water.

To rule out energetic cross-contamination, the authors describe methods of cleansing crystals under flowing water followed by purification on a piece of amethyst. Other approaches involve smoke, sound, and sunlight to recharge.

Apart from a voluminous dictionary of traditional healing stones, Michael Gienger has published a separate book on clearing, charging and purifying healing crystals.☯



Education: What you should consider if you are Reflexology Students or a RAOA Member upgrading your Qualification to Diploma

This article is for Students of Reflexology and Current RAOA members who are upgrading their qualification to Diploma of Reflexology only.

For Professional Membership of the RAOA there are two certificates accepted:

- ◆ Certificate 4, Professional Certificate Reflexology or equivalent
- ◆ Diploma of Reflexology (HLT Government Accredited)

As part of RAOA registration with Health Benefit Funds and to ensure we comply with Health Legislation there is a requirement that we check all Certificates and Transcripts for Professional Membership for people applying for membership or upgrading their qualifications from Professional/Certificate 4 to Diploma.

It is your responsibility and important that you check with any School that you study with that it has some accreditation and/or is acceptable for Professional Membership with the RAOA.

For application for membership the RAOA requires a formal transcript from your School of Study listing units and hours for each unit successfully completed. If your transcript does not state hours then a unit outline is accepted.

If your school is NOT a Current Registered Training Organisation:

- ◆ It should not be using HLT codes on the transcripts.
- ◆ The date on your Qualification should be the current date and not back dated.

Both of these are serious offences that constitute fraud.

The Certificate 4 should include:

Reflexology Training:

- ◆ Detailed face to face Reflexology Training plus supervised clinics with the general public. *The Reflexology Training must be face to face not correspondence.*
- ◆ Anatomy and Physiology Unit that covers all of the Systems
- ◆ Infection Control
- ◆ Occupational Safety and Health
- ◆ Ethics, Code of Conduct, Confidentiality and Legislation.

All of these components are required by Health Legislation.

RAoA uses the NSW Health Legislation as a guide line for all States as it is most encompassing and is likely to be National legislation in the near future.

Health Funds

Health fund requirements may change and this information may change. Changes are usually stated in FootPrints.

Currently Professional Members with **Certificate 4 (or equivalent)** level of qualification may be registered with

Please Note: To avoid any confusion this article does not relate to current Professional Members unless they are upgrading their qualifications. If you are a RAOA Professional Member we will not be asking for a transcript of your results, hours of study or any other evidence of study.

some Health Funds; some are automatic and some may need you to register with them independently stating your RAOA membership number.

Professional Members with the **HLT Diploma of Reflexology**

qualifications are entitled to register with an additional two or three Health Funds; again some are automatic and some may need you to register with them independently stating RAOA membership number.

Upgrading from Certificate 4 or equivalent to Diploma

The RAOA only accepts the HLT Government Accredited Diploma.

If you have completed a Certificate 4 or equivalent from a School that is not an RTO, including the new RAOA Accredited Certificate of Reflexology, you must apply and pay for Recognition of Prior Learning (RPL). The cost for RPL depends upon the School where you apply but it may be 50–100% of the cost of the unit.

The Diploma consists of an additional 7 units and RAOA only accepts the HLT Diploma units.

The Diploma includes:

- ◆ A second A&P units that covers pathology;
- ◆ Business Planning;
- ◆ Specialised Reflexology Units;
- ◆ Health Awareness;
- ◆ Clinic Management;
- ◆ Survey Design and completion in relation to Reflexology; and
- ◆ Elective units.

Any Registered Training organisation will be able to give you the full list of units with the correct titles and codes and cost.

The RAOA fully supports the HLT Diploma of Reflexology but you may elect for a Certificate 4 or equivalent. If you study at a School that is NOT a *currently* a Registered Training Organisation (RTO) please check that the School where you study does meet RAOA entry requirements. All Professional Associations that have links with the Health Funds have membership entry requirements.

The purpose of this article is to make you aware that not all graduates of Reflexology Training are accepted by the RAOA for Professional Membership. People undertake and pay for Reflexology study in good faith but the responsibility for your own education and checking if your study meets Professional Requirements, stays with you!

The RAOA must maintain standards if we are to represent Reflexology to the Public and the Health Industry in a professional and skilled manner.

I wish you all the best in your studies.

Dr. Christine King, Director of Education



Research Report

Literature review for:

- the survey of reflexology clients
- member questionnaire



The research committee has begun collecting published articles which will form the basis for the literature reviews for the two research projects our Association is undertaking at present. The first project will be the Survey of Reflexology Clients undertaken by our members in early 2010, the preliminary results of which were presented at the 2010 RAoA National Conference and the second is the Member Questionnaire which accompanied membership renewals this year. In a literature review it is important to build on what has already been done!

Committee members will be very grateful if anyone can help us gather information about articles which will be suitable for inclusion in the literature reviews for these research studies. We are looking for published articles about other therapies, other therapists and the clients who use those therapies. We are particularly looking for published articles which report on the characteristics (or profile) of complementary therapists / massage therapist / chiropractors / acupuncturists / general practitioners / psychologists / physiotherapists / naturopaths, etc, and the characteristics of the people who use those health services.

If you have participated in a survey conducted by another profession (eg, podiatry, psychology, social work, nursing, massage therapy, Bowen therapy) and can give us details of the questions asked and the findings of those surveys, it will be greatly appreciated.

What is a literature review?

A literature review in research is a critical analysis of the literature relevant to a particular field of inquiry. It involves selecting available documents which have information, data, ideas and evidence written to fulfill certain aims or to convey certain views related to the research project under investigation. These documents can be published or unpublished. Be aware that it is more than a search for information and goes beyond being merely descriptive. All works included in the review must be read, evaluated objectively, analyzed and summarized. They must clarify the field of inquiry making sure that relationships between the literature and the actual research are also identified and explained. The information gathered should relate to and explain the research question. Some documents will be irrelevant and should be discarded and those which are peripheral should be looked at critically. Others may not be telling the whole truth about what was found.

What is its purpose?

The purpose of a literature review is to give a theoretical base for the research and help the author determine the nature of, and justify, the research. It may also establish how our research extends or enhances the studies already done or where there are 'gaps' in any previous research highlighting a potential direction of focus ie creates a 'research space'.

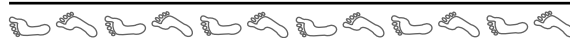
How do I record my findings?

Before you begin to read an article, make sure you write down the full bibliographical details as soon as you find a reference to it. Initially scan to see if an article is relevant. Take notes as you read the literature. You are reading to review and find out how each piece of writing approaches the inquiry, what it has to say about it, how it relates:

- ◆ Is it a general article or does it cover specific issue(s)?
- ◆ Is it a report relying solely on experience and observation, a theoretical study, a sociological or political account, a historical overview, etc? Any or all of these?
- ◆ What are the key sources?
- ◆ Does it follow a particular school of thought?
- ◆ What are the key theories, concepts and ideas?
- ◆ What origins and definitions does it use?
- ◆ What are the limitations in the knowledge and the reality of the discipline?
- ◆ What is its general methodological approach? What methods are used?
- ◆ How is the knowledge structured and organized?
- ◆ What kinds of data does it use to back up its argument?
- ◆ What conclusions does it come to?

We are hoping that, with your assistance in gathering a wide range of information on the subject, we will be able to write effective literature reviews worthy of publication. If you can help us, please email the details, (title of article, name + date + volume/issue of publication and any notes that you may have made), of the studies you find to: research@reflexology.org.au

Heather Edwards



No matter how busy you may think you are, you must find time for reading, or surrender yourself to self-chosen ignorance.

Confucius



Facial reflexology (Sorensen System)

Course review

by Sonny Read

In February I completed modules 3 and 4 of 'Facial Reflexology (the Sorensen System)' and I'm very excited about it. Sue Ehinger (Principal of The Australian School of Reflexology), taught Modules 1 & 2 in Sydney last October and Lone Sorensen, who developed the course, came to teach not only the final units of this course but also Ocular Therapy and Japanese Non-Surgical Facelift. It was fantastic to have one student come all the way from Japan to join us, along with others from local and interstate places.

Ever since my introduction to Reflexology at an Open Day in the mid 90s I have been totally 'sold' on the effectiveness, benefits and credibility of Reflexology for both client and practitioner. There have been professional development courses over the years, such as Auricular Therapy, TCM and Maternity, which have all expanded our basic knowledge and skills, but recently we've had an opportunity to learn a new approach soundly based in Anatomy/Physiology, Meridians and Nerve Points through Lone's Facial Reflexology Course.

The story of how Lone developed this course surely must begin in her early adult life with original training in Denmark, where Reflexology was already established as a highly accepted professional therapy unlike some other parts of the world at that time, such as Australia. After years of experience in her home country, life led Lone to South America where it wasn't long before people were coming to her for treatment. It was here that she came across an isolated tribe of native Indians, noticing the women who were extremely healthy and young-looking were regularly using a type of facial treatment she hadn't seen before. To our great benefit, a communication was established between them and their knowledge of the treatment given to her.

Not long after this encounter, Lone heard about positive results for spinal injury cases being achieved within only a number of weeks in Cuba and she was very curious about this. Her visit to a rehabilitation hospital led to a meeting with a Vietnamese doctor who was using what seemed like a form of Traditional Chinese Medicine but only on the face and head yet it was different to anything she knew. Eventually, as with the South American Indians, through an interpreter Lone learnt his techniques based on nerve maps pre-dating many other Oriental therapies.

Lone went back to her South American clinic and worked consistently with the knowledge she had gained, testing and observing results, combining the skills and knowledge of both the South American and Vietnamese face map techniques with her meridian work into a most effective sequence that she now teaches at schools across the globe.

Our learning days seemed long when looking ahead at a schedule from 9.00am to 5.00pm, but for me they were not long enough to satisfy my desire to learn more. The teaching input was always followed by Lone's

demonstration of the techniques we'd just learnt and our practical work was closely supervised. Any corrections needed were given with a kind and encouraging word even though, at times, some of us were sure we were a long way from being accurate with our newly learnt skills. It did not matter whether a concerned question was about theory or our hands-on techniques, Lone was constantly available to answer, discuss, demonstrate and help us. She gave us a very sincere heart for our success.

Our accreditation as practitioners of Lone Sorensen's system of Facial Reflexology wasn't just handed to us because we sat through the hours of teaching and did supervised practical work and, I must say, I am very pleased about that. This course is truly at professional level and, as such, rightly had an examination of the first two modules followed by a minimum case-study load of 10 sessions with each of two clients to be submitted within a prescribed time-frame after the completion of the course itself. During this time Lone offered to be available by email even though her schedule would make the busiest person look like they were almost asleep by comparison, again, highlighting her heart for us not only to learn but to learn the system well. I feel I am on safe ground if I include my fellow students here and say we all felt privileged to have studied this Facial Reflexology course with Lone coming all the way to Sydney to teach it. Certainly Modules 3 & 4 clarified, deepened and expanded our knowledge and hands-on skills based on Modules 1 & 2. I would strongly encourage everyone considering the course to do all the modules.

My hopes are high about using my newfound skills to help many people. So far my experience has been mostly limited to getting my case studies completed, but I have one story to tell. My 10-year old grandson hurt himself and couldn't lift his arm above his collar-bone the next day. I invited myself to dinner with a suggestion of letting me 'see what I could do' to help him. While I was looking up what nerve points to work on, the family was talking about a game to play after dinner. Naturally, when I was trying to work on his face he kept wriggling with impatience for me to finish so he could join in the fun. I decided it simply wasn't a good idea to continue so, not even half-way through, I finished off and he escaped, half-agreeing to give it another go the next night.

Without a 'proper treatment' I honestly didn't give any thought to the possibility of improvement, but the next night I asked him to show me again how limited his movement was. Slowly he lifted his arm and I began to hold my breath. He stopped at about $\frac{3}{4}$ full elevation, with 'it hurts now'. His mother and I held back our joy and surprise at this. A full treatment with Facial Reflexology was then done with a willing little boy who kept telling me all the right spots he could feel reacting inside, much to his amusement. However, both his mother and I were

Continued on page 10

Facial reflexology (Sorensen System)
Continued from page 9

unprepared for what happened when I finished the treatment—I expected improvement perhaps by the next day but *immediately* we finished he was fully pain-free and flexible, raising his hand straight above his head (close to his ear) both from the front and the side. His mother and I were nearly in tears to see him instantly out of pain with the help of this amazing therapy.

During the presentation of Module 4 my adult son became unwell (with symptoms mimicking Rheumatoid Arthritis although that was later ruled out). He had such swelling and pain he couldn't walk or lift a plate. Western-medicine tests and X-rays were started and there was huge resistance to being a subject for my accreditation case-studies [*'Gee Mum, I'd rather we waited 'til I see what the tests say'*] ... but I won and he impatiently 'gave his mum a go'. Around 3.30 the next afternoon I received an email saying the swelling had marginally gone down for a little while and in the morning he had a little less pain in walking. The email finished with 'If you want to do some more of *that stuff* on me again I won't complain'.

Thank you Lone for all you have done to learn, to develop such a wonderful professional and successful treatment then so generously teaching it to the world. Thank you, Sue for having the vision to bring Lone to Australia. To all of you reading my review, I most strongly encourage you to attend this course if ever you have the opportunity to do so. 🙏



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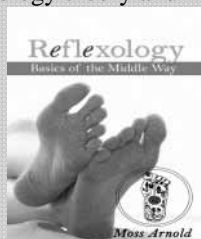
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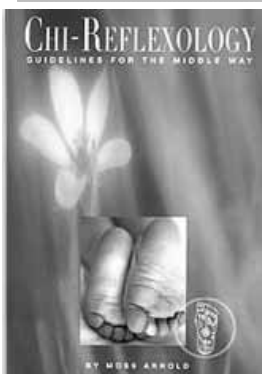
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Reflexology and energy healing

by Misha Frankel

When I agreed to write this article I thought it would be simple to select a day and write about it but when it came to it, the question arose, how to select a particular day? The answer came to me whilst driving home one night. It had been a particularly satisfying day but the feeling that night was one of fullness and humility. Fatigue was hovering in the background but the main sensation came from another space which made me realise how important it is to allow these feelings to come through and not block them with mental analysis or generalities. The main difference with this particular day was that the whole day was focused on my business as a therapist and did not include any committee work for the RAOA, the other non-profit spiritual organisation I contribute towards or preparation of any teaching material.

Before commencing I feel it is important to note that I do not follow a completely traditional pathway but consciously use energy in combination with reflexology (feet, hands and face), auricular therapy and other processes learnt over the last 7 years. Regular meditation and spiritual practices raise the vibration of the body and the effectiveness of the energy that is transmitted is heightened.

What do I mean by this? As an example, where there is congestion, pain or injury and having located the specific area using reflexology, instead of simply holding the point to calm it, I place my fingertips on that area and, with trust, allow the energy to flow. I have been developing and using this process for the last seven years and the results speak for themselves. Clients say they actually feel the release happening, that the pain relief is tangible and overall healing is taken to a deeper level.

9.00am—Clinic 1

Client A started coming to see me in October 2009 so I felt it was important to give a little background information instead of jumping into the deep end and describing the end of the process. She was 29, had been on the Pill for many years but when she stopped taking it and wanted to fall pregnant, nothing happened. She was getting frustrated, depressed and desperate. She worked as a pre-school teacher. Appropriate tests showed that she was not ovulating and had Polycystic Ovarian Syndrome as well as allergies to sugar, dairy and wheat. She suffered from sinus congestion, constipation and tense shoulders. Just before coming to see me she'd been to a Chiropractor for 2 months for back, neck and shoulder pains without much improvement.

Session 1: We spent about an hour discussing her emotional and mental attitude to herself, her family, her work as a teacher and the resulting impact on her health. Using reflexology, I assessed her overall physical condition—there was congestion in the sinus and bronchials, discomfort at the base of the 3rd toe on both feet and tense shoulders. On a scale of 1 to 3 with 3 being the most painful, her colon, gallbladder, spleen and stomach registered 3+. Right hip and lower spine and left sacroiliac joint and knee were 2.

My focus in this session was to clear her bronchials and alimentary canal and release tension from her shoulders, however, because so many areas were tender I had to give a very gentle treatment. A Lymphatic drainage and Endocrine balance were essential.

Homework for the client included a few breathing exercises to encourage relaxation and I also cautioned her on different reactions she could expect from the treatment.

Session 2: 1 week later. She was looking more relaxed and her mental attitude had improved because she had felt a tangible result from the previous session. This had given her hope which is an incredibly important ingredient in any healing process. The congestion in her upper chest was clearer, however, her immune system was still low and her pancreas was now very tender. She was seeing a Naturopath and through live blood analysis it was verified that her insulin needed balancing. Her hips and lumbar spine were still painful so in this session I focused more on the pelvic area but still covered the rest of the body and included a Lymphatic Drainage and Endocrine balance.

Session 3: Tension in shoulders eased, bronchials and sinus clear with only minor discomfort at the base of the 3rd toe. Thoracic spine, right hip and left base of spine registered 2 on pain scale. On left foot, descending colon congested and also small intestines. It was time for a firmer reflexology treatment throughout. As in previous sessions, wherever there was discomfort or pain I stopped and used energy. This session flowed easier and she was aware of the differences compared to the first session.

It was now time to refer her to a colleague for correct nutritional care and encouraged exercise to gain greater flexibility and lose weight. I also suggested she not wear so much black but explore different colours.

Session 4: Next month respiratory tract clear, breathing easier and no discernable pain above the diaphragm, however, for the first time the kidneys were tense and small intestines on both feet congested. Her lumbar spine on left was extremely painful (3) and right hip obviously not sitting right. Emotional disturbances were now coming to the surface to be faced. Continued our on-going discussion on how emotions and thoughts impact on the body and the difference between reacting to a situation to responding to events in the moment.

Did a full reflexology treatment with emphasis on the spine and followed this up with Facial Reflexology. This showed that the area of biggest deposit was hormonal. Up until now she hardly ever closed her eyes during a treatment but found the facial work extremely relaxing and had no option but to close her eyes and relax. Combining these two processes worked extremely well and I finished with a Chakra Balance.



Continued on page 12

A day in the life of a therapist
Continued from page 11

We now had a few months break during which time she had a holiday from teaching and started taking positive action to help herself through gym and a change in diet.



Session 5: When I saw her in April 2010 she had lost 6 kgs and was feeling so much better within herself. There was still some tension in her shoulders, small intestines and lower lumbar spine but this was occasioned more from work than anything else. On the whole she was in a much better state both physically and mentally. Before, she was desperate for a child; now, she was ready.

Did a full reflexology treatment with Lymph Drainage and Endocrine Balance, however, noted that her fallopian tube was now very tender. There appeared to be a block in the tube and I spent extra time working the whole area with gentle massage and energy. Did some work on her ears and scalp and finished with a Chakra Balance.

Three months later she phoned to say she had fallen pregnant. We agreed to wait for a few months and resumed treatments when she was 5 months pregnant.

Session 6: She was recovering from Pharyngitis, a blocked nose and congested sinuses. Her bowels were blocked and lymphatic system very sluggish. I gave a full reflexology treatment with emphasis on the above systems and followed with an Endocrine Balance. Then moved to the face and did Facial Reflexology to clear the mucous congestion round the sinuses.

Session 7 (29 weeks): Baby lying on right, quiet during treatment except for the Endocrine Balance and meridian brushing. Extra work done on small intestines and lumbar and thoracic spine. Did gentle releasing movements on her neck and scalp to encourage relaxation.

Session 8 (33 weeks): At this stage in her pregnancy she has developed fluid retention with swollen face, feet and hands. Baby bump and Pituitary Gland more pronounced. Treatment focused on Lymph Drainage (both feet and hands), Endocrine Balance, lumbar spine and digestive tract.

Session 9 (37 weeks): I gave a gentle reflexology treatment with the emphasis on reducing fluid retention throughout the body. Lymph Drainage, Endocrine Balance and Chakra Balance.

Session 10 (39 weeks) on THE day in question: She had left work and was very well, apart from the fluid retention, but was getting headaches and back pains. Discovered that this originated from tight neck muscles and when I touched the scalenes this replicated her headache so worked them until they released and the headache went away. Did a full reflexology treatment, with emphasis on a Lymph Drainage, Endocrine Balance and the uterus area to prepare for childbirth. At the same time showed the client a few specific points on her feet that her husband could stimulate during labour should it be required.

Six days later she went into labour and, after 12 hours, delivered a baby boy through caesarean section. Unfortunately, she did not dilate sufficiently and the head would not engage so there was no option but to cut. When I spoke to the family a few hours later all were well.

2.00pm Clinic 2

Client B was a 29 year old male who worked night shift (6 pm to 6 am) in an emergency situation. He did not want his feet touched and asked for energetic healing only. Because of his work hours he had sleep and digestive problems as well as neck, jaw and shoulder tension.

I started the treatment clearing and energising layer by layer, up and down the body. In a sense it is the same as any therapy except in this case everything is based on sensing the subtle energy system (off the body) through feeling and instinct, e.g. spleen, liver, hips and solar plexus were stressed, so calmed then energised each one. Because of the current problem with the upper body, balanced the throat with the sacrum then realigned the knee with the hip and up to the shoulder until I felt the energy flowing evenly throughout. Every time a connection was made and I sensed the release he took a big breath and seemed to sink deeper and deeper into a state of relaxation where there was hardly any breath. His subtle energy body was beautifully clear afterwards and he commented on how light, free and balanced he felt. Such a delight to work on someone who was so open to this form of therapy.

4.00pm Clinic 2

Client C was a 69 year old female with multiple health issues. She had her gallbladder removed; cancer twice (chemo) and recovered; had 2 knee replacements; a hernia across her midriff which started growing 20 years ago and now stretched across her whole body; diagnosed with Polymyalgia in her glut muscles in 2007 and was now suffering from asthma and pain across her whole abdomen area. She was recently on a cruise when she tripped and fell landing on the hernia. She received 10 acupuncture sessions whilst on board ship but this did not help much and was still in a lot of pain which was now being exacerbated by hay fever and congestion when she came to see me.

Gosh where to start!! First things first—concentrated on clearing the congestion so worked the whole respiratory system. Sensed that there were numerous energy blocks so checked and rebalanced most of the meridians up and down the body and did a Chakra Balance. At this point she felt a huge shift and the pain eased. *In all cases where there is an energetic block it acts in the same way as congestion or pain in the physical body. I often clarify this process to clients by describing how when you dig in the garden and find a lump of clay you break it down so you can cultivate the soil and plant something.*

I then moved to the digestive system which was totally blocked—ascending, transverse and descending colon and small intestines. Resorted to using energy—simply rested my fingertips over the whole area working slowly from one zone to the next—until when reverting back to reflexology everything ran clear and smooth with no discomfort. Then moved to the kidney/bladder connection which was also very tender and used the same method. Moved to the dorsal aspect and did a Lymphatic Drainage and gentle work over the area relating to the hernia.



Continued on page 13



Finished off with an Endocrine balance.
(At the next session a week later the client commented that she was really surprised at the result from the reflexology treatment as this was the first time she had any relief from pain in many years, her blood pressure was down, her lungs were clear and her bowels were functioning better.)

6.00pm Clinic 2

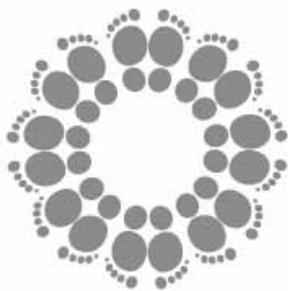
Client D was a 66 year old female with a family. She had developed sinusitis, a cough and chest infection about seven months previously and been on antibiotics the whole time. She had developed hearing problems (had grommets put in both ears) but when she spoke it was as if the sounds were inside her head. She could hardly hear out of her left ear which meant I had to raise my voice all the time so she could hear me. On top of that she had also lost her sense of smell. Her emotions were rock bottom and her mental attitude was very negative about life itself.

The first session (the previous month) was the most dramatic because I had to balance her whole system and start the process of her body recognising the subtle signals being sent either energetically or through the reflex points on the feet. At one stage when I was working on her ears there was a strong flow of cold energy that passed through her as the healing was taken to a deeper level. This type of process can be frightening the first time as it is so intense, but even though she was distressed and cried at the time, the positive results afterwards were enough to keep her coming back.

On the day in question, (it was her 5th weekly session) she reported that there had been a major improvement in her overall health. Her hearing had changed as sounds were now outside her head not inside. (I could now talk to her in a normal voice.) The grommet had moved (this was confirmed when she next had a medical checkup) and the reflexology and auricular therapy enabled the mucous build-up in her ears and sinuses to flow. Her blood pressure was more normal and she expressed her gratitude as this was the first time in seven months that she had had any relief. I was still not out of the woods with this client as her mental and emotional attitude fluctuated from one extreme to the other and that cough of hers was hard to shift.

It was time to give a stronger reflexology treatment so went deeper and spent extra time on the toes and left shoulder and neck (medial aspect of big toe) to shift the mucous and encourage the senses to manifest and normalise. The liver, bronchials and digestive system were also given extra attention. Lymph was not as sluggish as in the past but still needed clearing. Finished with an Endocrine Balance which always helps to allow the person to let go of the final bit of tension in the body and truly relax.

During the sessions we discussed the importance of correct breathing, relaxation and good eating habits. I gave her a simple mantra to use with breathing and encouraged her to use it as often as possible. She later said how much this helped to calm her when she got mentally up tight. She has continued to come and see me every fortnight and is improving all the time. She coughs infrequently but it is much dryer, even her sense of smell has started returning. Her self-image and emotional fluctuations still need attention but as long as she learns to work on herself and not come to me 'to be fixed' there is hope for the future.🙏



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Leg length affects your health

Kristi Gabriel

(Reprinted with the kind permission of *Reflexology Across America* magazine, Summer 2011 issue)

As reflexologists, we tend to focus on the feet and less on how we can best help the client's whole body alignment. We have clients who have suffered for years with low back pain, hip pain, knees wearing out or ankles that repeatedly sprain or swell. It is not always possible to determine which came first. Are the imbalances in the feet from foot structure deformities, repeated injuries, surgeries, poor shoe support or genetics? Or are the imbalances in the feet from chronic ankle sprains, patella-tibial positioning, abnormal rotation of the femur, sacral misalignment or muscle pulls either in the lower leg or thigh?

Do you check leg length before starting the reflexology session?

Do you follow up with a recheck after the session?

Do you ask enough questions prior to starting a session?

To be an effective reflexologist, I have to have a bigger picture than just knowing my client has foot problems. I want to know history regardless of how long ago the trauma(s) happened. Even though there may have been some corrective work done such as surgery or physical therapy, it doesn't mean that the body is now back in alignment. The feet will often show signs that the body has not: calluses, redness, sensitivity to pressure and how the foot sits in a relaxed position. Does one leg medially rotate or laterally rotate significantly more than the other? Is one foot able to dorsiflex or plantar flex to a greater degree than the other? Is there swelling either at the medial or lateral malleolus? Is it chronic? Ask, "What kind of shoes do you wear? Do you wear orthotics? How often? Do you wear a heel lift? Do you wear them in every shoe or just occasionally? Do you seek other bodywork care for this issue? Is your pregnancy causing your hip or leg pain? Did you have it before becoming pregnant?" Just because I have asked a lot of questions in my intake, doesn't mean that I have a definitive answer for the discrepancy. I know that (from a professional licensing position) I do not have the knowledge or expertise to determine structural issues. This is why I need to have a list of professionals that I would go to if I had this issue.

As soon as the person lies down either supine or prone (on a massage table), I look at the body structure from the waist to feet. I check the leg length initially with a visual inspection and then I check by placing both feet in dorsiflexion with the medial malleoli as close to the other as possible. This gives me another clue to possible leg length discrepancy. If I have time, I will assess shoes to determine wear pattern differences. Again, I will ask more questions. By this time the client may have remembered other events or traumas that have occurred even into

early childhood. No matter how long this has been an issue or the client has succumbed to this being a lifelong condition, you can play an invaluable role for positive improvement.

Although there may be several causes for the leg length discrepancy, there are basically three structural possibilities. It is either skeletal, muscular or a combination of both. Please include tendons and ligaments with the muscular category for this discussion. Because I am a licensed massage therapist, I can address the muscular issues above the feet. We also know as reflexologists that an effective foot treatment can assist in relaxing the muscles through the body via the parasympathetic nervous system. Christine Issel has described PNF stretches that can be used by reflexologists in *Reflexology Today* Summer 2010 issue. This is an invaluable tool to help the lower extremity muscles to relax.

I like giving a visual to the client. Imagine that the pelvic region is the top of a table and there are two legs to support it. If one leg is shorter than the other, the top of the table is not balanced and all the things above the table are not stable. When our table legs are uneven, we place something under the shorter leg so that the table sits evenly. If the client has a skeletal imbalance, we send him or her to someone who can take leg length measurements, prescribe a heel lift or redesign the shoe with a wedge to build up the entire shoe. No matter how much reflexology they receive, clients will need this professional evaluation and correction to take the stress off the entire body. We provide an even greater service through education and referral.

Below I describe three cases where noting leg length or wear indicators in shoes can help a client.

Case #1: A police chief came to me and indicated no major issues that day but that he had had chronic back problems for years. As I checked out his shoes, I notice that both heels were worn down approximately $\frac{3}{4}$ " along the lateral side. He had no idea that his shoes looked like that. This is a reflection of not only his gait pattern but how innocently unaware of the long term issues. I suggested that he have his shoes resoled, then monitor them over a three month period. I also suggested that he have two pairs of shoes for work to rotate so he is less likely to create the wear pattern to such an extreme.

Case #2: A retired sheriff had chronic low back pain for thirty years. The average waist belt weighs 25-30 lbs. This additional weight multiplied by the



Continued on page 15

Leg length affects your health
Continued from page 14

average number of steps he took on a daily basis could mean an additional 100 tons of pressure on the feet daily. I went to the feet immediately. His leg length had at least a 1" discrepancy. He said he was aware of the discrepancy but was never told that anything could be done about it. I responded, "Wow, this is your lucky day. Now you will learn that you can do something about it." I encouraged him to return to his doctor and ask for a leg length measurement and referral to a professional who can help create leg length stability perhaps through heel inserts or other alternatives.

Case #3: A woman, 35 weeks pregnant, came for a 30 minute pregnancy massage. She was still working retail full time and her hips and legs bothered her at night. I asked her what kind of shoes she wore at work. She showed me her shoes which were literally flat slippers with open backs. She had a normal arch which meant that the slippers were not supporting her foot's foundation and causing the lower leg to work harder while standing all day. Hopefully, she made her last few weeks of pregnancy more pain free just by improving her footwear.

I believe in educating my clients along with the care they have come to receive. If the client repeats the old pattern as soon as they walk out the door, they will continue with the same result. What they do for themselves beyond the service they have received from me is more important than that short time they spend with me.

Kristi Gabriel LMT,NBCR www.tappingin4life.com



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by
MARTINE FAURE-ALDERSON

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Reflexology for back pain

by Florence Cohen, Reflexologist, IIR MAR

A. Why is it important for reflexologists to have in-depth knowledge about back pain?

1. **A few facts:**

- ◆ According to the American Pain Foundation, back pain is the main cause of disability among Americans under the age of 45.
- ◆ According to the World Health Organization, low back pain is a leading cause of disability in the world.
- ◆ Americans spend \$86 billion per year trying to find solutions to their aching backs.
- ◆ These \$86 billion have not helped to reduce the amount of people suffering from back pain.
- ◆ The incidence of back pain among teenagers in industrialized countries is increasing. A study on 14,400 schoolchildren aged 13 to 15, published in 2003 in the journal of the International Association for the Study of Pain—Pain (103:259-268)—and carried out by the Kovacs Foundation (www.kovacs.org), showed that 50% of the boys and 70% of the girls had already suffered back pain at some point.

In other words, a high percentage of your patients do or will have back pain, whether it is their primary reason for seeking your help or not. As such, no reflexologist can afford to remain in the dark about this principal cause of disability.

2. **Reflexology is a complementary therapy:**

'Complementary' is not the same as 'alternative': alternative means that one course of treatment can be substituted by another. On the other hand, a complementary therapy is a therapy practiced *in conjunction* with conventional Western medicine for the benefit of the patient (faster healing, pain relief, well-being enhancement, etc.). Reflexology qualifies as a complementary therapy and this requires us to *work in co-operation with the medical world*—again, for the benefit of our patients. As a matter of fact, all codes of ethics of the profession stipulate clearly that we must refer our clients to the appropriate health care provider if we suspect they suffer from an untreated condition.

Our relationship with the medical world as holistic therapists is not yet one of full integration and, in many European countries, there is in fact no relationship whatsoever. Quite the contrary, we are still laughed at by many doctors. It is not entirely their fault, it is ours as well. As a community, we have a tendency to segregate ourselves and we don't carry out enough *scientific* studies. The good news is that things are changing on both sides of the equation, in some parts of the world faster than in others. The health care world is evolving towards something called integrated medicine. The integrated approach to medicine combines traditional Western medicine with complementary therapies but is

overseen by doctors, doctors trained in the integrative approach to treatment and healing. This is an evolution that is already well under way in certain countries. For instance, the Hadassah hospital in Israel (www.hadassah.org.il) has a complementary medicine clinic offering the best of traditional and complementary medicines to its patients. They started with oncology patients and then moved on to orthopaedics, neurology, gynecology, and pain treatment with extremely positive results. Other examples are Denmark, the UK, or the USA. This is *our* future. This is very exciting news for our profession BUT—and this is no small 'but'—if we want to be a part of this new integrated medical world, if we want to speed up this evolution for the benefit of patients, if we want doctors to respect us and to respect our profession, to be willing and enthusiastic to work with us seriously, we need to speak their language, we need to talk the talk. This is why, faced with today's pandemic of back pain, it is so important for reflexologists to distinguish between the scientific facts regarding back pain—which have been proven beyond a doubt by hundreds of reliable studies—and the totally unsubstantiated or obsolete popular beliefs.

B. What every reflexologist should know about back pain:

1. **Essential facts about the back proven by medical research**

- ◆ A back fulfills three very important functions:
 1. Standing upright
 2. Flexibility of movement
 3. Balance—functions for which it needs to remain strong and flexible.
- ◆ The absolute nemesis to maintaining one's back limber for comfortable movement is NOT age but lack of movement.
- ◆ A back that doesn't exercise becomes weak and adopts bad postures.
- ◆ A back was designed for a life of physical activity and not for sitting all day long. It is our modern way of life which tempts us to sit so much (work, transport, TV, computer, etc.). For the weak back, sitting is one of the most strenuous positions.
- ◆ A back is a very strong and resistant structure by nature. Treating one's back like a delicate and breakable object is the wrong attitude, even when it hurts. It only contributes to making it weaker and, therefore, leads to more pain.

2. **The difference between specific and non-specific back pain**

Specific back pain is the pain resulting from a serious injury, illness or acute structural degeneration or deformation of the spine (such as scoliosis, facet joint

Continued on page 17

degeneration, spinal stenosis, disc herniation, etc). Only 10 to 15% of back pain cases are specific back pain cases.

The rest, known as non-specific back pain, is what 85 to 90% of the population suffering from back pain experiences. It is NOT caused by an injury, an illness or structural problems of the spine. For many years it was the 'unexplainable bad back', the one you had to learn to live with, hence the name. Times have changed. Nowadays, back pain specialists know what's causing it and how to fix it (see point 4).

3. **If you're presented with a case of acute isolated back pain**

If a patient mentions an acute episode of back pain (with or without incident prior to the pain) partially or totally immobilizing them and keeping them awake at night, you need to refer them to a doctor immediately, if only to be sure nothing is seriously wrong. You can treat them with reflexology to reduce the pain and stimulate the healing process while sending them to the doctor, of course. Be very gentle with all techniques causing the hips to move—such as metatarsal kneading—if the pain is located in the lower back. If there is nerve impingement or disc herniation, any joint movement in the area could cause even more pressure on the nerves and certainly unnecessary pain to the patient. Instruct your patient to let you know immediately if anything you do exacerbates their back pain. You may apply strong pressure on the feet in your treatment—in fact, this is the only way some of the nerves in the foot which are directly connected to the back can be contacted—just be aware of hip movement causing lower back movement.

4. **Cases of chronic and recurrent back pain (85 to 90 % of all back pains)**

In most cases, back pain is either chronic (daily) or recurrent (comes and goes in episodes which can last for days, weeks, or months) whether it is specific or non-specific. And chances are that most of your patients with back pain will tell you about their bad back 'which has been bad for years'.

Chronic or recurrent non-specific back pain (= 85 to 90% of all back pain cases) occurs when muscles in the back are weak forcing the adoption of repeated or prolonged bad postures. *There is no such thing as unexplainable back pain!* The mechanisms of this pain are the following: lack of physical activity combined with an abundance of sitting leads back muscles to become weak. Weak muscles easily overload and force the subject to adopt bad postures, especially in the strenuous sitting position. When muscles overload, they spasm and, in doing so, compress on the surrounding pain nerves. When one part of the back hurts, the person tries to find a position that allows them to stop feeling the pain but, in fact, what they are doing is overloading a new set of muscles which are also going to spasm, compress and activate the surrounding pain nerves. Moreover, the activation of pain nerves in the back causes

in itself more contraction of the back muscles. More contraction of the back muscles activates even more the pain nerves. It's a vicious circle which, when prolonged, can be very hard to break. The magnitude of the pain is not proportional to the magnitude of the problem. A simple thing like muscular weakness can cause immense chronic pain.

Research has proven that in these cases *the only way out in the long term* is: returning to physical activity and strengthening the back muscles. Resting and overprotecting one's back is counter-productive and has been shown to worsen the patient's condition.

So what is the role of the reflexologist in these cases? A very important one! Most of these patients are in so much pain that they refuse to return to physical activity. The role of the reflexologist is, therefore, to reduce the pain or eliminate it so that the patient feels comfortable enough to return to physical activity. The best solution is to refer them to a physical therapist who will give them a specific strengthening program after the pain subsides. The role of the reflexologist is also to explain all these facts about back pain to the patient and letting them know that these facts are the result of extensive clinical research. Many people who suffer from back pain believe there has to be something very wrong with their back because it hurts so much. Now you can reassure your patients that if specialists haven't been able to find a specific cause to their pain, it is very likely that there is nothing seriously wrong with their back, that what they suffer from is non-specific back pain (in other words, weakness of the back muscles combined with a lack of physical activity). Make it clear to them that this is very good news.

When presented with a case of non-specific chronic or recurrent back pain, you need to work on:

the direct reflexes, the Central Nervous System, all the affected plexuses, and all the stress-related reflex areas (Solar Plexus, diaphragm, adrenal glands and kidneys, thyroid, colon flexures, zone 5 plantar/dorsal/lateral, head/neck/jaw tension and anything else relevant you find—tension and stress can attack every organ, every weakened structure in the body such as sexual organs or stomach lining, etc.)

Treating the stress is extremely important since stress is probably accentuating the pain. The stress can come from the pain itself, from the fear it is causing in the patient's mind as to whether this problem will ever be over—do take into account that chronic pain and the fear it can induce is exhausting—from any external stress factor such as work or family etc., or from any internal emotional conflicts the patient may have, or from an explosive combination of all the above.

Also, be aware that chronic or recurrent back pain in combination with overprotective behavior and inactivity can lead to the pain spreading throughout the back, going into the neck and causing headaches, going to the shoulders and arms causing tingling or numbness, going to the ribs, going into the buttocks, hips, legs, knees, ankles and even feet.



Continued on page 18

Last but not least, it is important to know that two-thirds of our bodies are filled with fascia also known as connective tissue. This tissue, which has the amazing property of going from a liquid gel like form to extremely hard, attaches everything to everything in chains. The muscular chains are, in fact, chains of connective tissue. If one part of that tissue hardens—as it does when something goes wrong in our body (scar tissue is an expression of this)—it will inevitably pull on the whole chain which can cause pain anywhere along that chain. All the organs in the abdominal and thoracic cavities are attached by connective tissue to the spine (nerves are not the only connection between the organs in the spine) which is why, when presented with lower back pain look for digestive problems, with upper back pain look for respiratory problems, in highly sensitive and emotional people the connective tissue around the heart (pericardium) tends to harden which can also cause upper back pain, in fearful/chronically anxious people it is the connective tissue around the kidneys which can harden and cause pain in the middle of the back. The liver (alcohol consumption, heavy medication, bad diet or chronic anger) or the pancreas (diabetes, insulin resistance, metabolic syndrome, pancreatic cancer or chronic lack of affection) can also cause tremendous back pain and rib pain if the connective tissue around them hardens thus pulling on the surrounding structures.

To summarize: back pain can sometimes hide another problem and just be a symptom of that problem. Simply, be aware and pay attention to the location of the congestions in the feet.

If you have a patient whose chronic or recurrent back pain is specific and caused by a structural problem such as scoliosis or disk degeneration, part of the solution is also to reduce the pain through reflexology and then STRENGTHEN THE BACK MUSCLES, since this will slow down—even possibly prevent—further damage. In these cases, preventing further damage is a high priority. I have seen with my own eyes the metamorphosis that adapted and adequate strengthening exercises can bring about in people of all ages who start out in an appalling condition and believe wholeheartedly that all hope is lost for them. Refer these cases to a good physical therapist, personal trainer or osteopath, preferably specializing in back recovery. It is important to have a network of specialists you can safely send your patients to. Here, the quality of the exercise program your patient will receive is quintessential—quintessential in the reconnection process with one's body and quintessential in trusting one's body all over again for everyday chores and sports.



The medical data and conclusions used in this article are not the personal opinion of the author but reliable medical conclusions obtained from hundreds of clinical studies compiled and assessed for their validity by some of the most renowned back pain specialists in Europe. For more information on back pain, reflexology for back pain or to access the medical references used for this article you can visit the website www.reflexology4backpain.com.

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5. Obsolete beliefs

Some back pains are unexplainable: OBSOLETE

Whether specific or non-specific, all back pains are now well understood by specialists. The common back pain is no longer a mystery and can, in many cases, be solved by strengthening the back muscles.

Some people just have bad backs and are doomed to have pain the rest of their lives: OBSOLETE

Absolute nonsense! Some people do have weaker backs than others. No one is doomed. No one! Many injuries can be prevented by strengthening the back and remaining active. Most pains also disappear when strengthening the back muscles.

Young people don't suffer from back pain: OBSOLETE

Unfortunately, yes they do. More and more as a matter of fact. Children under 12 rarely have back pain but at 13 the problems seem to develop. Too much inactivity, not enough sport, too much sitting at desks of the wrong height and heavy backpacks are some of the contributing factors. Children and adolescents need to be active and do sports to have a strong back. Young people who develop chronic back pain have a very high chance of becoming adults with chronic back pain.

Back pain sufferers should rest as often as possible: OBSOLETE

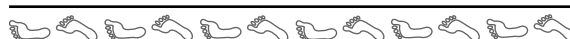
Back pain sufferers should keep their normal routine as much as possible. The more they rest, the weaker the muscles become. A back sufferer can rest for a few days or a week when he or she is in a lot of pain. This is not the same as 'resting as a lifestyle' to overprotect one's back. This will only lead to the muscles in the back becoming very weak and overloading very easily. The only way to reverse this vicious circle is to start strengthening the back muscles.

Back pain sufferers cannot exercise because they need to be careful with their back: OBSOLETE

Nonsense! Quite the contrary. Back pain sufferers need to exercise and become active again to reduce or eliminate completely their back pain. With the help of a (sports) physical therapist/exercise trainer/osteopath they can get a strengthening program tailored to their needs. Swimming, gyrotonic gym and pilates also produce excellent results.

There is an age limit to start strengthening the back muscles: OBSOLETE

Simple exercises exist for everyone no matter how bad in shape they are, no matter what their age. The starting point can be adapted to anyone.





The history of Celtic healing

by Aileen O'Connor MIRI MNRR

The History of Celtic Healing is a tapestry of myth magic, truths and half truths. These ancient people had a close connection with the universe and an understanding of the continuum of life. They understood the healing powers of vegetation and energy vibration. The threads of this tapestry of understanding and experience are in our cellular or genetic memory. As with any tapestry, the threads and their colours will re-appear from time to time in different forms. Have you ever had the feeling that you have had an experience not in this life? You may be re-visiting a genetic experience.

Way back in the mists of time, these ancient people understood their connectedness with the universe and all living things. They were able to see and be part of this universal energy. There is a theory that Earth was a temporary landing station for universal beings to spend some time before continuing on their journey. There is undisputed evidence of DNA found in meteorites here on earth especially in Mexico and Australia. Native people considered these meteorites messages from the gods. These Ancient people had awe, respect and understanding of their environment. Their concept of health and healing was the tridium of harmony with the land and universe and harmony within one's self. Harmony meant balance in all aspects of their lives.

There is evidence of human habitation at the end of the ice age in West Cork. They lived on the edges of the land mass and close to the sea and were nourished by marine nutrients from the sea. They also had land nutrients wash down by the rivers and were less likely to suffer from mineral deficiency.

Initially they lived in caves. When they moved inland they made their homes from branches of trees and clay. The branches needed to bend without breaking to support the covering. They were then lined with moss and covered with leaves and bundles of reeds. They had to be careful in their choice of trees. They choose a tree with the warmest vibration for their home, or the coolest trees to store food and protect it underground. The branches would have to bend, without breaking. They attached dried clay to the branches and covered them with other twigs and leaves. They lined the inside with dried moss.

Their nourishment came from plant life, berries seeds, fish and small animals or birds. They had the painstaking job of working out which fruits were edible and which were not. It is through their painstaking evolutionary steps that we are here today.

There is a particular clear sparkling mountain stream near where I grew up in Mitchelstown Co. Cork. On my last visit it gurgled and giggled as it rolled gently over the boulders. It stayed in its course. BUT in the winter torrents this stream roars noisily bringing boulders with it. It fills space that does not belong to it causing floods. Yet when it reaches the ocean, it is but a drop. I compare this to Life, and ask do I do this to others and the universe

or do I stay and do what is my own role in life? I need to take care not to impose my will or my interpretation of my client's condition on them.

When I revisited my favourite woodland last Easter, I felt the warmth of the trees and the earth welcoming me back. I was so happy. I felt the environment asking me why I stayed away so long. I saw the twists, turns and knots of the branches and felt it represents life as it affect all of us. There was one long straight tree and it reminded me the road less travelled. This less travelled road of discipline and dedication is our path. As therapists, we need to connect with our inner being and give some time to stillness. This will assist us in our mission. This is vital if we are free enough to be in a position to help others who may be caught in life situations, causing unnecessary stress or illness. I always feel there is benign presence in this area. We used to believe there were fairies here as children and teenagers. I still do.

Long before the Celts came to Ireland there are folk stories of the people who lived here. The group who had the biggest influence on the land were the Tuatha de Danann. They created a quantum leap in our evolution. They had a reputation for the gift of healing, divining, an understanding of the healing properties of plants and trees. Unfortunately, they were banished underground by less sensitive invaders. But they continued their work. Their gifts still exist in our culture. They are in our more recent cellular memory.

They descended from the heavens and were of the tribe of the Goddess Danu. Dagda was her son and was the god of Earth and treaties. Dian Ceacht was head physician of the Tuatha de Danann. Miach was his son and the god of natural healing. He understood the vibration and healing potential of herbs, flowers and trees and helped people re-grow limbs. His father, Dian Ceacht, was jealous and killed him. Miach's sister, Airmid, understood and categorised the healing properties of these plants.

Each cast or tribe of the Tuatha de Dannan had a skill or a trade. The secrets of their trade were never written down as they could be stolen. The herbalists or healers kept all their secrets to themselves. They then passed it on verbally to the most likely person in their family to use it effectively. This person would be trained from a very early age and the information and the gift and understanding was passed onto him or her. In the time of the Tuatha de Dannan, the women also held the gifts.

Healers would have different gifts which would cure different ailments. By working around the auric field of the client, they would detect the imbalance and restore the life force or energy flow. We do this in Reflexology.

Continued on page 20

*History of Celtic healing
Continued from page 19*

In today's understanding, this means that by divining or assessing the resonance of an illness they would then find an herb or flower with the same frequency as the illness. This understanding of treating like with like would help heal the condition. The same is true today of homeopathy. Dr Edward Bach of Bach Flowers went through the same process of understanding the vibrations of different flowers, which would help alleviate distressing or emotional conditions. The Tuatha de Danann were the first Pharmacists.

There are different interpretations of the Ogham or standing stone we see around the country. Stone Age Man's time coincided and evolved with the people of Mythical times. This dates back to approximately 3500 to 4000 BC. These were an intellectually sophisticated people. They understood that energies emitted from earth's core could help, heal or create disturbances in the electromagnetic field of humans, animals and planting of crops.

I am eternally grateful to Michael Poynder for his wonderful book *The Lost Magic of Christianity*. He introduced me to Stone Age Man or SAM. SAM understood about energy formations and disruptions. A force field is set up at the conjunction of crossing streams of underground water flow and creates a positive and negative current. This, in turn, creates a central vacuum or white line of energy. This white line is the origin of our ghost or fairy stories. Perceptive people can see this faint white mist. We can also see it especially around trees, if we have the time and patience.

SAM marked this conjunction with a standing stone now referred to as Ogham Stones. Concentric circles radiated around the central force. Smaller standing stones continued to be placed until the outer ripple of the vibration was reached. These stones normally have lines carved on them. This is said to represent the ancient language Ogham - pronounced OOOM. Today we attribute letters of our alphabet to these markings. There are many other interpretations of what the standing stones meant. They also used these stones to mark the seasons. This way they worked out the best time for planting and harvesting crops. They were the first farmers.

The reverence in which they held the sun is evidenced in places like New Grange and Carrowkeel in Co. Sligo. This is indicated also by the triple spiral at the entrance. The spiral indicates continuing energy flow.

As Man must resonate to earth's vibration, s/he is not comfortable at the conjunctions of crossing streams. Consequently they built their homes and settlements outside of these areas. Today we call this disruptive element Geopathic Stress. It is a contributory cause of illnesses in many homes. There are devices available to counteract this disruptive energy flow. However, we should learn to use it to our advantage like our ancestors.

Dolmens (megalithic tombs) were, for the most part, burial chambers and consisted of two upright stones with a sloping slab on top, normally east/west direction on a

conjunction. The slant of the slab seems to redirect the energy emitting from the conjunction. This could suggest that the spirit of the dead could be propelled into the universe.

Though Oisín (he was the son of the hero Fionn Mac Cumhaill and the fairy-woman Sabha who was abducted back to the Otherworld when Oisín was a young boy) was alive and well he was curious. He wanted to go, probably prematurely, to the land of Tir na Nog. A land of eternal happiness. He rode over the oceans on his white mythical steed (horse). He lived what appeared to be a short time there. Yet he still longed for his earthly attachments and was allowed to come back, on condition he did not touch the ground. Unfortunately, he fell off his horse and then he became a 300 year old man. He was now trapped in no man's land and lost everything. Had he moved on and relinquished his earthly attachments he would now be living in the lands of the blessed. He is probably still roaming the earth, looking for the gateway to heaven.

There is a dolmen of particular interest in Labacallaig. This is also in County Cork. They believed the spirit resided in the head. So it was important that the spirit returned to the next life. Here the heads were separated from the bodies and placed in a different part of the burial chamber. Hopefully, they were dead.

St. Patrick brought Christianity to Ireland. The new religion incorporated quite a lot of the old beliefs. St. Patrick's Day is held on the 17th March. This mid March day was an old pagan custom celebrating Spring and the time for planting. It celebrated new life and the rising sap in nature. It also recognised the rising sap or awakening in the human being, after long dark winter night, with approximately 7 hours of daylight.

The new and the old religions coincided for centuries. This is evidenced by the old Ogham stone and the new Celtic cross in Kilmaceadar in Kerry. The open crown on the Celtic cross indicates that SAM and the early monks believed in the direct connection with the Breath of God.

Magic potions were created by "special people". These were normally for good, but some with evil intent would create negative or bad potions and put them on a neighbour's land. The Egg was a symbol of fertility. Placing a rotten egg on a neighbour's land on May Eve would be a bad omen for the fertility of his animals and crops. A lot of people still protect their property on May Eve by blessing the perimeter with Holy Water and bunches of fresh flowers. The Hawthorn was known for its protective qualities from the forces of evil. It is the bush referred to in John McCormack's "Fairy Tree".

Places of healing and holy wells are part and parcel of life. They most probably have pre-Christian origins. The names of local Saints were attributed to them with the coming of Christianity. Different wells had different healing properties. It is traditional to drink the waters from them. I have a device for measuring frequencies. I found that the waters in St Fanahan's Well in Mitchelstown resonates to the frequencies for the centres of healing. Others I divined from photos also resonated to these frequencies.

Continued on page 21

*History of Celtic healing
Continued from page 20*

St Bridget or Brid was a family name in the time of the Tuatha de Danann. In 1375 Edward 111 issued a writ confirming the Charter of the Guild of St. Bride. There are holy wells all across the country attributed to St. Bridget. There are also many other wells attributed to different saints. These may have different healing properties in their water. This would result from the different subtle resonances of earth pulses.

A different triple spiral can also be seen on ancient Celtic crosses. Two spirals rising on either side of the figure, they then form into a third spiral. This seems to represent positive, negative and neutral. It comes in the centre or middle line of my divining which suggests balance. Ancient holy places and monasteries were built on these sights. This also suggests that the beliefs and understandings of SAM continued into Christianity and the belief that Balance was the central core of healing and health and harmony with nature.

We are continually looking for the magic formula, the crock of gold. Look into the universe at night and you will see a beautiful explosion of colour and life. You are this universal life. You are the stuff that stars are made of. To acquire and sustain this blaze of light and life within us we need to meditate and pray continually. This is the only way to grow. When you are in the silence you are connected to your core and then connected to the universe. We are the microcosm of the macrocosm. If we do this there is no limit to our potential.

John O'Donoghue in his book, Anam Cara (Soul Friend), believes that we are beings of light in bodies of clay. By dialoguing with our inner core we are connecting with earth and the universe and the heavenly kingdom. You are this blaze of glory. When you are in the stillness, you will see beautiful colours within and around you. In the centre, you will find the illusive crock of gold.

It's there—just take the time to find it. Bless you.

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16/19 September	International Council of Reflexologists	Biennial Conference	Castro Verde, Alentejo, Portugal email: icr2011conference@gmail.com www.icr-reflexology.org
24/25 September	Australian College of Chi-Reflexology (Moss Arnold)	Maternity Reflexology	Springwood, NSW **** (see below for details))
8/9 October	Australian College of Chi-Reflexology (Moss Arnold)	Lymphatic Reflexology	Springwood, NSW **** (see below for details)
9 October	Australian School of Reflexology (Lyndall Mollart, Presenter)	Infertility and Pregnancy Loss: Reflexology can help!	Sydney—Killara, NSW ++++ (see below for details)
15/16 October	Australian College of Chi-Reflexology (Moss Arnold)	Biomechanics	Springwood, NSW **** (see below for details))
15/16 October	Dominique Meeroff, U.K.	Metamorphic Technique Workshops	Byron Bay, NSW Contact: Mirko 0422.442.447 www.metamorphictechnique.com.au
22/23 October	Dominique Meeroff, U.K.	Metamorphic Technique Workshops	Sydney, NSW Contact: Mirko 0422.442.447 www.metamorphictechnique.com.au
17 December	Australian College of Chi-Reflexology (Moss Arnold)	Essential Oils and Reflexology	Springwood, NSW to 5 pm **** (see below for details)
2012	PRESENTER	TITLE	LOCATION/CONTACT
January (2 days) (to be advised)	Martine Faure-Alderson	Cranio-Sacral Reflexology Level 2	Cairns, Queensland Contact: Heather Edwards reflexca1@bigpond.com www.craniosacreflexologyinternational.com

**** Contact: Moss Arnold—02.4754.5500
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**** Contact: Sue Ehinger—02.4976.3881
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STATE MATTERS



The year of 2010–2011 has come to an end with a very successful ABM. This year we hosted 2 short workshops: The first with **Mary Graham**, a Kombu-merri person from the Gold Coast area. She has lectured and tutored on Aboriginal history, politics and comparative philosophy at the University of Queensland and other educational institutions around the country. Mary talked to us about the Welcome to Country and why this protocol is important to us in our healing work. This short ceremony is a mark of respect acknowledging we are entering the Land of the Traditional Owners for that area. It creates connection with the Land and is, if you like, a grounding ceremony and a gentle request for our client's permission to connect with them through the reflexology treatment, to enter their personal space. Mary explained how important it was for each of us to know our Place, that is, where our mother and father came from. She told us that the Welcome to Country is cumulative; as we continue to acknowledge Traditional Owners and our connection to Country, the energy around this grows stronger, creating good spirit so we are able to feel a connection to Country and to be aware that our feet are the conduit with the Earth and the Spirit of the Earth.

In the second workshop, **Annie Meredith**, a teacher of Traditional Chinese Medical Philosophy, Vibrational

QUEENSLAND Medicine and Australian Bush Flower Essences for many years and also an author and healer, explained the use of Spirit of Woman Australian Wild Flower Essences.

Flower essences have come through in these times to assist humanity to transit these momentous changes. They carry a high frequency vibration that entrains with our own energy system to clear distortions and to bring clarity and love to the fore so that we express our highest potential in any given situation. Annie demonstrated the doctrine of signatures and the vibrational healing properties of some of the flower essences. Her best wish is that women understand the wonder that is within them and the power they have to impact the world we live in, in a life-enhancing and gentle way. As women we need to feel comfortable in our bodies, our psyches and our spirituality.

An excellent start to the new year and a wonderful way to welcome our new executive, Linda Williams as Chair, Lyndall Godden, Christina MacDonald, Amanda Bailey, Sharon Ritchey and Galmia Boum Bletterman. Heather Edwards and Glenda Hodge will continue as our Queensland Directors.

My very best wishes for a successful year of Reflexology,
Cathy Boyle



WESTERN AUSTRALIA

Here in the West we continue to do our very best. As the new Chair, I am amazed at the commitment and enthusiasm of our members in all that they do. We held our most recent Study Day on July 31 where we were educated on, amongst other things, Temporo Mandibular Joint (TMJ) and how to treat it—all in keeping with our theme 'The Way We Smile'. Imagine, some of our members travelled for six hours in order to be able to attend! It was a lovely day.

Our next Study Day in Perth is scheduled for October 23 and we are planning on educating and updating ourselves on all the issues involved in running a small business.

Our members in the South West are also hosting a Study Day in September which is just great as it enables more of our members to participate in such events, no matter how far they are from the Capital!

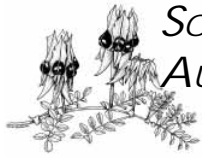
On a monthly basis, we continue to run Coffee Clubs in Mandurah, the South West, South Perth and a member has recently volunteered to host a monthly Practicum Exchange at her home for members who are based north of Perth. The Skype meetings are also happening thanks to the determination of another member. These are all great learning and networking opportunities for members and we are very grateful for those members who work so hard to make them all happen.

And finally, I would also like to highlight the amazing work that goes on week after week at SolarisCare (the Cancer Support Centre), Charity Pamper Days and other charity events where RAoA Reflexologists give their time and energy to make people's experience a positive one.

If any members from other states happen to be in WA at all then please do come along to any of our events—we'd love to see you and to hear about your experiences.

Gillian Kenny

Reflexology Association of Australia



SOUTH AUSTRALIA

After a winter of stillness which brings a deeper sense of reflection and nurturing as individuals and as a collective group, we step into a new cycle of Spring, which brings creativity, ideas and newness.

This year has brought many changes in our group. Susan Ramsey stepping up to the Association President, which leaves Adelaide with the presidency position available. For anyone who'd like to join us, we will welcome you. We have new members with a vibrant feel and we're introducing a skills day to learn and share each time we have a quick, dynamic meeting!

Our next one is on Friday 9th of September 6.30pm at Somerton park which will be followed by Jan Kiss' workshop the same weekend, 10 and 11 on Foot Mobilization.

A big thankyou to all the crew in South Australia for the splendid jobs they do. I'm sure Rosemary Urban would be proud of you for keep on keeping on.

Christine Spencer



TASMANIA

The Tasmanian members have been in full swing with organising the next National Conference. It is a very interesting process and lots to do. A couple of us remember being involved in the last Tas conference in 2000 and it is a big job for a small membership. We are in the capable hands of our co-ordinator Lynda Kidd, who has great strength and insight and is a fantastic inspiration for all of us.

In August we are looking forward to having Sue Ehinger come to Launceston to teach us about TCM and reflexology. It is always fun to get together with other members to enjoy a weekend of sharing knowledge and to get some practical hands-on work.

The May meeting was the ABM where we had a change of committee. This allows us to stay fresh and give everyone a chance to rotate around and have a go at all the positions up for grabs. Being on a committee is challenging at times but it is a great way to learn new skills and be rewarded for those efforts knowing all the members have somewhere to go when they need support. Our last general meeting was in July at Campbell Town High School, which is proving to be a great venue for space and comfort. An important acknowledgement goes to Janice Dance for her dedication to RAOA and all the hard work she has done during her time as Tasmanian State Delegate. Jan has managed to juggle some extremely difficult hats over the last couple of years. We are deeply grateful for her dedication to us and her family.

We look forward to seeing all our members at some stage either at a meeting or workshop or just for a catch-up foot swap. Imagine how relaxed the world would be if we all sat down at the end of the day and rubbed each others feet. Bliss!

Gaye Webb



NEW SOUTH WALES

New South Wales has had a wonderful start to our new financial year with the committee offering enthusiasm, energy and creative ideas on how to raise the awareness of reflexology.

Our association has been able to build a lovely relationship with some wonderful people who took trade tables at our recent 2011 ABM. They have now requested to advertise in our bi-monthly e-newsletter, which is fantastic.

The NSW branch has also been nurturing a relationship with Ziera Shoes and a big thank you to Misha Frankel who has been instrumental in negotiating for our branch to have an advertising leaflet explaining the benefits of reflexology and contact details included in every box of shoes that are sold at selected stores. We are also having on-going discussions with Ziera about in-store activities to coincide with World Reflexology Week. So we look forward to having lots of volunteers posted in various stores to promote reflexology.

I feel that the branch is epitomising Henry Ford's quote:

*Coming together is a beginning;
Keeping together is progress;
Working together is success!*

Gretel Ann Spiegel



VICTORIA

We have had a busy few months recently in Victoria, from a very successful ABM and training day in mid May where we elected a new committee with a number of new members and some returning again. Congratulations to all members of our new committee.

Just this last weekend, a number of our members volunteered very successfully at Ramsay's nursing conference. This conference is an annual event and has over three hundred nurses in attendance, many nurses attending as they know they will have access to reflexology in the breaks!! In fact we had many more pairs of feet than hands to work them! From this day I have possibly three more leads for us to follow up for more volunteer opportunities.

The funds we recently raised for flood affected areas has been donated to the Rotary Club of Charlton in Victoria, who were very appreciative and the funds have been included in vouchers donated to local families that can be redeemed in the local area only, so providing income for local businesses as well, a win-win situation for all.

In other exciting news, Victoria now has two more institutions that are able to offer the Health Training Package Diplomas. The Health Arts College in Box Hill and the ASRR in Elsternwick. In addition, very excitingly for existing members, the ASRR will soon be offering the opportunity to upgrade their qualifications to Diploma level.

Sam Langridge

FOOTPRINTS JOURNAL

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Guide to contributors

Contributions of articles, case studies, book reviews, personal experiences and letters to the 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 Editor for a specific issue will appear in an issue decided by the 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 Editor (president@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.
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8. Advertisements are to be submitted as required size in PDF or EPS format.
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REFLEXOLOGY ASSOCIATION OF AUSTRALIA LIMITED

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

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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, Judee Hawkins. Mobile: 0412 187 238
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 at 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	26 cm deep x 18 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 1,100 members Australia-wide.

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

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

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

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

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