**Special feature**

*Reflexology & Pain (part 1)*

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We take time to compare other schemes & websites to review policy wordings, excesses, types of therapies and student cover – to name just a few areas! We do this as part of our service to you.

Our scheme still offers a £5m limit of indemnity as standard and covers over 250 therapies. Teachers can be covered with no restriction on where they teach or the number of students.

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Special feature

Reflexology & Pain (part 1)

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We’re here to help!

The AoR are here to help you, from reflexology queries to membership queries, phone us on...

01823 351010

Alternatively, you can write to us at:
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March 2011 • Reflexions 3
Welcome to your March 2011 edition of Reflexions.

We begin the new year with a topic that has received a fantastic response from our members – so good, in fact, that we have decided to create a ‘Reflexology and Pain Part 2’ edition in June this year to make sure that you don’t miss out on any of the excellent articles we’ve received on the topic. This also means that if you wanted to submit an article or case study on the theme of reflexology and pain or on reflexology and the elderly (now postponed to December’s edition), you have another chance to do so – so do keep those wonderful articles coming in to help maintain the high standard and calibre of your magazine.

As many of you are aware, the New Year brought with it an increase in VAT, and therefore a general increase in living and business costs. However, I am delighted to announce that the AoR have frozen all membership prices for the sixth year running – meaning that we pay the VAT increase for you and keep your business costs to a minimum.

The AoR have also paid the VAT increase on all sales items, making sure that your essential items from the AoR remain reasonably priced and high in quality.

We always operate with our members’ concerns close to our hearts, and in the current economic climate, it is even more important than ever that we do whatever we can to invest our members’ money wisely. With this in mind, we have chosen a select group of investments to work on during the course of this year. We will continue with our ongoing project to improve our website in both looks and functionality, and we will keep investing in Reflexions to continue to provide the best magazine we can. We will also be supporting research and development in the field wherever possible.

On the topic of research, you may be aware that the international Migraine case study collection is still ongoing - two of the required three studies are now with NAFCAM. However, we are still looking for a third! If you think you have a suitable case study, please contact our Reflexology Support Manager Tracey Smith. More information is available on the research page of the Member’s Area of the AoR website.

I hope that you enjoy this edition of your magazine, and that you find the information contained within these pages both useful and thought provoking.

With best wishes for a peaceful and prosperous 2011,

Carolyn Story
Chief Executive

Welcome from Karen

Our theme for this edition is pain. Whether you are a seasoned practitioner or more recently qualified, it is likely you will have encountered people who have sought reflexology due to pain issues. As we know, reflexology has been associated with assisting in alleviating pain for a long time.

Pain generally falls into two categories (acute or chronic) and these may be further subdivided. However, as practitioners, we know that reflexology is about harmony and a return to homeostasis. We treat the whole person and not the specifics, even though clients may seek relief for a particular form of discomfort.

I am certain that the articles contained within this edition will prove of interest and assistance to many of us who wish to specialise or who already specialise in this area of reflexology.

A number of renowned reflexologists offer courses that focus on techniques that might assist the body’s healing potential to reduce discomfort and pain. Such courses further enhance our skills and abilities.

Our seminar programme continues to be varied and we are offering venues outside London, as members have requested. If you are not able to attend seminars as often as you would like, our Area Groups provide opportunities to share experiences, knowledge and support with a network of other reflexologists. We can all learn from one another no matter how long ago or how recently we became practitioners.

The AoR website continues to undergo updates, ensuring we are compliant with the Advertising Standards Agency, which will regulate website advertising/information from March 2011. Please see our information on this aspect in relation to websites (page 24) as it may be helpful when checking your own website content.

This copy of Reflexions should arrive on your doorstep in early spring and by then I hope that the snow and ice will be long gone, unlike the snowy days we are experiencing as I write this. Wishing everyone good health and well-being for the coming months, and for 2011 to be all you hope for.

Karen King MAR
Chair of the Board

Karen King MAR
Chair of the Board
AnHonoraryMemberforLife

BetsyKeating

Having qualified in 1995, Betsy’s 16 years of being a reflexologist have been nothing short of eventful! For 8 years of her career, she worked with the homeless in Salford, providing reflexology and comfort in equal doses, as well as working in a Hospice in Burnley for the past 6 years. Her crowning glory is, however, undoubtedly her pioneering work for reflexology in Africa.

Betsy worked tirelessly for this cause, contributing several articles to Reflexions and other publications to raise awareness of her projects. These include support for the charity Bury African Outreach which she founded 18 years ago, working mostly in Uganda with orphaned children and health projects. As you may be aware, she was made an Honorary member for 5 years in 2005, and has now achieved our prestigious Honorary membership for life in recognition of the achievements she has made throughout her career, as well as her consistent support for and contributions to the AoR through her articles.

HonoraryMembersfor5Years

DortheKrogsgaard

Working full time in her Copenhagen based practice since 1983, Dorthe is one of the reflexology veterans in Denmark. Throughout her career she has always been actively involved with raising the profession’s standards and documenting its effects. Dorthe has served as chairperson for the Danish Reflexologists’ Association (FDZ) and was instrumental in establishing FDZ’s Research Committee in 1991. Dorthe Krogsgaard has lectured at international conferences and served as a director and vice president of the ICR. Besides reflexology, Dorthe has trained in kinesiology, psychotherapy, ear acupuncture, nutrition and Nerve Reflexology.

PeterLundFrandsen

Peter has studied modern physics and philosophy in the USA, and medicine at University of Copenhagen in Denmark. For many years Peter has been actively involved with the Danish Reflexologists’ Association (FDZ), where he co-ordinated the association’s international activities. Peter Lund Frandsen is an international lecturer and author of many articles on various aspects of reflexology.

As a therapist, Peter combines reflexology with trigger points, Ortho-bionomy and nutrition. Peter closely follows the research in energy medicine via membership of the International Society for the Study of Subtle Energy and Energy Medicine (ISSSEEM), incorporating the fast growing field of energy medicine into his lectures and teaching as a possible way of understanding reflexology.

Together, Dorthe Krogsgaard and Peter Lund Frandsen have founded Touchpoint, Denmark: an institution providing continuing professional development courses for reflexologists and other CAM practitioners. They have developed a series of 14 different “Round about…” workshops for reflexologists and are both certified Nerve Reflexology tutors through MNT-NR International.

Dorthe and Peter travel extensively, presenting their courses in many parts of the world.
What's going on

News & Inspiration from our Area Groups

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<th>Country/Region</th>
<th>Area Group Name</th>
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As you may know, Dorset Area Group’s Chair Pauline Mills has recently stepped down from her role on the Area Group committee. The AoR, Angela Inwards (the new Chair of Dorset Area Group) and the members of Dorset Area Group would like to express our deepest thanks to Pauline for her hard work and dedication over the last four years, and for all of the exciting talks and activities she’s arranged.

Angela has now taken over as Chair of the group, and, in the tradition of her predecessor, has put together a lively and fascinating programme for the year ahead, which all Dorset based reflexologists are encouraged to enjoy.

The AoR would like to express a warm welcome to Angela in her new role, and our hope that she finds it both a rewarding and an enjoyable one.

The Group is also looking for volunteers in the Dorset area to take on the role of Secretary – so if you’d like to be more involved, do get in touch on 07794375767 or email angelinehealth@gmail.com, as Angela would love to hear from you! The lovely lady currently filling this role (Jean Talman) wishes to stand down this year and Caroline Ashby has kindly offered to do the Group Newsletter. Maxine Haselden will take over from Lynne Jagger (the current treasurer) who has done a fantastic job for the Group.

Photo (left to right): Pauline Mills, Angela Inwards, Jean Talman and Lynne Jagger.

Angela Inwards @AoR, Chair of Dorset Area Group and Laura Ockleston, Customer Services Administrator at the AoR.
Pain is a Picture
The tissues supply the pain in many colours, but the brain is the artist!

The majority of clients seek reflexology treatments because of pain, most often of the musculo-skeletal variety. Therefore, it is essential that the therapist possesses a thorough knowledge about the subject. They also need to be able to educate clients about the many possible inputs that are involved before the brain chooses to paint a picture of pain, and about the great influence the client has on the pain picture.

As pain is such a complex phenomena, a variety of treatment techniques are often required to achieve good results.

We shall begin by taking a look at the nerve impulses that contribute to the pain picture.

Where is the pain?
When you step on a nail (or if your reflexologist finds a very sensitive spot), you certainly feel a pain in the foot. But actually, the tissues don’t have “pain receptors”. What they do have is “danger receptors”, the so called nociceptors. They register stretch, compression, temperature and chemical changes. If they find actual or potential tissue damage, they report this to the central nervous system.

At all times the brain receives nocisensory information from all over the body and constantly evaluates these inputs. If the total sum of this information reaches a certain level, the brain may decide that it is time to paint a pain picture. This is the brain’s way of saying to the conscious mind: “Please do something to change this situation!”

Stress may hurt
Stress is an often overlooked cause of pain in the movement system. In the prolonged stress response where stress hormone levels have been raised for weeks or months, changes occur in the blood supply to muscles and joints. This leads to reduced nutritional status of these tissues, build up of waste products and toxins, and the tissues becoming less flexible and painful.

Frequently this leads to a situation where, for instance, a client’s joint pain receives all the attention and treatment (everything from NSAIDs to surgical joint replacement), where in fact the stress level of the client is the real cause.

For the reflexologist, it is crucial to know about the multitude of symptoms associated with stress, to be able to judge to what extent stress is part of the picture. If a client has a high stress level, it may be very difficult – or impossible – to reduce pain with reflexology until the stress level has been reduced.

Inflammation always hurts
Whenever tissue damage occurs – large or microscopic – the same repair mechanism sets in: the inflammatory process. The damaged cells release substances which activate a cascade of activities involving the immune system, producing the classical signs of inflammation: heat, redness, swelling and PAIN.

This means that in most cases, when you feel a pain, you can be pretty sure that an inflammatory process is going on.

Sometimes the immune system gets confused and “forgets” to shut down the inflammation once the healing and repair stage is over.

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This communication breach in the immune system is one of the hottest current subjects in biological research, and there is mounting evidence that out of control inflammation may be the underlying cause of almost all chronic diseases, including many chronic pain conditions.

One of the best ways to help the immune system is to make sure that the digestion processes are healthy. 70-80% of our immune cells are located in the intestinal tract, so with inflammatory pain it is a good idea to pay plenty of attention to the reflexes for this area and just as important to support with dietary advice and supplements where necessary.

**The client guiding the treatment**

When working with acute pains, back pain, headache, sinusitis, knee pain, etc it is most beneficial to actively include the client as a guide in the treatment. Ask often for immediate responses to your techniques: “How does this feel? Do you feel anything in your knee when I do this?” If the clients allow themselves to really feel what is going on, they can be excellent guides in finding the most appropriate and effective technique for that particular situation.

**Symptomatic treatment**

As holistic practitioners we don’t normally treat symptomatically; however, with acute pain, we do. The client’s most important current concern is to get rid of or at least reduce their pain. Techniques like Nerve Reflexology or other techniques working specifically with the nervous system may be very beneficial in slowing down the nerve signals that contribute to the pain picture.

Once the acute pain is reduced, of course, we do go behind the symptoms in search of deeper causal connections.

**Linking spine reflexes on the foot and lower leg**

Here is an example of a technique to work with back pains, where we treat the spine using two different reflex systems together. In this example, we combine a spine reflex on the lower leg (see box below) with the classic spine reflex on the foot.

**Pain as a friend**

Because perception of pain is an integral part of the brain’s pain painting process, it is important to discuss aspects of pain with your client. Inform them how the brain evaluates all its inputs, deciding whether or not to paint the picture and what kind of picture to paint.

**Ask your client: “Why do you think your brain produces this pain picture right now?”**

Try to look at pain as a message from the inner physician that can sometimes turn pain into a friend, offering you a chance to make changes.

**More info**

The techniques shown above will also be demonstrated at the AoR Summer School events in Harrogate and Torquay.

You could also read the article: “Linking techniques around the spine” at www.touchpoint.dk (includes video clip of the linking technique).

Dorthe Krogsgaard AoR Hons and Peter Lund Frandsen AoR Hons

www.touchpoint.dk

**Facts box – The spine reflex on the lower leg**

This spine reflex on the lower leg was discovered by Karl-Axel Lind (a Swedish reflexologist) and is part of a reflex system where the lower legs and feet reflect the entire body. The feet correspond to the head and the body stretches up along the lower leg.

The spine reflex is situated on the medial edge of the tibia (shinbone). The medial malleolus corresponds to the first cervical vertebra (Atlas) and the tail bone is at the top of the tibia just below the knee joint.

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Butler, David and Moseley, Lorimer: Explain Pain, Noigroup, 2003
Chronic pain is a complex and subjective experience, which many patients struggle to describe to health care professionals. Research shows that 78% of those who used complementary therapies (including reflexology) within a period of one year, reported chronic pain as their reason for attending (Thomas et al., 2001). As reflexologists, we understand that each client is an individual, even among those clients with the same disease. However, we don’t always see an improvement in all of our clients. Therefore, it is important for health practitioners and therapists to understand why some clients respond to particular treatments better than others.

What previous research tells us

Research within the discipline of health psychology suggests that illness beliefs are important determinants of illness outcome, contributing to how successfully a patient responds to a particular treatment.

Illness beliefs form around 5 main components (Leventhal et al., 1984):

1. Identity - attribution of a label to identify symptom patterns.
2. Timeline - the length of time that the illness will continue.
3. Cause - identification of a causal factor of the illness e.g. stress, bacteria or virus etc.
4. Consequences - the expected outcome of the disease.
5. Cure/controllability - the extent to which the illness is perceived to be curable or controllable.

Research also suggests that treatment beliefs predict how successful a treatment intervention will be for a particular individual (Horne & Weinman, 1999).

Treatment beliefs are categorised under two core themes:

1. Necessity beliefs (the necessity of treatment for maintaining health).
2. Concerns (possible negative effects of treatment such as becoming dependent or experiencing adverse effects).

The current research

Problems with methodology and the rareness of randomised controlled trials have been recognised downfalls within reflexology research. Therefore, there is a requirement to improve the credibility of reflexology among health care services. My research as a post-graduate in health psychology at Nottingham University aimed to investigate whether reflexology has an effect on a range of chronic pain conditions. A further objective was to determine whether and how illness and treatment beliefs influence pain perception following a course of reflexology. In my investigation a randomised controlled trial was implemented and self-selecting participants were employed. Eligibility included having a medically diagnosed pain and experiencing pain for at least six months. Twenty-nine participants were split into the intervention group who received a three-week course of reflexology (one treatment a week) and the waiting list control group who received three reflexology treatments three weeks after the intervention group.

In the intervention group sixteen out of eighteen respondents were women with a mean age of forty years. In the waiting list control group all nine participants were female with a mean age of thirty-seven years. The participant sample presented with a variety of pain complaints including fibromyalgia, rheumatoid arthritis, whiplash injury, polycystic ovary syndrome, carpal tunnel syndrome, irritable bowel syndrome and postoperative pain. The main cause of chronic pain within the intervention group was reported as ageing (65.6%). High percentages also agreed that overwork (33.3%) and stress/ worry (38.9%) were the cause of their chronic pain.

Measurements of illness beliefs, treatment beliefs and pain perception using standardised questionnaires were taken from all participants. In addition, participants were asked to draw their pain on an outline of the human form. Participants were instructed to shade freely the area on the drawing that best represented their pain and were given the option to shade outside of the outline of the drawing in order to express their pain intensity. The dimensions of the shaded area were objectively computed using the VISITRAK digital measurement system. Previous research has incorporated this innovative use of drawings for diagnostic, therapeutic and research purposes for chronic pain conditions. Research also suggests that drawings help to predict speed of return to work and self reported recovery, as well as enabling better communication between patient and practitioner (Broadbent et al., 2000).

After three treatments, measurements were once again taken from all participants, including the control group who had not yet received reflexology. Participants in the control group were then invited to receive three reflexology treatments.
Results

Reflexology and pain:

Statistical analyses were performed and findings show that reflexology had a clear advantage over receiving no treatment in the reduction of chronic pain. This was also evident from the drawings which provided an innovative tool of measurement. Fig. 1 panel (A) shows an example of a drawing that has less shading after receiving reflexology (intervention group). Panel (B) shows an example of a drawing that has more shading after a three-week waiting period (control group).

Illness beliefs:

Results suggest that participants who held high emotional representations about their illness experienced a greater improvement in pain after reflexology. This might be explained by the fact that reflexology may also reduce anxiety and improve sleep; thus providing greater benefit to those with a high emotional representation. In addition, participants with a low identity belief (an association with perceived low disability or seriousness of the illness) showed greater improvement in pain after reflexology. Furthermore, the finding that stress, worry or ageing were highly attributed causal factors of chronic pain may provide insight into which groups of individuals are more likely to use reflexology.

Treatment beliefs:

A low necessity belief (reflexology is not necessary for maintaining health) is associated with a greater improvement in pain compared to a high necessity belief (reflexology is necessary for maintaining health). These findings support the view that beliefs about treatment do influence outcome. However, this is contradictory to what we would necessarily believe, thus proving the point that you don’t necessarily have to be a ‘believer’ to benefit from reflexology; necessity belief and efficacy are not synonymous.

Conclusion

My investigation supports existing findings that illness and treatment beliefs do influence treatment outcome. Importantly, my investigation contributes to improving the credibility of reflexology for the control of chronic pain. Patients should not be discouraged from trying this form of treatment. The current findings may have direct clinical implications for groups of patients for whom cognitive factors lead to better adjustment and a more integrated understanding of chronic pain. Although it is unlikely that reflexologists are able to change how a client perceives their illness, this investigation is an important contribution to our understanding as therapists so that we can provide individual understanding of each client experience.

Gemma Watts MSc, MAR

References


Fig. 1. Two examples of participants’ pain drawings. (A) intervention group (received reflexology), (B) control group (received no treatment).
I finished my training in standard reflexology in 1997 and have treated in a similar way ever since. I treat what I feel in the feet as not everyone will present their issues in the same way. All clients are individuals so I never know how a particular problem will present itself, but treating what you feel gives your client’s feet the chance to talk to you.

Soon after starting work in the head office, the opportunity presented itself to treat a female with a long term frozen shoulder. Miss A is a 38 year old office worker. She is in good health but with a couple of medical issues from the past; she had a left hand side thyroid lobectomy in 2003 which shows as a small scar on her throat. She suffers from constant tiredness because of this. She also has extremely bad hayfever, but this seems to have been kept more under control this year through the intake of bee propolis. She has a lower back problem that is helped by regular monthly chiropractic treatment.

The frozen shoulder has been bothering her for the last two years. She has tried several other complementary therapies including chiropractic treatment, remedial massage and Bowen therapy specifically for the shoulder to no effect. The shoulder issue was on the right hand side (RHS) and Miss A very much felt that it was related to having a large dog constantly pulling on that shoulder when being walked. Both her husband and her sister also had similar shoulder problems. During this course of treatment, she did not change her habits and continued to take her dog for walks.

At her first appointment I asked Miss A to extend her right arm as high as she could horizontally outwards. She was standing in front of a white board and we used a pen to draw a line on the board along the upper aspect of her arm. Once she moved away from the board, I measured the number of degrees from the horizontal that she could raise her arm in a very school-boyish way with a protractor. The first measurement was -10°. At this point we took some photographs so we could estimate if there was a change. If you remember, she had tried several other therapies with no long term effects, so her expectations were low. The other therapies had given some short term relief but nothing long term.

I gave (as I always do) a full treatment lasting about 50 minutes’ treatment time. There were several areas of interest: her thyroid was crunchy on the RHS and her neck reflexes up to the occipital were tense with cords of tightness running vertically up into the occipital. I treated the whole of the neck reflex across the base of the big toe up to the first joint. This clearly was where her shoulder problem was either originating or leaving a resulting effect. Both of her shoulder reflexes were tense like steel, so it wasn’t only the RHS frozen shoulder area where the effect was showing. Her lower back reflexes and her hip and sacroiliac areas were incredibly crunchy. My theory would be that there was a twist on her spine that was originating from the sacroiliac joint and producing a problem all the way up into her neck, which was in turn trying to twist her shoulders, thus leaving muscular tension.

Immediately after finishing the treatment I again asked the client to stand and raise her arm in front of the white board. She had already noticed that her shoulder was feeling sore, so it was no surprise that she was even less able to raise her arm post treatment. She could not raise her arm above -25° from the horizontal.

This is where it is important to manage your client’s expectations; had I not already informed her that the treatment may make her condition worse over the next 24-48 hours then she might have been very disappointed with this result, but because she was pre-warned it did not surprise her.

After two days of soreness following the treatments we re-tested and her upwards movement had increased to zero degrees from the horizontal, which was a gain of ten degrees.
This pattern of treatment and soreness with worse scores immediately after treatment but increasing at day 2 post treatment, then increasing again at the following treatment continued. Her reflexes began to soften, and although I could still feel tension, they were more reactive to treatment and were not so stiff. A breakthrough came after the third treatment when she informed me excitedly that for the first time in years she had been able to lift her arm high enough to shave under her arm!

Interestingly, at week 5 the client suffered from sickness and diarrhoea and all her reflex points – including new ones of the bowel and stomach - were much worse. This resulted in concomitantly poor stretch scores. Her healing reaction had been busy with the diarrhoea and had no time to work on her shoulder. Her increased stretch returned after the following week.

At week 7, Miss A had a feeling that her lower back problem had resumed. This was routinely kept in control by monthly chiropractic treatments but because we wanted to keep the reflexology data unbiased she had agreed to forgo those treatments for three months. After the reflexology treatment she had lots of hip and back pain, which then corrected itself. Again, her shoulder results were less impressive that week.

After eight of the ten treatments, we agreed at the beginning that her arm almost reached normal. We thought that the further two treatments might take it to as good as her other arm. However, this did not happen. There was still some restriction on movement after the ten treatments, but it was greatly improved and almost the same as her other arm. Miss A was very excited by this result and we agreed we would keep an eye on her progress after the treatment finished.

It is now three months after the end of the treatment and she now has slightly more movement than at the end of the treatments, so her body has continued to heal. Interestingly, when she went back to chiropractic treatments after the end of the reflexology course, the chiropractor (without knowledge of the treatment she had been receiving) announced that her problems were seemingly getting better. This was after a chiropractic break of four months!

It is also worth mentioning that both her husband and sister had to have general anaesthetic with manual manipulation, followed by pain relief medication to remove their frozen shoulders.

One of the areas that we as reflexologists should always be aware of is cost saving, so to sum up I would like to consider the costs that the client incurred to find a solution to this problem.

Miss A had tried various treatments specifically for her shoulder (her back problem receives continuing chiropractic treatment)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic - eight treatments at £35</td>
<td>£280</td>
</tr>
<tr>
<td>Bowen - four treatments at £40</td>
<td>£160</td>
</tr>
<tr>
<td>Remedial massage - eight treatments at £35</td>
<td>£280</td>
</tr>
<tr>
<td>Reflexology - ten treatments at £30</td>
<td>£300</td>
</tr>
</tbody>
</table>

(totals £720)

Had she had reflexology first she may have saved lots of money. Possibly her back problem may be amenable to reflexology too. Maybe I’ll make it my next data collection project...

Results of Reflexology Treatments: Frozen Shoulder Experiment

<table>
<thead>
<tr>
<th>Treatment number</th>
<th>Day of treatment</th>
<th>pre</th>
<th>post</th>
<th>2 days post</th>
<th>1 week post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>-10</td>
<td>-25</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
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<tr>
<td>10</td>
<td></td>
<td>53</td>
<td>42</td>
<td>53</td>
<td>53</td>
</tr>
</tbody>
</table>

NB: measurements are taken in degrees from horizontal

Tracey Smith FAoR
Reflexology Support Manager
All Ten Treatments Change over Time

X = Immediately post treatment measurements
▲ = Post treatment 5 after Miss A has been ill
The following are all references to research papers that have explored the topic of pain and reflexology...

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Journal</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness of foot and hand massage in postcesarean pain control in a group of Turkish pregnant women</td>
<td>Nuriye Degirmen, Nebahat Ozerdogan, Deniz Sayiner, Nedime Kosgeroglu, Unal Ayranç</td>
<td>APPLIED NURSING RESEARCH</td>
<td>2010 VOL 23; NUMBER 3, Pages 153 - 158</td>
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<td>Reflexology in the management of low back pain: A pilot randomised controlled trial</td>
<td>F. Quinn, C.M. Hughes, G.D. Baxter</td>
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<td>Christine Ann Brown, Catherine Lido</td>
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<td>2007 VOL 11; NUMBER 8, Pages 878 - 887</td>
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<td>Nest, R. V. Giaquinto, M.</td>
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<td>Khan, S. Otter, S. Springett, K</td>
<td>FOOT</td>
<td>2006 VOL 16; NUMBER 2, Pages 112 - 116</td>
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<td>The Effects of Foot Reflexology on Anxiety and Pain in Patients With Breast and Lung Cancer</td>
<td>Stephenson, N. L. Weinrich, S. P. Tavakoli, A. S.</td>
<td>ONCOLOGY NURSING FORUM</td>
<td>2000 VOL 27; PART 1, Pages 67 - 76</td>
</tr>
</tbody>
</table>
Introduction

Nerve Reflexology (NR) is a method to deal with different pain and dysfunction states using nerve reflex points (NRP) located at the periost of the foot bones. Each point refers to a single nerve or a nerve structure and the nerve dependent target tissues. Pushing these points gives a subsequent action on the nerve or nerve structure, normalizing the conduction and neurotransmission and normalizing the target tissues. An example: the sciatic nerve innervates the hamstrings. Continuous stimulated firing of the nerve might cause hamstring tightness and shortening. In this case, pushing the NRP of the sciatic nerve gives rise to pain on the pressed point. Holding this point until pain is gone will normalize the nerve firing. The resulting effect is a release of the hamstring muscles. In NR we have more than 450 NRPs (fig.1), covering the whole nervous system - the peripheral nervous system (PNS), the autonomic nervous system (ANS), the central nervous system (CNS) and the neuro-endocrine system (NES). To treat clients in pain using NR one must know which parts of the nervous system are involved in the pain process in order to push the right points at the right time. In this article I try to explain how NR fits with today’s state of the art in pain physiology. In the first part, the main points of pain physiology are highlighted. In the second part, I describe the art of NR treatment, compared to pain physiology.

Highlights of pain physiology

1. Pain is in the brain

Pain is conducted, modulated, expressed and worked out by the nervous system. No nervous system – no pain. Different brain centres focus on different locations, also called “neurotags” (fig.2). These receive sensory information from environmental and the body’s own stimuli. These neurotags are interconnected, reassembling all incoming stimuli, giving a “total image” of the body and the environmental state of the human being. When parts of this information are judged as “dangerous” or “threatening” the neurotags will produce pain. Dangerous or threatening stimuli are mostly connected to tissue damage or dysfunction (= nociceptive) but can also be produced by emotions, memory, sound, smell… (= non nociceptive).

Note! There are no specific pain centres! The neurotags have normal functions of control and besides that they can produce pain.

2. Incoming stimuli are modulated in different parts of the nervous system

Let’s take an example of tissue damage. Special sensory neurones (nocisensors) transport the information to (first) the spinal ganglia, housing the cells of these neurones; (second) the spinal cord (dorsal horn) and from there, by ascending tracts to (third): the different neurotags in the brain. In all these levels, the stimulus can be modulated in the sense of excitation (= increasing) or inhibition (= decreasing). Increasing or decreasing a stimulus is performed by exciting or inhibiting neurotransmitters (fig. 3).
C. Modulation in the Neurotags

Imagine the neurotags as a mother board of a computer (fig. 6). On this board you find different processors (neurotags) interconnected by wires (neurons). Programmed collaboration between the processors produces different signals on the screen. Working with the “Word” program, the processors will produce letters and sentences. Using “Photoshop” the same processors will produce figures and photographs. Viruses can disturb this process and give unwanted, completely disturbed signals on the screen. In modern pain physiology, the neurotags form the mother board of the brain and are therefore described as “neuromatrix”. Through learning processes, memory, emotion education and many other influences the neurotags learn to cooperate in a smooth neuromatrix. In normal circumstances they can handle all incoming neural signals. Even when the neuromatrix produces pain, the neurotags can handle this by changing autonomic, somatic and hormonal processes in the body in order to heal.

But viruses can disturb the neuromatrix by continuous increasing stimulation from dorsal horns, emotions and environmental stimuli. In this case the neuromatrix can be disturbed by the “pain process” and other normal functions can be disturbed. This is often the case in ongoing chronic pain states.

Nerve Reflexology and Pain physiology

Modulations in the nervous system, decreasing or enhancing pain, can be summarized in the original pain diagram, as developed by the author and revealing the four pillars of pain (fig. 7).

A treatment with NR first starts with taking an in-depth
history and pain sensory assessment covering the 4 pillars of pain. This thorough assessment will reveal all abnormal modulations in the different parts of the nervous system. In NR this system of analyzing and thinking is known as “pain clinical reasoning, assessment and treatment planning”.

A restricted example of a woman, suffering from sciatic pain, can make this clear.

History taking, movement assessment and sensory nerve assessment can show up these signs and symptoms: movement and muscle dysfunction in the low back, distortion of the pelvis, sciatic pain and tight hamstrings and calf muscles.

Now, by filling in this diagram, the therapist knows in which parts of the nervous system he/she has to interfere and with which nerve reflex points. The nerve reflex points can be combined with normal reflexology techniques for musculoskeletal and visceral parts or with other special reflex techniques like ART or VRT. The NR techniques can also be combined with manual techniques on the body like massage, mobilisations and manipulations. By interfering in all parts of the 4 pillars of pain the NR-therapist will hopefully restore normal function in the nervous system giving the neuromatrix the possibility to act normally and to play its normal role in restoring and healing.

Conclusions

1. NR is the first foot reflexology method that fully relies on a “science –based” model of thinking and handling. It is based on modern academic research on pain physiology. NR links the experimental and long time experience of foot reflexology to modern medical science and evidence practice.

2. As Tony Porter has often said: “NR is the missing link in foot reflexology”. NR gives the opportunity to fully interfere in a very precise way in the different parts of the nervous system. Conventional foot reflexology often has lower results because of lack of quality in the treatment, interfering in the biggest control and modulating system of pain and body control. Therefore, NR forms a perfect partnership with pain physiology.

Nico Pauly AoR Hons
Physiotherapy, Manual Neurotherapy, Manual Therapy, Cranio-Sacral Osteopathy, Senior Tutor of MNT-NR International®, Member of the International Association for the Study of Pain (I.A.S.P.)

Notes:
NR training in the UK is offered by MNT-NR International® and organised by Lynne Booth of BoothVRT. Information can be found on: www.mnt-nr.com and www.boothVRT.com. “Explain Pain”, a book written by David Butler and Lorimer Moseley, is the perfect book to learn about pain and pain physiology. It is written in common language, understandable for therapist and client. This book is a “MUST” for everyone dealing with pain!
The Deeper Meaning of our Pain

Lee Anthony Taylor MAR scratches the surface to address the thorny subject of pain – perceived or real – and why it is so important to have it around in our lives.

Earth in this lifetime. We become so consumed in living out the illusions in life - working towards ‘richness’ - that our original plans from when we were very young become swamped by the pressures of striving for ‘success’.

We lose the way very quickly and a gulf opens up between what our spiritual truth tells us is right for us at a subconscious level, and what our ego urges us on to do on a daily, conscious level. The more separated we become from that truth, the more our physical, emotional and mental states might violently react to the widening chasm. Pain may become the degree of separation between ourselves and our spiritual truth; the greater the gulf, the greater the pain.

Pain may affect those parts of the body where there is a deep conflict between the conscious and subconscious realms for that client. The release of pain might be the body’s attempt at reconciliation between the two and a resolution towards better enlightenment for that person in this incarnation.

Once we start to shed the illusions that bind us and start to be truthful to ourselves, then the pain may temporarily peak at a new height as it leaves that part of the body and then a new balance might be restored.

The Message Behind the Pain

Pain in all its many guises lets us know that somehow something is not going our way or, spiritually speaking, it might let us know that we are not going in the right direction.

Pain often comes along at the most inconvenient points in our lives, when we have so much to do or when we were doing really well at something. Why is this?

Our constant need to do something may be indicative of our quest to find spiritual enlightenment in our way, at our own pace. We have a desire to evolve as individuals and as a community and, consciously, we occupy our time with tasks, dreams, ambitions and missions to give our life meaning. There is nothing wrong with this approach.

Things may break down, however, when we stray more and more from our spiritual truth; when we deviate from what our purpose is on this
The AoR will be holding a Summer School in Harrogate on 20th - 22nd May 2011. This will include practical sessions on VRT, ART, Maternity reflexology, back and spine issues and much more.

**LOOK WHAT’S ON OFFER!**

**SPEAKERS & TOPICS**

- Peter Lund Frandsen & Dorte Krogsgaard - Back & Spine Issues
- Lynne Booth - Vertical Reflex Therapy (VRT)
- Tony Porter - Advanced Reflexology Techniques (ART)
- Jenni Grant - Maternity Reflexology for Fertility
- Gill Thomson - Red Flag Conditions in Pregnancy
- Tracey Smith - When to Treat/ How to advertise
- Foresight Charity Preconception Talk
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**Speaker:** Lone Sorensen  
**Date:** 11 June 2011  
**Time:** 9.30am - 4.00pm

**Location:**  
Strand Palace Hotel, 372 Strand, London, WC2R 0JJ

**Description:**  
Facial Reflexology Sorensensistem™ is a therapeutic method which distinguishes itself by acting on the Central Nervous System and the brain – which may be an effective therapy for neurological problems and different types of brain injury.

**What to Bring?**  
Towel, oil (for face), hair band

**Who is this best suited to?**  
All members

**Price:** £50.00 member price  
£90.00 non member price

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**Introductory Seminar:**
Q: Who practices nutrition? A: Everyone who eats everyday!

**Speaker:** Lorraine Perretta, Nutritional Consultant, BANT  
**Date:** 9 July 2011  
**Time:** 9.30am - 4.30pm

**Location:**  
Strand Palace Hotel, 372 Strand, London, WC2R 0JJ

**Description:**  
This one day workshop focuses on how nutritional therapy plays a role in overall health and is a natural partner for all complementary therapies.

It will be of particular interest to reflexologists who want to know the answers to the questions: What is nutritional therapy? How can nutritional therapy help me / my clients? What happens during a nutrition consultation? What’s happening to our food? Do people really need to take vitamin supplements?

The day will cover how nutritional therapy helps to rebalance body systems covering digestion, immunity, hormones as well as the nervous system. Attendees will be given useful tools to incorporate into their practice. Each attendee will leave with a personal nutritional plan to put into action. This is a fun and informative seminar for everyone who wants to know about nutrition.

**What to Bring?**  
Notebook and pen

**Who is this best suited to?**  
All members

**Price:** £50.00 member price  
£90.00 non member price

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**Introductory Seminar:**
Reflexology for Pregnancy

**Speaker:** Susanne Enzer  
**Date:** 24 September 2011  
**Time:** 10.30am - 5.00pm

**Location:**  
Strand Palace Hotel, 372 Strand, London, WC2R 0JJ

**Description:**  
Reflexology has become one of the most popular complementary therapies used by women during pregnancy. It is my belief that reflexology is second to none for pregnancy care. As a natural therapy, it naturally compliments the natural occurrence of child bearing.

**What to bring?**  
Pen and paper

**Who is this best suited to?**  
All members

**Price:** £50.00 member price  
£90.00 non member price
Introductory Seminar:
Finger Free® Reflexology

**Speaker:** David Wayte
**Date:** 8 October 2011
**Time:** 10.00am - 5.00pm

**Location:**
Hilton Bristol, Woodlands Lane, Bradley Stoke, Bristol, BS32 4JF

**Description:**
Finger Free® Reflexology is designed to give a full and deep treatment to your client without unnecessary strain or stress to the fingers and thumbs. This unique, radical new technique aims to help extend your working life and open up a whole new way of working on the feet. If you enjoy giving reflexology treatments but find that after a few clients, your fingers are beginning to ache, then Finger Free® might be just the answer you have been looking for! The techniques used in Finger Free® Reflexology may reduce wear and tear on the finger joints, help you avoid repetitive strain injury and, therefore, assist in extending your working life.

There are opportunities to practise some of the Finger Free techniques in both morning and afternoon practical sessions. As well as the items below, please bring anything that would make a practical session comfortable for you.

**What to bring?**
Towel, oil/lotion, wet-wipes

**Who is this best suited to?**
All Members

**Price:** £50.00 member price
£90.00 non member price

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Introductory Seminar:
Introduction to Facial Reflexology

**Speaker:** Nikke Ariff
**Date:** 5 November 2011
**Time:** 10.00am - 5.00pm

**Location:**
Hilton Cardiff Hotel, Kingsway, Cardiff, Wales, CF10 3HH

**Description:**
This seminar is aimed at the professional practitioner as an introduction to facial maps from ancient reflex-therapies that underpin Facial Reflexology Sorensensistem™. This seminar will cover the essential elements incorporated in a Sorensensistem™ treatment: the importance of the Traditional Chinese Five Elements in assessing health issues and the neurological importance of working on the face and scalp to rebalance body systems and energies.

Although we are often distracted by our preoccupation with decorating the face, there is good reason for the location of all our sensory organs being on the head. Their neurologically important location and this seeming ‘flippant’ beauty obsession will also be explored.

Practical work will be included in this seminar.

**What to bring?**
Towel, hairband and face cream

**Who is this best suited to?**
All Members

**Price:** £50.00 member price
£90.00 non member price

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**Ways to book**

- If you are a member you can book online by visiting the Members’ Area on the AoR website.
- Contact the AoR for an event booking form on 01823 351010 or by email at dlewis@aor.org.uk. You can return this to the AoR, 5 Fore Street, Taunton, Somerset, TA1 1HX.
- Call the office on 01823 351010 and pay over the phone (please have your membership number to hand).
- An administrative charge of £5 will be made on all cancellations.
- The price includes VAT
What is actually happening?

We know that a number of people who either disbelieve the efficacy of complementary health, or who are very sceptical about how (or indeed, whether) it works, are trying to ‘attack’ a number of therapies. You may be aware that chiropractic has been subject to hundreds of complaints to The General Chiropractic Council (GCC) over the past year or so. Homeopathy has also been targeted to the extent that a significant number of courses have now closed in several Universities. It now appears that reflexology is also in the spotlight and it is possible that other therapies will be targeted in due course.

Why is this happening?

At one level, it is good for any profession to be challenged about what it does. We should never listen only to our friends if we want to have a balanced view of our actions. When it involves other people and their health and well being, we should all be able to provide a rationale for our activities and be able to justify what we do and why. For those reasons we should listen to those who are sceptical and work out the best way to answer their queries.

What might happen?

One of the ways in which some people are working, in the first instance, is to search all written material produced by CNHC registrants for statements they believe cannot be justified by evidence. This may include information on your web site or in your publicity material. They then look to make a complaint. This may be to CNHC where Clause 15 of the CNHC Code of Conduct, Performance and Ethics will be cited. Alternatively, they may complain to the Advertising Standards Authority (ASA).

What happens next?

If the complaint comes to CNHC it will be first considered by the Registrar to see if it needs to be progressed or if it can be dismissed as merely vexatious (i.e. someone just being silly or malicious). If there is a genuine concern, then the complaint will pass on to an independent Investigating Committee Panel for consideration. This panel has the power to make a decision that no further action needs to be taken or to pass the complaint on to a full hearing by a Conduct and Competence Panel.

If the complaint goes to the ASA it is likely to be considered against the strength of the evidence available for the claims that are being made. CNHC is currently in discussion with those with research expertise to provide evidence that might be acceptable to the ASA where necessary. One of the difficulties relates to what type of research will be considered acceptable. Randomised control trials don’t feature very highly in the complementary healthcare sector.

What can you do about it?

Make sure that you are very careful about what you write and say. Don’t make any claims anywhere in your materials or on your website that have no evidence (as after 1st March 2011 website information will also be subject to ASA scrutiny and complaint). Always bear in mind that you may need to provide evidence to back up any claim you make about efficacy in particular.

Do you need help?

Please don’t worry too much - not everyone is out to get you, even if it feels like that at times! Just be cautious and sensible. Read the advice provided by CNHC and the AoR, and look at the CAP Code.

Continue to be proud of your work and the help it brings to those who need it.

Who to contact

CNHC – www.cnhc.org.uk
email: info@cnhc.org.uk or
tel: 0203 178 2199

ASA – www.asa.org.uk

CAP – www.cap.org.uk

Maggy Wallace
Executive Chair, CNHC

There seems to be little doubt that issues to do with ‘advertising’ are some of the ways in which those who are sceptical about complementary healthcare are choosing to try and make their point.
Looking on the Bright Side of the Complaints Issue

The complaint

So how would you feel if CNHC contacted you to say that someone had made a complaint about you? Scared, worried, angry? In one way, it’s a silly question, isn’t it? But let’s look at it another way:

CNHC is the Department of Health supported regulatory body for the complementary healthcare sector. Like all regulatory bodies, it is tasked with protecting the public. It does this by working with the professions concerned to set standards for education, training and practice, so that the public can be assured that registrants are properly qualified for their important work.

The register

The CNHC register is a public document – which means it is open to scrutiny by anyone who wishes to access it. Such a register will attract a range of attention from a number of interested parties. There will be those who are looking for a practitioner whose qualifications and experience they can trust – the register’s main function. There will also be those who are just wandering around the web out of interest. There will be other practitioners looking to see who’s registered in their discipline and in their area. And, sadly, there will also be those who have other motives.

The doubters

Anyone working in the field of complementary healthcare will know very early on that the sector has a significant number of those who do not believe in their work - detractors, sceptics, call them what you will. Some of these are genuine enquirers who want reassurance that nothing harmful is taking place. Some need more evidence in order to form a judgement. Some are merely being mischievous.

Whatever the reason, the result may be the same – some people will scrutinise information produced by registrants with a fine tooth comb. Sometimes it will be in a genuine search for information - sometimes there will be a more malicious intent. Either way, the registrant and the whole complementary healthcare sector is in the spotlight. That is not a bad thing for the professions as a whole. But it does mean that in order to avoid possible complaints, usually about advertising, you will have to be increasingly careful – not paranoid - just sensible.

The personal experience

Don’t take my word for it – listen to the experience of a reflexologist who was the subject of a complaint recently and who understands the role CNHC plays in enhancing public safety. “Anyone who does receive a complaint will have the full support of their professional association. It can be a worrying time but it’s important not to panic and not to take it personally. As a regulator, the CNHC has a duty to investigate. The public should feel reassured that this is being done effectively.

In my case it was simply a matter of changing a few words on my website. CNHC contacted me and explained the complaints procedure and my professional association was able to provide guidance on what reflexologists can and cannot say in their advertising. They subsequently published advice in their newsletter as well. I would urge all reflexologists to make sure they are familiar with current guidance in this area.”

The advice

Remember - don’t take it personally. Don’t let your registration lapse because you are afraid there will be a complaint. Be proud of the fact that you are helping to spread the word about the value of your discipline. Be proud to be CNHC registered, making a stand and a statement on behalf of your own profession and complementary healthcare as whole. Don’t let the activities of a few spoil it for all those who benefit from your work.

Feel free to contact AoR or CNHC for any further advice.

CNHC contact details:
Web: www.cnhc.org.uk
Email: info@cnhc.org.uk
Tel: 0203 178 2199

Maggy Wallace
Executive Chair, CNHC
As you can see from the articles on the last two pages, there have been and will no doubt be more complaints coming through the CNHC that affect CNHC registered members. However, there is also another route for people with issues to complain through and that is the Advertising Standards Authority (ASA). The public have every right to complain if they feel that advertising is misleading or indeed if they have had problems with a particular therapist or treatment; however, there are many complainants who are doing this to make the life of a complementary therapist difficult or to put the therapy into disrepute. Unfortunately, we simply have to accept this as a part of life. The CNHC have produced some guidelines at http://www.cnhc.org.uk/assets/6-046.pdf.

Up to March 1st this year, the ASA did not oversee websites. Their remit was solely media and paper based. However, this has now changed and complaints about websites can now be made via this route, even if you are not registered with the CNHC.

There are things that you can do to prevent complaints happening about you!

The key issue is to keep yourself safe regarding any information on your leaflets, advertising and now your website. You should also be using the same language when you talk to your clients either face to face or on the phone.

Remember that each reflexology client is an individual and will react in an individual manner.

Check that you only use ‘may’ and ‘might’, not ‘can’ and ‘will’ in your wording.

Check that you do not use the words ‘reflexology has been shown to be effective in or with...’

Never say that reflexology will cure or take the place of medical care.

Do not use medical diagnoses in your documents – for example use fertility issues rather than infertility or sub fertility.

Do use testimonials to support your claims; however, you must be able to provide a signed version of the testimonial or to be able to contact that individual should that testimonial be queried.

Do use research, but remember that this cannot necessarily be generalised to the public as a whole and so can only be used specifically for that project. Always remember to cite the reference.

For example: A research project suggests that reflexology may have an effect on anxiety state, e.g. Evaluation of anxiety, salivary cortisol and melatonin secretion following reflexology treatment: A pilot study in healthy individuals. A.J. Mc Vicar, C.R. Greenwood, F. Fewell, V. D’Arcy, S. Chandrasekharan and L.C. Alltridge. Complementary Therapies in Clinical Practice. 2007 VOL 13; NUMBER 3, page(s) 137-145
Changes to ‘Specialisms’: Find a Reflexologist advanced search

Due to the changes with the ASA and its ability to accept complaints about websites, we are now changing the ‘specialisms’ area to show areas that practitioners might be ‘experienced in’ instead. This will also remove the medical definitions that we used to have and make them more general definitions.

As an example, infertility will now become fertility issues and IBS will come under stress related digestive disorders. Training courses will be listed separately, so if you have carried out an ART or VRT course for example, this will be clear in your listing.

These changes will be made automatically, so you might find that where you were once a ‘specialist’ in Crohn’s disease you are now ‘experienced in’ digestive disorders.

We are aware that some of the changes might not seem a very comfortable fit – for example asthma into the breathing disorders box, BUT we are making these changes to protect you and the AoR from complaints. The ASA guidelines say: ‘marketers should delete all references, including implied references, to medical conditions for which suitably qualified medical advice should be sought.’ There is a list of these on the CAP (Committee of Advertising Practice) website.

Claims that are likely to be acceptable to CAP are:
Reflexology helps relaxation, improves mood, aids sleep, helps to relieve tension and improves sense of wellbeing.

And yes, we know it does lots more, but the problem is having evidence to back this up. Certainly testimonials can help here, as long as you do not over generalise.

We are also changing the way you can be classified as ‘experienced in’ – previously there was no specific evidence requirement but for safety’s sake we now will be asking for proof of experience.

You will have two ways of becoming classified as ‘experienced in’

Either
1) You have attended a specialist course in this area that is 2 days or longer duration, AND have treated and documented at least 10 clients with this issue.

Or
2) You have treated at least 20 clients with this issue and have signed testimonials to back up your experience.

Because we are aware that most members will not have collated evidence, we are allowing you one year to collect and document your evidence and in that time you can remain ‘experienced in’. After March 2012 we will randomly request a number of ‘experienced in’ members to provide their back up evidence for confirmation of standards.

Do not forget that all the documentation produced for this can gain valuable CPD points.

Tracey Smith FAoR
Reflexology Support Manager

Old ‘specialism’ | New ‘experienced in’
---|---
ART reflexology (reg) | Techniques
Auricular therapy | Advanced reflexology techniques (ART registered)
Baby reflexology | Auricular therapy
Cranial sacral | Baby reflexology
Facial reflexology | Cranial sacral reflexology
Foot reading | Facial reflexology
Gentle touch | Foot reading
Hand reflexology | Gentle touch reflexology
Intuition and sound | Hand reflexology
VRT | Intuition and sound reflexology
| Maternity reflexology (registered)

Conditions (note this does not use medical terminology)

Arthritis | Joint pain
Asthma | Breathing disorders
Eczema | Skin problems
Autism | Clients with developmental difficulties
Babies and children | Babies and children
Cancer | Clients living with cancer
Crohn’s disease | Digestive disorders
Cystic fibrosis | Clients with a life threatening inherited illness
Depression | Mental health issues
Diabetes | Blood sugar disorders
Digestive system | Digestive problems
Elderly | Working with elderly clients
Epilepsy | Clients living with recurring seizures
Fertility | Fertility issues
IBS | Stress related digestive disorders
Insomnia | Stress related sleep disorders
Learning difficulties | Clients with learning difficulties
Learning disability | Clients with learning disabilities
Lupus | Autoimmune disorders
ME/CFS | Clients living with a long term debilitating illness
MS | Clients living with disabling neurological conditions
Menopause | Hormonal imbalances
Parkinson’s disease | Clients living with a long term neurological illness
Pregnancy | Pregnancy
Psoriasis | Skin disorders
RSI | Muscular and joint pain
Stress | Stress and anxiety
Strokes | Clients living with stroke
Substance abuse | Clients with substance abuse issues
Thyroid | Thyroid disorders
Tinnitus | Ear disorders
Adrenal disorders
Do you have your own website? Do you find yourself looking around the web at all the new features on modern websites, and get the feeling that your own is starting to look a little dated? If so, here are some suggestions for ways to improve both the appearance of your website, and also hopefully its effectiveness in attracting clients. They will be especially useful to WebHealer clients who have simple access to update their own websites, but others may ask their web designer to make the changes for them.

Google Maps
Gone are the days when we expect people to pull out the A-Z to find out where your clinic is located. Add a Google map to your website, and you can make it easy for clients to find you and even print out personalised directions.

1. Visit http://maps.google.co.uk
2. Enter your postcode to see a map with a marker pin at the centre of the postcode
3. Click ‘Link’ in the top right to see a pop-up box like Figure 1
4. Click in the bottom row so it goes blue, hold down the Ctrl key and press the letter C, or on a Mac use Command instead of Ctrl to copy the contents
5. Paste these contents into your website page. To do this, WebHealer clients can simply log into their Administration Area, go to the “contact me” page and press the Ctrl key and letter V. Click Save Changes and your website should look something like Figure 2

Online Contact Form
Many commercial websites no longer show an email address, instead using an online form. There are good reasons for this.

1. Displaying email addresses allows them to be “read” by spam computers which build spam lists
2. Online forms ensure that the message will reach you, instead of being accidentally deleted by an over zealous spam filter
3. It looks more professional, and can include extra questions

Your web designer should be able to add a mailing system to your web server, or even use an online service such as www.emailmeform.com which provides code to copy and paste into your website, just like with Google Maps. However, check the privacy policies if you use a third party.

WebHealer clients can add an Email Contact Form for free as follows:
1. In your Administration Area, click Special Features in the left hand menu
2. Set the Email Contact Form to “On” and click Save Changes

Your WebHealer website will now include a link in the sidebar saying “Click here to email”, taking visitors to a form like Figure 3

eNewsletters
To really engage with your visitors, invite them to subscribe to an email newsletter that you can send out periodically. This keeps you in touch with your visitor (who hopefully becomes a client), and they may even forward your newsletter to their friends and colleagues.

Sounds complicated? Well, it is now much easier than it used to be. The hardest bit is thinking what to write about, but if you enjoy writing and are enthusiastic about reflexology or natural therapies, just write about the latest things that interest you.

Like the features above, there are online services that will let you add a “subscribe to my newsletter” feature with a simple copy/paste. A well established one is www.constantcontact.com who provide tools for managing mailing lists and creating newsletters. Instead, if you want to start very simply, just invite visitors to email you to ask to join your newsletter, then keep a list of addresses in your email software – but be sure to respect a subscriber’s privacy by offering a way to unsubscribe and taking care to remove them from your list if they ask.

By the time of publication of this article, WebHealer should be beta testing a free newsletter service for our clients, so feel free to contact us if you’d like to try it. Here’s a quick snapshot from our development labs to whet your appetite (Figure 4).

For more tips and advice on getting the best from your website, all AoR members are welcome to download the free WebHealer eGuide “Using the Web to Attract More Clients”, available from www.webhealer.net.

The WebHealer Team
www.webhealer.net
Your clients aren’t just buying reflexology from you; they are buying perceived solutions to problems. Analyzing buyer motivation further, they are buying an emotional concept:

- Recovery of something lost e.g. youth, a slimmer body, increased attractiveness or a healthier body
- Pride e.g. to be the first for a “new” therapy or a deluxe package
- Security, safety and comfort
- Relief from fear e.g. side-effects of cancer treatment
- To be cared for/pampered
- A longer life
- Relief from pain or discomfort
- Love e.g. purchasing a gift voucher for a loved one
- Relief from guilt e.g. for not looking after themselves
- Improved health (and lifestyle)
- More “me” time
- Greed e.g. how cheap it is, how much they can get for their money
- Relaxation and peace of mind

It isn’t enough to state how fabulous reflexology is or how many letters after your name you have; your marketing needs should address the potential buyer’s emotional needs. For example, if you’re selling weight management to post-natal women, your client is buying increased attractiveness, improved health and recovery of figure. Or if you’re selling stress management, your client is buying relaxation, confidence, easing/resolution of a problem, “me” time, health and lifestyle improvement. You need to look at your marketing from the client’s point of view and specifically address their emotional needs. In order to clarify the 5 steps to fulfilling your client’s emotional needs, I’ve used two examples of possible issues that your client might have:

1. Consider a health issue you would like to treat. What do you have in-depth experience of treating? What health concern do you have a passion for?

   Example 1: Pregnancy.
   Example 2: IBS.

2. What are the key problems facing this client base? What are their physiological and psychological issues in relation to the problem?

   Example 1: Distressing/uncomfortable pregnancy side effects, fear and anxiety, pain management, delayed birth.
   Example 2: Constipation, diarrhea, wind, bloating, pain management, embarrassment.

3. How does the client base who has this problem want to physiologically and psychologically FEEL?

   Example 1: Confident, relief from pain, improved lifestyle, improved health, easing or resolvement of problem, safe pregnancy, positive birth experience.
   Example 2: Improved lifestyle, confident, easing or resolvement of problem, comfort, relief from pain and improved health.

4. What solutions can you provide which address how the client wants to FEEL?

   Example 1: Reflexology, stress management etc.
   Example 2: Reflexology, nutrition etc.

5. How willing is the client base to pay for your solutions? Reflexology may be seen as essential if addressing a condition, but in general it is a discretionary spend, meaning that it isn’t as essential as paying the gas bill.

   Example 1: Many women don’t want to be induced, side effects of pregnancy can be debilitating. Fear is usually the biggest motivator, therefore the client is very inclined to pay for treatment.
   Example 2: IBS can affect personal and professional life and cause high anxiety which exacerbates the condition. Social embarrassment (therefore fear) may motivate the client, therefore again the client is very inclined to pay for treatment.

In summary, we can see how your client’s emotional needs are key to creating an effective marketing strategy. In order to understand the concept further, consider your own purchasing habits. I brought a book recently on managing stress with qigong. My functional (practical) motivation was twofold. Having experienced qigong, I thought it would be good for me. Secondly, it is something I could include in my private practice. My emotional investment was fear and pride e.g. I want my clients to think I offer value and something different. Emotional marketing comes to us all in the end!

Laurel Alexander MAR
Laurel Alexander LNC.P.MAR.MBANT.MAC. MISMA. Cert.Ed. runs a business coaching practice for wellness professionals and has over 25 years experience as a career and small business coach and trainer in both the public and private sectors. She is a qualified reflexologist, nutritionist and stress manager.

For more information visit www.laurelalexander.co.uk, email: info@laurelalexander.co.uk or telephone 01273 564030.

Laurel Alexander MAR
Anatomy and Physiology revision

This quarter, we thought it’d be useful to tackle the bones of the feet – after all, it’s need-to-know stuff! Just as a little challenge for everyone out there, I’ve thrown in the bones of the ankle – can you remember them all in the right places...?

A is for...

- Allergies
- Alzheimer’s disease
- Anaemia (do you know what’s special about pernicious anaemia?)
- Angina
- Arteriosclerosis
- Arthritis (do you know the difference between osteoarthritis and rheumatoid arthritis?)
- Asthma
- Atheroma

Answers will be available on the Members’ Area of the website!
How to gain a year’s worth of CPD points without paying a penny!

With the launch of the new CPD Handbook Version 6, we thought you might like a few ideas as to how you could gain your 20 CPD points without spending a penny or attending courses...

Most people collect the majority of their CPD points from the category below without realising it...

**Category 1: Informal learning activity**
This could be:

Reading...
- ...about medical conditions before treating clients
- ...about new reflexology techniques on the internet or in books
- ...Reflexions or other related professional journals
- ... articles and resources on the Members’ Area of the website
- ...research papers
- ...in fact, anything that helps improve your knowledge as a reflexologist!

Finding out about...
- ...new products that clients might enjoy you using on their feet
- ...how other practitioners in your area market themselves (by looking in magazines, yellow pages, getting one of their leaflets and reviewing it, etc)
- ...how to use a computer or the internet if you are not computer literate (there are always free courses available in local libraries)

You could also...
- ...look for resources on the internet (e.g. YouTube) for reflexology treatments/techniques/treatment rooms and compare them to your own. Remember that not all of the treatments you see on YouTube will be good examples of a treatment!
- ...look for resources on the internet (e.g. videos on YouTube) for marketing tips to help build your practice. Again, some will be more effective than others – so remember to be critical when viewing.

...However, as you need to gain your points from more than one source of CPD, here’s a few more ideas as to how you could do it:

**Category 2: Reflective practice**
Reflective practice is any activity that involves you evaluating your own performance as a reflexologist. This could include taking notes after a session with a client that look at what you did that worked well and how you could improve the client’s experience with you next time. It could include planning for the future in terms of identifying any gaps in your knowledge and planning how to fill them. However, this does not necessarily have to be a lot of writing - just jot down the main points you’ve been thinking about (they’ll help remind you anyway) - all of the time you spend thinking and jotting down counts for points.

**Category 3: Publication of a case study, article, review or book.** This could be in Reflexions, another professional or commercial magazine or a newspaper. It could even be writing and researching for your own book, if it is published.

**Category 11: Practitioner Exchange session.** This is swapping treatments with another reflexologist. If they’re a mobile therapist, they may even be willing to come to you!

**Category 12: Volunteer reflexology work**
If you practise at home and your house is in a prominent place where lots of people will be walking past, you could host a “walk-in tryout” day; you could even link it to a favourite charity of yours by asking people to donate to that charity in return for treatments.

**Category 13: Mentoring, buddying or supervising others**
Mentoring sessions do not have to be as formal as the name suggests; you could meet once a month or so for coffee and talk through how your mentee is finding the adjustments between their course and the professional world of practice.
You could swap treatments, stories of success, stories of events that taught you something about the practising world; anything that your mentee would find helpful. Meeting up for coffee with a few other reflexologists can also be called buddying, as long as you’re talking about reflexology.

**Category 16: Promoting reflexology**
Do you remember all that time you spent promoting your business to members of the public? Perhaps you did it through creating your own set of leaflets, or by building a website. You might even have given a talk to a local club or group about reflexology. All of these (and many more) activities provide CPD points.

Do remember that this is not an exhaustive list of activities that you could have done to gain CPD points - there are also many more ways available for you in the new CPD Handbook Version 6, available on the Members’ Area of our website (www.aor.org.uk) or by calling 01823 351010.

www.aor.org.uk

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**CPD Listings**

Your one-stop guide to upcoming events

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<tr>
<th>Dates</th>
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<tbody>
<tr>
<td>Flexible dates</td>
<td>Online</td>
<td>Level 3 Diploma in Pathologies</td>
<td>Essential Training Solutions</td>
<td>01604 879110</td>
<td><a href="http://www.essential-training.co.uk/aor_cpd.htm">http://www.essential-training.co.uk/aor_cpd.htm</a></td>
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<td>Flexible dates</td>
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<tr>
<td>16 March 2011</td>
<td>Harpenden, Hertfordshire</td>
<td>Reflexology for Pregnancy</td>
<td>Lena Chandler</td>
<td>01582 620143</td>
<td><a href="http://www.essentialtraining.co.uk">www.essentialtraining.co.uk</a></td>
</tr>
<tr>
<td>23 March 2011</td>
<td>Harpenden, Hertfordshire</td>
<td>Reflexology for Labour &amp; Birth</td>
<td></td>
<td>01582 620143</td>
<td><a href="http://www.essentialtraining.co.uk">www.essentialtraining.co.uk</a></td>
</tr>
<tr>
<td>26 March 2011</td>
<td>Manchester</td>
<td>Rena Shah - Maternity Reflexology</td>
<td>AoR/Rima Shah</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
</tr>
<tr>
<td>27 March 2011</td>
<td>Leeds</td>
<td>Aromatherapy for the Feet</td>
<td>Louise Keet</td>
<td>0207 691 0793</td>
<td><a href="http://www.learnreflexology.com">www.learnreflexology.com</a></td>
</tr>
<tr>
<td>02 April 2011</td>
<td>Leeds</td>
<td>Pre and Post Natal Reflexology</td>
<td>Marie Wayte</td>
<td>01773 771234</td>
<td><a href="http://www.jubileecollege.co.uk">www.jubileecollege.co.uk</a></td>
</tr>
<tr>
<td>09 April 2011</td>
<td>London</td>
<td>Pre and Post Natal Reflexology</td>
<td>Lesley Woolfe</td>
<td>07832 668857</td>
<td></td>
</tr>
<tr>
<td>16 April 2011</td>
<td>Nottingham</td>
<td>Aromatherapy for the Feet</td>
<td>Marie Wayte</td>
<td>01773 771234</td>
<td><a href="http://www.jubileecollege.co.uk">www.jubileecollege.co.uk</a></td>
</tr>
<tr>
<td>30 April 2011</td>
<td>Marlow, Buckinghamshire</td>
<td>Motivation and Breach presentation</td>
<td>Gll Thomson Mitchell/Maternity Reflexologist &amp; Tutor</td>
<td>07517 240200</td>
<td><a href="http://www.maternity-reflexology.com">www.maternity-reflexology.com</a></td>
</tr>
<tr>
<td>11 May 2011</td>
<td>Harpenden, Hertfordshire</td>
<td>Reflexology for Fertility</td>
<td>Lena Chandler</td>
<td>01582 620143</td>
<td><a href="http://www.essentialtraining.co.uk">www.essentialtraining.co.uk</a></td>
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<tr>
<td>14 May 2011</td>
<td>London</td>
<td>Pre and Post Natal Reflexology</td>
<td>Lesley Woolfe</td>
<td>07832 668857</td>
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</tr>
<tr>
<td>16 May 2011</td>
<td>London</td>
<td>Hand Reflexology</td>
<td>Louise Keet</td>
<td>0207 691 0793</td>
<td><a href="http://www.learnreflexology.com">www.learnreflexology.com</a></td>
</tr>
<tr>
<td>18 May 2011</td>
<td>Harpenden, Hertfordshire</td>
<td>Reflexology for Menstruation</td>
<td>Lena Chandler</td>
<td>01582 620143</td>
<td><a href="http://www.essentialtraining.co.uk">www.essentialtraining.co.uk</a></td>
</tr>
<tr>
<td>11 June 2011</td>
<td>London</td>
<td>Lone Sorensen - Facial Reflexology</td>
<td>AoR/Lone Sorensen</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
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<tr>
<td>18 &amp; 19 June 2011</td>
<td>Marlow, Buckinghamshire</td>
<td>Maternity Reflexology Part 2</td>
<td>Gll Thomson Mitchell/Maternity Reflexologist &amp; Tutor</td>
<td>07517 240200</td>
<td><a href="http://www.maternity-reflexology.com">www.maternity-reflexology.com</a></td>
</tr>
<tr>
<td>22 May 2011</td>
<td>Harrogate</td>
<td>AoR Summer School</td>
<td>AoR</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
</tr>
<tr>
<td>25 June 2011</td>
<td>London</td>
<td>Pre and Post Natal Reflexology</td>
<td>Lesley Woolfe</td>
<td>07832 668857</td>
<td></td>
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<tr>
<td>1-3 July 2011</td>
<td>Torquay</td>
<td>AoR Summer School</td>
<td>AoR</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
</tr>
<tr>
<td>9 July 2011</td>
<td>London</td>
<td>Lorraine Perretta - Nutrition</td>
<td>AoR/Lorraine Perretta</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
</tr>
<tr>
<td>17 &amp; 18th September 2011</td>
<td>Marlow, Buckinghamshire</td>
<td>Maternity Reflexology Part 1</td>
<td>Gll Thomson Mitchell/Maternity Reflexologist &amp; Tutor</td>
<td>07517 240200</td>
<td><a href="http://www.maternity-reflexology.com">www.maternity-reflexology.com</a></td>
</tr>
<tr>
<td>24 September 2011</td>
<td>London</td>
<td>Susanne Enzer - Reflexology for Pregnancy</td>
<td>AoR/Susanne Enzer</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
</tr>
<tr>
<td>8 October 2011</td>
<td>Bristol</td>
<td>David Wayte - Finger Free Reflexology</td>
<td>AoR/David Wayte</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
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<tr>
<td>5 November 2011</td>
<td>Cardiff</td>
<td>Nikke Arff - Introduction to Facial Reflexology</td>
<td>AoR/Nikke Arff</td>
<td>01823 351010</td>
<td><a href="http://www.aor.org.uk">www.aor.org.uk</a></td>
</tr>
<tr>
<td>5-6 November 2011</td>
<td>London</td>
<td>Basic VRT and Sleep, Mobility and new developments</td>
<td>Lynne Booth</td>
<td>01179 626746</td>
<td><a href="http://www.boothvet.com">www.boothvet.com</a></td>
</tr>
<tr>
<td>10 &amp; 11 December 2011</td>
<td>Marlow, Buckinghamshire</td>
<td>Maternity Reflexology Part 2</td>
<td>Gll Thomson Mitchell/Maternity Reflexologist &amp; Tutor</td>
<td>07517 240200</td>
<td><a href="http://www.maternity-reflexology.com">www.maternity-reflexology.com</a></td>
</tr>
</tbody>
</table>

**Continuing Professional Development (CPD)**

A new guide on how you can earn and record CPD points is now available on the Members’ Area of the AoR website or by calling us on 01823 351010!

There are many different activities you can undertake to earn CPD points and you are probably doing many of them already, such as reading Reflexions, reading about medical conditions, discussing reflexology with fellow practitioners and attending Area Group meetings. It really doesn’t have to be costly to keep your skills up-to-date and it certainly isn’t dependent upon attending training courses or seminars.

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Further details of each course are available on our website.

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8 & 9 April 2011 Glasgow, Scotland
7 & 8 May 2011 West London
14 & 15 May 2011 Ireland
11 & 12 June 2011 Andover
9 & 10 October 2011 Norwich

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International Institute of Reflexology®

SHEFFIELD: ART with TONY PORTER – PART 1: March 24th/25th
ASSESSMENT DAY FOR ALL WHO HAVE COMPLETED ART PARTS 1 & 2: March 26th

BRISTOL: ART with TONY PORTER: May 14th / 15th
CERTIFICATION DAY: May 16th

EDINBURGH: ART with TONY PORTER: June 18th / 19th

HOLISTIC HEALTH EXHIBITION NEC BIRMINGHAM: Join us on stand E33 May 8th / 9th

LONDON: ONE DAY WORK SHOPS FOR: REFLEXOLOGY FOR BACK PAIN: May 11th

ART SEMINARS with HAGAR BASIS
April 2nd / 3rd & June 11th / 12th

SHEFFIELD: MATERNITY REFLEXOLOGY with SUSANNE ENZER – PART 1 May 13th/14th.

ORIGINAL INGHAM METHOD® MASTERCLASS: SHEFFIELD: June 18th. All are very welcome to attend

DETAILS AND APPLICATION FORMS ON OUR WEBSITE: www.reflexology-uk.net OR CONTACT HEAD OFFICE:
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We would like to apologize to the International Institute of Reflexology for incorrectly publishing the wrong advert in December 2010’s issue of Reflexions 2010

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Further to our Reflexology and Children feature in December's edition of Reflexions, please note the following additional information:

Elizabeth Calderara, who wrote a feature article on Reflexology for children with autism (page 14) provides a free e-booklet 'Top Tips for Reflexology for Children with Special Education and Complex Needs, available at www.teach-me-reflexology4sen.com. Her contact numbers are as follows: 01494 778 055 or 0779 1659 554.

More information about Penny Odhams, who wrote an article on Hand Reflexology for Toddlers (page 20) can be found on the Baby Reflex website (www.babyreflex.co.uk). Alternatively, you can email her on pennyodhams@gmail.com

Our magazine: why not give it a try?

We are always looking for contributions to our magazine, please forward them to your Editor Laura Occleston at: info@aor.org

www.aor.org.uk
Central London College of Reflexology
62/70 Shorts Gardens
Covent Garden
London WC2H 9AB

One day CPD courses for 2011
All courses £105 (refreshments and certificate will be awarded)

- Head Massage
  20th Apr (Wed) 24th July (Sun)

- Maternity Reflexology Part 1
  30th Apr (Sat) 2nd July (Sat)

- Maternity Reflexology Part 2
  8th May (Sun) 10th Sept (Sat)

- Hopi Candles / Hot Stone Reflexology
  11th Jun (Sat) 9th Oct (Sun)

- Counselling Skills & Eft
  19th Mar (Sat) 15th May (Sun)

- Chinese Foot Massage/Lymphatic Drainage
  2nd Apr (Sat) 3rd Jul (Sun)

- Spinal Reflexology
  6th Apr (Wed) 6th Jul (Wed)

- Reflexology & Cancer
  19th Mar (Sat) 8th Jul (Fri)

- First Aid (St. Johns Ambulance)
  13th Apr (Wed) 15th Jun (Wed)

- Neck & Back Massage
  27th May (Fri) 30th Sept (Fri)

- REIKI Level 1 - 21st May (Sat) 17th July (Sun)
- REIKI Level 2 - 13th Mar (Sun) 18th Jun (Sat)

- Hand Reflexology
  15th Apr (Fri) 29th Jul (Fri)

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