Vertical Reflex Therapy

Membership Network Newsletter

No 24. Spring 2010

Dear Colleague,

Many of you have commented on how much better we, and our clients, feel when we have some sunshine and spring flowers back in our lives again after a particularly long cold winter. I was fortunate enough to teach 24 reflexologists in Toulouse recently and got a taste of the warmer weather further south. The glorious golden mimosa was already out and I was given a bunch to take home. The heady perfume almost overwhelmed the airport security personal at the scanning machine, even causing one to leave his post as he began sneezing incessantly. I sensibly asked the duty-free shop to seal it in a plastic bag so I did not cause the plane passengers any distress! It was a reminder for me to be sensitive to allergy sufferers as the pollen season will soon be among our clients. Always bear this in mind when you buy flowers for your treatment room and avoid some of the main offenders such as lilies and other heavily scented flowers.....just in case.

I am pleased to announce some very interesting courses that Booth VRT is organising in the coming year. I always feel privileged to get invited to speak at various conferences around the world and have got to hear excellent therapists present their particular forms of reflexology skills. A bonus for me is that I then invite some of them to the UK to teach for me!

In November Dorthe Krogsgaard and Peter Lund Fransen return from Denmark to run another of their acclaimed *Roundabout* weekend seminars. This time it is Roundabout: the Shoulder and you can read it about their work in an article on page 7.

Nerve Reflexology Diploma students are a showing great interest in the February 2011 *Upgrade course* on the Brain and Emotions. This is another step in learning about the incredible inter-connections of the physical body itself as well the emotional aspects.

I began my reflexology training over 20 years ago and was fortunate that I studied under Tony Porter in his last year as an International Institute (IIR) tutor. Tony has been a good friend and mentor ever since. Now we have the very exciting prospect of joining forces for the first time and teaching a joint ART/VRT weekend. Hot news off the press is that we are running this 2-day weekend course in Bristol on November 6/7 2010 using ART and VRT around the subjects of:

ART and VRT for Musculo/Skeletal Problems
and
Endocrine and Gynaecological issues

We will be emailing details and booking forms shortly. Please remember that VRT members hear about courses before the general public thus giving them a greater chance of availability on these courses. Most are over-subscribed so please email us and register your interest early. 24 CPD Points awarded.

Reflexology treatments are often not *right or wrong* but are *different* and on page 6, VRT Practitioner Fiona Clark tells us of her experiences in the hands of reflexologists in the Manila. If other members have experienced very different forms of reflexology, at home or aboard, please let us know.

Are your reflexology wall charts looking rather tired? Do your charts need replacing. Does a new treatment room need brightening up? If so, why not take advantage of our very special offer of VRT A3 Hand and Foot Wall charts. These distinctive blue charts sell well all over the world for £8.50 each. For a limited period members can purchase one of each for a total of £11.00 plus a nominal £1.00 P&P. That is only £5.50 each! See the enclosed order form.

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Reflexology Self-help application following a suspected Stroke

By VRT Practitioner Pat Brown

After meeting with Lynne at the Bristol seminar on Back Pain in November 2009, I promised her I would send a report of how reflexology restored my health. One morning in early July 2009 I was making my bed when, without warning or feeling strange or unwell, I saw my right arm and hand floating in front of me, having no feeling of it at all.

I sat on the bed and lifted up my right arm with my left hand, feeling a slight tingle on the right side of my face – immediately realising I could be having a stroke. I took a couple of long relaxing breaths and said to myself : "Think, think – right sided stroke means left side of brain".

So I used the fingers of the left hand to reflex brain and brain stem on the left thumb. When I found the painful reflexes I actually used my nails to find the sharpest reflex reaction, and held the points 10-15 seconds intermittently until I felt my right arm jerk, and felt movement in it.

I continued to use reflexology a little longer, and felt all right to stand. I checked in the mirror to smile and put out my tongue (stroke signs we are asked to look for) and all seemed normal. I then did the Sun Salutation from my yoga practice and realised my fourth and little finger on the right hand were dropped and I couldn't lift them.

I spent the rest of the morning using reflexology, massaging and exercising my right hand until most of the movement of the fourth and little finger came back to nearly normal. (It took four days before complete normality came back in those fingers.)

I went to the doctor's in the afternoon – which I would have done sooner had I felt at all unwell – and he confirmed that from the symptoms it appeared to be a slight stroke – a TIA (Transient Ischemic Attach).

I was then referred to the hospital and had a cortoid scan, heart scan and an MRI brain scan. All of which showed no sign of the TIA in my body.

There appears to be no pathological reason for the TIA as my blood pressure is normal, my heart is fine, I have never smoked and my cholesterol, although 5, had gone to 6, so that may have caused my blood to be sticky?

When I went for my final check with the hospital doctor, I left with him a report from the AoR as I explained to him that I felt my immediate application of reflexology had brought me out of the stroke condition.

The AoR report was about a study in a Japanese University putting a patient under an MRI scan while a reflexologist worked the reflex points to the eye, shoulder and small intestines. As the points were treated, the scientists were able to compare the MRI imaging against the known region of the brain for each individual body part.

I felt it would be beneficial for reflexologists to read of my experience for two important reasons:

Firstly: To prove how powerful reflexology can be with applied to a stroke (immediately if possible), and the importance of taking a few slow relaxing breaths when facing a trauma to help release fear.

Secondly: The importance of working alongside the medical profession so that therapy and medicine truly work to complement each other for the benefit of the patient.

Stroke? Use the Face Arm Speech Test (FAST)

Three simple checks can help you recognise whether someone has had a stroke or may be experiencing a Transient Ischaemic Attack (TIA) These are:

Facial weakness: Can the person smile? Has their mouth or an eye drooped?

Arm weakness: Can the person raise both arms?

Speech problems: Can the person speak clearly and understand what you say?

Time to call 999.

IS YOUR FIRST AID CERTIFICATE UP TO DATE?
ARE YOU SURE YOU KNOW HOW TO ADMINISTER CPR?

It is a requirement of professional body membership for reflexologists (and all therapists) to keep up to date on First Aid procedures. A new certificate following a training day is usually required every three years. Most insurers require proof of First Aid Certification.

Here are some reminders. In recent years there has been a change in CPR instructions and more emphasis is placed on a series of chest compressions in the early stages. Check with your first aid provider for specific up to date instructions. These are general guidelines only.

Cardio-Pulmonary Resuscitation (CPR)

The most life-threatening condition a first aider may be called to deal with is a casualty that is not breathing. You will need to confirm this by performing a primary survey. You need to ensure that the emergency services are called as soon as the absence of breathing has been established, as early help is vital to the survival of the casualty.

Without oxygen the brain cells will start to die within a few minutes, we can artificially breathe for and pump oxygen around the body by using a combination of chest compressions and rescue breaths, this is known as CPR.

Some circulation can be maintained by performing chest compressions. By pushing vertically down on the centre of the chest, you squeeze the heart between the chest and backbone; this forces the blood out of the heart and into the body tissues. When the pressure is released, the heart comes back to its normal shape and blood is sucked in, which is forced out by the next compression.

You breathe out enough oxygen to potentially keep the casualty alive until the emergency services arrive. This expired air can be forced into the casualty's lungs and air passages by performing rescue breaths.In cases of sudden cardiac arrest the oxygen level in the blood will remain high for a few minutes so initially chest compressions will be more important than rescue breaths.

If there is no response:

Shout for help.
If possible, leave the casualty in the position found and open the airway. If this is not possible, turn the casualty onto their back and open the airway.

Airway
Open the airway by placing one hand on the casualty's forehead and gently tilting the head back, then lift the chin using 2 fingers only.
This will move the casualty's tongue away from the back of the mouth.

Breathing
Look, listen and feel for no more than 10 seconds to see if the casualty is breathing normally. Look to see if the chest is rising and falling. Listen for breathing. Feel for breath against your cheek. If the casualty is breathing normally , place them in the recovery position.
Check for other life-threatening conditions such as severe bleeding and treat as necessary. If the casualty is not breathing normally or if you have any doubt whether breathing is normal begin CPR:

CPR for adults

If you have someone with you, send them to Dial 999 (or 112) for an ambulance immediately.

If you are alone Dial 999 (or 112) for an ambulance immediately and then return to help the casualty.

If you are with a baby or child
If you are on your own **carry out CPR for 1 min first** before dialling 999 (or 112) for an ambulance.

Begin chest compressions. Place the heel of your hand in the middle of the victim's chest. Put your other hand on top of the first with your fingers interlaced.

Compress the chest about 1-1/2 to 2 inches (4-5 cm). Allow the chest to completely recoil before the next compression. Compress the chest at a rate equal to 100/minute. Perform 30 compressions at this rate.

Repeat rescue breaths. Open the airway with head-tilt, chin-lift again. This time, go directly to rescue breaths without checking for breathing again. Give one breath, making sure the chest rises and falls, then give another.

Perform 30 more chest compressions. Repeat steps 5 and 6 for about two minutes.

Agonal breathing

This is common in the first few minutes after a sudden cardiac arrest. It usually takes the form of sudden irregular gasps for breath. It should not be mistaken for normal breathing and if it is present chest compressions and rescue breaths (together called cardio-pulmonary resuscitation or CPR) should be started without hesitation.

Some of these are guidelines are from the St John's Ambulance Service

www.sja.org.uk

'Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful'.

Albert Schweitzer

VRT Case History

Condition treated: Multiple Sclerosis, progressive
Client: Male, 43 years old
Duration of illness: 2 years
Aim of VRT treatment: Help/sustain 'feeling' in legs, help bowels, general well being help.
No of VRT/reflexology treatments: 34 plus aromatherapy massage.

Results: Used VRT 'quick' treatments since July 08. Nearly every time 'lumber lift' starts the 'tingling' in legs and feet. This continues throughout the treatment of massage. Since Aug 08 when it started, he had the same initial response every time. Pressure points are used during massage around sacrum – this also gives immediate response.

14th May 09 – started 'trial' of medication to help his MS. He doesn't know whether he is taking the real thing or the placebo. Trial lasts 3 years. My observations, to be honest, have only seen a slight deterioration.

My client has regular check-ups, either with the 'trial' team or consultant. He also keeps them appraised of his VRT/massage progress. Neither have given any indication for me to discontinue his treatments.
'Nodules' which were evident over gastrocs muscle on both legs – no longer evident. But nodules on quads of both legs are still evident – not painful. Feet always cold.

For the last month, he has been using walking stick – to steady – weather not been too good either – slippery.

I have kept records of every visit even if it is only a few lines.

Comments: Hospital consultant gave me permission to treat, I have the letter on file. He was very supportive of treatment: VRT 10 minutess, leg massage (using aromatherapy oils – weak dilution) ½ hr only, supine/prone.

Jessica Brennan, VRT Practitioner
Norwich, Norfolk

Accident and emergency number Remember 112!

Discover the European emergency number - 112 Imagine you are visiting an EU country or at home and you need to contact an ambulance, the fire brigade or the police. Would you know which emergency number to call? This works in the UK too as well as 999.

The Complementary and Natural Healthcare Council (CNHC)

CNHC is the UK regulator for complementary healthcare practitioner **www.cnhc.org.uk.**

Practitioners should check the website to see criteria for joining. Its key function is to enhance public protection by setting standards for registration with CNHC. The CNHC 'quality mark' is being recognised as the hallmark of quality for the sector. This means that the general public, and those who commission the services of complementary healthcare practitioners, will be able to choose with confidence by looking for the CNHC quality mark.

The Department of Health in November 2009 stated: *"CNHC is the only voluntary regulatory body for complementary healthcare which has official government backing. No other organisation has the same exacting criteria or focus on safety and quality."*

Lynne states: I have joined CHNC on the Association of Reflexologists (AoR) recommendation.

NERVE REFLEXOLOGY UPGRADE FOR NR DIPLOMA STUDENTS WITH NICO PAULY AND GRIET RONDEL

Bristol - February 19/20 2011

:" *an upgrade around the issue of brain-emotions-organs and how specific brain zones are connected with emotional expression and related to specific organ zones with new NR points for specific brain centres".*

If you are eligible to apply, please register your interest now as we are nearly oversubscribed already!

contact@boothvrt.com

This woman is not a reflexologist!

Lynne writes: ***I featured a photo of these nails a few years ago when they were Mrs Lee Redmond's pride and joy despite rendering her disabled to a large extent!***

An American woman listed in the Guinness Book of World Records for having the world's longest fingernails has had them broken off in a car crash.

Lee Redmond from Salt Lake City, Utah, had not cut her nails since 1979.

Their combined length was more than 28ft (8.5m), with the longest nail - on her right thumb - measuring 2ft 11in (89cm), Guinness said.

Ms Redmond suffered serious injuries in the crash, but is expected to make a full recovery. A local newspaper, the Desert News, said she was a passenger in a sports utility vehicle (SUV) at the time of the accident. Her nails were "damaged beyond repair", according to the Guinness World Records website.

The organisation said she had been a "fantastic ambassador" for them, and that her nails had been "a fundamental part of her life and unique character".

Mrs Redmond, who once turned down £60,000 to have them clipped on live TV, has now lost her claim to fame. In 2006 she said she was ready to cut her nails so she could care for her husband, who suffers from Alzheimer's. However she changed her mind, insisting that the nails did not interfere with her husband's care - indeed, that they did not impact her daily life much at all.

She did have to care for the nails daily, soaking them in olive oil and cleaning them with a toothbrush.

And when, in previous interviews, she was asked the inevitable question about how she goes uses the bathroom, she replied: 'Very carefully'.

Police Lieutenant Don Hutson said Mrs Redmond was thrown into the road when her car hit another vehicle at a crossroads. Her nails were all snapped off near the fingers.
Lieutenant Hutson added: 'She is conscious and is heartbroken over the loss of her nails.'

Physical causes of depression

As many as half of all cases of depression have been found to have a physical, rather than emotional or psychological, cause. So, encourage your clients to consult a qualified medic or nutritional therapist to find out if any of the following conditions are present.

Hypothyroidism

One in five cases of chronic depression is thought to be caused by the body producing too little thyroid hormone. An under-active thyroid may not just be a genetic problem, but could also be the result of environmental influences. For example, many countries add iodine to table salt, regardless of whether their soils are already rich in iodine. Diagnosing hypothyroidism isn't easy. The condition is often missed by the standard screening tests, so consider taking one of two specific diagnostic tests: the thyrotrophin-releasing hormone (TRH) stimulation test; or one that measures antithyroid (antithyroglobulin and antimicrosomal) antibodies. If these confirm an underactive thyroid, then taking artificial thyroid hormones (thyroxine) is the standard treatment. Safer alternatives include consuming iodine-rich foods such as Japanese seaweed and kelp. The homeopathic remedy Iodum can also help, as can the herb Lithospermum officinale (European stoneseed). Perhaps curiously, osteopathy and aerobic exercise can also improve thyroid function.

Reactive hypoglycaemia

Compulsive snacking or bingeing on sweet or starchy foods may be part of a cycle of reactive hypoglycemia (low blood sugar), which can cause depression. Once you reduce or remove carbohydrates from your diet, your moods should even out. Not surprisingly, diabetics are prone to depression.

WDDTY Autumn 2009

"Never believe that a few caring people cannot change the world. For, indeed, they are the only ones who ever have."

Margaret Mead

Reflexology in the Philippines

VRT Network member Fiona Clark writes:

I have been living in Manila, Philippines for four years now. Previously in Hong Kong for 3 and half years so in that time I have experienced much of Eastern style Reflexology. I trained as a reflexologist in 1997 and started my VRT training with Lynne Booth in 2002.

I would like to tell you a little about reflexology here in Manila. Reflexology in the Far East is quite different than in the West. Each foot is worked on separately while the other is wrapped in a towel. The calves are worked up to the knees, as are the hands up to the elbows. The reflexes on the feet are worked very firmly and sometimes with a stick which can be extremely painful particularly along the kidney meridian on the plantar of the foot! The practitioner doesn't generally ask if it is comfortable or stop if you are jumping of the chair in pain! I have known some of my clients to be over-stimulated and therefore quite ill after a treatment. The hands are worked and finally your back, shoulders and neck are massaged to finish. The treatment taking 45 minutes to 1 hour in total.

There is a college in Manila where reflexologists can be trained. They have to complete 600 hrs training of theory and practical. They have to complete 600 hours training of theory and practical which is greatly to their credit and is over double the number of many reflexology courses in the UK. This can be done as quickly or slowly as is required by the student. At the end of the training they take a theory exam and 1 practical exam where questions are asked and, if the therapist passes, that they are then given a certificate to practise, most of whom then go on to work in a Spa. No case studies are required during the training. From what I have discovered there is no further training and certainly no CPD. There is no regulatory body to govern the standards or quality and effectiveness of treatments given.

When I first moved to Manila I was desperate to find a good reflexologist and had many frustrating experiences in my search! They all varied hugely.

I have been to 'The best Thai Reflexology in the World'! Where my eyes stung as soon as I walked in to the shop from the overpowering peppermint oil burning. I then had peppermint massage oil used on my feet and calves, which was more than uncomfortable, as they were freezing cold. An experience I haven't repeated!

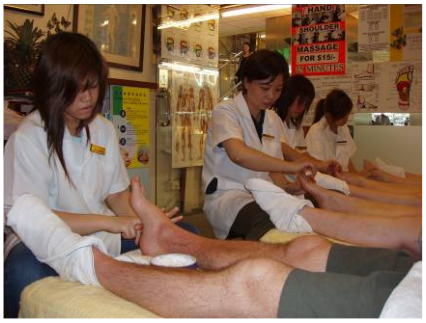
There are some small shops in a few of the shopping Malls offering Reflexology but I am always unsure of the training or, if the practitioners are trained at all or have just been shown a routine by someone else. I have not found these to be effective or even a pleasant experience. Quite often the practitioners are chatting away to each other whilst treating you so hardly relaxing. They are generally cheap but as they say 'you get what you pay for'.

I now go to a spa where the reflexologists are trained in the 'Ingham' method. They work on the feet, hands and shoulders but I have yet to find any of the practitioners applying any of the relaxation techniques correctly, particularly the spinal twist. This is more often than not like a gentle Chinese burn or a very lose ineffective twist! I find the practitioners work routinely and methodically but are not 'present' or 'intuitive.'

They never take a history or enquire about your health or concerns. I do normally fall asleep during a treatment and find it relaxing but wouldn't describe it as a clinical treatment.
I work from home and have built a large client base that is mainly ex-pats: adults as well as children. A lot of my clients have never had reflexology before coming to me and I am very glad I completed many courses in the UK before leaving, as I am able to combine many techniques to provide an effective treatment.

For myself I very much miss a treatment that incorporates VRT, ART and many of the other methods that I used to enjoy by fellow colleagues in the UK but who knows maybe one day another ex-pat reflexologist will move here and then I will be in heaven. I live in hope!

Lynne writes*: If anyone knows a reflexologist who is practising in the Philippines please give us their contact details and we will pass them on to Fiona.*



When I was in Singapore I too experience the rather vigorous leg massage and the rough, but effective, 20 minute reflexology treatment. The practitioners did not use many Western techniques but there was an Ingham IIR chart on the wall! Many airports now have reflexology salons and I recently saw someone receiving reflexology in a complementary salon at Heathrow Airport in Terminal 5.

Singapore, a notice painted in the road at a zebra crossing: An excellent and unusual way to get the anti-smoking message across, as long as they don't get run over reading it!

Association of Reflexologists (AoR)

VRT Specialist Introductory
Full Day Seminar
Saturday 8 May 2010 10.30am - 4.30pm

Lynne Booth - Vertical Reflex Therapy (VRT) - adapted reflexology techniques for working with dementia, palliative care and older people.

CBI Conference Centre, Centre Point Tower, 103 New Oxford Street, London, WC1A 1DU

This seminar will focus on the needs of working with chronically sick older people and will address the field of palliative care, dementia and reflexology, although the basic VRT techniques taught at this seminar can be adapted to all ages and conditions. VRT has a major application for effectively treating people in hospices, sports teams and is used extensively in the workplace.

Case histories will be used to illustrate techniques as well as reflexology demonstrations on attendees. Vertical Reflex Therapy has a positive role in helping people living with cancer in the most constructive sense as well as working alongside those who have a short terminal diagnosis

£40 seminar fee for AoR members and £75 for non-AoR members. **www.aor.org.uk**

SPECIAL ANNOUNCEMENT!

ROUNDABOUT: THE SHOULDER

November 20-21, 2010

2-DAY WEEKEND COURSE WITH DORTHE KROGSGAARD AND PETER LUND FRANSEN IN BRISTOL

Following last year's successful, over-subscribed, two day workshop Roundabout: The Spine with Dorthe Krogsgaard and Peter Lund Fransen I am pleased to have booked them for a return visit. All qualified reflexologists are welcome to attend the accredited course for 24 CPD points.

An attendee from the Roundabout: the Spine course, Corinne Brown writes:

I would just like to say how much I enjoyed the 2 day seminar with Dorthe and Peter in November.

I am getting excellent results using the techniques they taught us.

The most exciting result is with a stroke lady I am treating. On the first session where I used the reflexes on her lower legs as well as the nerve reflexology her big toe moved slightly. Now 8 treatments later she is able to move her leg her little. I am really pleased with her progress. .I have also resolved a clients lower back pain in one session.

It was one of the best courses I have been on they were both excellent teachers and gave us some very useful tests to carry out particularly the Psoas test and the exercise to help stretch it.

Dorthe Krogsgaard
With 24 years of experience working full time in her Copenhagen based practice, 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 board member and vice president of ICR

Peter Lund Frandsen
Peter has studied modern physics and philosophy in the USA, and medicine at University of Copenhagen, Denmark. He also studied reflexology and has practiced this since 1990. For many years Peter has been actively involved with the Danish Reflexologists Association (FDZ), where he co-ordinates the association's international activities.
Peter Lund Frandsen is an international lecturer and author of many articles on various aspects of reflexology

The Shoulder: Mobile but Vulnerable

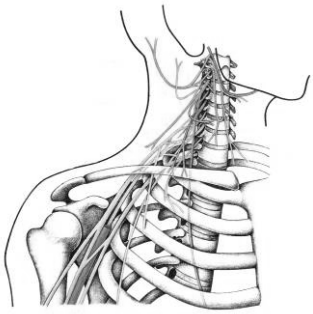
by Dorthe Krogsgaard and Peter Lund Frandsen

The shoulder area is the most mobile part of the body, but also at great risk of overuse and injury. Shoulder problems often have a slow onset and it is important to know about and recognise early symptoms. Too many people only receive symptomatic anti-inflammatory treatments. This article provides a few tips for improving reflexology treatment of shoulder problems.

The shoulder – fascinating but complicated

One of the workshops in Touchpoint's "Round about..." series is about the shoulder and how to deal with the many different problems and disorders related to this area.
The shoulder is the region connecting the arm to the body and apart from the shoulder joint itself it includes the shoulder girdle consisting of the shoulder blade, collar bone and corresponding joints and muscles plus the armpit, where nerves and blood vessels pass on their way towards the arm.
The anatomical construction ensures the great freedom of motion found in this body region. The shoulder joint moves the upper arm in relation to the shoulder blade and even more mobility is added through movements of the entire shoulder girdle.

Try for yourself
Try to lift you arm away from the body. The first part of the movement, until you reach a horizontal position of the arm, uses the shoulder joint. Now keep lifting the arm above horizontal as high as it will go and note, that now the rest of the shoulder girdle has taken over with the shoulder blade moving up along the thoracic wall and the collar bone swinging up in the sterno-clavicular joint.
This gives an impression of the type of movements going on in the shoulder and the many muscles involved.



Shoulder muscles can be divided into:
1) Large superficial muscles in front and back of the shoulder. These muscles add strength to the more coarse movements (ex: Trapezius, lattisimus dorsi, rhomboids, deltoid, major and minor pectorals, serratus anterior).
2) Small shoulder muscles, who form the so called rotator cuff controlling the finer movements of the shoulder joint and protecting the joint ball from luxating out of the socket (subscapularis, supra- and infraspinatus, teres minor).
The only joint directly connecting the arm and the body is the sterno-clavicular joint. Apart from this the connection is purely muscular.

When the shoulder is injured

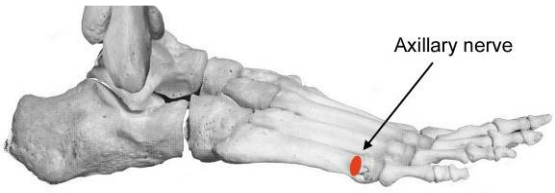
Large forces act on the shoulder during many activities including sports. Especially sports involving the throwing of objects, using a racket and swimming. Different occupational movements may also affect the shoulder, f.ex in painters and other crafts.
Common for these activities is the combination of large forces and repetitive movements involving the same anatomical structures. Every day at work or in every training session the same muscles, tendons, attachments, bursa and ligaments are strained over and

over again, with a high risk of developing strain injury.
The most common injuries are pulled muscles, inflammation of tendons and attachments and bursitis.
Often the problems develop over a long period and it is easy to overlook early warning signs such as stiffness in the morning and during warm-up and pains during or following the activities.

Tips for the reflexology treatments

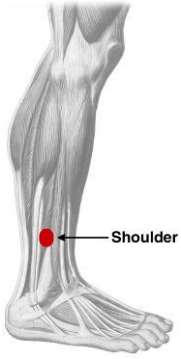
A good idea is to start and end each reflexology session by testing the range of motion of the shoulder - this gives the therapist a hint about the effect of the treatment and it certainly improves the client's motivation to experience an immediate effect on mobility and/or pain reduction.
In the following we show a small selection of points and reflexes, which are useful with shoulder problems:

- The spinal column - especially segments C5 - T1. This is the origin of the brachial plexus supplying nervous innervation for the shoulder and arm
- Reflex for the shoulder joint in the Karl-Axel Lind method system II
- Nerve reflex point for the Axillary nerve, innervating among other things the deltoid muscle and the shoulder joint itself



Nerve reflex point for the axillary nerve

Other important areas to include with classical reflexology technique would be the shoulder joint and shoulder girdle (of course), but also the sterno-clavicular joint and shoulder muscles. Also treat the sympathetic nervous system to stimulate blood supply for the shoulder muscles.
If the problem involves pinching of nerves from the brachial plexus (radiating pains in arms or fingers), besides relaxing the musculature it would be important to examine the client's body posture and perhaps recommend certain corrections. By "sucking in" the abdominal muscles and lifting the sternum and rib cage, pressure will be reduced in the so called thoracic gates, where nerves are often compromised.



Homework

An important part of the treatment involves one or two exercises to do at home. With pain conditions in the shoulder the exercises should be soft, without weight and should not be done against pain. Remember to also train the front muscles.

Frozen shoulder – and stress

The treatment tips we describe in this article may be used in many kinds of shoulder problems. In the workshop "Round about: The Shoulder" we also look at conditions such as frozen shoulder, pain in the shoulder girdle, arthrosis, thoracic outlet syndrome, pains around the shoulder blades, etc.

Shoulder reflex in Karl-Axel Lind system II.

Most shoulder problems encountered in modern societies are not due to sports or overuse, but more often related to too little use (!) in office or computer workers. A large factor in these chronic problems is stress and it is therefore worthwhile to emphasize treatment of the autonomous nervous system (ANS) and of organs related via the ANS to the shoulder area

It is often stunning to see the effects on a frozen shoulder from working with stress reduction through the sympathetic nervous system reflexes, often much better results, than can be obtained from working the ordinary shoulder reflexes.

More information about workshops and other articles are available at www.touchpoint.dk

Practitioner Letters

Hello Lynne

I have had some remarkably quick healings from Vertical Reflexology i.e. knees, very bad blocked ears, wrist aches and I am currently working on long term constipation. Thanks to your VRT DVD for Hands and Feet and Advanced Reflexology Techniques I have been more vigilant about synergistic uses and Zonal Triggers, I and my clients are amazed at the very fast response to healing.

Sincerely
Margaret Weeks

Dear Lynne,

My VRT DVD arrived yesterday, and it was well worth any day of waiting. I just want to thank-you so much for sending it and for the wonderful work that you do.

I also want to say that it is the most beautiful DVD. I watched it immediately and was so enthralled and deeply inspired. I just kept saying, I can't believe this , it's so beautiful and I am already learning so much and felt so peaceful, relaxed, and uplifted by the end of it. Thank-you so much for creating this wonderful learning experience through the DVD and your creation of VRT.

You have explained VRT so clearly, and it makes so much sense to me and I feel so drawn to learning it.

Shirley Mamolen
Philadelphia, PA.
USA

Dear Lynne,

I really enjoyed the Master Class & will certainly be keeping an eye open for further ones including Chris Roscoe's Sub-fertility.

I have been using the techniques already, specifically on my client the following day, who presented to me with muscular/neurological pain in her shoulder radiating down her arm; by the end of the treatment she only had slight pain in her upper shoulder, and I gave her quite a few self-help tips (including for hot flushes).

Anyway, I really feel like I came away with both new skills and consolidated mastery of previous skills, enhancing my confidence as a practitioner.
For all your inspiring expertise & tuition, and the lovely food & hospitality, a big thank you.

Sarah T, Bristol

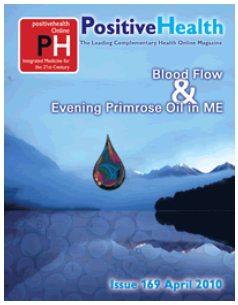
POSITIVE HEALTH ON-LINE MAGAZINE

Vertical Reflexology for Hands and Feet: Do not neglect the beneficial role of hand reflexology

Lynne writes:

Many of you will have bought Positive Health Magazine in the past but do you know you can now read it on line for free? The same format is available and the same wide interesting range of articles. I have been commissioned to write articles before on various topics such as sports injuries. I am now delighted to have been given an "Expert Column" column twice a year by the editor Dr Sandra Goodman and my first article appears in the April 2010 issue.

The title is ***"Vertical Reflexology for Hands and Feet: Do not neglect the beneficial role of hand reflexology".***



Those of you who have attended my classes will know that I am passionate about the use of hand reflexology and it is important to remember that, if we only treat the feet, we are accessing only half the reflexology tools/reflexes that are available to us.

"The familiar position for a Reflexology session is to lie back in a chair, or on a couch, while the Reflexologist gently and precisely works pressure points on the feet. Hand Reflexology has equal benefits, but is less well known. This treatment is a pleasurable way to relax and receive therapeutic help at the same time, but Reflexology can even offer more when the hands are worked either passively or in a weight-bearing position. Even small children can be taught simple hand techniques to help them sleep or, for example, to aid their breathing if they are asthmatic. Reflexology is a profoundly effective, non-invasive, therapy which is used extensively in private practice as well as in some hospitals, nursing homes, sports clubs and the workplace.....

I have increasingly incorporated hand reflexology into my repertoire with very rewarding results. Some Reflexologists choose not to work the hands; my aim is to encourage therapists to expand their repertoire and for clients to be taught to practise simple self-help hand techniques to alleviate common ailments. Full hand reflexology treatments are often very appropriate for older people with multiple pathologies, but I encourage all practitioners to mix-and-match hand and foot techniques within the same standard treatment session".

To read the full text of the article consult the index on the Positive Health Home Page:

www.positivehealth.com

NICE GUIDELINES FOR IBS

National Institute for Health and Clinical Excellence (NICE)

VRT Practitioner Margaret Bateman drew our attention to the following issue. She writes:

An elderly client of mine brought to my attention an article in Saga magazine December 2008 titled "Gut Reactions".

The article is about IBS and at the end of the article is a list of NICE guidelines for sufferers of IBS one of which states "Avoid the use of Acupuncture and Reflexology"
As a reflexologist I was puzzled by this being taught that reflexology can be beneficial in cases of IBS.
So I visited the NICE website and after much searching found in" Clinical Practice Guidelines on IBS in adults" on page 467 a study of the use of reflexology in IBS, 34 patients received 30 minutes of reflexology 6 times over an 8 week period a control group received a foot massage avoiding specific reflex points.

The results showed no improvement in pain relief, bowel function and bloating and no significant difference between the groups.
NICE then states on page 470 that "THE USE OF REFLEXLOGY SHOULD NOT BE ENCOURAGED FOR THE TREATMENT OF IBS"

You might already be aware of all this but I find it disconcerting that this message is being publicized by NICE after such a small trial, and that as a consequence articles in popular magazines repeat this message ad hoc.

I wonder if the main reflexology organizations should challenge the wording in the NICE guidelines and make the public aware of the limitations of such a small study.

Regards
Margaret Bateman

Lynne replies: *I have made some enquiries regarding IBS reflexology studies and the only research area of IBS there appears to be are the Tovey studies – see abstract below. From a scientific / medical point of view this is a perfectly valid trial and the data collection was used to produce two papers that suggest reflexology does not have an effect on the symptoms of IBS. Because the methodology part of the study matches the NICE criteria, it was used towards the compilation of the guidelines.*

However, there is access to the comments on the guidelines provided by the stakeholders in the area and this is what the **Gut Trust www.theguttrust.org** (formerly the IBS Network) had to say - with the NICE comment following.

Gut Trust wrote*: We believe that complementary therapies can help those who have confidence in the therapist and that a blanket ban fails to take into account the variation between therapist quality or patient commitment to, and belief in, the therapy.*

We regret that the guidelines process did not study complementary therapies in depth since whilst there may be little clinical evidence for them, it is our experience that many can provide some symptom relief, and a degree of comfort and reassurance.

Some people find both acupuncture and reflexology useful. It should be mentioned with the caveat that there is no clinical data to support its use.

NICE replied: Thank you for your comments. Currently NICE requires that the recommendations based on clinical trial evidence for CAM.

VRT WEEKEND IN TOULOUSE

In March I enjoyed a VRT teaching weekend, organised by Mr Lilian Gautheron with very competent and enthusiastic reflexologists from all over France and VRT tutor, Chris Roscoe, joined us. I got there despite an air traffic controllers' strike (where I was one of only 3 arrivals that afternoon) and experienced colossal winds that caused flooding and killed people 50 miles away. All was calm for the 24 reflexologists as they learnt VRT at the ancient Catholic University in the town centre. Two weeks later I was staying and teaching in another Catholic educational centre in Edinburgh, this time expertly organised by Anne Brunton of the IIR. Both establishments were lovely buildings that had formerly been convents!

REFLEXOLOGY AND VRT TO THE AID OF AMATEUR OLDER FOOTBALLERS!

Lynne Booth: In the next issue I am going to write about treating sports injuries both for professional and amateur sports persons of all ages so please send in your experiences. I asked a VRT practitioner and colleague to tell me about her experience with amateur footballers and she wrote:

"I am seeing a few members of the village mature football team at the moment which have been going for twenty years. They are mostly in their 50's and determined that they are not too old or too unfit to play football and go to the pub afterwards each week. Unfortunately they are! Word has got out that a deep and sensitive Nerve Reflexology Treatment combined with VRT and some classic techniques can help them to keep up with the younger members! I am helping with the various back, knee and pelvic injuries they are inflicting upon themselves. Luckily they play in the local men's prison so I haven't been asked to attend a match yet!

They started the team when their children were at school. The mums had got to know each other and the dads didn't, so someone suggested playing football as a way for the men to socialise. They play every Tuesday night and end up in the pub afterwards. However as they have got older they are now finding that they cannot keep up the pace, some of their now grown up children play with them and the dads tend to have to spend more time in goal, reluctantly. They still think that they should be able to play to the same level that they did when they started the team. Sometimes they have to play for a while and then sit down and let someone else play. The ones I am seeing regularly have sciatica, lower back pain and buttock and groin pain. The pain is worse when they play but they are reluctant to give in to their maturing years.

They are really stiff the next day but determined to keep on playing. Like some men they want a quick fix and refuse to listen to their bodies, as they don't want to give in to their limitations and want to keep up with the others! There is obviously a certain amount of ego involved but I admire their determination to keep going whatever! They say that they warm up for five to ten minutes with a few stretches but that is all!

Groin strains are common in players who play too hard too soon to prove their stamina to others.

It is up to them at the end of the day but because they keep pushing themselves there is only so much that we as reflexologists can do to keep them going!"

Membership Renewal
£25 per annum (£30 overseas)
Pay by Standing Order : still only £20!

For those members whose annual subscriptions were renewable on 1st March 2010 you will find a blue renewal form enclosed. Please post this form with your cheque, or fax with a card number, to the office address. Apologies for the delay.

The membership in the UK will now be £25 but you have the option to keep it at the same fee by paying £20 by standing order.

This is our first ever first price increase in over 7 years! We started membership fees at £25 per annum and were subsequently able to reduce them to £20 per annum for the past 6 years.

Members are first to hear of new courses and priority booking, their names are the only ones on our website and there are often special offers, reduced prices for courses and lots of hints and information in the quarterly newsletter.

A very fond farewell Gill Voisey

Many of you will have met, or had communication with, my wonderful PA and secretary, Gill, who has been with me for over 7 years. She has helped run Booth VRT efficiently in numerous ways and is always prepared to get involved. It is testimony to her willingness that she is thanked and mentioned so often in cards, emails and evaluation sheets. She lives in the countryside and is cutting back on her working hours so she can spend more time riding her horse, Archie, who is now 19. She will be greatly missed as a friend, and colleague, but we wish her every blessing for the future in all she does.

Lynne Booth