

Membership Network Newsletter

No 41 Summer 2015

Dear VRT Practitioner,

Greetings to you and, as I write, the sun is shining and I hope that you are having a good summer with some relaxation.

This edition of the Membership Newsletter comes with the sad news that, Barbara Stanhope-Williamson, a former VRT tutor and one of the oldest reflexologists in the country, has died age 91. Until last year she was treating 5 or more clients a week at her Hampstead practice and kept up to date on all reflexology matters via her professional journals. She was a founder member of the Association of Reflexologists and was a great mentor to me in the early days of VRT. She will be sadly missed by friends and colleagues. An obituary will appear in the next newsletter.

Barbara was a real pioneer who trained at a time when it was almost totally unknown in many circles and greeted with great suspicion. She always took great pleasure when accused of "new age" practices to point out that this natural science has a history spanning 5,000 years!

On page 2 you can read about the curious case of Dr Mahlon Locke, a Canadian physician, who, in the 1930's discovered a unique form of foot manipulation that took under a minute and achieved sensational results. Later, many have suggested it may be a form of reflexology but his skills have never been replicated, I also mention Dr Locke in my latest article for Positive Health journal entitled:

Reflexology: the feet are an underestimated part of the body.

read it here

<http://www.positivehealth.com/article/reflexology/reflexology-the-feet-are-an-underestimated-part-of-the-body>

VRT Tutor Chris Shirley has an interesting article on Pain on page 3 and an offer on informative reflexology brochures.

On page 9 I give a massive endorsement to a fascinating article by Linda Rose on an excellent and succinct report of a ground-breaking conference covering many aspects of healthcare, marketing strategies for therapists; something all of us can benefit from and everyone should read!

The ICR Sheffield conference will soon be with us and I hope many of you will be joining delegates from all over the world to hear ground-breaking presentations from leading reflexologists. See pages 8 & 13 for details.

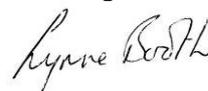
Do any VRT Members work with amateur or professional sports teams? If so, please contact us and let us know all about it for a future article and interviews. This area is a rapidly growing opportunity for therapists to contribute to maintaining health and accelerating recovery from sports injury.



Dr Carol Samuel achieved the first PhD in Reflexology and asks; *Does it really matter what type of pressure you apply in Reflexology?* on page 5. Dr Samuel is also organising the acclaimed Nico Pauly Nerve Reflexology classes. See details on page 14 for next dates and syllabus.

Please keep those letters and information coming in.

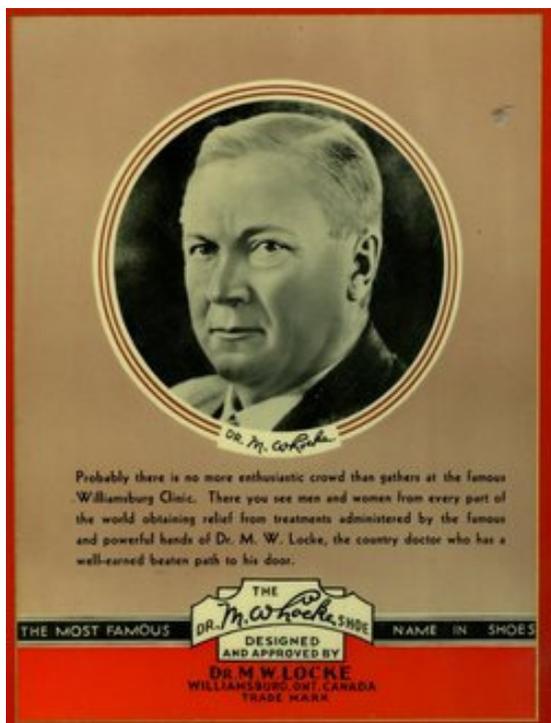
Kind regards from all the VRT tutors.



Lynne Booth

contact@boothvrt.com
www.boothvrt.com
Tel: 01179626746

The curious case Dr Mahlon W Locke, a Canadian physician who, in the 1930s, caused a sensation when he discovered a one-minute put manipulation/pressure technique.



I will examine the curious case of Dr Mahlon William Locke, a Canadian medical physician who, in the 1930s, caused a national sensation when his discovery of a one-minute foot manipulation / pressure technique reached the national press. It was possibly very similar to reflexology and his skills appeared to have cured thousands of people of arthritic and other ailments.[1]

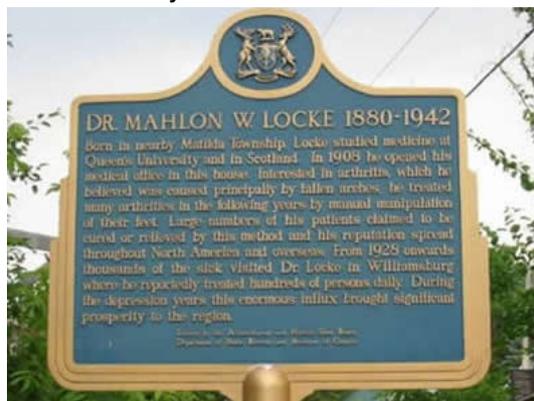
After postgraduate studies in Scotland, Locke set up a medical practice in Williamsburg, Ontario and ran a conventional surgery for 20 years during which time he experimented with forms of foot manipulation to ease arthritis and other chronic conditions. His new ‘treatment’ soon took precedent over his medical work as his thousands of patients reported incredible medical results. He would literally spend under a minute on each person and would take their bare foot, twist the toes and manipulate the metatarsal bones by thrusting his hand on the plantar of the foot.

He was known as the “toe-twister”; Locke achieved greater national fame when he successfully treated a renowned novelist Rex

Ellington Beach, who wrote about him in a 1932 issue of Cosmopolitan magazine.

His burgeoning reputation caused an overwhelming demand on his services and the little town of Williamsburg was soon overflowing with boarding houses to accommodate the thousands who flocked to see him. There is some original film of Locke’s mode of working.[2] He would sit, usually in the open air on a swivel with lines of patients surrounding him and he would rotate from one person to another, sometimes treating 1,000 patients or more daily. He never charged more than one dollar for his treatments and only 25 cents or free if they could not afford more. Well known personalities endorsed his work.

Fellow doctors were intrigued and sceptical in equal measure and many tried to replicate his swift and mechanical foot technique. He died in 1942 and, despite trying to teach his technique to his family and others, this extraordinary skill died with him.



Memorial plaque to Dr Mahlon W Locke in Williamsburg, Ontario

The feet are remarkable in their complexity as they not only physically support the body, but also enable a reflexologist to activate the body’s own healing response through stimulation of the reflexes. Reflexologists who learn of Dr Mahlon Locke’s extraordinary discovery often speculate that, as reflexology is an ancient but evolving natural science, perhaps someone will one day rediscover his techniques from a reflexology perspective. Then we may, once again, access the means to achieve another phenomenal healing response from the body.

1. The Story of the "Toe-Twister" by George Burden. Mon Jan 3 2011. www.Lifeasahuman.com
2. Screen Culture, The Story of a Country Doctor. Canadian Educational Sponsored and Industrial Film archive. Film: 14 minute duration. www.screenculture.org 1934.

Reflexology Mobilisation Case Study

Client: Male 56 years, politician.
Condition: Inflammation of right shoulder.
Duration of illness: 4 weeks.

The client presented with a very painful shoulder which he could hardly move. It took a while before he could take off his jacket, with help, and was seated in a chair.

He was exhausted through lack of sleep. His shoulder ache had started at the end of a very stressful period when he was working more than 12 hours a day. He left for a holiday but was in so much pain that a doctor prescribed anti-inflammatory medication and, when the drugs did not seem to help him much, he took to drinking several glasses of Spanish wine to gain extra sleep. He had his first reflexology treatment on his return; his neck reflexes reflected tension and sensitivity as his entire shoulder area was painful.

Classical reclining reflexology was applied and the weight-bearing VRT techniques were applied to the adrenal and diaphragm reflexes to try and relax him and relieve his pain. He reported that he felt it was working and came twice a week, becoming more energetic again and was elated to show the progress every time.

From the second treatment VRT was applied to the following foot reflexes his whole spine (lower lumbar reflexes were tender to touch), cervicals, neck area, brachial tunnel (nerve to shoulder joint), shoulder area, axillary nerve, diaphragm and adrenals. Within 6 visits he nearly could mobilize every movement with his right arm without pain. He continued to receive reflexology once a month for maintenance and relaxation.

Hedwige Dirx, Reflexologist, Belgium

Coping with Pain by Chris Shirley

VRT Tutor Canada



Pain is the most common reason for physician consultation in North America and it is a major symptom in many medical conditions. As uncomfortable and inconvenient as pain is, it does serve a purpose. Pain may be viewed as a method that your body uses to warn you that something is wrong – the body's alarm system. Also, no doubt you have experienced how natural it is to protect the part of the body that is painful – this is good in that you will protect it from further injury. Similarly, after experiencing pain you will be motivated to avoid the pain inducing situation in the future. However, some pain can be debilitating and in that sense destructive.

Pain can take many different forms from migraine headaches, to arthritis, to cancer, to injury to soft tissue (including surgery), to bone fractures, to sciatica, to unexplainable pain with fibromyalgia, etc. No matter what kind of pain we are talking about, the simple presence of pain has a negative effect on the quality of our life and our ability to function – which makes the reduction of pain desirable. Simply removing pain can mislead you into believing that everything is alright when, in truth, the source of the pain still needs to be addressed. Reflexology, by relieving stress and tension in the body, can ease pain naturally – sometimes when even the strongest pain killers do not work, as in the advanced stages of cancer for example. Relief of stress and tension by reflexology may also facilitate healing to take place in the painful area.

Modern reflexology was initially developed by Dr. William Fitzgerald, a medical nose and throat specialist, who is often called the father of reflexology. He developed in the U.S.A. reflexology's predecessor Zone Therapy from 1915 to the 1930's. The main thrust of his

promotion of Zone Therapy to his medical colleagues was to present it as an effective method of anaesthesia and analgesia at a time when the medical profession had no safe and effective method of anaesthesia. Dr. Fitzgerald and his medical colleagues promoted Zone Therapy primarily for pain relief and anaesthesia.

More recently it is recognized that reflexology primarily reduces stress and tension, and that the benefits of reflexology, including its remarkable ability to ease and relieve pain, evolve from the profound relaxation that it provides. Pain can be intensified by our natural inclination to tense against it. Unfortunately, this tension that we create can intensify the pain, which can create a negative spiral effect. Reflexology's ability to reduce tension can reverse this negative spiral and produce significant relief.

When reviewing a number of research studies that evaluate the effectiveness of reflexology in addressing a wide variety of pains in different parts of the body it was found that reflexology produced positive results 75 – 80% of the time. At present, it is not predictable as to when reflexology will be effective and when not. Its effectiveness depends on how a person responds to it. This is also true of every other therapy.

When pain is acute, as in whiplash for example, there is a very natural tendency to tense as anyone approaches the site of the pain. A remarkable advantage of reflexology is that it is applied without approaching the site of the pain, and will not create this reaction. Reflexology will reduce acute pain to a point where another therapist may directly approach the site of the pain without invoking the tendency to tense. Thereafter, the combined benefits of the other therapy and reflexology can be enjoyed. Have you ever thought how great it would be to have a therapy like reflexology at your fingertips? Consider the value of being able to reduce the stress and tension that your loved ones experience, or, to relieve them of their pain – in whatever form it takes. Reflexology is completely safe – you cannot do any harm with reflexology, and, an amazing aspect of reflexology is how easy it is to learn. One weekend workshop with expert instruction will put all the benefits of reflexology at your fingertips – and is available in Vancouver.

References:

Headaches and Reflexology Treatment.

By National Board of Health Council, Denmark, 1995.

“Reflexology in the management of low back pain: A pilot randomized controlled trial.”

F. Quinn, C.M. Hughes, G.D. Baxter, Health & Rehabilitation Sciences Inst., University of Ulster.2007
Dong, Y.

“A Preliminary Approach to Foot Reflexology in Treatment of Sciatica.”

1994 China Reflexology Symposium Report, Beijing: China Reflexology Association, pages 35-38.

Degan M, Vanin F, Bevilacqua M, Genova V, Mazzucco M, Negrisolo A,

“The Effectiveness of Foot Reflexotherapy on Chronic Pain Associated with a Herniated Disc.”

Prof Infirm. 2000 Apr - Jun: 53(2): 80-7

“Reflexology and Pain Reduction”

Unpublished report available through the FDZ Research Committee, Denmark.

In follow up to Chris' article, Lynne writes:

Chris is a great professional who shares his knowledge freely. He has researched and written some excellent reflexology information brochures that he sells on his website for only \$5 per set plus post and packing. They are a great resource for UK reflexologists too and he is happy for practitioners to use the information in his leaflets to promote reflexology's great holistic qualities. Unfortunately the current legislation in the UK does not allow reflexologist **to state that they treat certain conditions.**



However, reflexologists do learn how to **support** clients living with various ailments in an holistic way during training and these brochures give good background knowledge

.The following subjects are covered in the brochures and are backed by references to research and this information can be written into general articles adding full acknowledgement to Chris Shirley and this sources.

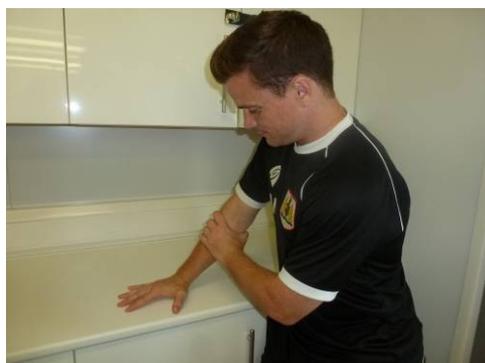
- Asthma
- Cancer
- Diabetes
- Epilepsy
- Insomnia
- Pain
- PMS
- Pregnancy
- Seniors
- Stress

Chris says, *"I encouraged you to use the content of our Professional Reflexology Marketing Brochures to promote reflexology. You could do this by adapting the content of a brochure to publish an article. I have now created a "Sample Pack" of the ten brochures - it has just one of each brochure in it. This will be attractive to those of you who, for whatever reason, are not too interested in distributing the brochures. - I am sure that you can create some other alternatives".* The cost of the sample pack is just \$5.00 plus shipping.

Here is a link for more information, or, to place your order:

<https://pacificreflexology.com/store/brochures>

Do not forget the VRT referral areas for cramp!



Show your clients how to work the weight-bearing lower arm to help prevent cramp and restless legs. Just 30 seconds pinching per arm each night before bed can make a difference.

Does it really matter what type of pressure you apply in Reflexology?

By Dr Carol Samuel

Many of you will know that reflexology uses an applied pressure to initiate a reflex



response, and it does this via mechanosensitive receptors in the skin.

Maybe you learnt that in order to have an effect on an organ, or create a physiological response you had to apply a pressure of certain intensity. However, there is no data that tells us what amount of pressure we must apply, so whilst we may discuss light touch, knuckling, rubbing, thumb walking etc. the pressure we apply is purely subjective. In fact we probably all change the amount of pressure we use according to the general health, age and size of the client we are treating, but did you know that the skin surface can affect the pressure needed to effectively gain a physiological response and that skin thickness can vary between 1.5 and 4 mm depending on the area of the body? For example, a foot that is calloused requires a much greater pressure than a softer foot.

As part of my PhD programme of research I wanted to know if there was any difference in the pressure applied when looking at pain threshold and tolerance levels, so I carried out a study using a light pressure and my usual (standard) pressure and compared it with no treatment. The results of that particular study revealed a significant increase in pain threshold following both standard and light reflexology and a significant increase in pain tolerance for standard but NOT light reflexology.

It also revealed differences between individuals participating in the trials, so that some people responded early to reflexology, whilst others responded later. Rather interestingly the literature for pain studies using acupuncture and hypnosis indicates that approximately 20 – 30% of subjects can be considered non-responders to treatment.

To try to make sense of this I then went on to evaluate the forces of the pressures with a specific objective: to measure three different pressure applications including a static pressure as used in Nerve Reflexology, a standard on/off dynamic pressure, and a light on/off dynamic pressure, i.e. caterpillar walking.

I obtained the Tactilus® Freeform Sensor System V3.1.27 (2007) from an American company who adapted it to suit my needs. I then measured the pressure at various regions of the foot including the medial edge, the arch, heel and the ankle on a variety of different foot types and looked at the relationship between skin tone, skin texture, age and the strength of the reflexology stimulus.

The four areas of stimulation during the experimental procedure:

- a) medial edge,
- b) arch,
- c) heel
- d) ankle

When skin is put under pressure it changes its geometric shape to accommodate deformation by displacing fluid but then it returns to its original shape due to elastin in the fibres. As reflexologists we are made aware that pressure on the foot sole can stimulate both blood and lymph via the circulatory system and it is the slowly adapting C-fibres of the nervous system have been identified as being the chief responders in vasodilatory mechanisms.

It doesn't take much therefore, to appreciate that any increase in standing or static pressure can increase the number of callouses in the heel and metatarsal areas which makes it more difficult to effectively stimulate the underlying mechanoreceptors that effect such change.

There is some evidence to suggest that using a "light" touch in reflexology can have an effect on pain levels and subjectively appears to reduce stress and anxiety and that static pressure (held against the periosteum) can reduce tension in the muscular system and create a rapid response directly to a nerve or nerve structure.

This was a small study with just nine subjects who differed in terms of their age (3-79 years), gender, and ethnicity. The different foot types included: normal adult (healthy tone and texture), calloused, moist, ethnic (soft and spongy), child, oedematous, and hard (dry). The results however focused on the pressure application to normal and calloused feet as they are direct opposites.

Physiologically, there is very little subcutaneous tissue in the medial edge of the foot and the bony skeleton is closer to the surface. Under mechanical load bone is able to dissipate energy which implies that pressure needs to be greater here in order to achieve a physiological response.

The data shown below shows differences of more than 50% between the standard and light dynamic pressure but what was also made clear from the experiments was that pressure applied to a normal healthy foot is performed in a very precise load/unload pattern with small intermittent steps, (not shown in these charts) reflecting the precision of the movement whilst in a calloused foot the impression is less precise.

Maximum average pressure (kPa) for static, dynamic standard pressure (SR) and dynamic light pressure (LR) on a) normal healthy foot and, b) calloused foot. □ Static pressure □ Standard reflexology dynamic pressure □ Light reflexology dynamic pressure.

A comparison of the static (nerve reflexology) and dynamic (Caterpillar walking) pressure applications in the normal healthy foot and the calloused foot showed that the static pressure was greater than either the standard or light dynamic pressure across all foot regions and demonstrated the highest maximum average values across the entire experiment. This may be why nerve reflexology has a greater impact on a nerve or nerve tissue than does the usual caterpillar walking of Ingham.

It would be fair to say that most reflexology techniques incorporate the use of a two handed application, whilst one hand holds the foot the other hand stimulates it. Whether it is the tactile sensation acting singly or in combination with the stimuli that provoke a reaction in the cell is unclear at present.

However, experience indicates that if the comparisons of reflexology stimulation are matched to the literature on impact of pressures on blood circulation, cellular change and the mechanisms involved in pain, it would be reasonable to assume that reflexology can initiate physiological change, regardless of the pressure applied.

First published in my PhD thesis 'An investigation into the efficacy of reflexology on acute pain in healthy human subjects', Carol Samuel, 2011, University of Portsmouth.

Contact details:
info@reflexmaster.co.uk
www.reflexmaster.co.uk

Dr Carol Samuel in 2010, completed her PhD at the University of Portsmouth on The scientific evaluation of reflexology for managing pain. Her research results showed that reflexology increases pain threshold (the time at which you first feel pain) and significantly increases pain tolerance (your ability to withstand pain). Dr Ivor Ebenezer, co-author of the study, said: *"We are pleased with these results. Although this is a small study, we hope it will be the basis for future research into the use of reflexology"*.

Dr Carol Samuel (PhD) Cert-Ed, FFHT, MAR

2014 Excellence in Practice Award Winner



Dr Samuel is organising the acclaimed Nerve Reflexology diploma course for 2016 see page 14.

VRT Basic and Advanced Workshops in Greece with VRT tutor Alik Vythoulka

Lynne writes: I was delighted when my VRT tutor for Spain, Alik Vythoulka, was recently invited to run 2 VRT classes in Athens. I have taught in Greece twice in the past but it was great that the delegates had a Greek speaker this time. The feedback stated it was a fine success and the participants left very happy and confident with the new tools they had learnt and stated that Alik was a great teacher.

Tutor Alik is in the middle of front row



Teaching in Greek is a challenge and she reminded me that some of the reflexology terms in Greek are quite a mouthful when you are not used to using them. For example **reflex** is **antanaklastiko**, and it took her quite a while to get her mouth around that! Alik is looking forward to returning to Greece to do more workshops in the future.

"If diet is wrong; medicine is of no use. If diet is correct; medicine is of no need"



Ancient Ayurvedic proverb

Food for thought but too simplistic? Comments please.

VRT Letters



I have to say your course is probably the best I have ever attended. You were so welcoming, gentle and interesting and a lovely mix of demo, practical and anecdotal evidence during the day. Very glad to have VRT techniques to add to my practice.

Rosie P

Just a short note to thank you so much for the really enjoyable and very informative day yesterday. As always I thoroughly enjoyed the training and came away with some new tools and information to use in my practice. I thought it was a particularly lovely group of reflexologists - I'm sure we all felt able to share in such a relaxing atmosphere.

Liz

Thank you so much for another excellent training day. I slept like the proverbial log which hasn't been the case for the last month due to the pain in my right ankle. Sorted!! I can hardly wait to get back to put new skills into practice. You give one so much confidence to give our clients the very best reflexology treatment they are likely to receive.

Sally K

I invariably find something useful to take into my practice from the newsletters, so they are a valued resource,

Suzy Carter

Dear Lynne

Thanks for the article, a very interesting read. Thanks again too for an awesome course, I've used VRT on all my clients this week and with great success on a lady in her 70's with 'unexplained shoulder pain', quite remarkable. Less success with one of my sciatica clients who is still in a lot of pain but hoping it will ease over the coming weeks.

Thank you so much for your Mobility and Sleep course I came to in London - it was wonderful as always, I enjoyed it immensely and learned so much.

Karen Druce

International Council of Reflexologists (ICR) is holding their international conference in Sheffield, Yorkshire on September 19-22 2015

All reflexologists are welcome to attend

Make the most of international speakers coming to the UK and share all the fun, interest, net-working and events at a rare opportunity to attend a reflexology conference in the UK!



See conference details ICR website:
<http://www.icr-reflexology.org>

Sheffield, Yorkshire on September 19-22 2015

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See conference details and look at the website:

www.icr-reflexology.org



Father Josef : A Reflexology Adventure

Hamish Edgar: What is Limbic Reflexology?

Prof Nicola Robinson & Leila Eriksen : Strengthening Reflexology in Integrated Healthcare

Henrik Hellberg: HLT-Deep Brain Reflexology with Ortho Bionomys

Vera Krijn: Conditioned Response Reflexology

Sally Kay: Management of Secondary Lymphoedema in patients affected by treatment for Breast Cancer

Spiros Dimitrakoulas: Throw away Energy & Reflexology Charts

Lynne Booth: VRT Techniques in Sport Injury
Marie France Muller: Facial reflexology: dien' cham'

Peter Lund Frandsen: New light on Reflexology



Lynne writes: *I give this article below a massive endorsement and urge everyone to read it. It is an excellent and succinct report of a ground-breaking conference covering many aspects of healthcare, **marketing strategies** for therapists and Linda Rose has produced an excellent over-view of expert presentations at a Balens conference.*

Re-printed with due acknowledgement.



Reflexologist Linda Rose, MCCR, MBRA

**Balens CPD Conference
At the Holistic Health Show,
Birmingham NEC, 20th May 2013**

Review by Linda Rose MCCR, MBRA

Session 1 - Where is healthcare going?

Professor David Peters, School of Life Sciences, University of Westminster

The first lecture of the day covered the major changes to the NHS resulting from government budget cuts, including cost-cutting targets to be achieved by 2020. This is to be achieved by the selling off of services, with every area being put out to competitive tender.

Medicine today is linked with keeping people alive, not necessarily providing a cure, and this can often leave people with multiple problems. Doctors are taught to prescribe medication and less importance is given to advice on lifestyle. The measurement of success is how long people can be kept alive.

As so many more people are dealing with chronic diseases, often due to stressful life styles and environments, CAM can help where medicine cannot, as it offers:

- a more personal experience
- small scale

- encouraging the self healing process
- participative
- mind-body concentrated
- low tech
- low risk

The NHS has been successful in dealing with infectious diseases, but less so with chronic illness, an area that can often be helped by therapists. The top ten minor ailments account for 75% of GP consultations (www.selfcare-library.info is a useful website for leaflets to download). Many of these illnesses are our body's reaction to stress, and as therapists we can help by encouraging a relaxation response. Technology has allowed us to see how the living brain works, e.g. what happens when we think and feel. Prolonged stress will even lead to changes in the genetics of cells. Also, early bonding with babies (the first eighteen months) has been shown to influence the right frontal cortex of the brain.

As the constraints and future financial demands for budgeting in the NHS escalate, and as staff come under increasing pressure, they are not always able to deliver the compassion which attracted them to the Service. If they are not supported by the NHS, they will leave. Compassion and caring matter, and as therapists outside the NHS we are better placed to offer both.

Session 2 – Empirical science, vitalism, or what?

Limitations of empirical science in conventional medicine and CAM

Professor Paul Dieppe, Professor of Health and Wellbeing at the University of Exeter

Part 1

There are four ways of knowing things in day to day living:

- observation or experiment – empiricalism
- being taught
- logic and reason
- intuition

Modern medicine only values one therapy: empiricalism based on biomedicine. The model modern medicine uses is randomised control trials based on the idea that "If there is no evidence, then it doesn't work." Its

success has been in eradicating infectious diseases, and this model works well for acute care, but not for chronic care.

Why randomised control trials don't work.

- Complexity – patients are subject to so many influences that it is impossible to guarantee a single variable
- One size fits all – medical empiricism assumes that everyone with the same health problems will react in the same way.
- The pharmaceutical industry controls the majority of medical research.

Part 2 - Placebo or nocebo?

A placebo (from the Latin “I will please”) is an inert substance that creates either a positive or no response in the subject. A nocebo (from the Latin “I will harm”) is a harmless substance which creates negative response in the subject.

Claims have been made that placebos don't work, rather that it is suggestion that is having the effect. Most of what we do as therapists is placebo, but this is not a problem as the most important thing is that the client experiences a benefit. Equally, much of what doctors do involves a nocebo effect created by the need to warn patients of possible negative side effects of medical treatments. Unfortunately, this in itself scares them and leads to the manifestation of these side effects. It is also worth noting the results of “sham surgery”, in which patients have undergone operations where the chest or knee have been opened up, with nothing being added or removed, but leading to physical benefits.

Therapies offer care, healing intent, empathy, love, concern and compassion (the deep awareness of the suffering on another, coupled with a wish to relieve it) which can be so efficient in promoting positive outcomes.

As humans, we have a natural need to construct meaning for our world, and this includes disease and illness. Both placebo and nocebo have a place in meeting this need. The placebo response can be identified as what you find being dependent on what you are looking for. It is therefore important to recognise the degree to which you listen to people telling you what happens, rather than suggesting to them what will happen.

Discussion at the end of lectures 1 and 2, joined by David Balen:

- Recommendation was made to not pretend to know how your treatment works – just keep it simple.
- Devise a questionnaire, to go to the general public across all therapies, to ascertain their reaction to the therapies they have tried, with an aim to gathering as large a sample as possible in order to demonstrate that people get benefit from these treatments
- One way forward may be to have an umbrella organisation to show outcomes and best practice.
- Each therapy likes to do its own thing, but a larger organisation would be more powerful
- Important for CAM to fill the gap created by changes to the NHS, for both the general public and NHS staff.
- These lectures were videoed and will appear on the Balens website at a later date.

Session 3 – Online marketing & social media

Ian Lickorish

Websites

A good website should be:

- Informative - balance with visual, “about us”, content rich
- Clear, concise and organised
- Relevant – think about the audience
- Navigable – easy to understand and consistent in layout
- Encouraging – call for action, contact us
- Updated – continual fresh content
- Competitive – check out the competition, ensure you show your benefits
- Search engine friendly – even if people know your web address, they will often still use a search to find you

Websites created five or more years ago should be updated, as screen resolutions have improved since then. In addition, an increasing number of people are viewing websites on smaller screens than five years ago – laptops, tablets and phones.

Avoid using Google AdWords, as you pay a fixed price for every click your ad gets, regardless of whether it generates new business, and the majority of clicks won't. Be careful as the cost escalates.

When planning your website, consider what the reader is looking for (this not only helps the reader themselves, but if done well will raise the ranking of your site within a search engine):

- Include key words in your page title – this helps search engines find you
- Write a metatag description up to 255 characters
- Include key words in headers
- Position your key words in the first paragraph of the body of your text

Examples of key words: type of treatment, location within your town, what your treatment can help with

Generate links from other websites by:

- Submitting to directories such as www.dmoz.org, trade organisation sites and specialised directories
- Write articles for others
- Use in websites and newsletters

Social media

Do	Don't
✓ Channel your efforts	✗ Open too many accounts
✓ Lead from the front	✗ Let it become a distraction
✓ Keep it real	✗ Fall into a spam trap
✓ Be sure to respond	✗ Lose consistency
✓ Be patient (it can be 18-24 months before benefits are felt)	✗ Take negativity to heart!

Social media, such as Facebook, is an inexpensive way to promote your website, and keep new and existing clients chatting about your business. It can be seen as a kind of virtual word of mouth recommendation.

Session 4 – The law and your practice

Data protection, record keeping, and the importance of written contracts

Carly O'Dowyer from DAS Legal Expenses Insurance Co. Ltd.

Data protection

Personal data includes any computer or paper records that include details of name and address etc. If you hold personal data, you must register with www.ico.org.uk, and pay an annual fee of £35.

This is a legal requirement. Subject access request (SARS)

If you are asked by a client for the information you hold about them, they can ask for;

- The description of the data
- Why it is held
- Who the information might be given to

As a therapist you can:

- Insist on a request in writing
- Ask for a fee of up to £10
- Seek the identity of the person who is making the request

Such information must be given within 40 days; failure to comply may result in prosecution. Information must be given in an intelligible form (clear with no abbreviations).

Privacy notices

These are a written statement to let people know what you will do with any information that you hold on them. You must have their consent if you are going to pass on their details, giving them the option to opt in or out.

Practical tips for dealing with client notes

PCs:

- Keep passwords safe and change them regularly, lock your computer when unattended.

Paper records:

- Keep under lock and key, and keep the key in a safe place.
- Dispose of confidential waste in a cross-cut shredder, this is to include any telephone numbers and scribbles.
- Do not leave client notes lying around.
- Keep records up-to-date.
- Client records need to be kept for seven years, but Balens recommend

never getting rid of them, but keeping them secure.

- Carry out identity checks if someone phones for information.

Record keeping

Why keep records?

- To refer back to
- For other practitioners
- Refer to questions, if raised, about care/conduct for legal or disciplinary proceedings.

Good practice

- Can they be read?
- Date and time
- Signature to prove that you have read and checked your notes, and that they were created by you
- Abbreviations – use standard abbreviations
- Alterations – do not erase or overwrite, sign and date alterations
- Additions – date, time and sign
- Personal comments – beware of biased notes; always someone will read them
- Dictated notes – check and sign
- Record all findings
- Record (in brief) treatments from demonstrations, exhibitions and training sessions

The importance of written contracts

Client/Practitioner contracts – for clarity and in case of dispute

Good practice: Include

- What service you are offering
- How many sessions are being proposed
- The cost per session/block
- When payment is due
-

Room/Clinic rental agreement

Make sure that you obtain a written agreement.

- Licence versus lease
- Commercial lease seek legal advice
- Room lease – read the small print

Linda Rose has been a member of the British Reflexology Association since qualifying with the Bayly School in 1993, and was accepted as a member of the Centre for Clinical Reflexology in 2007.

She continues to take a keen interest in developments in reflexology, and applying these with her clients as appropriate. She currently works in two clinics in Northampton, the details of which can be found on her website:

www.lindarosereflexology.co.uk



Membership Renewal Notice

Members can now use the VRT logo on their leaflets and website. The membership fee is £25 per annum for UK and international or £20 if you pay by Standing Order from a UK bank.

For those members whose annual subscriptions were renewable on 1st July you will receive an email request to renew online or send a cheque. If you pay by Standing Order already you will receive your new certificate automatically. To renew online or pay by cheque please visit:

www.boothvrt.com/vrt-membership

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 newsletters.

Why not re-take a previous VRT class as a Refresher for only £65 per day?

For current courses see online:

www.boothvrt.com/course-dates-booking/

Contact us on:

contact@boothvrt.com

www.boothvrt.com

or phone 01179626746 for more detail

ICR Silver Jubilee Conference

Sheffield, United Kingdom
17th - 20th September 2015

The ICR Conference is open to everybody, not just ICR members and it would be wonderful to be able to share our Silver Jubilee Conference with you.

For those who have not registered yet there is still time but don't delay, visit www.icr-reflexology.org to register today.



Speakers

Three days of presentations and workshops hosted by world renowned speakers.



Poster Presentations

A variety of Poster Presentations will be on display with an opportunity to interact with the presenters.



Welcome Function & Gala Dinner

Relax and socialize with fellow reflexologists from around the world. Join ICR in celebrating our Silver Jubilee.



NERVE REFLEXOLOGY DIPLOMA

WITH GRIET RONDEL & NICO PAULY

Nerve Reflexology diploma - details that could revolutionise your practice when working with clients in pain. The full Nerve Reflexology diploma course for supporting clients in pain is coming back to the UK for the sixth time.



AoR CPD accredited with 36 CPD points per 3 day course

Level 1	15 th – 17 th January (BRISTOL) 22 nd – 24 th January (LONDON)	Nerve, muscle and organ chains in lumbar and chronic pelvic pain
Level 2	26 th – 28 th June (BRISTOL)	Nerve, muscle and organ chains in cervical, thoracic, shoulder and arm pain
Level 3	16 th – 18 th October (BRISTOL)	Central pain mechanisms and the total NR treatment concept

For the full syllabus visit: <http://www.reflexmaster.co.uk/training>

View the Nico Pauly interview on 'YouTube'

<https://www.youtube.com/watch?v=140guq5mXgs>

This diploma is offered to therapists who wish to extend their skills to include specific additional techniques for use in both acute and chronic pain states.

Dysfunction in the movement and organ systems are often correlated and the nervous system plays a central role in this relationship.

Nerve reflexology utilises a specific pressure technique to target and precisely impact various parts of the nervous system.

Griet Rondel and Nico Pauly have a wealth of experience in handling clients in pain. Physiotherapy, their core skill is added to with manual neurotherapy, manual therapy, cranio-sacral therapy, neuro-dynamics, Eastern meridian diagnostics and reflex zone therapy. They will lead you through a step by step process in Neurology and Neurophysiology and combine it with nerve reflexology techniques.

PAYMENT: Each course level is £360. You may sign up to level 1 as a stand-alone course or take the whole diploma course including the final examination to become a 'Qualified Nerve Reflexologist'. A non-refundable deposit of £250 is required at the time of booking for each level.

Please note: Nerve Reflexology has a highly professional reputation and has always attracted 'sold out' classes, with many overseas delegates. Don't wait to the last minute to book, as places will fill fast.

To book your place or for further information, please contact me:

✉ info@reflexmaster.co.uk Reflexmaster: <http://www.reflexmaster.co.uk/training>