

Vertical Reflex Therapy



Membership Network Newsletter

Dear Colleague

Welcome to the VRT newsletter and I hope you will enjoy the wide range of subjects in this Winter issue. The run up to Christmas can be fraught so I hope you will make time to book a swap or make an appointment to see a fellow reflexologist for a deeply beneficial treatment!

Nerve Reflexology returns to the UK

Many VRT members have taken the opportunity to learn the highly acclaimed Nico Pauly Nerve Reflexology classes over the past 10 years. I, and many others, feel that this clinical reflexology training in one of the best courses available and it has enhanced my practice immensely. We are pleased announce the 5th Diploma opportunity and there is a chance to take Level 1 only (Lower Lumbar reflexes and organs) in London in March or Bristol in April 2013. You can also take all three levels for the Diploma. 36 AoR CPD points are award per 3-day weekend and Nico Pauly explains more about Nerve Reflexology techniques and results in this issue.



Christmas Greetings from the UK VRT Tutors – we will focus on news of our overseas tutors in the Spring Newsletter

This year has been a busy one for the VRT tutors and many classes have been run in the UK and overseas including France, Spain, Eire, USA, Canada, Luxembourg, Holland and Switzerland. We are pleased to welcome Kathy Ungerecht from Alaska as a new VRT tutor. Kathy flew to Chicago to learn VRT many years ago and attended the ICR Conference in Jamaica with me. Kathy brings

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enthusiasm and professionalism into her teaching, which I experienced first-hand in June when I taught her ex-students in Anchorage.



**Vertical Reflexology comes to Uganda
Act4Africa team display their VRT charts!**

This October I taught an afternoon of reflexology and VRT in a most unusual venue; a half built concrete office above some shops in Kasese, a town of 60,000 people, a few miles from the Congo border in Western Uganda. My daughter Alice is working for the charity, Act4Africa, and is training graduate Ugandan teachers to deliver HIV education and health awareness to out-lying villages and various schools.

Do keep your letters, articles and comments coming in and the VRT tutors look forward to seeing you on our future classes.

With every good wish for 2013.

Kind regards

for Booth VRT Ltd
Tel 0117 9626746
contact@boothvrt.com
www.boothvrt.com



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Interview with Nico Pauly Nerve Reflexology

Lynne writes: *Booth VRT is delighted to welcome Nico Pauly back to teach his 5th Nerve reflexology diploma classes in the UK. If interested you may book for Level 1 only on the lower lumbar nerve reflexes or book for all 3 levels. We have many testimonials stating this is one of the best and most useful courses reflexologists have ever taken. See back cover and website for more details and booking on-line. www.boothvrt.com*

Tell us how Nerve Reflexology began?

Nico Pauly: Walter Froneberg, a German chiropractor, got in touch with the school of Hanne Marquardt and studied her approach of classic foot reflexology. In his clinic, he altered the spinal reflex zones techniques by applying instead a static direct pressure on the bones of the feet - as opposed to "walking" in the soft tissue. He noticed that the paravertebral muscles were responding much quicker than with the classic zone technique. Given that these points were responding so quickly, he became convinced that they must have a direct relationship with the corresponding nerves. So he called these points "nerve reflex points". He elaborated in a period of 20 years of experience nerve reflex points for the whole peripheral, autonomous and central nervous systems.

Walter Froneberg also adapted special techniques for the spine like: "specific muscle and nerve massage" and "modified joint mobilisations". He combined these manual techniques with the nerve reflex points and called this new approach: "Manual Neurotherapy."

How is it different from more classical reflexology, such as the Ingham Method, for instance?

The techniques of nerve reflexology are completely different from the classic zone techniques.

1. The pressure is given with the outside side of the top of the thumb to small parts on the bones of the foot. Meaning: the bone of the thumb is touching the bone of the foot (see picture).

2. If the corresponding nerve is overloaded, the nerve reflex point will be painful. The therapist holds the point, without moving until the pain decreases.

3. The nerve reflex points can be combined with classic zone therapy. You can first treat the nerve of the affected structure by pressing the nerve reflex points and then treat the structure by zone therapy. The effects are much better and quicker, a normal innervation being the first important thing for a good function of structures.



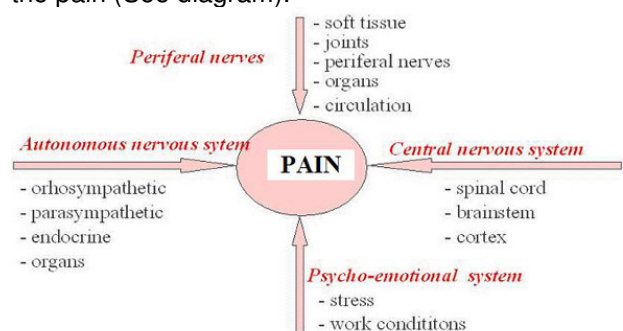
What is your part in the evolution of Nerve Reflexology and Manual Neurotherapy?

I learned Nerve Reflexology (NR) and Manual Neurotherapy (MNT) from Walter Froneberg himself, and later, together with his son in law Norbert Gosch, I became teacher in Belgium, teaching MNT and NR to physiotherapists. My personal touches in MNT and NR are:

1. The science based approach

Very soon, I felt the need for a scientific and didactic approach, as this was completely missing in the trainings of Walter Froneberg's school. While MNT and NR are working deeply into the nervous system, you must have a consistent knowledge of how the nervous system works and, certainly, how the nervous system is reacting on pain.

I elaborated a "pain clinical reasoning and handling model". In this model, students learn to analyse the pain of a client to find out where the dysfunctions are in the peripheral, autonomous and central nervous system and how the psycho-emotional behaviour of the client is influencing the nervous system and the pain (See diagram).



This model gives students a clear and good structure to deal with nerve reflex points. The whole approach is built on the research in the pathophysiology of pain.

2°. *Developing new nerve reflex points and refining the manual techniques of MNT.*

In my 24 years of experience and teaching NR and MNT, I discovered new nerve reflex points for the sympathetic nervous system, for nerve plexi around organs and for muscles. I also modulated the original spine mobilisations of Walter Froneberg in more precise and safer techniques, which I call "spine tuning".

3°. *Research.*

Together with my teaching colleague, Rian Lasonder, I published a large study on the effects of nerve reflex points on paravertebral muscles. In collaboration of well trained nerve reflexologists of the Netherlands, I performed a study on the effects of nerve reflexology on chronic lumbar pain.

Both studies can be downloaded from our website: www.mnt-nr.com.

4°. *The evolution of MNT and NR with more precise visceral approaches for organs, hormones and the immune system.*

For this part, I appointed Griet Rondel, a Belgian physiotherapist, certified in MNT and NR. She developed a manual mobilisation technique for the digestive tract and a special approach combining NR and zone therapy for the whole visceral system. Both of us gave this approach a scientific and well structured form.

5°. *Foundation of MNT-NR International.*

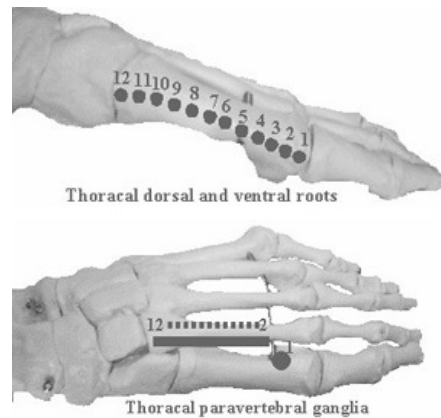
Together with Griet Rondel, Norbert Gosch (son in law of Walter Froneberg), I founded MNT-NR International. This foundation was needed for spreading out and protecting our concept. MNT-NR International stands for high quality and science based teaching and developing of MNT and NR.

Where on the foot are the Nerve Reflex Points related to the back?

We have several NR-points related to the spine:

- points for the spinal nerves: dorsal and ventral ramus,
- points for the sympathetic innervation part like paravertebral ganglia,
- points for paravertebral muscles.

In the figures below you see spinal nerve and paravertebral ganglia points.



However, in NR or MNT, we never use these points as single standing approach to back pain. The back is part of a large movement system, including spine, surrounding muscles but also internal organs. All these structures have to move in a harmonious relationship. A chain of nerves is linking all these structures. The NR and MNT therapist will first find out where the dysfunctions in all these structures are located and then try to restore these by interfering in the nervous chain and in the movement chain.

In your experience, how effective is Nerve Reflexology for back pain?

In the research on low back pain, as mentioned earlier, NR has the same result as the evidence-based physiotherapy approach (exercise program). So, it would be very interesting to combine these two approaches in the hope that the result is much better.

Many reflexologists are very frustrated that there are too few studies validating reflexology as an effective therapy. Why in your opinion and given the fact that, as reflexologists, we see constantly how effective our work is on our patients, is it taking so long to prove with randomized controlled studies that reflexology really does work for this or that condition?

There are many reasons for the lack of RCTs (randomized controlled trials).

1°. Reflexologists must learn in their education and in their work to speak the same language as the western medicine world. It's like when a Greek and an Englishman meet and speak in their own language about the beautiful weather and sun. They talk about the same thing but they don't understand each other. Reflexologists are talking about energy, yin and yang, meridians and so on....Let's translate these valuable concepts into the medical western language of physiology, sympathetic and parasympathetic system, hormones etc...Then we have already the same language.

2°. *The responsibility of big reflexology organizations like RIEN and ICR.*

They should rally professional reflexologists on a financial annual contribution. They should work together and create with these finances a scientific committee. This committee could sponsor well designed RCT's or other science based research. I know an English reflexologist, Carol Samuel, has now completed a PhD with research on reflexology and pain. These studies are very valuable, however, she had to fund her own research over more than 5 years, without any help from the reflexology world. There is a big responsibility of ICR and RIEN to help these idealistic researchers.

3°. In large world conferences like ICR and RIEN conferences, there is a big lack of scientific approach. Lectures should be focusing on research, discussion groups should be focusing on hypotheses and on a scientific approach in daily work, and workshops should demonstrate new approaches. How can you expect interest of scientists when reflexologists do not show any interest in the science approach of their work?

More and more doctors are looking to integrate complementary therapies in their practice. According to you, is integrated medicine going to be the trademark of the coming decades?

There are very interesting signs going on in the medicine world. Certainly the new sciences of energy and epigenetics are very promising for the future. They will slowly convince the medical world of the holistic approach.

I think that in the future reflexology, homeopathy, and allopathy will really operate in integrated teams. Changing minds goes slowly. Let's see in about 50 years from now, I believe that medicine will by then be completely different from the narrow symptomatic approach of today.

Article reprinted with permission from Nico Pauly from www.reflexology4backpain.com

Information on Nico Pauly, Nerve Reflexology, and Manual Neurotherapy: www.mnt-nr.com

Nerve Reflexology comes to the UK in 2013

Level 1 London 1-3 Mar 2013

Level 1 Bristol 19-21 April 2013

Level 2 Bristol 14-16 June 2013

Level 3 Bristol 20-22 September 2013

To book - See Newsletter back cover !

Reflexology for Children and Babies

By Lynne Booth



Many parents seek out complementary therapies to help their children when they suffer minor ailments; reflexology is particularly helpful, as it is gentle and non-invasive as only the pressure points on the hands and feet are stimulated.

Reflexologists can also teach family members to apply short gentle techniques to children's hands and feet. Small babies may be gently treated with caution: the lightest feather-like brush on specific parts of the hands or feet can soothe a colicky baby or help calm a distressed child. Vertical Reflex Therapy (VRT), is a profound reflexology technique where the hands and feet are briefly treated in a weight-bearing position with the suggestion that this can increase the therapeutic response. VRT is a useful adjunct to conventional reflexology; it can be used extensively when adapting positions to suit babies and small children who are constantly on the move.



Reflexology aims to stimulate precise pressure points on the hands and feet to help trigger the body to help itself. Small children are often intrigued with these techniques and can be taught simple self help routines on their hands to aid sleep, calm nerves or possibly help to assist breathing when a respiratory disorder is

present. The gentle relaxing self-help technique on the hands or feet, called Diaphragm Rocking, may bring about deeper sleep patterns.



A 9 year old boy learns Diaphragm Rocking for insomnia issues

Adaptive reflexology is a term applied to reflexology sessions in chronic illness / palliative care situations where the therapist has to be prepared to change position, help the client to move and adjust to a variety of unconventional positions or application of techniques. This is to give most comfort and security to the client while still hoping to gain maximum benefit from reflexology. A therapist also has to have this same adaptable approach when treating toddlers. They are unlikely to stay still for long and are instantly distracted. Using their hands and feet and moving about with the help of a parent / carer makes a reflexology session very feasible and is often entertaining for the child. These photos illustrate the adaptability required by therapist and mother to give two and a half year old Leo a short reflexology treatment using classical and VRT techniques including Synergistic Reflexology where the corresponding hand and foot reflexes are worked simultaneously.



Adaptive reflexology for a toddler

Reflexology for Babies

Synergistic reflexology, when two identical hand and foot reflexes are worked simultaneously, is an obvious choice to use when feeding a small baby, as he or she can be cradled in a parent's arm while one hand makes feather light strokes on the foot on either stomach or bowel reflexes, while the other hand gently strokes the baby's palm on the same side of their body. A baby's toes or fingers should never be worked as they are too fragile.

Even a tiny baby can be held so that their feet briefly weight-bear. When these photos were being taken, 3 month old baby Jamie became a little restless so I stroked the spinal reflexes on his tiny feet a couple of times and placed

Diaphragm Rocking for Infants

my two fingers (like scissors) either side of the diaphragm reflexes and rocked his feet gently - one by one. To finish I gently held the dorsal and plantar adrenal reflexes in a pinch. As soon as I held the adrenal points (situated beneath the ball of the foot) he calmed down and became instantly more placid. His parents were advised to repeat this when he was crying or restless, as babies can learn to recognize this particular type of touch as calming and therapeutic.



I used the above reflexology techniques on a screaming 6-month baby girl passenger on a long-haul flight. No one could calm her; when I first touched the reflexes on her feet, her cries became louder. The medial spinal reflexes on her feet were exceptionally rigid, and I used the Diaphragm Rocking above to relax the foot generally. The baby immediately went from red faced to normal skin colour and was calm in seconds. Her rigid big toes became relaxed. She was calm and placid for the rest of the 5 hour journey. I deduced that the child had experienced terrible head and neck pains. The very young mother then confirmed that her 2-year old son had hit the baby on the head with a picture frame that morning, "but she seemed OK afterwards". The reflexology technique appeared to have instantly released the baby's head and neck muscles. I also advised the mother to have the infant checked over by a doctor on arrival.



Young Children

Young children often enjoy learning self-help VRT techniques on their hands, ranging from working lung reflexes for asthma and hand rocking techniques for insomnia.

This rocking technique also has been used with great effect to calm a child who is having a panic attack.

A 10 year old girl I treat regularly discreetly works her weight-bearing hand, beside her on her seat, if she begins to develop an asthmatic-type wheeze while at school.



Children enjoy self-help techniques

First published in Positive Health issue 196, July 2012 and re-printed with due acknowledgement.

Pay Membership by Standing Order : still only £20!

For those members whose annual subscriptions were renewable on 1st November 2012 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. **The membership in the UK is £25 but you have the option to keep it at the same fee by paying £20 by standing order.** Overseas VRT subscriptions are £30.

YOU CAN PAY ON-LINE www.boothvrt.com

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.



Born Fast by Hyungkoo Lee, 2009

Lynne taught VRT in Lausanne in September at the Swiss Bayly school. Here is a striking Korean sculpture at the Olympic Museum which is situated on the shore of Lake Geneva.

What do you think about the role of competitions in our therapy?



Kristine Walker

Polish physiotherapist Joanna Zwolak was talking to reflexologist and author, Kristine Walker, in exchange for a reflexology treatment!

Joanna says:

It is true I was inspired by another reflexologist to study this ever exciting subject and since my husband has feet problems it was even more interesting to study and practice a technique that could help him, I thought. So I completed a 9 months course at Brighton City College which was a truly great experience bearing in mind I never studied in a foreign language before.

When I found out I could take part in the WorldSkills Competition which I had never heard about, I was very excited. I wanted to meet new people and experience and learn something new.

I was the only representative in reflexology from Brighton City College. When we arrived at the Surrey College everything was very organized, from parking to what to do and when. When the actual competition started, all competitors were asked to set up their working area and when ready ask their own model to come in and start treatment. There were 3 judges, 4 competitors and their models. We had to fill in a Client's consultation form, write a treatment plan, focus area, after care and write up at the end of the treatment. We were timed on each section and questioned during the treatment about the client's condition and focus area. We were observed all the way through and were given general feedback after the treatment.

The judges looked also at our client's comfort and body language during the treatment. We all heard in the feedback that the client should be in a relaxed position, should have under knee support and minimal interruptions from therapists. Judges also pointed out that a stressed therapist gives a less valued treatment. We were told that all we wrote in our paperwork will be looked at and then the winner chosen. After a few weeks one person from our group was selected for the finals. I was so happy and excited to be the one to take part in the finals.

For me as a foreigner it was an amazing experience to compete with other therapists, see different types of treatment and ways of working. I would have liked to see more than 3 other therapist working and competing but on the other hand I had more chance to win. The other thing was bringing my own model. It would have been more interesting to treat a stranger or person selected by a WorldSkills member but maybe there is a reason behind it.

Summing it all up I am proud to take part in the WorldSkills Competition as it gave me a chance to see new places, meet new people and experience and learn something new. It can bring something you don't expect and open new pathways in my career. Not only did I have chance to express my view and share it with Kris Walker, I received a fantastic free reflexology treatment and also I had chance to learn something new and get more direction from a great and experienced therapist and tutor like Kris Walker.

WorldSkills UK Finals were held at the NEC in Birmingham on the 15-17 November 2012.

NB. In the summer 2012 newsletter VRT tutor, Chris Roscoe, wrote about what it was like to judge the Welsh leg of this competition!

Kristine Walker is no longer advertising her workshops but will continue to teach advanced reflexology skills privately to enthusiastic individuals and at City College, Brighton.

She is at present constructing a seminar based on understanding intuitive practice in reflexology in collaboration with Dr. Carol Samuel.

www.kristinewalker.co.uk

Important information about playing music during treatments...

The Association of Reflexologists writes: Every so often, we hear from our members that they are receiving calls asking if they ever play music in their reflexology practice. These calls begin as

very friendly and informal conversations - but do bear in mind that companies do not simply ring you to chat about whether you play music; there is a point to the conversation.

If you are playing music in your treatments with clients, regardless of the location of those treatments, if the music is not royalty free, you will legally be expected to have the relevant licenses in place to play it. This includes playing the radio.

There are two companies that have the right to charge license fees for reflexologists playing music in their practice; one is called the Performing Rights Society (PRS), and the other is called Phonographic Performance Limited (PPL). Both charge license fees on behalf of those artists, publishers and companies that are members of them. In many cases, artists, publishers and companies are registered with both, which would mean you would have to pay both license fees to play the music in question.

If your answer is that you have been playing music that falls under the remit of PRS, PPL or both without a license, you may be asked how long you have been doing this for. Your answer to this will result in a backdated bill for license fees missed since you said you started playing the music.

Having a PRS and PPL license to play music in your practice offers you a great amount of freedom when it comes to choosing what to play. However, there is another way which will result in you not having to pay any license fees in the future!

The simple way to avoid having to pay license fees and still be able to play music is to only play royalty free music. This is music that has been specially created to be played without incurring license fees.

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The Association of Reflexologists
www.aor.org.uk



We welcome new USA VRT tutor Kathy Ungerecht

Kathy lives in Anchorage, Alaska where she has a successful reflexology and acupressure teaching practice. She teaches a 300 hour reflexology certification program at her school In Health. She is an ARCB Board Certified Reflexologist and an ACARET (American Commission for Accreditation of Reflexology Education and Training) Accredited Reflexology Educator, AAEd. In 2011 Kathy's reflexology curriculum was the first in the United States to be awarded Accreditation of Standardized Curriculum for a 300 Hour Course in Foot Reflexology Certification, AARC.



In 2006 Kathy was appointed to the Board of Directors of ACARET (American Commission for Accreditation of Reflexology Education and Training) and served on the board until 2011. She is one of the founding members of the Alaska Reflexology Association, served as its first President and currently heads the education committee. Kathy is an Advanced/Senior Jin Shin Do Acupressure instructor. She offers a full program of acupressure classes.

Kathy travelled to Chicago to attend her first VRT course in 2004 and has since incorporated the work into her private practice. As a personal wellness instructor Kathy's passion is to empower others by sharing tools for health with people allowing them to bring better health and wellness into their lives and the lives of their family and friends. Kathy enjoys partnering with others for healthy solutions to everyday living and empowering others to achieve health and balance for themselves and their families.

Stuck for Christmas present ideas?



Look no further than self-help for family and friends with a best-selling VRT hand or foot book or the acclaimed VRT DVD for hands and feet. Go to www.boothvrt.com/shop or phone 01179 626746. Discounted prices!

VRT and Reflexology in Uganda



Lynne Booth writes:

I recently returned from one of my more unusual trips which involved an 8 hour journey in a 4-wheel drive vehicle, from Entebbe. We drove on a mixture of mud and paved roads to Kasese, in Western Uganda where my daughter, Alice, is working for a charity, *Act4Africa*. She is running training sessions and teaching teachers, and local people, about HIV awareness and health education.

Her team were keen to learn reflexology and VRT from me so Alice arranged a training afternoon in their new office which is in the centre of town. Therapies such as acupuncture or reflexology appear to be virtually unknown in that area but the session went well with me explaining the concept of energetic response from reflexes as best I could! We concentrated on self-help for back ache plus VRT for tight hamstrings and also hand reflexology for digestive issues. I demonstrated on each of them and then they worked on each others hands and feet where we targeted specific reflexes for common conditions including headache, bowel disorders and stress. The Diaphragm Rocking on the hands was a great success and, at the end, one of my "students" delightedly exclaimed "Now we can all be mobile clinics"!

Uganda is a beautiful green and verdant country with undulating hills, crater lakes, superb animal and bird wildlife. There are vast areas of bananas plantations which are their staple crop and fields of tea are grown, with some leaves still being hand picked in the western hills. Half the roads on our Ugandan travels were potholed or uneven red earth which became instant quagmires when it rained. Over 85% of the population lives in rural areas.

In 1960 the population was 6.8 million: in 2012 it was 35 million and is set to triple in the next 50 years and there is 50% unemployment.

33% of the population do not have access to safe water and 52% of people are without sanitation. Half the population is under 14 years old and only 2.1% of the population is over 65. Wherever we stopped we were greeted by curious, but friendly, people and saw thousands of small children; some walking to collect water miles from their homes and everywhere tiny babies were playing beside the roads where there were few cars, some dangerously overladen lorries but many bikes and motor cycles. In over 1000 miles we did not see a single child with a toy but there was much inventiveness with sticks, stones, grass and seed pods

A family of 12 or more people may live in a tiny house made of metal, mud or bricks: no bigger than a small UK garage. There is no public transport outside the main cities and health care facilities are very scarce and mostly comprise of a few mission hospitals in the remote areas where we travelled. Herbs are grown and local medicine and potions are often the preferred method of healthcare. We came across no begging despite the extreme poverty – just friendly curiosity - and tourists are rare except in the occasional safari jeep en route to one of the few safari lodges or primate trekking forests. In remote mountain areas, on our way to track chimpanzees, we were obviously the first white persons very small children had seen and their faces often changed from puzzlement to great smiles having studied us carefully first!

Kasese is an ex-mining town of 60,000 people with a numerous tiny shops and shacks in the busy central shopping area. Idi Amin's closure of the cobalt and copper mine, 30 plus years ago, caused a loss of 1000 jobs. My daughter is one of only about 10 Mzungus (non-Ugandans) who live in this large straggling district so three pale visitors walking down the streets at once caused quite a stir but resulted in many friendly greetings!

Healthcare is gradually improving in country areas so families are growing larger as birth control is not considered necessary



by many families. The schools are very poorly equipped and have two shifts of pupils a day with a repeat of the morning's lessons. The children are hungry to learn and the population

seem eager to find work. Many Ugandan children are mal-nourished and beans and a few vegetables are the staple diet. The only meat in the local Kasese markets is usually unrefrigerated goats' bones.

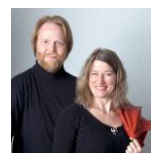
We stopped at a road side stall to buy delicious avocados, the size of a large fist, for about 10p each. A young boy of about 8 came to talk to me in his own language and introduced his tiny friends and siblings by name. They each wore one item of muddy clothing several sizes too big but looked healthy and full of vitality.. He and I managed to talk in two languages quite happily, without understanding each other, for about 5 minutes until he ran off. He returned, via a steep, watery ditch, with a 9 month baby boy who had been contentedly sitting in the mud wearing only a tiny pink baby dress like bolero! I felt honoured that his mother allowed him to proudly hand me his precious brother for a cuddle and it was quite hard to hand back the dear little babe! I shall not forget the welcome from that family wonder what the future holds for them long term.

At present a baby born today in the UK can expect to live to be nearly 100. In Uganda a baby can expect to live for 50 years. So, not surprisingly, we hardly saw any very old people although those who are "older" are cared for within the family groups. One day we heard singing and a band appeared followed by a smallish group of older people who marched through the town to a rally to celebrate *"The International Day Celebration of Older People"*. It is everyone's hope that longevity, better health and prosperity is something many more Ugandans can expect in the future.



www.touchpoint.dk

Dorthe Krogsgaard and Peter Lund Frandsen of Touchpoint, Denmark will write about Sub-Fertility issues in the Spring Newsletter. Here is their international teaching programme.



Round About series 2013:

The Neck - Tempe, Arizona - Jan 22,
Stress – Los Angeles – Jan 26-27
Hip, Sciatica & Knee – Amsterdam, – April 13 -14

Good practice, good business **by David Balen,** **Managing Director of Balens Ltd, Insurers**

As a conscientious practitioner, I am sure that you will be keen to ensure that your practice is a positive and thriving force. However there is a difference between your practice and your business. This short article will explore the differences, explain how a balanced approach to growth and development can help you maintain a good practice and a good business and the importance of looking after both.



Your practice relates to what therapies or disciplines you are able to offer your clients and how you interact with them. It can perhaps be described as the outward face of what you do as a health and well-being practitioner. It is your vocation and the reason you spent time and money qualifying and hopefully the reason you keep learning, keep fresh, keep pushing your boundaries of knowledge and experience. In short it is the vehicle of your inspiration, intent and an expression of who you are and what you stand for.

Your business is the vehicle that allows all this to manifest and be grounded not just now, but going forward. It interfaces you with the wider world of Tax, the Law, how you communicate, obtain and retain clientele. It relates to the elements behind the scenes, ensuring that your practice is sustainable and robust through the good times and the bad. Elements include financial accounting, cash flow management, marketing, insurance protection, disaster recovery planning, complying with the law, equipment etc. and last but by no means least, keeping good records or audit trails!

As I am sure you are able to appreciate, client loyalty and repeat business are the corner stones of most Health and Well-being practitioner's livelihoods. A therapist who is not well qualified in their chosen discipline or has a poor manner with their clients will not be in business for very long! But equally, poor accounting or failure to insure yourself correctly can wreak havoc and cause even more problems if the Tax authorities investigate your affairs!. Many businesses fail each year even with full order books, because they have not managed their cash flow well enough, and are unable to pay suppliers or staff.

Continuing Professional Development whether self-initiated, or achieved by participating in outside events is your opportunity to grow your own knowledge and skills- but equally importantly it is a chance to reflect, review and analyse what you do as a "business" and to decide whether to move out of a comfort zone of routine behaviour into a newer but possibly more productive and creative way of doing things. This will help you.

As a practice you can certainly improve on those areas where you are aware you may have a weakness, helping you to help your clients, but this also enables you to keep abreast of new techniques and technologies. Who would have predicted 15 years ago the changes that have come about as a result of the World Wide Web – many therapists are now developing a whole new set of IT skills, managing their own websites and linking into social networking sites.

As a professional, you have choices in how you may wish to grow your business – it may be that you are looking to attract new clients, in which case perhaps it is your marketing and PR skills that will need to be developed. These skills can of course be 'brought in', there are many businesses which will be able to help you with the marketing of your business, but it is your business and your brand, and an understanding of the basics will allow you to ensure that it is the message that you wish to convey that is forefront, rather than that of the marketing executive. You can as many do, do-it-yourself, using a creative, visioning process using pad and pen, with images, brain storming sessions or partnering with another practitioner or practitioners and helping each other to do it. There are a lot of books and material online to help you. An alternative approach is to increase your existing clients' spend by developing the services that you are able to offer. Perhaps the most classic example of this is the boom in massage and aromatherapy which are now routinely offered in beauty salons.

You may choose, for example, to take a basic counselling skills course, in order to develop your understanding of the needs of your client. Many studies have shown that it is the relationship between client and therapist that is the most important element in effecting their 'healing', however it is also the relationship that will ensure they continue to come back to you when they are in need, and recommend your services to friends and family, so anything you can do to have a greater understanding of this relationship can, in my humble opinion,

only benefit you, your practice and your business.

Your practice skills and your business skills can be seen as the two streams that make up the whole that is your chosen career. Both are needed to ensure your success as a practitioner. I believe that it is fundamentally important to have balance in Life, and focussing on one area to the detriment of others may result in a dysfunctional business that has an uncertain future. It is important to reap the rewards that may be achieved by development of all aspects of your life adventure - getting the Work/Life Balance as well as the Business/Practice balance into an optimal spectrum, is essential for your overall sense of well-being. Your business relies on you to be in a harmonious place, where you don't have business worries and can focus on the job at hand.

The growth of your practice, your business and yourself as a human being is all interlinked and interdependent. Your Business need not be stressful- it needs you to be comfortable looking after it, not grudgingly dealt with only when necessary. Please actively and routinely tend it as you would a productive garden!

BUSINESSES – WHAT CAN WEAKEN THEM OR CAUSE TERMINAL ILLNESS?

- Failure to plan
- Not taking care of the money flow
- Getting into debt
- Tax or legal problems
- Inadequate communication skills
- Not evolving
- Failure to nurture the tree
- Inability to weather the storms
- Taking without giving back
- Failure to grow people you work with
- Failure to build relationships based on good communication and trust
- Inadequate investment of time or money, passion or thought.

Business Qualities	Clinician/Consultant Qualities
Intention and Focus	Intention and focus
Often No Experience in Business	Qualifications and experience – years!
Planning Direction of Businesses	Planning direction of client care
Analysing Opportunities versus Threats and Strengths versus Weaknesses	Analysing patient history and present circumstances. What's working well and what isn't. The interior and exterior of the client
Audit Trails of Business Journey. Keeping good business records	Audit trails of client journey. Keeping good client records (including financial)

Systems based. Complying with the Law and Requirements of Society. You Driven	Professionalism and Ethics based complying with techniques and know-how of your discipline. Client-Driven
Is a reflection of You (and colleagues) and how you macro manage money and business relationships	Reflects your client relationships personally, therapeutically and professionally
Choices and Decisions = Business outcome	Choice and Decisions = Client outcome
Business Development and Improvement	Self-improvement and Development
Time/Cost Management. Effective use of resources and profitability analysis, Cash flow versus profitability	Managing the timings of appointments. Charging of your time – market average fees versus what it costs you to pay your bills. How much time do you want to spend practising?
Managing your stress and the stresses in the Economic Climate	Managing client stresses and their environment
Budgeting, comparing this year and last year Recommendations and referrals	Getting Pricing right. Achieving client loyalty through satisfaction. Long term clients – maintenance as well as sessions to deal with acute problems. Recommendations and Referrals

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Letters

Thank you for such a fantastic training day, You and Tony Porter are tops as far as training days are concerned. I really hope I can do justice to your wonderful techniques.
Harriet Combes

Great newsletter – very inspiring as ever. Please put my name down for Nerve reflexology next year. That will be my 2013 project. I continue to get great results with hand and foot VRT and the Wrist Twist has amazing results!
Sally Killingback