

Membership Network Newsletter

No 42 Winter 2015

Dear VRT Practitioner,

Welcome to the latest edition of the VRT membership newsletter. Every time I put an edition together, I never fail to wonder at the marvellous work that is being carried out by reflexologists in various parts of the world and this issue is no exception.

Five years ago, I taught VRT to an exceptional reflexologist, Zoe Warner, whose husband was injured in armed combat overseas. Along side allopathic medicine, she helped him recover using complementary therapies, including VRT and reflexology. Zoe realised that there were many like him suffering from the terrible effects of war who could benefit from complementary help. Zoe started volunteering her services to help other service personnel and, in only four years, she has drawn together 300 volunteers who offer complementary therapies to help service personnel recover from their injuries and Post-traumatic Stress Disorder. (PTSD).

Each year Booth VRT donates to a charity instead of sending Christmas cards to our members and this year it is going to the charity Zoe founded **Therapies4Forces**.



In August we paid our last respects in London to Barbara Stanhope-Williamson, a former VRT tutor and one of the oldest reflexologists in the country who died age 91. She would have been thrilled to have Mo Usher, one of the founders of the Association of Reflexologists (AoR) at her funeral as well as the current AoR Reflexology and Research Manager, Tracey Smith. Barbara was a great admirer of reflexologists Tony Porter and Hanne Marquardt who have greatly influenced her. She was delighted to see a progression to higher standards in training and professionalism in reflexology. Her own specialism was pre-conceptive issues and worked closely with a specialist medic who sent her many patients over the years.



Barbara Stanhope-Williamson

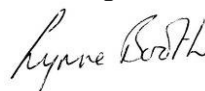
Despite some serious health issues in recent years, Barbara continued to practice and help her appreciative clients. She says that the best memories of her career were, *"Meeting so many lovely dedicated reflexologists, where all that mattered was helping people through reflexology"*. Barbara was a great friend and mentor to many and is sadly missed.

Don't miss this special VRT Members' opportunity to revise/learn the VRT Basic and Advanced Fast Track only £65! Book now for Bristol April 16 or London June 18 2016. Full details on page 13

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All the VRT tutors send you early Christmas Greetings and kind regards.



Lynne Booth



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VRT – useful techniques!

Tight Hamstrings

There is a particular Nerve Reflexology ankle reflex for the sciatic nerve that directly links with the hamstrings. Simultaneous stimulation of this reflex on both feet, for a maximum of 30 seconds, can sometimes result in an immediate range of movement. Read more about the sciatic nerve reflex in this informative article by Dorthe Krogsgaard and Peter Lund Fransen

<http://uk.touchpoint.dk/news.asp?ID=20403>



Groin strain or tight groins (contraindicated: groin tears).



This VRT standing technique should only be used by fit clients who are able to balance on one foot for a maximum of 30 seconds. Note: the client was standing between a couch and a door handle should he have needed to steady himself.

The newer VRT mobilisation techniques, taught on the VRT Sleep and Mobility class, can also be used for self-help. The client

locates the groin reflex on their medial wrist and stimulates and holds for a maximum of 30 seconds while

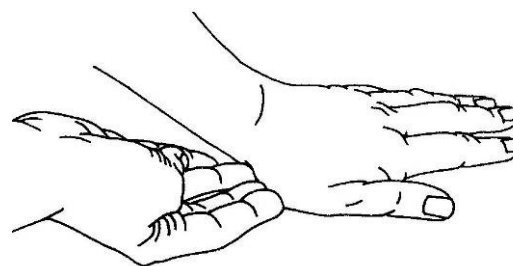
gently mobilising their corresponding leg which will often increase the range of mobility immediately.



Tight Lower Lumbar Muscles

Remember to give your clients homework to help loosen tight lower lumbar muscles. This simple self help technique on the hands may often release tension and may instantly give a wider range of mobility.

This can be repeated several times a day.



Neck and shoulder muscle tension: Muscular-skeletal pain in relation to an immobile shoulder

Shoulder pain can be a result of injury or disease of the shoulder joint. Injury can affect any of the ligaments, bursa, or tendons surrounding the shoulder joint. Injury can also affect the ligaments, cartilage, menisci (plural for meniscus), and bones of the joint. The design of the shoulder joint is such that it sacrifices stability for mobility. The shoulder is at risk for injury as it is an extremely mobile joint that plays a central role in the action of the arms.

At the end of the reflexology session, the client stands or sits with their feet placed firmly on the ground. Ask the client to gently raise their arm to the limits that their injured or damaged shoulder will safely allow to indicate the limited range of mobility.

Stimulate the weight-bearing shoulder reflex, firstly on the foot that corresponds to the damaged shoulder. Then work the corresponding reflex on the other foot. Now simultaneously work the two reflexes together briefly and maintain a steady pressure on the 2 shoulder reflexes for about 15 seconds.

Simultaneously ask the client to gently raise their arm to the height it will safely allow without strain or pain. Very often they will present a wider range of mobility at this point.

Hold both reflexes lightly in a "sedating" hold for another five seconds.



Weight-bearing self-help for the shoulder reflex on the foot is also possible, if the client is fit and able to easily balance one foot at a time on a low stool and they are adjacent to a table or chair to steady themselves if necessary. If in doubt, leave this method out!

International Council of Reflexologists (ICR) in Sheffield, Yorkshire on 19-22 September 2015



Lynne Booth attended this excellent conference and writes:

I have been to well over 20 international conferences in my career and all offer something special in terms of networking, shared information and research. However, the ICR conference in Sheffield was a very special event with an extremely high quality of international speakers, all of whom were willing to share their reflexology knowledge in presentations, workshops and informal discussions. There was also a lot of fun and socialising at a Gala meal and reception at the historic Town Hall with the mayor and a Gospel Choir! I am pleased to say my presentation and workshop on VRT and Sports Injury raised a lot of interest and response when I taught the new VRT simultaneous reflexology and mobilisation techniques that are taught on our VRT Sleep and Mobility class.

For me it was a rare opportunity to attend a reflexology conference in the UK and was rather surprised that there were only about 30

other UK reflexologists in attendance given that well over 30 countries were represented!

The keynote speaker was Father Josef Eugster, a Swiss Catholic priest, reflexology practitioner and teacher who teaches reflexology in his school in Taiwan and is credited with bringing reflexology to great popularity in Asia.



The title of his presentation was: *A Reflexology Adventure* and he described his journey in reflexology, the techniques he had developed and how he had built up a team of highly skilled tutors and practitioners to spread his teaching techniques. I attended his workshop and was fascinated to see this reflexologists working with small rounded sticks during part of the treatments. The best way to get a feel for his work is to watch this video on You Tube

Father Josef Eugster and his New Foot Health Method9
www.youtube.com/watch?v=vbyZz1EATW8

This is an introduction to Father Josef Eugster, who teaches his special new foot health reflexology. "You are like a small universe," says Eugster, every part of our body is connected. This video link states: *Please share those videos through Facebook and other means. Subscribe, comment and like it are fully appreciated. The videos are in the public domain and free to use in any way.*

Conferences are well worth attending and gain one information, techniques, friendships and networking....plus a sharing of different cultures. I am delighted to say I will be presenting at the **Reflexology in Europe Conference (REiN) to be held in Brussels on May 7-8 2016**. Put the date in your diary! I understand that the committee aim to make it as accessible as possible for delegates with advice on a variety of cheap accommodation etc. **See full REiN announcement on page 11**

The anatomy of the foot is very complex. When everything works together: the foot functions correctly. When one part becomes damaged, it can affect every other part of the foot and lead to problems in the body.

Lynne writes: *We all had to learn foot anatomy for our original reflexology diploma courses. Here is an excellent technical and visual reminder that has been reprinted with kind permission of Paul G Johnson: Sports podiatry practice.*



The important structures of the foot can be divided into several categories. These include:

1. bones and joints
2. ligaments and tendons
3. muscles
4. nerves
5. blood vessels

1. Bones and joints



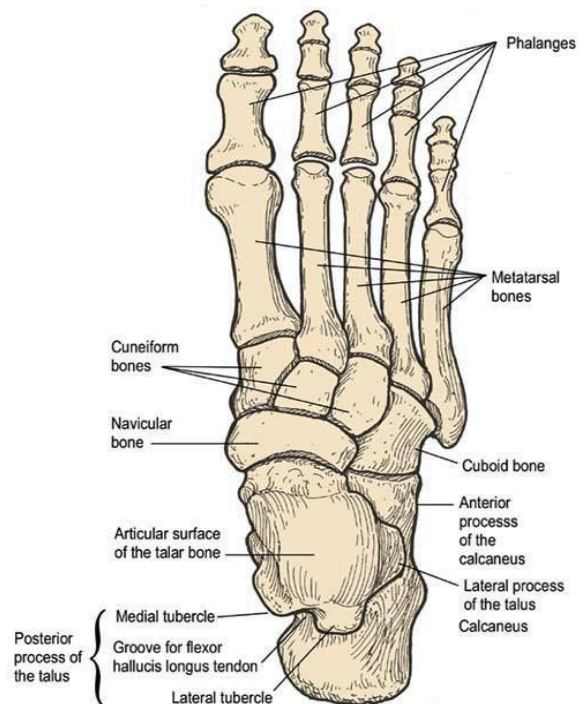
The skeleton of the foot begins with the talus, or ankle bone, which forms part of the ankle joint. The two bones of the lower leg,

the large tibia and the smaller fibula come together at the ankle joint.

The two bones that make up the back part of the foot (sometimes referred to as the hindfoot) are the talus and the calcaneus, or heel bone. The talus is connected to the calcaneus at the subtalar joint. The ankle joint allows the foot to bend up and down. The subtalar joint allows the foot to rock from side to side.

Down the foot from the ankle is a set of five bones called tarsal bones that work together as a group. There are multiple joints between the tarsal bones. When the foot is twisted in one direction by the muscles of the foot and leg, these bones lock together and form a very rigid structure. When they are twisted in the opposite direction, they become unlocked and allow the foot to conform to whatever surface the foot is contacting.

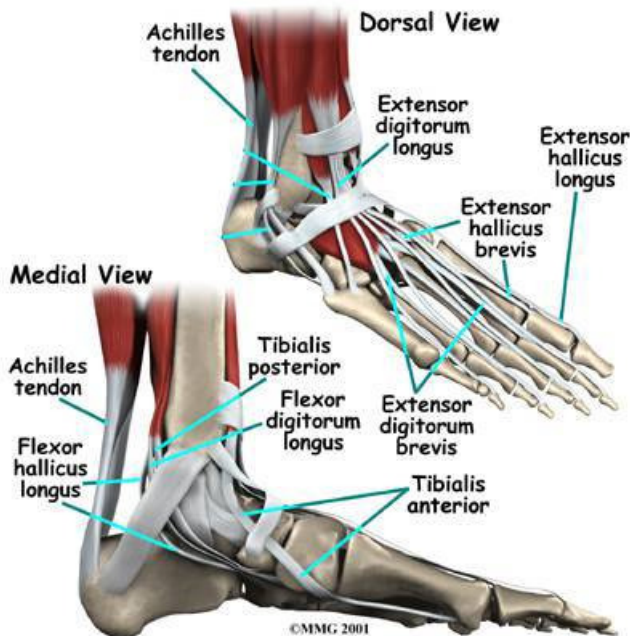
The tarsal bones are connected to the five long bones of the foot called the metatarsals. The two groups are fairly rigidly connected, without much movement at the joints. The first MTP joint is a common area for problems in the foot.



Finally, there are the bones of the toes, the phalanges. The joint between the metatarsals and the first phalanx is called the metatarsal phalangeal joint (MTP). These joints form the ball of the foot, and movement in these joints is very important for a normal walking pattern.

Not much motion occurs at the joints between the bones of the toes. The big toe, or hallux, is the most important toe for walking, and the first MTP joint is a common area for problems in the foot.

2. Ligaments and tendons



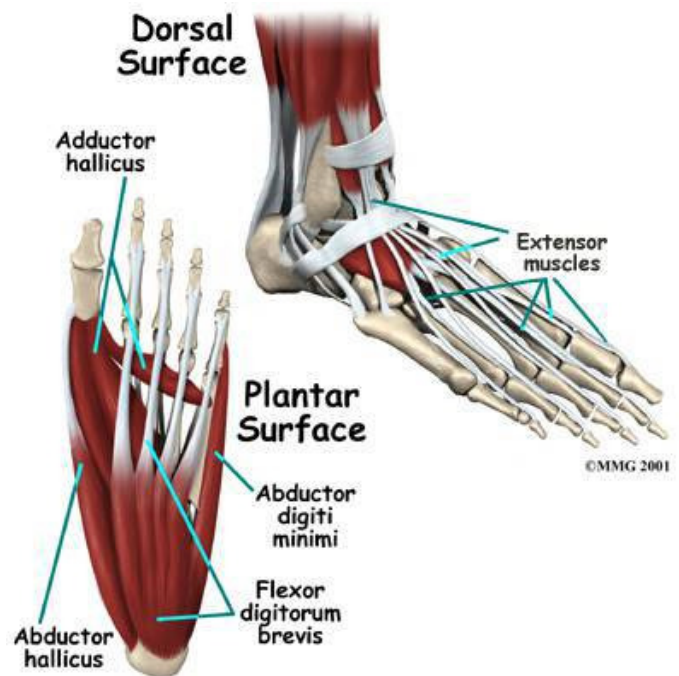
Ligaments are the soft tissues that attach bones to bones. Ligaments are very similar to tendons. The difference is that tendons attach muscles to bones. Both of these structures are made up of small fibres of a material called collagen. The collagen fibres are bundled together to form a rope-like structure. Ligaments and tendons come in many different sizes, and like rope, are made up of many smaller fibers. The thicker the ligament (or tendon) the stronger it is.

The large Achilles tendon is the most important tendon for walking, running, and jumping. It attaches the calf muscles to the heel bone to allow us to rise up on our toes. The posterior tibial tendon attaches one of the smaller muscles of the calf to the underside of the foot. This tendon helps support the arch and allows us to turn the foot inward. The toes have tendons attached on the bottom that bend the toes down and attached on the top of the toes that straighten the toes. The anterior tibial tendon allows us to raise the foot. Two tendons run behind the outer bump of the ankle (lateral malleolus) and attach to the outside edge of the foot.

These two tendons help turn the foot outward.

Many small ligaments hold the bones of the foot together. Most of these ligaments form part of the joint capsule around each of the joints of the foot. A joint capsule is a watertight sack that forms around all joints. It is made up of the ligaments around the joint and soft tissue between the ligaments that fills in the gaps and forms the sack.

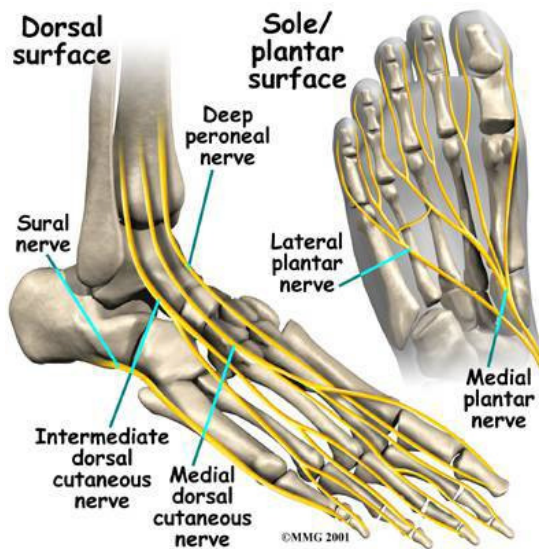
3. Muscles



Most of the motion of the foot is caused by the stronger muscles in the lower leg whose tendons connect in the foot. Contraction of the muscles in the leg is the main way that we move our feet to stand, walk, run, and jump.

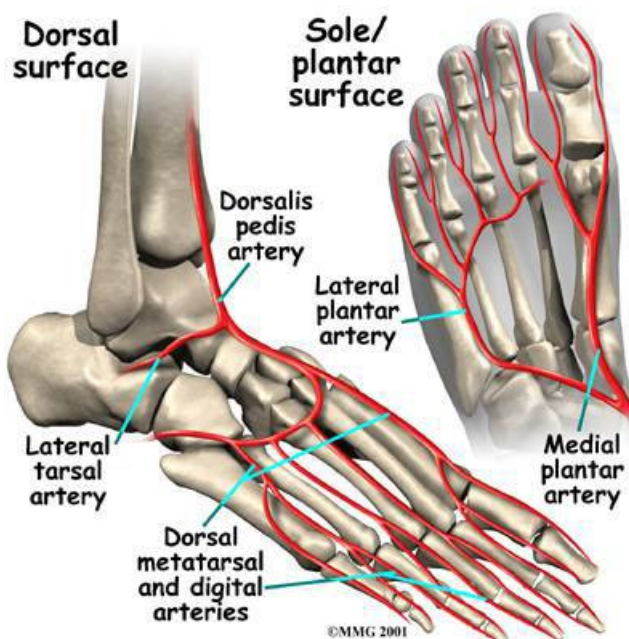
There are numerous small muscles in the foot. Most of the muscles of the foot are arranged in layers on the sole of the foot. These muscles move the toes and provide padding underneath the sole of the foot.

4. Nerves



The main nerve to the foot, the posterior tibial nerve, enters the sole of the foot by running behind the inside bump on the ankle (medial malleolus). This nerve supplies sensation to the toes and sole of the foot and controls the muscles of the sole of the foot. Several other nerves run into the foot on the outside of the foot and down the top of the foot. These nerves primarily provide sensation to different areas on the top and outside edge of the foot.

6. Vessels



The main blood supply to the foot, the posterior tibial artery, runs right beside the nerve of the same name. Other less important arteries enter the foot from other directions. One of these arteries is the dorsalis pedis that runs down the top of the

foot. You can feel your pulse where this artery runs in the middle of the top of the foot.

This article is published with thanks and due acknowledgement to:



Sports podiatry.co.uk is a portal developed by Paul G Johnson, Sports Podiatrist and is designed to provide an athlete with the tools needed to quickly return to sport after a lower limb injury. Paul specialises in treating injuries to the upper leg, knee lower leg, ankle and foot using the latest gait analysis techniques, orthotics, rehab and footwear advice.

www.sportspodiatry.co.uk/foot_footanatomy.htm Sheffield: 0800 612 0334 | Huddersfield: 0800 612 0228 | Manchester: 0800 612 2198

VRT Letters



Thank you so much for such an informative and enjoyable weekend. I feel privileged to have learnt the VRT with you and will certainly keep practising and using it. My ear and sinuses did feel lot clearer on Monday.
Shelley Ganderton

I attended a couple of your classes several years ago and have found your techniques to be very helpful particularly with pain relief.
Rupert French

I just had to tell you about a client I've treated this afternoon and did some VRT on her (my first VRT client after attending your Fast Track class this week). She has been suffering with constantly blocked sinuses for months and the GP advised her it was stress related. Well, after this session with the VRT (I did the 'sandwich' treatment as you advised), she immediately said that her left nostril was starting to clear and that she could "feel some kind of shift" in her nasal passages. She was amazed. I just stood there grinning.

Thanks so much for giving us the gift of this amazing therapy - I am a complete convert and am totally blown away by the results I've witnessed this afternoon.

Julie Lloyd



Therapies4Forces

Therapies4forces is a donation-based UK *not for profit* company that was founded, by reflexologist and complementary therapist, Zoe Warner. Its aim is to support past and present members of the armed forces, no matter when they served, to recover both physically and mentally from the injuries and traumas they have suffered as a result of war.

Therapies4forces Goals for the future

Their aim is to provide a series of free treatments that will assist the overall wellbeing of service men and women all over the UK. Sessions can range from deep tissue massage that can aid an individual's physiotherapy programme to relaxing aromatherapy or reflexology treatments that will both benefit the body and mind overall.

Zoe Warner writes:

When my husband was injured in a roadside explosion and later medically discharged, I used complementary therapies, including reflexology, alongside conventional medicine and treatments. My husband's healing was faster than those with similar physical injuries and his mental health and emotional injuries were soothed by treatments.

I was eager for other injured service personnel and veterans to be able to access complementary health treatments for free, and Therapies4Forces was founded. I initially ran it alone from my treatment room. However, within a short space of time, it became apparent that there was a huge need for this service across the UK. I was inundated with calls and emails with people wanting to book treatments. Clients are referred in various ways from charities, GP's and self-referral and we check all clients to ensure they are eligible to use the service. I also decided that the treatment would be extended to the families and carers of injured service personnel and veterans.

When my husband was injured I felt very isolated during the whole journey through these life changing events. This feeling of being unsupported in many ways began from when he was in hospital; continued through the trauma of him being medically discharged to moving my 6 children, husband and myself back to the UK, without any help from the army. During that difficult time, not one person in the forces asked me if I was OK or how the children were coping. If there had been somewhere I could have gone for reflexology or other complementary therapies, it would have made the difficult journey that bit easier. My vision for founding Therapies4Forces was because I wanted to ensure that there would be some support for those who are affected by injury through war and to create a greater awareness that such trauma spreads much further than just the injured person.

I began the task of recruiting volunteer therapists from all over the UK and Therapies4Forces now has over 300 volunteers all offering various complementary therapy treatments. I have recently been joined in administration by Kelly who is a full time carer to her husband who is also an injured veteran. Kelly and her husband received treatments from one of the volunteer therapists and were so impressed that, within a day, Kelly had called saying she wanted to give something back and could she volunteer with some administration for me.

Therapies4Forces offers 1-2-1 treatments and this year we have also introduced relaxation and wellbeing days in various locations around the U. We have 2 more of these days before the end of 2015 and lots of exciting locations in the planning stages for next year. Therapies4Forces is mainly self-funded and we have been lucky enough to have some donations of some products to use and also some items to raffle at the relaxation days. We hope that very soon this project will be able to get charitable status.

Therapies4Forces was set up to help those who served in the forces and we want to give something back. We are looking for volunteer therapists across the UK to offer 1-2-1 treatments and also to come along and offer treatments on relaxation and wellbeing days.



Zoe Warner (left) was awarded the Inspiring Person of the Year prize in the acclaimed BABTAC and CIBTAC Awards 2015; one of the biggest events in the global beauty and complementary therapy calendar

Zoe Warner: Case study 1

A 25 year old male soldier was in an explosion and suffered secondary blast injuries resulting in loss of tissue on much of right the right side of his body and sustained a broken femur and needed some facial reconstruction.

Additionally, he was clinically diagnosed with combat Post-traumatic Stress Disorder (PTSD). The femur break was healed, as was the tissue injury, when the soldier started coming to see me. However, he complained of continual pain on the whole of his right side which was radiating more frequently into his left side. Upon examination of his posture I noted that he leaned into his left side which he said he had done since rehabilitation to ease some of the stress on the right hand side. He said it initially has helped with the pain of the injuries.

The client had many of the symptoms of combat PTSD including night terrors, His partner had recently left him as she couldn't cope with being around someone with PTSD anymore. He said he felt continually on edge and could never relax. After a thorough consultation we decided the best treatment would be reflexology which would include Vertical Reflex Therapy (VRT). The client was fully aware he was able to ask me to stop the treatment if he wished to and would let me know if he felt uncomfortable with anything.

We started the reflexology session with some deep slow breathing and then hand reflexology. I asked the client to initially work on his own hand copying what I was doing to my hand, I showed him some relaxation techniques and I then took over and worked

these points on his hands. I then got the client to lie on the couch in the supine position and I applied lots of relaxation and warming of the feet including Diaphragm Rocking (I was taught this by Lynne Booth who developed VRT). As I worked on both feet I noted that the whole of Zones 1 and 5 were very congested both left and right. I worked all systems and then got the client to stand and gave a VRT treatment whilst he was weight-bearing, concentrating on the reflexes in zones 1 and 5.

The client reported that, following the treatment, he immediately felt pain relief all over and that he felt very relaxed said that he couldn't actually remember the last time he had felt this chilled out and it was the first time he felt so calm since he was a child. As part of the aftercare I asked him to do some deep breathing everyday just for 2 minutes, 3 times a day, and at the same time to carry out some of the hand reflexology I had showed him. He should be aware of his posture and try to not keep leaning into his right side.

The client came to see me 5 more times on a weekly basis. For the next 5 treatments we omitted the initial hand reflex at the beginning and only briefly went over it as part of the homecare He reported he was actually using it several times a day as it was so easy to use and nobody knew he was doing it. Using this technique meant he had been able to go to the supermarket with his friend which was something he had not felt able to do since he was injured as it made him so anxious. He said his friend pushed the trolley and he pushed the points on his hands and he managed to stay for the whole shopping trip and, by the end of the 5 sessions, had been able to go shopping several times.

He said his sleep was much better and, although he was still getting night terrors, they were not as frequent as they had been He also said he had less pain in general and the pain which he had been suffering on his "good" side had almost disappeared and he generally felt more relaxed.

Over the weeks the congestion disappeared and, by treatment 5, Zones 1 and 5 were almost clear. His posture improved and he was able to lean less onto his right leg and there was more of an equal weight-bear. The very good news was that, as well as feeling much better, he was reconciling his relationship with his wife. She wrote to me to

say thank you for helping to bring her husband back.

She wrote, "X is so much more relaxed these days. I left him as I couldn't cope with how PTSD was making him behave and how; being in constant pain was making him so nasty and short tempered. However I have seen a change in him and he is getting back to how he was before he was injured. He was like a stranger when he came home from war and since he has been having treatments with you, it is like my husband has come home. Thank you for bringing my husband back and the kids back their dad. Who would have thought that after all the treatments and medications he has been given, that what he actually needed was reflexology. If someone had of told me that it would have been reflexology that would help my husband a few months ago I wouldn't have believed it. I will be letting everyone know how brilliant you are and how well reflexology works, thank you."



Zoe Warner: Case study 2

Female 38 injured veteran who is also caring for an injured veteran.

This client came to see me as she initially wanted some time out from caring as she felt overwhelmed with her life. However, during her consultation she spoke a lot about her injuries she had sustained due to service but said these were put on the back boiler as her partner injuries as she felt she couldn't make a fuss as her partner's injuries were a lot worse than hers. She complained of a constant back ache and shoulder ache; to the point where it was actually affecting her part-time job which often involved a lot of driving.

She had been putting off seeing clients if it meant she would have to be would be in the car for more than 30 minutes She reported that after 30 minutes of sitting, she would not even be able to get out of the car without a lot of tears and effort. She had seen the GP, who had told her to either take time off which she couldn't afford and gave her some painkillers and was told it was just old injuries and suggested massage. In the consultation

it came to light she was actually lifting her partner a lot, who was a lot bigger than her, and she was also sleeping on the sofa a lot due to her partner having the television at night as they could not sleep. We discussed good sleep protocol and she decided that she would speak to her partner when she got home.

As the GP had suggested massage we decided that she would receive a full body aromatherapy massage. That way I would be able to palpitate all of her muscles and take it from there. The client fell asleep very quickly. I found from palpating that she was carrying a lot of tension in her lower back in the Latissimus dorsi and I found that working on this and loosening this area via the feet, helped to release tension all the way up her back, I was then able to work on the muscles in the rest of her back, neck and shoulders.

The client was holding tension around her knees, in her pectoralis major and also in her scalp. She was very relaxed following her treatment and, as part of her aftercare; I gave her some stretches to do daily.

Four days later the client phoned to see if she has left her glasses with me and said she had been *feeling brilliant* and thought she had maybe overdone feeling so great and now her hip was really painful. I arranged for her to come round to collect her glasses and when she arrived I asked her if she wanted me to give her a quick weight bearing VRT treatment to see if we could ease some of the pain in her hips.

I gave the client the VRT treatment which took only a few minutes and she reported that the positive results were instant and not only had her hips stopped aching so had the last bit of residual of back ache. At the following treatment, the client reported she still had no lower back/hip pain, and that they had moved the television to the spare room and that she was now getting a decent night's sleep on a bed which she felt was also helping.

At the start of her subsequent visits, I commenced the treatment with VRT weight bearing; working on the client's hips and shoulder reflexes and other reflexes which support these areas, followed by a full body aromatherapy. The client came to me 4 times and reported that she felt much better both physically and mentally and decided she would like to have her next 2 treatments 4 weeks apart.

On the first of the maintenance treatments she said was only just starting to get a couple of niggles and she had not had to take any of the painkillers the GP prescribed. She had also managed a few long journeys for work; stretching off afterwards. On the next maintenance treatment the client again said she *felt full of beans* and physically well with minimal aches. I have now referred the client to another T4F volunteer who offers a 6 weekly massage treatment protocol and she knows she can call me and self-refer should she need a VRT reflexology session in the future.

If you are interested in being a volunteer therapist or would like to do some fundraising, Zoe Warner and the team would love to hear from you.
www.therapies4forces.org



Reduce supermarket waste of fruit and vegetables

Farmers are throwing away tonnes of fresh food because supermarkets only accept "perfect" fruit and vegetables of an exact shape and size. The supermarkets are worried misshapen potatoes put customers off. But we are their customers - so let's tell them we'll buy fruit and...

Stop supermarkets from only accepting perfectly sized fruit and veg!

Why is this important?

The supermarkets are worried misshapen potatoes put customers off. But we are their customers - so let's tell them we'll buy fruit and veg that looks the way Mother Nature intended it. A huge petition, powered by shoppers, could convince supermarket bosses to stop rejecting perfectly good food.

If you feel strongly that good food is going to waste, think about signing this petition:

<https://you.38degrees.org.uk/petitions/help-reduce-the-major-scrutinising-of-farmers-veg-crops>

A French supermarket launched a brilliant food waste reduction campaign that celebrates ugly fruit and vegetables!



Congratulations to VRT Member



Abigail Langstone -Wring

Many congratulations to Abigail Langstone – Wring who has been awarded runner up in the Best Complementary Practitioner category of the 2015 Institute of Complementary and Natural medicine (ICNM) Awards in London. She was delighted with her award and said, *"I didn't expect my nomination to be accepted, let alone to be given an award"*.

For the last year Abigail has been working on a project in her local NHS Hospital. At present she is compiling her data from over 300 treatments and will report her findings in a later edition when her results are published.

Abigail said, *"I am hoping that my positive experience might spur other reflexologists to think about integrative healthcare delivery"*

Lynne Booth experiences Reflexology and Shoulder Massage in China Town, San Francisco.



Reflexology Hand Chart in the window of OP Therapy Academy, Clay Street

I always like to sample a reflexology treatment when I travel overseas and California was no exception this summer. China Town in San Francisco is a vibrant part of the city with one of the largest Chinese city populations outside China. There were many Chinese medical clinics and salons offering herbal medicines, acupuncture and reflexology. I chose the OP Therapy Rooms who offered a walk-in service. The setting was cool and tranquil away from the street sounds and 90 degree September heat.



China Town, San Francisco

Several clients were lying quietly in reclining chairs or on couches having various therapies with quiet Chinese music playing in the background. My male therapist spoke little English and no case history or conversation took place. I lay on a leather

reclining chair and he used his fantastic skills as a masseuse as he relaxed my neck and shoulders while my feet soaked in a bowl of warm, opaque-green, pine-smelling water. After 15 minutes he dried my feet and deftly applied a mixture of precise reflexology and very skilled massage including rolling and manipulating my feet for a further 30 minutes.

I felt wonderfully invigorated, relaxed and, if I lived in San Francisco, would be a regular client! The cost of this superb session was the equivalent of only £23.00.



VRT in Eire with Britta Stewart Dolan

A VRT Fast Track Course on Sat 25th July 2015 in Eire with VRT Tutor Britta Stewart Dolan at her AURA school in Beechlawns, Mullingar. The feedback was excellent and the class ran over till 6.00 pm as the group was enjoying practicing VRT so much!



An important date for your diary!

The Golden Year Reflexology: steps to Healthy Ageing

Saturday 7 and Sunday 8 May 2016

Woluwe-Saint-Pierre – Brussels – Belgium

Click here for prices, speakers, accommodation:

<http://www.9thconferencereflexology.com/index.php/en/welcome-uk>

Stand up and move; that chair could be a killer.



Reflexologists have very sedentary working lives and it is important that we all, like many other professions, make time to stretch, move and exercise between treating our clients and at the beginning and end of a working day.

Kat Lay recently reported in the Times that researchers have warned that ***Chairs are slowly killing us, even if we are slim.*** A study found that sitting for more than five hours a day increased the risk of developing a serious liver condition

The researchers warned that more than half of the average person's waking day *"involved sedentary activities associated with prolonged sitting, such as watching TV and using the computer"*.

Those who sat down for between five and nine hours a day were around 4% more likely to develop non-alcoholic fatty liver disease (NAFLD) than those who sat for less than five hours, while those who sat down for more than 10 hours were around 9% more likely to develop the condition.

The associations were observed, even in patients with a BMI (body mass index) of less than 23. A BMI of 25 or above is considered overweight.

Around 25 to 30% of people in the UK are thought to have early forms of (NAFLD). While in many people it will not cause harm, it can eventually lead to inflammation and scarring, followed by cirrhosis and liver failure.

Michael Trenell, Professor of Metabolism and Lifestyle Medicine at Newcastle University, said the message is clear, *"Our chairs are slowly but surely killing us. Our body is designed to move and it is not surprising that such behaviour, characterised by low muscle activity, has a direct impact on physiology. With a dearth of approved drug therapies for end (NAFLD), lifestyle changes remain the cornerstone of clinical care"*.

The study is published in the Journal of Hepatology. September 2015



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 November 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 details



Special Members Only Offer: VRT Basic and Advanced Fast Track class

Save £30 - only £65 per day in London or Bristol in 2016!

- **COME AND REVISE THE VRT BASIC TECHNIQUES PLUS LEARN OR REVISE THE VRT ADVANCED TECHNIQUES IN ONE DAY.**

A recent article about VRT from a New York class said: *"Without hesitation, I can say this was one of the most rewarding continuing educational classes I have ever taken. The method is amazingly logical and therefore very simple and straightforward and uncomplicated".*

Book now for Bristol April 16/17 or London June 18/19 2016.

VRT concentrated Basic and Advanced "Fast Track" workshop. 16/4/16

This workshop covers all core weight-bearing instruction on the dorsal feet and hands plus Neural Pathway and several advanced Synergistic techniques. VRT can be fully integrated into classical sessions immediately. Also suitable for brief emergency reflexology, older seated people and children & sports injury. Musculo-skeletal issues respond particularly quickly. For full booking details: [Click here](#).

VRT Sleep, Mobility and New Developments £90 to members (£95 full price) 18/6/16

This very popular VRT class has been taught all over the world and demonstrates many powerful new techniques for all ages and conditions. A key topic introduced is successful new VRT techniques where the limbs or body is mobilised in gentle movements while weight-bearing reflexes are worked at the same time. This class takes reflexologists to a new level of experience and includes working with the acclaimed Nerve Reflexology techniques of Nico Pauly on the Sciatic, Psoas and Piriformis reflexes. For full booking details: [Click here](#)

"VRT has been shown to amplify the effects of treatment and enable the body to balance and heal more quickly".

Nursing and Residential Care Journal

Forthcoming VRT Courses in the UK and Abroad

Course Date	Place	Tutor	Organiser	Phone
<u>Course Type: VRT Basic Fast Track</u>				
Wed, 2 Dec 15	Bristol	Lynne Booth	contact@boothvrt.com	01179 626746
Sat, 16 Apr 16	Bristol	Lynne Booth	contact@boothvrt.com	01179 626746
Sat, 18 Jun 16	Hampstead NW3	Lynne Booth	contact@boothvrt.com	01179 626746
Sat, 9 Jul 16	Mullingar, Eire	Britta Stewart Dolan	britta@auracourses.ie	353 (0)44 9345607
<u>Course Type: Sleep, Mobility and New Developments</u>				
Sun, 17 Apr 16	Bristol	Lynne Booth	contact@boothvrt.com	01179 626746
Sun, 19 Jun 16	Hampstead, NW3	Lynne Booth	contact@boothvrt.com	01179 626746
Wed, 5 Oct 16	Bristol	Lynne Booth	contact@boothvrt.com	01179 626746