

Membership Network Newsletter

No 50 Spring 2019

Dear VRT Practitioner

Greetings to you. This edition of the VRT newsletter is full of interesting information including a report on a reflexology research project by VRT Member Abigail Langstone-Wring. We look at working with a client living with dementia, Sleep issues and VRT Diaphragm Rocking, a new date for the Andalusia reflexology retreat and much more.

We are all striving for improvement. Is not being open to change more important? Without change, there can be no improvement.

Collected Treasures – Hanne Marquardt

The above quote is from Hanne Marquardt, the current Mother of Reflexology, and she has always inspired me in her teachings, excellent books and clinical practice.

I, like most of us, try to improve my skills as a therapist and aim to give my clients the best possible care. But being open to change is often a different matter if it takes us out of our comfort zone. It is a challenge to move towards change and yet the rewards can be so great. All VRT members were open to change and challenge when they first decided to learn Vertical Reflexology where the plantar reflexes, that we know and love, are not accessible during the weight-bearing techniques! We all, including me, had to take a leap of faith that there may be something profound and effective in these newer discoveries.

Years ago, in the 70's, I was shopping in the little back streets of Brighton when I wandered into a new shop that had opened the day before. The young woman owner enthusiastically showed me the bathroom and cosmetic products she had made in her pressure cooker, bath and bowls and I bought a lovely pot of cucumber face cream. I admired the green trellis on the walls and she said that it was carefully arranged to stop the plaster falling off! She told me her opening had been challenging as 2 undertakers, whose premises

were adjacent to her shop, accused her of disrespect for calling her enterprise: The Body Shop! However, their bigotry had given her much needed good publicity and support! I wished her well and became a frequent customer. Nearly 30 years later at a literary festival I again met up with the now Dame Anita Roddick, founder of the Body Shop empire, and we discussed our early meeting. She was delighted I had remembered the crumbling shop walls, wonky trellis and more than a little chaos of those early weeks. Her work to promote human rights, environmental issues and natural products continued until her untimely death in 2003. I recently found her signed book on my bookshelf. It simply said,
To Lynne, Challenge everything!

In November last year I went to London to receive the prestigious **AoR Excellence in Innovation Award for 2018**. After a welcoming and interesting ceremony for the winners, we were taken for a 5* High Tea in a lovely hotel restaurant. Thank you to the AoR!



Kind regards
from all the
tutors

Lynne Booth

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by Abigail Langstone-Wring

"MPs want complementary, traditional and natural medicine to rescue NHS from financial crisis"

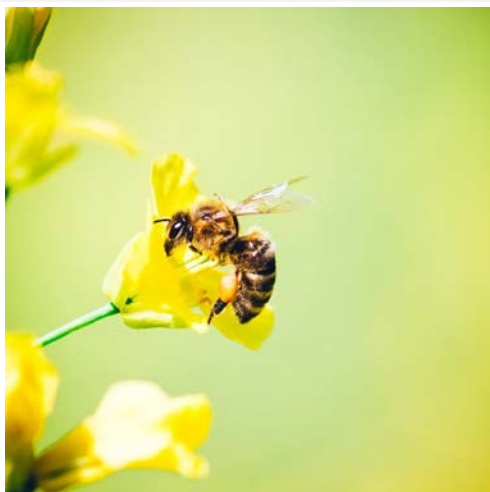
On 15 December 2018 Tracey Smith of the Association of Reflexologists posted this Press Release which referred to a recent meeting of the All-Party Group for Integrated Healthcare at the House of Commons It is great news.

Changing health needs requires different approach, says the new report. In 70 years of the NHS patients' health needs have changed. Growing numbers of people suffering from long-term illnesses pose significant threats to the future sustainability of the NHS, a new report released by the All-Party Parliamentary Group for Integrated Healthcare warns MPs to urge the NHS to embrace complementary, traditional and natural medicine to ease the mounting burden on service provision."



Also see link to the [CNHC Report](#). Reference: *PGIH Report Integrated Healthcare Putting the Pieces Together*

Friends of the Earth and many other organisations are campaigning to save the Bees: our lives depend on it.



Bee decline since the late 1990s has become a serious problem. Beekeepers around the world have noticed unusually high rates of decline in honeybee colonies, and unfortunately, this is not all about a decline in the availability of honey.

Bees are key to food production, as they are vital in the pollination of crops. One-third of the food we eat depends on pollinating insects, and in Europe alone, 4,000 vegetables depend on insect pollination. If this trend of decline continues, crop yield, which already faces a multitude of challenges, will diminish further.

The UK is falling behind in the fight to protect these indispensable species. Since 2010 there has been a 45% loss of commercial honeybees in the UK.

The UK National Action Plan for the Sustainable Use of Pesticides, although conscious of risks to water quality and plant protection, ironically fails to acknowledge the need to protect insects, which are vital in the protection of plant species. This plan fails to prevent pesticides from being used in public spaces. When an area is sprayed with more pesticides, agricultural structural elements are lost, and insects vanish.

As such, more needs to be done to prevent this and protect the invaluable species of bees before it's too late.

Cities like Amsterdam might have found the solution. Like the rest of the world, its bee population has been in steep decline. However, since 2000, whilst this trend has continued for the rest of the world, Amsterdam's bee population has risen by 40%. Planting native flowers in public spaces (such as in parks and on street corners), installing insect homes across the city, and introducing a ban on the use of chemical pesticides in public spaces has enabled Amsterdam's bee population to bloom.

If we are truly committed to saving bees, the species which uphold so much of our wildlife and food production, we need to take this further and ban the use of chemical pesticides in public spaces and provide bees with an environment in which they can thrive.

Reference: *Our lives depend on theirs*.
Ref: Darcy Williams, Tunbridge Wells, Change petition.

Read more here [Friends of the Earth](#)

Sleep issues and Diaphragm Rocking from the VRT repertoire

Lynne Booth,

This slightly expanded article was first published in *Reflexions*, the journal of the association of reflexologists in June 2018

Lack of a good night's sleep has serious effects on our brain's ability to function and many people sleep very lightly during restless nights. This can result in impaired cognitive function the next day, make concentration more difficult and shortens the attention span. Calming the body, with specific techniques to facilitate a deep relaxing sleep, can be one of greatest therapeutic gifts a reflexologist can give to their clients. Soon after I qualified as a reflexologist in early 1993 I had a series of clients who all complained of insomnia but it manifested itself in many different ways. I was keen to try and help each individual but realised that I needed a general formula and technique to help re-set the client's body clock, regardless of their age, health condition or sleep patterns.



A small child often falls asleep when it is held and rocked as this represents fundamental security and relaxation. So my first instinct was to experiment with techniques to rock the feet or hands focusing on the diaphragm reflexes. To relax we need to breathe rhythmically: so I included the lung reflexes in the rocking sequence by simultaneously holding the diaphragm points on my thumbs and the lung reflexes with my fingertips. At first I asked the clients to breathe in and out in time to the rocking of their feet but I soon realised this was totally counter-productive. This deeply soothing technique, that I named Diaphragm Rocking (DR) appears to relax the body at a profound level and the clients naturally found their own soothing breathing cycle without having to try and concentrate.

Children particularly enjoyed the novelty of hand rocking and this was something that

parents could easily share. I then began to develop Vertical Reflex Therapy (VRT) and found that these same DR techniques had the ability to help balance the body but directing energy to where the body needed it. For example, I rocked the feet to help a sleep issue and a client reported that their right ear had gone warm and had "popped" and felt clearer. Until then I had not been aware that they had had a right ear infection the week before as they had forgotten to tell me.



I had great success with this specific reflexology rocking technique on one male client and he sent a series of predominately business men from his company to book appointments to help overcome sleep issues due to stress and also jet lag from business trips. My formula, as part of a reclining classical reflexology session was to rock the feet for 1-2 minutes at a time, several times, during a reflexology session and then give the client homework to rock their hands before bed at night or if they woke in the night, to help them get back to sleep.

How much sleep is required?

There is no set amount of time that everyone needs to sleep, since it varies from person to person. Results from the sleep profiler indicate that people like to sleep anywhere between 5 and 11 hours, with the average being 7.75 hours. Any parent with a new baby will know how difficult it is to function properly on lack of sleep.

Where sleep issues are concerned you need to be a reflexology detective!

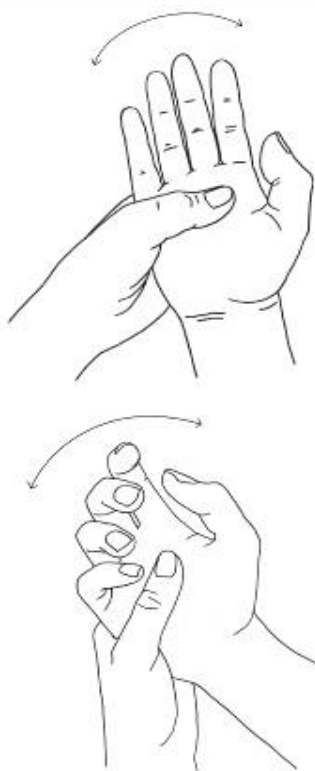
The combination of applying simple detective work to the client's physical situation, coupled with gentle reflexology techniques can make a tremendous difference to years of interrupted and shallow sleep.

- Most people are very aware that certain types of food, such as coffee, chocolate,

cheese, can have a disruptive effect on sleep and these can be easily avoided.

- If a person has to get up for the toilet more than once in the night; suggest they drink less fluid in the evenings but advise them to consume more in the day to ensure correct hydration levels.
- Ask what sort of bed the client sleeps in. Old beds and pillows can be too soft or too hard and can have a very detrimental effect on posture as well as quality of sleep
- Sometimes introducing blackout blinds or curtains in the bedroom can help enormously especially in the early morning summer light.

Many persons, especially older people, are on a difficult and unproductive cycle of sleeping poorly at night which results in them dozing on and off all day because they are tired. This results in them often becoming too fatigued to participate in activities during the day, and life can become very boring and rather unfulfilled. The deeper sleep an older person has at night, the less time they will doze in the day and this can “buy them more time” for stimulating activities in the day.



Good health is a precious commodity and sleep is a great healer. Reflexology can play a

very positive role in helping our clients to achieve a good night's sleep.

Instructions: Diaphragm Rocking on the Hands and Feet to aid Sleep and Relaxation Method:

Always repeat the technique on either feet and hands.

Hands for self-help: Use this technique before sleep and, if you wake up in the night, repeat the procedure as often as necessary. Apply Diaphragm Rocking by placing your thumb in a stationary position on the palm as indicated and gently rock your fingers back and



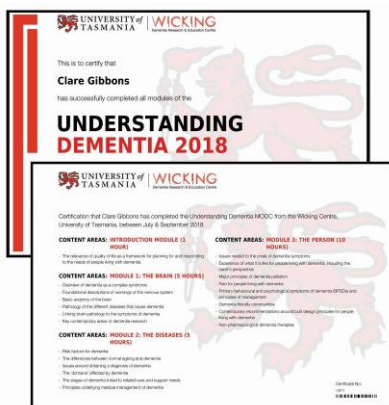
forward 10 -20 times; slowly straightening the fingers and then curling them closed

Feet to help another: place your fingers on the dorsum of the foot in a “V” facing their ankles and press your thumbs on the plantar diaphragm reflex and gently rock the foot backwards and forwards 10-20 times. The client can be instructed to use self-help hand reflexology at night.

References

St Monica Trust: residential care facility.
Bristol www.stmonicastrust.org.uk
Booth, Lynne. Vertical Reflexology. Publ Piatkus Books, London. ISBN: 0-7499-2132-3 2000
Booth, Lynne. Vertical Reflexology for Hands. Publ Piatkus Books, London. ISBN: 0-7499-2319-9 2003

Reflexologist Clare Gibbons, from New Zealand, discusses her work with a client living with dementia.



My client attended my clinic for 17 months. Most of her appointments were scheduled fortnightly for visits. The duration was approximately one hour in length. This included a foot bath which was in consultation with her caregiver and family members. Her caregiver was always with her during the appointment and then returned my client to her place of residence (care facility) to re-settle her after an appointment. The caregiver was trained and worked at the care facility.

The client's first appointment went very well; as she and I got to know each other, and it gave her the opportunity to build up the trust, or you might say, "a good/safe feeling between us". She loved soaking her feet before the Reflexology treatment in warm water with rose petals and small stones, with one drop of oil, often lavender, tea tree or frankincense. She needed help with the processes of shoes off, feet in and out of the water and then helped onto a massage table. Often the short trip to my clinic, the foot bath and the mobility/energy needed was enough for her to close her eyes as soon as she lay down. On arrival she had little communication but was still able to speak very briefly about some things.

There were times when she looked sad and anxious. The treatments were always a very gentle touch, and I would work all her reflexes but in particular around the brain and head area/solar plexus - particularly anything to aid relaxation. She appeared to thrive on the caring touch. It should be noted here that after a treatment she was much more communicative, alert and talked quite freely about happenings, though the conversation could sometimes be muddled but it seemed she had a clearer perspective than when she first arrived. The changes were noted both by

me and her caregiver. She was also calmer and less anxious.



As time progressed she had to deal with some issues that arose after several treatments which appeared to open up unhappy memories. Her caregiver spoke gently with her on these occasions to help her through the emotions. Was this due to stimulating the brain reflex and my client relating it back to the past experience? It would be hard to determine this, but the emotions were obvious and the experience profound. As the rapport built up between my client and me she would always give me a hug before she left. Sometimes, she held my hand as she came through the main door and walked with me to the treatment room. Sometimes she would say "oh that was lovely, thank you." "That's so nice", "wonderful". Even if she was prompted – "did you enjoy that...." her answer, be it non-verbal or verbal was one of expressing joy and pleasure of what she had experienced.

As the months passed it appeared though she was responding positively to each treatment, her bodily functions were less receptive to movement and just getting in and out of the car became an issue. It was decided at that time that she needed to be moved into another wing of the care facility. Unfortunately, her treatments stopped. Reflexology aided my client in many ways as, both physically and mentally, there was at times a noticeable difference. She loved the one on one process and responded comfortably to the slowness of time taken to settle her and the gentle touch while receiving.



Anita Roddick. Quotes from the founder of The Body Shop

If you think you're too small to have an impact, try going to bed with a mosquito.

If you do things well, do them better. Be daring, be first, be different, be just.

The end result of kindness is that it draws people to you.

Reflexology opinions on how to support mastitis including VRT

On Facebook recently a reflexologist asked for advice as she had a client who had a baby in August 2018 and had experienced mastitis intermittently a few times, had been prescribed antibiotics and attended a hospital visit once.



Tracey Smith, research manager at the Association of reflexologists issued a timely reminder to us all. She said, in reply, *that we are not, of course, treating the mastitis but treating the person. We have discussed this a few times before, so if you do a search a load of brilliant advice will come up. I would just be feeling for tight bits around the breast/ chest area dorsal foot and if they are not too uncomfortable then work those areas.*

VRT practitioner, Annie Zakiewicz, endorsed all Tracey said and added that she would also treat all Lymphatic reflexes. She also wrote,

If I had this client in front of me I would apply Lynne Booth's VRT (Vertical Reflexology Technique) hand reflex routine, followed by Advanced VRT to target the painful areas. This usually gives my client instant relief. I also have a number of clients who visit every 4-6 weeks for mastectomy related lymphoedema. They always ask for the VRT hand routine before a classical reflexology session. Learning VRT has been one of the best CPD courses I have ever invested in.

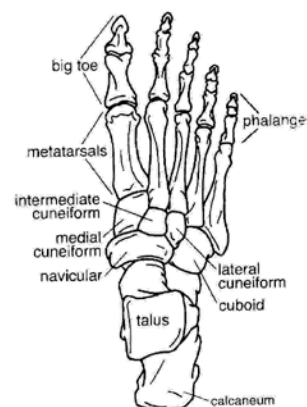


A great day in Norwich on 13th April 2019 teaching 18 super Norfolk Reflexology group attendees. Thanks to organiser Elaine Sach & here I am with 2 lovely colleagues: Jackie Hamilton on my right and Jane Sheehan.

Foot Facts



- An adult skeleton has 206 bones
- The foot has 26 bones! One quarter of all the bones in your body are in your feet. There are 20 muscles in each foot, as well as 33 joints, 19 muscles, 10 tendons and 107 ligaments. The soles of our feet have more than 7000 nerve endings.
- There are approximately 250,000 sweat glands in a pair of feet, and they excrete as much as half a pint of moisture each day.
- When we are born our feet are underdeveloped. The arches develop as we grow.
- The average person walks 110,000 miles in their lifetime.
- Each foot takes 1.5 times your bodyweight when you walk and when running your feet take 5 times your body weight.



How VRT and reflexology may have been instrumental in restoring mobility to an injured wrist



These photos that show a female client in her late 80's with a damaged broken covered in thickened tissue and it would not heal after 15 months. She insisted on giving herself hand reflexology as best she could in the semi-weight. Within a few weeks of reflexology and VRT, half the thickened tissue on the dorsal wrist was reabsorbed and, after applying synergistic VRT to her semi-weight-bearing fingers and toes, she was able to immediately spay her fingers again and this flexibility lasted for 5 years till her death. *No claims are made to support these results but suffice to say her medical specialist was very curious!* At the time of this recovery all physio had been stopped so reflexology was her only treatment and she practiced self-help on her hands several times a day for a few mins every day. Her medical consultant ordered an X-ray of her wrist and showed his students that there were indications of healing around the gliding wrist joints. We, as reflexologists, should never limit the capacity for an older person's body to help to heal itself. Lynne Booth



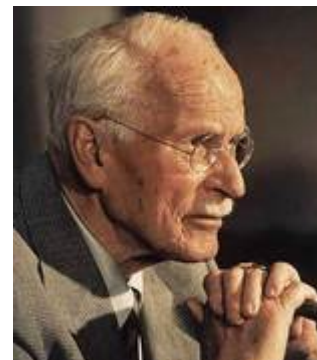
Some of the fantastic group in Suffolk I taught on 14 April 2019. Thanks to great organisers Penny Simmonds and Doreen Hughes.

April 2019 is National Stress Awareness Month

The aim is to educate people about stress, with the ultimate goal of having a positive impact on the public health of the nation.

Stress Awareness Month has been held every April, since 1992 to increase public awareness about both the causes and cures for our modern stress epidemic. Despite this running for 20 years there is still a long way to go. According to the Mental Health Foundation, 74% of UK adults have felt so stressed at some point over the last year they felt overwhelmed or unable to cope.

Millions of us around the UK are experiencing high levels of stress and it is damaging our health. Stress is one of the great public health challenges of our time, but it still isn't being taken as seriously as physical health concerns. [Read more](#) on the Stress Management Society website



“A man who has not passed through the inferno of his passions has never overcome them. As far as we can discern, the sole purpose of human existence is to kindle a light in the darkness of mere being. Everything that irritates us about others can lead us to an understanding of ourselves.” Carl Jung

Techniques from the VRT Reflexology and Movement Repertoire



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 March you will have received an email request to renew online or send a cheque. If you pay by Standing Order you will have already received your new certificate automatically provided your standing order was paid. To renew online or pay by cheque please visit <http://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](#):

Contact us on:
contact@boothvrt.com

01179 626746

VRT Reflexology and Movement Class.

PLACES AVAILABLE– BOOK NOW!

VRT Members: Do join Lynne Booth in Bristol BS9

Monday 9 September 2019 for the Acclaimed VRT Reflexology and Movement Class. Reduced price for members £94.00

1-day Course content

VRT CLASSES AVAILABLE in

London, Bristol, Eire, Spain, Greece, France, Belgium, Japan, Suffolk and Norfolk. - [book here](#)

VRT Reflexology & Movement

Techniques: *a five minute revitalising booster using a specific set of core VRT reclining and weight-bearing techniques which can be incorporated into your classical sessions. Hand and foot reflexology is utilised plus VRT weight-bearing and reclining techniques or for First Aid.*

- Mobilisation warm-up protocol for elite and amateur sports-persons to ease pain and increase function.
- Acclaimed VRT weight-bearing and movement techniques to target the Sciatic/Hamstring/Piriformis and Psoas muscles/Lower lumbar spine, Groin & Hip Flexors and Head & Neck reflexes plus the unique VRT Wrist Twist technique.
- Working children and babies – subtle, short effective techniques.
- Working with older people – adaptive VRT mobilisation techniques.
- Soothing techniques for Palliative Care situations using hand reflexology with the option of short but profound gentle nail-working techniques for living with Dementia. Both protocols can also be shared and taught to family and carers.
- Refine your skills and enhance your practice with Better Sleep/ Relaxation Protocol for the hands and feet suitable for self-help and supporting others.

EQUILIBRIO

Created by reflexologists for reflexologists, this Equilibrio reflexologists retreat brings reflexologists together in a beautiful and tranquil setting. A unique opportunity to immerse yourself in your chosen healing art, recharge your batteries and inspire your mind.

Reflexologists' Retreat 19 -25 April 2020 Andalusia

plus other therapist lecture and therapy participation and lots of relaxation/walks

VRT: Improving Function and Managing Pain



We will focus on improving function and managing pain, diving into a holistic approach to this topic, with the work of our special return guest Lynne Booth being supported by workshops on herbs and nutrition. You will learn many powerful VRT techniques that are suitable for all ages and conditions. Learn simple moves to help ease pain and increase mobility including a sports warm-up protocol and techniques for working with children and older people, including dementia and palliative care.

These techniques can be immediately integrated into a reflexologist's repertoire and may be applied in the seated, standing and reclining positions using both feet and hands.

Combine all this with delicious and nutritious food, daily yoga, two free complimentary therapies and plenty of time to relax and share treatments with other guests and you can see why a week at Equilibrio is the perfect

combination for hardworking and caring professionals!

Prices and Early Bird Prices

The price for this retreat is £795. There is a 10% early-bird discount for guests paying in full, 4 months before the retreat begins, so a cost of £715. This price includes 6 nights' accommodation in a twin shared room (single occupancy available on request with supplement cost), three meals a day, daily yoga & meditation classes, four workshop sessions, treatment exchange sessions, 2 complimentary holistic treatments and full use of the centre facilities including the outdoor pool.

Book here

<https://equilibrio.life/retreat/reflexologists-retreat-improving-function-and-managing-pain>

Flights and transfers not included.

Timetable

Yoga and meditation – Everything is optional so you can relax or take part in everything. It is up to you.

Each day starts by nurturing your physical and mental wellbeing. These sessions are suitable for everyone from beginners to advanced and individual requirements can be accommodated.

Detail of options, meals, accommodation, and workshops and afternoon sessions on website above

Do join me! Limited places



Evaluating Patient Response to Clinical Foot Reflexology (CFR) Delivery within a UK NHS Hospital Cancer Service.

Abbigail Langstone-Wring^a and David Machin^b

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Introduction

Reflexology is the application of gentle yet firm pressure to “mapped” areas on the feet thought to link through neural pathways to organs and body systems. Although there is no consensus of its mode of action and no definitive foot ‘map’ it is rated within the top six complementary therapies. (1) Clinical foot reflexology (CFR) is believed to aid circulation and balance the nervous system. It is recognised as an avenue for human touch, can be performed anywhere, requires no special equipment, is non-invasive and does not interfere with patient privacy (2). A House of Lords select committee (3) categorized reflexology as a Group 2 therapy defined as fulfilling an important role in relieving stress and symptoms associated with side effects from cancer treatment despite evidence of its effectiveness being mostly subjective and anecdotal with little credible research support. The possible reasons for this are that practicing reflexologists may lack the appetite, skills or funding opportunities to carry out randomised controlled trials (RCT) (4). However, studies in cancer patients have revealed evidence of reflexology being effective in symptom relief (5), reducing peripheral neuropathy (6), decreasing pain (7), nausea, vomiting and fatigue (8). A hospice audit identified reflexology as helping with relaxation (9), while in end-of-life patients from a general hospital quality of life was improved (10). By 2009 CFR was offered in 62% of NHS Cancer Units (11).

Aim

To investigate the feasibility of integrating CFR into existing cancer services and provide an indication of the magnitude of stress level changes between pre- and post-CFR.

Methods

A prospective clinical study structured to assess the impact of CFR on cancer patients. CFR was delivered on Tuesday mornings, 4 hours for 50 weeks in two localities: a cancer ward and an out-patient chemotherapy clinic. Consenting participants were asked to complete an evaluation tool indicating their level of distress on a numerical scale of 0-10 (0

being low -10 being high) pre and post CFR. Space was provided for patient comments concerning the CFR received.

Inclusion Criteria: All adult cancer ward in-patients and out-patients attending chemotherapy clinics irrespective of age, gender, type of cancer, chemotherapy cycle or reason for admission to the ward. The reflexologist had no access to patient records and therefore no knowledge of the personal details, or treatment plans.

Exclusion criteria: Patients thought unsuitable for CFR: Those with poor skin quality, such as lower leg ulcers, fungal foot infections, sores or wounds; allergies, such as hypersensitive skin as a result of chemotherapy, and on medical advice concerning infections.

Treatment Protocol: CFR adhered to the Association of Reflexologists codes ⁽¹²⁾ and Vocational Training Charity Trust reflexology guidelines ⁽¹³⁾. Hospital cancer ward and chemotherapy unit standards of patient care, hygiene and safety guidelines were followed. Both feet were refreshed using wet wipes and a maximum of 30 mins of CFR delivered. Delivery commenced with the right foot, then the left using a grapeseed oil medium. Aftercare advice was offered as appropriate.

Data Collection: A challenge was to identify a short and efficient method of assessment for use in a busy clinical setting ⁽¹⁵⁾. After preliminary use of a recognised questionnaire ⁽¹⁴⁾ and a stress thermometer ⁽¹⁵⁾, both were found impractical. A simplified, and more user-friendly, evaluation tool comprising of a numerical scale was developed comprising a 0-10 scale: 0 indicating 'No Stress' to 10 'Extreme Stress'. Participants circle the number that they feel illustrates their current stress level immediately pre-CFR and (on a second copy) post-CFR. The second copy included a free-comments section. All data collected was anonymised.

Data Analysis: The mean pre- and post-CFR stress scores, and their mean differences and associated 95% confidence interval were calculated. The individual values are illustrated as histograms (see Figure 1). Feedback comments were extracted from the evaluation tool, collated and themed.

Ethical Approval: After a clear explanation of CFR (emphasising to patients that if they declined CFR this would not in any way compromise their care), assurances of confidentiality and anonymity and, in line with hospital policy, all participating patients were verbally consented.

Results

Some patients approached declined CFR but their specific reasons were not recorded although several older patients were reluctant to have their feet touched. From November 2014-October 2015 a total of 289 patients received CFR of whom 18 used the instruments which were later abandoned. Among the remaining 271, 14 (5.2%) patients were unable to complete the assessment (4 too frail, 4 confused, 6 misunderstood the instructions) leaving 257 patients providing data. The majority of patients were female (91.4%) with similar proportions from each patient group (Table 1).

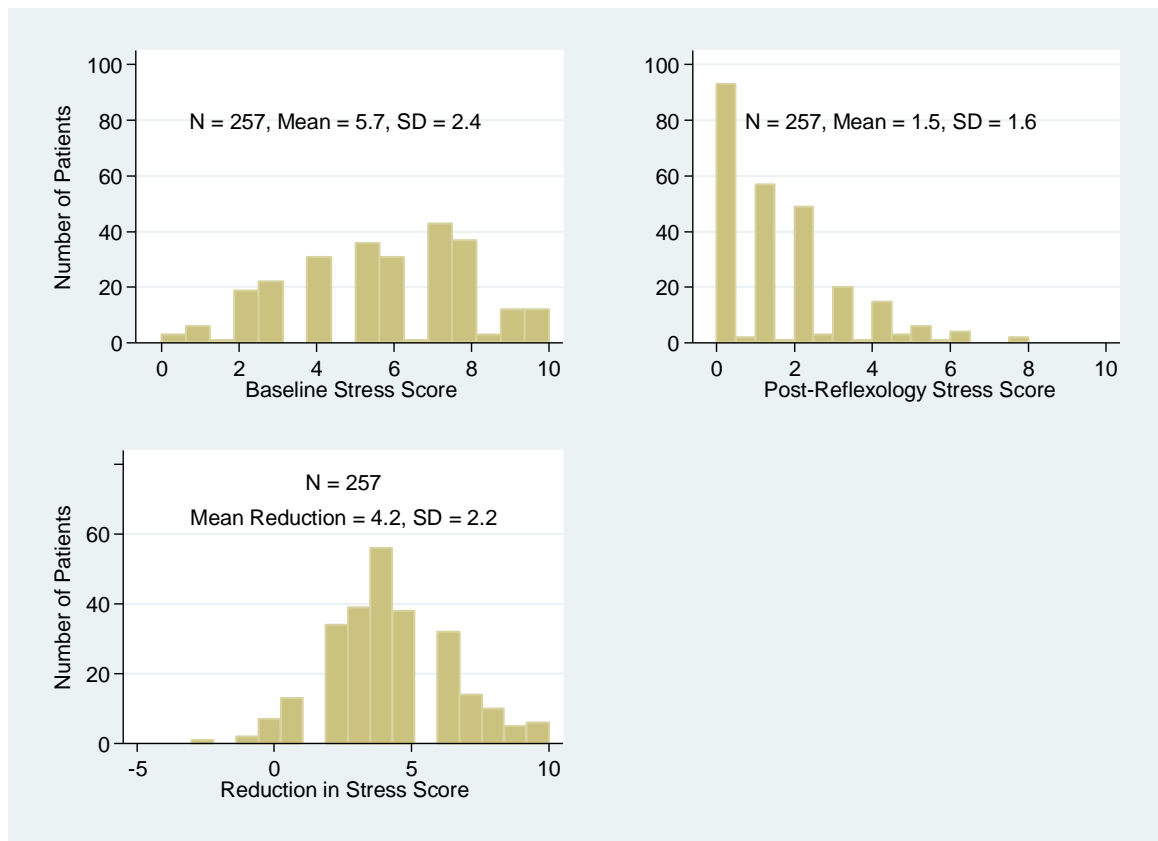
Table 1. Patient type, gender, mean and standard deviation (SD) of stress scores pre and post-CFR, the corresponding mean reduction in stress score, and patient feedback.

		Patient Type		All Patients
		Ward	Out-patient	
Number of patients	<i>n</i>	134	123	257
Gender	Female	126	109	235
	Male	8	14	22
Evaluation Tool Stress Score				
Pre-Reflexology	Mean	5.86	5.47	5.67
	SD	2.36	2.34	2.34
Post-First Reflexology treatment	Mean	1.71	1.20	1.47
	SD	1.80	1.33	1.61
Reduction in stress score	Mean	4.15	4.26	4.20
	SD	2.42	2.06	2.24
Post-CFR feedback				
Felt relaxed	<i>n</i> (%)	32 (23.9)	55 (44.7)	87 (33.9)
Other favourable comment	<i>n</i> (%)	32 (23.9)	30 (24.4)	62 (24.1)
No feedback	<i>n</i> (%)	70 (52.2)	38 (30.9)	108 (42.0)

Lower limb-to-toe symptom relief				
Reduced Swelling	<i>n</i>	2	1	3
Improved Feeling	<i>n</i>	6	3	9
Increased Flexibility	<i>n</i>	1	1	2
Other symptom relief				
Sleep	<i>n</i>	3	4	7
Tension	<i>n</i>	1	-	1
Headache	<i>n</i>	1	-	1
Pain	<i>n</i>	3	1	4
Nausea	<i>n</i>	-	1	1
Pain & Nausea	<i>n</i>	-	1	1
General experience				
Good to Fantastic	<i>n</i> (%)	21 (15.7)	33 (26.8)	54 (21.0)
Other positive	<i>n</i>	5	11	16
Thanks for advice	<i>n</i>	1	3	4
General - Thank you	<i>n</i>	1	2	3

The overall mean stress score at first presentation was 5.7 with a standard deviation (SD) 2.4 which had reduced to 1.5 (SD 1.6) following CFR. The mean reduction experienced was 4.2 (95% CI 3.9 to 4.5).

Figure 1: Distributions of the pre- and post-CFR Stress Score, and the corresponding reduction.



Feedback post-CFR from 149 (58.0%) patients comprised 51.6% and 69.1% from the ward and out-patient groups respectively. One-third (33.9%) reported feeling 'relaxed' although the proportions from the ward (23.9%) and out-patients (44.7%) differed substantially. Lower limb-to-toe improvements in symptom were reported by 14, while 15 reported other symptom relief: the most common of which was 'feeling sleepy'. Phrased in a variety of ways, general comments concerning the experience of 54 (21.0%) patients ranged from Good to Fantastic.

Discussion

The decision to test CFR against cancer patients' perception of their levels of stress was in part due to existing evidence of the impact stress has on the psychological wellbeing of cancer patients and the ability of reflexology to reduce stress, anxiety and enhance wellbeing (16). However, a challenge to the data collection process was sourcing a recognised, simple, quick and easy to use evaluation tool. Having experienced problems with existing tools, and to prevent delay, a simple numerical scale using the two extremes of 0 and 10 was constructed which requires formal validation in future studies. However, response by the patients to this evaluation tool has been positive as the assessment was quick and easy.

The mean patient pre-CFR stress score was 5.67 and differed only marginally between the in-ward and out-patient groups. The majority (80.2%) of patients had scores above 4 which is much higher than the 29.4% recorded in a previous study of 34 cancer patients (17). Post-CFR the mean score was 1.47, albeit a little higher for the ward in-patients. The overall reduction was 4.2 with only 3 patients showed higher post-CFR and 7 no change.

The most frequent patient comment was 'feeling relaxed' and several reported 'feeling sleepy'. As quality of sleep can be a major factor for cancer patients this outcome can be regarded as positive. These findings reflect evidence that CFR may produce a significant and immediate effect when measuring patient perceptions of relaxation. Patient identified symptom changes affecting the lower limb-to-toe were recorded by 14, three reported reduced swelling and two increased flexibility. Loss of sensation in the feet from nerve damage as a result chemotherapy is a recognised issue affecting many cancer patients. These findings are similar to evidence from a Korean study that showed reflexology was effective in reducing peripheral neuropathy and symptom distress (6). As noted in earlier studies (5, 7, 8), relief of headaches, pain and nausea following CFR were experienced by some.

Patient feedback on their overall experience of the CFR service was positive with the words good to fantastic being expressed. Providing a choice and some flexibility of service are seen as positives from a patient perspective (1). Nevertheless providing flexibility does highlight complex issues of standardisation, replication and transferability. Our study findings were presented to the funder and, together with positive clinical staff feedback, further funding to expand the service was secured. To date over 1,000 CFR treatments have been delivered and sessions have been secured for 2016-17.

However, to provide robust and objective evidence of physical symptom change induced by CFR requires a programme of RCTs with physiological and/or biochemical outcomes (1).

Conclusion

CFR has been shown to be a useful intervention for reducing stress and provides symptom relief in patients undergoing cancer treatment. We have demonstrated CFR can be integrated into a busy cancer ward and chemotherapy unit without inhibiting daily routines. The findings provide evidence of CFR activity which needs to be fully evaluated in RCTs.

Added note: 2014-2018 3,000 CFR treatments delivered to cancer patients attending Dorchester County Hospital Foundation Trust. DCHFT

Funding secured 2019 - 2024 for development of

Fortuneswell Complementary Therapy Service at DCHFT with Clinical Foot Reflexology at its core.

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