



REFLEXOLOGY

LEVEL 3 DIPLOMA



Brighton School of Massage

Introduction & Overview

Welcome to the Reflexology Diploma with Brighton School of Massage. To pass this course, you will need to complete each of the following sections:

Unit	Study Method	Assessment
Reflexology (Theory & Practical)	Online study and practical lessons	Total of 40 case study treatments: Pass / Refer (For students wishing to join AoR 100 case studies are required) Multiple choice question exam (75% pass mark) Practical massage exam (75% pass mark)
Anatomy & Physiology	Online study	Assignment: Pass / Refer Multiple choice question paper (60 mins)
Complementary therapies	Online study	Assignment: Pass / Refer
Business practice	Online study	Assignment: Pass / Refer

Guidance Notes:

Lessons

Whilst every effort has been made to balance the content across lessons, some lessons may require more time to complete than others.

Workbook

You can download a supplementary workbook to use while you review the content of this course. It is by no means compulsory but may help you to organise your learning and use for revision and review.

Tasks

Throughout this unit there are optional, unassessed learning activities to consolidate your learning. These are purely for your own benefit and are not submitted.

Test

Most lessons have a compulsory test to complete to assess your learning and support your revision.

Assessment

An assessment is a compulsory assignment which needs to be submitted for grading. Assessments will be graded 'pass' or 'refer'. Assessments are detailed in separate Assessment Guidance documents.

Exam

Exams are assessments that are graded as a percentage mark and will be arranged with your lecturer. For this unit, you will have a practical exam and a multiple-choice question (MCQ) exam made up of 50 questions. The theory exam is online. A practice paper is given at the end of this unit.

Table of Contents

Lesson 1: Introduction to Reflexology.....	7
What is reflexology?	7
The Origins of Reflexology	8
The holistic approach	10
The Aims and Indications of Reflexology.	10
The Stress Syndrome	13
The Basics of Reflexology	16
Lesson 2: Health & Safety	23
Health & Safety	23
Health & Safety in Practice	26
Risk Assessment.....	27
Areas to consider	30
Chemical Hazard Symbols	31
Hygiene	32
Lesson 3: Looking after yourself	34
How can complementary therapists protect and take care of themselves?	34
Lone Working.....	37
Chaperones	37
Lesson 4: Preparing for Treatment	38
Business Requirements in preparation for complementary therapy.	38
Professionalism.....	39
Preparing Yourself – Therapist Presentation	40
Lesson 5: Equipment.....	41
Equipment for reflexology	41
Creating a professional massage environment.	42
Treatment Mediums	46
Your treatment couch	47
Safe Equipment.....	48
Lesson 6: Practical Application and Technique	49
Key points to note:.....	49
Introduction	49
Holding the foot.....	49
The standard support grip.....	49
Pressure techniques.....	50
Relaxation techniques.....	51

Lesson 7: Structure and Diseases of Hands and Feet	52
The Foot and Lower Leg	52
The Lower Arm and Hand	53
Summary of hand and foot diseases and disorders	54
Lesson 8: Mapping the Reflexes of the Feet	57
The Head and Neck area – the toes	57
The thoracic area – the ball of the foot.....	60
The abdominal area – The arch of the foot.....	62
Below the waistline.....	64
The pelvic area – the heel of the foot	66
The spine – inner foot.....	68
The outer foot – the outer body	69
The top of the foot.....	70
Special circulation points	70
Lesson 9: Reflexology and the Systems.....	71
Reflexology and the nervous system	71
Reflexology and relaxation.....	72
Reflexology and circulation	72
Reflexology and the endocrine system	73
Reflexology and terminal diseases – Palliative care.....	73
Lesson 10: Reflexology for Specific Conditions	74
The Skin.....	74
The Skeletal System	75
The Muscular System	76
The Circulatory System	76
The Lymphatic System	77
The Nervous System	78
The Endocrine System.....	79
The Reproductive System	80
The Digestive System	81
The Respiratory System	83
The Urinary System	84
Other Reflexes	85
Lesson 11: Contra-indications to Reflexology	86
What is a contra-indication?	86
Types of Contraindication	87

General considerations	87
Contraindications to Reflexology Treatment	88
Lesson 12: Consulting the Client	97
Preparing for Consultation	97
Communication.....	98
What should the consultation include?	100
Asking for Personal Information	101
Consent.....	102
Confidentiality.....	102
Referral to other practitioners	103
The importance of the 'external' reading of the feet and hands:	104
Lesson 13: Contra-actions and Client Aftercare	108
Possible reactions during a reflexology treatment:	108
Possible reactions following a reflexology treatment - Healing crisis:	108
Must the reflexologist proceed or stop?	109
Possible reactions of the therapist.....	109
After giving a treatment.....	110
Treatment Findings	110
Healing Crisis.....	111
Aftercare Advice	111
Home Care Advice.....	112
Lesson 14: Evaluating and Recording Treatments	113
Evaluating Treatments	113
Record Keeping	114
Data Protection	114
Lesson 15: Professional Development: Reflective Practice & Lifelong Learning	117
What is reflective practice?	117
Our attitudes, beliefs, and values	118
Why be reflective?	118
When should we practice self-reflection?.....	119
How to be reflective.....	119
Models of Reflection	120
Methods of Reflective Practice	124
Goal Setting.....	125
Applying Reflective Practice to your Massage Course	127
Lifelong Learning.....	127

Lesson 1: Introduction to Reflexology

OBJECTIVES OF THIS LESSON

- Describe the history, philosophy, and role of reflexology and how it has developed.
- Describe the objectives and possible benefits of reflexology.

What is reflexology?

- Specific pressure technique massage making use of reflex points to stimulate the feet.
- The reflexes found on the feet correspond with organs and parts found within the body.
- The aim is to reach homeostasis through balancing the body and all its systems.
- Therefore, the body is in equilibrium.
- It is a holistic therapy which treats the body as a whole.



Reflexology is a form of natural, holistic therapy based on the discovery that there are points on the feet and hands, which correspond to organs, systems and structures within the entire body. This corresponding relationship is called a 'reflex'. A reflex is when a stimulation, at one point brings about a response in another point or area. In reflexology, by using special pressure techniques to stimulate the points on the feet and hands imbalances in the tissues, organs and systems of the body can be both detected and effectively treated to restore balance and well-being.

The Origins of Reflexology

The roots of reflexology are embedded way back in ancient history when pressure therapies were recognized as preventive and therapeutic medicine. Exactly where and how it all began is somewhat elusive, but evidence indicates that reflexology and foot massage has been practiced throughout history by a variety of cultures.

Ancient History

A widely held theory is that reflexology originated in China some 5 000 years ago. Many reputable reflexologists have stated their belief in this theory even though concrete proof is evasive. Egyptian and Babylonian cultures developed before Chinese culture, documentation depicting the practice of reflexology was unearthed in Egypt. This evidence, a pictograph dated around 2 500 – 2 330 BC, was found in the tomb of an Egyptian physician, Ankmahor, at Saggara. According to evidence found in the tomb, Ankmahor was a most influential person – second only to the king.

The scene in the pictograph depicts two darker-skinned men working on the feet and hands of two men with lighter skin. In ancient Egypt, advanced civilizations and knowledge came from the south where darker skin was prized. One explanation of the pictograph comes from the Egyptian Mohammed El Awny: “the dark people with the hair in the curly African style are from Upper Egypt and are obviously the practitioners, who have come from the south to treat those from Lower Egypt who have lighter coloured bodies and straight hair. The positions of the patients are different. The patient on the left has his right hand on his right knee and his left hand under his right armpit. The other patient is the opposite. There is a relationship between the kind of problem the patient has and where the practitioner touches. This determines the points of pressure he and the patient use. In this case, the patient is touching the reflex point under his arm where he feels the corresponding pain. According to the papyrus institute in Cairo the hieroglyphics above the scene read: “Do not let it be painful” says on the patient. “I do as you please” an attendant replies.

Another theory claims that a form of reflex therapy was passed down to the American Indians by the Incas. Again, no specific evidence supports this theory. However, the use of reflex pressure applied to the feet as a healing therapy has been practiced by the North American Indians for generations. For centuries the Cherokee Indians of North Carolina have acknowledged the importance of feet in maintaining physical, mental and spiritual balance.

Jenny Wallace, a Cherokee Indian from the Bear Clan, practices as a foot therapist in America today. In the tribe, she is known as “moon maiden” a title bestowed on a person who, as a young person, exhibits natural intuitive healing talents, and is chosen by the tribe to develop this talent further. According to her: In my tribe working on the feet is a very important healing art and is part of a sacred ceremony that you don’t have to be ill to take part in. The feet walk upon the earth and through this your spirit is connected to the universe. Our feet are our contact with the earth and the energies that flow through it.

The Chinese Connection

There is a strong link that exists between reflexology and acupuncture as they are certainly based on similar ideas. Both are considered meridian therapies as they propose that energy lines link the hands and feet to various parts of the body. This enables the whole body to be treated by working on the reflex areas. Acupuncture went from strength to strength in the East but reflexology was, for some unknown reason, lost and forgotten until its recent re-emergence in the West.

The Chinese had divided the body into longitudinal meridians by approximately 2500 BC whereas the similar idea of zones came to Western awareness as late as the 1900's as we have seen.

Reflexology definitely has some relationship with acupuncture, shiatsu and acupressure. According to acupuncture, the body has twelve pairs of meridians as well as two special meridians known as vessels. Together these constitute the body's energy system, which works to maintain the health of the organism. These meridians are pathways through which the energy of the universe circulates throughout the body organs and keeps the universe and the body in harmony. The acupuncturist believes that illness or pain occurs when the pathways become blocked, disrupting the energy flow and breaking the body's harmony. The Chinese, in acupuncture, developed the use of needles to unblock these pathways. In shiatsu, the Japanese use direct thumb and finger pressure on acupuncture meridian points to achieve similar results. Reflexologists also work on acupuncture and acupressure points but only those found in the feet.

As more evidence becomes available one can barely refute the fact that, although not visible to the naked eye, energy pathways do exist. Russian physiologists have carried out extensive studies. These studies, which involve measuring the electrical potential of the skin at the classical acupuncture points, have verified basic claims for acupuncture and related its effects to reflex action.

Fitzgerald recognized an energy connection between the feet and other parts of the body and without his pioneering work reflexology would not be where it is today. But as the Eastern concept of the meridian system was unknown in the West at the time of his research, the connection with the meridians was not recognized. It is however convincing that the energy channels linking the feet to other organs and body parts are the meridians described in Chinese medicine.

Task: History of Reflexology



Research the history of reflexology. Identify three things that you did not previously know about reflexology. Write a summary of the origins of reflexology in no more than three paragraphs.

The holistic approach

Reflexology falls into the realm of alternative medicine. In the modern context this term refers to any form of medicine that does not fall into the mainstream of the orthodox Western approach. As a natural therapy reflexology uses only the techniques of human therapeutic touch and interaction to bring about its results. It seeks to work with the body's natural, or innate, healing efforts.

As a holistic therapy reflexology shares an approach to health common to other complementary disciplines such as homeopathy, naturopathy, herbal medicine etc. This approach basically takes a comprehensive and energetic viewpoint, one that sees that the person and their illness or ailment cannot be divided up into separately treatable parts, but must be understood and treated as a whole – mind, emotions, body and even spirit, each interacting and influencing the other.

The human body is far more than a collection of working parts. It is a highly sophisticated organisms imbued with the vital dimensions of body, mind and spirit. Modern doctors are not always trained to recognize problems beyond the physical. Most therapies, reflexology among them, recognize that physical imbalance seldom occurs in isolation. Imbalance in mental and spiritual spheres cannot be separated from the physical, so intricately are these interwoven? Orthodox medicine sometimes seems not to recognize this interdependence and people become disillusioned as they see it failing in chronic conditions and witness the destructive and disturbing side-effects that some drugs and surgery can have.

The reflexologist doesn't heal – only the body heals itself. But reflexology helps to balance all the body systems, stimulating an under active area and calming the over active one. It is harmless to those areas functioning properly. As all body systems are closely interrelated, anything, which affects one part, will ultimately affect the whole. Numerous practitioners, after years of study and practice, have concluded that reflexology works on a number of levels – physiological, psychological and spiritual.

The Aims and Indications of Reflexology.

Main effects of reflexology

- Total relaxation
- Increase circulation
- Increase oxygen levels within the blood stream
- Helps with the effective removal of toxins
- Aids the body to cleanse itself of toxins
- Aids the body to heal itself

Reflexology is based on the body's reflex relationships.

Physiological reflexes

The existence of reflex relationships is well established in medical science in the physiology of the human body. There are several forms of these reflexes in the body, mediated primarily through the nervous system. These include:

- The simple reflex arc of nerve stimulation: for example, when an area of skin senses too much heat, the sensation is conveyed to the spinal cord via the sensory nerves and the motor nerves initiate a motor response of withdrawing the body from the heat;
- The psychologically conditioned reflex response described by Pavlov: the behaviour of a person can become habituated or conditioned to responding in a particular way to a particular stimulus;
- The reflex relationship between the internal organs and skin via the dermatomes and segments of the spinal nerves
- The reflex relationship involved in proprioception: pressure to the skin and muscles in the course of movement gives the body information about its position and balance. In addition, stretch receptors in the muscles tell the brain when a muscle is over-stretched and it responds by activating an inhibiting response.

Subtle energetic relationships

Reflexology recognises that there are correspondences between points on the feet and hands and in the organs, systems, and structures in the body as a whole. These links we call "reflexes", are not visible or verifiable in anatomy and physiology, nor by scientific equipment – as yet developed. But we know the effectiveness of these relationships because in practical empirical experience over many decades thousands of users of reflexology observed the effects. Starting with Dr William Fitzgerald who identified longitudinal zone lines of energy in the body through which responses to stimuli could be evoked and continuing with the work of Eunice Ingham and others, we have learned that working certain reflexes has a beneficial healing effect on the corresponding organs, Such energetic reflexes cannot yet be 'seen' or measured, but they definitely exist because contacting them gets results.

Reflexology activates definite physical and psychological responses.

Physical responses:

- Reflexology induces a state of deep relaxation and since it has been estimated that about seventy five percent of disease is stress related, this is a major contribution to the return of health. As treatments continue over time this state of relaxation becomes deeper and more established.
- Reflexology stimulates flow of blood and lymph supply to the cells and tissues. Good circulation is of utmost importance in nourishing cells and eliminating waste from

the body. The 'cleansing' and 'nourishing' effects of a reflex treatment are a major part of its effectiveness. Improved circulation can be measured in terms of heat: after treatment a significant beneficial rise in temperature occurs which can last for several hours. The circulation of the entire body is thus enhanced.

- Reflexology stimulates nerve supply and the flow of nerve energy in the body, enhancing energy and vitality. This is entirely beneficial stimulation: one cannot over-stimulate the body, through reflexology that professionally applied.

Psychological responses:

- Reflex enhances the receiver's sense of well-being. Giving reflex conveys a sense of unconditional caring. Touch is perhaps the primary medium of communication of love and esteem. Feeling cared for, a person responds with an enhanced sense of security and self-esteem which allows them to grow and develop healthily, to be healthy, to engage in loving relationships.
- Psychological health is improved through the sense of deep relaxation and enhanced energy brought by reflexology.

Reflexology uses human therapeutic touch.

Reflexology techniques involve touch given to points on the feet and hands by one human being to another and this helps give an extra, powerful dimension to the effects. In many scientific experiments it has been demonstrated that human-to-human touch is necessary for human health and well-being.

Reflexology detects and treats specific imbalances.

As the reflexologist gives treatment to the feet or hands, she discovers imbalances in the reflexes. These may be experienced by the client as: sensitive, tender or even acutely painful at the moment when pressure is applied. Or there may be no tender sensation at a reflex, yet the therapist can sense changes in the tissues that also indicate imbalance: tension or congestion of tissue, or grittiness – sometimes referred to as crystals, or changes of temperature which the client is not even aware of. Such tender, tense or congested reflexes indicate that the area of the body corresponding to that reflex is itself imbalanced.

Reflexology promotes homeostasis and aids the stress response

Homeostasis is the body's condition of relative stability, i.e. its balance within its internal environment. Any disturbance in this balance is to some degree a type of stress and the body responds by adjusting its internal processes to meet the challenge. All these changes happen automatically and we are often not even aware of them. Reflexology, professionally applied, helps the body to return to this normal state of homeostasis, its internal harmony and balance.

The Stress Syndrome

Introduction

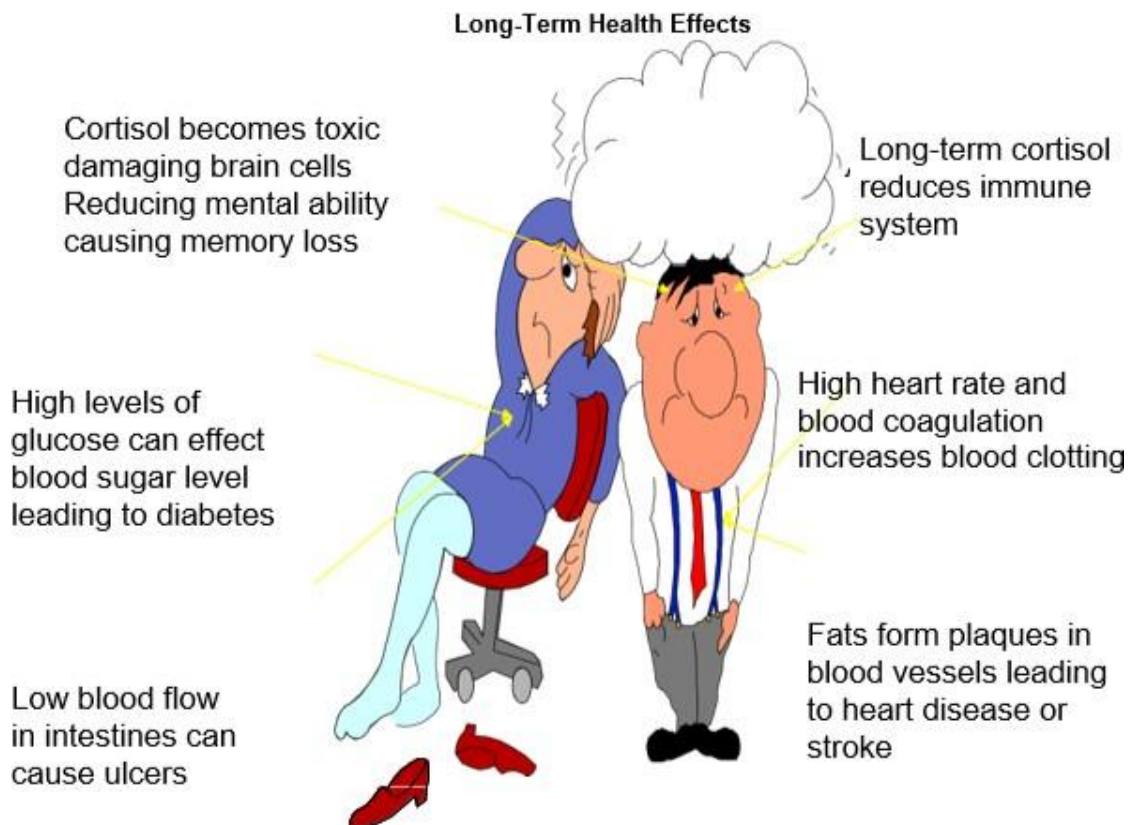
Stress is probably one of the most commonly used words in today's society but stress is not new to the human condition. It has always been present, but is now more prevalent as the pressure and demands of the twentieth century take their toll. The word "stress" is derived from the Latin word "stringere" which means 'to draw tight'. The modern word "uptight" accurately describes the response to stress.

Stress

The stress reaction is a primitive response to a threatening or dangerous situation, and has been of essential importance in ensuring the continued survival of the human species. Man is the product of thousands of years of evolution. His survival has depended on quick physical responses to dangers and the stress reaction is commonly referred to as the 'fight-or-flight' reaction.

Not all stress is negative. It can be immensely stimulating. The human body is equipped to cope with short-term invigorating stress. But long-term exposure to stress is devastating.

Stress affects different people in different ways and to varying degrees. One person may exhibit cardiovascular problems, another gastro-intestinal upset, anorexia, palpitations, sweating or headaches. The cardiovascular and digestive systems are targets for the ill-effects of stress – high blood pressure, ulcers and indigestion being obvious results. Stress can also be linked to infectious diseases. When the body is busy dealing with the effects of residual stress, it cannot organize an effective defence against invading organisms.



Long term stress

Long-term adrenal stimulation with no discharge of energy will deplete essential minerals and vitamins from the system, for example vitamins B and C, which are vital for the functioning of the immune system. This will result in lowered resistance and increased susceptibility to diseases directly related to the immune system. Long-term adrenal accumulation can also affect blood pressure and cause a build-up of fatty substances on blood vessel walls, as well as damaging the functioning of the digestive system.

When an organism must face continual or repeated stress, the response system enters the chronic phase, during which resistance declines below normal and eventually becomes exhausted. Several diseases result directly from this stage, but the most important effect is a decrease in the body's ability to fight infection and cancer.

Everyone is confronted daily with potentially stressful situations. One's vulnerability to stress can be influenced by life events, which cause undue emotional strain. Emotional distress is one resistance-lowering factor. Another important factor, according to some health professionals, is the impact of major life changes.

It is believed that 75 per cent of modern diseases have a stress-related background. These include hypertension, high blood pressure, coronary thrombosis, heart attack, migraine, hay fever, and allergies, asthma, peptic ulcers, constipation, colitis, rheumatoid arthritis, menstrual difficulties, nervous dyspepsia, flatulence and indigestion, hyperthyroidism, diabetes mellitus, skin disorders, tuberculosis and depression.

Reflexology versus the stress syndrome

One of the most important benefits of reflex is its effect on stress. As reflexology encourages the body to relax, other functions are affected. Every part of the body receives its nerve supply from the spine. Abnormal tension causes tightening of the muscles of the spine, thus nerves are affected, resulting in pain. When tension is relaxed the muscles cease to contract. Blood vessels too are relaxed, reducing vascular constriction and allowing circulation to flow freely, thereby conducting the necessary oxygen and nutrients to all body tissues and organs. This in turn helps cleanse the body of toxins and impurities.

Reflexology helps integrate our mind, body and emotions

Reflexology helps reconnect and restore the balance between our mind, body and emotions and to maintain those connections at optimal levels. Working on the feet with clarity and calmness of mind a reflexologist can help a client relate the sensations to her present condition, to the experiences, feelings and mental attitudes that may be contributing to the imbalance. The client begins to take responsibility for her health.

Who can benefit from reflexology?

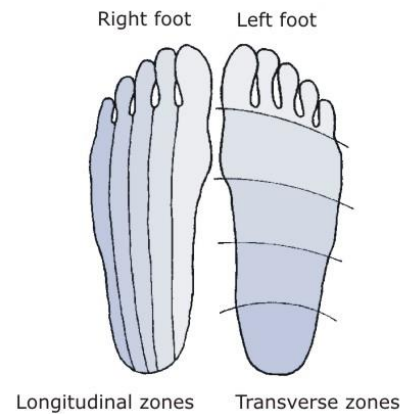
Reflexology does not discriminate. There are no boundaries or limitations. People of any age or sex – the elderly, women, men, teenagers, children and babies – can derive positive

benefits from reflexology. Elderly people with no specific complaint will benefit from a couple of courses of treatments a year to keep bodily functions toned. Results are good with children and babies because they are more relaxed and supple and because their bodies are highly receptive to therapeutic stimuli.

Reflexology has proved itself to be effective, but because no two people are the same, what may be of great benefit for one person may not have the same results for another. Because a reflexology treatment reaches the receiver on several levels- physically, mentally and spiritually – it can only be of benefit.

The Basics of Reflexology

Reflexology is a therapy that treats the feet in order to balance the whole body. Its main principle is that by massaging and applying pressure to parts of the feet known as reflex areas, other corresponding and connected areas of the body will feel the benefit. In reflexology, the feet and hands are like mini-maps of the body's anatomy so any body system can be accessed and stimulated by massaging the corresponding area of the foot. The aim is to stimulate the body's own healing processes in order to keep it in homeostasis, i.e. balanced. It is a holistic therapy which means that it works on the principle that the whole person must be treated: if one area of the body is out of balance then other areas will be. It encourages both relaxation and stimulation: the first helps the body rebuild its energy resources and recover from illness and disease whereas the second helps activate the circulation and the nervous system, making both more efficient and thus benefiting the body as a whole.



So it's a foot massage?

Not exactly. It uses massage techniques but, unlike massage, reflexology works with the feet as anatomical 'maps' of the whole body. By applying pressure to one part of the foot, the reflexologist aims to benefit not only the feet but also the rest of the body.

Is it a medical treatment?

No, but it helps maintain and restore health. The reflexologist can detect imbalances in the body by working on the feet and then works on problem areas accordingly to help correct them. However, it is not a cure, more a helping hand for the body's self-healing: reflexology helps balance the systems of the body helping them work more efficiently which, in turn, speeds up the healing process.

Remember

Therapists must not diagnose or claim to treat, heal, or cure medical conditions, unless medically qualified to do so.



What are its benefits?

- it relieves stress and tension and has a deeply relaxing effect: 75% of disease is estimated to be stress-related
- in order to function, the body needs energy in the form of oxygen and nutrients which are circulated in the blood. As reflexology improves blood circulation, it thus increases the efficiency of all organs and cells
- it helps release trapped nervous energy and improves neural efficiency; approximately 7000 nerves are stimulated by reflexology massage
- it improves waste removal and elimination
- it activates the body's self-healing.

How does it work?

In order to understand the practical aspects of reflexology, it is necessary to start with the theory. Reflexology works on the principle that the whole body, from head to toe, is connected. This connection is represented by ten longitudinal zones, developed by Dr William Fitzgerald. These zones run front to back, head to toe throughout the body and are most easily accessible via the feet. By manipulating a particular area of the foot, the rest of the organs in that zone will feel a positive benefit. In a sense it is like a messaging service - when specific pressure is applied to a section of the foot, this sends a positive message along the zone. For example, working the heart area of the foot will release blocked energy, not only stimulating the heart but also all the other organs and body parts in the heart's zone. Each part of the foot is a different 'reflex area' which connects to a particular part of the body. Reflexologists use their thumbs and fingers to look for areas of tenderness in the reflexes, reading these as a signal that there is a problem in the corresponding part of the body and working that reflex accordingly. Some also look for crystal deposits (a granular texture under the surface of the skin) as proof of a problem area and work the reflexes to remove the build-up of crystals.

Why use the feet?

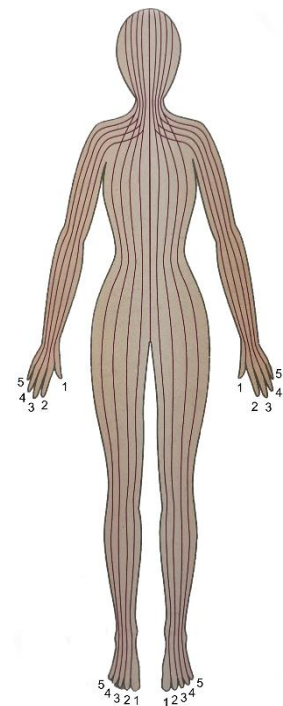
Eunice Ingham, known as the 'mother' of reflexology to many reflexologists because she developed the therapy, realised that all the nerves in the body ended in the feet. She thus mapped the zones of the body and their contents onto the feet and reflexology was born. Hands can be used but feet are more sensitive because they are usually covered by socks and shoes whereas hands are only protected or gloved when using chemicals and in cold weather.

'Mapping' the feet

When developing the therapy, Ingham produced reflexology charts which mapped the body's anatomy onto the feet and showed how it could be treated using the feet. The charts are similar to maps, with different lines and landmarks that help locate the part of the foot that will help treat the corresponding part of the body. The next section explains and illustrates the different zones and transverse lines which map the feet, before showing how these work on the charts. There are two main mapping tools: the ten longitudinal zones and the transverse, or horizontal, zones or guidelines.

The ten zones

The diagram shows the ten zones, running longitudinally (lengthwise) through the body. Each zone roughly corresponds to a finger/toe, which provides a simple numbering system, and there are five either side of the midline, an imaginary line through the centre of the body. They are all the same approximate width and run back to front as well as head to toe. Just as they 'slice' through the body, they slice through the feet and hands.



Transverse zones

Just as there are vertical and horizontal lines on route maps and globes (longitude and latitude) there are also vertical and horizontal lines on foot 'maps'. The horizontal lines, known as transverse lines or zones, help to 'interpret' the zones and 'locate' organs and glands within each one.

Two famous reflexology practitioners, Dwight Byers and Hanna Marquardt, have defined these. Byers, nephew of Eunice Ingham, calls them 'Body Relation Guide Lines', whereas Marquardt calls them 'Transverse Zones'.

There are three guidelines or zones:

1. shoulder: this line is placed at the join between the head and the body
2. waist: across the centre of the body
3. pelvic: across the bottom of the torso where it joins the legs, at the level of the hips

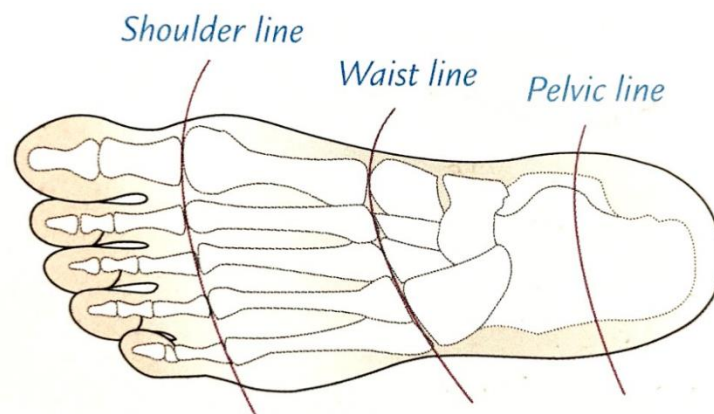
Each line has a corresponding line on the foot:

1. the base of the toes (where the phalanges meet the metatarsals): just as the toes represent the head and the rest of the foot represents the body, thus where the toes join the rest of the foot represents where the head joins the rest of the body
2. the centre of the foot, or arch (where the metatarsals meet the tarsal, or ankle bones)
3. the back of the foot, or heel (the tarsals).

How do these lines help locate different parts of the body?

In each transverse section of the foot, reflex areas for particular parts of the body are located. Thus:

- everything in the toe area, above the shoulder line corresponds to everything above the shoulders on the body, i.e. the head and neck area (see area A on diagram)
- everything between the base of the toes and the top of the tarsals, between the shoulder line and waistline, corresponds to everything between the shoulders and waist on the body, i.e. the heart and lungs, diaphragm and ribs, and stomach and liver (see area B)
- everything below the waist line and above the pelvic line corresponds to everything between the waist and pelvic floor, i.e. all the abdominal organs such as the large and small intestine, the kidneys and the bladder (see area C on diagram).



Connections within a zone

Parts of the body within a certain zone are all linked and can thus affect one another. A blockage or problem in one part of a zone will affect the entire zone. Thus, since the feet are part of the zones, by working with them a reflexologist can relieve blockages and release tensions throughout the body. Organs in zone one will be affected by pressure on zone one on the foot or hand. Furthermore, by working the whole of the left foot, the whole of the left side of the body will be affected and vice versa.

The spine and its importance

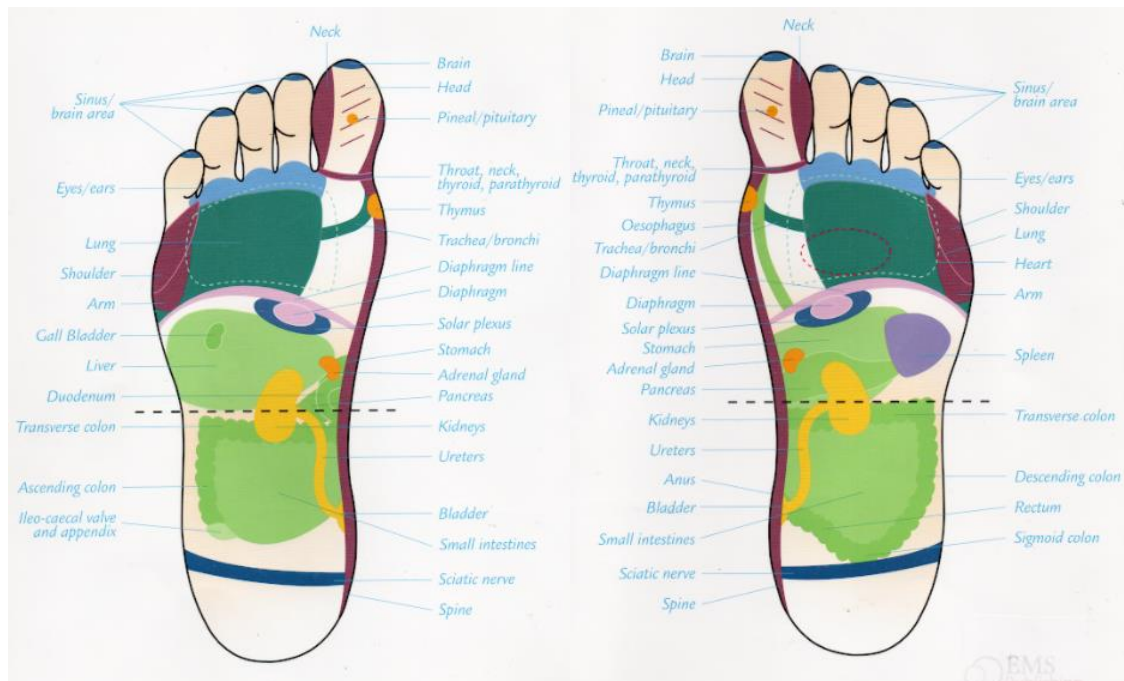
The central line through the body, its support and nerve network, is the spine. Many reflexologists believe that the feet and spine are closely connected because there are 26 bones in each foot and 26 (individual) bones in the spine and the curves in the spine are similar to those in the feet. Because it runs right through the centre of the body it is represented on the maps of both feet, right and left. The 'spine zone' runs along the whole length of the foot, on the inside and, just as the spine has five different sections, from cervical to coccygeal, so it has five zones for reflexology purposes.



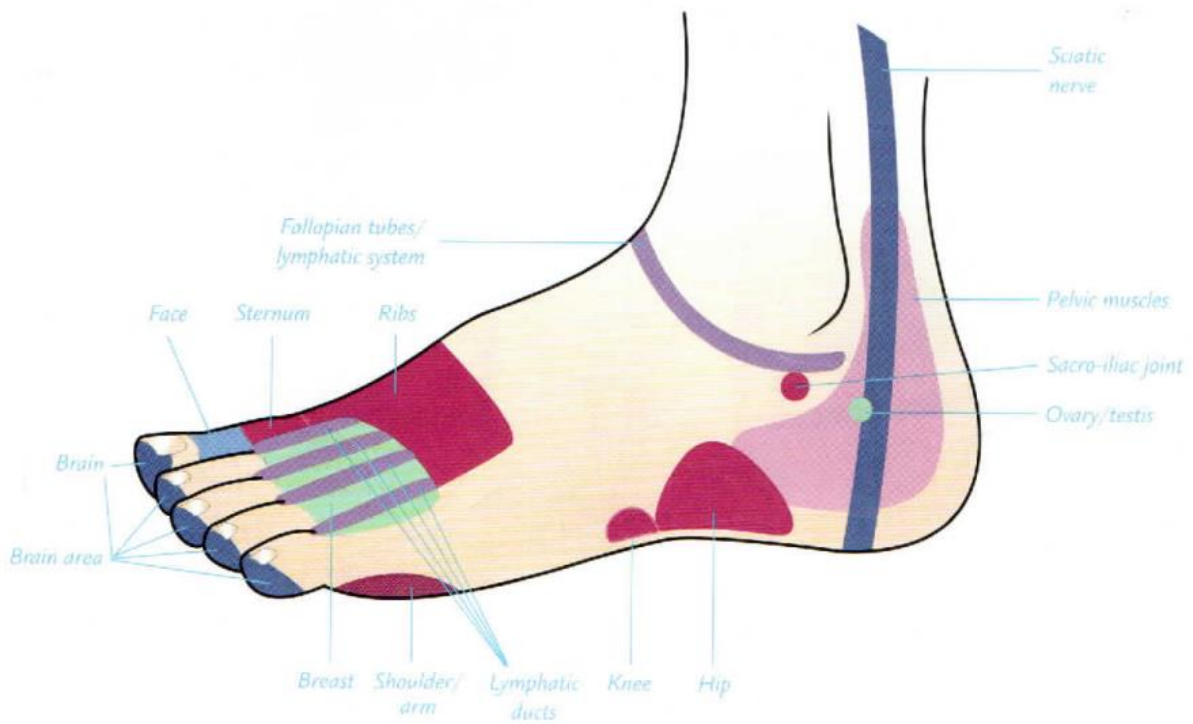
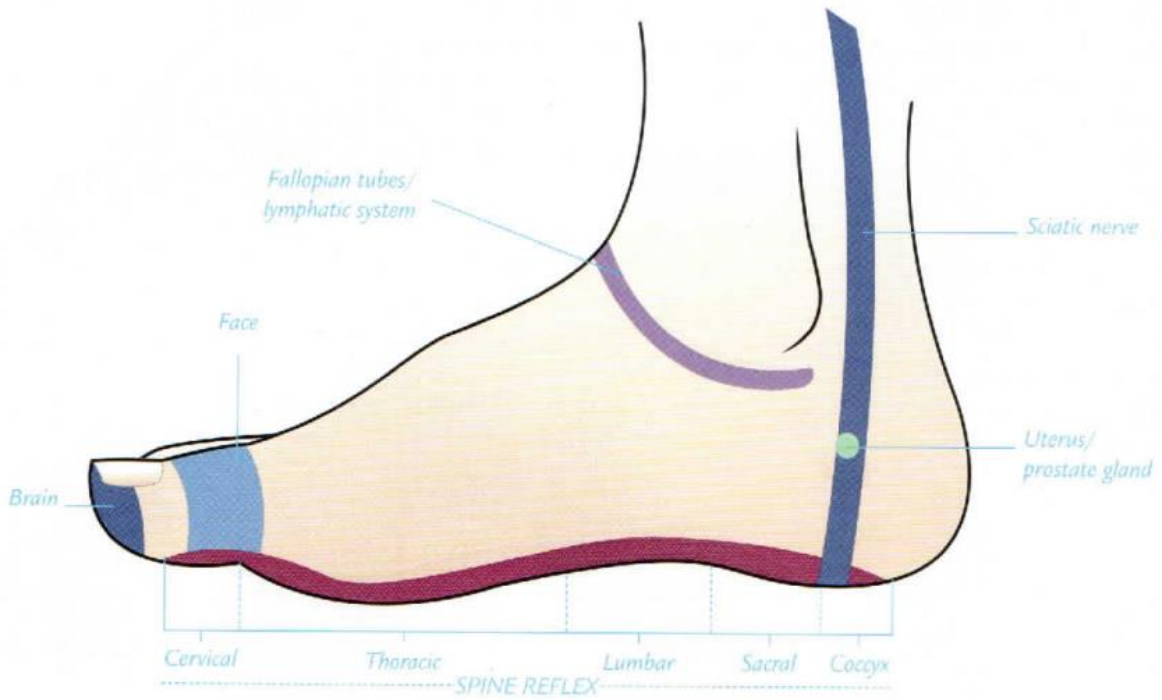
Foot 'maps'

You now know that reflexology divides the body up into ten vertical zones and four horizontal zones and that within each part of the foot there are reflex areas, i.e. by massaging and manipulating a reflex area will positively affect a corresponding area in the body.

There are also maps for the hands, which follow the same principles. The charts for the feet and hands, which are standard for use in reflexology, are shown below and as an additional resource.



Side views of foot maps.



How does information get from a point on the foot map to a point somewhere else in the body?

The areas shown on these maps are known as reflex areas or zones. A reflex area is the relationship between a point on the foot and another area of the body: when a reflex area is stimulated through massage or manipulation the corresponding part of the body is affected. It is not known exactly how the stimulus travels from the reflex area to the corresponding body part but one of the simplest ways to understand the connection is to think of it as energy. It should not be confused with a nerve reflex.

If you look at the maps you will see that:

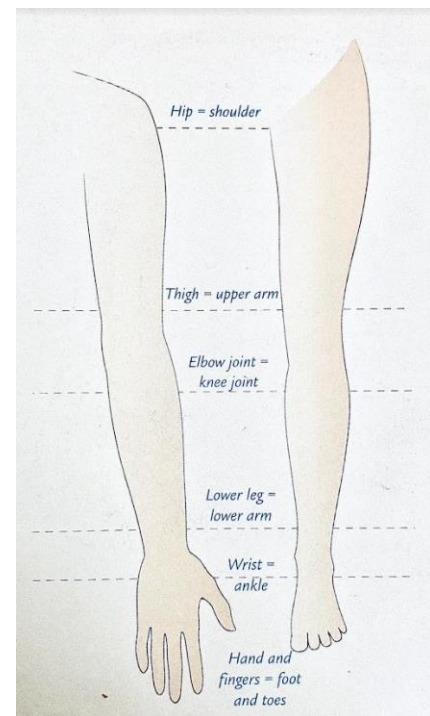
- the toes are the reflex areas for the head and brain area
- the inside heel is the reflex area for the lower spine, the sacrum and coccyx
- the arch of the foot is the reflex area for the abdominal organs such as the small and large intestines.

By working all the reflex areas of the left foot, the whole of the left side of the body will be affected and vice versa.

Referral areas

In reflexology, each foot is treated like a mirror of the body, reflecting its different parts. However, if the foot or leg is damaged then the referral areas in the hand and arm can be used. The arm and leg are considered to correspond with each other. Just as the hand has similar reflex areas to the foot, so does the rest of the arm. The easiest way to understand this is to think of the human body as having evolved from a four-legged animal to a biped. Our arms and legs are thus very similar: the wrist is the referral area for the ankle, the elbow is the referral area for the knee, the lower arm is the referral area for the calf and the upper arm is the referral area for the thigh.

Referral areas are very useful when there is a problem with a leg or foot because the corresponding area on the arm can be treated (e.g. for a broken ankle the wrist would be worked on), thus benefiting the injury and helping the healing process.



The theory of hand treatments

Hand reflexology, though not as common as foot reflexology, can be used in some situations. The hands and feet have very similar anatomy and shape and every part of the feet used in reflexology has an equivalent in the hands. Thus the toes are the fingers, the heel is the wrist, the palm is the sole and the thumb is the big toe. The hands are mapped in the same way as the feet, with reflexes for each part of the body. The hands are not as sensitive as the feet, because they are generally less protected. Thus working some of the deeper reflexes will be harder than on the feet.

Why use the hands?

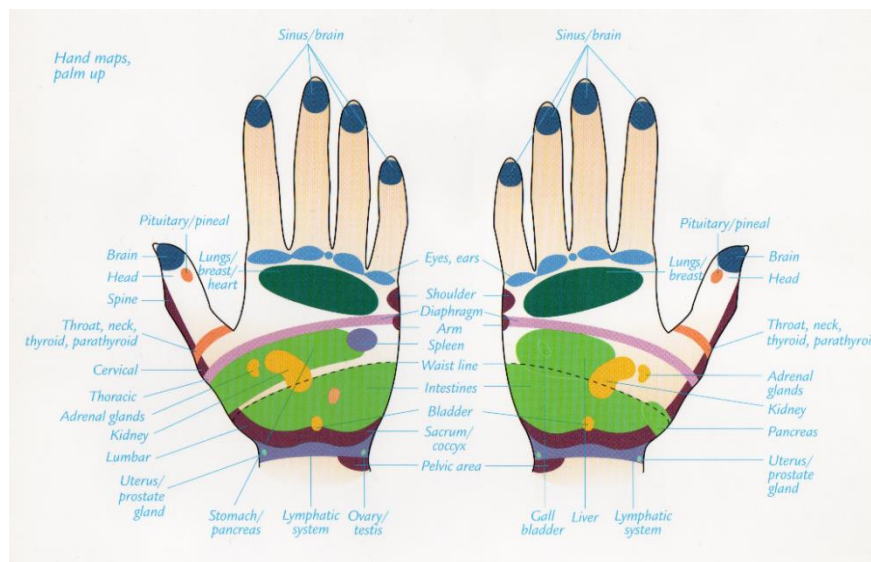
The hands are used when it is not possible, convenient or suitable to use the feet. For example, someone may have a permanent or temporary impediment to foot reflexology: the loss of a limb, a fracture, sprain or a skin problem. The client may be embarrassed or uncomfortable with someone touching their feet, especially if the treatment is taking place in public such as a hospital ward. The hands are also very useful for self-treatment.

How do you work them?

The same techniques are used on the hands. One hand works whilst the other support. The thumb is walked across the palms, with the fingers of the same hand used for leverage. When working the top of the hands, especially the areas between the metacarpal bones, the index fingers will give more precise pressure.

Are the reflexes in similar places to those on the feet?

Generally speaking, the reflexes on the feet will be in an equivalent position on the hands. The ten longitudinal zones and the transverse zones can also be mapped on the hands and reflexes which exist in one zone on the feet will usually be in the same zone on the hands. Reflexes on the toes will be on the fingers, those on the big toe will be on the thumb, those on the ball of the foot will be on the top of the palm, directly below the fingers, those close to the ankle/heel will be close to the wrist. For example, the head and brain reflex on the big toe, is on the thumb. The eyes and ears reflexes, at the base of the toes on the sole of the foot, are at the base of the fingers on the palm of the hand. The lymph and Fallopian tubes reflex, where the top of the foot joins the ankle, are positioned at the join of the top of the hand and wrist.



Lesson 2: Health & Safety

OBJECTIVES OF THIS LESSON

- Describe employer and employee responsibilities around health & safety;
- Identify key regulations relating to health & safety;
- Give examples of practical applications of good health & safety practice;
- Outline the 5 steps in a risk assessment;
- Recognize key chemical hazard symbols.

You are the most important person, and you need to take care of yourself as a massage therapist. This is not only for your own health, safety and well-being, but so that you can provide the best treatment for your clients in a sustainable practice.

This lesson covers health, safety and hygiene as a complementary therapist.

Health & Safety

It is important to be aware of current health and safety legislation as there are legal requirements you must follow; you have a duty of care to your clients and a responsibility to manage you own and your client's health and safety. There will be different levels of responsibility depending on whether you are working in the capacity of an employee or as an employer or self-employed worker.

Under the law employers are responsible for health and safety management. It is an employer's duty to protect the health, safety and welfare of their employees and other people who might be affected by their business (HSE 2020). It is an employee's responsibility to adhere to rules and policies that are set out by employers.

Employer's responsibilities:

- Provide policies and procedures.
- Provide induction and training.
- Provide protective equipment.
- Risk assessment.
- Insurance.

Employee's responsibilities:

- Take responsibility for own health and safety.
- Follow organisation procedures.
- Dynamic assessment of risk to self and others.

Main influences on health & safety.

- Environmental factors – the conditions in which people work, e.g., the working temperature, ventilation and noise.
- Occupational factors – people may be at risk from certain illnesses due to the services or treatments they offer, e.g., allergies to products used.
- Human factors – people contributing to accidents due to poor behaviour, carelessness, error or haste, e.g., forgetting to clear a spillage of oil from the floor.



Health and safety procedures should not be seen as box check exercises and should instead form part of day-to-day practice to ensure the smooth running of a safe practice for all involved.

The most important part of health and safety is being aware of, and minimising and/or managing risks.

Particularly if you are self-employed or an employer, it is important to be aware of the following legislations relating to health, well-being & safety. The Health and Safety at Work etc. Act (1974) is the primary legislation which enables a series of regulations surrounding practices to maintain health and safety in the workplace. The Act sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other. The regulations are essentially rules to which employers need to adhere by maintaining good working practices and following approved codes of practice.

What the law requires is what good management and common sense would lead employers to do anyway: that is, to look at what the risks are and take sensible measures to tackle them.

Some regulations to recognise are:

- **The Management of Health and Safety at Work Regulations (1999)** generally makes more explicit what employers are required to do to manage health and safety under the Health and Safety at Work Act. Employers should make formal arrangements for maintaining and improving safe working conditions and practices. This includes competency training and risk assessments.
- **COSHH - Control of Substances Hazardous to Health (2002)** is the law that requires employers to control substances that are hazardous to health.

A substance is considered to be hazardous if it can cause harm to the body. It poses a risk if it is inhaled, ingested, in contact with the skin, absorbed through the skin, injected into the body or introduced to the body through cuts.

Health & Safety in Practice

The Institute of Occupational Safety and Health (IOSH) offers some straightforward guidance for complementary therapists around health and safety. In summary:

In the UK, the law applies to all businesses, large or small. If you're self-employed or an employer then you are responsible for the health and safety of your business. The law is there to make sure you have a safe working environment and cut down the risk of you, your staff (if you have any) or clients getting ill or injured.

So, by law you must...

...get some help with your health and safety duties

As an employer you must appoint someone who knows about health and safety. This may need to be an external advisor.

...write and regularly review a health and safety policy for your business

Your policy doesn't have to take you long to write, or be lengthy or complicated. The policy should describe how you'll manage health and safety and should clearly state who does what, when and how. It is only required to be written down if you have 5 or more staff.

...manage the risk in your business

You must consider (assess) and manage any risks where you work or connected with what you do. This is a straightforward process. This is simply thinking about what you do in your business that could harm people and what you're going to do to try to stop it happening.

...talk to your employees

If you employ anyone, you need to consult them on health and safety.

...give training and information

If you have staff, they need to know how to work safely and without risking their health. You must give clear instructions, information and training. Don't forget to include temporary workers.

...have the right facilities

You need to provide: - toilet and washing facilities - drinking water - somewhere to store clothing and to change if your staff wear a uniform - somewhere to rest and eat meals. If you're a mobile therapist, you might need to consider alternatives.

You need to make sure that where you work is healthy, and that you have: - good ventilation – fresh, clean air drawn from outside or a ventilation system - a comfortable working temperature – usually at least 16 degrees C - lighting suitable for the work being carried out - enough space, seating and so on - a clean environment with bins appropriate for the type/s of waste.

...plan for first aid, accidents and ill health

You have to organise first aid arrangements where you work. If you're self-employed, with no staff, you need to have a first aid kit. By law, you must report and keep a record of certain accidents, incidents and illness.

...display the health and safety law poster

If you employ anyone, you must either display the HSE's law poster, or give each member of staff the pocket card version. The poster outlines UK health and safety law and includes a simple list that tells employers what they and their employees need to do.

...get insurance for your business

If you have employees you'll probably need employers' liability insurance. There may be other types of insurance you need, such as public liability, or 'driving for business' cover if you're a mobile therapist.

...keep your business up to date

Keeping up with news and developments in your sector will help you keep your health and safety policy and risk assessments up to date.

Some examples of things to consider:

- How you use and store essential or carrier oils
- How you minimise likelihood of allergic reactions
- How you manage risk of infections being passed between you and your clients
- How you can minimise the impact of giving regular manual therapies on your body
- Procedures for lifting or moving heavy equipment
- How you keep yourself safe when lone working
- How you manage risk of fire where you work

There are many other areas of your practice that you will need to consider but they certainly do not need to be complicated processes.

Risk Assessment

Risk management is a step-by-step process for controlling health and safety risks caused by hazards in the workplace.

You can do it yourself or appoint a competent person to help you.

The law does not expect you to remove all risks, but it does expect you to control them.

In your line of work, depending on the type of therapy you offer, you will probably look at things like using and storing essential oils or beauty products, contact with the body and skin, aches and pains, lifting and carrying heavy equipment.

When thinking about your risk assessment, remember:

- a hazard is anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer etc;
- the risk is the chance, high or low, that somebody could be harmed by these hazards, together with an indication of how serious the harm could be.



Risk Assessments

- 1 Identify the hazards**
- 2 Assess the risks**
- 3 Decide how to control the risks**
- 4 Record findings and implement them**
- 5 Review assessment & update if necessary**

Advice from the Health & Safety Executive (HSE) suggests the following when assessing risk.

1. Identify hazards

Look around your workplace and think about what may cause harm (these are called hazards). Think about:

- how people work and how equipment is used
- what chemicals and substances are used
- what safe or unsafe work practices exist
- the general state of your premises

Think about hazards to health, such as manual handling, use of chemicals and causes of work-related stress.

2. Assess the risks

Once you have identified the hazards, decide how likely it is that someone could be harmed and how serious it could be. This is assessing the level of risk.

Decide:

- who might be harmed and how
- what you're already doing to control the risks
- what further action you need to take to control the risks
- who needs to carry out the action
- when the action is needed by

For each hazard, think about how employees, contractors, visitors or members of the public might be harmed.

3. Decide on precautions

Look at what you're already doing, and the controls you already have in place.

Ask yourself:

- Can I get rid of the hazard altogether?
- If not, how can I control the risks so that harm is unlikely?

If you need further controls, consider:

- redesigning the task/s
- replacing the materials, equipment or process
- organising your work to reduce exposure to the hazard
- identifying and implementing practical measures needed to work safely
- providing personal protective equipment and making sure it is worn

Put the controls you have identified in place. You're not expected to eliminate all risks but you need to do everything 'reasonably practicable' to protect people from harm. This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble.

4. Record findings and implement them

If you employ 5 or more people, you must record your significant findings, including.

- the hazards (things that may cause harm)
- who might be harmed and how
- what you are doing to control the risks

Do not rely purely on paperwork as your main priority should be to control the risks in practice – there is no use having a risk assessment on file if the measures are not being implemented!.

It could be good practice to record risk assessments even if you do not have 5 employees.

5. Review assessment and update if necessary

You must review the controls you have put in place to make sure they are working. You should also review them if:

- they may no longer be effective
- there are changes in the workplace that could lead to new risks such as changes to:
 - staff
 - a process
 - the substances or equipment used

Also consider a review if your workers have spotted any problems or there have been any accidents or near misses.

Update your risk assessment record with any changes you make.

Areas to consider

Electrical safety

Electricity can kill or severely injure people and cause damage to property. However, you can take simple precautions when working with or near electricity and electrical equipment to significantly reduce the risk of injury to you, your workers and others around you. This section provides a summary of those precautions.

Fire safety

Most fires are preventable, and those responsible for workplaces and other buildings to which the public have access can avoid them by taking responsibility for and adopting the right behaviours and procedures. This section covers general advice on fire safety and also provides guidance on substances that cause fire and explosion.

Harmful substances

Many materials or substances used or created at work could harm your health. These substances could be dusts, gases or fumes that you breathe in, or liquids, gels or powders that come into contact with your eyes or skin.

Manual handling

Manual handling causes over a third of all workplace injuries. These include work-related musculoskeletal disorders (MSDs) such as pain and injuries to arms, legs and joints, and repetitive strain injuries of various sorts.

Personal protective equipment.

Employers have duties concerning the provision and use of personal protective equipment (PPE) at work. PPE is equipment that will protect the user against health or safety risks at work.

Slips and trips

Most slips occur when floors become wet or contaminated and many trips are due to poor housekeeping. The solutions are often simple and cost-effective and a basic assessment of the risks should help to identify any slip or trip hazards in your workplace.

Did you know?



Tumble drying towels has the potential to be a fire hazard.

Oil stains on towels that are not successfully cleaned can spontaneously combust following tumble drying as the heat can cause the oils to set alight. **This is a rare occurrence.**

To minimise the risk, wash towels on a high temperature wash using biological detergent (these contain enzymes which are more successful at breaking down fatty acids). Allow the drying cycle to finish completely then remove towels from the tumble drier promptly. Shake out towels and fold. Avoid stoving in big piles or bundles.

Chemical Hazard Symbols

Some products have hazard symbols on their package. Be aware of what they mean.

Environmental Hazard

Indicates substances that are toxic to aquatic organisms, or may cause long lasting environmental effects. They should be disposed of responsibly.



ENVIRONMENTAL HAZARD



ACUTELY TOXIC

Acutely Toxic

Indicates life-threatening effects, in some cases even after limited exposure. Any form of ingestion and skin contact should be avoided.

Corrosive

May cause burns to skin and damage to eyes. May also corrode metals. Avoid skin & eye contact and do not breathe vapours.



CORROSIVE



FLAMMABLE

Flammable

Flammable when exposed to heat, fire or sparks, or give off flammable gases when reacting with water. Ignition sources should be avoided.

Moderate Hazard

May irritate the skin, or exhibit minor toxicity. The chemical should be kept away from the skin and the eyes as a precaution.



MODERATE HAZARD



HEALTH HAZARD

Health Hazard

Short or long term exposure could cause serious long term health effects. Skin contact and ingestion of this chemical should be avoided.

Hygiene

Sterilization and Disinfecting

Reflexology typically does not have tools which would be disinfected in a steriliser. However, it is important to know good practice around keeping your equipment clean and disinfecting between clients.

Sterilization: This is the complete destruction or removal of living organisms on an object. Micro-organisms may be destroyed by heat, chemical disinfectants and ultraviolet radiation. All tools must, however, be cleaned to remove grease before disinfection is to take place.

Disinfection: This is the destruction of micro-organisms, but not usually bacterial spores, reducing the number of microorganisms to a level, which will not be harmful to health. In most salons, 'barbicide' is a recognized name as a germicide and disinfectant liquid in which tools can be stored. Surgical spirit can also be used.

Tools for cleaning

Antiseptic: Is a substance that inhibits the growth of bacteria but not kill the bacteria.

Autoclave: This is like a pressure cooker, with the water contained inside it reaches temperatures of 121 – 134 C. This is the most effective method for the sterilization of tools.

Glass bead sterilizer: Small glass beads are retained in a beaker and heated to a temperature of 190C. Tools are placed in these beads for 10 minutes. A disadvantage of glass bead sterilizer is that it cannot hold large items.

UV Sterilizer: UV light will only be effective on surfaces that are exposed to the UV light. Tools will therefore need turning during the process to ensure that all surfaces are thoroughly sterilized. UV sterilization is not suitable for brushes.

Pathogens

A pathogen is any organism that can produce disease. A pathogen may also be referred to as an infectious agent, or simply a germ. Pathogens can make us sick, but when healthy, our bodies are able to defend against pathogens and the illnesses they cause.

Bacteria: A single cell organism without a nucleus, which produces a toxin.

Fungus: This is a low form of vegetable life, which includes mushrooms and moulds. Some varieties cause disease, such as ringworm. A fungi stat will inhibit growth of any fungus while a fungicide will kill fungus outright.

Virus: A virus is a submicroscopic infectious agent that replicates only inside the living cells of an organism. Viruses can be classed as pathogenic or non-pathogenic.

Parasites: Organisms which live in or on a host and feed from them.

The best way to protect against pathogens is to wash hands often and keep areas clean.



**Task: Risk Assessment**

Download the risk assessment template provided with this lesson. Complete a brief risk assessment of the area where you plan to give treatments.

Other areas to consider before starting to work as an employer or self-employed complementary therapist.

- Equalities Act (2010).
- Employers' Liability (Compulsory Insurance) Act 1969
- DBS (previously CRB) checks.
- General Data Protection Regulations (GDPR).
- Health and Safety (Display Screen Equipment) Regulations 1992
- Personal Protective Equipment at Work Regulations 1992
- Cosmetic Products Enforcement Regulations 2013
- Trade Descriptions Acts (1968 and 1972)

For a health and safety for business overview visit: <https://www.hse.gov.uk/simple-health-safety/index.htm>

For the IOSH guide to Health & Safety as a Complementary and Beauty Therapist visit: https://www.iosh.co.uk/~media/Documents/Books%20and%20resources/Safe%20start%20up/safe_start_up-therapists.ashx

Lesson 3: Looking after yourself

OBJECTIVES OF THIS LESSON

- Describe how you can keep yourself safe and healthy as a therapist including posture, working positions, attitude and exercise;
- Understand what lone working means and how to manage working alone;
- Give examples of when a client might use a chaperone.

How can complementary therapists protect and take care of themselves?

Giving a reflexology treatment can take a lot out of the therapist giving it, both physically and emotionally. It won't always, but it can do. Care should be taken to minimise the effects on the therapist.

The effects of the treatment depend on the energy of the therapist performing it. If the energy is depleted by health problems or limited by incorrect posture, then the treatment will be less effective.

Any therapist continuing to work without paying attention to correct posture will cause damage to their own body, both in the short and long term.

To protect themselves, massage therapists should pay attention to the following areas:

- Posture
- Attitude
- Exercise



Each one of these factors contributes to the positive effects of treatments and prevents the therapist from harming themselves.

Posture

Good posture is necessary both for your own health and well-being and to maintain a quality and sustainable practice.

When consulting and working on the client the therapist should avoid:

- Tension in arms, neck, and shoulders
- Stiff, rigid legs and locked knees
- Stiff, inflexible wrists and hands
- Slouching or crossing the legs
- Repeating the same movements too often: varying the routines helps prevent repetitive strain injuries.

All the above can cause neck and back problems, muscle strain and repetitive strain injuries. Not only are they damaging, but they also affect the therapist's attitude, give a poor impression, and prevent the most effective treatment.

Remember – it is often the tiniest movements which cause the most damage.

Good posture enables the therapist to concentrate on the treatment without worrying whether they will be able to perform the movements and limits the likelihood of acute or chronic injury.



Attitude

Have you ever noticed that when you are in a good mood and you meet someone in a bad or negative mood, you often leave feeling less positive? This is because other people's moods and attitudes affect us. When giving a treatment a therapist's mood & attitude will affect their client.

A tense therapist will make the client tense.

A rushed therapist will make the client feel rushed.



For a treatment to have the desired effect for the client, whether it's intended to be relaxing or energizing, the therapist will need to bring the right attitude to the treatment room.

In general, the therapist should feel centered and focused, secure and calm and able to concentrate on using their own physical or mental energy to work on and improve the physical or mental energy of the clients. Always begin a massage in a positive and caring frame of mind. Take time to relax and center yourself before you start the treatment. Once the treatment has started, encourage your client to relax by not engaging in too much conversation, merely reply to any questions and let them know you are listening.

To give a treatment you need to be quiet and calm. Put aside at least 10 minutes before each new client to free yourself from tension and mental preoccupation, so you can relax into the rhythm of the massage, which will enhance the treatment for your client and is less tiring for you.



Try these simple techniques to focus and prepare yourself:

Close your eyes and sit quietly for a few minutes.

Let go of any thoughts that may be worrying you or are cluttering your mind.

Concentrate on your breathing. Imagine all unnecessary tension flowing out of you each time you exhale.

Exercise and breathing

Exercise is one of the best ways to relax after work, to prevent the build-up of tension and stiffness from working in similar positions all day. Hands and wrist should also be exercised on a regular basis to keep them supple and flexible.

Breathing exercise can help with relaxation both during and between treatments. Throughout the treatment being given the therapist should be aware of their breathing and that of the client. The therapist should encourage the clients to breathe deeply and evenly and should make sure their own breathing is calm, regular and matches the client's pace. This will enable both parties to relax and concentrate on the treatment. Yoga, meditation and t'ai chi are all exercises which include breathing techniques, while at the same time strengthening the body and mind. (Tucker, 2016)



Good news!

Therapists should try to receive regular massage treatment themselves.



Lone Working

Lone working is defined by the HSE (Health & Safety Executive) as “those who work by themselves without close or direct supervision”. It includes working outside of normal office hours, working from home, working in other people’s homes and those who travel as part of their job. As a massage therapist you are likely to be lone working most of your working day.

As an employee you should ask your employer for a copy of their Lone Working Policy. As a self-employed individual you should establish a lone working policy and share your process with someone close to you – e.g., someone you live with or have regular contact with.

If you are concerned about your safety due to lone working, perhaps if you also live alone, you could consider utilising a lone worker safety monitoring service. You can use such apps on your phone to check in and out before and after each client visit, for example.

Chaperones

A chaperone is someone who accompanies someone else to an appointment. Guidelines for best practice when working with children and vulnerable adults indicate not to be alone at any point. The Safeguarding Vulnerable Groups Act (2006) protects the welfare of children and vulnerable adults.

It aims to ensure their safety, protect them against maltreatment, remove any risk of harm, neglect or abuse. Sometimes, harm can be experienced by a vulnerable person simply through misunderstandings. Having a chaperone to help with communication can be a useful tool to protect the person against harm. When working with a child or vulnerable adult it is equally important to protect yourself in case of any allegations. A chaperone can be useful to protect against this.

Definitions:	
Child	Most protection agencies in the UK refer to children as any person under 18 years old.
Vulnerable adult	Any person “aged 18 years or over, in receipt of or in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.” (Dof Health, 2000)

Chaperones can:

- Provide support to child or vulnerable person.
- Assist with explanation of
- providing a medical background for the consultation
- the proposed treatment
- informed consent (or in some cases providing it on behalf of the vulnerable person)
- Offer protection for all parties, e.g., allegations.
- Provide reassurance to client.
- Alleviate anxiety the client may feel, e.g., if the therapist is not known to them.

Lesson 4: Preparing for Treatment

OBJECTIVES OF THIS LESSON

- Describe the requirements for preparing self, client, and work area for giving treatment, in accordance with working practice requirements;
- Identify key requirements to professionalism;
- Describe how a therapist should present for treatment.

In addition to the basic health and safety considerations, there are several other considerations to ensure that yourself, your work area and ultimately your client are prepared for reflexology treatment. Many elements relating to this learning objective will be reiterated throughout the course and during the practical aspect of your training.

Different ways of working as a complementary therapist will have different requirements for preparing your practice. You may be employed at a clinic where nearly all considerations are managed for you and you simply ensure that you, personally, are prepared to deliver a treatment. You may rent a treatment room and need to ensure that you have a process in place to ensure that you take all the resources you require with you each time, making sure not to forget any essentials. You may be working from home and be considering converting a space in your house to a relaxing treatment room. Maybe you will work as a mobile therapist and have additional considerations around transportation and manual handling.

The next few lessons aim to get you thinking about your practice and consider both the legal and practical considerations.

COVID-19: Be sure to check local / national rules in your area to ensure that you are permitted to carry out massage.



Business Requirements in preparation for complementary therapy.

Whilst the complementary therapy industry is unregulated, there are certain requirements that you should adhere to in order to practice legally and to make sure that you are following best practice.

Insurance

You should have professional indemnity and/or public liability insurance in place when you start practicing reflexology. You may also wish to have stock/equipment cover and/or buildings and contents cover.

Regulatory Bodies

The industry is governed by voluntary regulation. This means you can choose to apply for membership to regulatory bodies. This helps you to be recognised as a professional therapist. The two main regulators for complementary therapy are CNHC and GRCCT.

Professional Association Membership

Complementary therapists may be accredited by the Federation of Holistic Therapists (FHT), or the Complementary and Natural Healthcare Council (CNHC). Registering as an accredited therapist gives your clients added reassurance that they are in safe hands. They also provide resources to help you ensure you are delivering a best practice service, such as the [FHT Code of Conduct](#). Another benefit is that they typically provide insurance too.

Special Licence

Most local authorities in the UK require you to have a 'special licence' to provide reflexology services from a home location. Check the requirements with your local council.

The Equality Act 2010

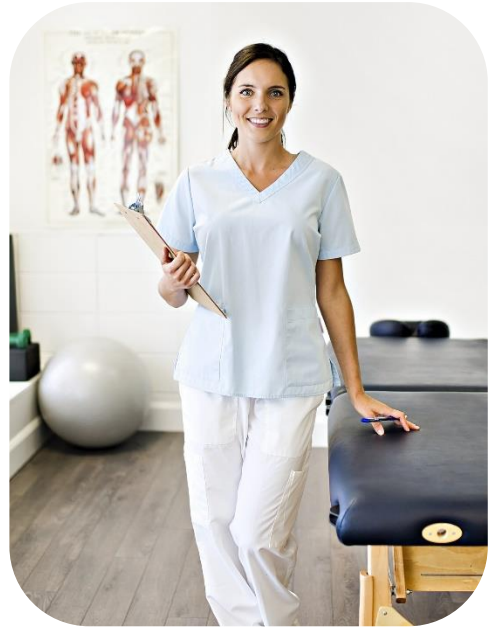
This legally protects people from discrimination in society. It is against the law to discriminate against anyone because of their age, gender identity, marriage status, being pregnant, disability, race, religion or belief, sex, sexual orientation. Members of the public are protected from discrimination as a consumer, which covers paying for goods or services. This means your clients are protected from discrimination, by this law, and you must act within and make reasonable adjustments to meet this law. An example of an exemption is that 'a massage service [can] be provided to women only by a female therapist with her own business operating in her clients' homes because she would feel uncomfortable massaging men in that environment'. Another example would be refusing treatment to someone who is pregnant as it is contraindicated in the first trimester.

Professionalism

Being professional includes:

- Preparing yourself and your surroundings
- Being punctual
- Providing a professional service
- Be aware of contra-indications and danger signals
- Following-the guidelines / ethical code of your professional body
- Keeping up to date with:
 - Legal legislations / By-laws / Parliamentary acts related to your profession
 - new developments within your profession / therapies
- Being a reflective and ethical therapist
- Protecting your client's confidentiality and modesty
- Maintaining a good working relationship with the medical profession and / or other therapists

- Obtaining written consent for treatment - where necessary:
 - Medical - if client is under medical supervision
 - Parental / guardian - when treating children under the age of 16 years
- Knowing when to refer a client - recognizing your limits
- Referring clients on to other professionals when necessary
- Recommending only relevant and appropriate treatments for the client
- Not offering advice or services outside your area in which you are qualified (certainly not attempting to diagnose any ailment)
- Not making false claims for the therapy you offer
- Not discussing other therapists or salons/clinics
- Communicating with clients:
 - Introduction / consultation methods
 - Listening skills
 - Body language
- Dealing with negative feedback positively
- Managing client's expectations



Preparing Yourself – Therapist Presentation

The previous lesson considered elements of preparing yourself for giving reflexology treatments in terms of your attitude and physical wellbeing, but it is important to also consider the presentation of you, the therapist, when preparing to offer reflexology treatment.

Therapists should wear appropriate attire including comfortable and covered footwear. Complementary therapy uniforms are typically single coloured, normally white, grey, black or blue but can range in colour. Clothing for giving reflexology should be comfortable and breathable, not too tight, but not so loose that it risks being too revealing when bending over. You should have more than one uniform so that they can be washed regularly to maintain hygiene standards.

Therapists should wear no jewellery when giving treatments other than a simple band ring (such as a single wedding band) and simple stud earring/s. Fingernails should be short, clean, and unvarnished. Hair should be worn away from the face/collar.

Task: Preparing yourself



Make a list of anything you think you might need to research further. Perhaps you want to consider purchasing some branded uniforms. Do some research.

Lesson 5: Equipment

OBJECTIVES OF THIS LESSON

- Consider equipment required for giving reflexology treatments;
- Describe the environmental conditions suitable for reflexology treatment.

Equipment for reflexology

Reflexology is practiced on a one-to-one basis; it is important to inspire trust, in your ability as a practitioner, in your client. Your professionalism will be reflected in the way you prepare your treatment.

The room should be clean, warm, welcoming, private, quiet, and well ventilated with subdued lighting.

All equipment should be clean, ready for use and in easy reach. A simple therapist's trolley can help keep those essentials to hand.

Equipment you may need:

- Massage couch
- Face hole ring and small head pillow (folded hand towels can be used instead)
- Fabric couch cover
- Towels (2 extra-large bath sheets, 2 large bath towels & 4 hand towels) which ideally should be dark, matching colours
- Therapist's stool
- Light blanket
- Plastic oil bottles with lids
- Oil bottle holster
- Therapist trolley
- Waste bin
- Small bowl for client's jewelry
- Bottled water and glass
- Slippers for client (multiple to accommodate one per client between laundry)
- Relaxing and soft music - Can be a great contribution to a treatment for both giver and receiver, enhancing the atmosphere and supporting your client's relaxation
- Screen - For client to undress if practitioner *cannot* leave the room
- Chair for client consultation
- Washing machine

Consumables:

- Couch paper roll (if used) – look out for the correct width!
- Massage medium
- Box of facial tissues
- Antiseptic or anti-bacterial wipes
- First Aid Box
- A candle or essential oil burner
- Cleaning products
- Face / make-up wipes for client use
- Sanitary products / toiletries available in the bathroom for client use
- Laundry detergent

Consider our planet!

You might want to think about how you could opt for environmentally friendly, sustainable options when purchasing equipment.

Can you buy second-hand? Are there reusable options to replace disposable ones without compromising hygiene? How could you identify ethical suppliers?

**Creating a professional massage environment.**

It is important to prepare the environment that you provide for your clients to ensure that the experience and treatment is not only as relaxing and comforting and professional for them as possible, but also safe. This is essential, not only for the well-being and outcome for the client but, equally, for your business so that clients are more likely to return and to refer others to your practice.

You need to have sufficient space in which to provide your treatment. A typical treatment room ranges from 8m² – 16m². You should have at least 1m each side of your table for you to be able to practice from. Small rooms can feel cramped, but large rooms will cost more to heat and clean etc.

Environmental aspects that you should consider include the heating and lighting and ventilation, privacy, noise levels both



externally and of any music that you provide. You will want to consider the general decor and quality and appearance of your equipment. It is important to consider the ease of maintaining the general hygiene of the area and management of waste.

These considerations need to be balanced with one another. For example, you may wish to include ornaments or decorations, such as anatomy models, in your treatment room to add to the ambience or demonstrate your ethos, but it is worth recognising that these items may add to the frequency and duration of your cleaning practice. On the other hand, a practice room without any décor additions may appear sterile and uninviting and not put the client at ease.

COVID-19: Remember that in current times with the national coronavirus pandemic, additional precautions should be incorporated into your practice. For example, you should make efforts to increase the ventilation in your treatment area, which may lead to a need to have additional heating options.

Be sure to keep up to date with guidelines for working safely and make necessary adjustments.



The space you use may be a multipurpose space, such as your living room or home-office space. Consider how you might be able to minimise the impact of having additional, unrelated equipment or furniture in the space to create a treatment room which is not too overloaded.

Some of the following considerations will be covered in requirements by a special licence. Be sure to cover all conditions of your licence as a minimum.

Considerations	
Access and privacy	<p>How will your clients find you? Is the approach clean, tidy and well-lit? How accessible is your treatment room? Is there step-free access? This is not a requirement but is worth considering and making clear to clients.</p> <p>How and where will you greet clients? Is there a reception space? Is the treatment room private? Will clients have a separate space to get undressed, or will you leave the room? If treating from your home, what elements of your private life will be accessible to the client if you need to walk through other spaces?</p>
Décor	<p>Consider warm but neutral décor in your treatment space to not overload senses and provide an inviting space. Plants can be a great addition to your space – consider low maintenance, air-purifying indoor plants. Depending on your marketing approach you may include decorations that complement your approach, for example anatomy models or diagrams. For some inspiration, visit this blog post.</p>

Equipment & Furniture	As well as a couch, you may need a seat for your client for removing their shoes, or during your consultation. You might want a stool for yourself, and a trolley to store supplies required during treatment.
Facilities	Are there bathroom facilities nearby for your client to access? Is there a sink space for you to wash your hands? What laundry facilities available for cleaning your linens? Where will you get drinking water from?
Heating	Your treatment space (and changing area / bathroom) should be neither too hot nor too cold. How will you cool or heat the area at different times during the year? Fan heaters/coolers can be effective but can be noisy. Storage heaters take a while to heat up but heat efficiently. Air conditioning can be expensive to install and run. Could you warm your towels in preparation for your client's use? You could invest in a heating pad – like an electric blanket for your couch – to keep clients cosy during their massage.
Lighting	Does your treatment room have natural light? You should be able to control the light in the room so that, even on a bright day, you can darken the room sufficiently for your client's comfort and relaxation. Use soft lighting that is not directly over the massage table. Dimmer switches are great to be able to control the ambience of the lighting and indicate the beginning and end of the treatment time. Think about using energy efficient bulbs to reduce your energy bills!
Scent	Be mindful of the smells in your treatment space. Any noticeable scents may add to or detract from the experience. Candles, incense, or oil burners/diffusers can be used, but should be subtle and not overbearing. Remember to consider safety aspects when using candles or electrical equipment. Consider asking your client in an initial consultation if they have a preference. Be conscious, too, of your own scent. Avoid overpowering perfumes, body odour and bad breath.
Sound	Try to minimize any external noise during the consultation and treatment. Also consider the tone and level of your own voice to aid the relaxing environment whilst still being clear and easily understood by your client. Background music should be at a level that adds to the atmosphere rather than distracts from the overall experience. A suggestion is that background music should be approximately 40 decibels – but you're not expected to have the means to measure that! Be aware that you may need a license to play music for your treatments. What would you do if there are scheduled, noisy, road works right outside your treatment room?
Storage	What storage do you have available for your client's belongings? Do you have somewhere to hang outdoor coats? What about wet umbrellas? Where will clients put their clothes and valuables when they change? A laundry basket with an additional container for small items such as jewellery is a great option that can be stored under the treatment couch during treatment. What storage do you require for your own equipment and treatment resources? Do you want storage that is open, such as shelves, or closed behind cupboard doors? How will you store items you need to be accessible during treatments?

Ventilation	There must be suitable and sufficient means of natural or mechanical ventilation in the treatment room, and wherever practicable this should be direct to the external air. How will you ensure your space is well-ventilated?
Waste & hygiene	<p>You will need access to cleaning supplies to keep your treatment space hygienic for the protection of both you and your client. Anti-bacterial surface sprays are great but remember anti-bacterial products may not be effective against viruses, such as coronaviruses. Additional cleaning with bleach or alcohol-based products may be required. Be sure to provide hot running water and soap.</p> <p>Consider how you will remove waste from your treatment room. You will likely have clinical waste, i.e., that which has come into contact with bodily fluids such as sweat (e.g., couch roll/body wipes), general waste (e.g., non-recyclable packaging) and dry recyclable waste. Sanitary bins are required for washrooms.</p>

Task: Consider your equipment



Consider the location you are likely to carry out your massage treatments. Are there any alterations you might need to make to ensure it's the best environment possible? Consider if you might need to purchase any equipment.

Tip: Save this task to use in your business assignment.

Reminder: You are not expected to have all the answers at this stage. A lot of ideas and best working practices will become apparent as you continue throughout this course.

Revisit this lesson towards the end of your course and see if there are any additional considerations that you now have.



Treatment Mediums

Oil

Most common types of oil medium are Grapeseed and Sweet Almond. Before using any type of nut oil make sure you find out if the client is allergic to nuts in your consultation prior to the massage treatment. If client is unsure of any nut allergies, carry out the treatment using Grapeseed.

Cream

Good to use at the end of the treatment with our cool down massage. Especially good for dry skins.

Powder

The most common type of powder used during massage is talcum powder. It gives more grip and provides a deeper massage.

Good medium for moist feet, but too drying for already dry skin.

Can be problematic during inhalation – cause coughing.

Corn starch

Scratchier than powder.

Less problematic when inhaling.

Good to use for a firm grip.

Gel

Gel mediums are a jelly-like substance which creates more of a sticky, matte effect on the skin. They are usually clear and hypo allergenic.

It is most effective on normal skin types as it doesn't add or take away anything from the skin, whereas an oil would make it oilier and a powder would take away it's natural oils and make it dry.

No Medium

Good grip and location of reflexes.

Problematic for clients with very dry skin.

Liquid Talc

Provides good grip.

Reflexology Balm

Provide just enough slip.

Good to use as deeper pressure can be achieved.

Comes in a variety of blends.



Your treatment couch

You will need to choose your couch according to the type of therapies you intend to offer. Before making your decision, the following questions should be taken into consideration:

Do my clients need to be able to sit up? If yes, you will require a couch with an adjustable backrest. If no, then a flat table will probably serve better as they are generally lighter than the ones with the backrest option

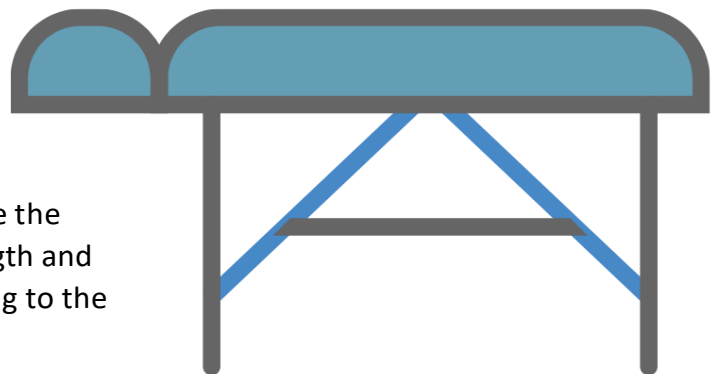
Do I intend using the couch for various therapies or intend to in the future? If you intend to use the couch for different therapies, then selecting a couch with an adjustable backrest and adjustable height offers greater versatility and may prove vital. It is important to look to the future and ask whether there are any other features you may require from your couch – it's a big investment.

Do I intend to be the only therapist using the couch or is it intended for various therapists of various heights? If the couch is going to be shared among students in a college or therapists in a salon/clinic then adjustable height is a MUST. Adjustable height couches are adjusted while the couch is on its side, typically with an easy-to-use spring clip mechanism that is fast, simple and effective. Adjustable height couches are still of great benefit to a single practitioner as it can be adjusted based on the size of the client – imagine that your hands will be much higher up on a muscley boxer physique compared with a very thin person. Adjusting the height of the bed allows you to maintain the appropriate working position.

What is the right height for me? The widely used general rule is that if you stand alongside your couch with your fist clenched, then the top of your knuckles should just brush the top of the couch. This is typically at your hip level.

What is the right width to choose? Different therapies need different couches of different widths. The standard 610mm width suits most applications. However, if you know you are going to be working on the big 'rugby player' type then an extra width bed is most certainly recommended. Aromatherapy, Massage, Reiki and Acupuncture are among a few disciplines that tend to require a wider couch. When choosing a wider couch, you need to bear 2 things in mind, firstly, it will add at least 1kgs to the overall weight of the couch and secondly, will you be able to reach across it.

The alternatives, to an extra wide couch, are the accessories. A face cradle will add extra length and armrests will add extra width without adding to the weight or size of the couch when folded.



Is it comfortable? Client comfort is an important factor. Couches come standard with double foam padding i.e. 40mm thick foam. Make sure the foam padding used is high density, foam which will not collapse over time.

Is it easy to clean? The vinyl covering should be hardwearing and easy to wipe clean. Just use a soft wet cloth and soapy water. Do not use any solvents.

What is the maximum weight the couch can take? On average 225 kg. Check with the manufacturer.

Is there a warranty? Your couch should have a manufacturer's warranty, usually 2 years.

Safe Equipment

It is important to review the content around Health & Safety (Lesson 2) and consider how the regulations apply to your equipment and set up.

You should carry out a risk assessment on your equipment and environment.



Task: Consider your equipment

Consider the following questions. What equipment in your practice would require electrical testing, for example? Would any items require you to consider manual handling practices?

Lesson 6: Practical Application and Technique

OBJECTIVES OF THIS LESSON

- Consider the key practical applications for giving a reflexology treatment.

Key points to note:

- The feet should be almost eye level.
- When doing the lateral foot – you can twist the foot to the side.
- Do not bend your thumb too much and smooth rhythm is very important.
- Think logically about conditions and state why you would work those reflexes – relate it back to your knowledge of anatomy.
- Very important – examiner will check if you re-work reflexes for crystals.
- You may lift the foot slightly when working the heel – remember – this relates to the pelvis and lower back.

Introduction

Many and varied techniques are used in reflexology. Four or five basic ones are described because the intention is to provide a basic foundation for your work. However, this is not to promote any one approach as more correct or valuable.

Some variations in reflexology techniques are, for example; linking: developed by Pru Hughes, Light Touch Reflex Action, and the Rwo Sur techniques: developed in Taiwan.

Holding the foot

While one hand, presses the other braces and supports or pushes the foot towards the pressure. The hand applying pressure is referred to as the 'working hand', the other hand, the 'supporting' hand. Neither hand should ever be idle.

The standard support grip

Take the foot in the support hand, either from the inside or the outside, the web of the hand between the thumb and the index finger touching the side of the foot, with the four fingers on top of the foot and the thumb on the sole. The support hand must always stay close to the working hand. Whichever grip, you use on whatever reflex, always keep the foot bent slightly towards you – never in a tight grip with the toes bent backwards.

Pressure techniques

The Rotating thumb technique - ROCK

It can be used to apply pressure, to most of the reflexes throughout the treatment procedure. As you work, move from square to square, applying pressure and rotation to each square. The movement of the thumb from point to point must be small, moving along progressively, leaving no space between the points covered by the thumb tip.

Place the four fingers of the working hand on the back of the foot to be worked on, keeping the thumb free to work on the sole. Bend the thumb from the first joint to between a 75 and 90 degree angle – the angle must ensure that the thumbnail doesn't dig into the flesh. This is the standard position of the 'rotating thumb'. The contact point is the tip of the thumb. Apply firm pressure with the tip of the thumb to the point to be worked on, and rotate the thumb, clockwise. Keep the pressure firm and constant and stay on the square. Two to three rotations are sufficient. Lift the thumb, move to the next point and repeat the procedure. The basic movement is, press in, rotate, lift and move. The amount of pressure or number of rotations, depend on the practitioner and patient.

The thumb and finger walk technique

The aim of this technique is to ensure that the foot can be covered effectively and efficiently without missing any reflex points and to ensure that every part of the foot can be explored sensitively to assess any imbalances in the body. This is also a crucial technique to master and is often used during a reflexology treatment.

Think of your thumb and fingers as exploring or searching the foot, seeking out, probing – but in a highly sensitive way – the foot to detect imbalances, irritations, blockages to the client's health. Try to put your mind, your conscious awareness into the tip of your thumb or finger so that your hands, fingers and thumbs experience and register what you are sensing there. Become aware of each nuance of tension in the person's foot, of any irregularities in the tissues beneath the surface such as congestion, grittiness, lumpiness, and heat or cold.

Finger techniques

Hands are placed on either side of the foot with the thumbs on the sole and four fingers on top. The index and middle fingers are the working tools, the middle finger usually placed on top of the index finger to create extra leverage. This is used on the Fallopian tubes/vas deferens and lymphatic reflexes which run from the outside anklebone, along the top of the foot at the ankle joint, to the inside anklebone.

Pinch technique

The support hand cups the foot at the ankles, while the working hand locates the Achilles tendon at the back of the heel and moves up and down the tendon, pinching it gently between the thumb and index finger. (This is used to stimulate the kidney and bladder meridians.)

Pin Point

Using the knuckle of the forefinger to pin point a reflex, such as the Pituitary gland

Knead technique

It is much like kneading bread. It is used mainly on the heel area, which is usually rather tough, and therefore needs more pressure for effective stimulation.

Hook in and back up

Thumb rolling technique, but stationary. Good for the sinus reflexes

Leverage

To use leverage, as you apply pressure with the working thumb, use the other fingers of the working hand, which are wrapped around the foot to bring the foot towards or onto the thumb. You 'pull' the foot onto your thumb. When giving treatment, the non-working hand is used to support the foot, and to place and maintain it in the most advantageous position for the application of pressure to different reflexes. This is important to gain better access to the reflex points and enhance penetration of the touch.

Relaxation techniques

One of the main benefits of reflexology is the relaxation aspect, it is also important to become familiar with a few basic relaxation techniques.

Achilles Tendon Stretch

Cup the heel of one foot so that it rests in the palm of the hand. Grasp the top of the foot near the toes in the standard support grip. Pull the top of the foot towards you, allowing the heel to move backwards, and then reverse the procedure.

Ankle Rotation

Cup the back of the ankle of the right foot in the palm of the left (support) hand, with the thumb on the outside of the ankle and the fingers on the inside. Rotate first clockwise a few times, then anticlockwise

Loosen ankles

Hook the base of both palms above the backsides of the heel so that the palms cover the anklebones. The ankle joint serves as the pivot point. Move the hands rapidly backwards and forwards in opposite directions to each other, keeping the hands hooked beneath the anklebones.

The spinal twist

Grasp the foot from the inside of the instep with both hands, fingers on top, thumbs on the sole – the web between the thumb and the index finger on the spinal reflex. The hand nearest the toes will execute the twisting action. The two hands should be used as a unit, keeping all the fingers together and the hands touching at all times.

Rotate all the toes

The principle here is the same as the ankle rotation.

Solar plexus

The solar plexus is referred to as the 'nerve switchboard' of the body, as it is the main storage area for stress.

This technique is applied to both feet simultaneously. Pressure applied to this reflex is usually used as a relaxation technique to complete the treatment but can be used at any time during treatment if necessary.

Lesson 7: Structure and Diseases of Hands and Feet

OBJECTIVES OF THIS LESSON

- Identify and describe the structure and common ailments of the hands and feet.

The Foot and Lower Leg

The foot's function is to support the weight of the body, to move it forward and lift it in order to make steps and walk.

The skeletal system

The foot and lower leg are part of the appendicular skeleton. This section of the the skeleton supports the body's appendages, i.e. the limbs, and attaches them to the torso.

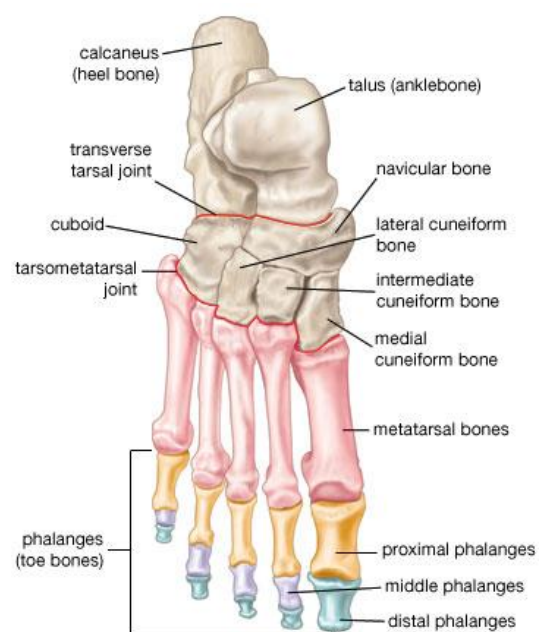
The lower leg

The lower leg has two bones, the tibia and fibula. The tibia, also known as the shin bone, is the thicker of the two. The fibula is parallel to the tibia and is attached to it by ligaments. It is not as important as the tibia in supporting the body which is why the bone is often used for grafting onto other bones elsewhere in the body.

The foot

The foot comprises the ankle, arch (or instep) and five toes. It has 26 bones: 14 phalanges (toe bones), five metatarsals (the long bones forming the ball and main body of the foot, equivalent to the 'palm' bones in the hand) and seven tarsals (ankle bones).

Each toe has three phalanges bones, apart from the big toe which has only two, and these phalanges join, at the base of each toe, with the metatarsal bones. The metatarsals form the main body of the foot and join with the front row of ankle bones or tarsals - the medial, intermediate and lateral cuneiforms and the cuboid. The other tarsals, the navicular, calcaneus and talus form the back part of the ankle and join with the tibia.



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The muscular system

Muscles are tissues which attach to other parts of the body, such as bones, to enable movement.

The circulatory or vascular system

The circulatory system is a transport system, comprised of arteries, veins and capillaries, that runs throughout the body. It carries blood, a fluid, connective tissue which is used to distribute food and oxygen and to collect waste and carbon dioxide.

The nervous system

The nervous system is the body's communication and instruction network. For the purposes of reflexology it is probably the most important structural system in the body, since there are approximately 7000 nerve endings in the feet, which will be touched by the practitioner's hands and send messages through the whole body from foot to brain. The soothing and stimulating feelings of the massage and manipulation will be transmitted throughout the body by the nervous system. Thus if your feet feel good - warm, relaxed, touched - so will the rest of your body. Soothing the nervous system helps to reduce the symptoms of stress.

The Lower Arm and Hand

The hands, wrist and lower arm have several functions, including lifting, holding, propelling the body (in walking and running), picking up and carrying. In reflexology they are the referral areas for the feet, ankles and lower legs and they are remarkably similar in structure. They are also used for treatment, either self- help or when the foot cannot be used.

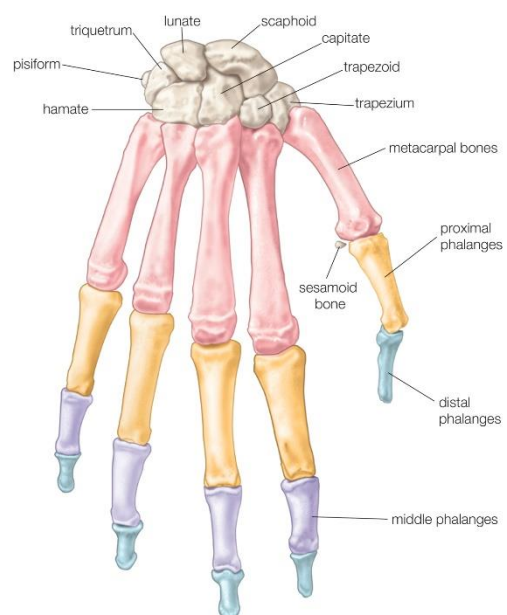
The skeletal system

The hand and arm are constructed in a very similar way to the foot and leg. They are also part of the appendicular skeleton.

The lower arm has two bones: the radius and ulna. They articulate with the humerus (upper arm) bone, forming the elbow joint and with the upper row of carpal (wrist) bones.

The hand has 27 bones: eight carpal (wrist) bones, five metacarpal (palm) bones and 14 phalanges (finger bones).

Each finger has three phalanges and each thumb has two. The phalanges join the metacarpals at the base of the fingers and thumb, i.e. the palm of the hand. The metacarpals then articulate with the first row of carpal bones (hamate, capitate, trapezoid and trapezium), which then articulate with the second row of carpal bones (scaphoid, lunate, triquetrum and pisiform). The second row of carpals then articulate with the lower arm bones, the radius and ulna.



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Summary of hand and foot diseases and disorders

Beau's lines	single transverse furrow across middle of the nail, uneven growth.
Brittle nails	nails become thin and break easily
Bruised nails	nail is blue due to blood under the nail
Chilblains	swelling at the end of the fingers, toes, around nails, joints; poor circulation
Hangnails	sharp spike of nail or cuticle that has separated from side of the nail plate
Koilonychia	nails are flattened with a spoon-shaped depression in the middle
Lamellar dystrophy	nail flakes, tends to break easily and splits
Onychorhexis	dry brittle nails that split and break easily
Leuconychia	white spots caused by air bubbles lying within the layers of the nail
Hypertrophy	nail thickens and loses its shape
Onychauxis	excessive thickening of the nail, resembling a claw
Onychocryptosis	sliver of nail growing into the surrounding tissue
Longitudinal ridges	ridges in the length of the nail
Onycholysis	free edges separates causing nail plate to lift off the nail bed
Onychoptosis	nail falls off
Onychophagy	biting the nails
Onychomycosis	ringworm infection on the nail caused by a fungus
Paronychia	bacterial infection, nail wall and surrounding area red and swollen
Onychia	bacterial or fungal infection of nail fold: area red, inflamed, painful
Pterigium	overgrowth of cuticle on nail plate
Pitting	small dents in the nail, weakening of the nail
Mold	fungus infection of the nail, yellow, green and darkens to black
Onychogruptosis	nail curvature is increased and enlarged, nail becomes thicker
Psoriasis	silver scales develop under and around the nail, nail becomes horny and discoloured
Tinea pedis	athlete's foot. Fungal infection, where skin between the toes, become swollen, white, hole in middle.
Verruca vulgaris	warts, raised discoloured patches; rough or smooth

Whitlow	acute bacterial inflammation around nail, swollen, painful, accompanied by pus
Callouses	thick layer of callous skin over extended area, on rounded areas
Corns	raised conglomeration of dead epidermal cells with pit in the centre
Bunions	displacement of the big toe joint, lump forms at base of big toe
Bunion (hallux valgus)	prominence of the head of the metatarsal bone at its junction with the big toe. It is caused by inflammation and swelling of the bursa at that joint.
Hammertoe	This condition often accompanies bunions. It occurs when the medial joints bend so that the toe rises above the other toes and the top joint is almost curled under. Tendons and ligaments contract to such an extent that they pull the front of the toe backward.
Rigid toe (hallux rigidus)	The big toe fuses with the metatarsal bone and creates unnatural stiffness. As the range of motion decreases, damage mounts. Can be the result of osteo-arthritis, injury, obesity or flat feet.
Arthritis	Degeneration of cartilage and the bones become overgrown or waste away. It attacks the linings of joints, which then become stiff, swollen and painful. Muscles that move joints are unable to work correctly, so they waste away. Tissues around the joints become inflamed, filled with fluid and painful.
Gout	Metabolic disease associated with an excess of uric acid in the blood. Characterized by painful inflammation, and swelling of the smaller joints, and generally, favours the big toe.
Flat feet (pes planus)	Caused by: inherited, long illness, overloading the feet and weakness in the joints. Ankles lean toward each other. The joint beneath the ankle is out of order, resulting in a weak ankle. Ligaments of the foot may literally collapse because of walking injuries or incorrect walking habits. The ligaments may lose control and the foot will spread to become square-shaped. Nerves and blood vessels usually protected from contact with the ground by the shape of the arch are now subject to pressure.
High arch foot (pes cavus)	Stiff, limited maneuverability and inefficient functioning of the foot. The head of the metatarsals may ache because of the shape of the foot, and calluses may develop because of pressure on toes and ball of the foot. Toes do not have correct contact with the ground when standing. The arch of the foot is abnormally high.

Plantar digital neuritis	Inflammation of a nerve causing pain, tenderness, and loss of function. The sensations experienced in the toe may vary from slight numbness to intense pain. This discomfort can be alleviated, by massaging the toe.
Heel fissure	Split in the skin on the edge of the heel. If the fissure is deep, pain and bleeding can occur, and it may also become infected.
Heel spurs	Bony growth on the underside of the heel bone. Spurs are a result of a torn longitudinal ligament that bleeds and generates fibrous tissue that ultimately calcifies.

Lesson 8: Mapping the Reflexes of the Feet

OBJECTIVES OF THIS LESSON

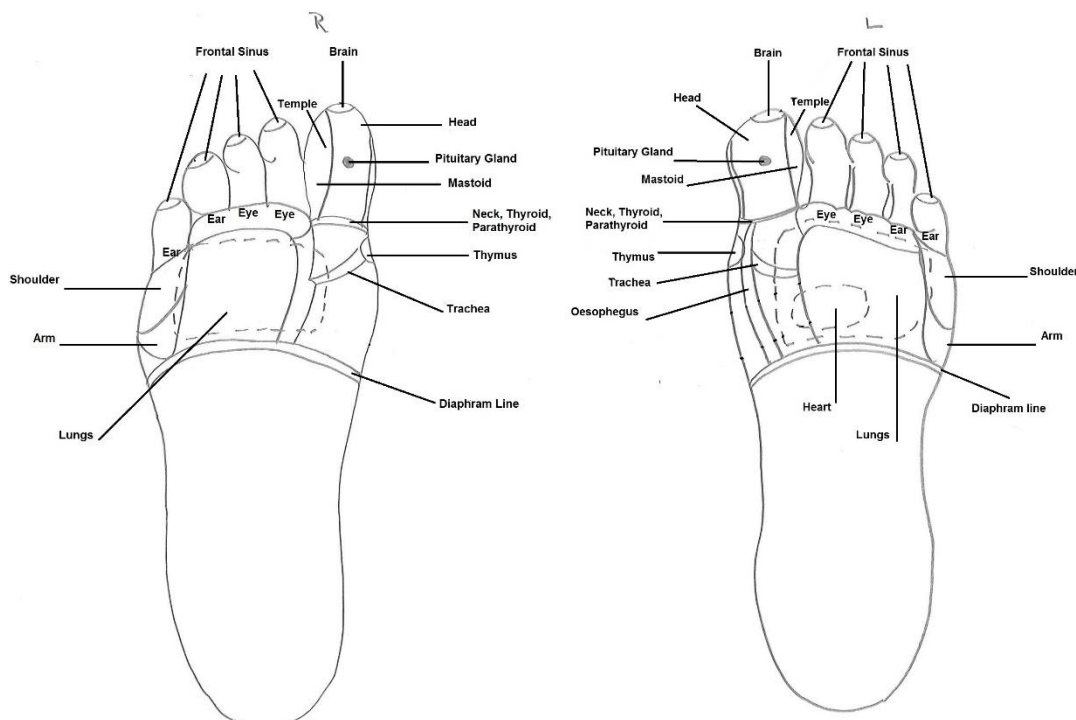
- Understand the relationship between areas of the body and their associated reflex on the feet.

The body itself is divided horizontally into four parts: the head and neck area; the thoracic area from the shoulders to the diaphragm; the abdominal area from the diaphragm to the pelvic area; and the pelvis. These areas can be clearly delineated on the feet and provide a precise picture of the body as it is reflected on the feet. We will therefore examine the situation of body organs in horizontal divisions as this facilitates easy study and reference.

The Head and Neck area – the toes

The toes incorporate reflexes to all parts of the body found above the shoulder girdle. If you imagine the two big toes as two half heads with a common neck, the positions of the reflexes are placed very logically. Obviously some reflexes, overlap, as they do in the body. Each big toe contains reflex points for the pituitary gland, pineal gland, hypothalamus, brain, temples, teeth, the seven cervical vertebrae, sinuses, mastoid, tonsils, nose, mouth and other face reflexes as well as part of the Eustachian tubes.

The other four toes on each foot contain reflex points for the eyes, ears, teeth, sinuses, lachrymal glands, speech centre, upper lymph system, collarbone, Eustachian tubes, chronic eyes and ears.



The Head and Brain

Reflexes of the head and the brain are on the pads of the big toes from the tip behind the nail down over the metatarsal bone; reflexes for the sides of the head and brain are on the sides of the big toes. On the top of the toes are the face reflexes including the mouth, nose, teeth and tonsils. At the base of the big toe are the neck reflexes.

Sinuses

The sinuses are cavities within the skull bones situated above and to the sides of the nose, in the cheekbones and behind the eyebrows. They communicate with the nasal cavities through small openings. They act as protection for the eyes and the brain and give resonance to the voice. The reflexes are situated on the tips of all the toes.

The Pituitary Gland

This gland, known also as the 'master gland' is considered the most important in the body as it controls the functions of all the endocrine glands. About the size and shape of a cherry, the pituitary gland is attached to the base of the brain. Numerous hormones are produced by this gland: these influence growth, sexual development, metabolism, pregnancy, mineral and sugar content of the blood, fluid retention and energy levels.

The reflex point is found on both feet where the whirl of the toe print converges into a central point. It is usually situated on the inner side of the toe and often requires a little searching. More often than not, this reflex is found to be off-centre. Since the hormonal system is extremely sensitive and easily thrown off-balance, this reflex is usually very tender.

The Hypothalamus

A number of bodily activities are controlled by this part of the brain. It regulates the autonomic nervous system and controls emotional reactions, appetite, body temperature and sleep.

The hypothalamus reflex areas are found on both feet on the outer side and top of the big toe – the same reflex point as the pineal gland.

The Pineal Gland

The pineal gland is a small gland situated within the hypothalamus section of the brain. Its functions are not completely understood but it is known to stimulate the cells in the skin to produce the black pigment melanin. It is thought to play a part in mood and circadian rhythms, and is sometimes referred to as the psychic 'third eye'.

The reflexes are on both feet on the outer tip of the big toes – the same as the hypothalamus reflex.

The Teeth

The reflexes to the teeth are exactly distributed over the ten toes.

These reflexes are in the same position as the sinus reflexes.

The Eyes

The eyes are important sensory organs – the organs of sight. The nerve tissue of the retina receives impressions of images via the pupils and the lens. From this the optic nerve conveys the impressions to the visual area of the cerebral cortex where they are interpreted.

These reflexes are on both feet on the cushions of the second and third toes and may extend slightly down the toes. Reflexes for chronic eye conditions are on the 'shelf' at the base of these two toes.

The Ears

The ear is the organ of hearing. It is a highly complex system of cavities, bones and membranes, constructed in such a way that sound waves in the atmosphere are caught up and transmitted to the hearing centre in the temporal lobe of the cerebral cortex. The ear also plays a part in maintaining balance.

The reflexes are situated on both feet on the cushions of the fourth and fifth toes and may extend slightly down the toes. The reflexes for the Eustachian tubes extend from the inner side of the big toe along the base of the second and third toes to the fourth toe. Reflexes for chronic ear conditions are found on the 'shelf' at the base of these two toes – the same section as the Eustachian tubes. The mastoid – the part of the skull behind the ear, which contains the air spaces that communicate with the ear – is also treated on these reflexes.

The Tonsils

These are paired organs composed of lymphatic tissue and thought to be involved in defence of the throat area.

The reflexes are found on both feet – on the top of the foot at the base of the big toe near the web between the big and second toes.

The Lymphatic System

The lymphatic system is a network of lymphatic vessels situated throughout the body, which drain tissue fluid surrounding the cells in the body. Lymph nodes filter the lymph to prevent infection passing into the bloodstream and add lymphocytes, which are important for the

formation of antibodies and immunological reactions. The main sites of the lymph nodes are in the neck, armpit, breast, abdomen, groin, pelvis, and behind the knee.

On the front of the foot, the web between the toes, are the reflexes for lymph drainage in the neck and chest region of the body. Lymph reflexes for the groin area are linked to the reproductive system and found in the same area as the reflexes for the Fallopian tubes and vas deferens described later in this chapter. These reflexes run across the top of the foot from the inner anklebone to the outer anklebone and incorporate the six main meridians.

The thoracic area – the ball of the foot

This section of the foot corresponds with the thoracic area in the body from the shoulder girdle to the diaphragm. Several vital reflexes are situated here: the heart, lungs, oesophagus, trachea, bronchi, thyroid and thymus glands, diaphragm and solar plexus.

The lungs

The lungs are cone-shaped, spongy organs, which lie in the thorax on either side of the heart. The lung reflexes are found on the soles of both feet from the second toe (stomach meridian) to just past the fourth toe (gall bladder meridian). Reflexes of the trachea and bronchi are found below the big toe and second toes (stomach and liver meridians) connected to the lung reflex. These same reflexes are also found in similar positions on the tops of the feet.

The heart

The heart is a hollow, cone-shaped, muscular organ, which lies in the chest on the left side of the body in a space between the lungs.

The reflex to the heart is situated on the sole of the left foot only.

The thymus gland.

The thymus gland is situated in the thoracic cavity. It is quite large in childhood, reaches maximum size at 10-12 years, then slowly regresses and almost disappears in adult life. It is involved in the immune system, but its only function is the formation of lymphocytes.

The oesophagus

A muscular tube passing from the pharynx down through the chest, and joining the stomach below the diaphragm. Food and fluid are propelled through it by peristalsis, the wave-like contractions of the intestinal walls.

The trachea

This is the windpipe. It passes down from the larynx into the chest where it divides into two bronchi, the main divisions of the trachea, which enter the lungs.

All these reflexes are found on both feet in the same area – on the soles of the feet in a vertical band between the first and second toes.

The thyroid gland

The thyroid gland is located in the neck. It controls the rate of metabolism and maintains the correct amount of calcium in the blood.

This reflex is situated on both feet at the base of the big toe, down around the ball and into the groove below the bone. The most important part is the section along the bone. There is also a ‘helper’ reflex on the second toe – the stomach meridian.

The parathyroid glands

These are four small glands situated around the thyroid gland. Their main function is to maintain the correct amount of calcium and phosphorus in the blood and bones. The reflex is situated on both feet at the base of the big toe on the outer side.

The diaphragm

The diaphragm, one of the muscles of respiration, is a large, dome-shaped wall, which separates the thorax from the abdomen. It is the most important muscle for breathing.

This reflex is situated on the soles of both feet, extends across all six meridians at the base of the ball of the foot separating the ball from the arch.

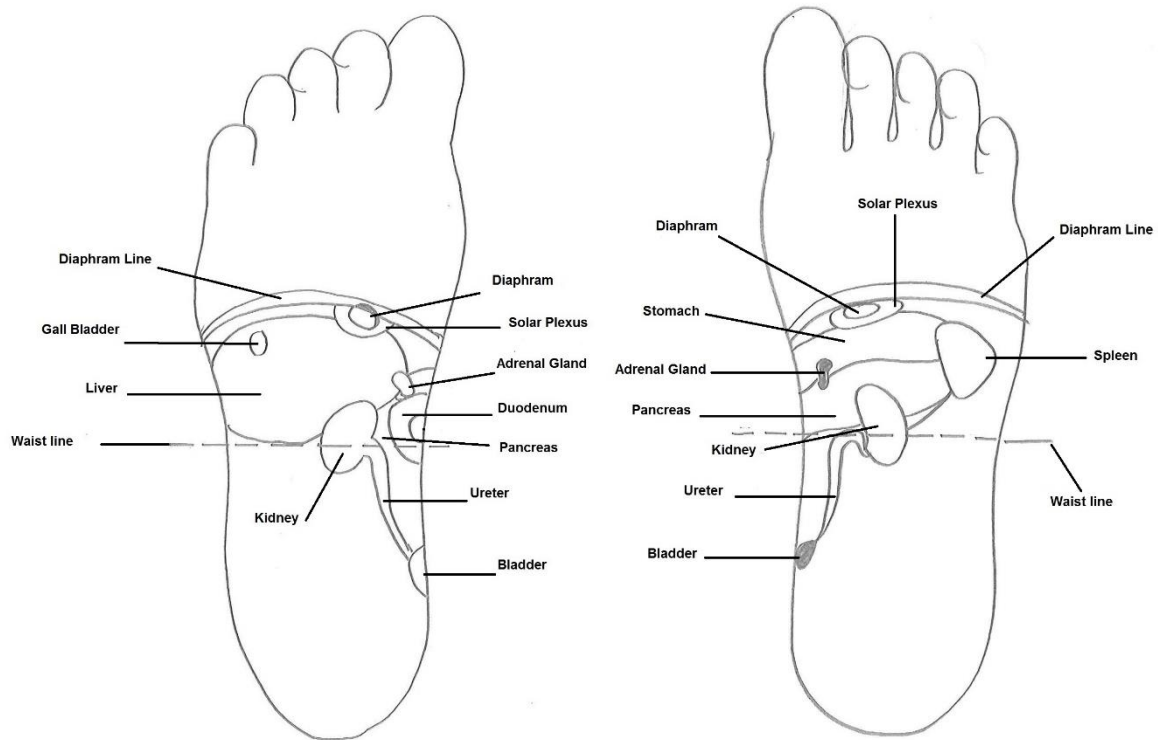
The solar plexus

The solar plexus is a network of sympathetic nerve ganglia in the abdomen and is the nerve supply to the abdominal organs below the diaphragm. It is sometimes referred to as the ‘abdominal brain’ or the ‘nerve switchboard’ and is situated behind the stomach and in front of the diaphragm.

The reflex is at the same level as the reflex to the diaphragm, located at a specific point in the centre of the diaphragm reflex. This point is visible on the foot as the apex of the arch that runs across the base of the ball of the foot. This reflex is most useful for inducing a relaxed state. It can relieve stress and nervousness, aid deep regular breathing and restore calm.

The abdominal area – The arch of the foot

The arch of the foot is clearly visible on the side- raised area, which extends from the base of the ball to the beginning of the heel. It is divided into two parts: the upper part corresponds to the section of the body from the diaphragm to the waistline; the lower part corresponds to the section of the body from the waistline to the pelvic area.



The liver

The liver is the largest and most complex organ/gland in the body. It controls many of the chemical processes and has many functions.

The reflex is found on the sole of the right foot only, below the diaphragm level, extending from the spleen/pancreas meridian on the inside of the foot to below the little toe. It extends just above the waistline.

The gallbladder

This is a small, muscular, pear-shaped sac attached to the under-surface of the liver. Its function is to excrete bile for food digestion. The gallbladder reflex is on the sole of the right foot only, embedded within the liver reflex, beneath and between the third and fourth toes.

The stomach

The stomach is a large, muscular sac, which lies below the diaphragm mainly to the left side of the body.

The reflexes are found on the soles of both feet – extending from the big toe to the second toe on the right foot and the big toe to the outer edge of the fourth toe on the left foot. Horizontally, they are situated just below the diaphragm level.

The pancreas

The pancreas is a large glandular structure in the abdomen. It is probably best known for the production of the hormones insulin and glucagon, which are important in the control of sugar metabolism.

The reflexes are situated on the soles of both feet – more on the left foot than the right foot – below the stomach and above the waistline. On the right foot it extends to just below the big toe, and on the left foot as far as the fourth toe.

The duodenum

This is the first, c-shaped part of the small intestine, about 20-25 cm long. It extends from the pyloric sphincter of the stomach to the jejunum. Pancreatic and common bile ducts open into it, releasing secretions responsible for the breakdown of food.

The reflexes are on the soles of both feet immediately below the pancreas, touching the waistline and extending inwards to the second toe.

The spleen

The spleen is a large, very vascular, gland-like but ductless organ found on the left side of the body behind the stomach. It plays an important part in the immune system, and is part of the lymphatic system. It contains lymphatic tissue, which manufactures the white blood cells, breaks down old red blood corpuscles and filters the lymph of toxins.

The reflex is found on the outer side of the left foot (opposite the liver reflex on the right foot), beneath the fourth toe (gallbladder meridian) just below the diaphragm, in line with the stomach reflex.

The kidneys

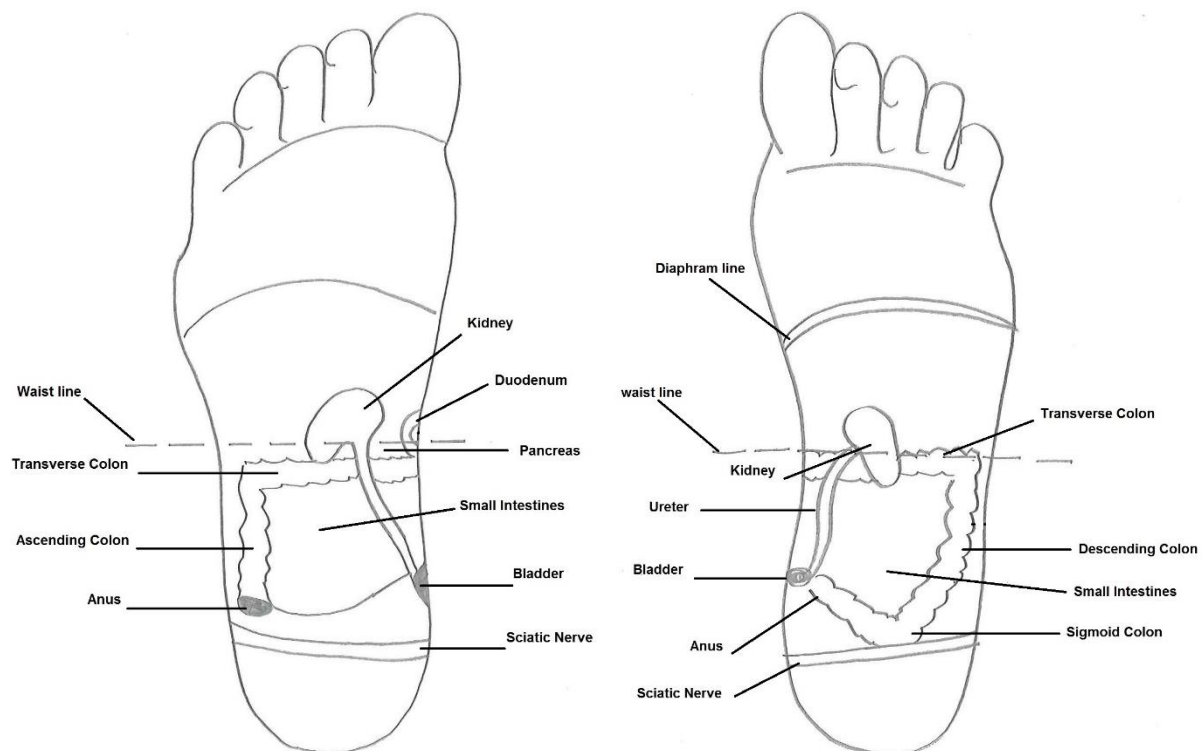
The kidneys are part of the main excretory system of the body. They are two bean-shaped organs, which filter toxins from the blood, produce urine and regulate the retention of important minerals and water.

The reflexes are found on the soles of both feet, positioned just above the waistline on the kidney and stomach meridians, just below the stomach reflex. The right kidney is positioned slightly lower than the left kidney.

The adrenal glands

These are two triangular endocrine glands situated on the upper tip of each kidney. As part of the endocrine system they perform numerous vital functions. The adrenal cortex produces steroid hormones, which regulate carbohydrate metabolism and have anti-allergic and anti-inflammatory properties. The cortex also produces hormones, which control the re-absorption of sodium and water in the kidneys, as well as the secretion of potassium and the sex hormones testosterone, oestrogen and progesterone. The adrenal medulla produces adrenaline and noradrenalin, which work in conjunction with the sympathetic nervous system. The output of adrenaline is increased at times of anxiety and stress and is responsible for organ changes in the 'fight or flight' situation. The reflexes are situated on the soles of both the feet on top of the kidney reflexes.

Below the waistline



The small intestine

This is a muscular tube about 6-7 metres in length and is the main area of the digestive tract where absorption takes place. It leads from the pyloric sphincter of the stomach to the caecum of the large intestine and lies in a coiled position in the abdominal cavity surrounded by the large intestine. The small intestine is divided into three sections – the duodenum, jejunum and the ileum.

The reflex is situated on the soles of both feet, under the large intestine reflex, extending horizontally across the arch to below the fourth toe.

The ileocecal valve

This valve is situated where the small intestine and large intestine join, and therefore controls the passage of contents of the small intestine through to the large intestine. It prevents backflow of faecal matter from the large intestine and controls mucous secretions. The reflex is found on the sole of the right foot below and between the third and fourth toes, just above the level of the pelvic floor.

The appendix

The appendix is a worm-like tube about 9-10 cm in length, with a blind end projecting downwards from the caecum of the large intestine in the lower right part of the abdominal cavity. Located directly below the ileocecal valve, it helps lubricate the large intestine, is rich in lymphoid tissue and secretes anti-bodies.

The reflex is situated on the sole of the right foot only, in the same areas as the ileocecal valve.

The large intestine

This is a tube about 1.5 metres in length, which surrounds the small intestine. It starts on the right side of the body at the caecum (ileocecal valve), goes up the right side to below the liver where it bends to the left and passes across the abdomen as the transverse colon. At the left side of the abdomen, it bends down below the spleen to become the descending colon, which passes down the left side of the abdomen. It then turns towards the midline and takes the shape of a double S-shaped bends known as the sigmoid flexure. This leads into the rectum, which in turn becomes the anus.

When the residue of food reaches the large intestine it is in fluid form. The function of the large intestine is to remove some of the water and salts by absorption and to convert the waste material into faeces ready for excretion.

The reflexes are found on the soles of both feet. On the right foot this begins just below the reflex for the ileocecal valve and extends upwards (ascending colon), turns just below the liver reflex to become the transverse colon, which extends across the entire foot. It continues across to the left foot and turns just below the spleen reflex to become the

descending colon. Just above the pelvic floor it turns again into the sigmoid colon, which ends at the reflex of the rectum/anus.

The ureters

The ureters are muscular tubes about 30 cm in length, which connect the kidneys and bladder and function as a passageway for urine. There are two tubes, one from each kidney, which pass downward from the abdomen into the pelvis where they enter the bladder.

The reflexes are situated on the soles of both feet linking the kidney reflexes to the bladder reflexes, which are situated on the inner side of the instep. The ureter reflexes can often be seen as distinct lines running down the arch.

The bladder

The bladder is an elastic muscular sac situated in the centre of the pelvis. Urine for excretion passes from the kidneys down the ureters and is stored in the bladder until it is eliminated via the urethra.

The reflexes are found on both feet, on the side of the foot below the inner anklebone on the heel line. This reflex is often clearly visible as a puffy area.

The pelvic area – the heel of the foot

Few organs are represented here, but this area is of vital importance as all six main meridians traverse the pelvic section of the heel. As a result congestion can be traced to meridians and their organs.

The sciatic nerve

These are the largest nerves in the body. They arise from the sacral plexus of nerves formed by the lower lumbar and upper sacral spinal nerves. They run from the buttocks down the backs of the thighs to divide just above the knees into two main branches, which supply the lower legs: These are actual nerves in the feet as well as reflexes.

The sciatic nerves and reflexes are found on the soles of both feet, in a band about a third of the way down the pad of the heel extending right across the foot.

The reproductive area – the ankle

The outer ankle contains the ovaries/testes reflexes, and the inner ankle contains reflexes of the uterus, prostate, vagina and penis. The reflex points for the fallopian tubes, lymph drainage area in the groin, vas deferens and seminal vesicles are found in a narrow band

running below the outer anklebone across the top of the foot to the inner anklebone. The kidney/bladder meridian is situated on both sides up the back of the Achilles tendon.

The ovaries

These are the female gonads or sex glands. They are small almond-shaped glands about 2-3 cm long. There are two ovaries – one on each side of the uterus. These are part of the female reproductive system and produce ova as well as the hormones oestrogen and progesterone.

The reflexes are found on both feet on the outer side, midway between the anklebone and the back of the heel – the right ovary on the right foot, the left ovary on the left foot. The 'helper' area is the heel due to the presence of the meridians.

The testes

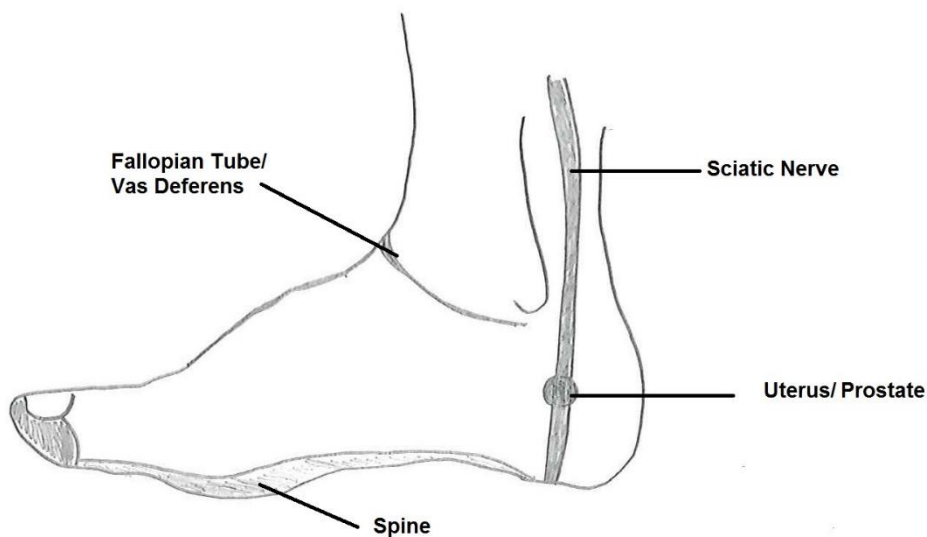
The testes are the male reproductive glands, which produce spermatozoa and the male hormone testosterone. There are two testes suspended outside the body in the scrotum – a sac of thin dark-coloured skin, which lies behind the penis.

The reflexes are found on males in the same areas as the ovaries in females.

The uterus

The uterus is a hollow pear-shaped organ about 10 cm long, situated in the centre of the pelvic cavity in females. Its function is the nourishment and protection of the foetus during pregnancy and its expulsion at term.

The reflex points are located on both feet on the inside of the ankles, midway on a diagonal line between the anklebone and the back of the heel. The 'helper' area is the heel.



The prostate gland

This gland lies at the base of the bladder in males and surrounds the urethra. It produces thin lubricating fluid, which forms part of the semen to aid the transport of sperm cells.

Reflexes are found on both feet in the same place as the uterus reflex on females – midway in a diagonal line between the inner anklebone and the heel.

The fallopian tubes

In females these two tubes connect the ovaries with the cavity of the uterus. Their function is to conduct the ova expelled from the ovaries during ovulation down to the uterus.

These reflexes are found on both the feet. They run across the top of the foot linking the reflex of the uterus to the reflex of the ovaries. This area is usually massaged in conjunction with the reflexes of the ovaries and uterus.

The seminal vesicles/vas deferens

The seminal vesicles lie next to the prostate and store semen. The vas deferens is a pair of excretory ducts which convey semen from the prostate to the urethra. The reflexes are located in the same area as the fallopian tubes in females – across the top of the foot from one anklebone to another, linking the prostate and testes reflexes.

The spine – inner foot

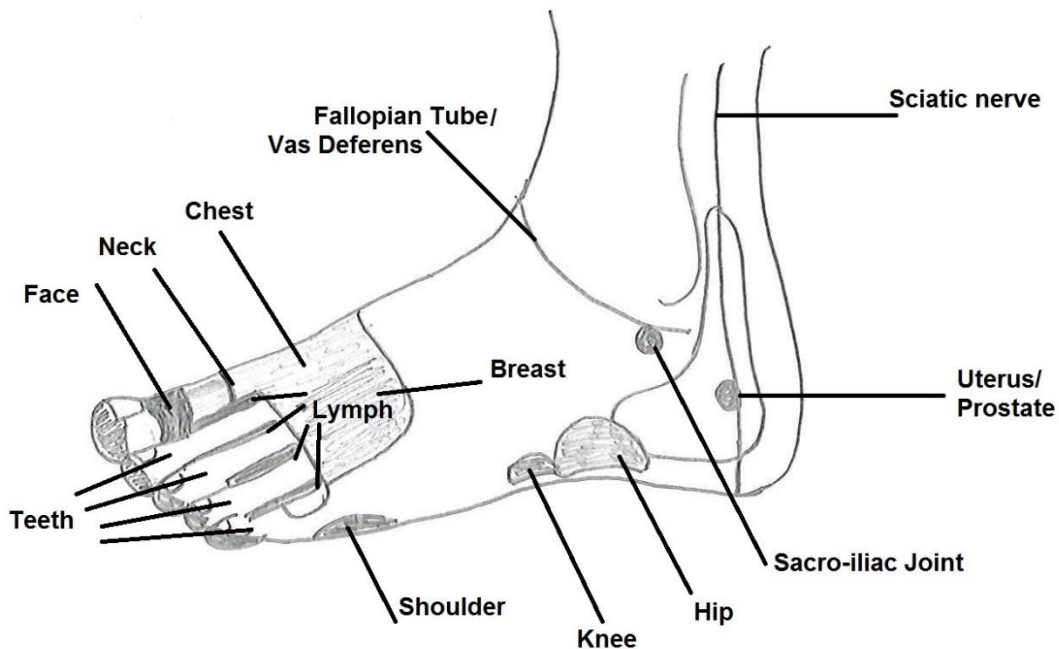
The inside of each foot is naturally curved to correspond to the spine.

The spinal column encloses the spinal cord, the central channel of the nervous system, which is a continuation of the brain stem. It carries the nerves from the brain to all parts of the body. Associated with each vertebra is a pair of spinal nerves. These nerves arise from the spinal cord and affect the level of the body at which they arise – thoracic nerves affect the thorax, lumbar nerves the lower abdomen and legs. These nerves supply specific organs so any constriction or damage to them will directly affect the connected body parts.

The spine reflex runs along the inner sides of both feet – half the spine being represented on each foot. The cervical vertebrae reflex runs from the base of the big toenail to the base of the toe. The thoracic reflex runs along the ball of the foot below the big toe, the arch from the waistline to pelvic line corresponds to the lumbar region, and the heel line to the base of the heel to the sacrum/coccyx.

The outer foot – the outer body

The outer edge of the foot corresponds to the outer part of the body – the joints, ligaments and surrounding muscles. From the base of the toe to the diaphragm line = shoulder and upper arm; diaphragm line to waistline = elbow, forearm, wrist and hand; waistline to end of heel = leg, knee and hip.



The knee

Reflexes are found on both feet on the outer side, just below the bony projection of the anklebone, which is usually quite prominent on the side of the foot, again, remember the six meridians run through the knee, so by pinpointing the exact location of the knee pain, one can relate it to a specific meridian and locate the problematic organ.

The hip

The reflex is found on both feet extending towards the toe in front of the knee reflex. It covers an oblong shape, moving out from the line up the side of the foot, in line with the fourth toe. A number of hip problems may be gall bladder related, as the gall bladder meridian passes directly through the hip.

The elbow and shoulder

The reflexes to the elbow are situated on both feet on the outer side along the arch and the ball. The shoulder and surrounding muscles are found on both feet at the base of the fifth toe covering the sole, outer side and top.

The top of the foot

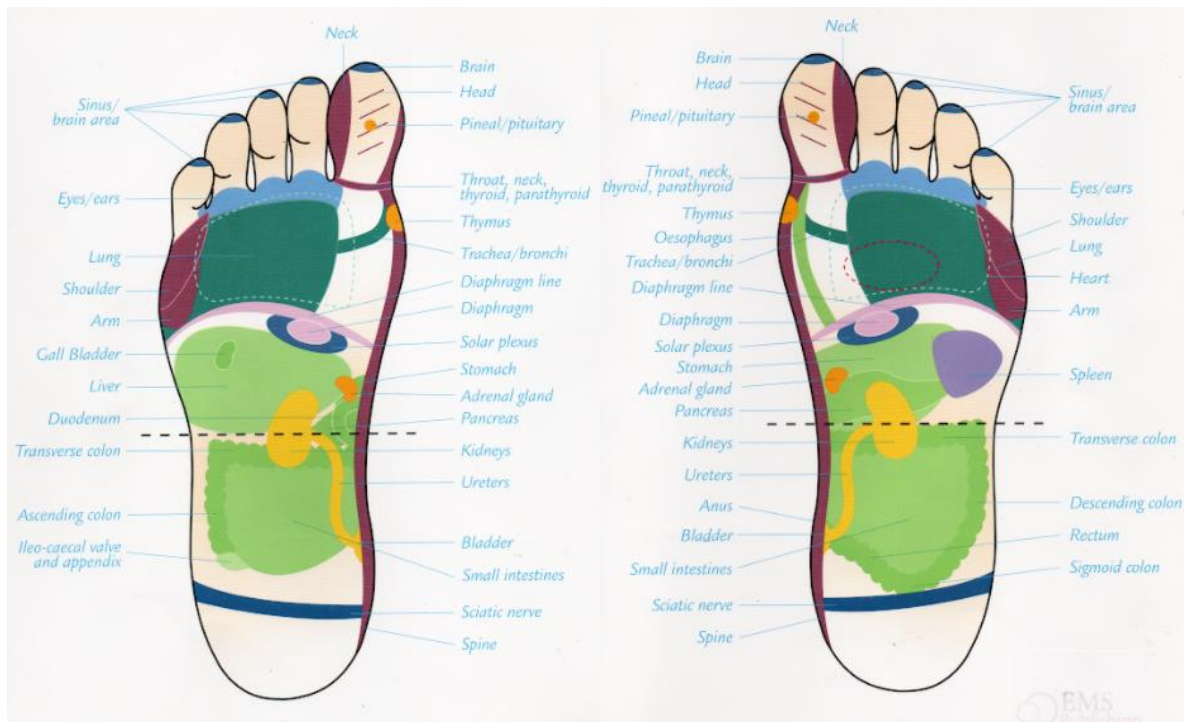
Reflexes found on the top of the foot include the circulation and breasts. Most of the reflexes represented on the soles are also found on the tops of the feet in the meridians.

Breasts

On top of the foot

Special circulation points

These points are to stimulate the heart, circulation and body temperature. They are situated on the top and soles of both feet at the web between the second and third toes. As these are points on the stomach meridian, they have an effect on the thyroid, which in turn affects the body temperature, heart and circulation.

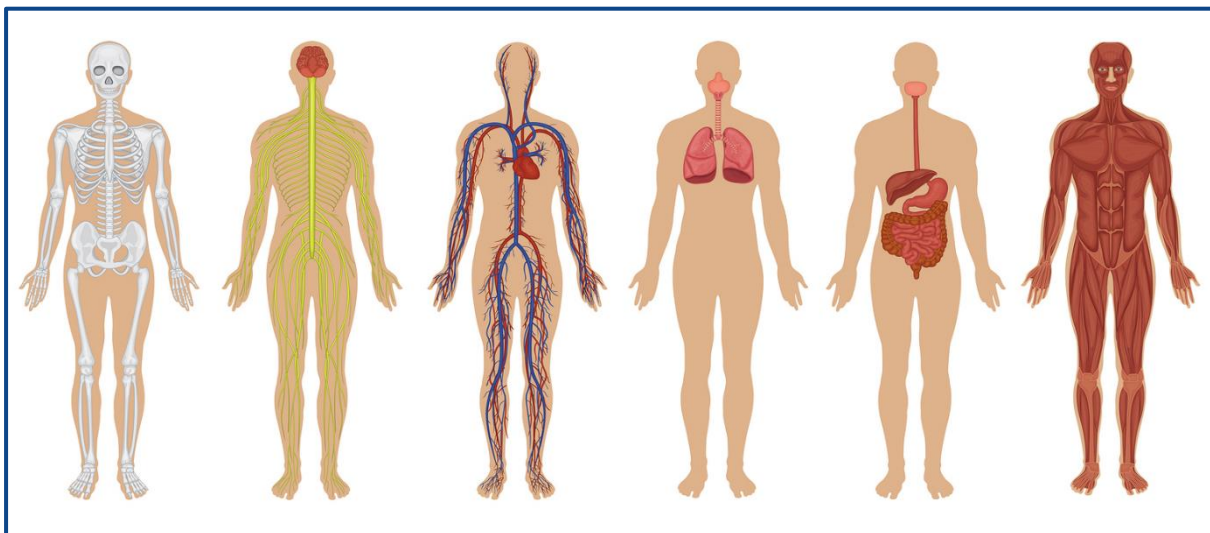


Lesson 9: Reflexology and the Systems

OBJECTIVES OF THIS LESSON

- Apply anatomical understanding to reflexology to better understand the effect on different body systems.

Reflexology has an immediate physiological effect on the local area of the body being worked on and it also affects the whole body through stimulation, and relaxation, of the muscles and the nerves. It has physiological and psychological benefits and can affect all the body systems in a positive way.

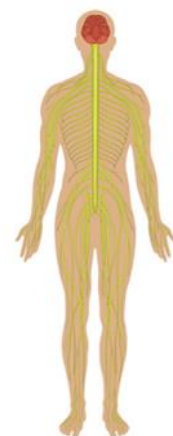


Reflexology and the nervous system

The nervous system is the body's electrical system, and the most complex system of the body. Without a nerve supply the organs of the body could not function. Every part of the body is operated by message carriers, travelling back and forth along neural pathways.

The nervous system is divided into three parts: the central nervous system, the peripheral nervous system, and the autonomic nervous system. It is believed that nerve impulses initiated through pressure on the reflexes of the feet may be connected to the autonomic nervous system. The autonomic nervous system controls the involuntary action of internal organs, muscles and glands. There are two parts to the system – the sympathetic and parasympathetic.

These parts have opposing effects on the body. They both send out impulses to the organs and glands to maintain normal activity. However, in stressful situations, the sympathetic impulses become stronger and the organs and glands react to the situation. The parasympathetic system takes

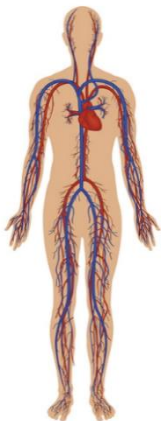


over when the stress has passed and returns the body functions to normal. Stimulating reflex areas of the feet has an effect on the internal organs via a simple reflex action. A reflex is an unconscious or involuntary response to a stimulus. Some reflex actions are quite common and simple, such as the pupil of the eye reacting to light, or the jerk of the leg when the knee is tapped. For a reflex action to occur there must first be a stimulus. In the case of reflexology the stimulus is provided when pressure is applied to the reflex areas of the feet. This activates an electro-chemical nerve impulse, which is conducted to the central nervous system via a sensory neuron, which then causes a response.

Reflexology and relaxation

Because reflexology encourages the body to relax, other functions are also affected. Every part of the body receives its nerve supply direct from the spine. Abnormal tension leads to tightening of the muscles of the spine; thus nerves are affected, resulting in pain. When tension is relaxed, the muscles cease to contract. Blood vessels too are relaxed, reducing vascular constriction and slowing circulation to flow freely thereby conducting the necessary oxygen and nutrients to all the body tissue and organs. This in turn helps cleanse the body of toxins and impurities.

Reflexology is a powerful antidote to stress. A relaxed body can heal itself, and reflexology is a guaranteed method of relaxing the body and balancing the biological systems. Initial response to reflexology varies. Ultimately there will be a surge of vitality and well-being. The overall sensation will then extend to take over the mind and the subconscious.



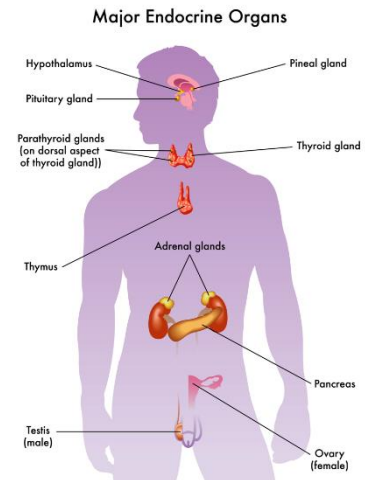
Reflexology and circulation

Blood carries oxygen and nutrients to the cells and removes waste products and toxins. During this process, blood vessels contract and relax so their resilience is most important for proper functioning. Stress and tension tighten up the cardiovascular system and restrict blood flow. Circulation becomes sluggish, causing high or low blood pressure. The increased state of relaxation facilitated by reflexology allows the body systems including the excretory systems to function, eliminating toxins and impurities properly. By reducing stress and tension, reflexology allows the cardiovascular vessels to conduct the flow of blood naturally and easily.

Reflexology and the endocrine system

If the nerves are considered the electrical system of the body, then the endocrine glands are the chemical system. The endocrine system is an intricate network of glands, which secrete hormones on which every bodily activity is dependent, directly into the blood. Hormones are extremely powerful chemical substances. If any one of the seven principal glands are out of order, hormone secretion will be disrupted and the whole body thrown off balance.

Every tissue and organ in the body is controlled by the complex interaction among chemicals circulating in the blood stream and the hormones secreted by the glands. The hormones secreted by the anterior part of the pituitary gland, often referred to as the master gland of the body, are under the influence of the hypothalamus. In essence the brain controls the immune system just as it does with pain control and the production of endorphins.



Reflexology and terminal diseases – Palliative care

In cases of terminal illness such as cancer, multiple sclerosis and AIDS, reflexology may not be capable of removing the cause of the disease but it does make the patient more comfortable and the pain more bearable. It can significantly improve the patient's general condition, activate excretory organs, stimulate the respiratory system and help the patient achieve better control of bladder and bowels. Reflexology can, thereby, improve the quality of life. With AIDS; reflexology can work on the immune system, helping the body to cope under the stressful conditions.

Lesson 10: Reflexology for Specific Conditions

OBJECTIVES OF THIS LESSON

- Apply understanding of reflexes to learn about treating different ailments that clients might have.

The Skin

Acne

Acne affects both men and women. Poor diet, lack of fluids particularly water, and constipation should be taken into consideration in any treatment for skin problems. There are two main types of acne: acne vulgaris and acne rosacea.

Acne vulgaris

Cause: usually caused by hormonal imbalances which increase sebum production and thus blocked pores and infection.

Effect: the skin becomes shiny and sallow, with pustules and blackheads.

Acne rosacea

Cause: often also caused by hormones, especially at menopause

Effect: it gives the skin a red, flushed appearance and can be aggravated by spicy food, changes in temperature and alcohol

Direct: reflex for area affected (thus the face for acne on the face)

Associated: pituitary, thyroid, parathyroids, adrenals, ovaries, testes liver, gall bladder, kidneys, large intestine, small intestine, stomach, diaphragm, solar plexus.

Dermatitis

Cause: allergies, stress, adverse reaction to drugs or chemicals

Effect: inflammation, blisters and swelling

Direct: reflex for area affected (thus the arm for eczema or dermatitis on the arm)

Associated: hormonal reflexes especially adrenal glands, liver, kidneys, small and large intestine, diaphragm, solar plexus, lymphatic system, immune system.

Psoriasis

This non-contagious skin condition is characterised by red patches covered in silvery scales that constantly flake off. It may affect the whole body or specific areas. The causes of psoriasis are unknown.

Direct: reflex for area affected (thus the face for psoriasis on the face)

Associated: hormonal reflexes especially adrenal glands, liver, kidneys, small and large intestine, diaphragm, solar plexus.

The Skeletal System

A general treatment will benefit the whole skeletal system, but a particular part of the body can be treated by focusing on the reflexes for that area. Reflexology can be used to treat slipped discs, stiffness and lower back pain and conditions that affect the joints, such as arthritis and rheumatism.

Neck

Direct: neck, cervical spine

Associated: arm, solar plexus

Shoulder

Direct: shoulder and shoulder girdle

Associated: neck, cervical spine, solar plexus, adrenal glands.

Elbow

Direct: elbow

Associated: shoulder, arm, neck, adrenal glands (in cases of inflammation).

Lower back

Direct: spine (lumbar, sacral, coccyx)

Associated: sacro-iliac joint, pelvic muscles, sciatic nerve, solar plexus, adrenal glands.

Hip

Direct: hip

Associated: spine (lumbar, sacral, coccyx), pelvic muscles, sciatic nerve, solar plexus, adrenal glands.

Fractures and sprains

An overall treatment will encourage the healing process required for these conditions.

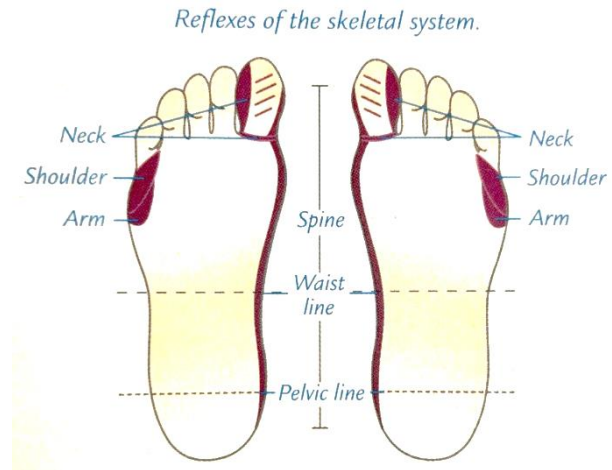
Arthritis

Arthritis is an inflammation of the joints and it exists in many different forms:

- mono-articular arthritis affects one joint;
- poly-articular affects several;
- rheumatoid arthritis is a type of poly- arthritis;
- osteo-arthritis is a chronic arthritis that affects the cartilage in the joints;
- gout is a painful build-up of uric acid in the joint of the big toe making it swollen and painful.

Direct: for all cases of arthritis, treat the reflexes of those joints and areas affected by pain and inflammation. Since gout affects the big toe it is helpful to treat the thumb rather than the big toe.

Associated: solar plexus, kidneys, adrenal glands (for inflammation), parathyroids. Often treating the whole hormonal system, especially in young people, can have a balancing and unblocking effect on the symptoms.



The Muscular System

There are very few specific muscular reflexes except for the diaphragm reflex. Thus, the muscular system benefits from a general reflexology treatment. When treating a specific muscular problem, such as a strain, sprain or rupture treatment will include particular focus on the area affected, e.g. a sprain in a neck muscle will be treated by working the neck reflex, a rupture in a knee ligament will be treated by working the knee reflex.

Fibrositis and other muscular conditions

Direct: the reflexes for the muscles in the area affected - thus the back reflex for muscle problems in the back and so on.

Associated: skeletal, circulatory, nervous and endocrine reflexes in the area affected.

The Circulatory System

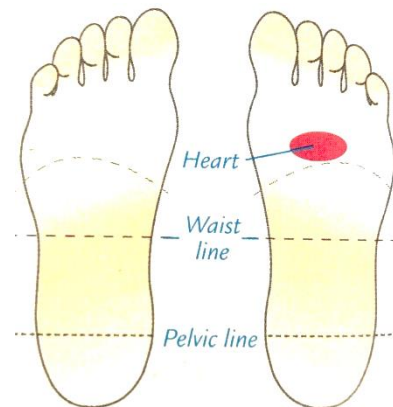
Any heart conditions must be treated very carefully to avoid overstimulating the heart. As with all medical problems, a GP's advice should be sought on whether a client is able to receive treatment. For example, thrombosis (blood clots) and phlebitis (inflammation of a vein) are contraindicated.

Angina

Sudden attacks of pain behind sternum and in left arm, sometimes accompanied by a feeling of suffocation, caused by reduced blood supply to the middle layer (myocardium) of the heart's wall.

Direct: heart

Associated: solar plexus, adrenal glands, shoulder and arm (if necessary).



Arteriosclerosis and atherosclerosis

In both these conditions the artery walls harden, become less elastic and thus blood pressure increases. Arteriosclerosis is degenerative and mainly affects the elderly. Atherosclerosis is caused by a build-up of fats inside the vessels.

Direct: general treatment, with focus on adrenal glands and thyroid.

Varicose veins

This condition often occurs in the legs, and is caused by standing up for long periods, pregnancy and/or is inherited. The valves in the veins of the legs, which enable venous return, no longer work properly and the veins become distended and knobby. A condition which may be contraindicated for reflexology. Medical advice should be sought.

Direct: heart, reflex area affected

Associated: intestines, liver, adrenal glands.

Hypertension (high blood pressure)

Blood pressure is the force exerted by the blood on the walls of the blood vessels. Pressure that consistently registers above the normal level for a particular age group is considered to be high blood pressure.

Direct: heart

Associated: solar plexus, adrenal glands, kidneys, head, brain.

Haemorrhoids

Dilated veins in the anus and rectum, usually caused by constipation

Direct: rectum

Associated: large intestine, solar plexus, adrenal glands.

The Lymphatic System

Any infection in the body will benefit from working the lymphatic system.

General infections

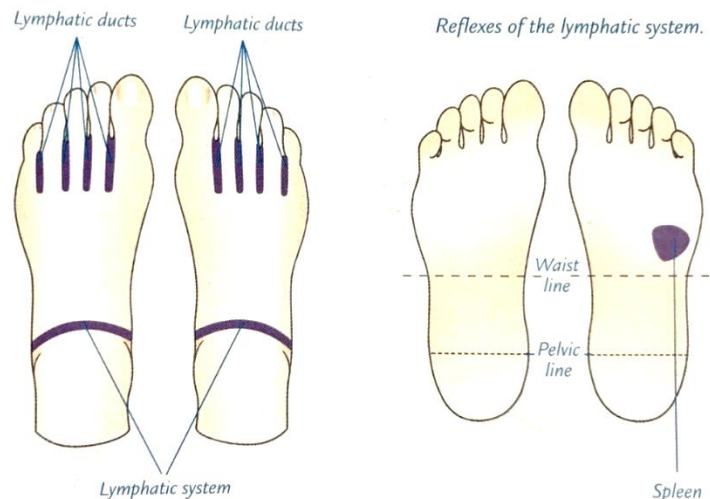
Direct: lymphatic system

Associated: reflex of area affected.

Fluid retention, swelling

Direct: kidneys, heart

Associated: adrenal glands, lymphatic system.



Throat infections

Direct: throat

Associated: neck, reflex areas to lymph nodes of upper body.

Glandular fever

Caused by the Epstein-Barr virus. Symptoms include fever, enlargement of glands, sore throat, lack of energy.

Direct: a general treatment with focus on lymphatic system.

Leukaemia

An increase in leucocytes in the blood preventing blood forming properly. Symptoms include enlarged spleen and lymph glands. Medical advice must be sought before treatment.

Direct: lymphatic system, spleen

Associated: all glands.

AIDS (Acquired Immuno-Deficiency Syndrome)

Caused by the HIV virus which reduces immunity. Considered fatal but now often controlled by drugs. The virus is spread through sexual intercourse, infected blood, sharing needles and from an infected mother to foetus. The risk to a reflexologist is minimal provided there are no cuts or sores on the skin. Contact surfaces should be sterilised and disposable gloves and towels used.

Direct: general treatment.

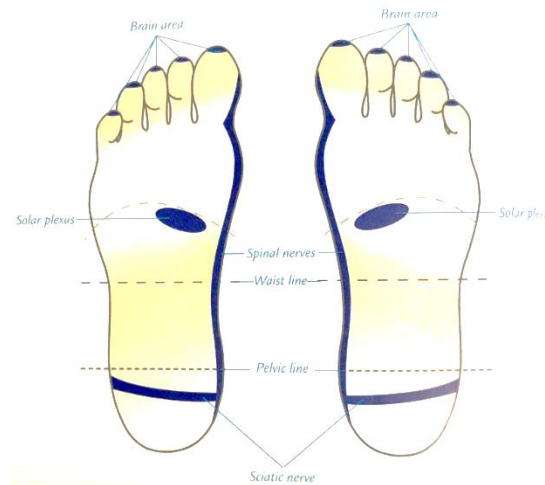
The Nervous System

Parkinson's disease

This is a degenerative and progressive disease which affects the basal ganglia of the cerebrum, causing a reduction in dopamine (a neurotransmitter). Symptoms include tremor, muscle stiffness and weakness and slow, voluntary movements, Reflexology can help the symptoms.

Direct: head, brain

Associated: spine, adrenal glands, diaphragm, solar plexus.



Multiple sclerosis

This disease is caused by the loss of the protective myelin sheath from the nerve fibres in the central nervous system. The symptoms include muscular weakness, loss of co-ordination, problems with speech and ataxis (jerky, irregular movements).

Direct: head, brain, spine

Associated: adrenal glands, solar plexus, limbs affected, bladder, eyes, large intestine.

Headaches, migraines

Headaches occur for many reasons and a general treatment may be the most useful approach since stress and tension throughout the body are major contributing factors. Migraines are much more serious headaches, which can cause vomiting and disturbances in vision and usually affect one side of the head. Food allergies can cause attacks as can increased nervous tension.

Direct: head, neck

Associated: face, sinuses, eyes, neck, cervical spine, solar plexus, stomach, small and large intestine, liver, gall bladder, pituitary, thyroid, adrenals, ovaries.

Stroke - cerebral haemorrhage

A cerebral haemorrhage on one side of the brain may cause total or partial paralysis on the opposite side of the body. The effects of a stroke depend on how much of the brain was deprived of its blood and therefore oxygen supply and thus may be simply temporary weakness or complete paralysis on one side of the body. It is important to work the big toe on the opposite side of the body to the affected side.

Direct: head, spine, brain, areas affected by stroke

Associated: heart, solar plexus, adrenal glands.

Epilepsy

Two types of epilepsy exist: major and minor. The first causes giddiness and fits and may lead to coma and the second causes blackouts but not fits.

Direct: whole spine

Associated: diaphragm, solar plexus, neck, ileo-caecal valve, colon.

Shingles (herpes zoster)

Shingles is a condition of the peripheral nerves caused by the herpes virus. It is the adult form of chicken pox and is extremely painful, causing inflammation of the nerve endings and blisters on the skin. It is highly contagious and should not be treated when acute.

Direct: treat the reflex of the area most affected

Associated: lymphatic system, spleen, solar plexus.

Stress, tension and insomnia

All reflexology treatments will help these problems but focus on the head, brain, solar plexus, spine and hormonal system is most important.

The Endocrine System

Hormonal problems affect the whole body so a general treatment will help restore balance. Particular attention should be paid to the pituitary gland which controls hormonal activity.

General treatment

Direct: the pituitary gland

Associated: thyroid, parathyroids, adrenal glands.

Thyroid problems

e.g. thyrotoxicosis (overactive thyroid) or myxoedema (underactive thyroid)

Direct: thyroid

Associated: pituitary, neck.

Goitre

Swelling of the thyroid gland.

Direct: thyroid

Associated: pituitary and adrenal glands, ovaries or testes.

Adrenal gland disorders

The adrenal glands are important for sex hormone problems, stress, imbalances of salt and water in the body, kidney conditions and blood pressure problems.

Direct: adrenal glands

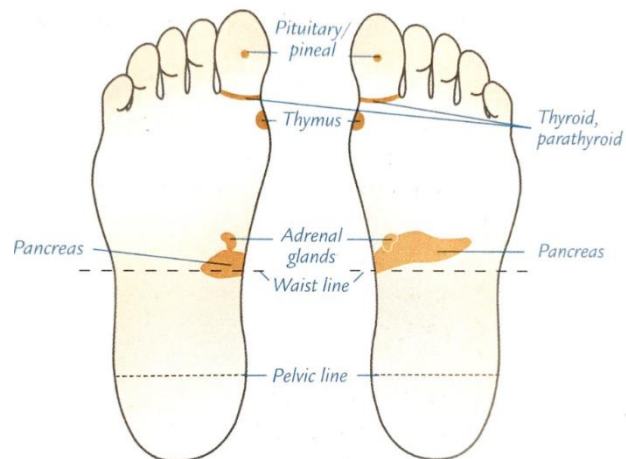
Associated: pituitary, thyroid and parathyroid glands, ovaries or testes, uterus or prostate.

Diabetes mellitus

A condition which is caused by a problem with the pancreas. Insufficient insulin, a hormone which regulates blood sugar levels, is produced leading to hyperglycaemia (too much sugar in the blood) which can be toxic and even fatal.

Direct: pancreas

Associated: adrenal and pituitary glands, kidneys, liver, eyes.



The Reproductive System

Female

Several conditions affect the female reproductive system, most of which are caused by hormones: premenstrual tension (irritability, depression, fluid retention, painful breasts, headaches, emotional and nervous tension); painful periods (dysmenorrhoea); heavy periods (menorrhagia); absence of menstruation (amenorrhoea); endo-metriosis (the lining of the womb grows outside the womb, on the ovaries, cervix and abdominal wall and disintegrates during menstruation causing pain); menopause (hot flushes, depression, headaches, dry skin, hair and vagina, insomnia).

General treatment

Direct: ovaries, Fallopian tubes

Associated: pituitary, thyroid and adrenal glands; uterus; lymphatic system.

Breast lumps

Many breast lumps are caused by infected ducts and blocked lymph nodes

Direct: breast

Associated: lymphatic system, pituitary, thyroid, adrenals, ovary.

Pelvic inflammatory disease

A bacterial infection of the organs of the pelvis: the ovaries, Fallopian tubes and uterus. It causes excessive vaginal discharge and pain after menstruation.

Direct: ovaries, uterus, Fallopian tubes

Associated: adrenal glands, pituitary, thyroid, lymphatic system, groin, pelvic muscles.

Infertility

Infertility prevents humans from reproducing. It can affect both men and women. Reflexology may help, especially since stress can affect fertility, but as with all conditions there are no guarantees of success.

Female

Direct: ovaries, Fallopian tubes, uterus

Associated: pituitary, thyroid, adrenal glands, spinal reflexes.

Male

Direct: testes, prostate gland

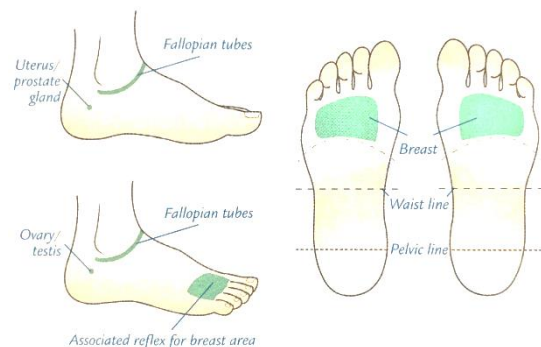
Associated: pituitary, thyroid, adrenal glands.

Male reproductive system

The male reproductive system is affected by prostate problems, infertility and ureter/urinary infections.

Direct: testes, prostate

Associated: pituitary, thyroid, adrenal bladder, lower spine, ureter tube, kidneys.



The Digestive System

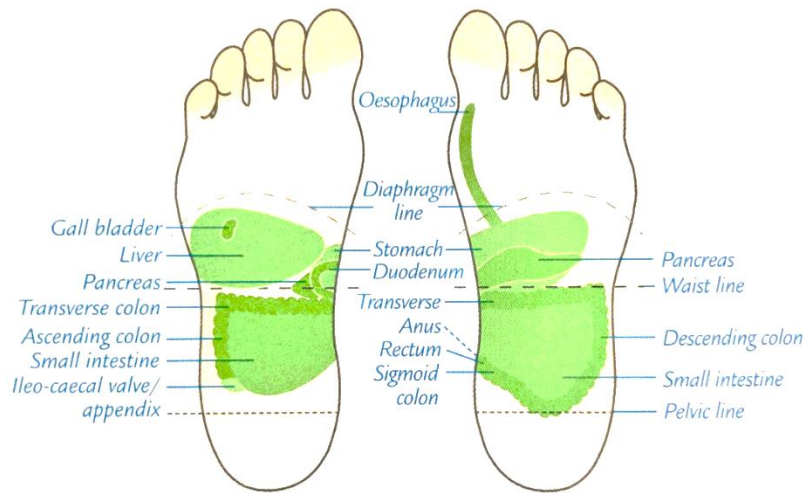
Indigestion

Often caused by stress, or nervousness, indigestion is the failure of the digestive system to digest food.

Symptoms include pain, heartburn and flatulence.

Direct: stomach

Associated: diaphragm, solar plexus, adrenal glands, liver, gall bladder, intestines.



Flatulence

Excess gas in the stomach and intestines.

Direct: small intestine, stomach, ileocecal valve

Associated: liver, gall bladder, pancreas.

Ulcers

A split, sore or lesion in the mucous membrane of the stomach (gastric ulcer) or duodenum (duodenal ulcer).

Direct: stomach, duodenum

Associated: solar plexus, diaphragm, adrenal glands.

Colitis

Inflammation of the large intestine. Symptoms include abdominal pain, diarrhoea and constipation.

Direct: large intestine

Associated: solar plexus, adrenal glands, liver, gall bladder.

Diverticulitis

Inflammation of the diverticula (sacs in the intestine) especially in the colon.

Direct: all colon reflexes

Associated: diaphragm, solar plexus, liver, gall bladder, adrenal glands, lower spine.

Hernia

Rupture, in which an organ pushes through the surface of the structures which usually hold it in. Often affects the stomach.

Direct: stomach (for stomach hernia)

Associated: diaphragm, solar plexus, adrenal glands.

Constipation

Infrequent, difficult or painful bowel movements.

Direct: large intestine

Associated: small intestine, liver, gall bladder, solar plexus, adrenal glands, lower spine.

Diarrhoea

Frequent, liquid bowel movements.

Direct: colon reflexes

Associated: liver, adrenal glands, solar plexus.

Irritable bowel syndrome (IBS)

Abdominal pain, alternating bouts of constipation and diarrhoea; often caused by stress.

Direct: large intestine

Associated: small intestine, liver, gall bladder, pancreas, solar plexus, adrenal glands, lower spine.

Cirrhosis of the liver

Chronic damage to the liver, often caused by excessive alcohol consumption.

Direct: liver

Associated: pancreas, all glands.

Gall stones

Like kidney stones, gall stones form from deposits such as calcium and cholesterol. Whilst in the gall bladder they are usually not painful but if they move into the bile duct they can cause severe pain.

Direct: liver, gall bladder

Associated: thyroid, parathyroid, solar plexus,

Food allergies

Allergies are usually caused by the digestive tract becoming sensitised to certain substances and reacting to them. They may occur anywhere in the digestive system and can also affect the skin.

Direct: digestive tract

Associated: adrenal glands, solar plexus, spleen.

Hepatitis

Inflammation of the liver, causing jaundice and liver enlargement. Several types exist.

Direct: liver

Associated: lymphatic system, spleen, gall bladder.

The Respiratory System

Colds and coughs

General treatment is the best approach.

Sinusitis

Infection or inflammation of the sinuses which may cause headaches.

Direct: sinuses, head, face, eyes

Associated: ileo-caecal valve, adrenal glands, lymphatic system

Hay fever

Allergic rhinitis (congested nose and sinuses) caused by allergy to certain pollens.

Direct: sinuses, head, face, eyes

Associated: ileo-caecal valve, adrenal glands, lymphatic system, lungs, spleen, solar plexus.

Bronchitis

Inflammation of the bronchial tubes. Symptoms include coughing, shortness of breath and sore chest.

Direct: lungs, bronchi

Associated: solar plexus, diaphragm, adrenal glands, ileo-caecal valve.

Asthma

A breathing condition that causes shortness of breath, wheezing and coughing. Often caused by allergies, common in children; attacks may be caused by emotional stress and nervous tension.

Direct: lungs, bronchi

Associated: solar plexus, diaphragm, adrenal glands, ileo-caecal valve, cervical and thoracic spine, pituitary, thyroid, heart.

Emphysema

The loss of elasticity in the alveoli of the lungs causes coughing, wheezing and shortness of breath. Affects the elderly.

Direct: lungs, bronchi

Associated: solar plexus, diaphragm, adrenal glands, ileo-caecal valve, lymphatic system.

Pneumonia

Inflammation of the lungs caused by infection. Symptoms include cough, chest pain, fever, fatigue.

Direct: lungs, bronchi

Associated: solar plexus, diaphragm, adrenal glands, spleen, lymphatic system



Pleurisy

Inflammation of the pleural lining of the lungs. Causes chest pain, cough, shortness of breath.

Direct: lungs, bronchi

Associated: solar plexus, diaphragm, adrenal glands, lymphatic system.

The Urinary System

Urinary infections may cause kidney damage and are therefore very dangerous. In the first instance medical advice should be sought if there is any suspicion of infection. The following conditions affect the urinary system:

Cystitis

Inflammation of the bladder.

Direct: bladder, ureter, kidneys

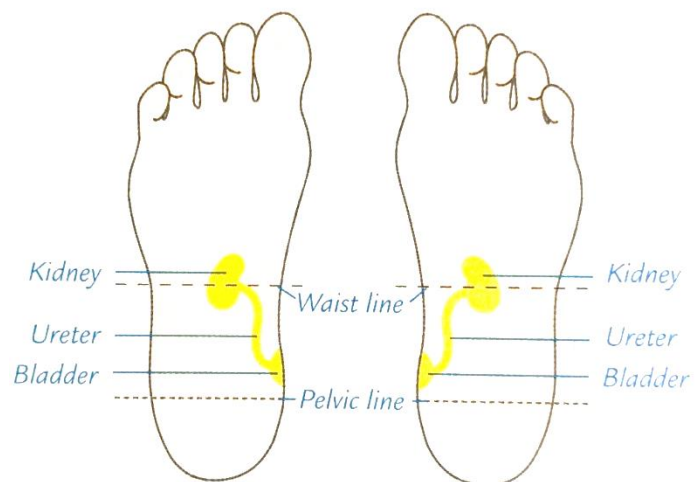
Associated: lymphatic system, groin, adrenal glands, solar plexus.

Urethritis

The spread of cystitis infection to the urethra.

Direct: bladder, ureter, kidneys

Associated: lymphatic system, groin, adrenal glands, solar plexus.

***Nephritis or Bright's disease***

Inflammation of the kidney.

Direct: bladder, ureter, kidneys

Associated: lymphatic system, groin, adrenal glands, solar plexus.

Incontinence (and bed-wetting)

The bladder muscles are weakened and cannot retain urine.

Direct: bladder, ureter, kidneys

Associated: adrenal glands (aid muscle tone), lower spine, prostate (in older men).

Kidney stones

Caused by deposits of various substances, including uric acid and calcium in the kidney. Often a result of too much calcium in the diet and lack of fluids.

Direct: bladder, ureter, kidneys

Associated: adrenal glands, diaphragm, solar plexus, parathyroids.

NB Reflexology may aid recovery but is NO substitute for medical treatment of the urinary system.

Other Reflexes

Eye problems

Treating the eyes can be beneficial for infections and inflammations such as conjunctivitis, cataracts and glaucoma.

Direct: eyes

Associated: neck, cervical spine, face, kidneys, adrenal glands, lymphatic system (especially head and neck).

Ears

Reflexology can help ear infections, tinnitus (persistent ringing or buzzing in the ears) and Ménière's disease (recurrent bouts of dizziness and tinnitus).

Direct: ears

Associated: neck, cervical spine, head, sinuses, solar plexus, adrenal glands, lymphatic system.

NB Chronic, terminal and progressive illnesses such as cancers, multiple sclerosis and Parkinson's disease will often respond to reflexology treatment although medical advice should always be sought. The treatment can often make patients more comfortable, improving excretion and bowel/bladder control and reducing pain.

Lesson 11: Contra-indications to Reflexology

OBJECTIVES OF THIS LESSON

- Explain the contraindications to reflexology treatment:
 - requiring medical consent
 - total contra-indications
 - local contra-indications
- Describe appropriate course of action for common conditions.

What is a contra-indication?

A contra-indication is a reason or situation that either prevents treatment being carried out or that the treatment needs to be adjusted to suit the client's specific need.

Reflexology is non-invasive, relaxing, and natural. It is therefore generally considered a safe treatment for most people. However, there are two types of contra-indication:

- With GP, medical or specialist permission (or a signed indemnity form)
- Contra-indications that restrict treatment (either totally or locally)

Before commencing with any treatments, it is vital the client is checked for contra-indications.

Does a contra-indication mean a treatment cannot take place?

Not always, however if you are concerned about giving a treatment or unfamiliar with a condition, it is best to refer the client to their GP for advice. Remember, that the client is likely to know a fair amount about their condition, so ask them to tell you more about it.

A therapist should not, under any circumstances, attempt to diagnose a condition or decide whether an existing condition is treatable. This is vastly acting outside the scope of reflexology.

The code of conduct for many complementary health associations states that diagnosis is not allowed. If you have any concerns, always refer the client to their doctor for advice



Types of Contraindication

Contra-indications that restrict treatment totally

This means that no treatment should be carried out.

Require GP permission or signed indemnity/consent form

The client may be able to receive a treatment - but written medical permission should be obtained before treatment, to ensure it is safe and beneficial to the client.

In circumstances where written medical permission cannot be obtained the client must sign an informed consent stating that the treatment and its effect has been fully explained to them and that they are willing to proceed without permission from their GP or specialist.

Once permission has been granted – caution is required during treatment and the treatment must be adapted to suit the client's individual needs.

Contra-indications that restrict treatment locally

The client can receive a treatment - but it will need to be adapted to suit their specific needs and areas of the body may need to be avoided.

General considerations

As a therapist, you must be aware of the following guidance.

If a client is having a condition treated by medical professional, or another complementary therapist, you should never specifically treat the same condition as it may interfere with the course of treatment. Ask client to check with their consultant or therapist if a reflexology treatment will be beneficial at present, and/or how it may be adapted to suit. This is also the case for any prescription medication.

You should **not continue with a treatment at all** if any of the following apply to the client:

- Has a fever (>37.8°C).
- Is feeling nauseous or experiencing vomiting or diarrhea.
- Has an infectious disease.
- Is in the first trimester of pregnancy.
- Is under the influence of alcohol and recreational drugs.
- Has had an accident, injury or surgery within the last 3 months (6 months if major).

Contraindications to Reflexology Treatment

The following table provides guidance on appropriate course of action for a number of common ailments or conditions. This does not replace qualified medical recommendations.

	Condition	Description	Type of Contraindication
Cardiovascular	Angina Pectoral	Reduced blood supply to the heart, causing spasm and pain in the chest area	Require GP permission or signed indemnity form.
	Arrhythmia	Abnormal / irregular heartbeat	Require GP permission or signed indemnity form.
	Arteriosclerosis	Accumulation of fatty substances in the walls of the arteries causing them to narrow and harden	Require GP permission or signed indemnity form.
	Carotid Bruit	Irregular heart murmurs in the cervical region	Require GP permission or signed indemnity form.
	Haematoma	A haematoma is a severe bruise within the soft tissues, usually a muscle. It often results from an injury. Symptoms will often resolve over time, but it can take several months before all the bruising and swelling goes.	Require GP permission or signed indemnity form.
	Haemophilia	A condition of diminished or absence of blood clotting. Anyone suffering from this condition will bruise and bleed easily. Deep pressure could cause internal bleeding – haematoma.	Require GP permission or signed indemnity form.
	Hypertension	Clinically high blood pressure	Require GP permission or signed indemnity form.

Digestive	Hypotension	Clinically low blood pressure	Require GP permission or signed indemnity form.
	Localised swelling or inflammation (in the treatment area)	The five classical signs of inflammation are heat, pain, redness, swelling, and loss of function. Inflammation can indicate infection.	Avoid area completely.
	Oedema (Medical)	An accumulation of excess lymph fluid in the body, oedema is the increase of interstitial fluid in any organ, tissues, or cavities. It may indicate several dangerous conditions.	Require GP permission or signed indemnity form.
	Oedema (Non-medical)	Oedema is swelling. With an injury, swelling may be localized and often corrects itself. Subcutaneous oedema commonly occurs in women before menstruation but does subside if legs are rested in a raised position.	Require GP permission or signed indemnity form.
	Phlebitis	A painful condition where the lining of a vein in the legs becomes inflamed and may result in thrombosis.	Require GP permission or signed indemnity form.
	Thrombosis	A clot forming on the vein wall, usually in the leg.	Require GP permission or signed indemnity form.
	Varicose veins and varicose ulcers	Swollen and enlarged veins that are usually blue or dark purple. They may also be lumpy, bulging or twisted.	Any obvious protruding vein must be avoided – massage above the veins can help relieve the pressure. Also avoid treatment below the varicose veins.
	Vomiting and diarrhoea (particularly when acute)	Vomiting and diarrhoea cause the body to be dehydrated. Typically, a sign of infection.	Treatment totally contra-indicated. Increased stimulation may interfere with the body's own healing process.

Endocrine	Diabetes	A group of metabolic disorders characterized by a high blood sugar level over a prolonged period of time.	Require GP permission or signed indemnity form.
	HIV (human immunodeficiency virus)/ AIDS (acquired immune deficiency syndrome)	<p>HIV is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease.</p> <p>AIDS The breakdown of the immune system makes the receiver susceptible to any pathogens the therapist may carry.</p> <p>HIV is rarely life-threatening these days and is typically managed with medicine.</p>	<p>HIV requires GP permission or a signed indemnity form.</p> <p>Treatment is regarded as totally restricted for clients with AIDS.</p>
Immune	Localized infections	For example, Herpes simplex, boils, verruca, athlete's foot.	Danger of cross infection – avoid the area completely.
	Acute infectious & contagious diseases	Examples include: Scabies, Impetigo, Ringworm, Shingles, Measles, Pediculosis, Tuberculosis, Hepatitis, Influenza.	Treatment totally contra-indicated. Danger of cross-infection – passing condition on to therapist and possibly next client.
Infectious Disease	Fever	A fever is any body temperature elevation over 100°F (37.8°C). Fever generally occurs in response to an infection and is an important immune system response.	Treatment totally contra-indicated.
	Meningitis	Inflammation of the connective tissue (Meninges) that encircle the spinal column & the brain.	<p>Treatment totally contra-indicated.</p> <p>Highly contagious – especially in the early stages.</p>
	Ankylosing Spondylitis	Chronic inflammation of the spine and the sacroiliac joints. The sacroiliac joints are in the lower back where the sacrum (the bone directly above the tailbone) meets the iliac bones (bones on either side of the upper buttocks). Chronic	Require GP permission or signed indemnity form.

Musculo-skeletal		inflammation in these areas causes pain and stiffness in and around the spine.	
	Cervical Spondylitis	Cervical spondylosis is a common, age-related condition that affects the joints and discs in your cervical spine, which is in your neck. It's also known as cervical osteoarthritis or neck arthritis. It develops from the wear and tear of cartilage and bones.	Require GP permission or signed indemnity form.
	Hereditary spastic paraplegia	A general term for a group of rare inherited disorders that cause weakness and stiffness in the leg muscles. Symptoms gradually get worse over time.	Require GP permission or signed indemnity form.
	Muscular spasticity (thus conditions which cause this e.g., cerebral palsy)	Spasticity is a condition in which muscles stiffen or tighten, preventing normal fluid movement. The muscles remain contracted and resist being stretched, thus affecting movement, speech and gait.	Require GP permission or signed indemnity form.
	Osteoporosis	A condition where the bones become thin and weak and break easily. Bones start to lose density, particularly of calcium and collagen. It frequently goes undiagnosed until a fracture occurs, as there are no warning signs. The spine, wrist and hips are particularly vulnerable to fracture. It is more common in elderly people, particularly in women after the Menopause. The onset is usually after 60 years of age.	Require GP permission or signed indemnity form.
	Recent sprains, fractures, or muscle strains in	There may be damage to the ligament, tendons and muscle fibres.	Injury must be allowed to heal before treatment in the affected area can take place. Fractures – allow a minimum of 3 months before treatment on the area.

the treatment area		
Rheumatoid Arthritis	Caused by inflammation of the joint and the synovial membrane, which eventually causes the erosion of the cartilage and bone. Usually affects the feet, ankles, fingers, and wrists.	Require GP permission or signed indemnity form.
Slipped Disc - prolapsed or herniated disc	<p>A common back complaint, which affects the fibres of the intervertebral discs.</p> <p>The shock-absorbing discs in the spine are made up of a strong outer fibrous coat that contains soft gel-like material. A prolapsed disc occurs when the gel-like material pushes out from between the vertebrae.</p> <p>A herniated disc occurs when the outer coat ruptures. Pain is caused when the disc puts pressure on the surrounding nerves or spinal cord.</p> <p>A slipped disc is most common in the lower back, but it can also occur in the neck and upper back.</p> <p>It is most likely to occur between the ages of 25 and 45 and is slightly more common in men.</p>	Require GP permission or signed indemnity form.
Spinal Deformities	A side-to-side curve is called scoliosis; a forward curve (kyphosis) shifts the centre of balance in front of the hip; a concave lower back (lordosis) thrusts the hips forward.	Require GP permission or signed indemnity form.

Musculo-skeletal	Spondylosis	Degeneration of the joints and intervertebral discs of the spine causing pain in the neck and lumbar region.	Require GP permission or signed indemnity form.
	Whiplash injury (recent)	<p>Caused by the sudden forwards and backwards jerking of the head and neck, usually in a car accident – but can be caused by strenuous sports.</p> <p>This stretches and tears the soft tissues of the neck - the tendons, ligaments & muscles – usually the Splenius capitus and Sternocleidomastoid muscles and may damage the nerves and other structures in the area, such as the cervical vertebrae and spinal cord.</p> <p>It is also known as cervical sprain or hyperextension injury.</p>	<p>Avoid neck and shoulder area for a minimum of 3 months. Best practice advice is to check any x-rays have been signed-off by a medical practitioner before treatment.</p> <p>Require GP permission or signed indemnity form.</p>
	Bell's palsy	Paralysis of the face muscles caused by infections, the result of a stroke or basal skull injuries.	Require GP permission or signed indemnity form.
	Epilepsy	Epilepsy is a common condition where sudden bursts of electrical activity in the brain cause seizures or fits.	Require GP permission or signed indemnity form.

Nervous system	Migraine	A migraine can feel like a throbbing headache, usually on 1 side of the head. Other symptoms include feeling sick and sensitivity to light.	Treatment totally contra-indicated during an attack only.
	Motor Neurone Disease	A fatal, rapidly progressing neurological disease. It attacks the nerves that control movement (motor neurones) so that muscles no longer work. Motor neurones control important muscle activity such as gripping, walking, speaking, swallowing and breathing.	Require GP permission or signed indemnity form.
	Multiple Sclerosis (MS)	A condition that can affect the brain and spinal cord, causing a wide range of potential symptoms, including problems with vision, arm or leg movement, sensation or balance. It's a lifelong condition that can sometimes cause serious disability, although it can occasionally be mild.	Require GP permission or signed indemnity form.
	Neuritis	Inflammation of a nerve.	Treatment totally contra-indicated. Could be too painful – increased body stimulation increases the pain level.
	Parkinson's disease	A progressive disease caused by degenerative abnormalities in the brain and characterized by tremor, or shaking hands and limbs, and by stiffness in movements.	Require GP permission or signed indemnity form.
	Psychosis	Psychosis is a condition of the mind that results in difficulties determining what is real and what is not real. Symptoms may include delusions and hallucinations. Other symptoms may include incoherent speech and behaviour that is inappropriate for the situation. There may also be sleep problems, social withdrawal, lack of motivation, and difficulties carrying out daily activities.	Seek medical advice to ensure the deep relaxation caused by treatment will not trigger any emotional problems. Require GP permission or signed indemnity form.
	Sciatica (trapped/pinched nerve)	Condition caused by entrapment of the long Sciatic nerve as it exits from the spine. The nerves become inflamed and cause pain in the buttocks and thigh.	Require GP permission or signed indemnity form.

Reproductive	Undiagnosed pain	Pain where the client does not know the reason.	Treatment totally contra-indicated.
	Hormonal contraceptive implant	A small flexible plastic rod placed under the skin in the upper arm. It releases the hormone progesterone into the bloodstream to prevent pregnancy.	If it can be felt, the local area should be avoided.
	Menstruation	Menstruation (also known as a period) is the regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina. The menstrual cycle occurs due to the rise and fall of hormones.	Avoid abdomen in the first few days – depending how client feels, as there is a risk of increased blood flow and may be painful.
	Pregnancy	Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery. The first trimester is typically defined as the first 12 weeks, the second from weeks 13 – 27 and the third from week 28 until childbirth.	Require GP permission or signed indemnity form. Treatment should not be given in the first trimester. In the second and third trimester, gentle treatment can be given.
	Gynaecological infections e.g. thrush	Increased blood circulation could aggravate inflammation and worsen infection.	Require GP permission or signed indemnity form.
	Asthma	Asthma is a long-term condition in which over-sensitive airways become narrow and inflamed, making it difficult to breathe in and out normally. Its cause isn't completely understood, but asthma is one of a group of allergic conditions, including eczema and hay fever, which often occur together.	Require GP permission or signed indemnity form.
	Disorders affecting the treatment area	For example: severe eczema, psoriasis, dermatitis, allergy reactions, active alopecia, acne vulgaris, acne rosacea.	Only contra-indicated if weeping as there is a danger of aggravating the condition and causing infection.

Respiratory	Scar tissue	A scar is an area of fibrous tissue that replaces normal skin after an injury. Scars result from the biological process of wound repair in the skin, as well as in other organs and tissues of the body. Thus, scarring is a natural part of the healing process.	Avoid localised area for: 2 years – for major operations/ large areas of scarring 6 months – for minor operations / small scar
	Kidney infections / disorders Including cystitis	The kidneys are unable to absorb the correct substance from filtration. Stimulation of lymphatic flow could put further strain on the kidneys.	Require GP permission or signed indemnity form.
	Cancers	Massage stimulates the Lymphatic and Circulatory systems. Cancerous cells are carried within the lymph and blood circulation.	In the early stages of cancer, massage is not recommended, as there is a danger of spreading the cancerous cells. Require GP permission or signed indemnity form.
Other	Skin ailments	Extensive bruising, cuts, abrasions, or sunburn in the treatment area	Avoid area completely.
	Recent surgery	Surgical operation within 6 months. Major surgery normally involves opening the body. Includes caesarean section, organ replacement, Minor surgical procedures are those that are minimally invasive. Include biopsies, laparoscopy amongst others.	Major surgery; no treatment for a minimum of 6 months, thereafter only with medical advice/ indemnity. Minor surgery; no treatment for a minimum of 3 months, thereafter only with medical advice / indemnity.
	Under influence of alcohol and/or recreational drugs	Increased blood circulation could exacerbate the effects of the drug/s.	Treatment totally contra-indicated.
	Undiagnosed lumps and bumps	Any lumps or bumps which the client has not had diagnosed or medically assessed.	Avoid area completely - and advise client to see their doctor.

Lesson 12: Consulting the Client

OBJECTIVES OF THIS LESSON

- Describe influencing factors which need to be considered when carrying out a consultation.
- Describe key elements of a consultation and how to use consultation to identify features which may influence treatment, including physical examination when appropriate.
- Outline possible outcomes following consultation and explain why a client might be referred.
- Explain the principles of consent and confidentiality.

Reflexology aims to treat the overall person and offer a treatment to promote general good health and wellbeing. To accomplish this, it is important that a thorough consultation is carried out to find out necessary information about the client's health and lifestyle to be able to effectively plan an appropriate treatment plan. It is also an important opportunity for the client to find out more about the treatment/s that you offer and ask any questions they have. This lesson covers the essential considerations for a professional consultation procedure.

See Case Study resources for a sample client consultation form.

Preparing for Consultation

Before meeting your client be sure that you are ready to do so. Your **treatment room** should be ready, with the couch made up and all equipment that you might need ready to hand.

Check that you have removed any watch or jewellery you may be wearing, and that you are fresh and presentable. Take a moment to breathe and **mentally prepare for your client**.

You should ensure that you are **punctual for your client** as they may arrive early and will expect the treatment to start on time. The consultation will typically take place within the advertised treatment time, unless it has been previously stated that the client should arrive early for an initial consultation or provide a completed information form in advance of the session. Your consultation will need to start promptly and not overrun into treatment time.

Consultations should take place in a **private, comfortable area** to promote a comfortable open dialogue between client and therapist and ensure there is no interruption or distractions. You should ensure that both you and your client are seated for the consultation so that you are not looming over your client. Try to have an open, angled set up, so that seats are not directly facing each other but are positioned slightly askew, without a desk in between.



Chairs angled for consultation

This helps to create a comfortable environment which doesn't feel like an interview.

Communication

Good communication skills are essential in creating a positive, professional client-therapist relationship and are a huge part of ensuring that your client is relaxed and enjoys the entire experience of your practice, thus more likely to return.

Strong communication skills include asking the right questions, listening with attention and interest, being comfortable with pauses and silences, using appropriate body language.

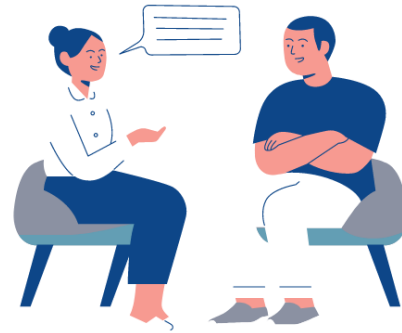
Positive communication and an effective consultation will contribute to the enjoyment for the client of the overall treatment. Asking questions is one of the best ways of encouraging clients to share with you and give you the information you need to treat them effectively.

It is important to understand the difference between closed and open questions so that you can ask the right kind of question at the appropriate time. Closed questions are ones that you can answer yes or no to whereas open questions are those that allow the person to give a broader response.

Open questions are particularly useful when you are meeting a client for the first time and need to take a medical history quite quickly or when you are talking to a client you've seen before and you want to find out how they felt after the last treatment or if there have been any changes to their details that you'll need to update on their record.



Whilst it may feel a little stilted at first, once you get used to the consultation process, you'll feel more confident to carry it out with ease and this will allow you to settle in and listen to your clients with genuine interest and attention, putting them at ease and building that positive professional relationship. Be very conscious to actively listen to your client. Not listening to your client may make them seem that you are not interested and may not give you sufficient information to be able to provide the most appropriate treatment for them.



Listening with attention and interest involves being focused on your client for the duration of their time with you and concentrating on what they're saying, listening without interrupting them (though of course you want to manage this effectively so that you can be efficient in the consultation process allowing them to have their full treatment time without running over), maintaining comfortable levels of eye contact whilst they are speaking, using open questions to appear interested and glean more information.

Top tip

Try to remember the small details that your client has shared so that at the next appointment you can ask them about what they shared with you last time - whether it's to do with their health, lifestyle or where they may have been going on holiday. If you are not particularly good at remembering these sorts of details from conversations, be sure to make a little note on their record card so that you can review it before you see them next.



Good communication is as much about listening as it is about being able to effectively share information. You will need to ensure that your client understands you and that you are being clear and concise to help them do so. Make sure your client understands the reason for the consultation. If they understand why you need the information you are asking for, they are more likely to share.

Start with general questions, or more basic personal detail questions to get the conversation started and ease into the flow to asking about health and lifestyle.

Don't forget a little confidence and enthusiasm goes a long way!

Using appropriate body language

It is important to consider body language that you use around your clients as this will affect the relationship with them and how easy and reassured they feel in your presence. Non-verbal communication is another term for body language. Simply be aware of your body language and convey an openness and interest through your posture and hand gestures, to communicate that your client can trust you and share with you.

Pay attention to your client's body language, too, as they may share more with you about how they are feeling through their non-verbal communication than what they say. Look out to see if they seem particularly anxious or uneasy.

Task: Nervous clients

Come up with as many reasons as you can as to why a client may feel anxious on arriving to your massage appointment. What could you do, as the therapist, to minimise the effect of these anxieties (even if you weren't aware of the reason)?



For example, a client may arrive anxious to your appointment because they have never had an Indian head massage before and are not sure what to expect. Don't take for granted that clients have had previous massage experience and be sure to discuss expectations and process with all new clients. You could even send an information sheet before a new client's first appointment.

What should the consultation include?

The consultation should provide the opportunity to:

- establish the client's reasons for booking a treatment.
- make clinical observations about the client which might influence treatment plan, for example observing their gait or posture as they arrive.
- discuss the benefits of reflexology and clarify the client's expectations of the treatment and manage these as appropriate, including sharing any limitations.
- confirm what the treatment involves and possible effects.
- gather personal details necessary (e.g., contact details, age, GP details).
- take the client's medical background, primarily to ascertain if there are any contraindications or considerations for the treatment plan.
- make a decision on medium to use (e.g. based on nut allergy disclosure).
- learn more about the client's lifestyle for a holistic approach to the treatment plan.
- ask if there are any additional needs or preferences which may alter the treatment.
- signpost or refer to other practitioners as appropriate.
- share your confidentiality policy / data protection policy / etc. with clients.
- answer any questions the client may have.
- agree on a treatment plan.
- establish any process that you typically use for communication and feedback during treatment (e.g. pressure scale feedback).
- receive informed consent from the client (or responsible person) for the proposed treatment.
- confirm payment amount and method, if not already done so.

You should retain a consultation record for each client and record treatment notes for each appointment they have. You may wish to create your own system to capture and store data or utilise existing complementary therapy client form systems on the market. Whichever approach to record keeping you take, you must ensure that it complies with data protection legislation.

You must check the details of the client consultation form at each appointment to check for any changes in health or lifestyle which may contraindicate massage or affect the treatment plan.

Make sure to keep your records up to date and stored securely.



Asking for Personal Information

It is important to consider why you are asking information and whether you need to or not. You should only collect and store personal information that you can justify having a reason to have collected. So, make sure that your consultation form is as succinct as possible whilst still gathering sufficient information for you to carry out an effective holistic treatment.

You should not make assumptions about people and record answers that you haven't asked the question to. For example, you should not assume someone's age or gender and record that on your record card. If you need the information, then you should ask everyone the question.



You should aim to be inclusive when asking questions, and minimise binary options, by asking open questions. For example, "how would you like me to record your gender?" is more inclusive than asking "are you male or female?", as some people do not identify as either male or female and is certainly more appropriate than making an assumption about how someone identifies. Remember there are other considerations too. For example, if you typically ask whether someone is currently menstruating, due to contraindication of abdominal massage, then you should offer the question to everyone - it is not always visible from the outside what reproductive organs people have.

It is unlikely that people will be easily offended by questions that you ask, provided you do make them aware of why you are asking. It is important to note, also, that even questions you may think innocuous can be upsetting to individuals depending on their circumstances. For example, asking "are you pregnant?", or "do you have children?" may illicit an emotional response in someone who has found out they are unable to have children.



Some therapists find that it is more efficient to give the client a simple form to complete, either at the time of booking or on arrival, which covers some basic personal and medical details you require. It will likely be quicker for an individual to glance down a list of contraindications and highlight any relevant information, than for you to verbally list each one. It is important, however, to not let a form replace the bulk of the consultation. You should review any total contraindications verbally and use the consultation as an opportunity to expand and find out more about the person's general health and wellbeing and lifestyle.

Consent

It is important that the client gives informed consent for the treatment they receive. Informed consent is the process by which permission is granted and is only possible if the client is aware of the risks, benefits, and alternatives to a treatment. It is the therapist's responsibility to check that the client has sufficient understanding of the risks and benefits (including managed expectations of the benefits) before proceeding with a treatment.

Ideally, clients should sign the consultation form to consent to receiving treatment. Remember that it may be a chaperone who signs consent on the client's behalf if they are unable to give fully informed consent. In lieu of signed consent, clear verbal consent must be given before a treatment continues.

Confidentiality

Your clients entrust you with personal, sensitive, medical information which you must treat in strict confidence. It is good practice to share a confidentiality statement with new clients so that they understand your policy on confidentiality.

Typically, you should not share any personal or identifying information about your clients with other people. This may not be the case if you work in a salon where clients see multiple practitioners, and it is in the best interest of clients that their information is securely shared between therapists.

You must ensure that details held about your clients are stored securely and in such a way that they are not accessible by others inappropriately.

You may wish to reach out to other practitioners regarding a client's health and wellbeing, for example if there are medical contra-indications, and this process may involve disclosing information about the client. This should only be done with the client's informed consent.



Most confidentiality policies include a statement to share with the client that you will share no details of their personal information without express (often written) consent, unless you believe that the client is a danger to themselves or others. In this case, you would want to inform other services which could help your client and you would ideally like to do this with their consent. However, in the event that consent was not granted, you would break confidentiality to ensure the safety of your client or others.

It is important to make this information clear to clients, when they are new to you, when any information changes, and when it has been a while (perhaps a year) since they reviewed it.

Referral to other practitioners

As a complementary therapist it important to remember, and work only within, your scope of practice. There may be reasons that a client requires referring to medical, or other, services for a condition that they bring to your attention.

Where treatment is contra-indicated, appropriate guidance and signposting should be given. Typically, this is referral to a medical practitioner. If a client has brought to your attention a medical condition that they have not sought medical advice for, or not recently if the condition has changed, then you should suggest that they seek medical attention. This could be brought to your attention through the consultation, or you may notice something when giving treatment that they are not aware of. If in doubt, you should err on the side of caution and refer the patient.

The health and well-being of the client should come first. It could be that reflexology is not the best course of action for a condition. For example, if a client presents with a slipped disc, it is best to refer client to a good Chiropractor or Osteopath.

It may be that reflexology is an appropriate and beneficial therapy, but that the client may additionally benefit from other complementary services too. Perhaps they have highlighted a desire to alter their diet or to increase their cardio fitness, so you could refer them to a nutritionist or a personal trainer. Building up a referral network with local practitioners could help support your business too. Curler (2016) suggests "when we refer out for complementary, but different services, our clients are more likely to return to us for the unique benefits our approach provides".

There may be circumstances where treatment is inappropriate for a client, not because it is medically contraindicated. Examples of situations where this may be the case is if they are unable to give informed consent, or because they are experiencing some emotional trauma. Refer to Lesson 2 on the use of chaperones, as this could be useful in certain situations.

Services you can refer to include, but are not limited to:

- GP
- NHS 111 helpline
- Counsellor
- Other complementary therapist
- Member of the social care or nursing team (when working in care)
- Other voluntary or statutory services e.g., Social services, Citizens Advice Bureau etc.



Task: Consultation

Print a blank consultation card and practice a consultation on a willing friend or family member. Do you know why you are asking each question? Are you able to answer any questions they have?

The importance of the 'external' reading of the feet and hands:

Before treatment examine the feet and record significant findings. Check such things as skin tone, texture and colour, structure, flexibility, blemishes, the temperature and moistness of the feet. Note any significant differences between left and right.

Alignment of feet

- **Right foot**

Energies of the past.

Masculine traits and relationship with men.

Tension – conflict with a male.

- **Left foot**

Receptive and open.

Receives energies from the right foot.

Female characteristics and relationships with females.

Tension – conflict with a female.



- **General tension** - Resistance to life and holding back.
- **Turned in feet** - Shy, lack of confidence.
- **Turned out feet** - Lack of direction due to accommodating others; Following orders, e.g. ballet dancers.
- **Tip-toe** - Do not wish to draw attention to oneself.

Skin texture

- **Soft and pliable** - Adapts spontaneously to situations.
- **Excessively soft** - Lacks substance, Potentially lazy and hesitant.
- **Hardened** - Defensive, protective, needs to have a more relaxed approach.
- **Sensitive** - Vulnerable and self-conscious. Requires inner security.
- **Shiny** - Worn away Hoping others will be more understanding.
- **Rough** - Undergoing a stormy, harsh time.
- **Flaking** - Extreme irritability at others.
- **Smooth and dry** - Exposed feelings and quick to take offence.
- **Wrinkled** - Troubled and drained.

Areas of hard skin

- **Thick and hard** - Stubborn thick skinned, insensitive and insecure.
- **Callouses** - Emotional barriers.
- **Peeling** - Extreme agitation.
- **Cracked** - Divided and torn.
- **Blood capillaries** - Inner emotional trauma and grief.
- **White dots** - Unexpressed emotions, anger.
- **Scars** - Remnants of the past.
- **Itching** - Irritability and deep yearning.
- **Swelling and lumps** - Accumulated emotional congestion.

Colour

- **Flesh coloured** - Healthy, confident and balanced.
- **White** - Drained of emotion and energy.
- **Red** - Embarrassed, self-conscious, angry.
- **Yellow** - Fed up, resentful, displeased.
- **Blue** - Injured pride, bruised ego, be kind to self, abuse.

- **Green** - Envy, bitter.
- **Brown** - Bored, fed up.

Flexibility

- **Flexible** - Adapts easily to life's ups and downs.
- **Too flexible** - easily manipulated.
- **Rigid** - Inflexible to life's ups and downs – cannot go with the flow.

Tone and puffiness

- **Flaccid** - No energy, enthusiasm or strength.
- **Oedema** - Overburdened and filled with unresolved burdens.

Temperature

- **Warm feet** - Glow with enthusiasm.
- **Cold** - Weak disinterested, demotivated.
- **Burning** - Inflamed and angry, need to express.

Odour

- **Smelly feet** - Could be poor circulation and constipation the urinary system is out of balance.

Shape of feet and toes

- **Broad** - Down to earth, reliable.
- **Narrow** - Gentle sensitive nature

Arches of the feet

- **Flat footed** - Totally dependent on others for support

Toes and their meanings

- **Big toe** – Thought, intellect, intuition, spirituality
- **Second toe** – Self-esteem, self-worth, loving thoughts
- **Third toe** – Lively thought about activities and basic emotions
- **Fourth toe** – Pleasurable thoughts regarding communication and relationships
- **Little toe** – Expansive thoughts regarding family and security



Lesson 13: Contra-actions and Client Aftercare

OBJECTIVES OF THIS LESSON

- Describe the contra-actions that may occur during and after a treatment and how to respond appropriately.
- Explain the after care and home care advice that should be provided to clients.

Possible reactions during a reflexology treatment:

- Sighing or groaning
- Tensing of the muscles
- Sweating of the palms of the hands or soles of the feet or any other body part affected by the treatment
- Feeling of coldness
- Cramps
- Changes of expression
- Whimpering, laughing, gestures of release of emotions
- Gestures of pain, discomfort
- Visible contractions of different muscle groups

Possible reactions following a reflexology treatment - Healing crisis:

The client may/may not experience the following symptoms that should disappear within 48 hours.

- Increased urination as the kidneys are stimulated to produce more urine, which may be darker and stronger-smelling due to the toxic content
- Flatulence and more frequent bowel movements
- Improved skin tone and tissue texture due to the improved circulation
- Increased secretions of the mucous membranes in the nose, mouth and bronchi
- Disrupted sleep patterns – either deeper or more disturbed sleep
- Dizziness or nausea
- A temporary outbreak of a disease, which has been suppressed.
- Increased discharge from the vagina in women
- Feverishness
- Tiredness
- Headaches
- Depression, overwhelming desire to weep

Must the reflexologist proceed or stop?

If the treatments are regulated these reactions should be seen as normal signs that the body has begun to react, detoxify and in a possibly painful or unpleasant way form part of the healing process. When extreme reactions occur – very carefully regulate the dosage, intensity and duration of the treatment – the intervals between treatments can also be lengthened but the treatment should not be stopped.

Possible reactions of the therapist

- Tiredness
- Compulsion to yawn
- Nausea
- Headaches

These are all due to the circulation of energy between the client and therapist

Task: Mid-treatment Feedback



Make a list of simple questions that you could ask during a treatment to ascertain if your client is comfortable. Then consider whether you would be able to identify the answer to the questions with visual cues or not.

A client could experience a number of contra-actions during a treatment. You will need to be familiar about what can happen and know how to respond appropriately. Remember, part of a good consultation is informing your client of not only the desirable effects of reflexology but also any possible effects which are less desirable. If you have addressed, prior to treatment, that something might arise, it is likely to minimise any discomfort or embarrassment your client might experience.

After giving a treatment

- After a massage you should ensure that you wash your hands.
- Provide your client with fresh water before helping them off the couch.
- You should discuss with your client any findings during the treatment and allow them an opportunity to give any feedback or share any comments.
- You should remind clients about the potential of a healing crisis and aftercare actions that they can do to minimise the effects or any contra-actions.
- The client should be reminded of their treatment plan and encouraged to rebook if they have not already done so.

Treatment Findings

Reflexology and crystal deposits

Grainy crystal deposits, which cause pain during treatment, may be felt in the nerve endings of the feet. These are believed to be calcium deposits which have settled beneath the skin at the nerve endings. Excess acidity in the blood stream increases calcium deposits in the nerve endings of any organ in the body. These deposits develop into acid crystals, which can impede normal blood circulation.

The feet are a prime target of these congestions because of the abundance of nerve endings present here, and the fact that feet are usually restricted in shoes preventing the natural movement of the foot, thus the normal nerve and blood supply to the feet is slowed down. The feet also at the endpoint of circulation and blood have to be circulated back up against the force of gravity. Congestion will impede this function, and toxins will tend to stagnate in the feet.

Crystals in specific reflex areas can give an indication that there is an imbalance or stress on that specific organ or reflex area. These crystals can be broken down by reflexology massage and the residue removed by the blood circulation.

Tender areas

- Tenderness indicates an imbalance of energy flow in the area
- May also be due to imbalance in the flow of circulation manifesting as congestion, weakening of the tissue
- Can reflect past trauma, such as an operation or accident
- Lack of tenderness may be restricted or lack of energy flow

Tension and variations of temperature

- Hot or cold – imbalance in the reflex area

If you do notice lumps or bumps, for example, on a client's body which have not been highlighted in the consultation, but constitute a local contra-indication, simply continue the

treatment avoiding the area. Make sure to mention this to your client when sharing treatment findings. You should record any findings in your treatment notes.

Healing Crisis

After treatment, many reactions can be experienced - this is a positive result and is also known as the '**Healing Crisis**'. It is important to explain to the client that this is a normal reaction to a treatment, especially if the client has never had a massage before.

With regular treatments and as the body starts to heal and re-balance these symptoms will subside. Any symptoms experienced should subside within 24 hours.

Typical contra-actions or 'Healing Crisis' symptoms

Symptoms are individual, they vary from client to client, and may include:

- Erythema (redness) on areas treated.
- Tiredness and altered sleep patterns leading gradually to increased energy levels.
- Muscular ache and/or headaches with gradual relief from symptoms, due to the nerve fibers responding to the deep work undertaken.
- Heightened emotions or vivid dreams or positive mood changes, due to the positive release of deep held feelings and emotions.
- Increased need for urination (micturition) or bowel movement (defecation).
- Mucus release and/or runny nose.
- Spots may appear on the skin.
- Increased thirst.

Aftercare Advice

To help counter the impact of any contraction's and enhance the full benefits of reflexology treatment the following can be advised:

- take time out to relax and practice self-care.
- Avoid strenuous exercise for the remainder of the day – light, stretching exercise can be beneficial.
- Avoid stimulants - such as tea, coffee, alcohol, nicotine, or any non-prescription drugs.

- Rehydrate with water or herbal teas.
- Avoid heavy meals – eat a light, healthy meal instead.
- Get plenty of rest as you may feel tired after treatment.

**Task: Aftercare Advice**

Design a leaflet that you could give to clients that explains the healing crisis and gives aftercare advice to help them minimise negative effects and maximise the positive effects of massage.

Home Care Advice

Home care advice are suggestions that you give to your client to enhance their lifestyle in their day-to-day life. Advice given should be specific to the client, referring to the consultation and any treatment findings. Homecare advice offers a good way to demonstrate an understanding of your client as a whole and is a beneficial part of a holistic treatment which can aid building up a professional relationship with your client.

Home care advice can include lifestyle suggestions such as ways to enhance a healthy diet, promote good mental health and minimise stress, or increase physical wellbeing. Try to keep recommendations goal-oriented, specific, tangible, and measurable. For example, rather than “drink more water”, you could say “you should be drinking between 6-8 glasses of water a day. Since you only drink one glass a day currently, aim to increase your intake to three glasses per day between now and next week. Try having a glass with each meal”.

Lesson 14: Evaluating and Recording Treatments

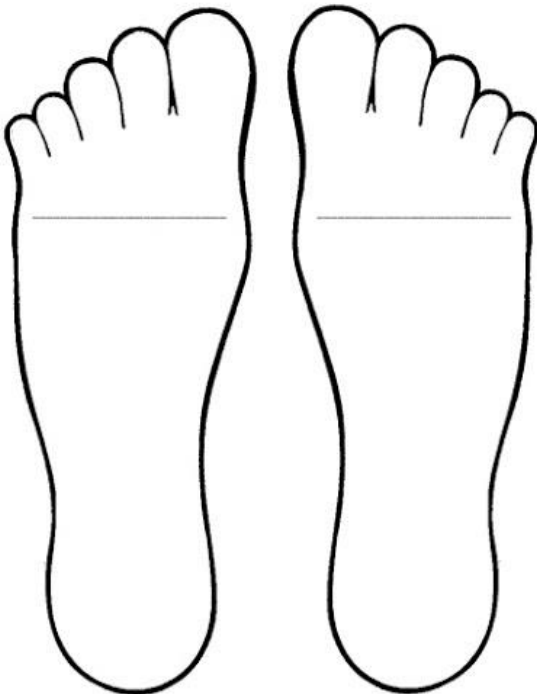
OBJECTIVES OF THIS LESSON

- Describe the methods of evaluating effectiveness of treatment.
- Identify what information about clients / treatments should be documented.
- Describe the requirements for record keeping as a complementary therapist.

Evaluating Treatments

At the end of each treatment, the client's psychological and physiological reactions should be recorded on the consultation form. You should ask your client for feedback after each treatment but should also document your own observations.

You should also document any physical observations, or findings, you noticed while giving the treatment. Remember to share these with your client as part of the post-treatment conversation. You could record findings on a diagram such as the one shown. Use symbols or initials to keep this process quick and simple but be sure to make a key of your symbols!



An example of a foot diagram which can be used to document findings

A summary of the treatment given should be documented, including specific movements used. It is important to evaluate the treatment against the consultation to identify whether the treatment achieved the desired outcomes and to what extent it was effective in doing so. You should note if there was anything you would change next time, for example, you may re-assess the medium used.

You must note down on the consultation card any advice (after care or home care advice) that you give to your client.

Following a treatment, you may consider changes to the client's treatment plan. Be sure to discuss these with the client and make a note of what is agreed. You should note anything to look out for next time to help judge client progression.

It is good practice to also record your own reflections of the treatment and evaluate your performance against your professional standards. How well did the treatment meet your own expectations? Is there something you should work on next time? More about reflection is explored in the next lesson.

Record Keeping

Records must be maintained for several reasons:

- They provide contact details in case you have to alter or cancel an appointment.
- So that you can monitor the client's progression.
- To track any aftercare advice that you have given the client.
- To help you recall details to offer a bespoke service.
- As a backup in case the client has an adverse reaction to a treatment.
- To protect you, or provide evidence, against claims.
- If you work in a team, other therapists should be aware of what treatments and products the client has had.

Data Protection

All data that you, or your company, store about a client must comply with the Data Protection Act (2018).

Client records can be stored electronically or filed manually and should be updated at every visit. If record cards are not updated and do not contain a history of services and dates, you may find your insurance invalidated.

Client confidentiality must be protected at all times. If a salon holds computerised records, they must register with the [Information Commissioner's Office](#). If a salon only holds written records, this does not apply, but they must uphold the principles of the Data Protection Act and comply with the following:

- All info information must be accurate and necessary to the service or treatment to be performed.

- Individual client records must be available for the clients to view if requested.
- All information must be stored securely by password protected computer file.

Remember that when establishing informed consent, any contra-indications and possible contra-actions must be identified and discussed prior to the service. In the case of medical referral, the practitioner should keep a copy of the GP's letter with the client's record card, along with any other consent forms or similar.

Always allow the client the opportunity to question and clarify any points before signing the record card.

Records cards must be kept for at least three years after the last treatment, as personal injury claims can be made up to three years after the client became aware of the problem. If a client is under 18 years of age, it is recommended that their record card be kept until they are 21 years of age. Due to other variables in potential claims, it is considered good practice to retain records for at least 7 years from the date of the last treatment, however, bear in mind that if you are a member of a professional body (such as FHT) they might have different guidelines that you should adhere to. Check the code of conduct to make sure you are compliant.

REMEMBER

Your client has a legal right to access the data, including all notes, that you store about them. Do not document anything that you would not wish for them to see.



Communications that you have with your client outside of treatment appointments should also be documented. For example, any text messages, emails, or phone calls should be recorded in your client notes, particularly if any aftercare advice is given or any contra-actions disclosed by your client.

It is good practice to have a clear and concise policy which covers privacy and confidentiality made available to clients alongside other important information such as cancellation policies. Consider having new clients sign to say that they have read these policies and review this on an annual basis.

Task: Code of Conduct

Download the latest version of the Federation of Holistic Therapists (FHT) [Code of Conduct](#). Consider how you can ensure that you meet each of the standards and adhere to guidelines in section 3.1 and 3.2. Note: This Code of Conduct is for a variety of complementary therapies, so not all guidelines may be relevant.



References:

Salon Gold. 2018. *Therapist Counselling Notes and Your Client Record Keeping Guide*. [online] Available at: <<https://www.salongold.co.uk/holistic-complementary-insurance/holistic-therapist-insurance/therapist-insurance-client-records>> [Accessed 29 January 2021].

Lesson 15: Professional Development: Reflective Practice & Lifelong Learning

OBJECTIVES OF THIS LESSON

- Describe the basic elements of reflective practice.
- Self-reflect in relation to personal growth as a complementary therapist.
- Identify lifelong learning opportunities to plan for self-development
- Explain the importance of acting on evaluation to improve treatment.

A study of the perceptions of what makes a successful complementary therapist (Kennedy & Munk, 2017) highlighted four key themes for success:

- Effectively establish therapeutic relationships (with clients)
- Develop massage therapy business acumen
- Seek valuable learning opportunities
- Cultivate strong social networks

This lesson looks at ways that you can reflect upon ways to ensure that you become a successful massage therapist. In order to highlight areas that you can continually develop and hone your skills, you should partake in reflective practice.

What is reflective practice?

Reflection is an “active, persistent and careful consideration of any belief or supposed form of knowledge” Dewey, 1933.

Reflective practice is essentially thinking about, or reflecting, on what you do or have done. It is about considering our experiences and learning and developing from them – experiential learning. Self-reflection is an important tool that promotes lifelong learning.

Reflective practice involves forming strong, cyclical habits which raise your awareness and promote critical analysis of your own actions. Reflection is about “learning from experience” (Spalding, 1998) and “thoughtful deliberation” (Tickle, 1994)

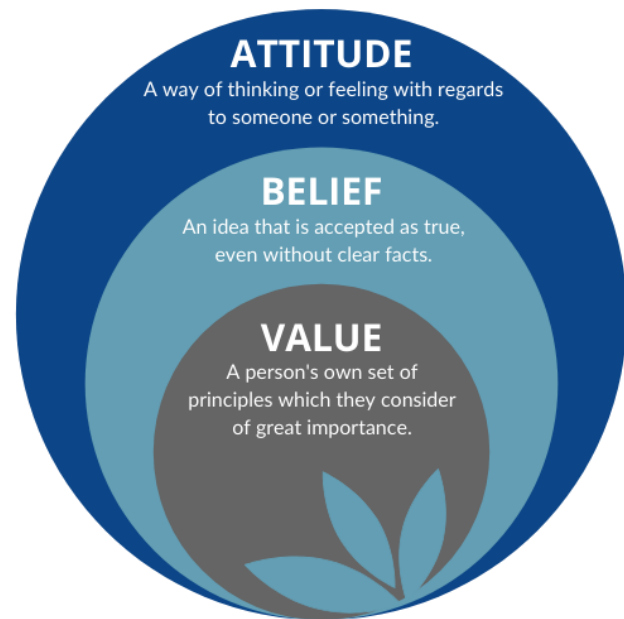
It can involve:

- Learning to pay attention
- Listening to ourselves
- Noticing patterns
- Changing what we see and how we see

Our attitudes, beliefs, and values

As adult learners, we come to the position of learning new skills with a strong set of knowledge, abilities, values, beliefs, and experiences already set in ourselves. It is important therefore, to make time to review what we are learning and analyse how our actions fit into existing connections in our brains and how we can develop and process them to continue to learn and grow. Reflective practice helps us to cement learning and achieve our goals.

Whilst it may seem that reflection, thinking about an experience or action, is a cognitive process, it can also be emotional and physical. Part of being reflective involves challenging our existing thinking and allowing different perspectives to support our learning.



Reflective practice is the systematic process of engaging in, and documenting, self-reflection. Reflective practice can also involve other people.

A key purpose of reflective is to enhance learning and continual development of skills, attitudes, or beliefs.

Why be reflective?

Being reflective underpins continual professional development (CPD). Professional aspiration is about moving beyond the norm and believing that personal and professional change can be made despite barriers. Having an aspiration to change and grow and develop your practise. For change to happen, we need to be critically reflective. Being reflective allows you to consider what steps to take to help develop and grow.

Key reasons to reflect:

- To make change happen
- To gain confidence
- To assess a critical incident
- To resolve a problem
- To develop a specific skill
- To seek reassurance
- To gain knowledge
- To work more effectively with others
- To celebrate successes

When should we practice self-reflection?

There are no hard and fast rules about when reflection should take place. However, there are some different approaches.

You can reflect:

- Rapidly, during an action – for example you may need to reflect during a massage and alter your routine depending on an unexpected finding. This is often a reactive reflection.
- Thoughtfully, during – whilst you are giving a massage you might take a moment to reflect on the treatment and start the evaluation process.
- Briefly, after – part of reflective practice is about analysing an action or experience. After it has happened you may use a reflective tool to reflect on it.
- Systematically, over a period of time – you may reflect on a series of actions and experiences to get a broader picture, or to reflect on a specific focus for development.

Schon's theories around reflective practice consider that we can carry out "reflection IN action" and "reflection ON action".

Reflection in action is the 'thinking on our feet' process. We engage with the situation we are in and are influenced by it. We will consider what's gone before, what might come, our own repertoire and our frame of reference. This allows us to build theories and responses that fit the new/current situation, as we see it already existing as similar or different to our other 'familiar situations'. This helps us to identify and necessary direction of change.

Reflection on action is the retrospective process of reflecting after something has happened. It affords us the space to think more deeply and meaningfully to explore what was happening, why we acted as we did, etc. This allows us to develop a system of reflective practice.

Note: If you are reflecting on a specific massage treatment, or a learning experience, or any other specific event, it is recommended to do so as soon as possible after the event so that your recollection of the event is as reliable and accurate as possible.

How to be reflective

There are many different models of reflection, many of which have similar elements. Reflective practice is often a personal experience and people have different ways that work for them.

Essentially the process is:

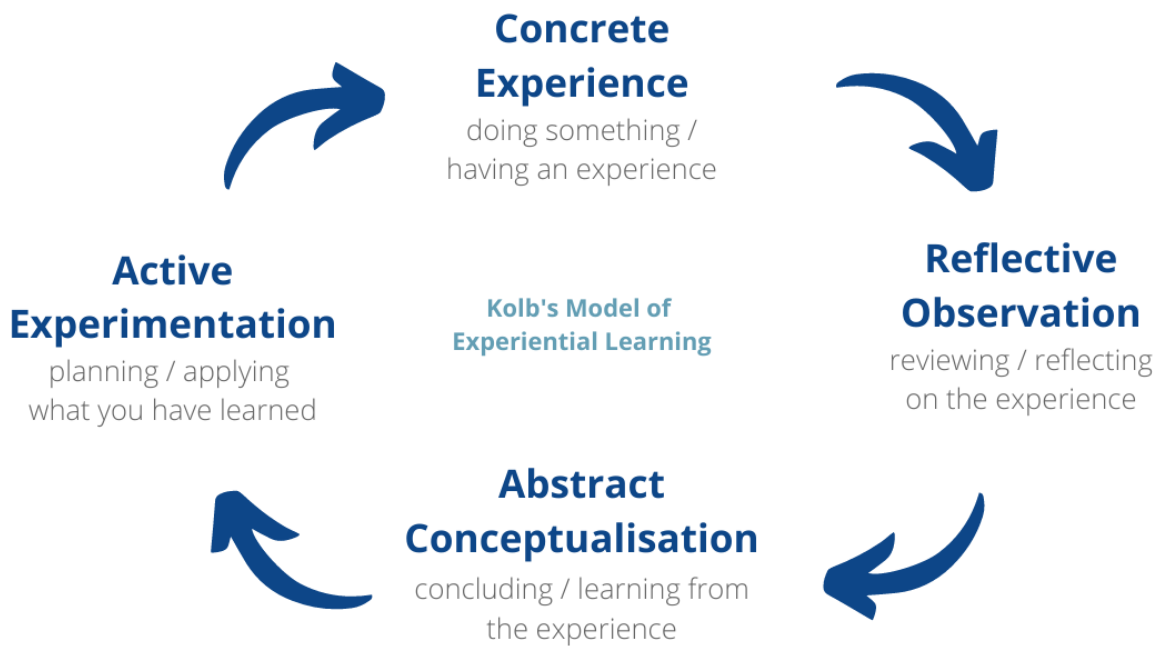
- We experience or are exposed to a situation
- We feel emotion
- We process information or feedback
- We internalise through analysing the available information
- We apply the analysis to subsequent experiences

We will review some theoretical models of reflection and consider some tools/methods for processing reflection.

Models of Reflection

Kolb's Model of Experiential Learning

Kolb's cycle of reflective practice is probably the model of reflective practice or learning which has been most used, written about and adapted. It is essentially a process of 'Do – Review – Learn – Apply' which leads back to do. A limitation of Kolb's cycle is that the 'review/reflect' element requires an active approach to reflection. Some learners find it helpful to embed another reflective model within Kolb's cycle.



Gibbs'

Gibbs (1984) provides a framework to build on the reflective element of experiential learning.

'It is not sufficient simply to have an experience in order to learn. Without reflecting upon this experience it may quickly be forgotten, or its learning potential lost. It is from the feelings and thoughts emerging from this reflection that generalisations or concepts can be generated and it is generalisations that allow new situations to be tackled effectively.' (Gibbs 1988)



Using this 6 step model should help to identify your strengths, areas for development and actions you can take to enhance your professional skills. Starting with the description as step 1, steps 1 - 3 relate to what happened during the experience and steps 4 - 6 focus on how you could improve on the experience and outcome in the future.

Step 1 – Description

This should be a brief description of the experience or event to set the scene and give context.

Step 2 – Feelings

Consider what you were thinking and how you felt before the experience. How did you feel during the experience? How did you feel after the experience? This is another short descriptive step, rather than being analytical.

Step 3 – Evaluation

Evaluation looks objectively at both positive and negative aspects of the experience. Describe key elements that went particularly well. Was there anything that did not go well or did not work? If appropriate, you can include what others did or did not do well.

Step 4 – Analysis

Analysis attempts to explain why the experience was positive or negative and should form the largest section of your reflection. Take into account points made in the previous steps and identify any factors which helped you e.g. previous experiences, carrying out research or consulting with others. Consider your role in the experience and how you contributed to the success of this experience? If things did not go to plan, why do you think this was e.g. lack of preparation or external factors beyond your control? It can be useful to consider other people who were involved in the experience. Did they have similar views or reactions to you? If not, why do you think that was the case?

Step 5 – Conclusion

Focus on what you have learned. Are there any skills you developed as a result of the experience? If so, how would you apply them in future experiences or situations? Are there areas of knowledge or particular skills you now need to develop? Is there anything you would do differently in the future? Try to give specific examples.

Step 6 – Action Plan

What specific actions can you now take to build on your knowledge or skills? You could include any training that would benefit you (formal or otherwise), as well as identifying sources of information or support (people or resources).

Rolfe et al.

Rolfe, Freshwater and Jasper (2001) created a framework for reflection based upon their work with nurse practitioners. It is a simple process of three key questions: what? So what? Now what? Each question in the stage has a series of underpinning questions which can help to frame your thinking.

What?

what happened?



**Rolfe, Freshwater
and Jasper's
Reflective Model**

Now what?

now what will you do?

So what?

so what does it mean?



What?	So what?	Now what?
Describe the experience in detail	Describe why this experience was significant	Describe next steps you will take
What happened? What did you observe? What was your role? What issue is being addressed or population is being served? What were your initial expectations? What was good/bad about the experience? What did you learn from the experience? What part of your experience was most challenging? What part did you find surprising? What did you already know about the topic you explored? Who did you work with?	What critical questions does this experience cause you to ask? What made an impact on you? How does it make you feel? What broader issues arise from the situation at hand? What did you learn about others and yourself? How were you different when you finished this experience? What values, opinions, decisions have been made or changed through this experience? What new skill did you learn? What impacts the way you view the situation/experience?	How will you apply what you learned from your experience? What would you like to learn more about? What follow-up is needed to address any challenges or difficulties? What information can you share with others? If you could do it again, what would you do differently? Have your career options been expanded by your experience? How will your efforts on this experience contribute to your career? Where do you go from here? What is the next step in the process?



Task: Self-reflection template

Pick a reflective model and create a simple template that you could use to reflect after giving your next massage treatment.

Further Reading: [Towards Reflective Practice in Massage Therapy](#)

Methods of Reflective Practice

There are numerous different tools and methods that you can utilise for Reflective Practice. A few suggestions are listed here.

Journal / Treatment Logs

As best practice, you should keep treatment logs for each treatment that you give. This can be held in a wide number of ways, and can include your reflective practice. Review the previous lesson for more information on record keeping and documenting treatments.

In addition to treatment logs, or instead of storing your reflective practice on each treatment log, you could keep a journal to document your reflective practice. Rather than being assigned to each client, this becomes a chronology of your reflective practice over time and can incorporate reflections of other experiences that influence your practice, beyond simply each treatment.

Video-based self-reflection

A well-documented and growing method of reflective practice is to record and review your practice using video. There are a number of different tools available to do this, but at its most simple, a standard digital camera or smart phone and mini tripod should do the trick! Make sure that you get consent from your client to record a treatment and be clear with them what the purpose of the recording is.

When you review a recording, you may be looking to reflect on a particular area for development that you've already identified, or you may review a massage treatment from start to finish, including the consultation to highlight area/s in which you would like to improve your practice. Review the footage of the areas you wish to improve upon and set yourself targets for improvement. Then record another treatment in a couple of weeks and compare your practice. Have you developed that skill? Does it feel natural or conscious? How can you continue to improve? You don't need to review whole hours of video, but just select a small part of the treatment. A 10-minute section is a good amount to aim to reflect upon.

Peer Feedback / Mentoring

Consider working with another practitioner to receive feedback and support. This could be a reciprocal arrangement whereby you each offer feedback on one another's practice. You could offer massage swap, you could share videos of your massage practice (with client

consent!) or share supporting resources (such as forms, pricing list or patient care documents) for feedback.

Working with someone else who is trained and experienced, in either a peer/equals or mentor/mentee relationship, is a great way to get constructive critique of your practice to help you to develop and hone your skills.

CPD Plan and Log

Having a CPD plan to document how you intend to develop your practice and achieve your goals is important to help keep yourself accountable to your ongoing development. Align your planning with short-term, medium-term, and long-term goals. You should keep a record of any CPD experiences that you have undergone and evaluate the effectiveness of them against your goals. This can help inform your CPD plan.

CPD logging is important to not only document your activity and progress, but to have as a reference for updating your CV and also as evidence for renewal of insurance or professional body membership.

Personal Development Plans

It is important to remember to view yourself holistically and consider your own personal development needs alongside your professional development. What are your personal strengths and weaknesses and areas that you would like to develop in your personal life? How can you incorporate these into your professional world?

Goal-oriented reflection

You can use reflective practice to identify areas for development and to help set goals, but you can also use reflective practice to work towards goals that you have already established.

Goal Setting

To support any professional development, it is important to have short-term, medium-term, and long-term goals established. This will help to focus your CPD plans and visualise what your end-goals are. These goals can be dynamic and change over time, but it's useful to take the time to set them so that you have purpose and direction.

SMART Targets

To make sure that your goals are well thought out, you could use a SMART Target framework to create them.

- S Specific** What exactly are you trying to achieve?
- M Measurable** How will you measure your success?
- A Achievable** Is it, realistically, possible to achieve?
- R Relevant** How does this goal contribute to your wider plans?
- T Time-bound** When, specifically, do you aim to achieve it?

SWOT Analysis

Another tool to help with goal setting is a SWOT analysis. It includes looking at strengths, weaknesses, opportunities and threats. You can use it broadly to analyse yourself, or your company for example, or alternatively you can conduct a SWOT analysis on a specific goal to help develop your plans for success.

	Positive	Negative
Internal	<p>S Strengths</p> <p>What do you do well? What skills, attributes, qualifications and achievements do you have? What is unique about you? What do others come to you for?</p>	<p>W Weaknesses</p> <p>Where are your weak areas or flaws? What resources are limited for you? What are the gaps in your skill or knowledge base? When have you struggled previously?</p>
External	<p>O Opportunities</p> <p>How can you utilise your strengths? What immediate opportunities are open to you? Who can support you to achieve goals? How can I improve my weaknesses?</p>	<p>T Threats</p> <p>What barriers do you face? What is the impact of any weaknesses? What must you address immediately? Are there upcoming changes in policies or procedures which will affect me?</p>

Applying Reflective Practice to your Massage Course

As a trainee massage therapist, and as you progress in your practice as a qualified therapist, you should regularly reflect on your learning experiences.

Within this course, your case studies must include reflective practice. This is your opportunity to reflect on what you did and what you learnt whilst working with your client and, importantly, what you can take from that learning to develop your practice for the next client. It is important not to see this as a 'box-checking' exercise for your course, but as a positive habit to form to support your professional development and contribute to your lifelong learning and career development.

Lifelong Learning

A healthy approach to professional development is to consider that we are all lifelong learners.

Setting goals and creating plans for continual professional development is a good way to commit to lifelong learning. See the attached CPD plan template and write down some considerations.

It is important to log and evaluate your CPD so that you can keep your CV up to date, evidence your progress and inform your goals for development. It is important to note that regular CPD is often a requirement to maintain membership of professional bodies.



Task: Self-reflection template

Download the CPD plan and consider what actions you could take in the next month.

Your CPD plan can include revision, learning of theory, observing peers, honing skills, attending courses, adding new skills to your repertoire, and any number of other activities which help your professional practice.

As a complementary therapist, your CPD could focus on your consultation skills - such as developing active listening skills through reflective practice and applied research, your reflexology practice - such as attending and advanced skills course, your business skills – such as attending a short course on accounting.

Next steps...

Take a look at the Brighton School of Massage website and explore the range of courses on offer. Which courses interest you for your next phase of your development?



References

Kennedy, A.B, Munk N. Experienced Practitioners' Beliefs Utilized to Create a Successful Massage Therapist Conceptual Model: a Qualitative Investigation. *Int J Ther Massage Bodywork*. 2017 Jun 30;10(2):9-19. doi: 10.3822/ijtmb.v10i2.367. PMID: 28690704; PMCID: PMC5495388.