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VRT & the Elderly

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Greetings from TEAM RAC. We are pleased to be sending you the second issue of the Canadian Journal of Reflexology and to report that the feedback on the first has been very positive. Don't forget, this publication belongs to you, the RAC membership, and we always welcome your input and contributions. Send story ideas to editor@CanadianJournalofReflexology.com.

This has been a busy time for everyone at RAC as we have been incorporating the Professional Certification and Training department in to the central Winnipeg office. TEAM RAC has been strengthened by the appointment of Chris Wasyluk as Education Co-ordinator. Chris joined us on March 19th and so far things have been moving forward with, of course, the occasional hiccup. We thank you for your patience and understanding during this transition and know that you will be pleased with the level of service that results from this change. I would like to give my special thanks to Linda Hughan, Alana Friesen and Sherri Gunn who worked so hard to ensure that the transition was as smooth and efficient as possible.

Plans for the 2007 AGM and Study Day to be held in Winnipeg (October 19 and 20) are well in hand. Details and booking forms will be distributed to RAC members shortly — we hope you will be able to attend and take advantage of the opportunity to meet the Board and express your opinions on RAC and its future. Those who attend the AGM will be able to take advantage of a reduced rate on the post-AGM Study Day.

The 2008 RAC National Conference & AGM will take place in Montreal from November 7th to 11th, 2008. The theme of this event will be "STEPPING UP" *Reflexology – Path to a Healthier Future*.

We are moving forward and, while that is good, we also recognize that there is much that remains to be done. We are working to continue to increase membership and to ensure that RAC leads the way in having reflexology recognized as a strong profession and a leader in complementary medicine. The momentum is building and the public is recognizing the benefits of reflexology. Let's all continue to make sure that this message is spread far and wide and that other professionals see us not as outsiders, or competitors, but rather as part of the rich fabric of health care in Canada.

Here's to a great summer... and to having fun as we succeed! ❖

Salutations de l'équipe-ACR. Nous sommes heureux de vous faire parvenir la deuxième édition de la Revue canadienne de réflexologie. La première édition a été accueillie positivement par les membres. La revue vous appartient et nous encourageons toujours vos commentaires et vos contributions. Vos idées svp: editor@CanadianJournalofReflexology.com.

Nous sommes en train de déménager le département de la certification et de la formation de Wolfville, (N.-É.) à Winnipeg (Mn.). Notre équipe souhaite la bienvenue à Chris Wasyluk au poste de Coordonnateur de la formation depuis le 19 mars. En dépit de petites coquilles normales, monsieur Wasyluk maîtrise de plus en plus les dossiers. Ce changement, nous l'espérons va pouvoir offrir aux membres un niveau de service encore plus efficace. Remercions Linda Hughan, Alana Friesen et Sherri Gunn qui ont contribué à faire que le transfert des dossiers vers Winnipeg se fassent sans encombrement.

L'AGA et la journée de formation prévue pour le 19-20 octobre à Winnipeg sont bien entamées. Les détails vous parviendront sous peu. Nous souhaitons vous rencontrer à l'AGA et connaître de vive voix vos préoccupations. Les participant.e.s à l'AGA vont pouvoir profiter d'un rabais sur les frais d'inscription à la journée de formation.

La réflexologie : un avenir prometteur nous attend!, sera le thème de la conférence nationale et l'AGA qui aura lieu à Montréal du 7 au 11 novembre 2008.

Bien que nous faisons du progrès dans nos dossiers, nous reconnaissons qu'il reste beaucoup à faire. Nous continuons à vouloir augmenter la membriété ainsi que de prendre notre place comme médecine douce reconnue. Le processus de reconnaissance de notre science est entamé et le public commence à reconnaître les bienfaits de la réflexologie.

Que ce message de la juste valeur de réflexologie continu à se répandre parmi les praticien.nes des autres modalités thérapeutiques afin que l'on soit reconnu non pas comme compétiteur mais faisant partie intégrante du système santé canadien.

Bon été et bon succès à nous tous! ❖

RAC 2007 AGM & STUDY DAY – Winnipeg

The **2007 RAC AGM** will be held at the Clarion Hotel in Winnipeg, MB, on **Friday, October 19th, 2007**. It will be followed, on **Saturday, October 20th**, by a “**Chi’N Reflexology**” **Study Day** to be given by Chin Hwa Chu (owner of Winnipeg Reflexology Etc. and teacher of Chi’N – reflexology that heals through chi manipulation).

Contents of the seminar:

- 1) Chi in Action
- 2) Meridian Charts for you – a reflexologist
- 3) Organs Interaction
- 4) How much do you know about reflexology?
- 5) Practical case studies



Members attending the AGM will qualify for a discounted price on Study Day registration. For further details please contact Sherri Gunn at sherri.gunn@reflexolog.org.

ACR – l’AGA (2007) et journée de développement professionnel -Winnipeg

L’AGA de l’ACR aura lieu au Clarion Hotel à Winnipeg (MB) le **vendredi 19 octobre 2007**. Le **samedi 20 octobre**, Chin Hwa Chu (propriétaire de Winnipeg Reflexology et formateur de la réflexologie Chi’N) offrira un atelier en anglais sur la réflexologie Chi’N qui effectue des bienfaits sur la santé par la manipulation du chi.

Contenu de la formation :

1. Le chi en action
2. Les cartes sur les méridiens propices à la réflexologie
3. L’interaction des organes.
4. Qu’est-ce que vous savez de la réflexologie?
5. Études de dossiers-santé.



Les membres qui se prévaleront de l’AGA peuvent profiter d’un escompte pour la journée de formation. Contactez madame Sherri Gunn pour les détails : sherri.gunn@reflexolog.org.

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UPCOMING EVENTS

Lynne Booth VRT Courses

Vancouver, BC

September 7, 8, 9, 2007

(Pacific Reflexology)

ICR

Cairns, Australia

September 14 - 16, 2007

RAC AGM and Study Day

Winnipeg, MB

October 19 - 20, 2007

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Vertical Reflex Therapy (VRT)

LA TECHNIQUE DE LA REFLEXOLOGIE VERTICALE (TRV) ET LES AINÉS

LE DEVELOPPEMENT DE LA TECHNIQUE ET SON ROLE EN REFLEXOLOGIE

Auteure : Lynne Booth, (BA (Hons), BRCP, IIR, ART(regd) Hons, MAR), fut formée par l'International Institute of Reflexology en 1992. Elle a une clinique privée ainsi qu'une clinique à Bristol, Angleterre pour les athlètes blessés au soccer. Elle soigne les aînés au St.Monica Trust, Bristol et offre de la formation en réflexologie aux infirmières en poste. Madame Booth, conférencière, forme des gens dans la TRV au niveau international. En 1998, elle reçoit une reconnaissance en TAR (Technique avancée en réflexologie) pour sa contribution à la réflexologie. Elle a à son crédit deux best-sellers, Vertical Reflexology et Vertical Reflexology for Hands. Vous pouvez contacter madame Booth au courriel suivant contact@boothvrt.com.

INTRODUCTION

La technique de la réflexologie verticale (TRV) pour les pieds et les mains fut découverte et développée en 1990 au St.Monica Trust à Bristol, G.-B. où madame Booth y travaillait comme réflexologiste parmi les aînés. Le St. Monica Trust se compte comme un des plus importants foyers d'accueil pour les personnes âgées en G.-B. On y trouve des résidents âgés entre 61 – 101 ans. L'âge moyen est d'environ 80 ans. Mme Booth croit que même si le corps vieillit, il possède néanmoins une capacité de se régénérer et de se guérir avec un peu d'encouragement.

La technique de la réflexologie verticale (TRV) ou la réflexologie verticale sont des termes utilisés pour décrire la méthode qui travaille la partie dorsale des mains et des pieds en connivance avec le poids de la personne. Il est évident que cette méthode n'est pas la plus confortable pour le client ou le thérapeute mais le traitement n'est que pour cinq minutes soit au début ou à la fin du traitement. Pour un traitement efficace, nous recommandons l'application de la technique lorsque la personne peut utiliser le poids de son

corps. Un traitement sur les mains est bien mais plus passif. Un traitement sur les mains peut durer 20-40 minutes et peut inclure un traitement de 5 minutes en connivance avec le poids de la dite personne.



Author Lynne Booth

Le TRV est de plus en plus intégré dans la pratique de la réflexologie en Grande-Bretagne et internationalement puisqu'il est facile à apprendre. On observe une nette amélioration chez les personnes souffrantes de problèmes d'osculation et de mobilité.

Lynne Booth offrira sa formation en Réflexologie verticale (cours de base et avancé) à Vancouver (C.-B) les 7 et 8 septembre. Le cours sur la main et les ongles le 9 septembre est un préalable pour ceux et celles qui veulent poursuivre avec le même cours avancé. Contactez : Chris Shirley, Pacific Institute of Reflexology (604) 875-8818, (800) 688-9748, ou chrisshirley@pacificreflexology.com pour plus de renseignements.

VERTICAL REFLEX THERAPY (VRT) AND THE ELDERLY THE DEVELOPMENT OF VRT AND ITS ROLE IN REFLEXOLOGY

Author: Lynne Booth, BA (Hons), BRCP, IIR, ART (regd), Hons, MAR, trained with the International Institute of Reflexology in 1992 and currently has both a private reflexology practice and a sports injury clinic for professional soccer players in Bristol, England. She treats elderly residents at the St Monica Trust, Bristol, as well as running reflexology courses for the Trust's nursing staff. Lynne presents at conferences and teaches her accredited VRT course internationally. In 1998, she was awarded an Advanced Reflexology Techniques (ART) fellowship for services to reflexology. She is the author of the best-selling book Vertical Reflexology and the book Vertical Reflexology for Hands. For more information Ms. Booth can be reached contact@boothvrt.com.

Vertical Reflex Therapy (VRT) (cont.)

INTRODUCTION

Vertical Reflex Therapy (VRT) for the hands and feet was discovered, and developed, in the mid-1990s at the St. Monica Trust, Bristol, UK, where the author was working as a reflexologist treating elderly residents. The St. Monica Trust is one of the largest nursing home complexes in the UK. The age range treated at the trust is between 61 and 101 years of age, with the average age being in the early 80s. It has been the author's experience that the ageing body still has an immense capacity for regeneration and healing if given the right impetus.

The terms *Vertical Reflex Therapy (VRT)* and *Vertical Reflexology* are both used to describe the specific method of reflexology where the dorsal reflexes on the hands and feet are briefly worked when the hands and feet are weight-bearing. This is obviously not very relaxing for the practitioner or the client but this fact is compensated for by the fact that VRT is applied in this position for only five minutes maximum at the beginning and/or end of a reflexology treatment. Most of the VRT techniques can also be used on hands in the passive position – this enhances a treatment but is not as powerful as when used in the weight-bearing mode. Reflexology/VRT Hand treatments can last between 20 and 40 minutes and can also include up to five minutes of VRT on the weight-bearing hands at the start and finish.



Vertical Reflex Therapy treatment on a St Monica Trust resident

One of the reasons VRT has become well integrated into reflexology practice in the UK, and internationally, is that it is relatively simple to learn. Mobility/skeletal conditions tend to respond the quickest to VRT and clients often experience an immediate decrease in pain and increase in mobility.

ANALYSIS OF VRT

Vertical Reflex Therapy and the possible increase in therapeutic reaction

Reflexologists suggest that the energy sent from the feet to a particular part of the body must be transmitted via the anatomical nerves that are always desensitised when in a passive or reclining position. These nerves become sensitised when the client is standing on his/her feet or his/her hands are pressed down on a flat surface. The theory suggests that the sensitised weight-bearing reflexes carry a stronger nerve response from a stimulated reflex to a particular body part. This practice is referred to in this article as *weight-bearing* their hands (or feet as the case may be).

Many elderly residents who were familiar with regular hand reflexology, experienced increased reflexology benefits by gently pressing their hands in a weight-bearing position onto a table or tray. They were able to compare VRT to hand reflexology and many commented that, during VRT, they could feel warmth and/or feel their body adjusting positively as they were being treated. Although VRT is powerful it can be applied to new clients for a few minutes from the very first session.

All the plantar reflexes are accessed through the dorsal hand, or foot, on the assumption that all reflexes can be approached three-dimensionally (see Fig 1). The accepted Ingham Zone theory states that the body is divided into ten three-dimensional slices. This implies that the reflexes can be approached from either side of the hand or foot. VRT enhances and complements reflexology and can, ideally, be incorporated into full-length conventional reflexology treatment for a few minutes at the

Courtesy Booth VRT Ltd.

Vertical Reflex Therapy (VRT) (cont.)

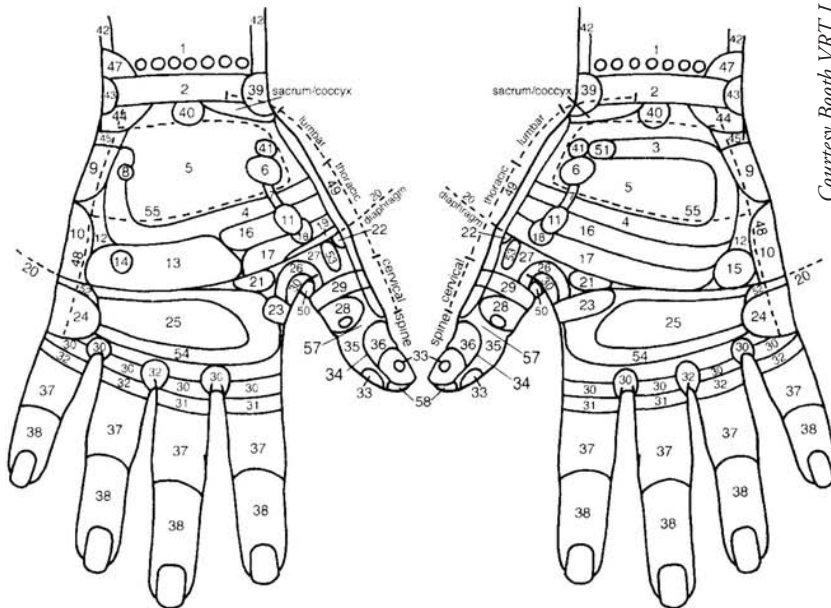
beginning and/or end of the session. VRT is also a powerful tool in its own right when used for first aid or as a stand-alone shorter therapeutic application when a longer treatment is not appropriate or possible.

Discovery and development of VRT

Since 1994 various techniques have been developed, at St. Monica Trust, for briefly working the weight-bearing hands and feet. The techniques have been developed in close consultation with the facility's medical staff and two General Practitioner (GP) doctors assigned to the residents.

Originally it was observed that wheelchair bound clients responded well to reflexology, especially in the case of orthopaedic patients. Clients were often asked to press downwards with their feet on the wheelchair foot supports. This allowed for deeper penetration into the reflexes. If the client's feet were swollen they would be asked to press their hands on a table or even a tray on their lap. It began to be possible to map out new, or deeper, reflexes on the dorsal hands and feet. The concept of VRT, however, was only formalized in 1995 after the following incident:

Figure 1



Courtesy Booth VRT Ltd.

Key master chart for all reflexes

- | | | |
|---|--|---|
| 1. Zonal Triggers | 20. Diaphragm | 39. Uterus/Prostate |
| 2. Fallopian tubes/seminal vesicles/vas deferens/helper diaphragm/heart | 21. Solar Plexus | 40. Helper ovary/testes |
| 3. Sigmoid | 22. Thymus | 41. Penis/vagina |
| 4. Colon | 23. Heart | 42. Helper lower back/sciatic/rectum/colon/uterus |
| 5. Small intestine | 24. Shoulder | 43. Ovary/testes |
| 6. Bladder | 25. Chest/lung/breast | 44. Hip/sacro-ileac joint |
| 7. Ureter tube | 26. Trachea/oesophagus/bronchial tubes | 45. Leg |
| 8. Appendix/ileocecal valve | 27. Helper Thyroid | 46. Thoracic area/diaphragm |
| 9. Knee | 28. Thyroid/parathyroid | 47. Hip/pelvic area |
| 10. Elbow | 29. Neck | 48. Helper lateral spine |
| 11. Kidney | 30. Lymphatics | 49. Spine |
| 12. Helper lateral digestive reflexes | 31. Eyes | 50. Larynx/vocal cords |
| 13. Liver | 32. Ears/Eustachian tube | 51. Anus/rectum |
| 14. Gall bladder | 33. Pituitary/Pineal/Hypothalamus | 52. Armpit |
| 15. Spleen | 34. Neck - side | 53. Breastbone |
| 16. Pancreas | 35. Brain/skull | 54. Ribs |
| 17. Stomach | 36. Face/teeth/jaws/tongue/throat | 55. Mid/lower back |
| 18. Adrenals | 37. Helper sinuses/teeth | 56. Sciatic nerve |
| 19. Duodenum | 38. Sinuses/brain/skull | 57. Cerebellum/brain stem/cranial nerves |
| | | 58. Skull |

Dorsal hand reflexes: All palmar reflexes can be accessed through the dorsum

A 74 year-old woman twisted her hip and knee and jarred her back in a fall at the St. Monica Trust. After the fall she had very limited mobility and was too frail to undergo a hip replacement operation. She reported that she was in great pain, so VRT was used to work the hip, leg, spine and pelvic reflexes for no more

Vertical Reflex Therapy (VRT) (cont.)

than ninety seconds while she remained standing. Ten minutes later she had an acute pain in her right hip that was followed by soreness and tingling in her leg that lasted approximately thirty minutes. Following that she began experiencing much less pain in her hip. By the next day she could move her foot higher than she had been able to do even before the accident. The missing link in VRT research was the fact that the feet or hands had to be fully weight bearing in order for the reflexes to become highly receptive. Following ten weekly treatments she had regained full mobility. Eleven years later in 2006, despite the original medical prognosis that she would be fully wheelchair-bound within 18 months, the client was still mobile and flexible, although extremely frail.

Following this woman's recovery, these weight-bearing techniques began to be used on all of the Trust's reflexology clients with great success. The technique was Vertical Reflex Therapy (VRT) and, after the initial success, the technique was soon being taught to other reflexologists.¹

VRT and Reflexology:

VRT incorporates various techniques that make it very effective at enhancing the regular reflexology treatment.

Synergistic Reflexology:

VRT treatments always include *Synergistic Reflexology* (SR) where the corresponding reflex points on both the hands and feet are stimulated, at the same time, for 30 seconds. This technique of simultaneously working two reflexes can increase the energy to specific parts of the body.

Self-help VRT and Diaphragm Rocking – a profound hand and foot reclining technique.

Self-help VRT and Diaphragm Rocking was originally developed to help correct poor sleep patterns and treat or prevent jet lag. Figure 3 shows a simple self-help Diaphragm Rocking technique on the hands. Clients can easily be

Figure 3



Courtesy Booth VRT Ltd.

Self-help Diaphragm Rocking

taught this technique so that it can be used to aid sleep, treat jet lag or relieve stress.

The introduction of VRT Nail-Working into the VRT Hand Reflexology Paradigm

VRT Nail-Working is a new and effective technique that taps into the inherent pressure on all the reflexes that are situated under the nails (especially on the thumb and big toe). Five Ingham zones were initially identified on the big toe and thumb pads and sets of reflexes were mapped out for all systems in the body. Nail-on-nail (where the reflexologist uses their nail to apply pressure to a specific reflex point on the client's nail) has a powerful effect when the nail reflex is held at the same time as a particular dorsal reflex is stimulated.

Hand reflexology has often been mistakenly considered a less effective form of reflexology. The sensation or responses from the hand reflexes may require a few seconds longer to register but the hands have the advantage of

Vertical Reflex Therapy (VRT) (cont.)

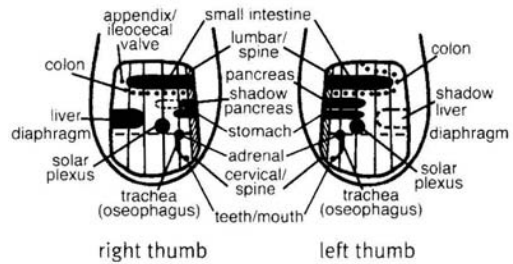
being far more accessible and able to be treated without removing any garments. The detailed grid-system of zonal reflexes with VRT nail-working can be precisely executed on all the finger nails whereas on the feet only the hallux (big toe) nail can be fully worked in this manner as the other toe nails so tiny that only the centre can be stimulated.

VRT Research:

Criteria for a VRT/ reflexology study relating to pain and mobility in the elderly at the St Monica Trust May - June 1997³

In 1997 a small, medically-approved, study was conducted on chronically sick geriatric residents in the St. Monica Trust nursing home.³ The study measured the decrease in pain, and increase in mobility, as a result of VRT treatments conducted on people experiencing a variety of conditions. Study participants received one short (15 minute) VRT and a

Figure 4



Courtesy Booth VRT Ltd.

An example of VRT nail reflexes used to treat Irritable Bowel Condition

reflexology hand and foot treatment per week. After seven weeks more than 60% of the participants were found to have more mobility and a decrease in pain. This new level was maintained two months after treatments had ceased.

The Matron and the Staff Nurse at the nursing home selected seven residents for the study. All

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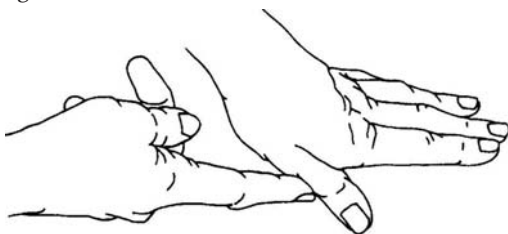
Vertical Reflex Therapy (VRT) (cont.)

had multiple pathologies but the common factor between them was hip, knee and back problems. It was not the study's intention to treat specific ailments but rather to assess each individual's overall condition and to document any increase in mobility and/or decrease in pain. Prior to the start of treatments, each resident completed a questionnaire giving a full picture of their physical limitations. Records of all VRT treatments and VRT self-help treatments were recorded and monitored by the nursing staff. Each client worked three VRT reflexes, selected to suit the client's specific condition, for 30 seconds per reflex, per hand, twice a day over a seven-week period.

VRT Case study: 87 year-old woman with a complex broken arm/wrist

In November 2005 the author treated an 87 year-old client, Mrs. GS, who had fallen and broken her left lower arm 14 months previously. It had failed to heal, in part due to severe osteoporosis, and a splint supported her wrist and lower arm. She was in constant pain and her hand was bent in towards the wrist. The dorsum of her wrist and her lower arm were raised with dense thickened tissue approximately 3cm in depth. She could not grip or splay her fingers and, after 12 months of physiotherapy, her consultant decided to give her body a rest and ceased the therapy, as there had been no real response. Between November 2005 and early January 2006 Mrs. GS had no treatment other than infrequent hand reflexology and VRT treatments. She conducted daily self-help reflexology on her hands, both in the passive and weigh bearing position (working the left hand only partially). Self-help

Figure 2



Self-help VRT on a cervical reflex

Courtesy Booth VRT Ltd.



Courtesy Booth VRT Ltd.

Self-help VRT on a lower lumbar reflex

treatments were conducted several times a day on the shoulder, hand and arm reflex.

In addition, Mrs. GS was given treatments combining VRT on the feet and hands plus regular hand and foot reflexology and the VRT Diaphragm Rocking technique.

Result:

During the second treatment an additional technique, often used on athletes when they have finger or toe injuries, was introduced. The reflexologist works and gently moves the weight-bearing toes as referral areas for the fingers, or vice versa, while the client simultaneously flexes and moves their fingers or toes. After two minutes of this treatment Mrs. GS was able to splay her fingers for the first time since the

Vertical Reflex Therapy (VRT) (cont.)

accident. This improvement had been maintained one year later at the time of this writing.

By the end of January 2006 Mrs. GS could splay her hands, the thickened tissue was reduced to half its original size, and, while she had initially experienced more pain it had eventually lessened to a lower level than before the treatments. Her wrist and arm had begun to straighten and the bone had begun to heal and both of these processes were continuing one year later.

CONCLUSION

Hand Vertical Reflex Therapy, with the option of advanced VRT Nail-working techniques, appears to have a very positive application when used as either a brief treatment or as an addition to reflexology and other therapies. Hand reflexology is far more accessible as a therapy when dealing with the disabled or with clients with mobility problems when reaching or touching the feet can be difficult. Some older people have foot problems ranging from lymphoedema, arthritis, corns and calluses, skin conditions, or general immobility that makes access to the feet difficult or impossible.

Many reflexology practitioners use both hand and foot reflexology in the same treatment and this makes the session more dynamic as, for example, the sinus reflexes can be accessed in greater detail on the hands while the spinal and pelvic reflexes are better accessed on the feet. The original VRT research was conducted on the chronically ill elderly with extremely positive results³ and indicated that shorter, but powerful, hand or foot treatments that incorporated VRT could achieve better results. A 20-minute hand treatment can combine reflexology and VRT. This combination has been used extensively, and effectively, in hospices, with the elderly, and on the chronically sick. It also enables many residents to apply brief self-help hand reflexology in between treatments.²

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Lynne Booth will be teaching her Basic and Advanced Vertical Reflex Therapy Courses in Vancouver, BC, on September 7 & 8, and her Hand and Nail-working Course on September 9th, 2007. The basic course is a pre-requisite for the Advanced Course and the Hand & Nail-working Course.

For details contact Chris Shirley at chriss Shirley@pacifireflexology.com or (800) 688-9748 . ❖

ASK AN EXPERT – INSURANCE CORNER

I AM A REFLEXOLOGIST, BUT I ALSO PRACTICE OTHER MODALITIES. WILL MY INSURANCE COVER ME FOR THE OTHER MODALITIES?

Complementary healthcare modalities (such as cranial sacral, hot stone, massage, reiki, aromatherapy, and energy therapies) are practiced by many reflexologists. Most insurance companies can extend coverage to include the use of these modalities. They usually require proof of competency in the other modalities and, depending on the nature of the treatment, an additional premium may be required.

If you have questions regarding your coverage, you should always consult your insurance broker or agent. Your insurance broker is a licensed professional who will be able to answer your questions and provide the documentation needed to put your mind at ease.

David Stark and Gail Smith are Registered Insurance Brokers with Lackner McLennan Insurance Ltd. They can be reached at 1-800-265-2625 or www.lmicanada.com.

Moss Arnold Study Days - Montreal

Moss Arnold (Founder, Principal, and Chief Trainer of the Australian College of Chi-Reflexology) will be leading **three study days** on Chi Reflexology during the weekend of **November 2, 3 & 4, 2007**.

The study days will take place at the Days Hotel & Conference Centre, Montreal Metro. Full details can be found on the RAC website at www.ReflexologyCanada.ca.

Formation avec Moss Arnold à Montréal

Moss Arnold (fondateur, directeur et maître-formateur pour le Australian College of Chi-Reflexology) offrira **une formation de trois jours** sur la réflexologie-chi pendant le week-end du 2 - 4 novembre 2007.

Les détails de cette formation se trouvent sur le site web de l'association : www.ReflexologyCanada.ca.

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Sherri Keenan

Translation / Traduction:

Allain St-Cyr

Peer Review Panel / Groupe contrôle par les pairs :

Chair / Président :

Rob Campbell

Committee / Comité:

France Trudeau

Ettalie Inglis

Mabel Woods



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editor@CanadianJournalofReflexology.com

www.CanadianJournalofReflexology.com

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