

City of Las Vegas

RECOMMENDING COMMITTEE MEETING
CITY HALL, 400 EAST STEWART
8TH FLOOR CONFERENCE ROOM
CITY OF LAS VEGAS INTERNET ADDRESS: <http://www.ci.las-vegas.nv.us>
MONDAY, AUGUST 30, 1999
4:00 P.M.

CALL TO ORDER.

ANNOUNCEMENT RE. COMPLIANCE WITH OPEN MEETING LAW

THE RECOMMENDING COMMITTEE WILL RECEIVE PUBLIC INPUT ON EACH ITEM OF LEGISLATION BEING CONSIDERED. THE RECOMMENDING COMMITTEE MAY, THEREAFTER, CONTINUE THE HEARING TO A FUTURE DATE OR FORMULATE A RECOMMENDATION TO THE CITY COUNCIL FOR PASSAGE, REJECTION OR AMENDMENT OF THE PROPOSED BILL.

THE FOLLOWING BILLS MAY BE ELIGIBLE FOR ADOPTION AT THE 9/1/99 CITY COUNCIL MEETING.

1. **Bill No. 99-38** – Amends LVMC Chapter 4 24 to adjust the property valuation standard for purposes of calculating the City's residential construction tax Sponsored by Councilman Larry Brown
Committee Councilmen M McDonald and Brown
2. **Bill No. 99-43** – Annexation No A-10-98(A) Property Located. On the southwest corner of Durango Drive and Centennial Parkway Petitioned By Gilbert Development Company, et al Acreage Approximately 30 23 acres Zoned R-E (ROI to C-2) (County Zoning) U (ROI to C-2) (City Equivalent) Zoning Requested as Condition of Annexation U (TC) (ROI to GC and SC) Sponsored by Councilman Larry Brown
Committee Councilmen M McDonald and Brown

THE FOLLOWING BILLS MAY BE ELIGIBLE FOR ADOPTION AT THE 9/15/99 CITY COUNCIL MEETING.

3. **Bill No. 99-44** – Annexation No. A-23-99(A) Property Located Northwest corner of Tenaya Way and Azure Drive Petitioned By Centennial 95, Limited Partnership Acreage Approximately 1 3 acres Zoned R-E (County Zoning) R-E (City Equivalent) Sponsored by Councilman Larry Brown
Committee Councilmen M McDonald and Brown
4. **Bill No. 99-45** – Annexation No A-29-99(A) Property Located On the east side of Cypress Trail, approximately 140 feet north of Spring Road Petitioned By S & W Investments, Inc. Acreage: Approximately 31 acres Zoned H-2 (County Zoning) C-2 (City Equivalent) Sponsored by Councilman Larry Brown
Committee Councilmen M McDonald and Brown
5. **Bill No. 99-46** – Revises the licensing regulations that govern massage establishments and massage therapists Proposed By Virginia Valentine, City Manager
Committee Councilmen M McDonald and Brown
6. **Bill No. 99-47** – Establishes licensing and regulatory requirements relating to the practices of acupuncture and reflexology Proposed by Virginia Valentine, City Manager
Committee Councilmen M McDonald and Brown
7. **Bill No. 99-49** – Imposes limitations on the sale of alcoholic beverages at certain special events Proposed By Mark Vincent, Director of Finance and Business Services
Committee Councilmen M McDonald and Brown
8. **Bill No. 99-50** – Authorizes the same kind of emergency action to suspend non-privileged business licenses as is afforded regarding privileged licenses, and provides for the appeal of such emergency action to be taken in the State of Nevada District Court Proposed By Mark Vincent, Director of Finance and Business Services
Committee Councilmen M McDonald and Brown

CITIZENS PARTICIPATION

ITEMS RAISED UNDER THIS PORTION OF THE AGENDA CANNOT BE DELIBERATED OR ACTED UPON UNTIL THE NOTICE PROVISIONS OF THE OPEN MEETING LAW HAVE BEEN MET IF YOU WISH TO SPEAK ON A MATTER NOT LISTED ON THE AGENDA, PLEASE CLEARLY STATE YOUR NAME AND ADDRESS IN CONSIDERATION OF OTHERS, AVOID REPETITION, AND LIMIT YOUR COMMENTS TO NO MORE THAN THREE (3) MINUTES TO ENSURE ALL PERSONS EQUAL OPPORTUNITY TO SPEAK, EACH SUBJECT MATTER WILL BE LIMITED TO TEN (10) MINUTES

ALL INTERESTED PERSONS ARE INVITED TO ATTEND: A tape recording of all the proceedings will be kept on file in the Office of the City Clerk until final disposition is made Copies of the above Bills may be obtained through the Office of the City Clerk, Monday through Friday, 8 00 to 5.00 P M

Facilities are provided throughout City Hall for the convenience of disabled persons Reasonable efforts will be made to assist and accommodate physically handicapped persons. If you need an accommodation to attend and participate in this meeting, please call the City Clerk's office at 229-6311 and advise of your need at least 48 hours in advance of the meeting

THIS MEETING HAS BEEN PROPERLY NOTICED AND POSTED AT THE FOLLOWING LOCATIONS

Downtown Transportation Center, City Clerk's Board
Senior Citizens Center, 450 E Bonanza
Clark County Government Center, 500 S Grand Central Parkway
Court Clerk's Office Bulletin Board, City Hall Plaza
City Hall Plaza, Special Outside Posting Bulletin Board

152 gm

AFFIDAVIT OF MAILING

(Mailing required under the provisions of NRS Chapter 241)

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

Eva Cotton, an employee of the City of Las Vegas, Nevada being first duly sworn, deposes and says that on the **24th** day of **August, 1999**, a copy of NOTICE, the attached of which is a true and correct copy of the Public Hearing - re **A Recommending Committee Meeting** to be held on the **30th** day of **August, 1999**, was deposited in the United States Mail, Postage prepaid, First Class Mail, to each person and/or organization whose name appears on the list maintained in the Office of the City Clerk.



SIGNATURE

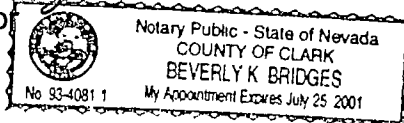
City Clerk

DEPARTMENT

Subscribed and sworn to before me
this 24th day of August, 1999.



NOTARY PUBLIC in and for
said County and State



AFFIDAVIT OF POSTING

(Posting required under the provisions of NRS Chapter 241)

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

Eva Cotton, an employee of the City of Las Vegas, Nevada being first duly sworn, depose and say that on the **25th day of August, 1999**, at the hour of **8:00 A.M.**, there were posted copies of a NOTICE, the attached of which is a true and correct of **A Recommending Committee Meeting** to be held on the **30th day of August, 1999, at 4:00 P.M. in City Hall, 8th Floor Conference Room, 400 E. Stewart Avenue, Las Vegas, Nevada**; to be posted on Public Bulletin Boards at the following locations:

1. *er* On the City Clerk's Bulletin Board at the Downtown Transportation Center;
2. *er* Senior Citizens Center, 450 E. Bonanza Road,
3. *er* On the Special Bulletin Board at the Plaza Level of City Hall, 400 E. Stewart Avenue (near the entrance to the Court Clerk's Office);
4. *er* On the Special Bulletin Board at the Plaza Level of City Hall, 400 E. Stewart Avenue (in the walkway area between Metro and Municipal Court).
5. *er* Clark County Government Center, 500 S. Grand Central Parkway (sent by fax to the County Manager's Office for posting).

[Signature]
SIGNATURE

City Clerk
DEPARTMENT

Subscribed and sworn to before me
this 25th day of August, 1999.

[Signature]
NOTARY PUBLIC in and for said County and State



RECOMMENDING COMMITTEE MEETING MINUTES
CITY HALL, 400 EAST STEWART AVENUE
8TH FLOOR CONFERENCE ROOM
MONDAY, AUGUST 30, 1999
4:00 P.M.

ATTENDANCE: Councilman Larry Brown

EXCUSED: Councilman Michael J. McDonald

ALSO PRESENT: Doug Selby, Deputy City Manager
Val Steed, Chief Deputy of Governmental Affairs
Jim DiFiore, Manager, Business Services

CALL TO ORDER: Councilman Brown called the meeting to order at 4:12 p.m.

ANNOUNCEMENT MADE: Meeting noticed and posted at the following locations:

Downtown Transportation Center, City Clerk's Board
Senior Citizens Center, 450 E. Bonanza Road
Clark County Government Center, 500 S. Grand Central Parkway
Court Clerk's Office Bulletin Board, City Hall Plaza
City Hall Plaza, Special Outside Posting Bulletin Board

1. **No. 99-38 - AMENDS LVMC CHAPTER 4.24 TO ADJUST THE PROPERTY VALUATION STANDARD FOR PURPOSES OF CALCULATING THE CITY'S RESIDENTIAL CONSTRUCTION TAX.** Sponsored by: Councilman Larry Brown
Committee: Councilmen M. McDonald and Brown

Mr. Steed explained that the subject bill is a follow-up to the ordinance the County recently adopted adjusting the building permit valuation from \$32 to \$36 per square foot and changes the term *Impact Fee* to the Statutory term *Residential Construction Tax*. Also, at the last Legislative Session a different cap for the taxation of mobile home development was determined; therefore, he proposed an amendment that would amend Sections 3, 4, and 5 to indicate that apartment houses in residential units will be assessed the \$36 per square foot and in accordance with the new Statute. Mobile home lots will be no greater than 80 percent of the average of all the apartments in other residential units. He stated the bill is in order and recommended approval.

No one appeared in opposition.

There was no further discussion.

Councilman Brown stated Bill No. 99-38 would be forwarded to the Full Council with a "Do Pass" recommendation, as First Amended.

(4:12 - 4:14)

1-16

- 2. Bill No. 99-43 - ANNEXATION NO. A-10-98(A) PROPERTY LOCATED: ON THE SOUTHWEST CORNER OF DURANGO DRIVE AND CENTENNIAL PARKWAY. PETITIONED BY: GILBERT DEVELOPMENT COMPANY, ET AL. ACREAGE: APPROXIMATELY 30.23 ACRES ZONED: R-E (ROI TO C-2) (COUNTY ZONING) U (ROI TO C-2) (CITY EQUIVALENT) ZONING REQUESTED AS CONDITION OF ANNEXATION: U (TC) (ROI TO GC AND SC) Sponsored by: Councilman Larry Brown**
Committee: Councilmen M. McDonald and Brown

Mr. Steed stated the bill is in order. He pointed out that the bill represents one of the first times that the City has attached a condition of annexation of a particular zoning that is different than what would normally be attached to the property annexing in. He recommended approval.

Councilman Brown asked if the request references any specific acreage. Mr. Steed indicated that Page 3 of the subject bill lists a breakdown of the acreage for General Commercial. Attorney Mark Fiorentino, Kummer, Kaempfer, Bonner, and Renshaw, 3800 Howard Hughes Parkway, representing the property owner; believed that the bill does not reference any acreage, but the legal description for the General Commercial portion includes 4.67 acres, which is the equivalent agreed to at the time the property was zoned.

Robert Genzer, Current Planning Supervisor, Planning & Development, noted that at the time of the zoning approval by the County, the location of the General Commercial portion was not specified; therefore, the applicant has essentially chosen the northwest corner of the property to be classified as General Commercial. He confirmed for Councilman Brown that this location would succeed or fail on its own merits, independent of the action taken at the Recommending Committee. The application would still have to go through the site development plan review and the public hearing process. Attorney Fiorentino indicated that the Planning Commission held the public hearing and approved the site plan on 8/26/99.

Councilman Brown asked if the annexation has been completed. Mr. Genzer answered that it has not been completed. Consideration by the Recommending Committee is part of that process. The proposed effective date is 9/10/99, and the site plan should have been forwarded to the City Council by the Planning Commission. Attorney Fiorentino countered that the site plan was not forwarded to the City Council and would need to be appealed in order to be considered by the Council. Mr. Genzer stated that to his understanding the site plan was to be scheduled before the City Council following completion of the annexation, which is the reason it was allowed to be considered by the Planning Commission prior to the completion of the annexation. Attorney Fiorentino noted that obviously the Planning Commission reached a different conclusion, and if this

creates any discomfort, certainly staff should appeal it. Mr. Genzer advised that a request by Councilman Brown for the City Council to review the site plan would suffice. He strongly recommended the request be made because, in his opinion, Planning Commission action cannot be considered final if the annexation has not been completed.

Councilman Brown directed the Recommending Committee Minutes reflect his request to have the site plan reviewed before the effective date of Bill No. 99-43. He noted the intent is well understood by all parties.

No one appeared in opposition.

There was no further discussion.

Councilman Brown stated Bill No. 99-43 would be forwarded to the Full Council with a "Do Pass" recommendation.

(4:14 - 4:20)

1-75

3. **Bill No. 99-44 - ANNEXATION NO. A-23-99(A) PROPERTY LOCATED: NORTHWEST CORNER OF TENAYA WAY AND AZURE DRIVE. PETITIONED BY: CENTENNIAL 95, LIMITED PARTNERSHIP ACREAGE: APPROXIMATELY 1.3 ACRES ZONED: R-E (COUNTY ZONING) R-E (CITY EQUIVALENT) Sponsored by: Councilman Larry Brown**
Committee: Councilmen M. McDonald and Brown

Mr. Steed stated the Bill is in order.

No one appeared in opposition.

There was no discussion.

Councilman Brown stated Bill No. 99-44 would be forwarded to the Full Council with a "Do Pass" recommendation.

(4:20)

1-248

4. **Bill No. 99-45 - ANNEXATION NO. A-29-99(A) PROPERTY LOCATED: ON THE EAST SIDE OF CYPRESS TRAIL, APPROXIMATELY 140 FEET NORTH OF SPRING ROAD. PETITIONED BY: S & W INVESTMENTS, INC., ACREAGE: APPROXIMATELY .31 ACRES ZONED: H-2 (COUNTY ZONING) C-2 (CITY EQUIVALENT) Sponsored by: Councilman Larry Brown**
Committee: Councilmen M. McDonald and Brown

Mr. Steed stated the Bill is in order.

No one appeared in opposition.

There was no discussion.

Councilman Brown stated Bill No. 99-45 would be forwarded to the Full Council with a "Do Pass" recommendation.

(4:20 - 4:21)

1-262

- 5. Bill No. 99-46 - REVISES THE LICENSING REGULATIONS THAT GOVERN MESSAGE ESTABLISHMENTS AND MESSAGE THERAPISTS.** Proposed By: Virginia Valentine, City manager
-
- Committee: Councilmen M. McDonald and Brown

Jim DiFiore, Manager, Business Services, explained that the reason staff is proposing amendments to this part of the Las Vegas Municipal Code (LVMC) is to introduce a requirement of certification by a National Certification Board for anyone that is going to be performing massages. In addressing the current massage section of the LVMC over the last couple of years, staff found that substandard schools are offering massage schooling as a prerequisite for obtaining a massage license. The National Certification Board of Therapeutic Massage and Bodywork is a national certification board for massage therapists across the nation and recognized in over 20 states. Staff believes that this requirement will make the industry more valid with regard to massages offered to customers throughout the Valley.

Additionally, the changes to the Code would include: 1) that a massage therapist working for a licensed massage establishment meet the requirements of the work card provision of LVMC 6.86; 2) that an independent massage therapist would have to have his/her license on his/her person at all times; 3) that massage therapists wear non-transparent garments; and 4) that a massage therapist licensee or a massage establishment licensee comply with the certification requirement within 120 days. He suggested a First Amendment to require the 120 certification of those who actually perform massage.

Councilman Brown asked if there are any potential conflicts with County or State code. Mr. DiFiore responded that there are no conflicts. In fact, the County is considering adoption of similar amendments to its ordinance regarding massage therapy, subsequent to adoption of this ordinance by the City.

Dawn Leslie, Investigative Specialist, Special Investigation Bureau, Las Vegas Metropolitan Police Department, felt that certification of massage therapists by a national board would legitimize the massage business by standardizing the training that the massage therapists receive. Consequently, the public would be safer.

Because the national certification is accredited by the NCCA, an agency that accredits exams for certified public accountants and architects, current exams would be given to ensure that massage therapists are adept and current in their knowledge of the field

Legitimizing the profession may even allow in the future for massage therapy to be prescribed by doctors. More standardization will weed out those individuals with ulterior intentions.

Councilman Brown confirmed with Ms. Leslie that the Police Department is aware of the proposed changes and in concurrence.

No one appeared in opposition.

There was no further discussion.

Councilman Brown stated Bill No. 99-46 would be forwarded to the Full Council with a "Do Pass" recommendation.

(4:21 - 4:26)

1-275

- 6. Bill No. 99-47 - ESTABLISHES LICENSING AND REGULATORY REQUIREMENTS RELATING TO THE PRACTICES OF ACUPRESSURE AND REFLEXOLOGY.**
Proposed by: Virginia Valentine, City Manager
Committee: Councilmen M. McDonald and Brown

Jim DiFiore, Manager, Business Services, indicated that the subject bill is considered to be a companion bill to Bill No. 99-46 in that it introduces specific regulation and requirements for acupressure and reflexology. Currently no standards apply to this profession and the license issued is merely a revenue generator for the City of Las Vegas. Staff has found that there are some unsuitable individuals that perform the art of acupressure and reflexology and then go into performing massages unlicensed and illegally.

The new standards would legitimize the industry by requiring investigation of the license applicants by the Las Vegas Metropolitan Police Department for suitability as well as procurement of a work card. Approval of the license would be left at the discretion of the Director of the Department of Finance & Business Services. Current licensees would be required to comply with the proposed ordinance within 120 days. The total cost includes a \$200 annual license fee, the fee for obtaining a work card, and the investigation fee.

Zee Marie, ARC Board Certified Reflexologist, and President of the Nevada Reflexology Organization (NRO), P. O. Box 27108, Las Vegas, Nevada 89126; indicated she has been a resident of Las Vegas since 1986, has been studying the art of reflexology since 1992, and has been an ARCB certified Reflexologist since 1994. She listed the following objectives of the NRO and noted that it is open for membership to professional reflexologists: 1) to advance the best interests of reflexology in all matters; 2) to create public awareness as to the value of reflexology; 3) to provide a forum for reflexologists, to promote continuing education, to encourage sharing techniques and knowledge; 4) to protect and promote the independence of reflexology as a profession; and 5) to support maintaining ethical codes in reflexology.

Furthermore, she expressed sincere appreciation to the Recommending Committee for its consideration of the creation of an ordinance that specifically addresses the profession of reflexology, which will accomplish the protection of the public through specific licensing requirements of reflexology practitioners and protect the integrity of the practice of reflexology.

However, she pointed out that the proposed ordinance addresses both the acupressure and reflexology fields, but they are very distinct arts. She submitted separate letters for Mayor Goodman, Councilmen McDonald and Brown, and City Manager Valentine with an attached packet containing information about the reflexology profession and copies of ordinances adopted by other municipalities, including the City of Henderson, regarding reflexology. She also submitted an informational packet from Barbara J. Mosier, American Reflexology Certification Board (ARCB), explaining the reflexology profession and the difference between reflexology and massage. On behalf of the NRO, she requested the Recommending Committee consider adopting an ordinance that would include distinct and specific language regarding education and certification for reflexologists, similar to that of the City of Henderson, in order to qualify those interested in obtaining a reflexology license in the City of Las Vegas and to further protect the public. She also suggested that the annual licensing fee be reduced to \$50 and that it be standardized throughout the Valley to make it less expensive for those reflexology practitioners who wish to obtain a license with the various entities.

Alexandra L. Ferguson, ARC Board Certified Reflexologist, NRO member, and Reflexology Instructor at the College of Southern Nevada, advised that she was one of the individuals responsible in getting the Henderson reflexology ordinance passed, which at one time also listed the reflexology field as part of the massage profession. In the past, because of lack of educational standards, it was very easy to practice that way. A lot of massage schools offer only a maximum of four to eight hours of reflexology training. This concerns her very much because, as an instructor, she has come across students who have been in school for a week and want to start practicing the profession so that they can make money. In her opinion the public can be better protected if uniform licensing and educational standards are passed so that everyone knows what to expect, especially the students. The City of Henderson Ordinance specifically defines the scope of the practice of reflexology and specifically outlines educational and certification requirements. Requiring that reflexologists obtain certification by a national board would standardize the educational requirements and make it a credible practice while protecting the public. She noted that as an instructor and due to her code of ethics, she does not provide her students with certificates of completion, but rather encourages them to get board certified.

Mr. DiFiore felt that the concerns and proposals expressed by Ms. Marie and Ms. Ferguson were valid and indicated a desire to meet with them. He recommended the proposed Bill be held to the 9/13/99 Recommending Committee meeting so that an amendment to the proposed ordinance can be drafted.

No one appeared in opposition.

There was no further discussion.

Councilman Brown stated Bill No. 99-47 would be held in abeyance to the Recommending Committee meeting of 9/13/99.

(4:26 - 4:47)

1-442

7. Bill No. 99-49 - IMPOSES LIMITATIONS ON THE SALE OF ALCOHOLIC BEVERAGES AT CERTAIN SPECIAL EVENTS. Proposed by: Mark Vincent, Director of Finance and Business Services

Committee. Councilmen M. McDonald and Brown

Jim DiFiore, Manager, Business Services, explained that the proposed bill amends Las Vegas Municipal Code 6.78 to elaborate more on special events, including: competitive races, athletic activities, block parties, grand openings, fireworks displays, building implosions, and other events where a fee is not charged. The act itself will prohibit the sale of alcoholic beverages in glass or metal containers at any special event between the hours of 6:00 p.m. on December 31st and 6:00 a.m. on January 1st and between 6:00 p.m. on July 4th and 6:00 a.m. on July 5th of each year and during the time period beginning two hours before the start of the event and ending two hours after the event is over. This will provide a welfare protection so that individuals that consume alcoholic beverages must consume them and so that the licensees must provide alcohol in plastic containers.

Sergeant Vincent Cannito, Special Investigations Bureau, Las Vegas Metropolitan Police Department, noted that the safety of the public as well as that of the officers is paramount. The County is also considering the adoption of a similar ordinance.

Councilman Brown asked if the ordinance would apply to events that take place at the Fremont Street Experience (FSE). Mr. DiFiore indicated that because the FSE is a licensed entity with the City of Las Vegas, the events sponsored by it would not be part and parcel to the special event definition.

No one appeared in opposition.

There was no further discussion.

Councilman Brown stated Bill No. 99-49 would be forwarded to the Full Council with a "Do Pass" recommendation.

(4:47 - 4:52)

1-1156

8. Bill No. 99-50 - AUTHORIZES THE SAME KIND OF EMERGENCY ACTION TO SUSPEND NON-PRIVILEGED LICENSES AS IS AFFORDED REGARDING PRIVILEGED LICENSES, AND PROVIDES FOR THE APPEAL OF SUCH

EMERGENCY ACTION TO BE TAKEN IN THE STATE OF NEVADA DISTRICT COURT. Proposed by: Mark Vincent, Director of Finance and Business Services Committee. Councilmen M. McDonald and Brown

Jim DiFiore, Manager, Business Services, indicated that the proposed amendment to 6.02 and 6.06 of the Las Vegas Municipal Code would give the Las Vegas Metropolitan Police Department and the Director of the Department of Finance and Business Services the authority to suspend a license when a violation of the Business License Title is determined or when the order is necessary for the immediate preservation of public, health, safety, morals, good order, or general welfare in the City. Presently, only in the privileged licensed category and in the Code that regulates those businesses does the director have the authority to suspend a license. However, there are many times when City staff or the Police Department encounter an activity that requires the suspension to take effect. The proposed ordinance would afford the Las Vegas Metropolitan Police Department the authority to make decisions on the suspension of a business license in the event of an emergency, a serious violation of the Code, or an accident. Appeal of the emergency suspension would be done at the Nevada District Court level. Sergeant Vincent Cannito, Special Investigations Bureau, Las Vegas Metropolitan Police Department, concurred.

Mr. Steed confirmed that an emergency suspension would be based upon the violation of the license provisions by the licensee or the business. Mr. DiFiore stated that there has to be a link between the incident that takes place and the business itself. Emergency closures or suspensions will not be done on an arbitrary basis.

No one appeared in opposition.

There was no further discussion.

Councilman Brown stated Bill No. 99-50 would be forwarded to the Full Council with a "Do Pass" recommendation.

(4:52 - 4:55)

1-1319

CITIZENS PARTICIPATION:

None.

ADJOURNMENT:

The meeting adjourned at 4:55 p.m.

/gpb

Discover **REFLEXOLOGY**

*A natural system
of relaxation
based on the principles
that the body
is reflected on the feet,
and hands.*

*The application of
pressure to these areas
promotes circulation,
balance and relaxation.*



Discover **REFLEXOLOGY**

& an ARC Board Certified
Reflexologist

Q. What is REFLEXOLOGY?

A. It is an art of stress reduction based on the work of two American physicians, Dr. William Fitzgerald and Dr. Joe Shelby Riley in the 1920's. Foot and Hand Reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet and hands which correspond to all body parts. The physical act of applying specific pressures using thumb, finger and hand techniques result in stress reduction which causes a physiological change in the body.

Q. Is there any scientific basis to REFLEXOLOGY?

A. In the 1890's knighted research scientist, Dr. Henry Head, proved the neurological relationship that exists between the skin and the internal organs. Nobel prize winner, Sir Charles Sherrington proved that the whole nervous system and body adjusts to a stimulus when it is applied to any part of the body. In Germany, Dr. Alfons Cornelius observed pressure to certain spots triggered muscle contractions, changes in blood pressure, variation in warmth and moisture in the body as well as directly affecting the "psychic processes" or mental state of the patient. Currently research studies to further validate reflexology are being conducted in many countries including Switzerland, Denmark, USA and Australia. In Japan and

Denmark reflexology has been incorporated into the employee health programs of several large corporations saving each company thousands of dollars annually.

Q. What are the benefits of REFLEXOLOGY?

A. Many of our health problems can be linked to stress. Reflexology is primarily a relaxation technique. Reflexology can negate the effects of stress while it helps the body relax. Through relaxation the body is able to help itself deal with any problem it may be experiencing.

Q. How does REFLEXOLOGY help relieve stress?

A. Reflexology gently nudges the body towards better functioning by improving lymphatic drainage, circulation, breaking down calcification between nerve pathways, and muscle relaxation.

Q. What ailments does REFLEXOLOGY help?

A. Reflexologists do not practice medicine in any form. They do not diagnose any medical disorder. Nor do they prescribe or adjust medications. Reflexology is not a substitute for medical treatment, but is a complement to any type of medical treatment or therapy. Though any serious reaction to a reflexology session is rare there are situations where the use of reflexology is not

appropriate. The professional reflexologist always uses discretion when working on chronic and/or degenerative diseases.

Q. Is REFLEXOLOGY painful?

A. No, reflexology should not be painful because the primary goal is relaxation.

Q. What does it mean when some areas are sensitive?

A. Sensitivity is an indicator of where the body is holding tension.

Q. Can the use of REFLEXOLOGY guarantee good health?

A. Reflexology is not a panacea for all ills, nor can it guarantee good health. However, it can be incorporated into an overall healthy lifestyle which includes attention to diet, moderate exercise, and different forms of stress reduction.

Q. Where can I find a Board Certified REFLEXOLOGIST?

A. Contact the American Reflexology Certification Board for a reflexologist near you.

American Reflexology
Certification Board
P.O. Box 620607
Littleton CO 80162
Phone & Fax: 303-933-6921

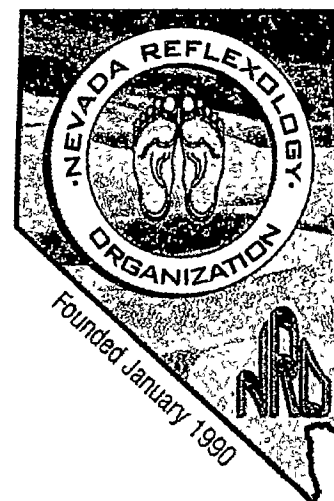
A responsible reflexologist can, through their knowledge and concern, give the client a seed of information which may awaken in the client their own awareness of the wellness they can enjoy.

A responsible reflexologist's best session is when their knowledge and experience unites with their heart and is felt through the hands to give the truest help to their client.

*Inspiration by Billie J. Scott
Founder and Former President of NRO*

This brochure is educational in nature and all of the herein practices and methodologies are not intended as a substitute for proper medical care. You should consult a licensed physician for any condition that logically requires their services.

Layout & Design by Zee Designs Desktop Publishing
(702) 796-7300



N•R•O
P.O. Box 27108
Las Vegas, NV 89126-1108

(702)615-3332

www.nvreflexology.org
nro@wizard.com

NRO IS...

a non-profit organization founded in January of 1990 and represents Reflexology at several health fairs yearly.

THE OBJECTIVES OF THE NEVADA REFLEXOLOGY ORGANIZATION ARE:

- To advance the best interests of Reflexology in all matters.
- To create public awareness of the value of Reflexology.
- To establish and maintain ethical codes in Reflexology.
- To provide a forum for Reflexologists, promote continuing education, and encourage sharing techniques and knowledge.
- To protect and promote independence of Reflexology as a profession.

MEMBERSHIP:

This Organization is open for membership to professional and casual reflexologists as well as those who have an interest in the modality of reflexology.

Members are invited to attend bi-monthly gatherings and other spontaneous events throughout the year. They receive "Desert Footprints" — a newsletter dedicated to education, insights and bits of interest for the professional and casual reflexologist.

REFLEXOLOGY IS...

a modality of stress reduction based on the premise that within our own feet and hands are reflexes and zones which directly correspond to all organs and all parts of the body.

A Reflexologist uses alternating compression techniques including thumb and finger walking, hook and backup and rotation on a reflex. The application of these techniques are primarily used on the hands and feet, and some work with reflexes located in the ears as well.

Only shoes and socks are removed and oils, lotions and creams are not used during the session.

A COMPLIMENTARY THERAPY...

Reflexology is not a replacement for medical treatment or therapies — rather it has been shown to be complimentary. Because of its relaxation properties, it can work well with and does not compete with necessary medical attention.

A Reflexologist does not diagnose any condition of the body, prescribe remedies, treat for specific illness, or prognosticate a client's health.

Stress has been linked as a trigger for many of our common problems today. Reflexology can be an effective tool in reducing stress and encouraging relaxation throughout the body.

JOIN US!

WHETHER YOU ARE IN THE PROFESSION OR JUST ENJOY REFLEXOLOGY, PLEASE SUPPORT US.

- ☐ **Full Voting Membership** — extends voting privileges to the member. The member is eligible to run and hold office.
- ☐ **Associate Membership** — associate member is not entitled to vote or hold office, but receives all other benefits of membership.

Please cut this portion of the brochure at seam and enclose with a check or money order in the amount of \$15 for January 1, 1999, to January 1, 2000, NRO Membership Dues. Please make checks payable to Nevada Reflexology Organization or NRO.

Mail to address on front of this brochure.

PLEASE PRINT:

Name _____
Address _____
City _____
State _____ Zip _____
HM Phone _____
WK Phone _____
Month & Day of Birth _____

Would you like us to call and remind you of NRO meetings and events? ☐ YES ☐ NO
Would you like to volunteer at NRO events? ☐ YES ☐ NO
Are you a reflexologist? ☐ YES ☐ NO
☐ Casual ☐ Professional ☐ ARCB Certified
☐ IIR Certified ☐ Other _____
What is your profession or line of work? _____
Have you ever or do you see a reflexologist? ☐ YES ☐ NO
☐ One time ☐ A few times ☐ Regularly

Thank you for participating!



ARCB
Director

Barbara J. Mosier

ARCB, P O Box 620627
Littleton CO 80162
Ph. (303) 933-6921
Fax (303) 904-0460

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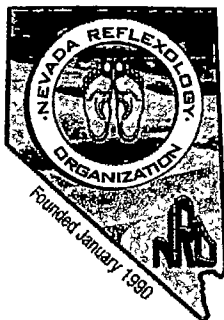
EVADA REFLEXOLOGY ORGANIZATION



Zee Marie - President
(702) 795-7300 • nro@wizard.com

P.O. Box 27108 Las Vegas, NV 89126-1108
(702) 615-3332 • www.nvreflexology.org • nro@wizard.com

NEVADA REFLEXOLOGY ORGANIZATION



NRO 1999-2000 BOARD

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Zee Marie

•
VICE PRESIDENT
JoAnn Welland

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August 30, 1999

Larry Brown, Councilman
City of Las Vegas
400 E. Stewart Avenue, 3rd Floor
Las Vegas, NV 89101

Re: Bill No. 99-47
Proposed Reflexology Ordinance

Dear Mr. Brown:

On behalf of the Nevada Reflexology Organization we would like to express our sincere appreciation for your consideration regarding the creation of an ordinance that would specifically address the professional practice of Reflexology. We believe this would accomplish the protection of the public through specific licensing required of reflexology practitioners as well as protect the integrity of the practice of Reflexology.

Enclosed is a packet which includes a copy of the City of Henderson Reflexology Ordinance, ordinances from other cities (El Paso and Tucson), a letter explaining the exclusion of reflexology from massage licensure from the State of Iowa, Massage Law from the State of Maine with an exemption from reflexology, North Dakota legislation regarding its' Reflexology Governing Board, NRO newsletter, a brochure along with newspaper articles related to the passage of the Henderson ordinance.

We hope this will assist you in your evaluation of the practice of Reflexology as a lawful business. If you have any questions, please feel free to contact us at anytime.

Sincerely,

Zee Marie
ARC Board Certified Reflexologist
NRO President
(702) 795-7300
Email: nro@wizard.com

Sincerely,

Alexandra L. Ferguson
ARC Board Certified Reflexologist
NRO Member &
Former NRO Vice President
(702) 614-8331

cc: Virginia Valentine, Michael McDonald, Oscar B. Goodman

ORDINANCE NO. 1721
(Amend HMC Title 4 By Adding Reflexology Category)

AN ORDINANCE OF THE CITY OF HENDERSON AMENDING TITLE 4, BUSINESS REGULATIONS AND LICENSES, BY AMENDING HENDERSON MUNICIPAL CODE 4.05, BUSINESS LICENSE FEE SCHEDULES, BY ADDING A NEW CATEGORY OF BUSINESS LICENSE FOR REFLEXOLOGY; AMENDING HENDERSON MUNICIPAL CODE 4.84.010 TO AMEND THE DEFINITION OF MASSAGE SO AS TO EXCLUDE REFLEXOLOGY AND TO ADD A DEFINITION FOR CHAIR MASSAGE; AMENDING TITLE 4 OF THE HENDERSON MUNICIPAL CODE BY ADDING A NEW CHAPTER REGULATING REFLEXOLOGY; AND AMENDING TITLE 4, CHAPTER 84, MASSAGE ESTABLISHMENTS, BY ALLOWING OUTCALL CHAIR MASSAGE IN COMMERCIAL ESTABLISHMENTS; AND OTHER MATTERS RELATED THERETO.

THE CITY COUNCIL OF THE CITY OF HENDERSON DOES HEREBY ORDAIN AS FOLLOWS:

SECTION 1. The City Council finds that reflexology is different in character than massage, and should therefore be regulated differently for the health, safety and welfare of the public.

SECTION 2. Title 4, Chapter 05, of the Henderson Municipal Code is hereby amended by adding a new section to be codified as 1925 as follows:

4.05.1925 Reflexologist

Fifty dollars (\$50.00) semi-annually, provided that the applicant meets all the requirements set forth in HMC 4.85.

SECTION 3. Title 4, Chapter 84, Section 010, subsection (b) of the Henderson Municipal Code is hereby amended by revising the definition of "massage" as follows:

"Massage" means any method of pressure on, or friction against, or stroking, kneading, rubbing, tapping, pounding, vibrating, or stimulating of the external parts of the human body with the hands, or with the aid of any mechanical or electrical apparatus or appliances, with or without such supplementary aids as rubbing alcohol, liniments, antiseptics, oils, powder, creams, lotions, ointment or other such similar preparations commonly used in the practice of massage. Reflexology, when performed on a client who is fully clothed (excepting footwear) is excluded from this definition.

SECTION 4. Title 4 of the Henderson Municipal Code is hereby amended by adding a new chapter to be called Reflexology and to be codified as 85 as follows:

4.85.010 Definitions.

- (a) "Reflexologist" means a person who uses special pressure techniques on the reflexes in the human feet, hands, and ears and who has studied the principles of reflexology, anatomy and physiology generally included in a regular course of study of reflexology.

- (b) "Reflexology" means the application of specific pressure by the use of the practitioner's hands, thumbs, and fingers to reflex points in the client's hands, feet, or ears using alternating pressure, and such techniques as thumb walking, finger walking, hook and back up, and rotation on a reflex.

4.85.020 Exemptions.

This chapter does not apply to the activities or services of physicians, chiropractors, physical therapists, cosmetologists, registered nurses, or members of other professions licensed, certified, or registered by the state who may, on occasion, apply pressure to the reflex points in the hands, feet, and ears in the course of their work.

4.85.030 Application.

Whenever a person desires to conduct any reflexology business in the City of Henderson, whether as an owner or a reflexologist, such person shall make application in writing to the division for a business license therefor. Such application shall contain the following:

- A. The name and residence address of the applicant; and
- B. The kind of license desired, the particular place for which the license is desired; and
- C. The names and residential addresses of all persons both owning an interest in and managing the business, together with a statement as to the percentage of the business owned by each individual; and
- D. A statement for each person interested in the business, including, in the case of a corporation, all officers and directors, giving (1) his name and place of residence, (2) whether or not he is a legal resident of the United States, (3) whether or not he has been charged or convicted of a crime which would be considered a felony under the laws of the state of Nevada, or any misdemeanor crime, other than minor traffic offenses; (4) the applicant's educational background in a recognized school; and (5) any other information the division may require.

4.85.040 Minimum educational and certification requirements; health certifications and health cards required.

- (a) Applicants shall submit at the time of application the following:

- (1) A diploma or certification issued by a duly licensed school of reflexology, the curriculum of which includes at least 110 hours of instruction, covering reflexology theory, and history, and hands on work; anatomy and physiology correlated to reflexology; anatomy and physiology specifically focused on the study of the lower leg and foot; business practice which involves ethics and business standards and knowledge or local and state laws and ordinances pertaining to the practice of reflexology; and ninety (90) hours of practicum; or
- (2) Certification from an independent national reflexology testing entity which is not aligned with any school, training program, or membership; and
- (3) A certificate of a licensed physician licensed to practice medicine in the state of Nevada, bearing a date not more than thirty days prior to the date of application for a license, and showing the applicant to be free from all contagious, infectious or communicable disease, which certificate must be renewed annually; and
- (4) A Clark County health department card.

4.85.050 License - Corporation - Partnerships - Associations - Changes in membership.

In the case of a corporate licensee, whether an owner or a reflexologist, any and all changes in the officers or directors of such corporation shall be reported to the division within thirty (30) days of the appointment or election of such officers and directors. New officers or directors shall be required to qualify for a license as required in this chapter.

4.85.060 License Fees.

The semiannual fee for each license is fifty (\$50.00) dollars, payable in advance.

4.85.070 Prohibited Practices.

- (a) A reflexologist may not use lotions, creams, or mechanical devices in the application of reflexology.
- (b) A reflexologist may not diagnose or treat for specific diseases, practice spinal or other joint manipulations, prescribe or adjust medication, or prescribe or administer vitamins.

4.85.080 License Not Transferrable

A reflexology license shall be non-transferable and non-assignable to any other person or place of business.

4.85.090 Facilities and Dress.

- (a) Every portion of the reflexology establishment, and all appliances and apparatuses shall be kept clean and operated in a sanitary condition.
- (b) All employees, including reflexologists, shall be clean and wear clean, nontransparent outer garments. Said garments shall fully cover from a point, not to exceed 4 inches above the center of the kneecap to the base of the neck, excluding the arms, with the following exception: shorts may be worn so long as the pubic region and the body above that point is fully covered to the base of the neck, excluding the arms. The covering, which includes trousers, pants or shorts, shall be of any opaque material and shall be maintained in a clean and sanitary condition.

4.85.100 Outcall Treatment.

Reflexology treatment may be administered on an outcall basis provided that there is no gaming or alcohol present. If any outcall treatment is performed, a record must be kept of the date and hour of each treatment, the name and address of each patron, and the name of the reflexologist administering the treatment.

4.85.110 Operating Requirements

- (a) Price rates for all services shall be prominently posted in the reception area in a location available to all prospective customers.
- (b) Every reflexology establishment, and all licensed reflexologists, shall post the license required by this chapter in a prominent place in the reception area of the establishment.
- (c) The licensee, or person designated by the licensee of a reflexology establishment, shall maintain a register of all persons employed at any time as reflexologists and their license numbers. Such register shall be open for inspection by agents of the division, police department or Health District at all times the establishment is open for the conduct of business.
- (d) It shall be unlawful for any person in a reflexology establishment to place his hand or hands upon, to touch with any part of his body, to fondle in any manner, or to do reflexology on a specified anatomical area, as defined in HMC 4.84.010(i), of any patron.

4.85.120 Alcoholic Liquors and Gaming Prohibited

- (a) It is unlawful for any licensed reflexology business, employee, agent, or patron thereof, to possess any alcoholic liquor on the premises of any reflexologist establishment; and

- (b) It is unlawful for any gaming as defined in this Title to occur on the premises wherein the practice of business of reflexology is conducted.
- (c) Subsections (a) and (b) shall not apply in cases where the reflexology establishment is located within a facility such as, but not limited to, a hotel, a hotel/gaming establishment, athletic club, etc. This prohibition of alcoholic liquors and gaming shall only apply to the area of the primary facility dedicated to the use of the reflexology establishment.

4.85.130 Licensee Responsible for the Acts of Employees

Every licensee shall be responsible for the acts of his employees committed during the course and scope of employment. In any license suspension, limitation or revocation proceedings, the fact that the licensee did not have actual knowledge of the events complained of shall be no defense, and every licensee hereunder accepts his license subject to this provision.

4.85.140 License - Suspension - Revocation - Limitation

The Council may deem that any activity on the part of the licensee or employees, or a person previously found suitable, which is contrary to the public health, safety, morals, good order, or general welfare of the residents of the City or which violates any ordinance or regulation of the City or the State is grounds for disciplinary action which may result in a suspension, limitation or revocation of the reflexology license. Without limiting the generality of the foregoing, each of the following reasons are declared to be a basis for disciplinary action.

- (a) Doing or failing to do any act which would make one unqualified to hold a license under the provisions of this chapter; or
- (b) Conducting a reflexology business in an unlawful manner or in a manner detrimental to the public health, safety or welfare, or in violation of any of the provisions of this chapter; or
- (c) Knowingly failing to report or concealing from proper authority any information which it is the licensee's duty to supply under this chapter or any statute, ordinance or regulation of the State or the City; or
- (d) Making a misrepresentation of a material fact in his application to obtain a license.

4.85.150 Application of Other Ordinances.

The terms, conditions and policies of other applicable statutes and ordinances are intended to be applied in conjunction with the enforcement of all other ordinances of the City designed for the protection of the public health, safety, morals, and welfare. The fact that such statutes or ordinances are not specifically referred to in this chapter shall in no manner preclude their application to reflexology licensees.

4.85.160 Aggrieved Parties.

Any person aggrieved by this chapter shall, by filing written notice to the City Clerk, appeal for relief to the Council in accordance with HMC 4.04.210.

4.85.170 Violation - Penalty

Any person violating any of the terms and provisions of this chapter shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine, not to exceed the maximum allowable fine under NRS, or by imprisonment in the City jail for a term not to exceed six (6) months, or by both such fine and imprisonment; and shall subject the licensee to suspension, limitation or revocation of his license. Any person being adjudged guilty of a violation of this chapter, or any of the provisions or prohibitions thereof, may, in the discretion of the Council, be denied a license thereafter.

SECTION 5 Title 4, Chapter 84, Section 010, of the Henderson Municipal Code is hereby amended by adding a definition of "chair massage" as follows:

- (a) "Chair Massage" means a massage administered by a massagist to a fully-clothed patron's neck, shoulders, back, arms, hands and feet utilizing a massage chair.
- (b) "Health Department" means the Clark County Health District
- (c) "Licensee" means the person to whom a license has been issued to act in the capacity of an owner of a massage establishment, or a massagist as herein defined.
- (d) "Massage" means any method of pressure on, or friction against, or stroking, kneading, rubbing, tapping, pounding, vibrating, or stimulating of the external parts of the human body with the hands, or with the aid of any mechanical or electrical apparatus or appliances, with or without such supplementary aids as rubbing alcohol, liniments, antiseptics, oils, powder, creams, lotions, ointment or other such similar preparations commonly used in the practice of massage.
- (e) "Massage Establishment" means any establishment having a source of income or compensation derived from the practice of massage, and which has a fixed place of business.
- (f) "Massagist" (masseur or masseuse) means any person who engages in the practice of massage.
- (g) "Outcall Massage Service" means any massage performed by a licensee, or his employee, upon a patron at a location other than the licensed establishment.
- (h) "Patron" means any person who receives a massage.
- (i) "Recognized School" means any school or educational institution licensed to do business as a school or educational institution in the state in which it is located, and which has for its purpose, the teaching of the theory, method, profession, or work of massage, and which requires the successful completion of a course of study of not less than five (500) hundred hours before the student shall be furnished with a diploma or certificate of graduation.

- (j) "Specified Anatomical Areas" means the human genitals, pubic region, anus, or perineum of any person, or the vulva or breast of a female.

SECTION 6. Title 4, Chapter 84, Section 190, subsection (d) of the Henderson Municipal Code is hereby amended as follows:

- (d) Outcall massage is prohibited. The restriction on outcall also does not apply to a chair massage performed in a commercial establishment, provided that there is no alcohol or gaming present. The restriction on outcall massage shall not apply to a licensee who performs an outcall massage on a patron who, because of reasons of physical defects or incapacities, or due to illness is physically unable to travel to the massage establishment. If any outcall massage is performed under these exceptions, a record of the date and hour of each treatment, and the name and address of patron, and the name of the employee administering such treatment and the type of treatment administered, as well as the nature of the physical defect, illness or incapacity which shall be documented by a prescription or letter of need for massage services for the patron or client from a physician, physical therapist, or other medical professional licensed by the State of Nevada. Said records shall be kept by the licensee. Such records shall be open to inspection by officials charged with the enforcement of public health laws, agents of the division and the police department. Any unauthorized disclosure or use of such information by the licensee or employee of the business shall be unlawful.

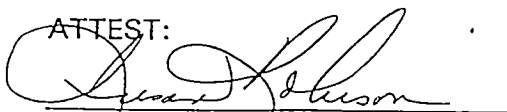
SECTION 7. If any section, subsection, paragraph, clause or provision of this Ordinance shall for any reason be held invalid or unenforceable, the invalidity or unenforceability of such section or subsection, paragraph, clause or provision shall not affect any of the remaining provisions of this Ordinance.

SECTION 8. All ordinances, or parts of ordinances, sections, subsection, phrases, sentences, clauses or paragraphs contained in the Municipal Code of the City of Henderson, Nevada, in conflict herewith are repealed.

SECTION 9. A copy of this Ordinance shall be filed with the office of the City Clerk, and notice of such filing shall be published once by title in the Henderson Home News, a newspaper having general circulation in the City of Henderson, at least one (1) week prior to the adoption of said Ordinance, and following approval shall be published by title (or in full if the Council by majority vote so orders) together with the names of the Councilmen voting for or against passage for at least one (1) publication before the Ordinance shall become effective.

PASSED AND ADOPTED THIS 21ST DAY OF JANUARY, 1997.

ATTEST:


SUSAN ROBISON, CITY CLERK


JACK CLARK, MAYOR PRO TEM

The above and foregoing Ordinance was first proposed and read in title to the City Council on January 7, 1997, which was a Regular Meeting and referred to a Committee of the following Councilmen:

"COUNCIL AS A WHOLE"

Thereafter, said Committee reported favorably on the Ordinance on January 21, 1997, which was a Regular Meeting of the Henderson City Council, at which time the Ordinance was read in title and adopted by the following roll call vote:

Those voting AYE:

Councilmembers:
Jack Clark
Amanda M. Cyphers
Arthur "Andy" Hafen
David A. Wood

Those voting NAY:

None

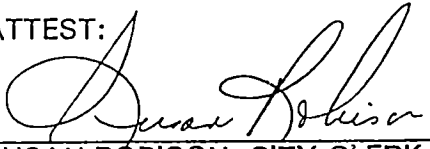
Those Abstaining:

None

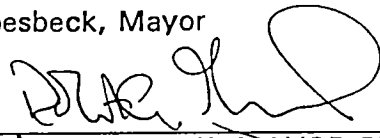
Those Absent:

Robert A. Groesbeck, Mayor

ATTEST:



SUSAN ROBISON, CITY CLERK



FOR JACK CLARK, MAYOR PRO TEM

public health, safety, morals, and welfare. The fact that such statutes or ordinances are not specifically referred to in this chapter shall in no manner preclude their application to massage licensees. (Ord. 1331 § 1 (part), 1992)

4.84.250 Aggrieved parties.

Any person aggrieved by this chapter shall, by filing written notice to the city clerk, appeal for relief to the council in accordance with HMC 4.04.210. (Ord. 1331 § 1 (part), 1992)

4.84.260 Violation—Penalty.

Any person violating any of the terms and provisions of this chapter shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine, not to exceed the maximum allowable fine under NRS, or by imprisonment in the city jail for a term not to exceed six months, or by both such fine and imprisonment; and shall subject the licensee to suspension, limitation or revocation of his license. Any person being adjudged guilty of a violation of this chapter, or any of the provisions or prohibitions thereof, may, in the discretion of the council, be denied a license thereafter. (Ord. 1331 § 1 (part), 1992)

Chapter 4.85 REFLEXOLOGY

4.85.010 Definitions.

4.85.020 Exemptions.

4.85.030 Application.

4.85.040 Minimum educational and certification requirements; health certifications and health cards required.

4.85.050 License—Corporation—Partnerships—Associations—Changes in membership.

4.85.060 License fees.

4.85.070 Prohibited practices.

4.85.080 License not transferrable.

4.85.090 Facilities and dress.

4.85.100 Outcall treatment.

4.85.110 Operating requirements.

4.85.120 Alcoholic liquors and gaming prohibited.

4.85.130 Licensee responsible for the acts of employees.

4.85.140 License—Suspension—Revocation—Limitation.

4.85.150 Application of other ordinances.

4.85.160 Aggrieved parties.

4.85.170 Violation—Penalty.

4.85.010 Definitions.

As used in this chapter:

“Reflexologist” means a person who uses special pressure techniques on the reflexes in the human feet, hands, and ears and who has studied the principles of reflexology, anatomy and physiology generally included in a regular course of study of reflexology.

“Reflexology” means the application of specific pressure by the use of the practitioner’s hands, thumbs, and fingers to reflex points in the client’s hands, feet, or ears using alternating pressure, and such techniques as thumb walking, finger walking, hook and back up, and rotation on a reflex. (Ord. 1721 § 4 (part), 1997)

4.85.020 Exemptions.

This chapter does not apply to the activities or services of physicians, chiropractors, physical therapists, cosmetologists, registered nurses, or members of other professions licensed, certified, or registered by the state who may, on occasion, apply pressure to the reflex points in the hands, feet, and ears in the course of their work. (Ord. 1721 § 4 (part), 1997)

4.85.030 Application.

Whenever a person desires to conduct any reflexology business in the city of Henderson, whether as an owner or a reflexologist, such person shall make application in writing to the division for a business license therefor. Such application shall contain the following:

A. The name and residence address of the applicant, and

B. The kind of license desired, the particular place for which the license is desired; and

C. The names and residential addresses of all persons both owning an interest in and managing the business, together with a statement as to the percentage of the business owned by each individual; and

D. A statement for each person interested in the business, including, in the case of a corporation, all officers and directors, giving (1) his name and place of residence, (2) whether or not he is a legal resident of the United States, (3) whether or not he has been charged or convicted of a crime which would be considered a felony under the laws of the state of Nevada, or any misdemeanor crime, other than minor traffic offenses, (4) the applicant’s educational background in a recognized school, and (5) any other

4.85.030

information the division may require. (Ord. 1721 § 4 (part), 1997)

4.85.040 Minimum educational and certification requirements; health certifications and health cards required.

A. Applicants shall submit at the time of application the following:

1. A diploma or certification issued by a duly licensed school of reflexology, the curriculum of which includes at least one hundred ten hours of instruction, covering reflexology theory, and history, and hands on work; anatomy and physiology correlated to reflexology; anatomy and physiology specifically focused on the study of the lower leg and foot; business practice which involves ethics and business standards and knowledge of local and state laws and ordinances pertaining to the practice of reflexology; and ninety hours of practicum; or

2. Certification from an independent national reflexology testing entity which is not aligned with any school, training program, or membership; and

3. A certificate of a licensed physician licensed to practice medicine in the state of Nevada, bearing a date not more than thirty days prior to the date of application for a license, and showing the applicant to be free from all contagious, infectious or communicable disease, which certificate must be renewed annually; and

4. A Clark County health department card. (Ord. 1721 § 4 (part), 1997)

4.85.050 License—Corporation—Partnerships—Associations—Changes in membership.

In the case of a corporate licensee, whether an owner or a reflexologist, any and all changes in the officers or directors of such corporation shall be reported to the division within thirty days of the appointment or election of such officers and directors. New officers or directors shall be required to qualify for a license as required in this chapter. (Ord. 1721 § 4 (part), 1997)

4.85.060 License fees.

The semiannual fee for each license is fifty (\$50.00) dollars, payable in advance. (Ord. 1721 § 4 (part), 1997)

4.85.070 Prohibited practices.

A. A reflexologist may not use lotions, creams, or mechanical devices in the application of reflexology.

B. A reflexologist may not diagnose or treat for specific diseases, practice spinal or other joint manipulations, prescribe or adjust medication, or prescribe or administer vitamins. (Ord. 1721 § 4 (part), 1997)

4.85.080 License not transferrable.

A reflexology license shall be nontransferable and nonassignable to any other person or place of business. (Ord. 1721 § 4 (part), 1997)

4.85.090 Facilities and dress.

A. Every portion of the reflexology establishment, and all appliances and apparatuses shall be kept clean and operated in a sanitary condition.

B. All employees, including reflexologists, shall be clean and wear clean, nontransparent outer garments. Said garments shall fully cover from a point, not to exceed four inches above the center of the kneecap to the base of the neck, excluding the arms, with the following exception: Shorts may be worn so long as the pubic region and the body above that point is fully covered to the base of the neck, excluding the arms. The covering, which includes trousers, pants or shorts, shall be of any opaque material and shall be maintained in a clean and sanitary condition. (Ord. 1721 § 4 (part), 1997)

4.85.100 Outcall treatment.

Reflexology treatment may be administered on an outcall basis provided that there is no gaming or alcohol present. If any outcall treatment is performed, a record must be kept of the date and hour of each treatment, the name and address of each patron, and the name of the reflexologist administering the treatment. (Ord. 1721 § 4 (part), 1997)

4.85.110 Operating requirements.

A. Price rates for all services shall be prominently posted in the reception area in a location available to all prospective customers.

B. Every reflexology establishment, and all licensed reflexologists, shall post the license required by this chapter in a prominent place in the reception area of the establishment.

C. The licensee, or person designated by the licensee of a reflexology establishment, shall maintain a register of all persons employed at any time as reflexologists and their license numbers. Such register shall be open

for inspection by agents of the division, police department or Health District at all times the establishment is open for the conduct of business.

D. It is unlawful for any person in a reflexology establishment to place his hand or hands upon, to touch with any part of his body, to fondle in any manner, or to do reflexology on a specified anatomical area, as defined in HMC 4.84.010, of any patron. (Ord. 1721 § 4 (part), 1997)

4.85.120 Alcoholic liquors and gaming prohibited.

A. It is unlawful for any licensed reflexology business, employee, agent, or patron thereof, to possess any alcoholic liquor on the premises of any reflexologist establishment; and

B. It is unlawful for any gaming as defined in this title to occur on the premises wherein the practice of business of reflexology is conducted.

C. Subsections A and B shall not apply in cases where the reflexology establishment is located within a facility such as, but not limited to, a hotel, a hotel/gaming establishment, athletic club, etc. This prohibition of alcoholic liquors and gaming shall only apply to the area of the primary facility dedicated to the use of the reflexology establishment. (Ord. 1721 § 4 (part), 1997)

4.85.130 Licensee responsible for the acts of employees.

Every licensee shall be responsible for the acts of his employees committed during the course and scope of employment. In any license suspension, limitation or revocation proceedings, the fact that the licensee did not have actual knowledge of the events complained of shall be no defense, and every licensee hereunder accepts his license subject to this provision (Ord. 1721 § 4 (part), 1997)

4.85.140 License—Suspension—Revocation—Limitation.

The council may deem that any activity on the part of the licensee or employees, or a person previously found suitable, which is contrary to the public health, safety, morals, good order, or general welfare of the residents of the city or which violates any ordinance or regulation of the city or the state is grounds for disciplinary action which may result in a suspension, limitation or revocation of the reflexology license. Without limiting the generality of the foregoing, each

of the following reasons are declared to be a basis for disciplinary action:

A. Doing or failing to do any act which would make one unqualified to hold a license under the provisions of this chapter; or

B. Conducting a reflexology business in an unlawful manner or in a manner detrimental to the public health, safety or welfare, or in violation of any of the provisions of this chapter; or

C. Knowingly failing to report or concealing from proper authority any information which it is the licensee's duty to supply under this chapter or any statute, ordinance or regulation of the state or the city; or

D. Making a misrepresentation of a material fact in his application to obtain a license (Ord. 1721 § 4 (part), 1997)

4.85.150 Application of other ordinances.

The terms, conditions and policies of other applicable statutes and ordinances are intended to be applied in conjunction with the enforcement of all other ordinances of the city designed for the protection of the public health, safety, morals, and welfare. The fact that such statutes or ordinances are not specifically referred to in this chapter shall in no manner preclude their application to reflexology licensees. (Ord. 1721 § 4 (part), 1997)

4.85.160 Aggrieved parties.

Any person aggrieved by this chapter shall, by filing written notice to the city clerk, appeal for relief to the council in accordance with HMC 4.04.210 (Ord. 1721 § 4 (part), 1997)

4.85.170 Violation—Penalty.

Any person violating any of the terms and provisions of this chapter shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine, not to exceed the maximum allowable fine under NRS, or by imprisonment in the city jail for a term not to exceed six months, or by both such fine and imprisonment; and shall subject the licensee to suspension, limitation or revocation of his license. Any person being adjudged guilty of a violation of this chapter, or any of the provisions or prohibitions thereof, may, in the discretion of the council, be denied a license thereafter. (Ord. 1721 § 4 (part), 1997)

Chapter 4.96 OUTDOOR ASSEMBLIES

4.96.010 Definitions.

4.96.020 License required.

4.96.030 License application—Time—Contents.

4.96.040 Assembly plans.

4.96.050 Hearing—Notice—Licensing.

4.96.060 Issuance of license without hearing.

4.96.070 Issuance—License fee—Nontransferable license.

4.96.080 Grounds for denial of license—Notice of denial.

4.96.090 Revocation of license.

4.96.100 Notice of intent to revoke—Hearing.

4.96.110 Violations.

4.96.010 Definitions.

“Assembly” means a company of persons gathered together for any purpose at any location, other than in a permanent building or permanent installation, which has been constructed for and will accommodate the number of persons gathered there.

“Person” means any individual, partnership, corporation, firm, company, association, society or group. (Ord. 616 § 1, 1978)

4.96.020 License required.

No person shall permit, maintain, promote, conduct, advertise, operate, undertake, organize, manage, sell or give away tickets to an actual or reasonably anticipated assembly of one thousand or more individuals in the incorporated areas of the city of Henderson, Nevada, unless he shall first obtain a license from the city of Henderson to operate or conduct such assembly. (Ord. 616 § 2, 1978)

4.96.030 License application—Time—Contents.

Application for a license to conduct such an assembly shall be made in writing to the city license clerk at least sixty days prior to the time indicated for the commencement of the planned activity and shall be accompanied by a nonrefundable application fee in the amount of one hundred fifty (\$150.00) dollars. The application shall include:

A. The name, age, residence and mailing address of the person making said application. If the application is made by a partnership, the names and addresses of the partners must appear. Where the applicant is a corporation, the application must be signed by the president, vice president and secretary thereof and must

contain the addresses of the corporate officers. A certified copy of the articles of incorporation shall be submitted with the application;

B. The kind, character, or type of assembly which the applicant proposes to conduct, operate or carry on shall be specified in a statement, including but not limited to the following facts:

1. The entrance fee, if any, to the public,

2. The number of tickets and/or passes that will be printed and/or distributed to the public,

3. The type and extent of the promotional advertising specifying the type of media, the geographical area covered by said media, and other details of the information communicated to the public,

4. The type of entertainment to be offered, if any, and the names of all performers and/or performing groups;

C. The legal description of the place where the proposed assembly is to be held;

D. The date or dates and the hours during which the assembly is to be conducted;

E. An estimate of the number of customers, spectators, participants and other persons expected to attend the assembly for each day it is conducted;

F. The applicant shall provide names and addresses of anyone contributing, investing or having a financial interest greater than five hundred (\$500.00) dollars in producing the assembly;

G. At the time of making application, the applicant shall arrange to be fingerprinted by the police department of the city of Henderson. (Ord. 616 § 3, 1978)

4.96.040 Assembly plans.

Submitted with the application shall be detailed explanation of the applicant's plans to provide security and fire protection, water supply and facilities, food supply and facilities, sanitation facilities, medical facilities and services, vehicle parking space, vehicle access and on-site traffic control, and, if it is proposed or expected that spectators or participants will remain at night or overnight, the arrangements for illuminating the premises and for camping or similar facilities. The applicant's plans shall include what provisions shall be made for numbers of spectators in excess of the estimate, provisions for cleanup of the premises and removal of rubbish after the event has concluded. A plot plan showing arrangement of the facilities, including those for parking, egress and ingress shall be submitted with the application. (Ord. 616 § 4, 1978)

Sections 1, 2, 3, & 4 of Ord. 1429
shall become effective on and
for 4/1/76.

Tucson City Ordinance
With Reflexology having its
own occupational license

ORDINANCE NO. 1429

RELATING TO LICENSES AND PRIVILEGE TAXES; INCREASING LICENSE
TAXES FOR CERTAIN BUSINESS CATEGORIES; AMENDING
SECTION 19-28 OF THE TUCSON CODE; AND ADDING NEW SEC-
TION 19-28A TO THE TUCSON CODE.

BE IT ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY
OF TUCSON, ARIZONA, AS FOLLOWS:

SECTION 1. That Section 19-28 of the Tucson Code is
hereby amended to read as follows:

Sec. 19-28. Schedule.

The license tax set out in the following schedule
is hereby established for businesses, occupations,
trades, callings and professions listed therein and
shall be paid by all persons who shall practice, trans-
act, carry on or engage in such businesses, occupations,
trades, callings and professions. The license tax set
out herein shall be collected quarterly during the
months of January, April, July and October unless other-
wise specified. The schedule shall be as follows:

A.

Sec. 19-28(1). Accountants (including
bookkeepers). Fee based on number of
accountants or bookkeepers as follows:

One.....	\$ 20.00
Two through four.....	\$ 30.00
Five through eight.....	\$ 50.00
Nine and over.....	\$ 75.00

Sec. 19-28(2). Advertising
Agency..... \$ 30.00

Sec. 19-28(3). Advertising solicitor,
other than newspaper advertising..... \$ 20.00

Sec. 19-28(4). All agents not other-
wise taxed, each..... \$ 20.00

Sec. 19-28(6). Air transportation bureau
or travelers' aid bureau..... \$ 20.00

1.

Sec. 19-28(12)

Five through eight.....	\$ 50.00
Nine and over.....	\$ 75.00
<u>Sec. 19-28(117). Physical culture studio.</u>	\$ 20.00
<u>Sec. 19-28(118). Physical therapist,</u> each individual.....	\$ 20.00
<u>Sec. 19-28(119). Medical Professionals,</u> each licensed professional.....	\$ 20.00
<u>Sec. 19-28(120). Piano tuning.....</u>	\$ 20.00
<u>Sec. 19-28(122). Podiatrist, each</u> individual.....	\$ 20.00
<u>Sec. 19-28(123). Private and Vocational</u> <u>Schools.....</u>	\$ 20.00
<u>Sec. 19-28(124). Promoters, transient, of</u> <u>entertainments, circuses, bazaars or</u> <u>other entertainments, and who receive</u> <u>a percentage of receipts or other con-</u> <u>sideration for their services, per day.</u>	\$ 20.00

R.

<u>Sec. 19-28(128). Real Estate, Rentals and</u> <u>Loan Brokers or Loan Agents (mortgages):</u> Fee based on number of salesmen:	
One salesman.....	\$ 20.00
Two through four.....	\$ 30.00
Five through eight.....	\$ 50.00
Nine or more.....	\$ 75.00
<u>Sec. 19-28(129). Reducing system.....</u>	\$ 20.00
<u>Sec. 19-28(130). Reflexologist.....</u>	\$ 20.00
<u>Sec. 19-28(131). Repairs.....</u>	\$ 20.00
<u>Sec. 19-28(132). Rug cleaning, not in</u> connection with laundry.....	\$ 20.00

S.

<u>Sec. 19-28(137). Services.....</u>	\$ 20.00
<u>Sec. 19-28(138). Sheet metal shop.....</u>	\$ 20.00
<u>Sec. 19-28(140). Social Introduction,</u> <u>Escort and Dating Service.....</u>	\$ 50.00
<u>Sec. 19-28(142). Solicitors, canvassers,</u> <u>demonstrators and salesmen, each.....</u>	\$ 20.00
Bond required if taking money in advance for future delivery	

T.

<u>Sec. 19-28(150). Taxicabs:</u> Not operating from street stand:	
Per car, up to nine cars.....	\$ 20.00

7.

Chapter 5.52

MASSAGE AND TURKISH BATH
ESTABLISHMENTS

Sections:

- 5.52.010 Definitions.
- 5.52.020 License—Required.
- 5.52.030 License—Application—Contents.
- 5.52.040 License—Application—List of employees required.
- 5.52.050 Employee list required—License display.
- 5.52.060 License—Fee—Expiration.
- 5.52.070 License—Renewal.
- 5.52.080 License—Transfer.
- 5.52.090 Hours of closure—Use as sleeping quarters prohibited.
- 5.52.100 License—Revocation.
- 5.52.110 Sanitation—Facilities.
- 5.52.120 Sanitation—Employees.
- 5.52.130 Accommodation of both sexes prohibited—Exception.
- 5.52.140 Massaging persons of opposite sex.
- 5.52.150 Employing prostitutes, vagrants, immoral characters unlawful.
- 5.52.160 Employers responsibility for employees acts.
- 5.52.170 Operation in certain areas prohibited.
- 5.52.180 Inspections.

5.52.010 Definitions.

The following words are defined as follows:

A. "Licensed physician" shall for the purposes of this chapter include any person holding a license from the state of Texas to practice a healing art, whether or not the term "physician" is appropriate to such person under Art. 4590e, Sec. 3, of Vernon's Texas Civil Statutes.

B. "Massage" means and includes any process consisting in kneading, rubbing or otherwise manipulating the skin of the body of a human being, either with the hand, or by means

of electrical instruments or apparatus, or other special apparatus, ~~but shall not include~~ massage by duly licensed physicians, massage of the face practiced by duly licensed beauty parlors or barbershops, nor ~~massage of the feet.~~

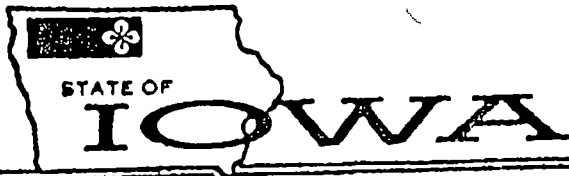
C. "Massage establishment" means any building, room, place or establishment other than a regularly licensed hospital where manipulated massage or manipulated exercises are practiced upon the human body for compensation by anyone not a duly licensed physician, whether with or without the use of mechanical therapeutic or bathing devices, and shall include Turkish bathhouses. This term shall not include, however, beauty parlors or barbershops duly licensed under the Penal Code of the state of Texas, or persons who massage only patients referred to them by a licensed physician for massage for medical purposes. (Ord. 9360, 1988; prior code § 12-74)

5.52.020 License—Required.

It is unlawful for any person to operate a massage establishment without first having obtained a license therefor from the city license collector in accordance with the provisions of this chapter, and paying the fee provided for herein. (Prior code § 12-75 (part))

5.52.030 License—Application—Contents.

A. At the time of making application for such license, the applicant shall state whether the massage establishment shall accommodate male or female patrons. Such license shall only be issued upon the approval in writing of the director of the city-county health unit and the chief of police, and shall indicate whether the massage establishment accommodates male or female patrons.



TERRY E. BRANSTAD, GOVERNOR

State of Iowa
Board of Professional
Licensure exclusion of
Reflexology

DEPARTMENT OF PUBLIC HEALTH
CHRISTOPHER G. ATCHISON, DIRECTOR

March 17, 1993

Patricia M. Barrance, C.R.R., M.A.
1590 17th Avenue
Marion, IA 52302

Dear Ms. Barrance:

Since you recently expressed concern or interest in the proposed administrative rules for the permanent licensure of massage therapists in Iowa, the following is an update of the current status of those rules.

On March 12, 1993, the Department of Public Health filed as a Notice of Intended Action administrative rules that will provide permanent licensure for massage therapists. ~~These rules included language that excludes the following modalities or practices: foot reflexology, polarity, Alexander, Reiki and Feldenkreis.~~

Although the rules make no mention of state licensed or accredited schools, the law does require this of massage therapy schools. The Department is aware of the problems this language creates for both the schools and their graduates and will make every effort possible to have this language changed during the current legislative session.

The rules that were filed on March 12, 1993 will be published in the Iowa Administrative Bulletin on March 31, 1993. There will be a 20 day public comment period with a public hearing scheduled for April 20, 1993. The earliest date these rules could be adopted by the Board of Health would be at their May 12th meeting, which would make the rules effective July 14, 1993. This process allows for public input. It is also hoped that legislative action on the school language will be achieved by May.

We appreciate your comments and interest in this matter and hope that this explanation of the current status of these licensing rules answer your questions.

Sincerely,

Barb Nervig, Interim Manager
Bureau of Professional Licensure

execution of the warrant if the Attorney General or the district attorney determines that the likelihood of warrant execution will be substantially increased by permitting a law enforcement agency to possess the warrant prior to forwarding it to the appropriate arrest warrant repository. The investigating agency may seek and the Attorney General or district attorney or their designees may grant to the investigating agency permission to possess the warrant for a further period of up to 5 days if the likelihood of warrant execution will be further increased.

4. Content of warrant. A warrant must contain available information concerning the identity and location of the subject, including, but not limited to, photographs of the subject, the subject's name and last known address identified by town, county and geographic codes, the subject's date of birth and any distinguishing physical characteristics that will aid in the location of the subject and the execution of the warrant.

5. Computer entry. Upon receipt by the arrest warrant repository, an arrest warrant must be promptly entered in the State's wanted and missing persons computer data base.

6. National Crime Information Center. A warrant may not be entered in the National Crime Information Center data base without authorization from the Attorney General, a district attorney or their designees, except that the Department of Corrections may enter warrants for violations of parole or probation or for escape.

7. Storage. Except as otherwise permitted under this chapter, an original warrant must be stored at the issuing court and an attested copy must be stored at the appropriate arrest warrant repository.

8. Validation by court. A procedure must be established whereby the courts shall validate arrest warrants.

9. Removal from data base. When arrest warrants are executed, cancelled or recalled, they must be immediately removed from the computer data base by the appropriate arrest warrant repository and the issuing court.

10. State Police data base. The State Police are responsible for maintaining a computerized data base, including computer entry standards, and administering the warrants data base, including printing and mailing geographical code lists to police agencies and printing and mailing repository validation lists.

11. Periodic listing of warrants. Each arrest warrant repository must periodically generate lists of all warrants stored at that location, including warrants entered on the State's wanted and missing persons data base, and provide them to the originating agencies and the issuing courts.

12. Telecommunications system. A procedure governing the entry of warrants through the State Police telecommunications system must be established to require entry when the established criteria are met.

¹Section 8001 et seq. of title 5

§ 606. Responsibility of court

The court is responsible for:

1. Complete information. Issuing warrants with information that is as complete as possible and that maximizes the likelihood that the warrants will be successfully executed.

2. Copy and original. Issuing only one attested copy of a warrant and maintaining the original.

3. Directing to repository. Directing all warrants to the appropriate arrest warrant repository.

4. Notice to repository. Notifying the appropriate arrest warrant repository when arrest warrants have been directed to other agencies in accordance with instructions from the Attorney General or a district attorney in accordance with the standards adopted pursuant to section 605.

5. Recall notice. Immediately sending recall notices to the appropriate arrest warrant repository or the law enforcement agency holding an attested copy of an arrest warrant, and

6. Outstanding warrant list. Maintaining an outstanding warrant list.

§ 607. Rulemaking

The Supreme Judicial Court may adopt rules to provide that a person who is the subject of a warrant for the commission of a Class D or Class E crime, the failure to appear for a Class D or Class E crime, a civil violation, or the failure to pay a fine for any offense or for a civil violation who is arrested in a county or district other than the county or district whose court issued the warrant may waive the right to a trial and any objections to venue and return to the court that issued the warrant and plead guilty and be sentenced, pay a fine or otherwise have the matter disposed of by the appropriate court in the arresting district.

§ 608. Bail commissioners in indigent cases

The Chief Judge of the District Court may adopt procedures requiring a bail commissioner to appear and set bail regardless of whether the defendant is indigent and unable to pay the bail commissioner's fee. The Chief Judge of the District Court may also adopt procedures governing the manner in which a bail commissioner is paid in the event an indigent person is released on bail and is unable to pay the bail commissioner's fee.

Sec. 3. Implementation dates. The Attorney General shall adopt standards as required by the Maine Revised Statutes, Title 15, chapter 99 no later than 6 months after the effective date of this Act.

District attorneys shall designate arrest warrant repositories as required by Title 15, chapter 99 and those repositories must be operational no later than June 1, 1992.

All law enforcement agencies holding attested copies or original arrest warrants issued prior to June 1, 1992 shall make a complete review of any outstanding warrants and shall transfer any outstanding warrants issued prior to June 1, 1992 to the appropriate arrest warrant repository no later than September 1, 1992, except that any original arrest warrant must be returned to the issuing court.

Approved June 20, 1991

~~MASSAGE THERAPISTS—REGISTRATION—EXEMPTIONS~~

CHAPTER 403

HP 978

L.D. 1421

An Act to Provide for the Regulation of Massage Therapists

Be it enacted by the People of the State of Maine as follows.

Sec. 1. 32 MRSA c. 125 is enacted to read.

CHAPTER 125

MASSAGE THERAPISTS

§ 14301. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

Additions are indicated by underline; deletions by ~~strikeout~~.

1. Commissioner "Commissioner" means Commissioner of Professional and Financial Regulation.

2. Department "Department" means Department of Professional and Financial Regulation.

3. Massage therapist "Massage therapist" means a person who provides or offers to provide massage therapy for a fee, monetary or otherwise. This definition includes the use of different forms of the term "massage therapist," such as "masseuse" or "masseur."

4. Massage therapy "Massage therapy" means a scientific or skillful manipulation of soft tissue for therapeutic or remedial purposes, specifically for improving muscle tone and circulation and promoting health and physical well-being. The term includes, but is not limited to, manual and mechanical procedures for the purpose of treating soft tissue only, the use of supplementary aids such as rubbing alcohol, liniments, oils, antiseptics, powders, herbal preparations, creams or lotions, procedures such as oil rubs, salt glows and hot or cold packs or other similar procedures or preparations commonly used in this trade. The term specifically excludes manipulation of the spine or its articulations and direct contact as defined in Title 17-A, section 251, subsection 1, paragraph D.

14302 Commissioner, powers and duties

The commissioner or the commissioner's designee has the following powers and duties in addition to all other powers and duties set forth in this chapter:

1. Standards. The commissioner shall administer and enforce this chapter.

2. Rules. The commissioner shall adopt rules in accordance with the Maine Administrative Procedure Act necessary to carry out the purposes of this chapter.

3. Complaints. The commissioner shall investigate or cause to be investigated all complaints concerning violations of this chapter or rules adopted by the department, made at the commissioner's own motion or on written complaint filed with the department, and cases of noncompliance with or violation of this chapter or any rules adopted by the department.

4. Contracts. The commissioner may enter into contracts to carry out the commissioner's responsibilities under this chapter.

5. Register. The commissioner shall make available, at cost, a register that contains the names of all individuals registered.

6. Hearings. The commissioner may conduct hearings to assist with investigations and to determine whether grounds exist for denial of reregistration, suspension of registration or other action necessary to the fulfillment of the commissioner's responsibilities under this chapter.

7. Advisory Council. The commissioner, as necessary, may select members of the profession and other interested parties to serve on an advisory council to advise and consult with the commissioner concerning the regulation of massage therapists. Service on the council is not in itself a conflict of interest regardless of the occupations or official positions of the members.

Section 8001 et seq. of title 5.

14303 Employees

The commissioner may appoint, subject to the Civil Service Law, employees necessary to carry out this chapter. Any person so employed is considered to be in the department under the administrative and supervisory direction of the commissioner.

Section 7039 et seq. of title 5.

14304. Registration

Registration required. Effective January 1, 1992 a person, unless specifically exempted by this chapter, may not use the title "massage therapist" or profess to be a massage therapist unless registered in accordance with this chapter.

Additions are indicated by underlines; deletions by strikethrough.

Each individual using the title "massage therapist" or professing to be a massage therapist shall register with the department every year. Each individual who registers shall fill out a form designated by the department. Registration expires yearly on December 31st or on such other date as the commissioner determines. Notice of expiration must be mailed to each registered massage therapist's last known address at least 30 days before the expiration of the registration. The notice must include any requests for information necessary for renewal.

2. Individual registration. Only an individual may be registered under this chapter.

§ 14305 Requirements for registration

To be eligible for registration as a massage therapist an applicant must:

1. Age. Be at least 18 years of age.

2. Photograph. Furnish to the department 2 signed photographs of the applicant. The photographs must be a minimum size of 5 inches by 3 inches.

3. Doctor's certificate. Present a written statement from a physician licensed to practice in the State stating that the applicant has been examined and found to be free of an infectious or communicable disease and showing that the examination was conducted within 60 days prior to the submission of the application.

4. Criminal history. Present or have submitted to the department a report from the Department of Public Safety setting forth the state and federal criminal record of the applicant or the absence thereof.

5. References. Present 3 character references citing that the applicant is of good moral character, one of which must be from a health care provider who is not a massage therapist.

6. High school. Possess a high school diploma or its equivalent, and

7. Fee. Pay a one-time application fee of \$25 and a yearly registration fee of \$100. All fees are nonrefundable.

§ 14306. Registration not allowed

An individual whose license, certification or registration has been refused, revoked or suspended for violations that would be grounds for similar action under section 14308 in this or any other state and in this or any related field may not be registered to practice in this State unless the period of refusal, revocation or suspension has been completed and the department has conducted a review and determined that rehabilitation has taken place.

§ 14307. Exemptions to registration

1. Other professionals. This chapter does not apply to the activities or services of members of other professions licensed, certified or registered by the State, including, but not limited to, physicians, chiropractors, physical therapists, cosmetologists or registered nurses performing soft tissue manipulation consistent with the laws of the State governing their practices, provided they do not use the title "massage therapist."

2. Other exemptions. This chapter does not apply to the activities and services of individuals who practice other forms of tissue work exclusive of massage therapy, such as rolling, Trager, reflexology, Shiatsu, Reiki and polarity, if those practitioners do not use the title "massage therapist," unless they choose to meet the requirements of this chapter.

§ 14308 Disciplinary action, grounds, procedure, complaints

1. Grounds. The commissioner may suspend, revoke or refuse to renew registration under the same grounds as contained in Title 5, section 10004. In addition, the commissioner may take the same action granted to bureaus, boards and commissions pursuant to Title 10, section 8003, subsection 5. The commissioner's actions may be based on any of the following grounds:

Additions are indicated by underlines; deletions by strikethrough.

43-48-12

OCCUPATIONS AND PROFESSIONS

43-48-12. Grandfather provisions. Upon receipt of evidence showing that a person is currently employed in the practice of clinical laboratory medicine on July 12, 1989, or has been so employed during the preceding one year for a minimum period of six months and the person does not meet the criteria established for licensure by the board, the board shall, upon application, issue a qualifying license to such person to continue to practice in a laboratory under their scope of practice existing on July 12, 1989. Persons licensed under this section must meet the same continuing education requirements as any other licensees.

Source: S.L. 1989, ch. 538, § 12

43-48-13. Issuance of license. The board shall issue a license to any person who meets the requirements of this chapter upon application therefor and payment of the license fee established by the board.

Source: S.L. 1989, ch. 538, § 13

43-48-14. Renewal of license. A license issued under this chapter is subject to biennial renewal and expires unless renewed in the manner prescribed by the board and upon the payment of a renewal fee. The board may provide for the late renewal of a license upon the payment of a late fee in accordance with its rules.

Source: S.L. 1989, ch. 538, § 14

43-48-15. Supervision and revocation of license — Refusal to renew.

- 1 The board may deny, refuse to renew, suspend, or revoke a license or permit, or may impose probationary conditions if the licensee or permittee or applicant for a license or permit has been found to have committed unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Unprofessional conduct includes:
 - a Obtaining or attempting to obtain a license by means of fraud, deceit, misrepresentation or concealment of facts
 - b Being convicted of an offense, as defined by subsection 20 of section 12.1-01-04, and which the board determines has a direct bearing upon a person's ability to serve the public as a licensed clinical laboratory personnel or following the conviction of any offense, the board determines that the person is not sufficiently rehabilitated
 - c Violating any law, order or rule promulgated or adopted by the board
 - d Violating any provision of this chapter

- 2 A denial, refusal to renew, suspension, revocation, or imposition of probationary conditions upon a licensee or permittee may be ordered by the board after a hearing in the manner provided by rules adopted by the board and in accordance with chapter 28-12. An application for reinstatement may be made to the board one year from the date of the revocation of a license. The board may accept an application for reinstatement, and may hold a hearing to consider such reinstatement.

Source: S.L. 1989, ch. 538, § 15

43-48-16. Penalty. Any person who violates any provisions of this chapter is guilty of a class B misdemeanor.

Source: S.L. 1989, ch. 538, § 16

CHAPTER 43-49 REFLEXOLOGY

Section		Section	
43-49-01	Definitions	43-49-07	Reciprocity
43-49-02	Board — Appointment — Terms	43-49-08	Restriction on use of title
43-49-03	Removal of members of the board	43-49-09	License — Display — Renewal — Renewal fee
43-49-04	Duties of the secretary-treasurer — Compensation — Expenses of the board	43-49-10	Deposit of fees
43-49-05	Exemptions	43-49-11	Prohibited practices
43-49-06	Requisites for licensure	43-49-12	Revocation of licensing
		43-49-13	Administrative procedures

43-49-01. Definitions. As used in this chapter, unless the context otherwise requires:

- 1 "Board" means the North Dakota board of reflexology
- 2 "Reflexologist" means a person who uses special pressure techniques on the reflexes in the human feet, hands, and ears and who has studied the principals of reflexology and anatomy and physiology generally included in a regular course of study
- 3 "Reflexology" means the application of specific pressure by the use of the practitioner's hands, thumbs, and fingers to reflex points in the client's hands, feet, or ears using alternating pressure, and such techniques as thumb walking, finger walking, hook and back up, and rotation on a reflex

Source: S.L. 1993, ch. 439, § 1

43-49-02. Board — Appointment — Terms. The board consists of three licensed reflexologists appointed by the governor except the first board need not consist of licensed members. A person must be a member of the North Dakota reflexology association in order to be eligible for appointment.

ment to, and continued membership on, the board. The members must be appointed for three years, staggered so that the term of one member expires as of July first of each year. Each member shall hold office until that member's successor is appointed and qualified. In July of each year the board shall meet at some convenient place within the state and shall elect one member as president, one member as vice president, and one member as secretary-treasurer. The secretary-treasurer must be bonded in the sum of one thousand dollars for the faithful discharge of the secretary-treasurer's duties. The board may employ, and set the compensation of, employees to assist the secretary-treasurer in the performance of the secretary-treasurer's duties. The board shall hold meetings in the state as determined necessary by the board to discharge its duties. Board members are entitled to receive twenty-five dollars per day and travel expenses in an amount provided by law for state officials and employees when performing the official duties of the board. In addition, the secretary-treasurer is to be paid an extra nine dollars per meeting.

Source: S.L. 1993 ch. 439 § 2

43-49-03. Removal of members of the board. The governor may remove from office any member of the board for neglect of duties under this chapter, malfeasance or incompetency in office, or unprofessional conduct. The governor may fill any vacancy resulting from removal, resignation, or death of any member of the board. An appointee under this section must be a reflexologist licensed by the board.

Source: S.L. 1993 ch. 439, § 3

43-49-04. Duties of the secretary-treasurer — Compensation — Expenses of the board. The secretary-treasurer of the board shall:

1. Keep a record of:
 - a. The name and address of every person who is licensed to practice in the state;
 - b. The license number and date of issuance of the license for each licensed reflexologist;
 - c. The renewal date of each license; and
 - d. Other information as required by the board.
2. Furnish, upon demand, any person a certified copy of records upon payment of a ten dollar fee plus twenty-five cents for each page copied.
3. Prepare and submit to the governor and the North Dakota reflexology association a detailed annual report on the income and expenses of the board and a list of licensed reflexologists.

Source: S.L. 1993 ch. 439 § 4

43-49-05. Exemptions. This chapter does not apply to the activities or services of physicians, chiropractors, physical therapists, cosmetologists, registered nurses, massage therapists, or members of other professions licensed, certified, or registered by the state who may on occasion apply pressure to the reflex points in the hands, feet, and ears in the course of their work. This chapter does not apply to an individual who takes a self-help class and applies reflexology without pay on immediate family members or the individual's body.

Source: S.L. 1993 ch. 439 § 5

43-49-06. Requisites for licensure. Any person who is eighteen years of age or more and is either a bona fide resident of this state for at least one month immediately preceding the application or is a resident of another state who is practicing reflexology in this state shall submit an application for licensure to the secretary-treasurer of the board. An applicant is entitled to be issued a license as a reflexologist if the applicant:

1. Presents a diploma, certification, or completion credentials issued by a reputable school of reflexology which has submitted its curriculum to the board and has been approved by the board;
2. Presents three character references citing that the applicant is of good moral character;
3. Passes a reasonable demonstrative and written examination in reflexology. If there is an applicant for examination, the board shall conduct an examination at least once a year at a time and place designated by the board. Examinations must be held in the state. An applicant must receive a general average score on the examination of seventy-five percent in all subjects involved and no score of less than fifty percent in any one subject. The board shall notify the applicant of the applicant's score. An applicant who fails to pass any subject is entitled to a reexamination on that subject within six months upon payment of an additional fee of fifty dollars or an amount established by the board. Two reexaminations exhaust the privilege under the original application.
4. Pays a licensing fee of seventy-five dollars or an amount set by the board.

Source: S.L. 1993, ch. 439, § 6

43-49-07. Reciprocity. Notwithstanding the requirements in section 43-49-06 for the issuance of a license, the board shall license an individual from another state who applies for licensure, pays the applicable fee, meets or exceeds the requirements set by the board, and who has no imposed or pending disciplinary actions.

43-49-08. Restriction on use of title. A reflexologist licensed by the board may be held out as a "licensed reflexologist" and may use the abbreviation "L R" as a part of or immediately following that person's name, in connection with the profession. No person may use the title "licensed reflexologist" unless licensed in accordance with this chapter.

Source: SL 1993 ch 439 § 8

43-49-09. License — Display — Renewal — Renewal fee. Each license must be conspicuously displayed at the place of practice. A license must be recorded in the office of the clerk of the district court in any county where the reflexologist practices within thirty days after issuance.

A license must be renewed before June first of each year. The secretary-treasurer of the board shall mail notice of renewal to each licensed reflexologist's address as shown in the records of the board at least thirty days before the expiration of the license. The notice must include any requests for information necessary for renewal. The licensed reflexologist may renew a license by sending a renewal fee of twenty-five dollars, or an amount set by the board, to the secretary-treasurer of the board and submitting proof that the reflexologist has attended a seminar on reflexology at least once during the preceding three years. A license that is not renewed by June thirtieth lapses.

Source: SL 1993 ch 439 § 9

43-49-10. Deposit of fees. The secretary-treasurer shall deposit all fees collected under this chapter in a separate account for the administration of this chapter.

Source: SL 1993 ch 439, § 10

43-49-11. Prohibited practices. A reflexologist may not use lotions, creams, or mechanical devices in the application of reflexology. A reflexologist may not diagnose or treat for specific diseases, practice spinal or other joint manipulations, prescribe or adjust medication, and prescribe administer vitamins.

Source: SL 1993 ch 439 § 11

43-49-12. Revocation of licensing. The license of a licensed reflexologist may be revoked, suspended, or annulled by the board upon any one or more of the following grounds:

1. That the person is guilty of gross malpractice or incompetence
2. That the person's mental or physical health endangers public health or safety

- 3 That the person fails to comply with rules of the board
- 4 That the person is guilty of false or deceptive advertising
- 5 That the person engages in unprofessional conduct

Source: SL 1993 ch 439 § 12

43-49-13. Administrative procedures. Any person may file a written complaint with the board seeking disciplinary action against a reflexologist for violations of this chapter or rules adopted by the board. If the board determines that a complaint alleges facts that, if true, would require denial, revocation, suspension, or nonrenewal or other disciplinary action of a licensed reflexologist, the board shall conduct a hearing. The board may dismiss a complaint that does not state facts that warrant action.

Source: SL 1993 ch 439 § 13

Unique Characteristics of Reflexology & Swedish Massage

Though Reflexology and Massage have touch in common there are several important differences between the two disciplines

REFLEXOLOGY

Dr. William Fitzgerald
(1872-1942)

Reflexology is the application of specific pressures to reflex points in the hands and feet

From the ankles and wrists distally to the tips of the toes and fingers

There are zones and reflex areas in the feet and hands corresponding to all body parts. Reflexology works through the nervous system

40+ books solely on reflexology
Separate Reflexology schools, associations—local, state national, international, & a national certification body

Alternating pressure
Thumb walking
Finger walking
Hook and back-up
Rotation on a reflex

Hands, feet, & possibly ears
Only shoes & socks removed
Oils, lotions or creams not used

National certification requires a minimum of 200 hours of study & documented practice of reflexology

Scientific research studies conducted in USA, Australia, Denmark proving effectiveness of reflexology

History
(Modern Originator)

Definition

Scope of Practice

Basic Premise

Body of Knowledge

Techniques & Terminology

Application of Techniques

Education

Research

MASSAGE

Per Henrik Ling
(1776-1839)

Massage is the systematic and scientific manipulation of the soft tissues of the body

Entire body

Stroking restores metabolic imbalance within the soft tissue. Massage works through the musculature

Books on massage
Separate massage schools, associations & a national certification body

Tapping
Kneading
Stroking
Friction
Shaking

To the entire body
Client undresses
Use of oils, lotions &/or creams

Educational programs range from 100-1,000 hours often incorporating other touch modalities

Worldwide research studies documenting the therapeutic value of massage

**American Commission for Accreditation for Reflexology
Education and Training
419 Queen Anne Ave. N. #107
Seattle, Washington, 98109
(206) 284-8389**

July 25, 1999

**Alexandra L. Ferguson
204 Glacier Drive
Henderson, NV., 89014**

Dear Alexandra,

In reference to our phone conversation last week, I want to be sure to clarify that the current requirements are for 300 hours for certification for Professional Reflexologists. This will be as of January 2000. We are quite aware that in the next 2 / 3 years we will need to go to 500 hours, since two states (N.J. and Conn.) already have licensing laws that require this. However, we are aware that many schools just recently increased to 200 hours and felt that we needed to move more gradually.

We will also be prepared as of January 2000 to accept applications for accreditation of schools and teachers of reflexology. These will be sent to everyone we currently have on the mailing list this fall. If you should know of anyone we do not have on the list, please be sure to alert us or have the teacher/school to let us know their address.

For those with email, we will be able to send you information more quickly, but it is not a requirement.

We, as a board, have been working toward this goal for over 5 years. We are excited and delighted to see this process finally coming to fruition.

Thank you for your support and interest. If you have any further questions, feel free to write, call or email either our Administrative Secretary, Lisa Hensell at the above address or contact me directly.

Yours in Good Health,

**Janet E. Stetser, D. Sc.
Box 112, Egypt Road
Ama, ME., 04535
(207) 586-6751 or footloos@gwi.net**

A.C.A.R.E.T.
419 Queen Anne Avenue North, Suite 107
Seattle, Washington 98109
Contact: Janet E. Stetser, D., Sc.
phn: (207) 586-6751, e-mail: footloos@biddeford.com

Subject: Accrediting Reflexology Standards for Teachers and Schools in the USA
Date: March 29, 1999

Dear Sir/Madam:

With this letter we thank you for allowing us to take the time to introduce you to the new national educational accrediting board for the Reflexology profession. The American Commission for the Accreditation of Reflexology Education and Training (ACARET) was formed in May 1996. Its mission is to provide schools and teachers with guidelines to raise the educational standards for the Reflexology profession.

ACARET is a non-profit corporation supported by donations and volunteers. Its financing will be established through accreditation fees from schools and teachers. ACARET will meet the demands of the public and those in the Reflexology profession in the hope to encourage all to be a part of this exciting pioneering experience.

The vision of Reflexology has grown beyond the basic understanding and technique practiced by many Reflexologists. We are a "stand alone" profession, non-surgical and non-drug. As you know, Reflexology is a manual¹ technique on specific reflex points², on specific zones³, within main microcosms⁴ on the body (i.e. feet, hands, and ears). This brings about psychological and physiological normalization of the total body.

1. manual: direct use of finger and hand, no tools
2. reflex points: areas on the microcosm that reflect the organization of the body
3. zones: 3-dimensional, vertical division of the body from the top of the head to the distal aspect of the digits
4. microcosms: discreet areas that reflect the organization of the total body

In order to keep Reflexology a viable and respected profession, it is essential to expand the educational process. We are raising standards to 300 minimum hours. This includes 215 classroom and 85 documentation hours.

Please keep in mind New Jersey has passed a law requiring somatic practitioners to complete a 500 hour course for licensure consideration. This law was signed February 8, 1999 and may have an effect on all of us in the future.

Please join with ACARET in creating a new vision of quality and professionalism in Reflexology.

Thank you.

Sincerely,

The ACARET Board of Directors

ACARET BOARD MEMBERS



Jan Head, Ph. D. D. I. Hom., Culver City, California - Director ACARET Board; B.F.A. Bachelors of Fine Art, 1981, Australia; Postgraduate Diploma in Clinical Nutrition; Sydney, Australia, 1984; IIR Certified Reflexologist, Australia, 1987; British Institute of Homeopathy Diploma and Fellowship, May 1996; ARCB Certified, 1996; M. A. in Holistic Studies at Oriental Medicine Institute, 1997; Ph. D. Holistic Health Studies at Curentur University, Los Angeles, 1997; member of RAA, RAC, FRAA, ICR and ARCB.



Tom Marziale, Akron, Ohio - Director ACARET Board; Certified Reflexologist since 1990 (Edward Hanania, instructor); ARCB certified 1994; Studied with Sandi Rogers of Australia; Inge Dougans of South Africa; Bill Runquist of California; two term president of Associated Reflexologists of Colorado; Reiki Master / Teacher since 1996; opened Bridges to Health in Akron, Ohio in 1997 (herbs, supplements, music, metaphysical and spiritual items and Healing Center).



Gretchen L. Schaff, PT - Elkins Park, Pa. - Director ACARET Board, Graduated Mt. Holyoke College - 1960, A. B. Biology; graduated Simmons College, Boston, graduated, 1962 - certificate in P.T.; practiced physical therapy in hospital/ home care settings for 25 years; began studying reflexology in 1986 with May Post, Eunice Ingham's first authorized teacher; professional certification with IIR; certified by PRA; studied with Kevin Kunz, New Mexico; extensive study with Sandi Rogers of Australia; 500 hr. Integration Bodywork - 1995; 4 ICR conferences; 2 RAA conferences; 8 PRA conferences; member of all. Chair of several committees for the PRA; began teaching introduction to reflexology at 3 massage schools, 1990; taught several sessions reflexology "101" for family and friends; past 12 years specialized in hands-on therapy in physical therapy settings /private practice.



Janet E. Stetser D. Sc. - Alna, Maine - President of ACARET Board; Graduate of Bouve - Boston School of Tufts University - in Health, Physical Education, Recreation with a minor in Science, -1959; completed program in Pastoral Wellness Counseling, doctoral level, 1989. Studied reflexology with Hilda Marie Frey, Harrisburg, Pa., 1983; started teaching reflexology in 1984; since studied under Sandi Rogers of Australia, Inge Dougans of South Africa, Bill Flocco and Bill Runquist of California; Geraldine Tay of Malaysia. Charter member of ICR; attended all conferences; headed the RAA steering committee; organized the Maine Council of Reflexologists, served as President for the first 2 years; attended all ICR conference so far.



Geraldine Thompson - Seattle, Washington - Sec. / Treasurer, ACARET Board; practicing reflexology from 1981; teaching from 1984; started Boston Children's Hospital, 1984 with Orthopedic/Autistic patients developed weekly reflexology program for psychiatric/ drug/ alcohol rehabilitation patients at Brattleboro Retreat, Vermont, 1985; founded Seattle Reflexology and Massage Center 1993; her 300 hour reflexology program reflects her philosophy that reflexology is a profession that is ready for growth and expansion; curriculum of high standards encourages students to feel challenged and rewarded by their education; BS in Therapeutic Recreation /emphasis in Clinical Research and Corrective Physiology completed in 1984; formal reflexology training / Laura Norman; Bill Flocco, Bill Runquist, Mildred Carter; ARCB Certified Reflexologist 1995; Licensed Massage Therapist, 1993; private practice; Steering Committee of Washington Reflexology Assoc.; played leading role in its development; 2 ICR Conferences; 2 RAA Conferences.

BREAKDOWN OF SUBJECTS AND HOURS

75 hours of Anatomy and Physiology

Anatomy is the study of the structure of the body.

Physiology is the study of the normal functions and activities of the living organism.

Kinesiology is the study of muscular movement of the body, emphasis on leg/foot, forearm/hand.

Note: the anatomy and physiology is to be taught in the school of reflexology and is to be presented stressing the interconnections between various body systems (physiology) as well as the interconnections between the anatomy and kinesiology of the feet and hands with the rest of the body, i.e. a holistic approach. Also to be included are the subtle energy connections to the feet, hands and ears to the body.

Part of the Anatomy and Physiology section should include:

1. Common skin conditions
2. Contraindications
3. Common human pathologies
4. 20 hours devoted to in-depth study of feet and hands: inside as well as outside look at these parts of the body, their structure, function, and pathologies (frequently seen abnormalities).

75 hours of Reflexology and related subjects for professional should include:

1. Reflexology techniques to include a broad based approach by providing information from several authors/teachers/presenters exposing students to a variety of techniques. The student can better serve each client that comes to them by being taught the pluses and minuses of different approaches. The limitations of Reflexology need to be addressed by instructing when to refer to other appropriate health care providers.
2. History of Reflexology as it is known at the present time, i.e. Christine Issel's book; Reflexology research to include studies done in the USA as well as abroad. Encouragement of further research.
3. Theory of zones and reflex areas as is currently understood in the world; mapping of zones and reflex areas based on the American standard.
4. Meridian concepts: an introduction to the Oriental theory of meridians, their impact on the body and the energy that flows between them.

5. Assessment
 - a. Visual inspection of the leg/foot, forearm, hand, and ears; to include instruction in proper anatomical terms, this being the common language of professionals to describe the same.
 - b. Palpation of tissues in these areas.
 6. Biomechanics: An introduction to the movement pattern for leg and foot as well as forearm and hand, including how those movement patterns relate to the rest of the body (emphasis on foot function for walking).
 7. Documentation to be completed on a form developed by the school* to reflect the knowledge and skills being taught by your school. Documentation should include standard anatomical and medical terminology for the purpose of communication with other health care professionals. Such terminology is for descriptive and assessment purposes only, with no intent to make a diagnosis of any condition (such is the province of licensed physicians only).
- *not on ARCB forms, which are only to be used post-graduate for ARCB national certification
8. Business standards/professional ethics: Samples of informed consent and release forms to be signed by the client should be made available to each student.
 9. Standard business practices for a health care professional, to include record keeping for tax purposes, business plan, advertising, etc.
 10. CPR: The basic unit offered by American Red Cross or American Heart Association. Education about common communicable diseases, especially those related to skin, blood and air-borne factors; to include AIDS, herpes and hepatitis. This section should include the idea of universal precautions (especially thorough hand washing).

10 hours of clinical practice: full sessions with instructor present to observe all aspects.

5 hours tutorial: individual time with instructor, including time to work on instructor or to be worked on by the instructor.

50 hours of electives: the school/teacher making its own decision as to what to include, based on:

- a. knowledge of regular or guest teacher
- b. make-up of each class
- c. geographical location of school/students
- d. choice of subjects not listed above and thought to benefit directly the students' practice of reflexology and the knowledge which can be shared with clients. Care must be taken to inform students through technique as to what is specifically Reflexology and what is otherwise.

CLARIFICATION OF ACARET CURRICULUM STANDARDS

300 HOUR MINIMUM is the basic core of your program. You may offer additional hours of subjects (possibly post-graduate) related to Reflexology or holistic health.

Classroom hours = 60 % of total hours. To include face to face instruction with an ACARET accredited teacher facilitating lively demonstration and discussion with provision for answering students' questions.

Documentation of practice sessions = 30% of total hours or 85 clock hours.

Documentation forms are to be devised and graded by individual schools. Note: ARCB requires documented sessions for national certification be done after a student graduates from the Reflexology course. ARCB has its own forms that are not to be used for school documentations.

Teacher discretion for 10% of curriculum hours (instruction does not have to be face to face). Examples include a research report, assigned videos on expanded aspects of Reflexology, book reports, or attendance at other clinical/professional courses.

Keeping you up-to-date on new and pending laws —
State • National • World

Signed Ordinance

From the City of Henderson

The following is a copy of some of the ordinance for licensing of Reflexology in the City of Henderson signed by Jack Clark, Mayor Pro Tem which was unanimously voted "AYE" by all Councilmembers. Not all sections are reprinted here.

Once again, thank you to Alexandra Ferguson for her focused efforts

ORDINANCE NO. 1721 (Amend HMC Title 4 By Adding Reflexology Category)

AN ORDINANCE OF THE CITY OF HENDERSON AMENDING TITLE 4, BUSINESS REGULATIONS AND LICENSES, BY AMENDING HENDERSON MUNICIPAL CODE 4 05, BUSINESS LICENSE FEE SCHEDULES, BY ADDING A NEW CATEGORY OF BUSINESS LICENSE FOR REFLEXOLOGY, AMENDING HENDERSON MUNICIPAL CODE 4 84 010 TO AMEND THE DEFINITION OF MASSAGE SO AS TO EXCLUDE REFLEXOLOGY AND TO ADD A DEFINITION FOR CHAIR MASSAGE; AMENDING TITLE 4 OF THE HENDERSON MUNICIPAL CODE BY ADDING A NEW CHAPTER REGULATING REFLEXOLOGY; AND AMENDING TITLE 4, CHAPTER 84, MASSAGE ESTABLISHMENTS, BY ALLOWING OUTCALL CHAIR MASSAGE IN COMMERCIAL ESTABLISHMENTS, AND OTHER MATTERS RELATED THERETO

THE CITY COUNCIL OF THE CITY OF HENDERSON DOES HEREBY ORDAIN AS FOLLOWS

SECTION 1 The City Council finds that reflexology is different in character than massage, and should therefore be regulated differently for the health, safety and welfare of the public

SECTION 2. Title 4, Chapter 05, of the Henderson Municipal Code is hereby amended by adding a new section to be codified as 1925 as follows

4 05 1925 Reflexologist

Fifty dollars (\$50 00) semi-annually, provided that the applicant meets all the requirements set forth in HMC 4 85

SECTION 4 Title 4 of the Henderson Municipal Code is hereby amended by

adding a new chapter to be called Reflexology and to be codified as 85 as follows:

4 85 010 Definitions

(a) "Reflexologist" means a person who uses special pressure techniques on the reflexes in the human feet, hands, and ears and who has studied the principals of reflexology, anatomy and physiology generally included in a regular course of study of reflexology

(b) "Reflexology" means the application of specific pressure by the use of the practitioner's hands, thumbs, and fingers to reflex points in the client's hands, feet, or ears using alternating pressure, and such techniques as thumb walking, finger walking, hook and back up, and rotation on a reflex

4 85 020 Exemptions

This chapter does not apply to the activities or services of physicians, chiropractors, physical therapists, cosmetologists, registered nurses, or members of other professions licensed, certified, or registered by the state who may, on occasion, apply pressure to the reflex points in the hands, feet, and ears in the course of their work

4 85.040 Minimum educational and certification requirements, health certifications and health cards required

(a) Applicants shall submit at the time of application the following

(1) A diploma or certification issued by a duly licensed school of reflexology, the curriculum of which includes at least 110 hours of instruction, covering reflexology theory, and history, and hands on work; anatomy and physiology correlated to reflexology, anatomy and physiology specifically focused on the study of the lower leg and foot; business practice which involved ethics and business standards and knowledge or local and state laws and ordinances pertaining to the practice of reflexology,

and ninety (90) hours of practicum, or

(2) Certification from an independent national reflexology testing entity which is not aligned with any school, training program, or membership, and

(3) A certificate of a licensed physician licensed to practice medicine in the state of Nevada, bearing a date not more than thirty days prior to the date of application for a license, and showing the applicant to be free from all contagious, infectious or communicable disease, which certificate must be renewed annually, and

(4) A Clark County health department card

4 85 060 License Fees

The semiannual fee for each license is fifty (\$50 00) dollars, payable in advance

4 85 070 Prohibited Practices

(a) A reflexologist may not use lotions, creams, or mechanical devices in the application of reflexology

(b) A reflexologist may not diagnose or treat for specific diseases, practice spinal or other joint manipulations, prescribe or adjust medication, or prescribe or administer vitamins

DUE TO SPACE RESTRICTIONS THE FOLLOWING SECTIONS IN DETAIL ARE NOT INCLUDED IN THIS NEWSLETTER

- 4 85 030 Application
- 4 85 050 License - Corporation - Partnerships - Associations - Changes in membership
- 4 85 080 License Not Transferrable
- 4 85 090 Facilities and Dress
- 4 85 100 Outcall Treatment
- 4 85 110 Operating Requirements
- 4 85 120 Alcoholic Liquors and Gaming Prohibited
- 4 85 130 Licensee Responsible for the Acts of Employees
- 4 85 140 License - Suspension - Revocation - Limitation
- 4 85 150 Application of Other Ordinances
- 4 85 160 Aggrieved Parties
- 4 85 170 Violation - Penalty

If you are interested in obtaining a license in Henderson or establishing licensing in your city and need a complete copy of the ordinance, you may make your request to the Henderson City Clerk's Office at (702) 565-2057, Monday through Thursday

Reflexologist gets to the point

Practice approved by Council

By Tim Willert
View staff writer

All Alexandra Ferguson wanted to do was practice reflexology in Henderson.

She just never realized how tough it would be.

Although the city has a massage ordinance on the books, it didn't have a separate ordinance defining reflexology — the application of specific pressures to reflex points in the hands and feet — until the City Council, after some convincing by Ferguson, approved one at its Jan. 21 meeting.

"It was extremely important to me because it's everything that I've worked for," said Ferguson, who lives in Henderson with her husband and four children. "For me to do this and have this licensing go through is a matter of integrity for me."

"It's an acknowledgment that reflexology is a lawful business."

Ferguson is certified by the American Reflexology Certification Board, an independent, nonprofit organization founded by Las Vegas Billie Scott.

"Because of where we live we have the notoriety of prostitution tied in with massage," Ferguson said. "Because we are in touch therapy, people automatically assume we have to do with massage."

Though reflexology and massage have touch in common, there are several differences between the two disciplines.

"It's an acknowledgment that reflexology is a lawful business"

Alexandra Ferguson
Reflexologist

According to the American Reflexology Certification Board, foot and hand reflexology is based on the premise there are zones and reflex areas in the feet and hands which correspond to all body parts.

Reflexologists apply specific pressures using thumb, finger and hand techniques, resulting in stress reduction. Only a person's shoes and socks are removed, and no oils, lotions or creams are used.

Massage is the systematic and scientific manipulation of the soft tissues of the body. Massage involves tapping, kneading and stroking to the entire body. Clients undress, and oils, lotions and creams may be used.

"So many massage people advertise that they do reflexology when in fact they don't have complete training or knowledge," Ferguson said.

The first time Ferguson attempted to obtain a license she was denied. That was in July, after she had passed the

Please see REFLEX/3A4



Jim Laurie/View

Alexandra Ferguson practices reflexology in Henderson after the City Council passed an ordinance allowing the practice in the city.

Reflex

From 1A4

first two parts of a three-part reflexology certification exam and was asked to teach at a local stress management center.

"They said I needed to go to massage school for 500 hours and get a massage license to teach reflexology," said the former dancer, who moved to Las Vegas 10 years ago from Northern California.

Not what Ferguson wanted to hear, since she thinks the two disciplines are unrelated.

"I believe that massage has its value, but from a reflexologist's point of view it has been very difficult to get the respect and licensing we deserve as a separate entity," she said.

It took three months for her to obtain a teaching license.

"They said I had to write a letter stating that I could teach without physically touching students, which I could because I used a prosthetic (hand)," she said.

In October she was approached by several people to practice reflexology at their establishments, but couldn't because she wasn't certified.

At the end of November, Ferguson passed the final part of her boards and again approached the business licensing department this time for a license to practice.

"I was told I would have to go before the City Council and change the city ordinance before I could practice without going to massage school and obtaining a license," she said.

Ferguson eventually wound up in the office of Assistant City Attorney Ron Sailon.

"I told him I was a citizen who paid property taxes," she said. "And I would really like to practice my profession here."

Sailon said there needed to be an ordinance and directed Ferguson to gather as much information on reflexology as possible. She did and within two weeks an ordinance was drafted.

Said Sailon, "The issue (reflexology) had never come up before. She educated me about it and I tried to tailor some business license regulations to that field."

By Dec. 23, an ordinance regulating reflexology was among the items on the City Council's meeting agenda. Although it was continued to be studied by the council, Ferguson used the time to meet with and educate council members.

After careful consideration, the council approved the ordinance which amends the definition of massage to exclude reflexology.

"I knew they were going to say yes because I had a very good response from the council members and the city attorney's office."

According to Ferguson, there are only two other city ordinances in the country (El Paso and Tucson), but those are just amendments to massage ordinances.

"This ordinance will be the most comprehensive ordinance in the U.S. and will set a precedent for the licensing of reflexology around the country," she said.

"This ordinance will be the most comprehensive ordinance in the U.S. and will set a precedent for the licensing of reflexology around the country"

Alexandra Ferguson
Reflexologist

Council approves reflexology

D B Marciniak
News Staff Writer

A business classification which will sooth patrons' nerves on an out-call basis was approved by the Henderson City Council Tuesday night

The Council approved an ordinance establishing a business license category for reflexology in a 4-0 vote. Mayor Bob Groesbeck was absent.

"I believe it [reflexology] would serve the city of Henderson very well," said Alexandra Ferguson, a resident who urged the city to create an ordinance to establish a new business in town.

Reflexology, as defined, is the application of specific pressures to reflex points in the hands and feet.

Mayor Pro Tem Jack Clark questioned the qualifications needed to obtain a licence.

Ferguson, who wishes to establish a reflexology practice on an out-call basis, suggested the city require at least 90 hours of practicum to obtain a reflexology licence in Henderson.

REFLEXOLOGY: Council meeting

From Page 1

Requiring the 90 hours would assure the highest quality of business owners for the area, she said.

In other business, the Council
• Approved contracts for \$50,000 for consulting services for City Hall to aid in lobbying for the 1997 legislative session.

Terry Zerkle, assistant city manager, will be assigned to the Legislature on a full-time basis for the 1997 session.

In the application, City Manager Phil Speight determined that it would cost the city less to send Zerkle as a lobbyist and hire two consultants to assist the

city in financial and redevelopment and associated issues in his absence.

City staff directed the Council to hire Hobbs and Ong Associates Inc for financial matters and The Campbell Company for other issues dealing with the city. During

previous legislative sessions, Henderson sent two full-time staff as lobbyists for approximately six months.

• Approved a contract award to Custom Asphalt Paving, Inc for \$298,955 to perform various street preservation projects throughout the city including crack seal and patch projects.

• Approved a comprehensive plan amendment and zone

change for Mountain Vista Business Center at the southeast corner of Mountain Vista Street and Patrick Lane in the Green Valley North planning area. The zone change from commercial to business/industry will allow the center, located on 4.1 acres, to operate for office use.

See Reflexology

HENDERSON HOME NEWS

Tuesday January 21 1997

Henderson Nevada

50¢

Proposed ordinance allows reflexology businesses in city

DB Marciniak
News Staff Writer

The city of Henderson is aiming to make different types of businesses more flexible by establishing a new category for business licenses.

Tonight, during a 6:45 p.m. committee meeting of the Henderson City Council, a recommendation from the City Attorney to adopt an ordinance which will add a new license category for reflexology will be discussed.

Reflexology, as defined, is the application of specific pressures to reflex points in the hands and feet.

"We would not want to deny anyone access to a lawful business," Assistant City Attorney Ron Sailon said. "Reflexology is a lawful business, so we have to establish the new category," he explained.

Sailon, who drafted the category, said reflexology does not call for any disrobing. The only disrobing which will occur at any

new business under this category, he said, will be a client kicking off their shoes and socks for a reflexologist.

To treat a client, a reflexologist works from the ankles and wrists and the tips of the toes and fingers. Occasionally the ears may be used to treat a client. The premise is that through the nervous system, different zones and reflex areas in the feet and hands correspond to all body parts and can treat aches and pains.

"I didn't see this as a contro-

versial item. Basically there were several businesses which wanted to operate in the city and they needed a means to operate," Sailon said.

Allowing any new type of business into the area needs to be examined carefully, he said.

Proper licensing with any state or federal boards and affiliation with other authorities must be assured to allow for the lawful practice of a business in Henderson, he said.

Businesses which meet all the

standards set by regulating bodies, such as a reflexology board made of peers in the field, are only allowed to operate within the city, he said.

"What this [new category] would do is make some guidelines which are specific to reflexology," Sailon said.

This assures that quality businesses are attracted to the

See Reflexology
Page 5

REFLEXOLOGY

From Page 2

city and they operate properly.

Another section of the ordinance, he said, addresses another type of business which is not allowed under current business license categories.

According to the current massage ordinance, outcall chair massages are not allowed.

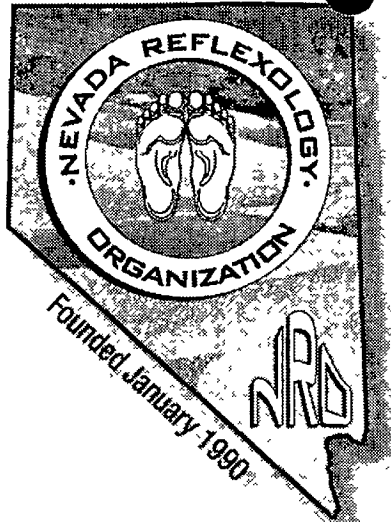
If the Council approves the

ordinance, it will allow both reflexology businesses and chair massages on an outcall basis in commercial establishments.

The Council's regular meeting is set to begin at 7 p.m. in Council Chambers, City Hall, 240 Water St.

FEET'S FOOTPRINTS

education, insights and bits of interest for the professional and casual reflexologist



Summer • 1999

MEETING • EVENT

join us for our bi-monthly gathering
Wednesday • July 14th • 7 pm

"My Favorite Reflexology Moves, Moments, Memories"

Come share with us your favorite Reflexology experience. Each meeting attendee will have the opportunity to participate in this special and personal sharing. Be prepared to share "hands on" as well by coming with fresh feet. See you there!

WORKSHOP • EVENT

join us for our bi-monthly gathering
Wednesday • September 8th • 6 pm to 9 pm

Advanced Reflexology Techniques & Reflexatsua
A Special "Hands On" Workshop
with Dr. David Allen
DONATION: \$20⁰⁰ per person



David Allan, DC, CCFC, ARCB Certified, is an internationally known reflexology instructor and has been teaching reflexology nationally since 1985. Dr. Allan has over 20 years of experience in the field of reflexology and bodywork and is the founder and director of the International School of Integrated Touch.

In this short program, be prepared for an action packed class covering a wide range of reflexology material for the feet — including advanced reflexology techniques, joint mobilization techniques, body mechanics, hand strengthening strategies and Reflexatsua. Reflexatsua is a new therapy created by Dr. Allan and is a synthesis of reflexology and shiatsu. Dr. Allan will be demonstrating Reflexatsua to the International Reflexology Community at the upcoming International Council of Reflexologist (ICR) conference taking place at the end of September in Hawaii. Since this workshop precedes the ICR conference by a small margin, Reflexatsua will be making its first ever appearance publicly

at this workshop.

Everyone attending this workshop will receive a manual and certificate of completion. Don't miss this special event

The donation amount for this workshop is \$20 00 **This workshop is confirmed with Dr. Allen.** Please RSVP with payment by July 31, 1999 as space is limited. We look forward to hearing from you.

Call 615-3332 for further info

NRO • SCHEDULE

Meetings • Gatherings • Sharings

join us for our bi-monthly gatherings
Wednesday Evenings • 7 pm
Wenger Room • Nevada Power Company
on Sahara just West of Jones

1999 - 2000

July 14th
September 8th
November 10th
January 12th
March 8th

For Further Information Call (702) 615-3332



Zee Marie
NRO President

We're growing!

Our membership is increasing, we've got a popular new website, and a Board that is committed to exciting meetings and events for the membership PHEW! It's a lot to reflect on

In this issue of Desert Footprints, you'll see lots of gratitude. What a fantastic space to be in combined with the art of reflexology. From the volunteer participation of another successful Clark County Wellness & Health Fair to the "New Kids on the Block" you are sure to enjoy reading about what is going on in Nevada.

The Board is thrilled to invite Dr. David Allen for a special workshop to all NRO members and friends of members. If you know someone who may be interested in this first-time-offered event, please invite them. Normally this workshop would cost a lot more, so take advantage of this incredible and special opportunity to learn more.

Many of you have been concerned about the news that the massage community is working on a new Bill and how this may or may not affect Reflexologists. Check out the Legislative Update on page 4. Anyone wishing to get involved with staying in touch with this issue, please contact us.

Congratulations to all those who have completed their year-long studies in Reflexology! See this feature on page 5. We invite each and every one of you to become a member of NRO and continue your interests through this valuable organization. Good luck in August when testing for your ARCB Certification!!!

12 Keys to Client Loyalty is a great reminder to those of us practicing professionally and valuable to those casual reflexologists as well. Check it out on page 4.

We encourage you to advertise your business with us either in upcoming issues of this newsletter or on our new web site. They are both very affordable and a great way to donate much needed funds to NRO. Enjoy this issue and we hope to see you very soon!

In peace, joy, health and prosperity *Zee Marie*

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This issue of
Desert
Footprints is the
combined effort
of JoAnn
Welland, Sharon
Aloe, Zee Marie
& Zee Designs

... is a bimonthly publication of
the Nevada Reflexology
Organization

THIS NEWSLETTER

...is educational in nature and all of the herein practices and methodologies are not intended as a substitute for proper medical care. You should consult a licensed physician for any condition that logically requires their services.

GOOD HEALTH

...is your responsibility. Prevention of illness is almost totally up to you and may help you live longer. There are many things you can do to fortify your body's natural immunity system to ward off disease, slow down degenerative processes and keep you healthier.

NRO IS DEDICATED

...to advance the best interests of Reflexology in all matters and to create awareness with the public as to the values of Reflexology.

...to emphasize the importance of ethics in Reflexology.

...to strive for cooperation among Reflexologists in order to encourage continued education and sharing in technique and knowledge.

NRO RESERVES THE RIGHT

...to edit all articles based on available space or to refuse to publish any article deemed inappropriate. NRO also reserves the right to reject advertising and does not sponsor or endorse any of the products or services advertised. NRO is not responsible for the advertising content, statements and opinions made by the advertisers.

ITEMS & ARTICLES HEREIN

...do not necessarily reflect the opinions or policies of NRO Board or Members.

NRO WELCOMES & ENCOURAGES

...the submission of news items, original articles, and photographs and will consider each for publication.

NRO GRANTS PERMISSION

...for duplication of its original articles found in this issue, providing a notation is printed with the article which states the date, volume, and number. For articles reprinted herein, please check with the original publication for permission.

1999 Wellness Fair a Success!

The 1999 Clark County Wellness & Health Fair was a great success! Through the volunteer efforts of several members of the Nevada Reflexology Organization and Clark County employees, a great three-day event was had by all. This fair is the most important annual fundraiser for NRO. This year NRO volunteers worked with 183 pairs of feet and raised \$693 in donations.

Clark County employees were treated to a 'feet treat' as they signed up for 15 minutes of reflexology. Many employees said that they had been looking forward to this moment all year. Six recliners donated by Laz-y-Boy helped the cause of comfort and relaxation. From giggles to snores relaxation was evident.

Many thanks to the following volunteers who worked so hard to make this event such a great success:

JoAnn Welland, NRO Event Chairperson
Zee Marie, NRO Event Coordinator
Rod Candelas, NRO Event Setup
Max Moss, NRO Event Setup & Volunteer Support
Mary Howarth
Mike Peterman
Sharon Aloe
Steve McKenzie
Donna Sottile
Frances Murray
Janice Lewis
Ron Forner
Regina Lloyd
Brenda Janik
Angela Ciliberti
A special support thanks to Cloe Robbins

Thank You • Thank You • Thank You



Be
the
change
you
want
to see
in the
World.

Ghandi

*Reprinted by permission from Different Strokes
This information first published in the
December/January 1999 issue*

Massage and Bodywork Professionals for State Licensing, a committee formed to draft a proposal for Massage and Bodywork State Licensure, has hired Ms Dorothy North, a professional Nevada Lobbyist, to Lobby for this Bill at the State Assembly and Senate and prepare it for introduction in January 1999. Committee members are Ron Reese, LMT, PhD - Chairperson, Doug Koenig, LMT - Vice Chairperson and Amy Lewis, LMT - Secretary.

The draft creates a message board and establishes requirements for licensure as 500 educational hours and the National Certification Exam. Grandfathering is uniquely established by accepting existing massage licensure from any jurisdiction within the state of Nevada. Advertising must include license number and any sexual connotation is strictly prohibited. Continuing education requirement will be 12 hours per year for licensure renewal.

If you would like a copy of the drafted proposal, please send an self-addressed, stamped, 9-inch envelope along with \$2 (administrative fee) to MBPSI, Attn: Ron Reese, 505 Arlington, #202, Reno, NV 89509. MBPSI appreciates donations as well.

If you would like to meet with any of the members of the committee to have them discuss the proposal with you or with a group of therapists or students, please call (702) 771-1086 to arrange a time and location.

*Reprinted by permission from Different Strokes
This information first published in the
April/May 1999 issue*

All of the State Legislative Sessions have convened and there are approximately 133,000 bills to be considered nationwide. The states of Connecticut, Maryland, Minnesota, New Mexico and North Dakota all have legislation that has been introduced.

The state of Texas has introduced a bill to regulate Reiki. States or territories to watch in the near future are Illinois, Indiana, Louisiana, Nevada, Pennsylvania and Puerto Rico.

For a complete copy of bill text summarized within this scorecard, visit the Legislative News section of our Web site at www.abmp.com

*By Edwin Richard Rigsbee
Reprinted by permission of author
This article first appeared in
Massage & Bodywork - Spring 1998*

The most important rule of customer service and marketing is this: your client has earned the right to your respect simply by walking through your door. This simple rule can mean the difference between existence and success. If you have an emotional ownership in this simple rule and demand that your staff have the same emotional ownership, watch your revenues increase year after year.

I know there is more to running a successful business than that. But, with all things being equal, the practitioner that follows the rule will do better than the one that does not.

Think about it! When you go out for a nice meal, do you want some smart-mouth server trying to make you look bad in front of your dining partner? Of course you don't. So why in the world would you allow the same kind of situation to occur in your place of business? When your clients feel really good about visiting you, they will come back repeatedly and urge that their friends do the same.

Does this sound like money in the bank? Sure it does!

- 1 Greet each client within 30 seconds from the time they enter your establishment—no matter how busy or shorthanded you are!
- 2 Show respect by using your client's name, if this is not possible refer to them formally (Mr, Mrs, Ms, etc.)
- 3 Keep your offices clean, bright and well lighted. This gives a better feeling.
- 4 Have a water dispenser and glasses.
- 5 Smile. Not the slick "used car salesman" smile, but the warm, sincere, and friendly kind.
- 6 Say "thank you" as often as you can.
- 7 Do regular client satisfaction surveys. Find out what your clients are looking for.
- 8 Select and train your help well. Generally, attractive, neat and friendly workers make clients feel special.
- 9 Value good stuff to buy (the stuff and quality clients want) at fair prices. Think massage oils, lotions, aromatherapy products, health supplements, soothing music.
- 10 Efficiency. Be sure you're ready for your client when (s)he arrives for the appointment.
- 11 Make your establishment "user friendly" in every possible sense—hours, policies, etc.
- 12 Reward client loyalty. Introductory offers are okay, but are often seen by clients as a slap in the face. Do good things for loyal clients. Remember, you do not own them. They can always go somewhere else.

Daily, stretch your brain muscles and think about what else you can do to make your clients feel really good about your services. Do this and watch your revenues increase!

Adapted from The Art of Partnering, by Edwin Richard Rigsbee, published by Kendall/Hunt Publishing.
Rigsbee is a professional speaker and president of Rigsbee Enterprises, Inc. (REI) located in Westlake Village, CA. REI is a strategic management and marketing consulting firm specializing in problem detection and solutions, customized training programs, and keynote presentations. Mr. Rigsbee can be reached by telephone at 805/371-4636, fax 805/371-4631, mail PO Box 6425-PC, Westlake Village, CA 91359, or e-mail EdRigsbee@aol.com. Visit Rigsbee's internet website at <http://speakers.com/rigsbee.html>

New Kids on the Block



Community College of Southern Nevada Reflexology Graduates:
Front row—Christine Issel, prominent Reflexology advocate, Alexandra Ferguson, owner and instructor of The Nevada Institute of Reflexology, Billie Scott local Las Vegas Reflexology advocate.

Second row—Jodi Andrade, LeAnn Shelmire, Amber Black, Shivaunne Davis, Zel Liptak, JoAnn Welland, Lynn Butson, Rod Candelas, Debbie Wells, Janice Lewis.

Back row—David Bronson, James C. Hendrick, Regina Lloyd, Nancy Brown, Jay Little, Jackie Embler, missing from photo Angela Ciliberti and Ryan Meredith.

On May 10, 1999, 18 people completed a year-long course in Professional Reflexology at the Community College of Southern Nevada. The Community College, the Human Services Program and the Nevada Institute of Reflexology had joined together to offer the training program for the professional practice of reflexology.

This was the first time such a program was offered by a college. The program was designed to provide the students with the necessary training to apply for certification in reflexology on a national level.

The program also provided the criteria for course hours needed for reflexology licensure in Henderson, Nevada (i.e. history of reflexology, anatomy and physiology of the body, anatomy and physiology of the lower leg and foot, 50 hours of hands-on practicum and required documentation, etc.). Henderson has a separate ordinance for reflexology.

The year-long class was taught by Alexandra Ferguson, owner of the Nevada Institute of Reflexology. Congratulations to the following students for a job well done!

Jodie Andrade
 Amber Black
 David Bronson
 Nancy Brown
 Lynn Butson
 Rod Candelas
 Angela Ciliberti
 Shivaunne Davis
 Jackie Embler

James C. Hendrick
 Janice Lewis
 Zel Liptak
 Jay Little
 Regina Lloyd
 Ryan Meredith
 LeAnn Shelmire
 JoAnn Welland
 Debbie Wells

For information on future courses call the Nevada Institute of Reflexology at 702-458-8992.



Many Thanks

Many thanks to the **wonderful volunteers** who worked the 1999 Clark County Wellness & Health Fair. We could have not done it without your help.

Special gratitude to the **outgoing NRO Board 1998-1999** who worked hard in the interest and progress of Reflexology.

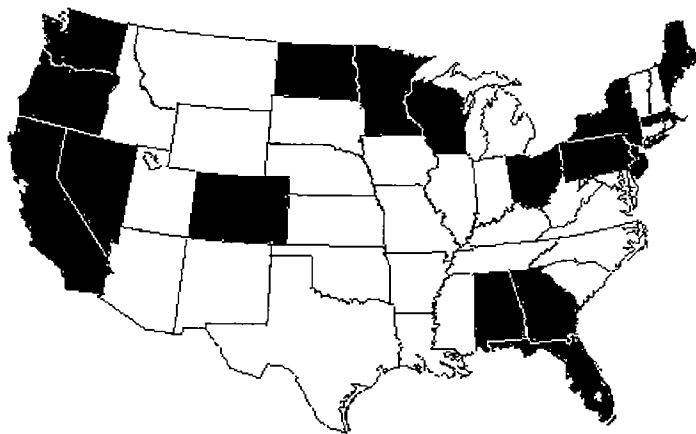
Zee Marie
 Alexandra Ferguson
 De Anna Kirk
 Donna Sottile
 Nancy Reiter

Appreciation is extended to **Zee Designs** for creating the NRO website.

www.nvreflexology.org

Schedule

OF ★ EVENTS



NEVADA

09/08

Wednesday Evening • 6:00 to 9 00 pm
Las Vegas

Advanced Reflexology Techniques & Reflexology with Dr. David Allan See front page of this issue of Desert Footprints for details Everyone attending this workshop will receive a manual and certificate of completion Please RSVP with payment by July 31, 1999 as space is limited Call 615-3332 for further info

TBA

Reflexology Classes with Alexandra Ferguson at the Nevada Institute of Reflexology For future class and training information please call 458-8992.

Around The World

09/24 - 09/26 • 1999

International Council of Reflexologists Biennial Conference 1999 • Honolulu, Hawaii. For more information contact the ICR Editor, P O Box 246654, Sacramento, CA 95824 or Fax 916-455-5381

Alabama Reflexology Association (ARA)

PO Box 4715
Huntsville, AL 35815

Reflexology Association of California (RAC)

PO Box 641156
Los Angeles, CA 90064

Associated Reflexologists of Colorado (ARC)

PO Box 697
Englewood, CO 80151

Florida Association of Reflexology (FAR)

235 31st Street N
St Petersburg, FL 33713

Georgia Reflexology Association (GRA)

2206 Huntingdon Chase
Atlanta, GA 30350

New England Reflexology Association (NERA)

PO Box 1718
Onset, MA 02558

Maine Council of Reflexologists (MCR)

5 Washington Street #9
Brewer, ME 04412

Reflexology of Minnesota (ROM)

P.O. Box 662
Hinckley, MN 55037

Reflexology Association of New Jersey (RANJ)

187 Whitehead Avenue
South River, NJ 08882

Nevada Reflexology Organization (NRO)

5025 S Eastern Avenue, Box 16-357
Las Vegas, NV 89119-2389

New York State Reflexology Association (NYRA)

6 Willow Ridge Lane
Lancaster, NY 14086

North Dakota Reflexology Association (NDRA)

1413 N 19th Street
Bismark, ND 58501

Ohio Association of Reflexologists (OAR)

313 S 5th Street
Tipp City, OH 45371

Oregon Association of Reflexology (OAR)

2291 Jubilant Avenue
Medford, OR 97504

Pennsylvania Reflexology Association (PRA)

PO Box 796
Glenside, PA 19038

Washington Reflexology Association (WRA)

203 Bellvue Way, NE #361
Bellvue, WA 98004

Reflexology Organization of Wisconsin (ROW)

904 Gail Place
Fort Atkinson, WI 53538

INTERNET

Information available Online

Infoseek found 2,722 pages containing the word **Reflexology**! Get on the web and check for yourself Here's a few you may wish to check out .

ASSOCIATION of REFLEXOLOGISTS

London, England
E-mail. aorma@reflexology.org

HOME OF REFLEXOLOGY

www.reflexology.org

INTERNATIONAL REFLEXOLOGY ASSOCIATION

www.imagroup.com

JUST FEET - catalog

www.w3m.com/justfeet

Modern Institute of Reflexology

www.reflexologyinstitute.com

NEVADA REFLEXOLOGY ORGANIZATION

E-mail. nro@wizard.com

NEW YORK STATE REFLEXOLOGY ASSOCIATION

E-mail: NYSRAref@AOL.com

REFLEXOLOGY:

Art, Science & History

www.ns.net/~quantum

REFLEXOLOGY ASSOC. of AUSTRALIA

E-mail. raa@ozemail.com.au
Web www.ozemail.com.au/~raa

REFLEXOLOGY ASSOC. OF CANADA

www.reflexologycanada.com

REFLEXOLOGY RESEARCH

www.reflexology-research.com

REFLEXOLOGY WORLD

Australia
E-mail: reflexworld@pobox.com

TREAT YOUR FEET

www.treatyourfeet.com

Welcome to SUN GEM Reflexology!

www.sungem.bc.ca/Reflexology

ARCB • CERTIFICATION

... an investment in your future
national certification

NEVADA

August 1st Las Vegas

Washington

September 4th Seattle

California

October 16th Sacramento

A test will be scheduled in
other cities if there are 8 people
to test at one time.

ARCB

American Reflexology
Certification Board
P.O. Box 620607
Littleton, CO 80162
(303) 933-6921
(Fax) 904-0460

NATIONAL

RAA

Reflexology Association of America

4012 S Rainbow Blvd. Box K-585
Las Vegas, NV 89103-2059
(702) 871-9522

The purpose of RAA is to provide a vehicle through which Reflexology professionals can communicate. To serve as a bridge for communication between Reflexologists and the public as well as an association to address national and common concerns.

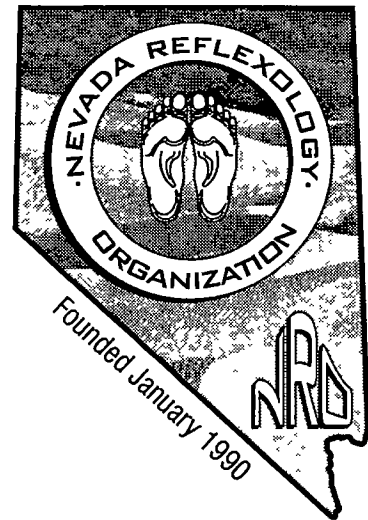
Their goals include monitoring laws and legislation, establishing standards and ethics, education of the public and to provide a full and fair disclosure system to verify credentials Call and join today!

INTERNATIONAL

IIR

International Institute of Reflexology

Bobbi & Muff Warren are conducting these seminars. For specific information call 800-449-FOOT or on the web at www.w3m.com or email them at justfeet@w3m.com



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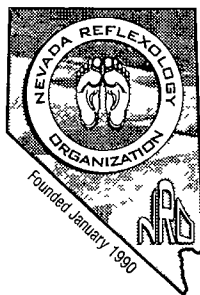
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REFLEXOLOGY
ORGANIZATION**

P.O. Box 27108

LAS VEGAS, NV

89126-1108

COME INSIDE...

**The world of
reflexology is more
exciting than ever!**

Nevada

Nevada Reflexology Organization (NRO)
5025 S. Eastern Ave Box 16-357
Las Vegas NV 89119

New Jersey

The Reflexology Association of NJ (RANJ)
187 Whitehead Ave
South River NJ 08882

New York

New York State Reflexology Association (NYSRA)
6 Willowridge Ln
Lancaster NY 14086

North Dakota

North Dakota Reflexology Association (NDRA)
RR1 Box 11
Harvey ND 58341

Ohio

Ohio Association of Reflexologists (OAR)
313 S. Fifth St
Tipp City OH 45371

Oregon

Oregon Reflexology Association (ORA)
2291 Jubiland Ave
Medford OR 97504

Pennsylvania

Pennsylvania Reflexology Association (PRA)
P O Box 796
Glenside PA 19038-0796

Tennessee

Tennessee Reflexology Association (TRA)
4664 Brick Church Pike
Goodlettsville TN 37072

Washington

Washington Reflexology Association (WRA)
203 Bellevue Way N E , #361
Bellevue WA 98004-5700

Wisconsin

Reflexology Organization of Wisconsin (ROW)
904 Gail Place
Fort Atkinson WI 53538

NATIONAL PRACTITIONER CERTIFICATION BOARD

American Reflexology Certification Board
(ARCB)
P O Box 620607
Littleton CO 80162
Ph 303 933-6921 Fax 303-904-0460

NATIONAL MEMBERSHIP ASSOCIATION

Reflexology Association of America (RAA)
4012 South Rainbow Blvd Box K585
Las Vegas NV 89103-2059
PH/FAX 702-871-9522

RAA NATIONAL CONFERENCE

When: May 2000
Where: San Diego, California
For more info: Contact the RAA office

INTERNATIONAL ORGANIZATION

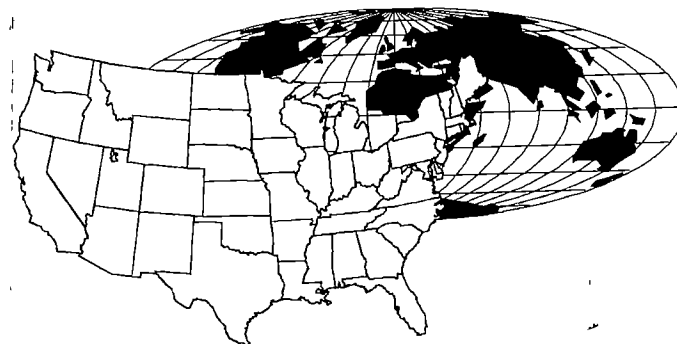
International Council of Reflexologists (ICR)
P O Box 17356
San Diego CA 92177-7356 USA
PH/FAX 619-275-1011

INTERNATIONAL CONFERENCE

When: September 24-26, 1999
Where: Honolulu, Hawaii
For more info: Contact the ICR office

ACCREDITATION OF TRAINING PROGRAMS & TEACHERS

American Commission for Accreditation of
Reflexology Education and Training (ACARET)
Box 112
Alna, Maine 04535
FAX 207-586-6702



STATE NATIONAL & INTERNATIONAL REFLEXOLOGY ASSOCIATIONS

The Importance of Professional Membership Organizations

ARCB encourages reflexologists involvement in all levels of reflexology associations, from local support groups to state, national, and international professional organizations

Support groups at the local level where you trade sessions and review material are a reinforcement to your work

Further professionalism is demonstrated to your clients when they know you are affiliated with organizations dedicated to maintaining professional and ethical standards. It lets them know you are concerned about the field of reflexology and actively support its growth and development as well as your own continuing education

As a member of an association you are kept informed of the latest developments in the field through continuing education opportunities, conferences and newsletters.

When seeking any type of governmental sanctioning designed to protect your right to practice as a separate modality, the number of reflexologists represented on the local, national, and international levels in associations is important. All reflexologists can support each other anywhere in the world as there is strength in numbers

The latest development, as groups look towards governmental approval, is the move toward reflexology associations involvement

in the creation of coalitions with other modalities in the somatic practices field.

If I've been certified by ARCB am I a member of their association?

No. ARCB is a testing agency only. It does not have a membership organization attached to it. ARCB's primary concern is the protection of the public through assurance of the competence of its certificants. Therefore, it is not possible to "join" ARCB. When you successfully test with ARCB you become a certificant, not a member.

The goals of membership associations are different. They involve the advancement of the members' interests through such activities as public relations, and lobbying efforts. Membership organizations are open to reflexologists, usually from all schools, as well as the public, and others outside the field who wish to support reflexology.

**Join one or more associations today
and become part of the future.**

U.S. STATE ASSOCIATIONS

Alabama

Alabama Reflexology Association (ARA)
P O Box 4715
Huntsville AL 32815

California

Reflexology Association of California (RAC)
P O Box 641156
Los Angeles CA 90064

Foot Reflexology Awareness Association (FRAA)
P O Box 7622
Mission Hills CA 91346

Colorado

Associated Reflexologists of Colorado (ARC)
P O Box 697
Englewood CO 80151

Florida

Florida Association of Reflexology (FAR)
1270 Benty Way
Odessa FL 33556

Georgia

Georgia Reflexology Association (GRA)
C/O The Heal Center
5835 Allen Ct
Atlanta GA 30328

Iowa

Iowa Association of Reflexologists (IAR)
C/O 1315 Hammond Avenue
Waterloo IA 50702

Maine

Maine Council of Reflexologists (MCR)
P O Box 969
Jefferson ME 04348

Massachusetts

New England Reflexology Association (NERA)
P O Box 1718
Onset MA 02558

Minnesota

Reflexology of Minnesota (ROM)
P O Box 662
Hinckley MN 55037

Missouri

Missouri State Reflexology Association (MSRA)
12817 East 47th, 17 Grove
Independence MO 64055

ARCB CERTIFICATION TEST APPLICATION & REFERRAL INFORMATION

Date _____

Name _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Home Phone () _____ Business () _____ Fax () _____

STATISTICAL INFORMATION: We need statistical information in the areas listed below to make sure our methods meet federal requirements. This information is voluntary, and if you object to filling it out, you need not do so. This information will be kept confidential.

☐ WHITE ☐ ASIAN or PACIFIC ISLANDER Male ☐ Female ☐
☐ BLACK ☐ AMERICAN INDIAN or ALASKAN NATIVE Age: _____
☐ HISPANIC ☐ Disabled or Handicapped

1. How, where and from whom did you learn reflexology? Attach a copy of any certificate of completion earned.

SCHOOL NAME	ADDRESS	PHONE NUMBER	DATE OF ATTENDANCE	HOURS OF REFLEX- OLOGY IN COURSE

2. Did any of the programs listed above include certification as part of their course? ☐ Yes ☐ No

3. Have you ever been tested for certification in reflexology? ☐ Yes ☐ No

4. Were you successful? ☐ Yes ☐ No If yes, attach copy of certificate.

5. Are you already practicing reflexology? ☐ Yes: ☐ Casually ☐ Professionally ☐ part-time ☐ full-time
Number of years _____
☐ No

6. State briefly the philosophy, theory, and/or definition of reflexology you subscribe to:

Be sure to complete reverse side and sign this application

7. Describe your typical session:

8. Will you be providing any other service along with reflexology? No ☐ Yes ☐ If yes, list those services or other disciplines.

9. Education: Highest grade completed in school _____

10. Dates & Name(s) of college or universities attended and units earned

11. List currently held diplomas, certificates, professional memberships, licenses, etc.

12. Training: List additional training or attach a resume. This includes training or informal education which maybe full-time, part time, paid or unpaid, apprenticeships, seminars or other types of training If seminars or other relevant training is listed attach documentation of the content of the training and/or attendance.

Dates	Title and Description of course or program	Name of school or organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Experience: Start with your most recent experience and work backward. Experience may be paid or unpaid, full time, part time or military. Attach additional pages as necessary or include resume.

Date	Title of position	Name of employer
_____	_____	_____
_____	_____	_____

READ CAREFULLY BEFORE SIGNING - All statements made on or in connection with this application form are true and complete to the best of my knowledge. I understand and agree that misrepresentation or omission will cause forfeiture of testing and/or certification. If I successfully pass both the written and practical tests and documentation requirement for certification as administered by the ARCB I agree to promote and adhere to the principles, code of ethics, and professional practices as set forth by the ARCB.

Signature _____

ARCB • P O Box 620607 • Littleton, Colorado • Phone (303) 933-6921 • Fax (303) 904-0460

Send your application with check payable to ARCB in the amount of \$100 for the application fee.
Any checks returned by the bank as unpayable will result in a \$25 processing fee.

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

(Name and address of the school
or instructor's name and address)

TO: _____

(Print your name and address)

FROM: _____

As a previous student of yours, you are hereby authorized and requested to send a copy of my educational records to the American Reflexology Certification Board as part of my testing application. Please send them to: ARCB, P.O. Box 620607, Littleton, CO 80162 or FAX 303-904-0460.

If you have any questions or wish to have a copy of the 'School Verification Form' sent to you, ARCB may be contacted at 303-933-6921.

Thank you for your prompt attention to this matter.

Student's Signature _____ Date _____

***NOTE: APPLICANT IS TO COMPLETE THIS FORM AND
SEND IT TO THEIR SCHOOL FOR RELEASE OF
EDUCATIONAL RECORDS TO ARCB.***

ARCB's desire is to help where it can within the reflexology field as long as its status as an unbiased, independent testing agency is not compromised. No matter what other assistance is asked of ARCB, the improvement of the testing program is its first priority and will remain the focus of its on-going work.



INSIDE THE

*American Reflexology
Certification Board*

The American Reflexology Certification Board
P.O. Box 620607
Littleton CO 80162
Phone (303) 933-6921
Fax (303) 904-0460

What is ARCB?

The American Reflexology Certification Board is an independent testing agency for the field of reflexology.

ARCB is a legally constituted, non-government entity incorporated under California law as a non-profit corporation and is IRS tax exempt. It has been set up precluding self-interest and private financial gain to serve the reflexology field and public safety. ARCB's primary aim is to accomplish this through certifying the competency of those reflexologists practicing professionally who meet certain basic standards. A second objective is to act as a national registration board for certified practitioners.

What ARCB isn't.

The American Reflexology Certification Board is not affiliated with any school or educational program. It does not accredit schools or instructors. Nor does it endorse any specific curriculum, training program, or instructor. ARCB is also not a membership association.

What is the history of ARCB?

As early as 1986 in an article "Consider the Profession" in *Reflexions*, Jan/Feb/Mar issue, reflexologists began discussing the need for a certifying board within the profession. Then on January 20, 1989 Larry Clemmons of Chicago sent out an invitation to leaders in the field to join him in developing some kind of accrediting board to test professional reflexologists. This began the work towards a certification program. Under development for several years ARCB was formally founded in March 1991 with legal incorporation. Nationally known educators were invited to participate in the study guide development as well as test development. The first

Dr. Gilbert Manso director of the Whole Health Center in Houston, Texas and former board member Patricia Peters of New Hampshire act as medical advisors to the Board.

How is ARCB forming communication links within the field and the larger community?

ARCB is currently attempting to reach reflexologists through three national advertising campaigns, and sponsored a national conference in 1994. It also publishes *Reflexology Today*, a semi-annual newsletter for those who are ARCB certified. To correct misinformation about reflexology published in popular magazines ARCB responds by writing letters to editors.

What does the future hold?

ARCB is dedicated to bolstering all facets of the reflexology field--associations, educational programs, publicly promoting reflexology and the professional practitioner, and providing the practitioner with printed matter which will help them as they work to build a successful practice.

Early in 1994 ARCB was approached by the North Dakota Reflexology Certification Board to help them develop their certification program to implement a 1993 state licensing law. At the same time, the State of Florida's Massage Board in a compromise between their agency and the reflexologists of that state, asked ARCB to be the official reflexology certification agency for Florida. ARCB had accepted the challenge and when the legislative bill is passed will work closely to meet the wording of the law. Reflexologists in several other states have contacted ARCB for guidance in conjunction with legislative proposals in their areas.

How do Directors serve?

A Director holds office for a year and may stand for reelection upon expiration of his/her term and may serve an unlimited number of additional consecutive terms. A Director is free to resign at any time.

The seven original directors included: Larry Clemmons, Christine Issel, George Balut, Bill Runquist, Dr. Simon Wikler D.P.M., Jim Waters (a businessman who represented the public) and Lorraina Ward. Dr. Wikler resigned shortly after incorporation due to illness. Jim Waters resigned because of business pressures and Lorraina Ward to develop her own school. Tom Gardiner and Billie Scott replaced Wikler and Waters in the Fall of 1991. Patricia Peters R.N. replaced Ward in the Spring of 1992. Peters left the Board in Summer 1994 and Laura Laroche was selected to fill the vacancy she left. February 1995 brought the resignation of Billie Scott. Billie was replaced by Barbara Mosier. The most recent resignation was of Larry Clemmons, who has chosen to enter the ministry. He was replaced by Robb Drury.

The Current Board

The current board members and their positions are: George Balut, president; Bill Runquist, vice president; Christine Issel, secretary, Robb Drury treasurer. Directors include Tom Gardiner, Laura Laroche and Barbara Mosier.

Meet the Directors.

George S. Balut. George, of Warren, Ohio, started in reflexology in 1977 in private practice after training with the International Institute of Reflexology. For the past ten years he has been teaching nationally and internationally. Through his teaching he has developed several instructional aids.

George has served as an officer with the Ohio Association of Reflexologists and as director of the International Council of Reflexologists. Due to his extensive lecturing schedule he restricts his reflexology practice to family and friends during the brief periods when he is home.

Bill Runquist. Bill first became involved with reflexology in 1982. Bill, a firm believer in the importance of continuing education, has continued his training with the leaders in the field, by attending reflexology conference all over the world, and working on athletes in the Police Olympics. He currently teaches a joint mobilization course for which he compiled the textbook. Bill has served as president of the Sacramento Valley Reflexology Association, and as Director of the Reflexology Association of California. Bill has a part-time reflexology practice in Dry Town, California.

Christine Issel. Chris began her career in reflexology in 1976 and has continued her training by studying with the leaders in the field. Christine works on the local, state, national and international levels by founding associations, writing newsletters, organizing conferences, and lecturing. She is author of *Reflexology: Art, Science & History*; how-to booklets on organizing associations, putting on conferences and legislative action; and acts as a legislative advocate for reflexology. She has a part-time practice in Sacramento, California.

Barbara Mosier. Barbara Mosier of Littleton, Colorado first studied reflexology in 1988. She carries on a part-time practice while working as ARCB's administrative secretary. Barbara was instrumental in organizing the administration of ICR, acting as its first Membership Secretary/Treasurer. She was co-founder of the Associated Reflexologists of Colorado and fulfilled the duty of the Association's first secretary. She

has organized conferences in both the United States and abroad.

Thomas Gardiner. Tom has three master's degrees and works as an outpatient therapist in a chemical dependency program near Detroit, Michigan. Tom began studying reflexology in 1982 and has been working with it ever since. He used reflexology with clients at the hospital where he worked and now uses when appropriate with his counseling clients as well as private reflexology clients. He teaches reflexology in adult and community education programs and in the local community college. Tom has shared his work on reflexology and chemical dependency at several conferences.

Laura Laroche. Laura of Washington D.C. began her reflexology education with a two year internship in 1990 and has had a part-time reflexology practice since then. She has continued her reflexology education and has over 300 hours to her credit. Laura was invited to do reflexology workshops for Origins Cosmetics through Nordstrom's and Oasis, a senior citizens program with Lord & Taylor Department Store. She has appeared on Broadcast House Live a CBS talk show in the D.C. area. Laura serves on the standards and ethics committee for the Reflexology Association of America steering committee.

Robb Drury. Robb of Sacramento, California has a B.A. from California State University in Social Work and has been practicing reflexology for five years. He served as director and treasurer of Sacramento Valley Reflexology Association and represented the Reflexology Association of California at meetings of the California Coalition of Somatic Practices, before becoming one of the co-chair of the national steering committee which lead to the foundation of the Reflexology Association of America where he acted as secretary/treasurer.

certification it was given in Los Angeles, California on January 12, 1992.

How is ARCB governed?

ARCB is governed by the corporate by-laws and a seven member board of directors who serve without compensation. The directors come from across the United States. All are practicing reflexologists on either a full or part-time basis. More extensive information on the current directors begins on the next page.

In its organization and the implementation of its program ARCB follows the guidelines set by the National Organization for Competency Assurance (NOCA).

How are Directors selected?

Candidates for Director are nominated and invited to join the Board after peer review by the current directors. Consideration include such things as background, skills, temperament and geographical location.

Those reflexologists having their own school, method, charts, or having authored a technique book or video are not eligible to serve as a director due to the possibility of a conflict of interest.

What is involved in being a Director?

Being on the American Reflexology Certification Board is a serious commitment. It involves a firm belief in the certification process as part of professionalism, the donation of a sizable amount of one's time, as well as financial support through uncompensated attendance at meetings, conference calls, and other activities.



ARCB • P.O.Box 620607 • Littleton, CO 80162 • Phone 303-933-6921 • Fax 303-904-0460

George S. Balut
President
Warren, OH

January 29, 1999

Thomas Gardiner
Vice President
Clinton Twp, MI

Christine C. Issel
Board Secretary
Sacramento, CA

Ko Tan
Treasurer
Alpharetta, GA

Wendy Coad
Director
New York, NY

Laura Laroche
Director
Washington, D C

Barbara J. Mosier
Director/Administrative Secretary
Littleton, CO

To Whom It May Concern:

The American Reflexology Certification Board (ARCB) has been requested to supply you with information regarding the practices and standards of the Reflexology profession. With greater understanding into the differences between reflexology and massage, it will provide you with knowledge as to how reflexology and massage are separate modalities, each with their own governing boards, Business Practices and Standards, Ethics, definitions, published materials, associations, and schools. Indeed, the Office of Alternative and Complementary Medicine, a governmental agency within the National Institutes of Health, have reflexology and massage listed as separate modalities. In 1995 the Board of Health in Swansea, Massachusetts gave permission for the practice of Reflexology as unrelated to massage in their district. This legislation also occurred in districts such as Virginia Beach, Virginia, and Henderson, Nevada

The Reflexology profession has its own educational requirements. Of significant importance, is the difference between the number of reflexology hours taught in a massage school curriculum, commonly 16 to 20 hours versus the 200+ hours required in a Reflexology school curriculum and the prerequisite 200 hours required for national certification with ARCB! The national certification program helps to ensure public safety through the identification of professionally competent nationally certified Reflexology practitioners. The danger is greatest when the public in searching for a reflexologist, employs a massage therapist, aesthetician, physical therapist, etc. who has given the impression of adequate training in reflexology and in reality that therapist lacks the professional standards and understanding of the science, correct techniques, history, hours of practicum, or knowledge of contraindications basic to the Reflexology profession.

ARCB was founded in March 1991 by nationally known and recognized educators in the field. It is a non-profit corporation and independent national testing agency whose primary aim is to certify the competency of Reflexologists meeting certain basic standards. ARCB administers a national exam which requires applicants to pass with an 80% or higher score on the written exam, perform a practical exam to demonstrate correct technique, and submit for grading 30 (thirty) client documentations, having seen each client three times for a total of 90 hours of documentation.

Included in this packet of material you will find information on the differences between reflexology and massage, an ARCB Testing Brochure, an Associations Brochure, a Study Guide Outline, Research Studies, Code of Ethics, Business Standards and Practices, and newsletters from the ARCB and ICR (the International Council of Reflexologists). Hopefully, this will give you insight into what is current in the professional arena of Reflexology on national and international levels and help you in making your decision in regard to the separation of reflexology and massage. Should you have any questions, I would be glad to address them. Best regards

Sincerely,

Barbara J Mosier

How & Why Reflexology is Different Than Massage

The definition of Massage in the Tennessee Code Annotated, Title 63, Chapter 18 is: the art of body massage, by hand or with a mechanical or vibratory device, for the purpose of massaging and may include the use of oil rubs, heat lamps, salt glows, hot and cold packs, tub, shower or cabinet baths. The procedures involved include, but are not limited to, touching, stroking, kneading, friction, vibration, percussion and medical gymnastics...”

Conventionally people use the term massage very loosely to include other touch therapies which have nothing to do with standard massage techniques.

Reflexology is the application of pressure through specific techniques with the thumbs and fingers to the feet and hands to bring the body into balance thus promoting well-being.

1. Reflexology has its own history, vocabulary, theories, and techniques separate from any other profession. It works primarily with reflexes through the nervous systems versus the musculature. The effect of Reflexology is seen at a distant from where the pressure is applied; it's intent is not to change the soft tissue of the body.
2. Why should another profession be given control over Reflexology when the profession is acting in a responsible manner by having its own:
 - Schools and educational programs with hours of reflexology training that surpass what is taught in massage schools as reflexology;
 - Their own state, national, and international Reflexology organizations;
 - A national certification program designed to protect the public through the recognition of competent practitioners meeting certain standards; and
 - Separate research studies from around the world to prove the efficacy and safety of Reflexology.
3. Is placing Reflexology under Massage a restraint of trade? Is it legal to force practitioners to invest their time and money in an education they don't want in order to practice in the way they want? Is it legal to create a monopoly for the massage profession over other professions that involve touch? Reflexology and Massage may have touch in common, but they should be treated differently. One would not place an aesthetician who gives facials in the same category as a plastic surgeon, though both perform cosmetic services on the face. These professions require different definitions, educations, scope of practices, standards and licensing requirements. So should Reflexology and Massage.
4. Other states recognize Reflexology's legitimate claim of difference:
 - In Maine, Reflexology is specifically exempt from the massage law
 - Reflexologists in North Dakota have their own law
5. Other organizations recognize the difference between Reflexology & Massage:
 - Bell Yellow Pages has had a separate listing for the two since 1981.
 - At the National Institutes of Health, Office of Alternative & Complementary Medicine separate research categories have been designated for Reflexology and Massage under Manual Therapies.
6. Placing Reflexology under massage limits the public's right of choice because:
 - Many reflexologists will cease to practice rather than to invest the time and money to become massage therapists when they don't want to practice massage, and
 - As valuable as massage is there are those members of the public who want the benefit of stress reduction but do not want to disrobe because of religious convictions or modesty.

For all of the above reasons Reflexology should be granted an exemption from the Massage law.

AMERICAN MASSAGE THERAPY ASSOCIATION (AMTA) ACCREDITED SCHOOLS

School & Location	Total Number of hours in their course	Number of hours in Reflexology study
Integrative Therapy School Sacramento CA	500	0
The New Mexico Academy of Massage & Advance Healing Santa Fe NM	650-1,500	9
Health Enrichment Center Lapeer MI	1,000	8*
Atlanta School of Massage Atlanta GA	600	8
The Chicago School of Massage Chicago IL	600	8
Baltimore School of Massage Baltimore MD	500	8
Northern Light School of Massage Minneapolis MN	550	0**

* 8 hours within the massage curriculum. A Reflexology certificate program is also available with 100 hours

** Reflexology workshops are offered in this school and many others for Continuing Education Units.

REFLEXOLOGY SCHOOLS

	Hours
American Academy of Reflexology Los Angeles CA	200
Laura Norman & Associates New York City NY	200-325
International Institute of Reflexology St. Petersburg FL	200
Footloose, Inc. Alna ME	300+
Seattle Reflexology & Massage Center+ Seattle WA	150

+This is another AMTA approved school which offers both massage and reflexology as separate programs

NATIONAL CERTIFICATION TESTING AGENCY

Massage: National Certification Board for
Massage Therapy & Bodywork (NCBMTB)

Reflexology: American Reflexology
Certification Board (ARCB)

Comparison Between ARCB Certification Test & National Certification Board for Mas- sage and Bodywork (NCBTMB) Test

Educational Prerequisite to Testing

NCBTMB: 500 hours in 100 hour blocks

ARCB: 200 hours - accumulative

Written Test

NCBTMB: 150 questions 3 hours to complete. A&P,
or Massage related, few if any questions
on somatic specialities

ARCB: 300 questions 3 hours to complete per-
taining to A&P or reflexology related

Practical Test

NCBTMB: None

ARCB: 30 minutes hands-on work on proctor

Documentation

NCBTMB: None

ARCB: 30 people 3 times each

Numbers Tested: NCBTMB 23,000+; ARCB 325+

Keeping you up-to-date on new and pending laws —
State • National • World

Signed Ordinance

From the City of Henderson

The following is a copy of some of the ordinance for licensing of Reflexology in the City of Henderson signed by Jack Clark, Mayor Pro Tem which was unanimously voted "AYE" by all Councilmembers. Not all sections are reprinted here.

Once again, thank you to Alexandra Ferguson for her focused efforts.

ORDINANCE NO. 1721 (Amend HMC Title 4 By Adding Reflexology Category)

AN ORDINANCE OF THE CITY OF HENDERSON AMENDING TITLE 4, BUSINESS REGULATIONS AND LICENSES, BY AMENDING HENDERSON MUNICIPAL CODE 4.05, BUSINESS LICENSE FEE SCHEDULES, BY ADDING A NEW CATEGORY OF BUSINESS LICENSE FOR REFLEXOLOGY; AMENDING HENDERSON MUNICIPAL CODE 4.84.010 TO AMEND THE DEFINITION OF MASSAGE SO AS TO EXCLUDE REFLEXOLOGY AND TO ADD A DEFINITION FOR CHAIR MASSAGE; AMENDING TITLE 4 OF THE HENDERSON MUNICIPAL CODE BY ADDING A NEW CHAPTER REGULATING REFLEXOLOGY; AND AMENDING TITLE 4, CHAPTER 84, MASSAGE ESTABLISHMENTS, BY ALLOWING OUTCALL CHAIR MASSAGE IN COMMERCIAL ESTABLISHMENTS; AND OTHER MATTERS RELATED THERETO.

THE CITY COUNCIL OF THE CITY OF HENDERSON DOES HEREBY ORDAIN AS FOLLOWS:

SECTION 1. The City Council finds that reflexology is different in character than massage, and should therefore be regulated differently for the health, safety and welfare of the public.

SECTION 2. Title 4, Chapter 05, of the Henderson Municipal Code is hereby amended by adding a new section to be codified as 1925 as follows:

4.05.1925 Reflexologist

Fifty dollars (\$50.00) semi-annually, provided that the applicant meets all the requirements set forth in HMC 4.85

SECTION 4. Title 4 of the Henderson Municipal Code is hereby amended by

adding a new chapter to be called Reflexology and to be codified as 85 as follows.

4.85.010 Definitions.

(a) "Reflexologist" means a person who uses special pressure techniques on the reflexes in the human feet, hands, and ears and who has studied the principals of reflexology, anatomy and physiology generally included in a regular course of study of reflexology.

(b) "Reflexology" means the application of specific pressure by the use of the practitioner's hands, thumbs, and fingers to reflex points in the client's hands, feet, or ears using alternating pressure, and such techniques as thumb walking, finger walking, hook and back up, and rotation on a reflex.

4 85 020 Exemptions.

This chapter does not apply to the activities or services of physicians, chiropractors, physical therapists, cosmetologists, registered nurses, or members of other professions licensed, certified, or registered by the state who may, on occasion, apply pressure to the reflex points in the hands, feet, and ears in the course of their work.

4.85.040 Minimum educational and certification requirements; health certifications and health cards required.

(a) Applicants shall submit at the time of application the following:

(1) A diploma or certification issued by a duly licensed school of reflexology, the curriculum of which includes at least 110 hours of instruction, covering reflexology theory, and history, and hands on work; anatomy and physiology correlated to reflexology; anatomy and physiology specifically focused on the study of the lower leg and foot; business practice which involved ethics and business standards and knowledge or local and state laws and ordinances pertaining to the practice of reflexology;

and ninety (90) hours of practicum; or

(2) Certification from an independent national reflexology testing entity which is not aligned with any school, training program, or membership; and

(3) A certificate of a licensed physician licensed to practice medicine in the state of Nevada, bearing a date not more than thirty days prior to the date of application for a license, and showing the applicant to be free from all contagious, infectious or communicable disease, which certificate must be renewed annually; and

(4) A Clark County health department card.

4.85.060 License Fees.

The semiannual fee for each license is fifty (\$50.00) dollars, payable in advance.

4.85.070 Prohibited Practices.

(a) A reflexologist may not use lotions, creams, or mechanical devices in the application of reflexology.

(b) A reflexologist may not diagnose or treat for specific diseases, practice spinal or other joint manipulations, prescribe or adjust medication, or prescribe or administer vitamins.

DUE TO SPACE RESTRICTIONS THE FOLLOWING SECTIONS IN DETAIL ARE NOT INCLUDED IN THIS NEWSLETTER:

- 4.85.030 Application
- 4.85.050 License - Corporation - Partnerships - Associations - Changes in membership.
- 4.85.080 License Not Transferrable
- 4.85.090 Facilities and Dress.
- 4 85.100 Outcall Treatment
- 4.85.110 Operating Requirements
- 4.85 120 Alcoholic Liquors and Gaming Prohibited
- 4.85.130 Licensee Responsible for the Acts of Employees
- 4.85.140 License - Suspension - Revocation - Limitation
- 4.85 150 Application of Other Ordinances
- 4.85.160 Aggrieved Parties
- 4.85.170 Violation - Penalty

If you are interested in obtaining a license in Henderson or establishing licensing in your city and need a complete copy of the ordinance, you may make your request to the Henderson City Clerk's Office at (702) 565-2057, Monday through Thursday.

Unique Characteristics of Reflexology & Swedish Massage

Though Reflexology and Massage have touch in common there are several important differences between the two disciplines

REFLEXOLOGY

Dr. William Fitzgerald
(1872-1942)

Reflexology is the application of specific pressures to reflex points in the hands and feet

From the ankles and wrists distally to the tips of the toes and fingers

There are zones and reflex areas in the feet and hands corresponding to all body parts. Reflexology works through the nervous system

40+ books solely on reflexology
Separate Reflexology schools, associations—local, state national, international, & a national certification body

Alternating pressure
Thumb walking
Finger walking
Hook and back-up
Rotation on a reflex

Hands, feet, & possibly ears
Only shoes & socks removed
Oils, lotions or creams not used

National certification requires a minimum of 200 hours of study & documented practice of reflexology

Scientific research studies conducted in USA, Australia, Denmark proving effectiveness of reflexology

History
(Modern Originator)

Definition

Scope of Practice

Basic Premise

Body of Knowledge

Techniques & Terminology

Application of Techniques

Education

Research

MASSAGE

Per Henrik Ling
(1776-1839)

Massage is the systematic and scientific manipulation of the soft tissues of the body

Entire body

Stroking restores metabolic imbalance within the soft tissue. Massage works through the musculature

Books on massage
Separate massage schools, associations & a national certification body

Tapping
Kneading
Stroking
Friction
Shaking

To the entire body
Client undresses
Use of oils, lotions &/or creams

Educational programs range from 100-1,000 hours often incorporating other touch modalities

Worldwide research studies documenting the therapeutic value of massage

American Reflexology Certification Board

Code of Ethics

A Reflexologist communicates with an open mind and a peaceful presence; his relationship to the client is a serious Response(e)(a)bility. The art and science of Reflexology is an Honorable one. Therefore, as a professional reflexologist I shall:

- 1. Conduct myself in a professional, honest, and ethical manner at all time.**
- 2. Adhere to the ARCB Professional Business Standards.**
- 3. Not infringe on any other professions' scope of practice and perform only those services for which I am qualified and licensed to provide.**
- 4. Not present myself as a medical practitioner. I shall refer clients to appropriate medical or other professionals when appropriate.**
- 5. Treat other reflexologists and professionals in a courteous and respectful manner at all times.**
- 6. Establish and maintain trust in the client-practitioner relationship.**
- 7. Treat every clients with the same kind, ethical attitude.**
- 8. Keep all client information and conversations strictly confidential.**
- 9. Work within the client's comfort zone and pain tolerance.**
- 10. Keep the standard of my professional work current and as high as possible by continuing my education and training and attending conferences.**
- 11. Ensure that anyone employed by me or working in my office shall also adhere to this Code of Ethics as long as he/she is working with me.**

ARCB PROFESSIONAL BUSINESS STANDARDS

As a professional reflexologist who is certified and registered with ARCB I shall:

1. Adhere to the ARCB Code of Ethics.
2. Work within the guidelines of the federal, state and local laws.
3. Not claim to cure or heal ailments, or to treat for any specific illnesses on my business cards, or other printed materials. This also applies to any verbal statements I may make.
4. Keep an appointment book and record all clients' names and telephone numbers.
5. Keep financial records and bills in order, up to date and neat. Keep my office organized and neat.
6. Display my reflexology educational, certification, and association certificates in my office.
7. Post on the wall a full and fair disclosure of services, a disclaimer, a notice of complaint, and the ARCB Code of Ethics.
8. Know a definition of reflexology. Explain what reflexology is and does, along with what the client can expect before or during the first session.
9. Relate to the client my policy regarding fees, scheduling procedures, hours, the result of tardiness on the part of the client and missed appointments.
10. Have the client fill out a history form plus read and sign both a consent to treatment form and client disclosure/informed choice statement before the first session begins.
11. Make a visual observation of the feet and adhere to the all contraindication guidelines before working on the client.
12. Document each session.
13. Furnish a written receipt upon request.
14. Wear suitable professional attire, and be neat and clean.
15. Use clean linens for each client.
16. If using another discipline along with reflexology, clearly state that it is not reflexology.
17. Never take advantage of the client-practitioner relationship, nor misuse it by dating or participating in sexual activity with a client.
18. Never prescribe, diagnose, prognosticate, treat for a specific illness, or adjust medication.
20. Not use lotions, oils, creams, mechanical devices or implements, *during* the reflexology session.
21. Voluntarily surrender and return the ARCB pin, and certificate, and to forgo the use of the title. "ARCB Certified Reflexologist" if I am found to have transgressed any rules of the professional business or ethical codes.

Why Should I take the Exam?

Testing recognizes an individual who has met certain educational and skill standards within a field, beyond those of their school. It distinguishes the professional from the non-professional and sets you apart as one who is committed to excellence.

Testing Prerequisites

1. Be 18 years of age or older;
2. Have a high school diploma or the equivalent,
3. Have completed a "hands-on" reflexology course through certification involving a **minimum** of 110 hours; and
4. The documentation of 90 **post-graduate** sessions on ARCB forms.

Details on Education

While anatomy & physiology from other educational sources is recognized as pertinent, effective January 1, 1999 it will be **required** that the 110 hours of reflexology instruction include:

- 40 hours of reflexology instruction covering reflexology theory, history and hands-on work;
- 40 hours of anatomy & physiology **correlated to reflexology**;
- 15 hours of anatomy & physiology **specifically focused on the study of the lower leg and foot**;
- 5 hours of business practice which involves ethics and business standards and local/state laws and ordinances pertaining to the practice of reflexology, and
- 10 hours of practicum--supervised classroom or clinical work.
- With any number of additional homework hours which can include giving and documenting client sessions.

Details about Sessions & Documentations

ARCB's focus is the testing of those individuals who practice reflexology on a professional basis. This means reflexologists who earn any portion of their income from doing reflexology. Therefore, hands-on skills are one of the important corner stones of the testing process. As part of the 200 hour educational requirement, ARCB requires the submission of 30 **post-graduate** client documentations for grading. Each client must be seen a minimum of 3 times with each session documented. You will receive one hour of credit for each session (90 hours) towards your 200 hours of training.

Copies of post-graduate documentations on ARCB forms must be sent to the ARCB office or brought to the test for grading. The documentations, using anatomical terminology, must note such things as areas of tenderness, restricted range of motion, areas worked, and client comments. Testing is not complete without the documentations and no certification will be issued without them. You have a **maximum** of 6 **months** after taking the written test to submit your documentations.

The Testing Process

The first step is to fill out the test application and mail it back with the registration fee and a copy of your 110 hours of reflexology training. ARCB will accept a certificate, letter of verification from your school, ~~or a college transcript for an anatomy and physiology course~~. Any diploma must have the name and address of the training institution on it and include the number of hours.

To allow sufficient time for review of the study material, applications are due 30 days prior to the test date. If your application is received less than 30 days before the requested test date, you

must wait for the next testing date in your area or schedule to take the test in another location.

Next you will be billed for the actual exam through the mail before your testing date. This fee must reach the office 30 days before testing. It may be that you will need to submit both the registration and testing fee at the same time to qualify for the closest testing date.

Unless 30 days written notice is given prior to the test date, your testing fee will be forfeited if you fail to test as scheduled. To continue the testing process another registration fee will be required.

Testing Locations

Testing will be available at different locations across the country. Contact the office for the most current information on dates and test sites.

The Examination

There are three parts to the test:

- A written which tests your theoretical knowledge;
- A practical which tests your technique, pressure, and flow; and
- Client documentations which demonstrate your ability to make professional assessments.

The 300-question written test is designed to examine common knowledge and beliefs which exist within the profession. A study guide will be sent to assist you in your review work. The test questions cover anatomy and physiology; professional standards and ethics; reflexology history, anatomical terminology, and all aspects of

reflexology. Answers are either multiple choice or true and false.

The practical test covers your "hands-on" knowledge. This portion will be graded on the American standard of thumb and finger walking, flow, and pressure. During this portion you will also be asked questions to test your communication skills.

Test Scoring & Notification of Results

To earn national certification you must pass the written test with a score of 80% or higher. The practical test score must be below 30 on a scale of 1-5 with one being the highest. The documentations are graded pass or fail.

You will receive notification of your test results through the mail within 4-6 weeks after the test. You must retake any portion that is failed (at no charge) at the next scheduled date in your area. If it involves the documentations, they must be submitted for grading within six months of your failure notice.

The Testing Fee

Your total investment is \$250. Upon receipt of the \$100 non-refundable registration fee, application, and verification of training, the study guide and other forms will be mailed to you. The balance of the testing fee is due 30 days before examination.

National Registration & Referral

Upon certification, you will be registered with the ARCB for referrals in your area. Registration is voluntary and open only to those who have passed the national certification test and agree to practice according to the Code of Ethics and standards set by ARCB.

ARCB Certification...

An Investment In Your Future

Exams are conducted around the country periodically.

TESTING DATES FOR 1999

2/27	Los Angeles CA
4/3	Portland ME
5/1	New York NY
5/22	Denver CO
6/19	Gainesville FL
7/10	Las Vegas NV
8/7	St Paul MN
8/14	New York NY
8/21	Columbus OH
9/4	Seattle WA
9/5	Vancouver WA
9/11	Onset MA
10/16	Sacramento CA
10/23	New York NY

Tests will be scheduled in other cities if there are eight (8) people to test at one time.

Call or write the office for additional locations and dates

American Reflexology Certification
Board
P O Box 620607
Littleton CO 80162
Phone (303) 933-6921
FAX (303) 904-0460

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National Reflexology Certification...

Setting The Highest Standard

Across the Nation To Which

Professional Reflexologists Aspire

National CERTIFICATION

Today there is a revolutionary inclusion of complementary therapies into health care professions. Qualified Reflexologists with the highest standards of credentials are being sought by the public and from the health care fields. Along with this acceptance of Reflexology as a valuable and noninvasive therapy comes the responsibility of the field to provide the public with qualified practitioners who meet established national standards. As a result of this demand, leaders in Reflexology created the American Reflexology Certification Board (ARCB) in 1991. The goal of national certification is to promote Reflexology through the recognition of competent professional practitioners. The Reflexologists involved in the national certification process promote higher standards, ensure public safety, and demonstrate their commitment to the profession through self-improvement. With the identification of nationally certified practitioners the public can have confidence in the quality of services offered.

What is ARCB?

The American Reflexology Certification Board is a nonprofit corporation. As an independent testing agency, it offers a national certification program. Its primary aim is to certify the competency of those Reflexologists who practice on a professional basis and wish to be recognized as meeting national standards. Your involvement with ARCB and national certification is the next step after you have completed a course of study in reflexology and have further developed your hands-on skills by working on clients. ARCB is an independent testing agency not a membership organization. It is not affiliated with any association, training program or instructor. Nor does it accredit teachers or curriculums. The ARCB program does not interfere with, nor negate, certification programs offered by different schools. ARCB encourages each school to test its students before awarding a diploma or certification of completion. ARCB certification is an important step offering increased credibility for both the practitioner and the field.



STUDY GUIDE

OUTLINE

**AMERICAN REFLEXOLOGY CERTIFICATION BOARD
P.O. BOX 620607
Littleton CO 80162
(303) 933-6921**

American Reflexology Certification Board
P. O. Box 620607
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Welcome!

Welcome to the American Reflexology Certification Board (ARCB) program. The aim of the ARCB is to recognize well-trained **professional practitioners**. The purpose of this outline is to assist in your test preparation. It is only an outline of the materials over which you will be tested.

The foundation for the test material is the result of a survey involving reflexologists across the United States. They were asked the following questions: 1) What basic information is necessary for the professional reflexologist to understand and know; and 2) What information is necessary so that the national certification standards of the ARCB are not only respected by the reflexology profession, but also by other professions.

No one person has the last word on reflexology. The examination is designed to test the **American standard** of Reflexology knowledge, techniques, and documentation. The test encompasses the **common information** found in many reflexology sources. It is this common knowledge you will be tested on, not the uniqueness of particular teaching methods. If there is still a question, for testing purposes, use the information contained in this outline as your guideline.

Several instructors around the country are offering review days before the certification test. The ARCB is not sponsoring these review days. It does not endorse them, nor are they in any way required. However, if you find it hard to schedule study time on your own, attendance at such a seminar may prove beneficial. Attendance at a review day is no guarantee of passing the examination.

After reading about the testing process in the next few pages if you have further questions regarding the testing procedures or policies, please feel free to write or telephone the ARCB office. We wish you well and hope you find the study guide outline helpful in your test preparations.

Thank you for contributing to the professional development of Reflexology.

Sincerely,

The American Reflexology Certification Board

SUGGESTED READING LIST

Dwight Byers - *Better Health With Foot Reflexology*
Mildred Carter - *Helping Yourself with Foot Reflexology*
Yvette Eastan - *Touchpoint Reflexology - The First Steps*
Eunice Ingham - *Stories the Feet Can Tell* and *Stories the Feet Have Told*
Christine Issel - *Reflexology: Art, Science and History*
Kevin and Barbara Kunz - *The Practitioner's Guide to Reflexology*
Hanne Marquardt - *Reflex Zone Therapy of the Feet*
Laura Norman - *Feet First*

Supplemental Reading:

Actually you should have a reflexology library and include every book and article written on the subject. Out of each one you will gain something that will help you become more knowledgeable and a better reflexologist. Currently there are over forty books written on reflexology. See the appendix for a partial listing.

In addition, books on foot care should be in the professional reflexologist's library. As well as good anatomy books on the human body. *A Color Atlas of the Foot and Ankle Anatomy* by McMinn, Hutchins, and Logan published by Wolfe Publishing, London, 1988 is the best anatomy book available on the foot.

WHEN NOT TO APPLY REFLEXOLOGY (CONTRAINDICATIONS)

Although reflexology is safe there are times when it might be wise to avoid working certain parts of the foot. Some of these contraindications include, but are not limited to working directly on the following:

- 1 Varicose veins which are dilated, knotty and irregular shaped veins with incompetent valves;
2. Severe edema which is an abnormal swelling caused by an accumulation of fluid in the interfibrillar spaces of connective tissue as this could also be indicative of insufficient venous return and blockages of the venous and the lymphatic system. It is also associated with cardiac and nephritic diseases and with protein deficiency. The client should be referred to a physician immediately;
3. Current fractures, recent surgeries, or severe sprains of the foot or ankle;*
- 4 Contagious or infectious diseases or anything that appears to be such on the client's foot unless checked out by a doctor first (athlete's foot [tinea], streptococcus infections, or anything that looks like an infection, etc.).

Likewise on the hands of the practitioner because it is easy to inadvertently pass something along to someone else.

- 5 Lacerations, ulcers, open wounds and/or sores which are oozing fluids on the feet;
6. Ingrown toe nails or corns;*
7. Gout.*
8. After an organ transplant until a release is obtained from the physician; and
9. During early stages of induced labor until a release is obtained from the physician.

* One can usually work safely with an extremely light feather touch around or on these problem areas. However, the professional reflexologist always uses discretion when working on a client with chronic and/or degenerative diseases like diabetes, multiple sclerosis, osteoporosis, cancers, etc.

Though any serious reaction to a reflexology session is rare there are situations where the use of reflexology is not appropriate. In order to discover undisclosed problems, or those not visually observable, contraindications will often be uncovered by taking a client history. Contraindications exist for the safety of *both* the client and the practitioner.

DEFINITIONS OF REFLEXOLOGY

There are as many definitions to explain reflexology as there are reflexologists. The word originally had a medical definition. Edwin Boring writes in his book, A History of Experimental Psychology, that Russian psychologist V.M. Bekterev (1857-1927) used the term objective psychology to designate his work but later in 1917 he coined the name reflexology to explain his work in the field of psychology. Therefore, if one consults a medical dictionary it will usually be noted the word is of Russian origin and means the study of behavior as consisting of reflexes. Below are some other definitions from medical dictionaries.

Reflexology. 1 The analysis of motor behavior in terms of component simple and complex reflexes. 2. The study of the neurophysiologic mechanisms of reflexes in general...*International Dictionary of Medicine and Biology*, 1986.

Reflexology. the science or study of reflexes *Stedman's Medical Dictionary*, 1930.

Reflexology: 1. The study and interpretation of behavior in terms of simple and complex reflexes 2. Any of various systems of questionable effectiveness that are held by their promoters to restore or promote health by manipulating parts of the body and especially the hands or feet...*Webster's Medical Desk Dictionary*, 1986.

Reflexology: 1. A system of massaging specific areas of the foot or sometimes the hand in order to promote healing, relieve stress, etc., in other parts of the body. 2. Medically, the study of reflex movements and processes...*Random House Dictionary*, 1987.

Reflexotherapy: Therapeutic effect achieved by stimulation or irritation at a distance from the area treated...*International Dictionary of Medicine and Biology*, 1986.

Reflexotherapy: Treatment by manipulation, anesthetizing, or cauterizing an area distant from seat of the disorder. *Taber's Cyclopedic Medical Dictionary*, 1981.

Reflexologist: 1. One who interprets behavior as consisting of reflexes. 2. A practitioner of manipulative reflexology ..*Webster's Medical Desk Dictionary*, 1986.

A simple definition recognized by ARCB is:

Foot and hand reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet and hands which correspond to all body parts. The physical act of applying specific pressures using thumb, finger and hand techniques result in stress reduction which causes a physiological change in the body.

As a professional, you should have a definition of reflexology and an explanation of how it works memorized so that when asked what reflexology is, you are able to respond without hesitation. For additional definitions of reflexology refer to the appendix.

Skeleton of the foot

Calcaneus
 Talus
 Navicular
 Medial cuneiform
 Intermediate cuneiform
 Lateral cuneiform
 Cuboid
 First metatarsal
 Second metatarsal
 Third metatarsal
 Fourth metatarsal
 Fifth metatarsal
 Proximal phalanx of great toe
 Distal phalanx of great toe
 Proximal phalanx of second toe
 Middle phalanx of second toe
 Distal phalanx of second toe

Talus

The uppermost foot bone, forming the ankle joint with the tibia and fibula.

Formerly known as the astragalus.

Articular facets on the upper surface and sides for the tibia and fibula, on the under surface for the calcaneus, and on the anterior surface (head) for the navicular.

Unique among the foot bones in having no muscles attached to it.

Calcaneus

The largest foot bone, forming the heel.

Formerly known as the calcaneum or os calcis.

Articular facets on the upper surface for the talus and on the anterior surface for the cuboid.

Prominent sustentaculum tali projecting medially

Navicular bone

Formerly known as the scaphoid bone.

Posterior articular facet for the talus; anterior articular facet for the three cuneiforms.

Cuboid bone

Posterior articular facet for the calcaneus; anterior articular facet for the fourth and fifth metatarsals.

Groove on the under surface for the tendon of peroneus longus.

Cuneiform bones

Medial (the largest), intermediate (the smallest), and lateral

Situated between the navicular and the first three metatarsals

Metatarsal bones

First to fifth, leading to each toe and each with a base (at the proximal or ankle end), body or shaft, and head (at the toe end)

Bases of first three articulate with cuneiform bones, bases of fourth and fifth articulate with the cuboid.

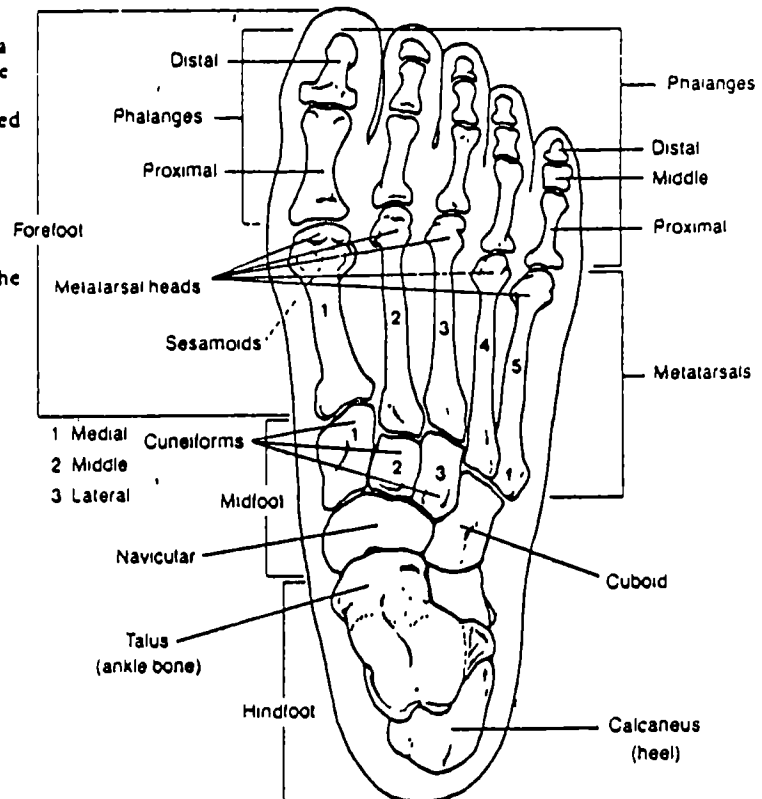
Heads articulate with bases of proximal phalanges

Phalanges

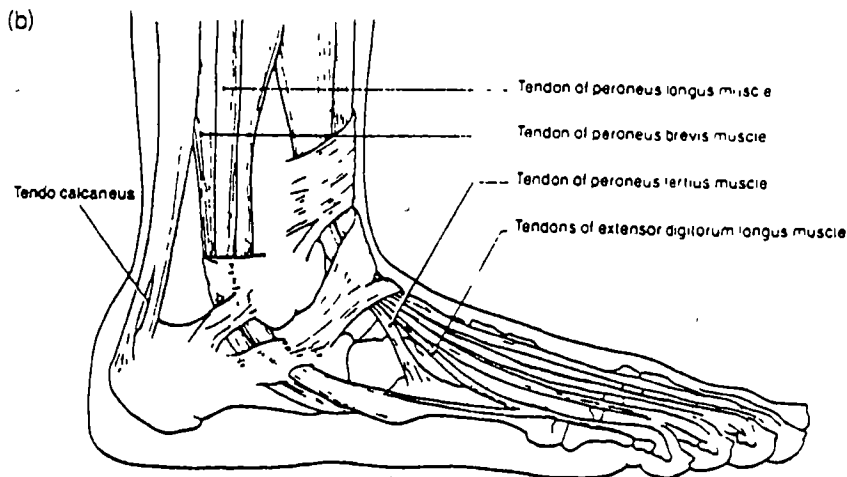
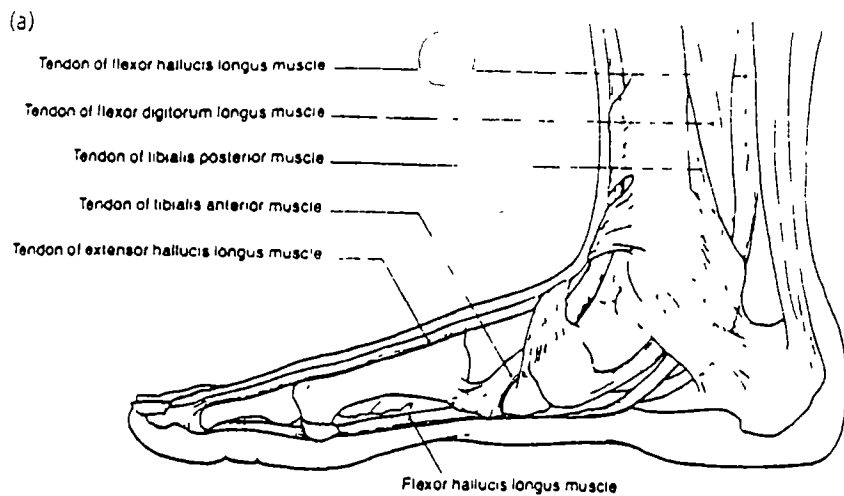
The bones of the toes, two for the great toe and three for the others.

Each phalanx has a base (at the proximal end), body, and head (at the distal end)

Body convex on the dorsal (upper) surface and concave on the plantar surface

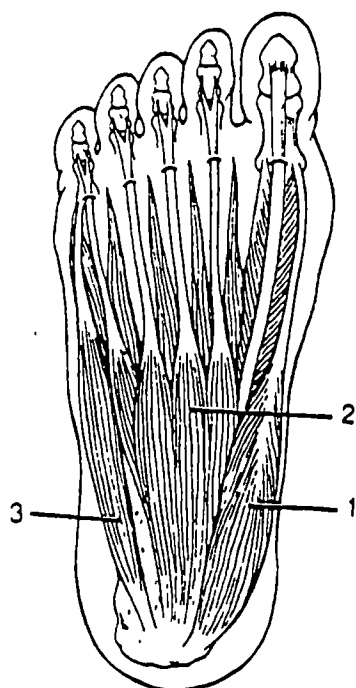


Bones of the foot (top view)



(a) Medial aspect and (b) lateral aspect of the right foot

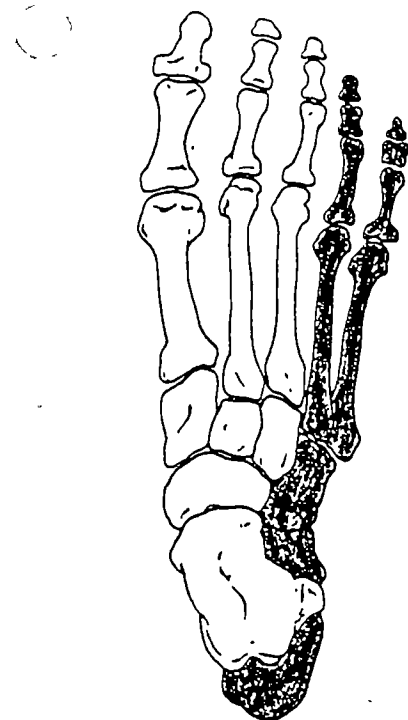
The muscles of your feet are extremely important because they support these bony architectural devices which get you around. As important as the muscles themselves are the tendons which connect muscle to bone.



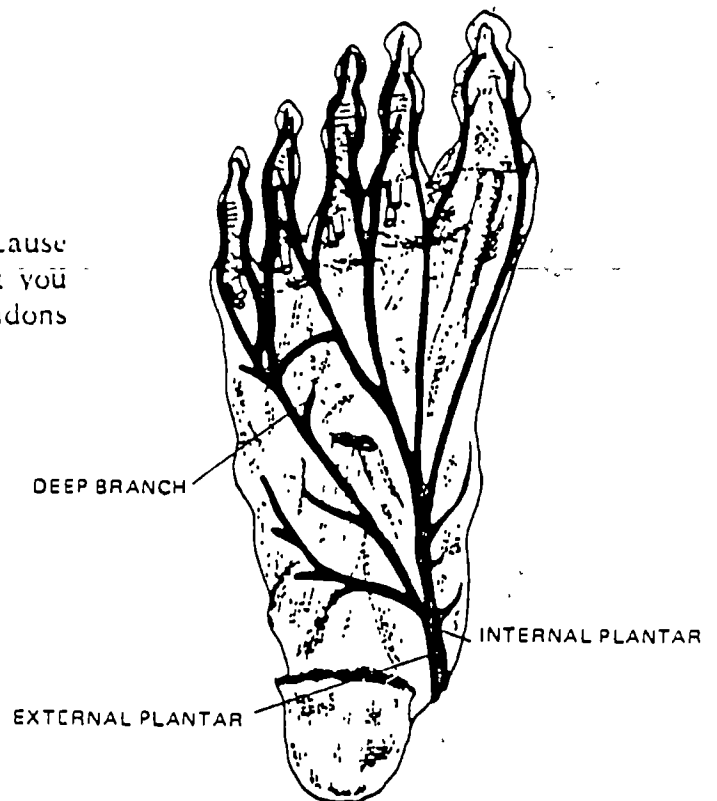
PLANTAR MUSCLES

Plantar view of the right foot

- 1 Abductor hallucis
- 2 Flexor digitorum brevis
- 3 Abductor digiti minimi



The shaded areas provide support and the light areas are for shock absorption



Nerves of the Foot—Plantar View

The major nerve connection from the back to the foot is the posterior tibial, a main branch of the sciatic nerve — the largest in the body. The sciatic nerve is a major source of lower-back and hip pain.

ARCB CODE OF PRACTICE

I. CODE OF ETHICS

A centered Reflexologist communicates with an open mind and a peaceful presence; and accepts the relationship to the client as a serious Respons(e)(a)bility. The art and science of Reflexology is an Honorable one! Therefore, as a professional reflexologist I shall:

1. Conduct myself in a professional, honest and ethical manner at all times.
2. Adhere to the ARCB Professional Business Standards & Conduct.
3. Not infringe on any other professions' scope of practice and perform only those services for which I am qualified and licensed to provide.
4. Not present myself as a medical practitioner. I shall refer clients to medical or other health care professionals when appropriate.
5. Treat other reflexologists and professionals in a courteous and respectful manner.
6. Establish and maintain trust in the client-practitioner relationship.
7. Treat every client with the same kind, ethical attitude.
8. Keep all client information and conversations strictly confidential.
9. Work within the client's comfort zone and pain tolerance.
10. Keep the standard of my professional work current and as high as possible by continuing my education and training and attending conferences.
11. Ensure that anyone employed by me or working in my office shall also adhere to the ARCB Code of Practice as long as s/he is employed by me.

II. ARCB PROFESSIONAL BUSINESS STANDARDS & CONDUCT

As a professional reflexologist who is certified and registered with the ARCB I shall:

1. Adhere to the ARCB Code of Ethics and all other rules and regulations.
2. Work within the guidelines of the federal, state and local laws.
3. Not claim to cure or heal ailments, or to treat for any specific illnesses on my business cards, or other printed materials. This applies also to any verbal statements I may make.
4. Display my reflexology certification and association certificates in my office along with the ARCB Code of Ethics.
5. Post on the wall a full and fair disclosure of services, a disclaimer, and a notice of complaint.*

- 6 Know a definition of reflexology Explain what reflexology is and what the client can expect before or during the first session.
- 7 Relate to the client my policy regarding fees, scheduling procedures, hours, the result of tardiness on the part of the client, and missed appointment
8. Keep an appointment book and record all client's names and telephone number.
- 9 Keep financial records and bills in order, up to date and neat.
10. Keep my office organized and neat also
- 11 Have the client fill out a history form.
12. Have the client read and sign both a consent to session form and client disclosure/informed choice statement before the first session begins.*
13. Make a visual observation of the feet before beginning and adhere to contraindications guidelines.
14. Document each session.
15. Furnish a written receipt upon request.
16. Wear suitable professional attire that is neat and clean.
17. Wash my hands and under my nails thoroughly before and after a session.
18. Use clean linens for each client.
19. If using another discipline with reflexology, clearly state that it is not reflexology.
20. Never take advantage of the client/practitioner relationship, nor misuse it by dating or participating in sexual activity with a client.
21. Only advertise in a proper and professional manner for the purpose of informing the public, about reflexology, my qualifications, areas of specialized practice and the address of my office.
22. Not use titles or descriptions which give the impression of medical or other qualification to which I am not entitled.
23. Never prescribe, diagnose, prognosticate, treat for a specific illness or adjust medication.
24. Not use lotion, oil or creams, or mechanical devices *during* a reflexology session.
25. Voluntarily surrender and return to the ARCB the ARCB pin, certificate, i.d. card, and to forgo the use of the title, "ARCB Certified Reflexologist" if I am found to have transgressed any rules of the professional business and ethical codes.

*These procedures are recommended by the California Bureau for Medical Quality Assurance as being part of a 'full and fair' disclosure policy, but at this time they are considered optional by the ARCB.

THE PRACTICAL EXAM

This part of the exam which test your 'hands-on' knowledge and techniques will last approximately 25-30 minutes. Try to relax. The proctor will engage you in conversation to help you relax. Listen carefully to the proctor's instructions. The area you are asked to work, or the technique you are asked to perform, may not be identified by the same name as your school taught you. They may be called by an anatomical description. You are expected to follow instruction and to apply enough pressure to reach the reflexes. You are to continue working the area instructed until the proctor tell you to stop. This may be longer than you would normally work an area, but sufficient time must be given to the proctor so s/he can make an assessment. Please ask questions if you are unsure of what is being asked of you before you start to demonstrate the technique. Be sure to visually check the foot of the proctor before beginning and remember to check with the proctor periodically about the amount of pressure you are using.

During the practical exam you will be asked to:

1. Perform specific relaxation techniques; and
2. Locate and work specific reflex areas.

You are encouraged to review the *Definitions of Techniques* section in this study guide outline so you are familiar with the names that will be used for the techniques during the exam.

During the practical test you will NOT be allowed to use oils, lotions, creams, or any mechanical devices with which to apply pressure.

The practical exam will be graded for accuracy, pressure, technique, and flow. A point system is used. 1 is excellent; 2 is good; 3 is average; 4 is poor; and 5 is failure. Your overall point score on this portion must average 3.0 or less to pass.

Communication Skills

During the practical test the proctor will ask and grade your response to several questions. As a professional you should be able to easily converse with people and explain to them what reflexology is. During this portion the proctor may pretend to be a questioning client. Think about what you normally say to a client on the first visit. Or how you answer questions regarding how reflexology works or what it does. There is no set wording you are expected to use, only that you can answer the questions in a reasonably professional fashion.

SEVEN UNIQUE CHARACTERISTICS OF REFLEXOLOGY AND MASSAGE

Massage

Reflexology

History (Modern Originator)

Per Henrik Ling
(1776-1839)

Dr. William Fitzgerald
(1872-1942)

Techniques and terminology

Tapotement (tapping)
Petrissage (kneading)
Effleurage (stroking)
Friction (compression)
Vibration (shaking)

Alternating pressure
Thumb walking
Finger Walking
Hook and back-up
Rotation on a reflex

Basic Premise

Stroking restores metabolic
imbalance within the soft tissue

Works with superficial tissue

There are zones and reflex areas
in the feet and hands correspond-
ing to all body parts
Works with reflexes

Application of Techniques

To the entire body
Client undresses
Oils, lotions &/or creams used

Hands and feet and possibly ears
Only shoes and socks removed
Oils, lotions or creams not used

Body of Knowledge

Books on massage
Massage schools
Massage associations
Massage certification

40+ books solely on reflexology
Reflexology schools
Reflexology associations
Reflexology certification

Research

Unknown

Scientific Research studies have
been conducted in the U.S., Aus-
tralia & Denmark proving the
effectiveness of reflexology

Definition

Massage is the systematic and
scientific manipulation of the
the soft tissues of the body.

Reflexology is the application of
specific pressures to reflex points
in the hands and feet.

THE THREE PRIMARY BENEFITS OF REFLEXOLOGY

1. Reflexology promotes balance and normalization of the body naturally, usually without any adverse effects;
2. Reflexology reduces stress and brings about relaxation; and
3. Reflexology improves circulation and the delivery of oxygen and nutrients to the cells.

FIVE PRIMARY MISTAKES A REFLEXOLOGIST MUST AVOID

1. A reflexologist must be careful **not to diagnose**. No one can be 100% sure of the exact placement of reflexes. Reflexes overlap on the feet as do organs of the body. In addition, a tender area on the foot may mean there is something wrong with that spot on the foot and not the reflex. Also, sensitivity may be the result of general stress and not because of specific problems.
2. A reflexologist must **not prognosticate**. We cannot predict the future health of the client based on any symptoms which may be presenting themselves on the feet.
3. A reflexologist **cannot treat for a specific condition or illness**. Always work both feet entirely during a session and let the body work on healing itself, but do go back to tender reflexes to reduce tension.
4. A reflexologist **does not recommend over-the-counter medications, vitamins or herbs**. This can be taken as prescribing medications.
5. A reflexologist **does not prescribe or adjust prescription medications**. Reflexologists are not trained to do either. Refer the client back to the prescribing physician.

Any of these acts can be construed as practicing medicine without a license. If found guilty a practitioner can be subject to a jail term and/or fines.

PAIN AND TENDERNESS

When the feeling of pain or "slight discomfort" is present, it may mean the reflex and/or corresponding body area is under stress. The application of even slight pressure to an abnormal area may produce anywhere from mild tenderness to extreme pain. There are distinct grades to the quality of pain:

1. A sharp or pricking sensation, an intense pain like being stuck with a needle,
2. A burning, radiating pain,
3. A feeling like a bruise being touched.

If a reflex is healthy, no pain will be felt, only pressure.

POSSIBLE HEALTH RESPONSES TO A REFLEXOLOGY SESSION

Several health responses may occur. Some may take place during the session and others after the session. It is up to the discretion of the practitioner whether or not to discuss these possible reactions with the client. Reactions which occur during the session allow you to adjust your pressure accordingly. These may include

- 1 Gestures of pain - wincing, moaning, drawing away from practitioner, even laughing;
- 2 Contraction of muscle groups because of pain,
- 3 Perspiration of the hands and/or feet;
- 4 A sensation of being cold or chilled, and
- 5 Feeling faint or queasy

Reactions which occur between sessions usually last only a day or two and indicate the body is returning to a state of balance. Below are a few of the most common complaints

- 1 Tiredness. The parasympathetic nervous system has become more dominant in the body. The body responds by needing more sleep so it can rest and repair. Tiredness can also be induced because the practitioner has worked too long on the client or applied too much pressure.
2. Some clients feel energized with more vitality
- 3 Change in sleeping pattern. Some clients find they are so relaxed that their sleep becomes deeper and calmer. Others find sleep disturbed for a while and dreams may be more frequent.
- 4 Increased activity of the skin as it eliminates toxins can cause increased perspiration and rashes.
- 5 Frequent urination. The kidneys may excrete more urine. The urine may become cloudy with an unpleasant smell.
- 6 Diarrhea or frequent bowel movements. As the digestive tract is stimulated to normalize or cleanse, it may eliminate toxins by producing diarrhea or frequent bowel movements.
- 7 Increased mucus. Mucus discharge from the nose may occur which also marks a cleansing process. Mucus can be released from clogged sinuses, the ileo-cecal valve, or small intestines. In women, vaginal discharge may occur.
8. An illness which has been suppressed in the past and never really healed may flare up and cause a fever or some other symptom which should go away in a day or so.
- 9 Emotional or psychological releases may result in crying.

What Can Lead To Tenderness?

Tenderness can be the result of any number of things which are either currently affecting the body, or which happened in the past. These include

1. General tension or stresses of everyday life;
2. Traumas such as surgery, injuries, bruises, strains of the muscles, ligaments or tendons of the feet, as well as to the rest of the body;
3. Specific disorders of the feet like bone spurs, bunions, corns, calluses, etc.;
4. Natural sensitivity, or low pain tolerance;
5. Drugs;
6. Illness anywhere in the body or within a zone,
7. Lymph congestion around an organ or throughout the body; and
9. Certain diseases (like diabetes, etc).

It is unlawful for a reflexologist to diagnose. As one can see from the above, there are several possible factors which contribute to tenderness.

Pain Threshold

A reflexologist should always work within the client's pain tolerance. The client and his/her responses are the best measure of what pressure is correct. Professional reflexologists do not try to hurt the client or see how much pressure the client can endure. The ARCB does not believe pain heals. Pain does not relax the client and works against the body's natural ability to heal itself through the relaxation process.

In addition, Dr. Edgar Adrian proved that the electrical intensity of the nerve impulse depends on the size of the nerve rather than upon the strength of the stimulus. Therefore, light pressure can be just as effective as heavy pressure. The ultimate goal of the reflexologist is to be effective, not abusive. For people who are elderly, in poor health, recuperating from surgery, or are ultra sensitive, a light pressure is recommended.

USE OF OILS AND TOOLS

The ARCB does not encourage the use of oils, lotions, or creams *during* a session. It also discourages the use of tools or mechanical aids with which to apply pressure, except in the case of self help. The use of oils, lotions, or creams, and tools or mechanical aids is not a *general practice* in the United States and the ARCB examination is designed to test only what is common practice.

The Study of Anatomy and Physiology from a Reflexology Perspective

©1999 The American Reflexology Certification Board

Anatomy and Physiology of the body is, for the most part, the same for each individual. Likewise, the study of A&P is similar with most disciplines. However, the theory and application (tactile awareness) by the practitioner in Reflexology is different than other professions.

Reflexology A&P consists of the interconnection between:

- the systems of the body and their functions,
- the foot as a structure (i.e., nerves, tissues, biomechanics),
- the map of the reflexes in the feet (i.e., reflexes as they are anatomically reflected on the feet),
- pathology in relation to the systems, and
- how all of the above are affected by stimulation of the feet.

The study includes:

- hands-on application,
 - palpation of landmarks of the feet,
 - identification and reflexing of reflexes and other tissue
- in relation to the theory of the body being replicated on the feet.

The A&P mechanisms by which Reflexology works includes, but is not limited to:

- the nervous system,
- subtle energy systems,
- circulatory and lymphatic systems,
- sensory stimulation,
- biomechanics,
- zones, and
- the relaxation response.

These differences are what makes Reflexology unique and a separate discipline from other professions.



Date _____

Name _____

Address _____

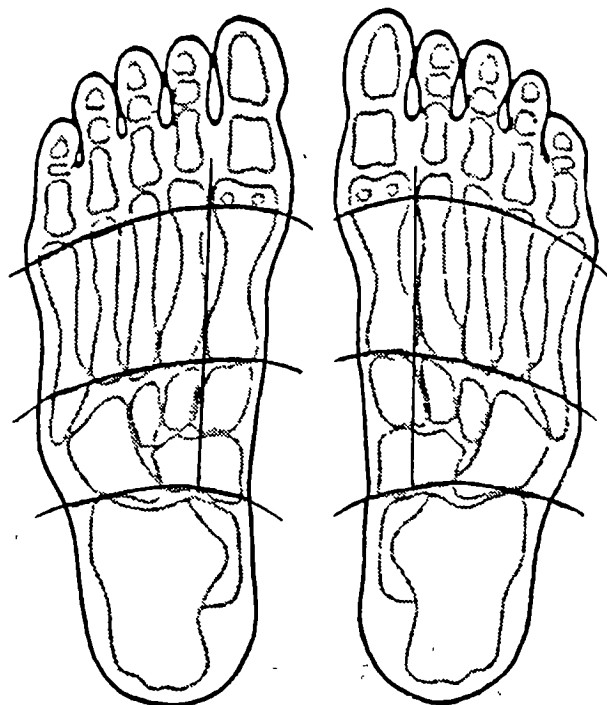
Phone _____

Observations: (mark on the feet)

- a. corn
 - b. calluses
 - c. puffiness
 - d. change in tissue texture
 - e. unusual color or rashes
 - f. scar of past injury
 - g. current injuries and bruises
 - h. bunion
 - i. hammer toe
 - j. ingrown nail
 - k. warts
 - l. other (explain)
-
- 1. slight sensitivity or superficial tension
 - 2. moderate discomfort
 - 3. tolerable, but intense discomfort
 - 4. intolerable pain

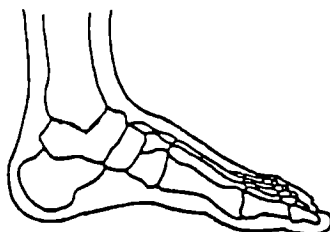
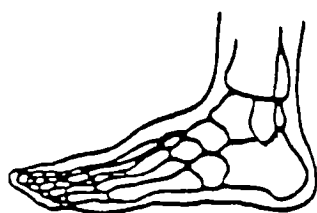
Right

Left



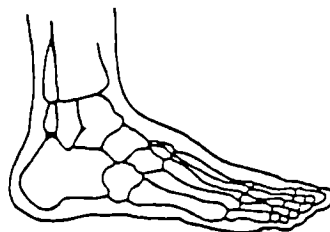
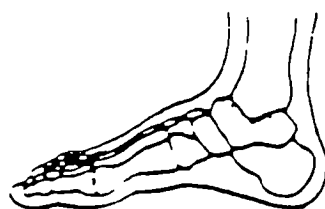
Left: LATERAL

MEDIAL

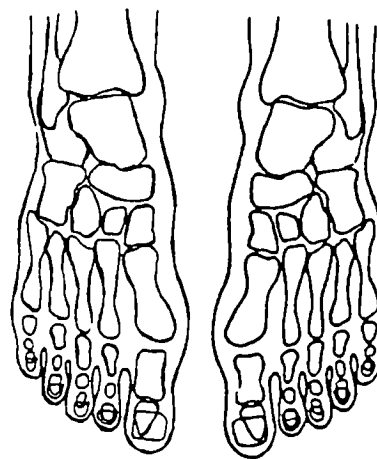


Right: MEDIAL

LATERAL



PLANTAR SURFACE



DORSAL SURFACE

(place written comments on reverse side)

SAMPLE EXAMINATION QUESTIONS

Part I - Anatomy & Physiology

Choose the **BEST** possible answer for the following questions.

1. The function of the digestive system is to:

- a. control and integrate body functions via hormones secreted into the bloodstream.
- b. mechanically and chemically break down foods for cellular use and eliminate undigested waste.
- c. supply oxygen to the blood, eliminate carbon dioxide and regulate acid-base balance
- d. effect body movements, maintain posture and produce body heat.

2. Which of the following does NOT apply to muscle tissues?

- a. give shape to the body
- b. provide motion.
- c. manufacture red blood cells.
- d. help maintain posture.

3. The heart belongs to this system:

- a. circulatory system.
- b. digestive system.
- c. nervous system.
- d. endocrine system

TRUE OR FALSE

4. The bones of the toes are called phalanges.

5. There is a concentration of lymph nodes in the groin and chest.

PART II - PROFESSIONAL STANDARDS AND ETHICS

6. Before working on the client you should:

- a. make a visual observation of the foot.
- b. follow any contraindications.
- c. a. and b.
- d. call a doctor for advice

7. Reflexologists should never:

- a. diagnose.
- b. prescribe or adjust medications.
- c. treat for a specific condition.
- d. all of the above.

PART III - REFLEXOLOGY

TRUE OR FALSE

8. Eunice Ingham founded zone therapy?

9. Guidelines are imaginary vertical lines used to divide the body from head to toe.

Select the **BEST** possible answer.

10. Key reflexes to emphasize for prostate problems are:

- a. prostate and bladder.
- b. prostate and solar plexus.
- c. prostate and salivary glands

11. Key reflexes to emphasize for edema are:

- a. kidneys, lymphatics and adrenals.
- b. colon and liver.
- c. heart and solar plexus.

PART IV - LOCATION OF REFLEXES

If the reflex is marked correctly on the chart, mark A; if the reflex is incorrectly marked on the chart, mark B

12. Number 123 is the descending colon.

Answers: 1. b.; 2. c.; 3. a.; 4. T.; 5. T.; 6. c.; 7. d.; 8. F.; 9. F.; 10. a.; 11. a.; 12. (Unable to determine without the chart, but this is a sample of the way the questions are worded.)

7. Reflexologists should never:

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- b. prescribe or adjust medications.
- c. treat for a specific condition.
- d. all of the above.

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(Unable to determine without the chart, but this is a sample of the way the questions are worded.)

*Reflexology Research Studies
Around the World*

Compiled by

the

American Reflexology Certification Board

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REFLEXOLOGY RESEARCH STUDIES AROUND THE WORLD

Introduction

Over the years many unsubstantiated claims for the efficacy of reflexology have been put forth, usually in the form of anecdotal reports by either client or practitioner. Recently, however, in many countries reflexologists have begun to conduct controlled clinical trials according to scientific medical standards. Up until now most formal studies were reported at national or international reflexology conferences, in reflexology journals and newsletters as well as in mass media publications. Only one, conducted in the United States in 1991 on PMS, has been known to have been published in a medical journal. Below is a brief listing of the more widely reported clinical studies conducted internationally.

United States

In 1987 in California a study on Reflexology's effect on Blood Pressure was conducted. 36 participants: 13 women 23 men, age range 18-57. 3 smokers, 33 non-smokers. 23 exercised at least 3 times a week, 13 did not. Results: Reflexology was effective in lowering blood pressure for 69% of those in the study. Systolic pressure went down in 25 cases, stayed the same for three, and went up in eight people. The number who went up is misleading because two were initially low, registering 110 and 90. These readings went up to 116 and 100 respectively. Diastolic pressure went down for 16 stayed the same for 10 and was raised in 10 cases. Of those whose diastolic went up, 6 increased to normal (80mm) and five of the ten that stayed the same were already at normal.¹

This research project showed positive results, but is not valid due to the loosely structured protocol of the studies.

In 1991 Reflexology and Pre-Menstrual Syndrome was conducted with 52 women completing the 6 month study. Active Group (20), Control Group (12) and Placebo Group (20). All three groups kept daily records of 39 symptoms. Control group did not receive any hands-on reflexology. Placebo group (Group B) received reflexology applied to reflexes unrelated to the reflex points one would work for PMS. Active group (Group A) received reflexology on reflexes known anecdotally to ease the symptoms of PMS. Results: 46% reduction in premenstrual symptoms in the true reflexology subjects and 19% reduction of symptoms in the placebo group.²

This was a valid research study. The trial was conducted in a controlled setting by well trained practitioners and the results were tabulated by an independent statistician. This is the only controlled clinical trials anywhere in the world reported in a medical journal. Most formal studies are reported at national/international conferences, in reflexology

journals/newsletters, and mass media publications. Frequently reported results are of an anecdotal nature. Below is a brief listing of more clinical studies conducted internationally.

Denmark

Between 1977 and 1994 The United Danish Reflexologists' Association of Denmark has run 17 research studies, the most of any country around the globe.³

1. 1977 Reflexology and Plasma-Cortisol under surgical stress

Test showed no difference in the level of cortisol in plasma between the therapy group and the control group. It was therefore concluded that reflexology treatment on the reflexes for the pituitary gland and the adrenal gland had no effect on the rise of plasma cortisol, which occurs during surgical stress, and that it therefore, in this connection, has no effect on the hyper-function of the pituitary gland.

This study can be questioned because reflexology was used after the anesthesia had been given.

2. 1975 Kidney Stone Complaints and Reflexology

The project shows that reflexology treatment has a pain-relieving effect on an acute kidney stone complaint as 9 out of 10 patients in the therapy group experienced no pain following the treatment. In the control groups, 2 out of 20 patients experienced temporary pain-relief following reflexology treatment. The pain-relief following reflexology treatment occurred quicker than following medical treatment, but generally did not last as long.

This project has been criticized by medical circles, because it did not follow the protocol of research strictly enough.

3. 1984 Reflexology and Increased Blood Flow

Pictures taken with infra-red rays, which can prove changes in heat loss, showed a clear increase in blood flow following the treatment. It is assumed that the improved circulation achieved through reflexology treatment increased the oxygen supply to the brain.

4. 1987. Reflexology and substances in the Urine

No changes were found in the urine. The project group believes that the indicator paper used was unable to measure the relevant parameters.

5. 1988. Reflexology and Childbirth

The test results involving 103 women were judged as positive by the reflexologist as well as the head midwife and the doctor on the ward. The results demonstrated the

multidimensional nature of reflexology in that the mother reported feeling better emotionally.

6. 1989. Reflexology and Asthma

The investigation did not clearly demonstrate that foot therapy is of effect on asthma. Favorable effects were recorded in both of the groups and was attributed to increased care and control which occurred in both patient groups

7. Other Studies

1988 - Reflexology asthma and bronchitis

- Reflexology and migraine

1989 - Reflexology and the prostate

- Reflexology and constipation

- Reflexology and pain relief

1991 - Reflexology and Infertility

These minor research projects have all shown positive results, but are not valid as documentation of the effects of reflexology due to the loosely structured protocol of the studies.

8. 1991. Reflexology and Bed-wetters

The result of this project suggested that the research model was wrong and that a more individual form of treatment would possibly have shown a clearer result.

9. 1992. Reflexology and Constipation

The results showed that the average interval between bowel movements was 4.1 days before the treatment and 1.8 days after the treatment. Three months after the treatment, a minor increase in days with constipation occurred suggesting that a monthly treatment session is necessary to maintain benefits.

Australia

1990 - Bed Wetting. 42 patients ranging in age from 4-12. Minimum treatments were 10 and the maximum 20 with a minimum of two sessions a week. No change was noticed until after the tenth treatment. By the 20th session the results showed either less urination in urine volume or less incidence of wetting in 70% of the cases.

1991 - Bunions. 327 in the study group Project linked the occurrence of bunions with problems in the cervical spine or shoulder region in 304 of the cases. Study also indicated a connection between areas of the foot reflexologists relate to different areas of the body. ⁴

1992 - Pain in General. 35 female patients involved in study Group 1 was composed of 10 patients with long term arthritic pain--of the lower back (3), knees/hips (2), shoulder (3) or neck (2). Group 2 included 12 patients with diagnosed but unexplained internal pain--on the right side in the liver region (6), right side ileocaecal region (4) and left side pancreas region (2). Group 3 consisted of 13 patients with headaches--tension but not migraine.

Results after 10 treatments: Group 1. All noticed some relief, with 6 patients experiencing no recurrence of pain over a period of 30 days. Group 2: All 4 cases of ileocaecal pain reported complete cessation of the symptom, with no return after 40 days. 3 cases of liver pain had also cleared, with no recurrence after 40 days; 2 cases of liver pain reported no change; and 1 experienced reduced pain. Of the 2 cases involving pain in the region of the pancreas, 1 reported no further pain; 1 recorded reduced symptoms with some pain still present. Group 3: After 40 days, 6 patients had suffered no headaches or recurrence of neck tension; 4 patients reported decreased symptoms, and 3 experienced no change.⁵

1993- Podiatry and Reflexology. Investigation of the correlation between plantar heel pressure and somatic replicated area for the pelvic cavity as used in reflexology. In this study of 18 participants, 17 female and 1 male, a 17% deviation from normal position was shown to produce pathological conditions in the pelvic region of the body. In addition, the higher the deviation the greater the physiological disturbance. This study proved that the heel of the foot correlates to the pelvic region of the body.⁶

China

1993 - Results of 10,006 cases reported by the China Reflexology Association. 50% of the cases came from hospital studies. Studies included cases of arrhythmia, ascariasis, cardiopathy, cataract, cholelithiasis, colitis, depression, insulin and non-insulin dependent diabetes, eczema, epilepsy, gallbladder, gastrosia, gastric neurosis, grossa, headaches, hypertension, knee arthralgia, large intestine, lumbar sprain lymph nodes, mental retardation, multiple sclerosis, neurosis, opthalmic diseases, paralysis, parkinsonism, PMS, psoriasis, sciatica, senile dementia, soft tissue injury, sterility, pulmonary tumor and upper respiratory tract infection

(42%) or 4,200 cases found reflexology highly effective, 5,335 (53%) effective; and 471 (5%) found reflexology ineffective⁷

Japan

1989 - Studies were run using technical measuring machines to test human reaction to foot reflexology and pressing of reflex points. Tested items were: 1) surface distribution of temperature in back and side of foot and its changes using infrared rays. 2) Tracing of blood flow in peripheral blood vessel and recording of its speed by ultrasonic-wave blood flow speed meter. 3) Stability level of autonomic nerve determined by skin electric

potential machine method. 4) Wooden bead mat Reflexology was shown to change the physiological condition of the body in every instance.⁸

1992 - Study measuring the change in skin temperature and blood flow (volume and speed) using a special foot path designed by the Shiseido Cosmetic Company was conducted versus a flat wooden floor were measured.⁹

1992 - Organ Reaction to the Stomach Reflex Area. The study was designed to examine what happens when the stomach is in its normal state and the stomach reflex area on the foot is stimulated. And secondly, when the stomach's movement is stopped with drugs and the stomach reflex area on the foot is stimulated. Movement was confirmed in both instances¹⁰

Switzerland

1984 - Reflexology and Cancer Patients Study of 7 patients, 5 women aged 52-73 years old; and 2 men aged 63 and 69. All had terminal cancer One of the liver; one of the lung; one of the larynx, two were generalized cancers which started in the breast; one of the uterus; and one of the intestine All had pain. Purpose of the study was to decrease the pain. But a second benefit was discovered--reflexology helped patients feel less abandoned and the families expressed satisfaction that something painless existed that could aid their relative and add quality to the dying person's life Similar results were reported in a second study.¹¹

Current Research Studies Being Conducted

Australia

1) A 200 patient double-blind trial to compare assessments obtained by a podiatrist specializing in the bio-mechanical function of the lower leg and foot using a biopedograph with those of the same patients by professional reflexologists.

2) Monitoring of the peripheral vascular effects produced by reflexology The team for this project includes two medical doctors--one a general practitioner and the other a hematologist.¹²

Switzerland

\$6 million dollars to be spent on alternative medicine research in 1993 One study approved involves reflexologists working in various setting, i.e. psychiatric hospital, childbirth, etc and with various complaints¹³

South Africa

Study to begin Fall of 1993 on reflexology and cerebral palsy. 80 children will participate.

Denmark

The Development and Testing of a Research Design to Detect User Experienced Effects of Reflexology Treatment.

The most recent development shows that Danish reflexologists are moving away from the natural science model of research and towards an anthropological/sociological research model. The first part of the current study, which is a series of questionnaires designed to produce a profile of both the reflexologist and the patient has been completed. A similar study in South Africa produced the same results.¹⁴ The second portion concerning 300 patients suffering from migraines and headaches, is underway with the majority of the study being funded by the Danish Ministry of Health. It is expected to be completed by the end of 1994 or early 1995¹⁵

Three other studies include one designed to measure body temperature in response to reflexology, the second project involves children with enuresis nocturnae; and the third is studying PMS problems.¹⁶

Conclusion

Reflexology appears to have a multidimensional effect on the body. It can address the entire anatomical structure as well as offer emotional, mental and spiritual support. For this reason it should be noted that many reflexologists are turning to the anthropological/sociological model of research as an appropriate design to use rather than the conventional double-blind trials of Western medicine. Reflexology is an energetic therapy where energy balance and the exchange of energy between client and practitioner is believed to be an integral part in the healing process. The rating of any technique for healing (wellness/health) must be based on the degree of its effectiveness and must be validated by methods that are appropriate for it. With the current interest in proving the effectiveness of complementary modalities reflexology research will continue and become more sophisticated as research funds become available and the practitioners are educated in proper research protocol

ENDNOTES

¹ _____ *Massage Magazine*, "Police Olympics in Reflexology Study", Issue 18 Feb/Mar 1988

² Oleson, Terry & William Flocco "Randomized Controlled Study of Premenstrual Symptoms Treated with Ear, Hand, and Foot Reflexology" *Journal of Obstetrics & Gynecology*, Vol. 82, No. 6, December 1993, pg 906-912

³ Paper presented at the Second Congress of The South African Reflexology Society, Durban, South Africa 5/93 by Dorthe Krogsgaard

⁴ Rogers, Sandra *The Australian Massage Therapy Journal*, "Reflexology and Massage Combined--a Successful Approach", July 1992.

⁵ Harper, Kath. *LifeWise*, "Reflex Action", May 1993.

⁶ Rogers, Sandi. Reflexology on Trial, *LifeWise Magazine*, December 1993.

⁷ International Council of Reflexologists, 1993 China Reflexology Symposium Report, July 1993.

⁸ Rwo-Shr Health '90 Worldwide Conference Report, "Using Technical Measuring Machines" presented by Teruo Nakamura, pages 13-38, July 1990.

⁹ Rwo-Shur Health Method '92 Worldwide Conference Kuala Lumpur, Conference Report, "Evolution Of The Healthy Stroll Path" presented by Shunichi Abe, pages 121-125, July 1993

¹⁰ Rwo-Shur Health Method '92 Worldwide Conference Kuala Lumpur, Conference Report, "A Verification Example of the Approach of Modern Medicine to Organ Reaction to the Reflex Areas", presented by Ken Nagaya, page 138-143, July 1993.

¹¹ Dobbs, Barbara Zeller. *Nursing Mirror*, "Alternative Health Approaches", Volume 160, No 9. February 27, 1985.

¹² Sacramento Valley Reflexology Journal, "News From Around the World", Volume 8, Number 2, February 1993.

¹³ International Council of Reflexologists Conference Report 9/92, "Sharing of Experiences in Switzerland", reported by Noelle Weyeneth, page 59-60.

¹⁴ Steenekamp, C.S "Reflexology ..The South African Experience," The South African Reflexology Society, Durban, South Africa, 1992

¹⁵ Research conducted by the United Danish Reflexologists' Association Research Committee. Paper presented at the Second Congress of The South African Reflexology Society, Durban, South Africa 5/93 by Dorthe Krogsgaard

¹⁶ Private letter from Kirsten Sindal Christensen, president of the United Danish Reflexologists' Association, June 6, 1993.



Reflexology TODAY

Newsletter of American Board Certified
Reflexologists

A NON-PROFIT TESTING
AGENCY FOR REFLEXOLOGY
PRACTITIONERS

Littleton Siege

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Dear Colleagues, the ARCB Board of Directors, and myself in particular, would like to express our gratitude and thank you for the many letters, telephone calls and Rejuvenation candle received in our office in May. We thank you for your expressions of concern over the shooting of the twelve students and one teacher at Columbine High School in Littleton, Colorado where our ARCB headquarters is located. Indeed, it was a tragic event that has affected not only our community, but our entire nation, as we try to sort out how to prevent such violence and hatred within our youth.

Many have asked if the shooting involved anyone close to us and how we were affected. I will try to be brief in answering this. One of my walking partners is a middle school math teacher, who had these students in the seventh grade. He remembered he and his fellow teachers discussing that there was a good possibility of problems with this particular class of students because they were so competitive and hostile towards one another. He had Eric Harris and Dylan Klebold in his class and said that they were ordinary kids. Dylan, even at that time, talked about the video games he enjoyed.

As the shootings were starting, I was en route from the ARCB P.O. Box. It is five minutes from the high school. (Five years ago when my daughter was attending Columbine I used to take her to school and then swing around to the post office on my way home.) After leaving the post office and then coming out of Office Max where I picked up office supplies there were many police cars heading south on the highway and helicopters in the sky. On the radio they were giving limited information regarding the shootings. I couldn't spend time in following the sequence of events as I had an appointment that afternoon. On returning to Littleton three hours later, I learned more fully what was happening. My husband's cousin and his wife, Chris and Cheryl Mosier, both science teachers at Columbine had been locked in their individual classrooms with their students for four anxious and terrifying hours listening to guns being fired. One bullet came
(continued on page 2)

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Volume 7

Number 1

Summer 1999

through the door in Chris' classroom and buried itself into the opposite wall. Chris said that Eric and Dylan were heading to the cafeteria to set off the 20-pound propane bottle bomb when the SWAT team, came around the corner and ended their plans. If a minute longer had passed the school along with many additional lives would have been destroyed.

My 25-year-old daughter works for US West, the local telephone company. She is an engineer and coordinates the installation of new cable for customers. Littleton is one of her areas. With the media flying in from all over the world needing extra lines, Vice-President Gore and his security needing extra lines and the additional police and SWAT teams she spent her day on an 11 hour conference call getting the materials to accommodate and coordinate the installation of extra equipment.

As I look back on the event several things come to my mind as remarkable. On visiting the memorial in the park for 1 ½ hours I was able to observe only a minute portion of the overwhelming amount of letters, flowers, stuffed animals, candles, memorabilia, crosses, angels, and other momentos sent from all over the nation as expressions of thoughts, grief and farewell. The large number of senior citizens visiting the memorial was interesting. The silence of the many people, broken only to whisper explanations to small children, was a wonder.

At the memorial service for Cassie, the student who professed her belief in God before she was shot, approximately 100 young people committed their lives to Jesus Christ. There was an opening of the community's church doors as I had never seen before. The individual memorial services for the slain students and teacher continued for one week and with them an increase in the awareness of just how many people in this area reach out in their faith to God for answers and healing. The public memorial service was held in the parking lot of a large

theatre complex. It was raining but the people overflowed the parking lot into Clement Park. There was talk of suing the organizers of the public memorial service because it was so very Christian oriented and did not meet everyone's need. My daughter commented, "I'd like to see them try to sue God!"

Healing is taking place. Some construction workers remaining anonymous are helping to repair Columbine High School. Columbine's greatest competitor, Chatfield High School, opened their doors to share their building and books for the remainder of the school year. Local stores donated the needed backpacks and supplies for the students to finish their year. Bows throughout the community in the blue and grey of Columbine's colors adorn entrances to neighborhoods. The once sodden and soggy water-logged straw covering the rain soaked earth at Columbine Park where the memorials were placed during those sullen rainy days of endless parades of people giving tribute to the slain victims are now also beginning to heal in the appearance of new green grass.

Thank you for your thoughts, notes, letters, words of support and prayers. They were and still are very much appreciated.

—Barbara J. Mosier,

Director/Administrative Secretary✦

Reflexology Association of California

8th Annual Conference

C C A P I T O L
REFLEX - IONS
Conference 1999
Sacramento, CA
9 October 1999
Tel: 916-488-1444

INSIDE ARCB



ARCB Directors: Back Row l. to r. George Balut, Tom Gardiner, Christine Issel, Laura Laroche, and Wendy Coad., Front row: Barbara Mosier and Ko Tan.

ARCB BOARD MEETS

The ARCB Directors met for their annual retreat in January in Littleton. ARCB is a 'working' Board. This means that as a small organization with limited funds the Directors must do the work which in larger institutions is hired out or performed by staff. Highlights of the work during the three days of meetings included:

- Welcoming of Wendy Coad and Ko Tan as new Board members
- Tom Gardiner was voted in as the Vice President, and Ko Tan as treasurer.
- \$15,000 was committed to the pursuit of being accredited by National Commission of Certifying Agencies
- Development of a web site is now under construction
- The Missions Statement was approved.

- With regret the resignation of Director Laura Laroche was accepted
- Bylaw revisions were begun
- All of ARCB's printed material was reviewed for changes
- ARCB and ACARET (The American Commission for Accreditation of Reflexology Education and Training) Board Directors met to determine how the two organizations can work together in cooperation to support each others' functions in the profession

LAROCHE RESIGNS

Laura Laroche submitted her resignation which became effective March 17th. Co-authoring a national credentialing guidebook on Complementary and Alternative Medicine (CAM), teaching graduate CAM courses at several universities in the Wash-

ington D.C. area, and keeping up with her private practice leaves her little time to devote to ARCB duties. The Board is sorry to see Laura leave but wishes her all the best on her many current and future endeavors.✚

TWO NEW DIRECTORS JOIN ARCB TEAM

Wendy Coad

Wendy is originally from the farming plains of Saskatchewan, Canada. She came to New York City as an artist and has a Master's Degree in Fine Arts. She taught and lectured at the university level in a host of institutions both here and in Canada before becoming involved in Reflexology in 1994. She first studied with Elaine Koelmel and currently teaches at the Open Center in New York. Coad represents Reflexology within the New York Coalition of Non-Massage Organizations. She is a member of the New York Reflexology Association. In addition to having a reflexology practice Wendy is a Feng Shui consultant and polarity therapist.

Ko Tan

Ko Tan from the Atlanta suburb of Roswell is a native of Singapore. His professional career began with a Master's Degree in Architecture. When he discovered Reflexology over ten years ago it became his life. Tan received his Reflexology education from the American Academy of Reflexology in Los Angeles and was in the first group to take the ARCB certification test in 1992. Tan was involved in the widely published 1991 Reflexology controlled study on PMS. He has a full-time reflexology and massage practice and teaches nationally. Ko Tan is also founding president of the Georgia Reflexology Organization ✚

ARCB MISSION STATEMENT

The American Reflexology Certification Board is a nonprofit corporation which acts as an independent testing agency. Its main purpose is to protect the public and promote the advancement of the field through the recognition of competent reflexologists who practice on a professional basis and choose to be recognized as meeting basic national standards. The ARCB promotes Reflexology and its certifiants through a national referral service. It supports certifiants through publication of a biannual newsletter and other business related materials. The ARCB works for the growth of the entire field by encouraging the ongoing development of Reflexology associations and related professional organizations ✚

NEW DOCUMENTATION FORM

In a never ending review of the testing process, the Board recently made changes to the Code of Ethics and Documentation Form (see opposite page) to facilitate progress reporting standards. The front of the form remains the same, however, the back now indicates the specific notations to be included. This change will be reflected in the study guide on the documentation sample pages.

**Honolulu is the site of the
Biennial ICR Conference**

24-26 September 1999

"Where East Meets West"

**Speakers will include practitioners from
China and Japan sharing their techniques**

**International Council
Of Reflexologists
FAX: 619-275-1011
P O Box 17356
San Diego CA 92177**



ARCB Progress Notes

Session Number _____ Length of Session _____ Amount of Pressure Used _____

Ankle Range of Motion (Good, Fair, Poor) _____

1. Specific complaints from the clients at, or during, this session
2. Areas of tenderness described in anatomical terms
3. Any change in sensitivity from the previous session
4. Reflex areas emphasized
5. Client's response to, or comments about, the session or previous session(s)
6. If applicable, the name of the health care professional or discipline you refer the client to
7. Other comments
8. Your full signature following the last word in the documentation & your name printed on the bottom of the documentation.

Observations:

American Reflexology Certification Board

Code Of Ethics

A Reflexologist communicates with an open mind and a peaceful presence while recognizing his/her relationship to the client is a serious Respons(e)(a)bility. The art and science of Reflexology is an Honorable one! Therefore, as a professional reflexologist I shall:

1. Conduct myself in a professional, honest, and ethical manner at all times.
2. Adhere to the ARCB Professional Business Standards.
3. Not infringe on any other professions' scope of practice, and perform only those services for which I am qualified and/or licensed to provide.
4. Accurately represent my competence, education, training and experience.
5. Not present myself as a medical practitioner. I shall refer clients to appropriate medical or other healthcare professionals when appropriate.
6. Treat other reflexologists and healthcare professionals in a courteous and respectful manner at all times.
7. Establish and maintain trust in the client-practitioner relationship.
8. Treat every client with the same kind, ethical attitude.
9. Keep all client information and conversations strictly confidential.
10. Work within the client's comfort zone and pain tolerance.
11. Keep the standard of my professional work current and as high as possible by continuing my Reflexology education and training and attending conferences.
12. Ensure that anyone employed by me or working in my office shall also adhere to this Code of Ethics.

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THE STUDY OF A&P FROM A REFLEXOLOGY PERSPECTIVE

(For years ARCB Directors have been struggling to find the right understanding and words with which to define how Reflexology's approach to anatomy and physiology is unique and how it separates reflexology as a profession from other disciplines. In January during the ARCB Directors meeting things coalesced into the following statement.)

Anatomy and Physiology of the body is, for the most part, the same for each individual. Likewise, the study of A&P is similar with most disciplines. However, the theory and application (tactile awareness) by the practitioner in Reflexology is different than other professions.

Reflexology A&P consists of the *interconnection* between:

- the systems of the body and their functions,
- the foot as a structure (i.e., nerves, tissues, biomechanics),
- the map of the reflexes in the feet (i.e., reflexes as they are thought to exist and anatomically reflected on the feet),
- pathology in relation to the systems, and how all of the above are affected by stimulation of the feet through pressure and touch

The study includes:

- hands-on application,
- palpation of landmarks of the feet,
- identification and reflexing of reflexes and other tissue

in relation to the theory of the body being replicated on the feet.

The A&P mechanisms by which Reflexology works includes, but is not limited to:

- the nervous system,
- subtle energy systems,
- circulatory and lymphatic systems,

- sensory stimulation,
- biomechanics,
- zones,
- touch, and
- the relaxation response.

These differences are what makes Reflexology unique and a separate discipline from other professions. ✚

CERTIFICANTS IN THE NEWS

ARCB certificants are on the move. They are busy in their communities helping to spread the word about reflexology and advancing their own education.

Myra Achorn of Portland Maine, is teaching a 200 hour reflexology program in her own school—Treat Your Feet. **Sandy Clendenen** of Bakersfield CA completed a three year course from the School of Enlightenment and Healing in April. **Alexandra Ferguson** of Henderson NV is teaching a two-semester course in Reflexology at the Community College of Southern Nevada. The college grants 14 credits for the course. It is possible the course may become a complete full-time program soon. Congratulations Alex! **Bill Flocco** of Burbank CA is a featured speaker at the prestigious International Consensus on Acupuncture, Auriculotherapy and Auricular Medicine symposium to be held in Las Vegas August 12th-15th. On the eve of his retirement from his psychotherapist position at a Veteran's Hospital, a local newspaper article featured a story about **Tom Gardiner** of Clinton Township MI. Since then Tom has been swamped with clients—so much for retirement! **Caroline Hatfield** is advancing her education through the International Foundation for Nutrition and Health. **John Heidenreich** and his wife Linda of Avon OH appeared live on the Fox 8 Television morning news program demonstrating reflexology on

two clients during a segment on alternative therapies. **Laura Lee** of Novato CA has designed the World Reflexology Week logo and other promotional pieces for the International Council of Reflexologists (ICR). Her work will be unveiled at the biennial international conference to be held at the end of September in Hawaii. Certificants, **Zee Marie** and **Donna Sottile** plus other Nevada Reflexology Organization members worked on 183 pairs of feet at the 1999 Clark County Wellness & Health Fair. **Barbara Mosier** of Littleton CO recently spoke before the staff of the national Associated Bodyworkers and Massage Therapists Professionals (ABMP) of Evergreen CO about Reflexology and how it differs from massage. It turned out to be the most attended bodywork lecture by their employees in the series designed to educate staff about different bodywork modalities. **Patricia Merritt**, RN of Morristown NJ was involved in two pilot studies using Reflexology to treat pain and stress management at St. Clare's Hospital Center for Complementary Medicine last October. **Bill Runquist** has not gone to China as previously reported, but has moved to his home state of Missouri. He plans to continue to teach his joint mobilization classes around the country. **Billie Scott** of Las Vegas continues her work introducing Seniors to Reflexology. She will be part of a complementary health program on August 14th at The Valley Oaks Assisted Living Center. In October and November she returns to sharing Reflexology with Seniors through Valley View Recreation Parks Department in Henderson NV. **Geraldine Thompson** has sold the Seattle Reflexology & Massage Center and moved back to her home state of Vermont. She plans to continue with her position on the ACARET Board as she builds up her new practice. **Ruth Vogel** and **Elizabeth Heslin** are teaching with **Elaine Koelmel** at Omega and the New York Open Center while **Patricia Townsend** of Hopewell Junction NY teaches a 125 course in Poughkeepsie, New

York. **Kim Wells** of Gainesville, Georgia successfully lobbied for a reflexology licensing ordinance in her town. **Judith Wright** of Sacramento CA has completed a 1000 hour course and is now a Kundalini Yoga instructor.

If you're doing, or have recently done, something to promote Reflexology, continue your education, or made a big change in your life, drop ARCB a line and we'll be glad to share the good news. ✚

OHIO CLINICS OFFER REFLEXOLOGY

The Alliance Institute for Integrative Medicine at the Health Alliance of Greater Cincinnati, Cincinnati OH is offering reflexology. Husband-and-wife co-medical directors Steve and Sandi Amoils, both physicians, opened their clinic for integrative medicine in June, offering acupuncture, reflexology, psychology, massage, chiropractic, energy medicine, and spiritual counseling on a fee-for-service basis. Reflexology is being offered on a prescription basis. Self- and physician-referred patients being accepted.

Joseph Hayden, of Mercy Holistic Health and Wellness Center, also of Cincinnati, offers Reflexology as a holistic health and wellness service available on an individual basis. Notes Hayden, "It is still amazing to me (and most other holistic practitioners in town) that there are four large hospital based holistic centers here. The standard Cincinnati joke about conservatism comes from Mark Twain. He said that when he hears that the world is going to end tomorrow, he's moving to Cincinnati because everything happens there ten years later than everywhere else. [When it comes to holistic health] I guess we are more progressive than people realize." ✚

On The Educational Front

EDUCATIONAL ISSUES

By Debra Hinlicky

This article may pose more questions than it answers. In the ongoing search to bring our profession of reflexology up to current standards set by other modalities and address any problems that may arise from this, we need to look at additional options for education. The standards I speak of are requirements written in state licensing laws. One of the problems is the subsequent exclusion of trained reflexologists from practicing in all possible capacities because of the interpretation of these laws.

I became involved with these issues soon after I became ARCB certified. I attended one of the three meetings set up by the New Jersey Massage, Bodywork and Somatic Therapist Coalition. The massage community wanted to explain to bodyworkers why they were proposing the bill, answer questions and address any feedback and had organized the Coalition and called the meeting. I asked about the impact the law would have on reflexology and my life has not been the same since.

I must say I never received an answer to my original question. I was instead invited to attend Coalition meetings and was told they had not spoken to any reflexologists so they didn't know what we would want from the bill. I had no idea what reflexologists in New Jersey wanted or for that matter what reflexologists nationally wanted. Using Christine Issel's book, *Everything You Wanted to Know About Setting Up a Reflexology Organization* .., I put together a cover letter, a questionnaire, and started contacting area schools to see if they would send out a mailing to their students

and former students. During this time I met Wendy Young, ARCB certificant from Princeton, NJ and Alex Menard, a reflexologist from Summit, NJ, who were interested in helping me form an association in our state. In February 1998 we mailed out membership brochures for the Reflexology Association of New Jersey and were on our way.

During this last year and a half I have been attending the Coalition meetings and monitoring the process. When I first attended they were still revising the bill and asked for modifications. I submitted an exemption for reflexology similar to the one being used in Pennsylvania which granted reflexologists an exemption from 500 to 200 hours of education. There was an absolute no. A minimum of 500 hours of in class study was acceptable and that was that. The American Massage Therapy Association (AMTA) was giving a grant to the NJ chapter for legislative expenses and even though the bill was written in a Coalition with a few other modalities included, there was no room for negotiations. The bill, in its title and throughout when cited, acknowledges all other modalities only with the words 'bodywork' and 'somatic practices'. The scope of practice and the licensing titles are all massage. Recently I asked again for an exemption, or actually a clarification of section 14, which states in essence that it is a titlement law and does not prohibit anyone from rendering services if not using the licensees titles. I was told the law would not prohibit us from practicing as long as we called ourselves reflexologists.

This brings up the problems I mentioned earlier. If New Jersey has a law licensing the "massage, bodywork and somatic therapist", hospitals, doctor's offices,

and HMO's will have to use licensed practitioners. So, as in other states like NY and Florida, massage therapist will be able to do reflexology (with 8-24 hours of training) while the reflexology specialist will lack the licensing to work in this kind of setting if they don't meet the 500 hours in education as set forth in the law to be licensed

Depending on how the NJ-MBS Therapist committee, which is being created under the NJ Nursing Board, interprets the law, reflexologists may be able to get licensed with 500 hours of in-class study. It is yet to be determined if these hours must be from a state certified school. If this is so it will effect not only reflexologists but most other modalities since there are no bodywork schools aside from massage now approved by the state.

With this background in mind I want to look at possible ways to extend our reflexology education to hours equal those required in most states for massage training. We might think about petitioning current boards to allow reflexologists to become licensed, *as reflexologists*, if they want to, and meet the 500 hours requirement. Schools and programs need to check into state and neighboring state's laws to see if they need to be certified through the state for student educational hours to qualify for licensing. Our education will be scrutinized—the massage schools do not have a model that is exemplary themselves—so we need to think about increasing in-class hours with expanded and additional courses. I'm sure schools have been pondering these issues for some time now. Reflexologists have been looked at as a small incidental modality. To massage therapists we are a ten hour elective and a joke to some—how can we be so bold as to want to be equal to some massage in licensing laws with 110 in-class hours? And what do those hours comprise anyway?

One way to increase class hours is for reflexology schools to offer credit hours for additional anatomy and physiology courses taken at a 2 or 4 year college on a

non-matriculated basis. These courses usually run two semesters and with a lab are 100-120 hours of study or without a lab, 50-65 hours. A pass grade or C and above could be required for credit toward reflexology certification. This requirement would vent one area of criticism, which is our schools do not teach enough anatomy and physiology compared to massage.

Additional courses could be given by the school or done through weekend workshops on leg and foot anatomy, gait analysis, and other relevant topics relating specifically to the foot and accepted toward certification. I would like to see reflexology schools and programs working together to upgrade everyone's education. We need to work together to survive as a profession. With the advent of the American Commission For Accreditation Of Reflexology Education And Training (ACARET) there is a new focus on our curriculums.

With this model we are only up to a little over 200 hours, the remaining 250-300 hours could be set up several ways. One way is for schools to offer a post-graduate certificate. Schools could set up a series of workshops and lectures that are related to our field and require a number of different courses to qualify for certification.

Alternatively, each reflexology school could be set up for students to use as their primary school. The student would complete that school's program and given credit hours toward a 500 hour certificate for attending workshops or programs with other reflexology teachers or at other schools. There are various workshops given around the country. Hours spent at these classes would be put in the primary school's transcript with a certificate of attendance. This way we will encourage reflexology practitioners to learn a variety of techniques, different views and theories. What better way to create acceptance through diversity and tolerance by getting a more complete picture of what our field has to offer.

Another option would be for a person to study at two or three different reflexology schools to equal the 500 hours. In my dealings with members of AMTA, I found they have a requirement that a course of study needs to be at least 100 hours to qualify toward the 500 hours. I guess they do not want students qualifying with a string of weekend courses. This is odd because in researching massage schools curricula, many schools offer just that. They give the basic anatomy and physiology and specific applied technique courses, then fill in the rest of the 500-600 hours with introductory courses for various modalities. I suspect this is where the massage industry gets the idea they are the umbrella for all bodyworkers. I see nothing wrong with this if graduates practice massage therapy. The problem is when they put other modalities on their cards or in advertising, after only having a short introductory course.

Most of these options can truly serve the purpose of integrating the field of reflexology. We need to look at all the parts of the whole. Each school of reflexology is a part of the whole. All are aspects of a larger view and a bigger dream. I have studied with several different teachers, each with a different view of reflexology. Seeing the field of reflexology as a larger canvas has deepened my appreciation of its possibilities and expanded my command of techniques. I hope we can continue to work together as a unified field within bodywork, so we can stand up for ourselves as a viable and separate discipline. ✚

ACARET BOARD MEETS

The American Commission for Accreditation of Reflexology Education and Training's (ACARET) 5 member Board of Directors met January 8-10, 1999 in Lakewood Colorado to continue development of educational standards for both training programs and instructors. This Board is com-

posed of 2 reflexology school owners (Geraldine Thompson of Seattle, Washington and Janet Stetser of Alna, Maine), 2 reflexology teachers (Jan Head of Culver City, California and Gretchen Schaff of Elkin Park, Pennsylvania), and a reflexologist (Tom Marziale of Baberton, Ohio). Board members come from across the country and serve the non-profit institution without financial compensation.

Studying the Reflexology training standards internationally (one of which is 1,300 hours in length) and the passage here of massage laws requiring 500 hours of in-class instruction it became imperative national standards for curriculums and instructor training be set. Included in ACARET's fact finding portion of their work were the results of a 1997 survey completed by known schools and teachers from around the United States.

A curriculum outline was developed that entails 215 classroom hours and 85 hours of documented practice (see article on next page) for a standard of 300 hours. However, the advent of more somatic practice and/or massage laws requiring 500 hours of supervised instruction could force ACARET to increase these educational standards in the not too distant future. Otherwise only those professions whose curriculums already meet or exceed (e.g. nursing, cosmetology, physical therapy and massage, etc.) 500 hours will be allowed to practice Reflexology. Standards for educators are also being proposed. It is ACARET's intention to launch this program by January 2000.

More information is available regarding the details for accreditation by contacting ACARET. Please send a self-addressed stamped business size envelope and a check for \$2 (to cover printing costs) to

ACARET
P O Box 112, Egypt Rd
Alna ME 04535

--OR--

E-mail footloos@gwi.com ✚



NEW DEFINITION OF REFLEXOLOGY

In order to maintain reflexology separate from other modalities ACARET defines Reflexology as follows: Reflexology is a manual technique¹ on specific reflex points² and zones³ within the main microcosms⁴ of the body (i.e., the feet, hands, and ears) to bring about psychological and physiological normalization and vitality of the total body ✚

¹ manual: direct use of finger and hand techniques, no tools.

² reflex points: areas on the microcosm that reflect the organization of the body

³ zones: Three dimensional, vertical divisions of the body from the top of the head to the distal aspect of the digits

⁴ microcosms: discreet areas that reflect the organization of the total body

300 HOUR CORE CURRICULUM EDUCATIONAL STANDARD SET

With the visionary goal of Reflexology continuing as a separate modality, and with the best interest of Reflexology in mind, ACARET has adopted the following curriculum standards

- 60% (215 hours) in-class, face-to-face instruction with an ACARET qualified teacher
- 10% (50 hours within the 215 hours) Electives This does not need to be face-to-face and may include a researched report, video and book reviews, field trip to another clinic/professional setting
- 30% (85 hours) practical sessions with client documentations on the schools' form.

A CLOSER LOOK

Hours and Subjects

75 hours anatomy/physiology including

- Anatomy – study of the structure of the body, especially the leg, foot, hand and forearm
- Physiology – study of the normal functions and activities of the body and its systems
- Kinesiology – study of the muscular movement of the body with emphasis on the leg/foot and forearm/hand
- Skin conditions – especially as related to the feet and hands
- Contraindications and precautions in general for body work and reflexology specifically
- Pathologies - diseases related to structure and the function of many people, i.e. fractures, stroke, cancer, diabetes, etc and especially those frequently seen problems involving the feet and hands

75 hours to include

- Reflexology Techniques – To include a broad based approach, drawing from several authors/teachers/presenters exposing students to a wide variety of techniques so they can better serve their clients
- History of Reflexology
- Research
- Theory of Zones/Reflex Areas
- Meridian/Oriental concepts
- Assessment Using visual observation and palpatory skills
- Biomechanics – Introduction to the movement patterns of the feet and how that relates to the rest of the body
- Documentation and professional (anatomical & medical) terminology
- Business Ethics, Full and Fair Disclosure using informed consent and signed release forms, Scope of Practice
- Business Practice Standards covering record keeping, taxes, business plan, ad-

vertising, etc

- CPR/AIDS/Other chronic conditions/Hygiene

50 hours Electives based on the following criteria

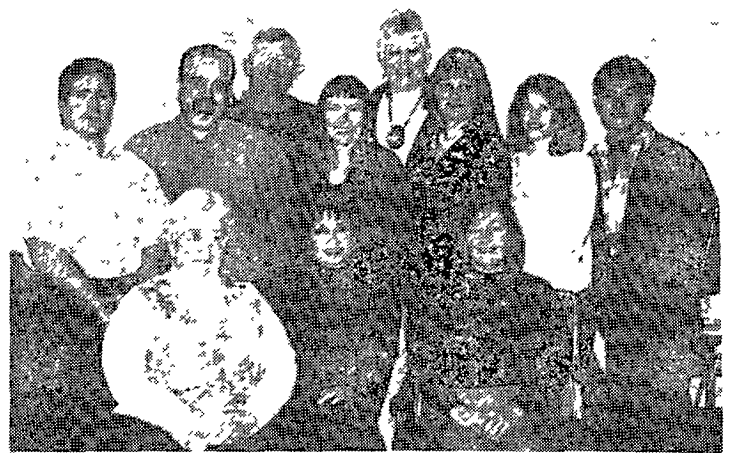
- School/teacher decide subjects and set their own guidelines as long as the hours are related to Reflexology or holistic health
- The knowledge of the regular or guest teacher, make up of each class, and geographical location of school/students
- Courses should directly benefit the students' practice of reflexology and involve knowledge they can share with clients
- Clearly delineate scope of practice and licensing requirements of other modalities

10 hours Clinical Practice under the direct supervision of a professional reflexologist

5 hours Tutorial as one-on-one time with the instructor, giving and receiving reflexology

85 hours Practice sessions, fully documented on forms developed by the school as homework assignments

300 Total hours ✦



ARCB & ACARET Board Members. Back Row: Tom Gardiner, Gretchen Schaff Middle Row: Tom Marziale, George Balut, Wendy Coad, Laura Laroche, Geraldine Thompson, Ko Tan, Front Row: Janet Stetser, Christine Issel, Barbara Mosier. Not Pictured: Jan Head

The Helping Relationship

By Christine Issel

When reflexology curriculums are under discussion, the need for communication skills is almost always a topic that comes up. On one hand, some think to go into this area is out of the scope of practice of reflexologists. The client should be referred to a psychologist or other trained counselor. On the other hand, there are those who see communication skills as something the reflexologist must be trained in doing properly simply because our clients talk to us.

Communication skills cover a wide variety of topics and include, in the case of the reflexologists, the body, mind and soul of their clients. In such a course the following questions can be addressed for a lively, but serious, discussion:

- What does it mean to communicate? A fundamental problem in all human relations is our difficulty in reaching one another successfully, what are the secrets of doing so? What is communicated through physical touch, through voice and vocabulary, through posture and gestures?
- Helping—What does it mean? In the broadest sense it means to help normal individuals function at a higher level, but what does it mean to the individual reflexologist personally? How does he or she experience helping? Where are the boundaries between helping and interfering? Where is our ego in all of this?
- How does one avoid creating a dependency situation? People want to help one another, and helpers experience deep personal satisfaction through this helping process, but this can create an unhealthy dependency or co-dependency situation
- Is listening 'like a friend' appropriate? The reflexologist cannot be just a 'friend'. Friendship is one thing and the role of reflexologist quite another. First, a practitioner's education and credentials puts him or her in the position of being an authority figure. Secondly, the client is paying the reflexologist money. Both put a different light on the relationship
- What are the goals of helping? To emphasize self-help and improve coping skills? According to Lawrence Brammer, "The goals of helping have been stated many ways, but generally they reduce to changes in behavior and lifestyle, awareness or insight and understanding, relief from suffering, and changes in thoughts and self-perceptions" ¹ How much responsibility is the reflexologist willing to assume? Or should assume?
- What are the moral and ethical considerations of judging and how does one grow beyond it? How is the art of non-judgment developed in the practitioner?
- What does the oxymoron 'active listening' mean? And how is it performed? What about passive listening?
- What does the reflexologist do with the information that may be shared or implied?
- When faced with emotional outpourings from a client, how does the reflexologist deal with the client's psychological state?
- How much verbalizing, on the part of the reflexologist and client should there be during a session?
- What is empathy versus sympathy and when is their use appropriate?
- What role do individuals play in their own health? Reflexologists do not heal.

¹ Brammer Lawrence *The Helping Process*, Allyn & Bacon, Boston, 1988, pg 4

Ultimately it is the client who is responsible for his or her health and healing, but we are part of the healing process

- Where does helping end and playing psychotherapist begin? When does one make a referral to a psychologist or other healthcare professional? What can we say without putting ourselves in danger of practicing medicine without a license?
- How do individual personalities best receive information so they can be open to help? What are some different approaches for the reflexologist to be aware of?
- What is the importance of creative self-expression? How can this lead to the reflexologist working through his or her own challenges and how can it be a tool in helping others work through theirs?
- Is self-development on the part of the practitioner important? A course on communication can lead to greater self-awareness and development for both the practitioner and, in turn, the client

"The instruction of good communication skills is just as important as learning techniques," says Alexandra Ferguson of Las Vegas, Nevada "It is naive to think that by only learning hands-on skills we will be able to address all the situations and needs of a client that arise during a session. Most of us are not born with, and may not have had, the opportunity to experience clear, honest and empathetic communication. Learning these skills in a reflexology curriculum can benefit both the practitioner and the clients."

Continuing, Ferguson, who teaches a two-semester course in Reflexology at Community College of Southern Nevada says, "One of the most important aspects of communication is the ability to keep appropriate boundaries. Because Reflexology affects clients and practitioners on so many levels, it can become easy for both to misunderstand their roles. This misunderstanding can be greatly alleviated by looking at the role of the practitioners as one of always

being of service to the client while at the same time remembering that our clients are ultimately responsible for their health and well being on all levels in their life. The ability to keep these boundaries and roles clear can produce effective and enjoyable relationships with our clients."

It is Brammer's contention that, "While there is a need for specialists trained to cope with the complexities of human problems, most human needs can be met by non-specialist helpers."² That is, he points out, once they learn a framework in which to view their helping functions. Brammer feels "The two keys to the helping process are the helper as a person and his or her skills."³

The client-practitioner lends itself to communications and therefore, it would seem that we as reflexologists, both instructors and practitioners, must include communication skills in our study if the field is going to be acting in a responsible professional manner. ✦

HMOS GOING HOLISTIC

Does alternative medicine have a place in the world of managed care? According to a new nationwide study sponsored by Sacramento, California—based Landmark Healthcare, yes. Of the 114 HMO executives surveyed, 85 percent believe that the relationship between traditional and alternative medical care is growing stronger, 47 percent perceive the two as being complementary and 67 percent work for an HMO that offers at least one form of alternative care. A full 100 percent of the respondents believe that consumer demand for alternative care will continue.

—*New Age Journal* May/June 1999

² Ibid, pg viii

³ Ibid, pg viii

REFLEXOLOGY & THE LAW

The information contained in this article may seem difficult to understand unless one is familiar with law. However, it is the opinion of ARCB that certificants need to be informed of current legal opinion. It will help give you an understanding of why there is a need for language in client consent forms to be stated clearly using acceptable, appropriate and positive wording.

In 1989 when the development of ARCB was begun the Board worked with legal recommendations published in 1983 by the State of California's Board of Medical Quality Assurance (BMQA). In this document the BMQA looked at legal procedures they felt unlicensed practitioners should follow in order to ensure public safety. At that time the BMQA recommended 'full and far disclosure' of services rendered, the practitioner's background and education, informing the client in advance of a session, what the session would include, and the use of a signed consent form. Out of that came ARCB's disclaimer form, consent form, the posting of certain materials, and the inclusion of several articles in its Code of Ethics and Professional Business Standards.

Most people would agree that we are in the midst of an historic transition in health care. Since the BMQA report, alternative/complementary therapies have met with great public acceptance. The question is whether the law has kept pace and what changes ARCB needs to make in its policies and recommendations to its certificants. In order to accomplish this the ARCB Board of Directors recently met with Jerry Green, J.D. whose specialty is alternative medicine, to discuss changes in the law.

Green began working in the medical field as a malpractice defense attorney in 1972. His work is focused on how to avoid malpractice suits for licensed and unlicensed practitioners. He recognized professional negligence in fewer than 20% of his cases. But found in all of them a breakdown in the physician-patient relationship that could be

traced to an undiscovered misunderstanding about the allocation of responsibility between the parties. He felt this misunderstanding caused unrealistic expectation that went unfulfilled which would often eventually result in litigation. This has led Green to propose the use of a contract/agreement instead of a client disclaimer/waiver.

The Difference Between A Disclaimer/Waiver & A Contract/Agreement

Healthcare licensing laws seek to regulate or prohibit conduct. They are concerned with *what one does*, not with *what one says he does*. According to Green, courts view disclaimer/waivers with suspicion and usually do not uphold them in court as being a valid form of 'informed consent'. Contracting, the process of making agreements, is not the same as having the client sign an informed consent. With an informed consent one seeks compliance. Contract/Agreements on the other hand involve choices both the practitioner and client make in regard to how the client's health is to be managed. They provide for shared responsibility and decision making. Green also feels waivers/disclaimers may be used against practitioners as evidence of wrongful knowledge. It may be argued that if a practitioner has clients or patients sign statements which assert that he is not performing an illegal act, he must suspect that in the absence of such a document, his conduct would be improper. In addition, the use of an informed consent implies consent to treatment, i.e. medical treatment.

Green encourages health practitioners to accomplish the same objectives by making agreements which affirmatively define the roles and functions performed by both parties instead of denying certain conduct or negating legal rights. Plus, he asserts, agreements have the benefit of not carrying the legal stigmas associated with waivers and disclaimers.

Legally Why Is This So Important?

When physicians and patients clarify roles and responsibilities, they change the context for judicial decision making by eliminating the need to rely on common law principles of tort law. This is very important in resolving problems. Tort law involves a wrongful act, injury, or damage (not involving a breach of contract) for which a civil action can be brought. Simply stated, tort law encourages malpractice suits in those professions which are licensed. Since tort principles apply when there is no apparent contractual relations between the parties, Green advocates the use of a Contract/Agreement.

In contractual law one hires someone to do something. An agreement is an understanding or arrangement between two or more people. Agreements are contracts, but, more simply, they are verbal plans. To be legally binding they can be, but need not be, agreed to in writing. Green contends the courts will recognize reasonable agreements as valid contracts and identify the inequities and abuses in them that should not be tolerated.

Agreements

Other written records such as notes, clinical records, correspondence, or journals may evidence agreements. Agreements are composed of three basic elements:

- The *purpose* of the therapy and working together defined in language pertaining

to a scope of practice and standards of care—what it is the practitioner does,

- The complementary *responsibilities* of both parties defines what each party must do in order for the relationship to function properly, and
- A *term* or estimated time frame for the work

These elements are used to develop a plan that is revisited as time progresses.

Preceding an agreement Green recommends what he calls an *application for services* and an *intake interview*.

- An “Application for Services” educates and prepares the client to think about the distinctions between the disease model used in conventional therapies and alternative conceptual frameworks utilized in complementary disciplines. This in turn helps the client clarify in his own mind what he is seeking. Before establishing a relationship with a health care practitioner, clients should decide their purpose and time frame on their own, understanding that they may change as needs change and as more is learned. Before seeking professional advice, clients should ask themselves the following questions:

- 1 How do I experience my state of health now?
- 2 What changes do I feel I might want to make?
- 3 What questions might I ask of a health educator or counselor to help me clarify my needs?
- 4 How can these changes be brought about without the assistance of a health practitioner?
- 5 What do I want from this practitioner?
- 6 Am I looking for a diagnosis and prognosis for a pathology?
- 7 How and when might I evaluate my progress and consider redefining my purpose?

8 How much time and money am I willing to commit to my health right now?

- An "Initial Interview" ideally informs the prospective client of the scope of professional services offered, and determines the various needs of the client. Medical history, dental history, health and symptom history, and client self-assessment are among the written instruments that may be used. A nonmedical practitioner may identify any concerns regarding pathology and refer the client to appropriate medical care. Notes Green, "where no pathology exists, or where concomitant care is established by an appropriate referral or the client and nonmedical practitioner feel that no further care regarding pathology is warranted, the client may elect to proceed with alternative therapies in the hands of qualified unlicensed practitioners"¹

"These distinctions may be explained by text, but I recommend that questions be formulated and asked verbally as an expression of the client's concerns both in medical terms (e.g. diseases or injuries) and non-medical terms (e.g. constitutional issues, imbalances, patterns of behavior, emotional or energetic concerns)", states Green

Agreements & The Law

The idea of contracting individual responsibilities in healthcare relationships is relatively new. Historically speaking University of Chicago Law Professor Richard Epstein laid the foundation for legislative and judicial acceptance of medical contracts in two articles first published in 1977. The use of alternative/complementary therapies is new, so too is the question of how disputes between client and practitioner should be legally settled when they occur. Green

¹ Green, Jerry. *Alternative Therapies*, July 1996 Vol 2 No. 4, "Integrating Conventional Medicine and Alternative Therapies", pg 80

feels making use of an agreement is the best solution. However, we need to keep in mind that court-made law on health contracts will not appear until courts examine controversies in which the parties have made contracts. This will occur as they decide these cases. The Dana Ullman Case tried in California in 1977 was the first judicial recognition of health contracts. There, the district attorney and the trial court recognized "a regular practice of contracting with clients in order to clarify the role of non-medical health practitioner" as a basis for dismissing criminal charges of practicing medicine without a license. However, other courts are not bound by this settlement because the case was dismissed without trial. Consequently, there was no appeal to an appellate court and appellate courts possess the exclusive power to bind other courts.

According to Green, all contracts are vulnerable to attack on the grounds that the parties failed to achieve a meeting of the minds about issues fundamental to their agreement. The principle factor in deciding to uphold such agreements will be their reasonableness. Disclosure of information, which is known, or should be known, to the practitioner will be a crucial element in evaluating the reasonableness of the circumstances. Green theorizes that since provider-client agreements are an evolutionary step in health care relations, courts will assess the validity of such contracts on an individual basis. The judicial recognition of contracts defining professional responsibility will require a test case. "It seems safe to say that, as health care agreements find their way into our legal system, the wisdom of administrative judges and courts will balance these apparently antithetical (sic) values according to the unique facts and equitable considerations in each case," writes Green.²

² Green, Jerry. *Advances in Mind-Body Medicine* (1999) 15, "Collaborative physician-patient planning and professional liability: opening the legal door to unconventional medicine", pg 91.

The Licensed & Unlicensed Practitioners

Licensed practitioners are those who are licensed by state law to practice. The law usually includes a scope of practice that defines what the discipline is and how its practitioners can work, also known as 'standard of care'. Most complementary and alternative therapies are unlicensed. They are quite distinct from the diagnosis and treatment of specific pathologies in that they usually work with all body systems. They regularly have clients take responsibility for their own health. However, providers do face malpractice liability when they assume too much responsibility for a patient's medical condition and fail, where needed, to refer the person to an appropriate conventional professional. "Situations involving inadequate professional training, 'professional arrogance,' and 'medical bigotry', will I suspect, be dealt with according to our existing norms regarding misrepresentation, false advertising, and unlicensed practice," writes Green.³

David Studdert, in a rebuttal to Green's article concurs, "In order to analyze how 'standard of care' law is likely to be applied to delivery of alternative therapies, it is important to distinguish, as Green has done, between medical and nonmedical practitioners. Almost no legal scholarship has ventured into this thorny area to date, and there is little legal precedent to light the way, although this situation will almost certainly change as use of and attention to alternative therapies continue to grow (Eisenberg et al, 1998)"⁴

How Does All This Effect Reflexologists?

First, to stay out of realm of practicing medicine without a license, Green suggests practitioners not use language verbally or in writing that is found in medical statutes. Do not say patient, treat/treatment,

claim to cure/heal, diagnosis or use medical concepts. Instead say client, session, assessment or evaluation, and utilize vitalistic concepts such as relaxing, stimulating and balancing of vital energy rather than treating a pathology.

Second, in answering specific questions of whether advising a client to drink water after a session, or using essential oils, or giving client foot exercises to perform, or measuring shoe size could be construed as practicing medicine without a license, Green felt the question would be narrowly defined by the courts with the practice of medicine being limited to the diagnosis of pathological condition(s). The above situations would not be used to treat a pathology, but to balance the body systems or reduce stress and educate the client in what forms this might take (e.g. drinking water is a way to clear toxins, foot exercises can release tension). He stated without a Contract/Agreement what legally constitutes practicing medicine without a license is ambiguous and would depend on the structure of the practice. In essence it's still a case of, "It's not what you say, but how you say it that counts." Or as Jerry says, "It depends on how the practice is structured as to what is legal or illegal."

Third, identify expectations of the client to avoid disputes later. Separate the client's concerns into two manageable ways of directing the client's responsibility for their pathology. The two ways being: 1.) the use of Reflexology to help the body to relax, and 2.) a referral to a primary healthcare provider for treatment of their pathology.

One needs to keep in mind that this is the opinion of one attorney. Even though Green found ARCB's Disclaimer form to be basically a good one, over the next several months it will be re-evaluated and modified along with other forms in order that wording encompasses a more positive approach. Changes will be announced in the next newsletter and a copy sent to you upon your request. You may also wish to review your forms and make changes accordingly. ✚

³ Ibid pg 106

⁴ Ibid pg 101 (Rebuttal by David Studdert)

LEGISLATIVE UPDATE

The past year has been a very busy time in the legislative arena as reflexologists around the nation are at work to protect our right to practice free of interference from other disciplines

California: The California Coalition of Somatic Practices (CCSP) continues to discourage statewide licensing of bodywork. This leaves jurisdiction to local authorities. In Northern California, Citrus Heights, which is a newly incorporated city, enacted an ordinance based on the recently passed Sacramento City ordinance for massage that includes reflexology. The ordinances take massage and somatic practices out from under "adult entertainment" licensing and zoning restrictions. It recognizes bodywork as it would any other professions and allows practitioners to locate their offices in business areas. Member of the Reflexology Association of California's Legislative Options Committee Members and ARCB certificants Mary Bryan, MaryLyn Fucell, and Adrienne Elliot have been involved in both processes

In Southern California Cheryl Matthews was recently given the run-around when she applied for licensing in Los Angeles because her Reflexology education of 210 hours was not from an *approved massage school*. She is appealing this restriction on the grounds her Reflexology program was from a state approved degree-granting institution.

Connecticut: After being told she needed a massage license to practice reflexology in the state, Providencia Morillo in April obtained a ruling from the Department of Public Health Service manager, Debra Tomasone. The ruling says, "So long as the activities you perform do not infringe on the

scope of practice of massage therapy, you are not required to be licensed as a massage therapist to practice reflexology." Morillo plans to hold meetings this Fall with other reflexologists in the state to determine if there is enough interest to pursue separate licensing for reflexology.

Massachusetts: Six weeks after presenting to the Department of Public Health a packet of information on reflexology, ARCB certificant, Janice Lucht of Worcester, received a business license under reflexology rather than massage.

Illinois: Pam Donath reports that the Illinois legislature adjourned before the passage of House Bill 2211, a Massage and Somatic Practices Act designed to license massage therapists. If passed, reflexology, though not specifically mentioned in the law, would have fallen under this act. Pamela wrote to all her representatives and to the massage schools in the state with regard to the differences between Reflexology and massage. This year there were several other modalities—those without tissue manipulation—that were to be granted exemption from the law. One of the legislators indicated that next year Reflexology would be written into the exemption portion of the massage bill.

New Jersey: Early this year the New Jersey legislature passed a somatic practitioners bill requiring all body workers to be 'certified' [i.e. licensed]. This includes those practicing reflexology if they want to call themselves 'therapist' or claim to be licensed. After the 'grandfathering' period licensing will require 500 hours of in-class education in the field of massage, bodywork and somatic therapies approved by the committee [set up

as a result of the law] or the National Certification Board for Therapeutic Massage and Bodywork or a substantially equivalent examination approved by the committee. The Massage, Bodywork, and Somatic Therapy Examining Committee is in the process of creating rules and regulation so that the law can be implemented.

Also on February 16, 1999 in the township of Denville, Albert Racine was successful in gaining an exemption for reflexologists who are "certified accredited by an established Reflexology Certification Board" from the massage ordinance. Generally, a state law takes precedence over a local ordinance, so it will be interesting to see what the future holds.

New Mexico: An exemption, the third in the nation, was granted for reflexology in New Mexico in April when the legislature passed a new massage therapy act. Reflexology (defined as limited to the feet, hands and ears) was excluded in the clause which also exempts Native American healers and traditional Hispanic massage practitioners (sobradores) and others who do not manipulate the soft tissues for therapeutic purposes. Reflexologists are preparing to introduce their own bill at the next legislative session in 2001. In conjunction with this effort Debra Pirtle of Albuquerque is coordinating efforts to form a New Mexico Reflexology Association.

New York: Reflexologist and ARCB Director Wendy Coad has been involved in a non-massage coalition in New York for the past year. The coalition has been working to clarify what constitutes the practice of massage. Apparently the New York State Massage Board feels all who 'touch' come under the massage law. A shiatsu practitioner in New York City was arrested on May 27th for practicing without a massage license—a violation of the New York State Education Law. And on June 9th a Health Center in Al-

bany was closed because its practitioners were not licensed under the massage law.

Pennsylvania: Reflexologists have been working for years in a coalition towards a Massage, Reflexology and Somatic Practices Act. Once again this year the legislature adjourned before hearing the bill.

Tennessee: After the Massage law was passed in 1998, reflexologists were notified they were under the jurisdiction of massage. They appealed to their legislators. The Legislators asked the Reflexologists and massage therapist to try to work out their differences. An uneasy truce was broken between reflexologists and the Massage Therapy Board in June when the Board refused to continue discussion with representatives of the Tennessee Reflexology Association and announced they would work the DA's offices putting out warrants against the reflexologists. In the meantime, Tennessee Reflexology Association reflexologists Sharon Shannafelt reports being 'visited', in response to a complaint—from someone other than her clients—by the local Department of Health to see if she was practicing massage.

North Carolina: Judith Nourse reported in May that effective July 1st the last of the massage and bodywork therapy practice act went into effect. The practice of massage and bodywork therapy is defined as the application of massage and bodywork therapy to any person for a fee or other consideration. In order to advertise using the term 'massage therapist' or 'bodywork therapist' one needs to be licensed. Licensing requires 500 hours of in-class supervised instruction at a Board-approved school and successfully passing an examination administered by a certifying agency that has been approved by the National Commission of Certifying Agencies (NCCA).

Washington: Jeanie Blair of Edmonds, said a Reflexology senate bill was read and referred to the Health & Long Term Care committee. Currently Reflexology is mentioned by name in the Washington massage law and therefore falls under the jurisdiction of massage. Reflexologists would like to have their own licensing.

How do massage laws hurt reflexologists and the public? When one has to be a licensed massage therapist to practice any modality that touches or works with the body, even though one doesn't want to do massage, one is forced to spend money learning something he or she is not going to perform. In this case the rights of the practitioner and the public's right of choice is impacted. When this situation exists many practitioners will go 'underground' to prac-

of and the public access to different modalities is restricted because it will not know the practitioner's existence. In addition, demanding education that isn't warranted increases educational costs for the reflexologist which eventually is passed on to the consumer through higher prices. It is interesting to note that in **Georgia** and **Minnesota** something new is on the horizon. In those states consumer advocacy bills have been introduced which do not lead to licensing (or protecting the scope of practice of a particular discipline) but instead are truly protecting the public's right of choice and thereby, guaranteeing consumers access to any modality they want to use. This concept is also being pursued in **Oregon** by Irene Mills. Let us hope this movement of putting things back into the hands of the consumer and the market place will continue to grow across the nation. ✚

SURGEON OF HEARTS

By Debra Hinlicky

(This article is reprinted with permission from the Reflexology Association of New Jersey Newsletter, Spring 1999)

Several years ago while I was preparing a letter of introduction to a local hospital that was starting a complementary care program, I was referred to the work of Dr. Mehmet Oz. Dr. Oz is a heart surgeon and the co-director of the complementary Care Center at Columbia Presbyterian Hospital in New York City. I was very pleased to learn he had written a book about his experiences called, *Healing from the Heart*.

The Beginning

Dr. Oz observed the effects of massage therapy when his wife was in the hospital after giving birth to one of their children. She noticed an advertisement for a

massage service taped to the wall in her room and called to schedule an appointment. Perceiving how relaxed she looked after the massage, Dr. Oz began to think how his patients could benefit from massage. He had seen how depressed, frustrated and emotionally drained his heart transplant patients got because they could never forget that without a transplant they would die. Also, they had to always be within several miles of the hospital in case a heart became available. Unlike his bypass patients who are in the hospital for five to six days, Dr. Oz could spend up to a year with his heart transplant patients' as they waited for a heart. As he got to know them and their problems better, he found that there was a need to look at and support his patients' emotional lives as well. Dr. Oz and Jerry Whitworth, a colleague and perfusionist at Columbia Presbyterian, started offering hypnosis, yoga, massage

therapy, therapeutic touch and other complementary therapies through the center. They researched studies done by respected physicians and received grants to do some of their own studies to investigate the benefits of these therapies

Frank's Story

The first story Dr. Oz recounts in his book is that of Frank Torres. Frank played baseball for the Yankees in the late 1950's and came from a family with heart problems. In 1996 he needed a new heart. During the time he was waiting for a heart, his brother, Joe, was managing the Yankees team that went on to play the Atlanta Braves in the 1996 World Series. The news media picked up on Frank's story when a heart became available the day before the last game of the World Series. The day after Dr. Oz replaced Frank's heart, the TV news showed Frank in his hospital room, recuperating from his operation and watching the Yankees win that last game and clinch the World Series. Several days later he was in the grandstand during the ticker-tape parade celebrating the Yankees' and his victory.

The importance of Frank's story to reflexologists is the complementary services he chose. He was a good candidate for hypnosis and used tapes to calm himself before and after surgery. He also chose reflexology. As Dr. Oz put it, "Frank took to another therapy, reflexology, as if it were the ultimate elixir for good health. A therapy with roots in ancient Egypt, Greece, and China, reflexology is designed, so say its practitioners, to correct or relieve 'imbalance' in the body that may cause illness by manipulating different pressure points on the feet... that correspond to different organs and parts of the body. Frank used to like what he called 'that footsie thing' so much that his eyeballs would sometimes roll back and he would fall into a deep, restful sleep after a forty-five to sixty

minute treatment." Frank's story is told on page five of the book.

Oz Philosophy

Summarizing his philosophy Dr. Oz says, "The recovery of patients who have had open-heart surgery is often hindered by their perception that they have been abandoned by their hearts, their source of life, leaving them feeling emotionally and physically vulnerable. Drugs and modern medical technology may help keep these patients physically intact and functioning, but often they remain psychologically bereft with grief and a sense of worthlessness.

"For this reason I soon came to recognize that. At the completion of the operation, I also had to show the patient the path to recovery—a task made easier with complementary medicine treatments, particularly those that engage the mind to relax and lower fear, anxiety, and tension. These therapies can enable patients to pursue healing on their own—Frank Torres, for example, still continues his reflexology sessions several years after his transplant—and to grow through their illnesses, changing their perceptions about diseases and healing."

Each chapter in the book shares stories of Dr. Oz's developing awareness into different types of complementary medicine and stories of his patients' successes with them. In one he tells of a sixteen-year-old on whom he performed 'amateur reflexology' and increased the patient's blood flow until it stayed up at a healthy level. He then explains the reflexology method developed by Dr. William Fitzgerald and Eunice Ingham.

This is a wonderful book by a medical doctor that can be used to help substantiate reflexology and other complementary modalities to your clients. It is hoped that the path Dr. Oz is foregoing will allow for a greater acceptance of our growing profession. ✦

Interview with Dr. Oz

By Debra Hinckley

I contacted Dr. Oz by e-mail to answer a few questions specific to reflexology for the previous article. The questions and his answers follow.

Q. What percentage of your patients choose reflexology to complement their surgical procedures? Do many of them, like Frank Torres, continue with reflexology afterwards?

Dr. Oz: Among the cardiac patients, reflexology is one of the most popular therapies due to its logistical simplicity and its acceptance to the western mind. I will try to get an exact number for you by next week. Patients often become open minded to these modalities after the hospitalization, but there is an inertia to finding their own reflexologist in the community so they often discontinue. This is a major barrier to widespread use.

(Answered later 44.6% of cardiac patients request/receive massage and 37.7% of all patients request/receive massage)

Q. Can you please clarify these numbers? Are they referring to full body massage or to reflexology? We view massage and reflexology as two different modalities, with different techniques and results

Dr. Oz: Both together, and Jerry is trying to identify how much from each, but this is quite difficult since they are often [performed] by the same practitioner.

Q. In your experience, have you found reflexology to have therapeutic benefits? If so, what?

Dr. Oz: Anecdotally yes, but this is hard to prove in a randomized trial. At a superficial level, patients love the treatments. At a deeper level, we seem to increase blood flow to the heart by massaging the feet, perhaps by stimulating lymphatic drainage as has been shown in dogs.

Q. Some reflexology teachers feel it is contraindicated for heart patients to receive reflexology within six months of a heart attack. From reading your book, it appears you have a different opinion on this. Can you comment on your experience?

Dr. Oz: I am unsure why reflexologists would be concerned about using this modality perioperatively. This seems like an ideal period, especially since the body needs to mobilize the excess fluid resulting from the surgery.

Q. Have any of your research projects included reflexology? If so, what were the results, are they published, and where?

Dr. Oz: So far, we have concentrated on hypnosis, music therapy, aromatherapy, guided imagery, energy modalities and most recently massage. Reflexology is next on the agenda, but we are working as hard as we can and are undermanned.

Q. Are the complementary therapists working in your program still working on a volunteer basis? Are there any restrictions due to hospital or state regulations? If so, what are they?

Dr. Oz: The practitioners are paid and go through a rigorous approval process which included a check of their membership in national societies. The medical board and hospital allow us to hire these individuals as needed. ♦

the issue.

ARCB solicits the submission of original articles and photographs and will consider each for publication. ARCB retains the right to edit materials submitted. Correspondence regarding this newsletter should be sent to the Editor, C/O ARCB.

The ideas expressed in this publication do not necessarily represent the opinions and positions of ARCB, its Directors, or staff, but of the authors themselves.

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Keeping Reflexologists Around The World In Touch

My Belief About Sickness

By Henk Homberg, The Netherlands

'Everyone's path towards Enlightenment and Love is strewn with difficulties and obstacles.'

When listening to people, it seems that sickness plays an important role in their thoughts. That is not wrong. Sickness can give people insight, insight to find the right, the true way for them.

When I think about sickness, I see it in four stages which are.

1. The purpose;
2. The cause;
3. The source; and
4. The healing of the sickness

The Purpose

The purpose of the sickness is to develop insight in one's attitude to life and to return to one's path of life. This is 'supported' by pain which we do not wish to have and anxiety for the unknown and unrevealed symptoms.

The Cause

The cause of sickness are words or impressions which touch us, which can arouse our emotions. We can work through these emotions by crying, laughing, screaming, being angry, etc. These emotions will not create blockages in our body. But other emotions, which we cannot handle, can in the long term influence our thinking. These emotions (*continued on page 3*)

President's Message

Another busy period has gone by. I spend many hours per week in my practice, each client has a foot and leg massage after treatment and some clients have a full body massage. Often I am up at 6AM in the morning so that I can attend to my correspondence, preparing and answering faxes and letters are just part of my daily life. All this work entails a lot of sitting down, which is classed as sedentary. I was often too tired at the end of my working day to think about exercise, something I had loved partaking in prior to my becoming a reflexologist. Over the last ten years I (*continued on page 2*)



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From the Editor...

“**D**iabetes rivals cancer and heart disease as the most debilitating disease in the modern world. It not only increases your risk of death by heart attack, but also systematically destroys your vision, kidneys, peripheral nerves, and is the leading cause of amputated limbs,” writes Dr. Julian Whitaker. It is also a disease that directly affects the foot, both internally and externally. As such it is important that reflexologists be aware of just what diabetes is, how it effects the surface upon which we work, what can be done to help those who suffer with it, and how reflexology affects the progression of the disease. This is not to ‘treat’ the disease. After all that is the domain of the healthcare professional, but to recognize diabetic symptoms so that proper referrals to health care specialists and nutritionists can be made when warranted.

I have found in my own practice that while reflexology does not ‘cure’ diabetes or the diabetic symptom of peripheral neuropathy it can be very beneficial in stopping the progression of peripheral neuropathy. My clients have experienced better balance when standing and walking as well as the easing of pain or uncomfortable sensations.

As with all disease there can be an emotional component to diabetes. Some authors claim the sugar level in our blood relates to the amount of sweetness and love in our lives; or its lack indicates anger and sourness. However, in doing research for this issue I was impressed with how all body systems are effected by type II diabetes and that it may well be another *symptom*, not a disease itself, of a breakdown originating in our immune system or endocrine system. That being the case, it seems to me to be a

little simplistic to say it is a result of too little or too much love/anger in our life.

While each of the authorities quoted in reference to diabetes have their own approach, this month Henk Homberg starts us off with an article which looks at the spiritual dynamic of healing. Combining all these thoughts with reflexology can provide a more wholistic approach to management of the body dealing with diabetes or illness in general. I hope you enjoy this in depth study of a common disease and how through research studies and case histories reflexology has been shown to be an important part of assisting the body in dealing with this stress. Feel free to share this information with your clients and loved ones.

Is there some health issue you and/or your clients are dealing with that you would like more information about? If so, drop me a fax, sending along your own case histories if you’d like, and I’ll research it from as many perspectives as possible. In the meantime I hope you are making plans to attend the conference in Hawaii where a special panel of experts will be looking at the meaning of foot pain from their perspective. It promises to be very enlightening. ---Christine Issel, Editor 

President’s Message...

have undertaken the following. It does not matter where I am in the world, attending meetings, or giving lectures. I spend a few minutes each day exercising, to increase my respiration to maintain some physical fitness.

As reflexologists it is essential that we keep ourselves fit and healthy and we also have the responsibility of encouraging our clients to keep healthy and able-bodied. Being unfit can make us both physically and mentally unsound. Regular physical activity brings with it a whole host of benefits, but

all too often we hear the comment, "It is too difficult to find the time in a hectic work schedule."

Integrating some sort of exercise into your working day and making it routine is just one way of breaking this 'time barrier' to becoming more active. A weight bearing exercise, such as walking, can alleviate stress and depression, promote relaxation and increase one's own self-esteem. Just walking around the block daily can improve one's stamina.

If you have stairs, try stepping up and down on the bottom stair. Do this for one week increasing the number of step-ups that you do, then walk up the stairs quicker than usual. After the second week, increase this by running up the first few stairs, then walking up the rest. Increase gradually so that at the end of the month you are doing about 100 step-ups and running up all your stairs. This simple aerobic exercise is designed to improve your respiration and your circulation. If you put some music on whilst doing this it makes it even more fun.

But why bother exercising you say? Well, a sedentary lifestyle could be storing up potential health problems for the future. There are a number of short-term benefits that come with regular physical activity, including help with weight and appearance. Longer term it can also play a part in the prevention and treatment of various diseases and conditions. Those people who are least active and fit may have up to double the risk of heart disease. Regular physical activity can help in reducing the risk of hypertension, itself a risk in heart disease.

However, if you are unfit (meaning you haven't done any exercise in awhile) or overweight or have some other health problem you should not undertake any exercise program until you have had yourself checked over by your medical health practitioner.

A break in your routine is a good time to start an exercise program. For instance, at the conference venue and hotel, there is an exercise room, swimming pool, and tennis courts. Take advantage of these. Also, a walk on the beach each morning can be a great way to begin your day. Perhaps we'll meet on the beach!

Aloha--Beryl Crane, President

Sickness...

certainly create blockages in the ethereal body so that energy flows with difficulty and therefore less effectively. If this situation lasts for a long time, the energy flow is also reduced sufficiently for a part of the physical body to become 'sick'—diseased. Mostly, it is that part of the body which is associated with the conscious emotion.

It follows, therefore, that no sickness will develop in the short term provided that we are prepared to express and work through our emotions. However, in practice it seems that a lot of us make a situation worse for ourselves because we are very sensitive. This sensitivity can result in sickness. For instance, we can blush when someone says a few unexpected words to us. By speaking to someone in a particular way, we can really make someone ill or better!

How can we resolve this? We should make ourselves aware of and be alert to the moments of disappointment, anxiety, being offended or feeling guilty; and try to transform these emotions into love. But how? We can do this by forgiving or asking for forgiveness, by repairing what we have destroyed, literally or figuratively.

The soul is love, we are love, it is our ego which, having accepted certain laws for itself, stands in the way. But we yearn for affection, attachment, admiration, and attention. The result is that the ego will not accept, but ignores, the lessons presented to

us. This concept of sickness fits perfectly well within the philosophy of reincarnation. Reincarnation says that we regularly live here on earth in different states so that the soul can redeem it's karma again and again and where it can experience the necessary lessons. The conclusion from this is to accept sickness and accidents but know that behind the physical consequences, there is hidden a deeper psychic and spiritual solution. In some cases, it can be seen that this is a sequence of signs presented which we can hear if we wish to do so. If these signals are ignored, they will show themselves in a more serious form. If still ignored eventually death can sometimes be the result.

The Source

You can look at the body as a world of its own. Not long ago, it was established that the body existed of 5,000 billion cells. Have you ever thought how these cells are organized and what must happen for the smooth running of the body functions—the birth and death of individual cells, the transportation of oxygen and nutritious elements, the transportation of waste materials, and how the organs must work together properly to create specific systems.

In the world of the body, everything has a consciousness. For example, each individual cell in the liver has a consciousness while at the same time the liver as a whole has a collective consciousness. The liver as a part of the body is also a part of the collective consciousness of the whole body. The same can be said of tissue. Whenever a particular muscle group is damaged, the collective consciousness of the muscle group also experiences trauma. Immediate treatment and care, such as reflexology, massage, the use of mind over matter, reiki, magnetic healing, etc. can in the short term, and in

many situations, help the healing process to start.

The Healing

Healing can take place, when insight shows that by forgiving or asking for forgiveness healing occurs. Then it is a question of letting go of the emotions immediately so that a loving acceptance can follow. Letting go of emotions, means the removal of blockages so that the energy flow is restored. Real healing can only take place therefore when, besides the treatment of the symptoms, there is understanding and insight, and a need to undo the underlying psychic causes by forgiving or asking for forgiveness. Most important is to approach the cause with love and a feeling of forgiveness. 

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Conference Corner

Conferences Why Go?

By Anneke van't Wout, Holland

(This article first appeared in the Vol. 2, No 2, August 1993 issue of the *ICR Newsletter*.)

Sitting next to me, on a bus bench in Volendam, Holland and eating an ice cream cone was a woman from New York City. She was traveling to Brussels and suddenly started talking to me. She was saying how the bus driver had brought her to the wrong place.

As the woman got up to put her ice cream in the rubbish, I watched her walk. She had difficulty. "I have two new hips and two new shoulders", she said. In the next breath she told me that she was retired, and asked what I did.

"I'm a reflexologist", I responded. Then I explained what reflexology was and how it worked. She wrote everything down in a little book. The woman complained of constipation. I started to work on her hands.

She wanted to know more about reflexology and if there were any reflexologists in the USA. I told her to look in bookstores for books and gave her the names of some titles and authors, which she immediately wrote down. I gave her the names of several reflexologists in the USA that I knew through membership in ICR.

This incident got me thinking about how important conferences have been to me. I can meet reflexologists from all over the world and create a referral network. In the process of helping many people I can promote reflexology in unexpected ways like with the woman above.

Going to conferences has made a big difference in my teaching too. I have been teaching reflexology for years. The ICR conferences give me some new ideas and techniques to put in my lessons. I feel it is so important to attend them and I'm so glad the opportunity exists.

1999 Conference Details

• What's in a Name?

The Ilikai Hotel is also known as Hotel Nikko Waikiki and is part of Nikko Hotels International. If the reservation desk should use any of these names, which can be confusing, they are one and the same. When you call the number in the conference booklet to book your hotel reservation rest assured you will be reaching the proper desk.

• Clarification: Room With a View

All guest rooms at \$120 plus tax are 'run of the house'. This means the hotel will assign you to a room. You will **either** have a view of the ocean or the city. **BUT** you cannot choose which. If you want to be sure that you get a particular view you will be expected to pay \$135 per night! However, the conference schedule is so packed that you will probably find you will not be spending much time in your room.

- **Increase in hotel tax**

Since the Convention Handbook was published, the City of Honolulu has increased the room tax by 1%.

- **Speaker Program Additions**

ICR is pleased to announce the following additional speakers have been confirmed.

Leila Erickson, Denmark Leila, Chairperson of the FDZ Research Committee, will again present the latest in recent Danish research studies The studies involve colicky infants and bed wetting in children.

Stewart Mitchell, England. Stewart is a naturopath and nutritionist. He will be joining the panel on foot pain.

Tonny Sorensen, Denmark. Tonny, a reflexologist to Danish sports stars will also present during in the panel on foot pain.

Kristi Tanner, USA. Kristi, who specializes in reflexology of the hand, will be presenting some techniques during the Demonstration of Techniques from the West.

Jan Williamson, England. Jill has compiled a book on 'Precision Reflexology' from the innovative work of Pru Hughes. She will be presenting some techniques during the Demonstration of Techniques from the West

Upcoming Conferences

England

The Second National Clinical Reflexology Conference

Manchester

24-26 October 1999

Tel. (44) (0) 161-237-2993

Fax: (44) (0) 161-237-2958

United States

ICCAAAM '99

Las Vegas, Nevada

12-15 August 1999

The International Consensus on Acupuncture, Auriculotherapy and Auricular Medicine, 1999 (ICCAAAM '99) will be held in Las Vegas August 12th - 15th The purpose of this exciting conference is to arrive at an international consensus on the underlying theories and appropriate clinical

will bring the latest in research and practices of auriculotherapy and auricular medicine. The world's leading authorities protocols. Over 40 internationally renowned professionals in this innovative health care field, including ICR past president, **Bill Flocco** and his co-researcher **Dr. Terrence Olesen**, have agreed to participate Particular emphasis will be placed on the innovative uses of auricular acupuncture for substance abuse detoxification and for the management of chronic pain. The most significant issues regarding the precise location and effective utilization of auricular acupuncture points and the effective application of vascular pulse diagnosis will be addressed during the conference For conference details contact:

P O Box 33189

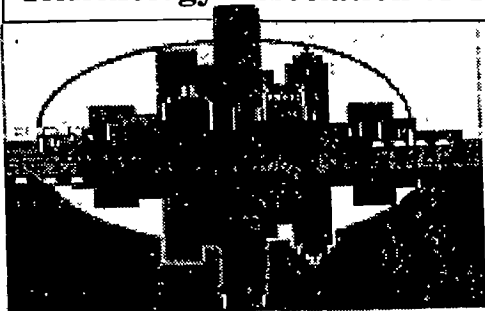
Tulsa, Oklahoma 74153-1189 USA

Tel. 918-663-0297 or 323-656-2084

Fax: 916-663-0298 or 323 656-2085

Website: www.electrotherapy.com or www.auriculotherapy.com

Reflexology Association of California's 8th Annual Conference



C A P I T O L
REFLEX - IONS
Conference 1999
Sacramento, CA
9 October 1999
Tel: 916-488-1444

Around the World With ICR

The Island of
Oahu is

known as

**'The
Gathering
Place'**

It is also the site of the next
ICR Conference



Holland

Bond van Europese Reflexologen reports Wil ten Ham has been elected chairman of the association. Also reported by Henk Homberg is notice that association members have been accepted by the 'social sick fund' and various insurance companies who compensate the declarations of professional reflexologists.

Advertisement

England

In the UK the government has created a National Training Organization (NTO) to create accepted National Occupational Standards, and the unification of the complementary therapies. This seems to be a slow process but ICR will be kept informed of the outcome.

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Greece

State Technical Teacher Training

By Alexandra Kolovou
President, Hellenic Association of
Reflexologists

This is to bring your attention to a very serious matter which has arisen here in Greece related to Reflexology and the State University Level Third Grade Technical Schools. In particular I am referring to the Beauticians School of Esthetics.

A professor of the Beauticians department from the above school visited us and asked for a Teacher of Reflexology with a Bachelor's or Master's degree to teach Reflexology at the Beauticians Department. As you may know, all three schools here in Athens which teach the Hellenic Association of Reflexologists (HAR) course of 500 hours are private and so are the other ten schools which have our Training Program. We replied we do not have training in State schools here or anywhere else in the world and therefore instructors do not have Bachelor's or Master's degrees. The above schools of Esthetics are third grade university level schools who have Bachelor's and Master's degrees recognized by the Ministry of Education. The Professor of Esthetics replied that they will train their own beauticians abroad for Reflexology lessons and as they already have their BA's and Master's in the secondary lessons (physiology, anatomy, pathology, hygiene, nutrition, first aid, psychology between therapist and client) they will then teach Reflexology as a secondary lesson! They mentioned Reflexology schools in England in particular.

You can imagine the upheaval this has caused to the 150 members in our

Association and also in the private schools which exist here. As you can imagine people in need of Reflexology will prefer a Reflexologist who has a diploma and is registered in a State school and can work with receipts!

We would like ICR and RIEN (Reflexology in Europe Network) to make summaries in detail of the steps taken for the legalization and professional standards of Reflexology in Europe, with reference to the Euro proposal of Lannoye, so that we can give this to the Greek Euro members of parliament so they can expedite our problem.

(ICR recognizes the training standards of teachers of reflexology around the world do not meet normal professional levels. Teacher's standards is one area that will be surveyed at the upcoming conference during the educational session of Friday morning to gather a comprehensive profile of teachers background and experience as part of the overall global educational standards.)

In the Next Issue...

World
reflexology
Week

Who, What, Where, When, How

HAND *maintenance*

By James (Shogo) Mochizuki

(This article is condensed from *Massage & Bodywork* – December/January 1999
Mochizuki is the author of *The Art of Japanese Foot Massage*.)

As with any bodywork, it is imperative that reflexologists, especially at the professional level, take special care of their tools—their hands. With Japanese foot massage, also known as *Zoku Shin Do* this is equally important. Many hand problems can be prevented, reduced or eliminated by performing a daily maintenance on your own hands and forearms. When working for several hours at a time, it is essential that you massage and stretch your hands frequently. This is especially important when you feel tightness in your forearms and hands, a condition which often occurs the morning after long day of work. Make sure you properly warm and loosen the muscles before beginning work. Spend about 5 minutes stretching and massaging your finger, hands, wrists, arms and shoulders. I teach my students a routine of 25 techniques, but here are four of the most important.

1. Palm rotation (*Ju Netsu Ho*) on the Forearm.

Place your arm on the table with the palm up. Grasp the medial edge with the palm of your other hand. Apply pressure into your forearm and rotate, using your entire shoulder and arm. Continue applying rotation to the entire forearm until it is warm.

2. Percussion (*Ko Da Ho*) on the Forearm

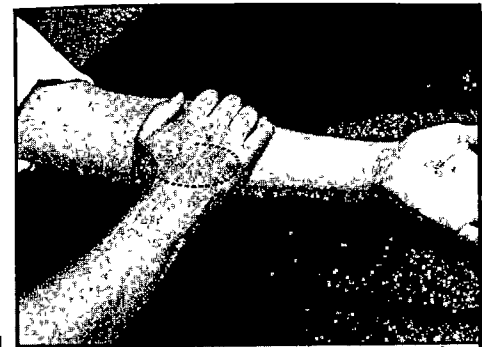
Position your arm as before. Make a loose fist with your other fist, keeping your wrist loose. Strike with the front of your fist the side of your wrist or the back of your hand. Cover your entire forearm.

3. Thumb Rotations (*Ju Netsu Ho*) on the Wrist.

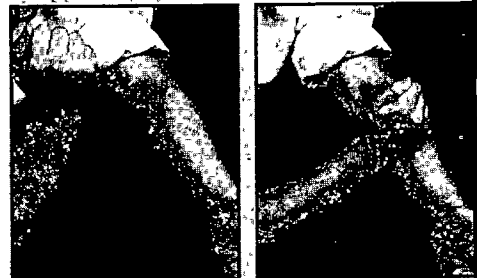
Place your thumb on the inner side of the wrist, just below the other thumb, and wrap the fingers around behind the wrist for support. Apply rotation by using your entire hand (not just the thumb). Move the thumb across the middle of the wrist, working your way to the hypothenar side and repeat the rotation. Repeat the sequence on the other side of the wrist.

4. Stroking (*Kei Satsu Ho*) Between the Metacarpals.

Place your thumb on the heel of your hand wrapping the fingers behind the hand for support. Use the thumb to stroke slowly between the metacarpal bones. Begin just above the wrist and end between the base of each finger. Work between all the metacarpals. Repeat on the other side of the hand. Lubrication can be used if needed. 🐾



Palm rotation on the forearm



Percussion on the forearm



Thumb rotation on the wrist



Stroking between metacarpals

1998 ICR FINANCIAL REPORT

MURRAY BLOOMFIELD CHARTERED ACCOUNTANT

21 Heatherton Way, Thornhill, Ontario, Canada, L4J 3E6

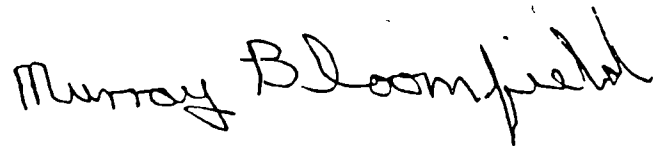
(905) 731-1842

REVIEW ENGAGEMENT REPORT

I have reviewed the balance sheet of International Council of Reflexologists as at December 31, 1998 and the statement of income for the year then ended. My review was made in accordance with generally accepted standards for review engagements and accordingly consisted of inquiry, analytical procedures and discussions related to information supplied by the organization.

A review does not constitute an audit and consequently I do not express an audit opinion on these financial statements.

Based on my review, nothing has come to my attention that causes me to believe that these financial statements are not, in all material respects, in accordance with generally accepted accounting principles.



THORNHILL, ONTARIO
April 4, 1999

MURRAY BLOOMFIELD
Chartered Accountant

Accompanying Notes

1. Foreign Exchange

The financial statements are reported in Canadian dollars. Transactions in US funds have been converted at the average annual rate of exchange. The bank account in US dollars has been converted at the year end rate of exchange.

2. Prepaid memberships and transcripts

The prepaid memberships and transcripts have been estimated by the treasurer.

INTERNATIONAL COUNCIL OF REFUGEOLOGISTS
STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 1998

(Unaudited)

	1998
ASSETS ¹	
CURRENT	
Cash	\$ 54,532
Prepaid expenses	<u>2,412</u>
	<u>\$ 56,944</u>
LIABILITIES	
CURRENT	
Accounts payable	\$ 2,685
Prepaid memberships and transcripts ²	<u>1,348</u>
	<u>4,033</u>
NET ASSETS	
Balance, beginning of year	60,034
Excess expenditures over revenue	<u>(7,123)</u>
Balance, end of year	<u>52,911</u>
	<u>\$ 56,944</u>
REVENUES	
Conference registrations	\$ -
Memberships	28,109
Interest	1,231
Tapes and transcripts	6,696
Banquet	-
Other	<u>22</u>
SALES	<u>36,058</u>
EXPENSES	
Professional fees	829
Conference	-
Annual Board of Directors' meeting	11,631
General and administrative	5,515
Interest and bank charges	157
Newsletter	8,717
Postage	5,717
Printing, copying and stationery	1,259
Telephone and fax	1,763
Transcripts	5,230
Labour	5,028
Foreign exchange	<u>(2,665)</u>
	<u>43,181</u>
EXCESS EXPENDITURES OVER REVENUE	<u>\$ (7,123)</u>

Reflexology and the Web

By Laura Lee, USA

Caught in the web

The internet, aka the *web*, is a valuable tool in this modern age. It is wise to learn how to use it for research, communication and marketing your business.

The first step is to have a computer or computer access, and then to have a modem and obtain an internet provider. An internet provider is a company that will host your email and web account and give you dial up access to this information. Monthly charges are usually low in cost.

Most internet providers provide free of charge a small space on their server for you to create and house your own website. Websites can be easily made with simple software programs like PageMill.

Of course, you don't need to have a site to benefit from the web. You can have your own email account through providers like hotmail.com. You can research reflexology and other topics with web search engines, like the following;

www.altavista.com www.webcrawler.com
www.excite.com
www.yahoo.com
www.snap.com

You can even promote yourself on the web, without having a web page. Most communities have websites that list local companies and calendar events. Events are usually posted free of charge. This is a great place to promote your company, your event and world reflexology week!

To find your local web pages go to a webbrowser, like one of the listed above and type in key words like your town, county or region name or local business group.

Remember, to research on the web, go to a web browser and type in key words in the search box. Most browsers can simplify your search by using these key symbols while searching.

+reflexology (when using more than one word, a + symbol tells the search engine it must find sites with this word)

"foot reflexology" (when putting a group of words within " " tells the search engine it must find this group of words and spaces as it is shown)

Remember, you must type in the address exactly, or it will not read it. Also note, not all websites now begin with "www" or end in "com".

Reflexology Pages

www.reflexology-research.com
www.foot-reflexology.com
homepages.iol.ie/~footman/book1st.html
www.internationalmassage.com/imagroup/reflexology.html
www.reflexology.org
www.reflexologycanada.com/
www.nt.net/ocr/
www.users.dircon.co.uk/~migfy/reflexio.htm#site
www.celestia.com/SRP/ON96/Reflexology.html
www.sungem.bc.ca/Reflexology/refhdr.html
www.reflexologyinstitute.com/
www.infohwy.com/~newhrz/reflexo1.htm
galen.med.virginia.edu/~pjb3s/Reflexology.html
www.reflexology.bc.ca/
www.novacan.ns.ca/oma/index.html
www.globalx.net/ocd/directions/3232.html
www.goldguide.com/reflexology/index.html
www.wavemedia.com/products/reflexology/



DIABETES

DIABETES & FOOT PROBLEMS

A Conventional View

(The following information is condensed from *Your Feet: Questions You Have, Answers You Need* by Sandra Salmans, © 1998 by the People's Medical Society, 462 Walnut Street, Allentown, PA 18102 USA)

People with diabetes often develop a condition known as peripheral neuropathy—a gradual loss of nerve function in the extremities. Peripheral neuropathy mainly affects the feet, but it can also involve the ankles, legs and, at times, even the hands. It tends to be more severe in the foot than in the lower leg, and seldom goes above the knee.

Peripheral neuropathy usually comes on slowly and may go unnoticed at first because it is the absence or reduction of sensation. Because the nerves are damaged, they sometimes create odd sensations. So instead of—or in addition to—numbness, a person may feel occasional tingling, shooting pains, burning or muscle weakness in the feet and legs. These sensations can be mild or debilitating, causing severe pain and interfering with sleep and work. One may also have difficulty walking because you lose some control of leg movements.

Why this condition develops is unclear, but it's believed that something interferes with the body's nerve pathways so that nerve impulses are no longer

transmitted properly. The culprit may be uncontrolled blood sugar levels (although many people whose blood sugar levels are kept within acceptable limits develop this complication), or it may be that the nerves are somehow damaged during the metabolic changes of diabetes. However, not everyone with diabetes gets peripheral neuropathy—only about 40% according to the American Orthopaedic Foot and Ankle Society. The longer the condition exists the greater the risk of developing neuropathy. On the other hand, the severity of the neuropathy does not necessarily correspond to the severity of the diabetes. Some people with mild diabetes can have severe neuropathy.

Treatment

People with diabetes should be screened yearly for neuropathy and related complications. Testing may include an assessment of circulation, using an instrument known as the Doppler for measuring blood flow and loss of protective sensation (LOPS). Blockages in large vessels can be spotted with an x-ray called angiogram. Peripheral neuropathy cannot be cured, but some of the symptoms can be controlled with medication. Until recently, oral anti-inflammatories were usually prescribed. However, a study by Robert Vander Griend, MD—an orthopedic surgeon in Gainesville, Florida (USA), found that

mexiletine, a drug similar to the local anesthetic lidocaine, provides greater relief from pain and enables many people to return to their former levels of activity. If a blockage occurs in a large vessel in the leg, bypass surgery may be performed to detour blood around the blockage.

Diabetes can contribute to narrowing of the arteries, which decreases circulation in the upper and lower parts of the leg. Skin and other tissues depend on good blood circulation for both oxygen and nutrition, so poor circulation can result in skin breakdown. This in turn causes minor cuts, bruises, burns and other injuries of the leg and foot to heal poorly. However, neuropathy, not circulation, is the main cause of most diabetic foot problems. If you have neuropathy you can injure your foot without knowing it. Minor injuries can become infected and become ulcers, or open sores. Diabetic foot diseases and disorders are the cause of 20% of hospitalizations for people with diabetes. The real danger with the combination of infection and reduced blood flow is gangrene. Once gangrene sets in, the only way to stop its spread is by amputating the dead tissue. Depending on genetic background amputation is estimated at 5-15% or higher for people with diabetes.

Charcot Foot

Another serious foot problem for people with diabetes is a Charcot foot or a Charcot joint, named after the French physician who first described this condition. It occurs in 500-1,000 people with diabetes, but much more commonly in those who also have neuropathy. A Charcot foot is more common in people with diabetes who have unexplained swelling, redness and warmth in the foot and ankle. It's easy to mistake this for infection, and to nerve damage from diabetes; most people who develop a Charcot foot do not feel the pain, the foot

continues to degenerate. The small bones and joints in the foot become damaged or even broken. Then more bones become involved, until the structure and shape of the foot are severely and permanently changed. The Charcot process can include the collapse of the arch. Charcot joints may not show up on x-rays for as long as two months after the initial swelling. Treatment involves taking the weight off the foot with bed rest, crutches, braces, or a contact cast that distributes weight over the entire surface of the foot, decreasing the concentrated pressure. Sometimes surgery is performed to remove bony prominences or to realign the bones to help restore the shape of the foot as much as possible. While the swelling, warmth and redness will go away, the foot will never return to its normal shape. As a result, it's subjected to more pressure or friction from shoes and is therefore more likely to form sores or ulcers, which in turn can lead to infection. 🐾

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DIABETES

Reducing the Risk of Complication from Diabetes

Non-Traditional Treatment

By Julian Whitaker, M.D.

(This article is condensed from the newsletter, *Health & Healing, Tomorrow's Medicine Today*. Vol. 1, No. 4; Vol. 5., No. 9; Vol. 6 No. 7; Vol.8, Nos. 2&3. Dr. Whitaker is also the author of *Reversing Diabetes*.)

The diabetic condition is not simply a matter of one or two things having gone wrong. It is a multitude of metabolic imbalances. Consequently, the conventional medical approach of simply using insulin or oral drugs is irrational and incomplete. What is needed is a broad-based therapeutic regimen that incorporates an appropriate diet, prescribed exercise and, most importantly, substantial amounts of specific nutritional supplements

Only 10% of diabetics actually have reduced production of insulin. They are called *insulin-dependent* (type I) diabetics, and likely will always need insulin replacement. However, 90% of diabetics have *non insulin-dependent* (type II) diabetes. Rather than an insulin deficiency, these patients produce two to three times the normal level, but the insulin simply doesn't work—a condition called *insulin resistance*. We know that excess insulin brought on by insulin resistance is not only associated with elevated blood sugar levels, but also with high blood pressure and increased rates of atherosclerosis.

Insulin therapy most often, is not the best way to treat insulin resistance. Yet, physicians use insulin to treat patients with insulin resistance, which only worsens the problem. It's a nutritional wasting disease, so supplementation is essential

Supplementation is of paramount importance in the diabetic condition, because diabetes is first and foremost characterized by excessive urination. In fact, the Greek root word for diabetes means "passing through". The excessive urination brought on by elevated blood sugar levels strips your body of all water-soluble vitamins and minerals. Normally, glucose (blood sugar) and other water-soluble nutrients are reabsorbed by the body. When glucose rises to levels above 160 to 170, as it does quite frequently in even well-controlled diabetic patients, it acts as an osmotic diuretic, overwhelming the system, causing substantial, even massive, losses of water-soluble nutrients that pass out along with the urine. Consequently, diabetes and its complications are as much a result of nutritional wasting as of elevated blood sugar

Think of it like this. If you gave a person a drug that acted as an osmotic diuretic and caused the same kind of nutrient losses, you would see the same complications that diabetics suffer: nerve degeneration, blood vessel deterioration leading to blindness and amputations, frequent heart attacks, and destruction of the kidneys,

Dietary Supplements

The biggest oversight of the current medical approach to diabetes is its failure to recognize that diabetes is a nutritional wasting disease. The elevated blood sugar level acts as an osmotic diuretic by overwhelming the kidneys' ability to reabsorb glucose and other water-soluble

nutrients. This is why diabetics experience increased urination. Consequently, diabetes causes massive losses of nutrients such as vitamins B-1, B-6 and B-12, and the minerals magnesium, zinc and chromium.

Incredibly, because modern endocrinologists don't even see this most basic component of diabetes, no efforts are made to replace the large amounts of nutrients that are constantly being drained out of diabetics. This loss of nutrients obviously contributes to, and could be the primary reason for, the deterioration of the eyes, kidneys, peripheral nerves, and vessels of diabetics. These same complications would result from *any condition* that caused such nutrient depletion.

In 1978, Dr. McNair published a study in an article, *Hypomagnesemia, A Risk Factor in Diabetic Retinopathy*. This study demonstrated that diabetics have depressed levels of intracellular magnesium, and the lower the magnesium level, the higher their risk of diabetic retinopathy. The article argued that simply elevating the magnesium concentration with supplements would protect the eyes.

The cellular concentration of magnesium has been found to be dangerously low in diabetics, primarily because excessive urination washes magnesium out of the body. A low magnesium level is an independent and verifiable risk factor for both premature heart attack and diabetic retinopathy, which is a major cause of blindness in this country.

Supplementing your diet with magnesium is safe, inexpensive, and addresses one of the basic problems of diabetes. Yet today they are not given *any* nutritional supplements, not even magnesium. In my opinion, this is not just malpractice—it's tragic. I find it strange that these same physicians who worry about the "potential toxicity" of nutritional supplements and/or lack of sufficient

scientific documentation for water-soluble nutrients have no qualms prescribing oral diabetic drugs, even though the *Physician Desk Reference* clearly states that the most common drug used for diabetes, an oral hypoglycemic agent, is associated with a 250% increase in cardiac death.

Since the diabetic patient wastes so much of the essential trace minerals and elements, they should be replaced by supplementing the diet. It is foolish for the diabetic patient to 'trust' that even a well balanced diet will provide adequate amounts of these minerals. The most important elements and their daily dosages are **magnesium** (1,000 mg), **chromium picolinate** (400-800 mcg), which is a trace mineral that facilitates the action of insulin, glucose protein and fat metabolism. Chromium picolinate enhances the body's sensitivity to insulin and reduces complications from diabetes by lowering blood glucose levels. **Zinc** (30 mg) and **selenium** (200 mcg). **Gamma linolenic acid** (also known as GLA, 400-600 mg), from the essential fat linoleic acid, is integral to many functions in the body, and diabetics are almost always low in the essential fatty acids, but even on an ideal diet, diabetics have problems converting dietary fats to GLA. A study in England looked at the effects of 480 mg of GLA, taken daily for one year, on 111 diabetics. Improvements in several parameters were noted across the board, especially in peripheral neuropathy. I suggest that diabetics include in their regimen of GLA. The best sources are borage, evening primrose oil, and black current.

More recently, human studies have shown that daily doses of 100 to 150 mg of **vanadyl sulfate** effectively reversed the diabetic condition, and when the vanadyl sulfate was stopped, the diabetic condition did not return. I strongly recommend you do this under the care of your physician, who

will monitor its effects. I do not suggest you do this on your own.

The diabetic should be taking therapeutic doses of vitamins starting with the anti-oxidant nutrients: **vitamin C** (2,000 mg), **vitamin E** (400 iu), and **beta-carotene** (15,000 iu). **The B-complex nutrients** are particularly important for the diabetic as they are essential for both carbohydrate and fat metabolism, which are markedly deranged by diabetes. They all should be supplemented, but **vitamins B-6** (100 mg) and **B-12** (40 mcg) are particularly important. **Biotin** is a B vitamin that works synergistically and independently in lowering blood sugar. In a 1985 study, insulin-dependent diabetics were taken off insulin for one week, and half were given 16 mg biotin a day while the other half received a placebo. As expected, blood sugar levels rose in the placebo group, yet they fell in the patients on biotin. The recommended dose is 10-14 mg a day. **Lipoic acid** (100-200 mg), is also very helpful in diabetes as well as other conditions. I would love to make a general recommendation for everyone to start taking lipoic acid, as it would be a reasonable and healthy thing to do. However, until we learn more about its use, I recommend supplemental lipoic acid only for people who are under treatment for diabetes, heart disease, AIDS, and, specifically, any form of serious liver disorder. In these cases, I strongly recommend that you take 50-200 mg of lipoic acid per day. Diabetics taking lipoic acid should be monitored by their doctors, because lipoic acid will lower the blood sugar level and medications will likely need to be reduced.

Herbal Extract

An extract of the leaves of the climbing plant *Gymnema sylvestre*, native to the forests of central and south India, have

been used since the sixth century B.C. It lowers blood sugar, and may help repair damage to cells in the pancreas.

Animal studies done in 1990 on diabetic rats indicated that fasting blood glucose levels returned to normal after 20-60 days of treatment, and there was a rise toward normal in serum insulin. Autopsies on the rats showed that the islet and beta cells of the pancreas, which produce insulin, had doubled in number, compared to those of the controls. This is mind-boggling: I was taught in medical school that destruction of beta cells was irreversible.

Human studies showed similar results—5 of 22 patients taking 400 mg per day for 18-20 months as a supplement of oral drugs could discontinue their drugs, and the rest reduced their doses. There was a significant reduction in blood glucose and other parameters of insulin efficacy (glycosolated hemoglobin and glycosolated plasma protein). Researchers concluded, “the beta cells may be regenerated in type II diabetic patients on GS4 (*Gymnema sylvestre*) supplementation.”

I recommend that anyone with diabetes try *Gymnema sylvestre* at doses of 400 mg daily. If you are at high risk for developing diabetes, I recommend a maintenance dose of 200 mg daily. Here's an aside for those of you with a sweet tooth—rumor has it that it cuts down cravings for sweets.

Exercise

A powerful tool for all diabetics, particularly non insulin-dependent diabetics, is exercise. The diabetic patient should have a prescription for exercise just as he has a prescription for any other medication. When you exercise your skeletal muscles, they are able to take sugar up without the help of insulin. Diabetics often report that their high blood sugar level drops—sometimes dramatically—as a result of a brisk walk.

Exercise not only lowers your blood sugar level at the time you're active; it also increases your body's overall sensitivity to insulin. However, I must caution that diabetics with blood sugar levels over 300 should not exercise. Several studies have shown that exercise helps to thin the blood, which may prevent some of the diabetic complications, particularly diabetic retinopathy, the most common cause of blindness in this country.

The best forms of exercise are brisk walking, slow jogging, bicycling, or swimming. It should be regular, at least four times a week, for at least a half-hour at a time. There is some evidence that a brisk 10-minute walk after a meal is beneficial in preventing elevation in the blood sugar that is so common for diabetics after eating. However, diabetics who also have heart disease should not do this after-meal regime.

Diet

Keep your blood sugar normal by maintaining your optimal weight, exercising regularly, eating a low-fat, moderate protein diet with lots of fruits and vegetables and few refined grains and sugars. The diabetic should *replace* fat calories with *complex carbohydrate* calories because fat tends to block the effect of insulin, while carbohydrates enhance it. However, the diabetic should avoid simple carbohydrates like sugar and honey.

You cannot *reduce* your fat intake and increase your carbohydrate intake *without increasing* your consumption of vegetables. For the diabetic, the most beneficial foods appear to be beans, legumes, and grains, particularly oats and oat bran, and generous portions of vegetables. Fruits should be used, but more sparingly because they are high in fruit sugars.

In 1976, Dr. James Anderson from the University of Kentucky (USA)

demonstrated that the high-carbohydrate, high-fiber diet could eliminate the need for insulin and the oral drug in close to 70% of diabetic patients.

Diabetic Peripheral Neuropathy

There is no effective conventional treatment for diabetic peripheral neuropathy. It is generally assumed to be prevented by good control of blood glucose levels, but it frequently occurs in patients who will maintain their glucose levels.

There is some good news from Great Britain. Nutritional supplements of gamma linolenic acid, an essential fat, effectively slows down, stops, and even reverses the progression of diabetic peripheral neuropathy. Without questions it is the best treatment available for this condition.

Gamma linolenic acid (GLA) commonly found in seed oils such as corn oil and sesame oil. However, in order for the body to use the linoleic acid, it must convert it into GLA by adding an additional double bond between two carbon atoms. In diabetics, the enzyme systems necessary for this conversion are lost or hampered. Consequently, the body can't convert linoleic acid into GLA, the active component. However, as in so many other incidences, plants have come to the rescue, converting linoleic acid into GLA.

As previously noted, In a British study, 111 patients with diabetic neuropathy were given either a placebo or 480 mg of GLA daily. Sixteen measurements were made throughout the study, and at the end of a year, the group taking the GLA improved in all 16 measurements. The researchers concluded that "administration of GLA to patients with mild diabetic poly-neuropathy may prevent deterioration, and, in some cases, reverse the condition." I suggest that all diabetics start GLA supplementation at about 400-600 mg a day. 🐾

Foot Care, Diabetes & Reflexology

By Christine Issel

(This article first appeared in Vol 3, No. 4, November 1994 issue of *ICR Newsletter*)

The diabetic has additional concerns to contend with besides reflex sensitivity with reflexology. He or she can suffer from overall impaired sensitivity, both to pain and temperature. The reflexologist and client need to be aware of and practice the first eight foot care tips below recommended by Cheryl Hanson, DPM. While the tips apply to all people and the care of the feet, the reflexologist and diabetic will need to take the extra precautions in 9 & 10

2. Wash feet daily in lukewarm water. Avoid extreme water temperatures. Test the temperature with the hands, not the foot, to reduce the chances of scalding a foot with impaired sensation. After washing, dry feet carefully, particularly the spaces between and under the toes.
2. Moisturizing. Keep rough, dry, or scaly skin soft and supple by using a moisturizing lotion regularly. For best results, don't apply lotion between toes, because too much moisture there can cause bacterial or fungal growth. A reflexologist may wish to conclude a session by applying foot crème to the client's feet.
3. Keep nails trimmed straight across and even. If it's difficult to trim the nails, have the client go to a professional

4. Before working on the client, check the feet for redness, swelling, cuts, scratches, hot spots, or pain. If there is any evidence of infection or laceration refer the client to her physician and use your own good judgment whether to work on her or not that day.

Encourage the client to check her feet once or twice a day at home for the same signs. Remind her to check the bottom of the feet using a mirror if necessary, and between the toes too. Once again, if anything is found a doctor should be consulted as soon as possible. Most complications stem from a person hoping a 'hurt' will go away rather than taking care of it.

5. If feet feel cold at night, wear a comfortable pair of cotton socks to bed. Don't try to warm the feet with hot-water soaks, hot-water bottles, or heating pads because diabetes can cause numbness in the feet which could result in burning.
6. Keep feet warm and dry. Change socks at least once a day, more if the feet perspire a lot. Cotton or wool socks are best.

Select socks that fit—not too big or too small. Avoid wearing mended socks or socks with seams or holes which may create pressure spots on the feet. Avoid garters, knee-high panty hose, and regular pantyhose, as they tend to constrict circulation.
7. Avoid walking barefoot. Loss of sensation in the foot can increase the

chance of serious injury from stepping on objects such as nails, glass, staples, or sewing needles

- 8 Select shoes with leather uppers rather than plastic or nylon. Leather allows the foot to breathe and perspire less

Shoes should be checked before putting them on for pebbles, sand, nails protruding up through the sole, and cracks or tears in the inner lining. All which can be harmful to the feet

After wearing new shoes for an hour

check for any signs of redness or blisters. Slowly increase the length of wearing new shoes over several days.

- 9 When working on a diabetic, work gently as they may have diminished pain sensitivity. Work for a shorter time so as not to overly stimulate the client. If possible work more frequently to keep sugar levels more even

- 10 As a reflexologist, remind your client with diabetes to monitor sugar levels more closely than normal after a session and to drink plenty of water 

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DIABETES

Diabetes Case History

By Beryl Crane

Client: Female, aged 42 years had suffered with Diabetes since the age of 36 years. Her disorder was classed as non-insulin dependent, maturity-onset. Her doctor said she came under the obese group. Her husband had been very ill for many years with depression and she had two teenage children, a boy and girl.

Medical History: When she first came for treatment, she was very overweight. She had eczema for which she had been using a topical corticosteroid on and off over the last few years. She was very worried that she may have to increase her oral anti-diabetic medication which she has been taking for about one year, as diet alone had not helped her. Her doctor had also said that unless they could control her blood glucose levels adequately she would have to have insulin injections. Patient confirmed that even though her disorder was classed as a mild case that was controlled by diet to some extent, she still had to attend her doctor quite frequently. Patient was taking an oral anti-diabetic drug in conjunction with a low carbohydrate and fat diet.

Problem presented at initial session:

Client complained of general fatigue and weariness. She said she often felt confused, muddled and depressed. Her general practitioner was not particularly sympathetic and told her that diet was in her hands and she had to ensure that she followed a strict diet thus controlling symptoms. She was advised to see a nutritionist by her medical practitioner. However, as with many

diabetics, she often relapsed and became unwell due to her eating habits. She admitted to enjoying the odd fizzy drink and bar of chocolate.

Observation of feet and hands: On the first visit I noticed that the skin was very dry and scaly, both feet had a lot of hard skin, which she regularly pickled off leaving them sore and red. There was a deep fissure under the ball of the left foot and light striations on the right foot in line with the head of the pancreas reflex. The skin at the back of her legs was very marked from a series of boils that she said she often suffered with. Her facial skin was generally spotty and covered in heavy foundation. Her hair was sparse and dull looking.

Treatment: Feet in general were very tender. The main reflex points being the liver, kidneys, pancreas, toes and the spinal areas. The spleen/pancreas meridian was very tender at SP. 6 point and on the Stomach meridian at ST 36. On the hands the reflex to the liver, pancreas and kidneys were also extremely tender. The first full session commenced on the hands with lots of work of the liver and pancreas reflex areas. Pressure points used was PE 6. The Pericardium Meridian, is a very good point to aid the liver to in the active detoxification process, and the stomach to ensure the correct acid-balance. This meridian also connects with the Triple Burner Meridian in the palm of the hand at PE 8 right on the stomach/pancreas reflex, which was very tender. By working the hands first it ensured that there was less toxin release after treatment and less chance of creating too great of changes in the blood glucose.

Patient said she did not drink water. I advised at least three glasses per day increasing over the next few weeks to eight glasses daily. The patient said she felt very

relaxed and well after her first session. She stated she felt more assured and confident, the weariness and fatigue had slightly improved and she confirmed that she definitely seemed less confused. This is reported later as lasting about four days.

Week 2: Treatment commenced on the feet, utilizing the main reflex and meridian points as previous. I introduced work on the ear at the subcortex which is for any functional disturbances of any kind. I also worked on and applied a bean to the sympathetic nervous system point on the antihelix thus helping to regulate the functions of the internal organs. This taping of the ear also aids the arteries and veins and any skin disorder. Patient complained that she had trouble drinking the amount of water suggested.

Over the period of the next few months, with regular weekly treatments, the tender areas reduced considerably. The

Patient had joined Weight Watchers and lost a little bit of weight. Her skin had improved generally. Her comment was, "My eczema seems to have gone." She reported using less of the corticosteroid cream. The patient also confirmed that she was sleeping better and felt that she could cope better with her husband's condition. She said she was much more organized in everything that she did. Water intake was at the required stage.

Patient now attends once a month as a maintenance treatment. She has become employed as a receptionist for a dentist. Her hair has a sheen and she has put a color on it, which has improved her looks considerably. She has lost weight gradually over the last six months. She says she is enjoying life and tells me she has not been so content for years. Her eating habits have improved and she would never consider buying sweets and chocolate now.

How Does Reflexology Affect The Body?

Does reflexology stimulate the Islet cells to release more insulin?

Why does it improve the general metabolism of the body?

How is it that this lady has more confidence in mind and matter?

In depressive illnesses there is poor brain activity, fewer neurotransmitters than normal are released which leads to a reduction of stimulation. Has reflexology normalized brain activity of the neurotransmitters, releasing them constantly so that they can be reabsorbed and broken down?

If Reflexology is to take its rightful place in helping humanity, it is imperative that some research be undertaken so that we have a greater understanding of the healing mechanism of the body and how Reflexology affects that mechanism. A Reflexology Research Trust (RRT) has been set up in the United Kingdom by the Association of Reflexologists (AoR) and has a Board of Trustees. RRT has achieved Registered Charity status by which it hopes to attract funding. The aims of this Trust are: "To promote for the public benefit, research into the practice and theory of Reflexology, and to publish the useful results of such research."—B.C.

DIABETES

Diabetes and Reflexology Research

(Most of the current available research on Reflexology's effect on diabetes comes from China and has been reported at the five Reflexology Symposiums held to date. Study results indicate reflexology provides positive benefits to many with type II diabetes and its various symptoms. The first study below is condensed from the 1998 China Reflexology Symposium Report, pg. 97-99 © 1998 China Reflexology Association.)

Clinical Observation on Influence upon Arterial Blood Flow in the Lower Limbs of 20 cases with Type II Diabetes Mellitus (non-insulin dependent) Treated by Foot Reflexology

Reported By Dr. Ma Ying

(Dr. Ma is affiliated with the Longhua Hospital of Shanghai University of TCM—Traditional Chinese Medicine.)

20 cases of type II DM were treated with foot reflexotherapy and changes of arterial blood flow in the lower limbs by color Doppler ultrasonic examination before and after the treatment were observed in this controlled study.

Treatment group: All 20 cases were in-patient with 12 males and 8 females. Their average age was 61.65 ± 2.15 years old.

Control group: All 15 cases were normal persons with 9 males and 6 females.

The average age was 60.75 ± 2.05

Diagnostic criteria was in accordance with that made by WHO (World Health Organization) for type II DM in 1980 for those in the treatment group. In the control group, subjects were selected who did not have diseases which could affect the arterial blood flow in the lower limbs.

Treatment Method: All the patients were treated with routine foot reflexotherapy. Before and after the treatment, the blood flow rate (BFR), time (T) and acceleration (RI) were tested by HP850GP Doppler ultrasonic equipment.

Statistical Method: The conditions of treatment group before and after the treatment, and the conditions of treatment group and control group were compared. T test was applied as the method of comparison.

Results: BFR: The BFR of the patients with type II DM was lower than normal persons ($P < 0.01$). There was a significant difference in the 20 patients with type II DM before and after the treatment ($P < 0.01$), T, RI. There were no significant differences between the patients and normal person before and after the treatment ($P > 0.05$). (See the following tables.) The study also found that there were more patients with problems on their left foot, and therefore the improvements of the left foot were more obvious than right foot.

Conclusion: Prevention of other diseases and avoiding the deterioration with type II DM are very important principles of Traditional Chinese Medicine. It has been found that as soon as a patient developed diabetic foot, their conditions got worse.

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more rapidly than those patients with other diseases of peripheral blood vessels. And the rate of inducing disablement was much higher. Therefore, prompt prevention and treatment becomes an imminent subject. Foot reflexotherapy can promote the immunity function, recover the coordination of systems from stress conditions, and accelerate the blood flow rate of peripheral vessels, thus the diabetic foot could be prevented. As foot reflexology can treat disease and strengthen the body it is worthy of further exploration to find out the differences of BFR after one session of treatment and ten sessions of treatment, and the long-term effect of treatment.

items	normal person	before treatment	after treatment
<u>right foot</u>			
BFR(cm/sec)	66.4±15.9683	53.2985±28.9438**	78.718±9.1811**
T (sec)	0.068±0.0053	0.0822±0.0132	0.0906±0.0155
RI	0.8815±0.2001	0.8897±0.2153	0.8759±0.2131
<u>left foot</u>			
BFR(cm/sec)	64.48±13.8071	57.98±6.8993*	63.73±8.3672*
T(sec)	0.068±0.003	0.0944±0.0180	0.0944±0.0166
RI	0.9391±0.2066	0.8759±0.2122	0.9117±0.2208

items	normal person	before treatment	after treatment
<u>right toe</u>			
BFR(cm/sec)	37.162±4.8051	28.089±3.5630**	38.6845±6.2070**
T(sec)	0.068±0.0044	0.074±0.0076	0.1732±0.0273
RI	0.8845±0.1952	0.6616±0.0620	0.7455±0.0617
<u>left toe</u>			
BFR(cm/sec)	37.154±3.9721	30.004±4.1445*	37.6486±5.2472*
T(sec)	0.068±0.039	0.0783±0.0118	0.1105±0.0347
RI	0.8799±0.1937	0.6928±0.1737	0.8152±0.1977

Two other studies reported at the 1998 Symposium included *Clinical Research on Treatment of 367 Cases with Diabetes Mellitus* by An Baoxin of the Jinan Reflexology Association, Shandong Province (Pg 46-48) and *Treatment of Diabetes with Reflexology—Report of 10 cases* (pg 42-43). In the first study the course of treatment was generally 10 days (once a day, 1.5-2 hours per session). Working on the whole foot for one course and then after the 2nd course, more pressure applied to reflex areas of the liver, stomach, lung and kidney. As sensibility of these areas decreased then more pressure was applied to the pancreas reflex. Subjects were also taught self-help. In the last study reflexotherapy was used in combination with acupuncture points K3 and K1 with excellent results. 

In the next issue we will explore high blood pressure and reflexology. If you have a case history you'd like to share, fax it to: Christine Issel in the USA at 916-455-5381 today! Thanks.