



# Dedicated to Professional Standards

Established 1991

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### NEXT MEETING

**January 21, 2012**

Saturday 9:30am-4pm

**Hampton Inn  
Bath, Maine**

Snow date Jan. 28th

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### A letter from MCR's President, Alina Blakesley:

My intuition tells me to pay attention to three directions as reflexology matures as a complementary health practice.

1) LEARN THE MEDICAL LINGO – When visiting a foreign country we build bridges by learning a few phrases that give natives the impression that we want to communicate with them and not stay separate in our own culture. Our recent Lisa Chan workshop encouraged us to learn the anatomy of the feet and hands because that helps us build bridges to the traditional medical culture. Let's sharpen our knowledge and learn all the major muscles of the foot for our next meeting. Expect a quiz – if you get all the answers right you will win a prize!!!!

2) INITIATE LICENSING of REFLEXOLOGY - I know it's a bold statement; but we can take baby steps and find out what it takes. If we have a goal in sight we can achieve it even if it takes many years. This idea came clear to me when Barb Brower shared her experience of finding certified reflexologists for the cancer study. Some reflexologists held a certificate from a weekend course and had to be trained and guided to understand the protocols of the reflexology treatment. Licensing will set standards in our profession and will help the general public and the medical community to identify practitioners that offer reflexology with the prescribed standard.

3) ENCOURAGE DISCUSSION AND SHARING KNOWLEDGE WITH OTHER STATES – I am amazed how Skype sessions can serve us in bringing experts to our meetings without the travel time and costs. When Barb Brower and Becky Sundeen from Michigan were up on a big screen it's as though they were with us. Also, the experience of having a discussion with reflexologists from three New England states was powerful. We can do a lot more to unify regional areas and help each other in our state missions.

Expect another exciting meeting where no one wants to take a break because everyone is so engrossed in the moment of sharing and listening to other points of view with reflexologists from here and away.

Don't miss out! See you in January.

### YOUR BOARD IN PROGRESS



Sarah, June, Alina, Wendy & Linda



Alina Blakesley, B.S., NBCR

# Maine Council of Reflexologists (MCR)

Hampton Inn, Ellsworth, ME ~ Saturday November 5, 2011



## VIDEO- CONFERENCING SESSIONS THROUGH SKYPE:

Barbara Brower and Becky Sundeen     [www.branchreflexology.com](http://www.branchreflexology.com)

Insertion of Document:

## **REFLEXOLOGY GRANT RESULTS - NIH FUNDS GRANT # 2**

**By Barbara A. Brower, Nationally Certified Reflexologist**

**Lead Reflexologist for Michigan State University**

**National Institutes of Health \$3.1 Million Grant (2005-2011)**

April 29th, Friday 2011



Data findings were disclosed to all those involved with the grant over the past 5 years at a day long conference held at Michigan State University, Kellogg Center, East Lansing, Michigan.

On May 17th, I met with Dr. Wyatt, Principle Investigator and Dr. Alla Sikorskii, Co-Investigator and statistician.

In the 5 year study, 451 women with advanced breast cancer on chemotherapy agreed to participate, and 385 provided complete data. Of these 385, 146 women were assigned to reflexology, and 141 women were able to complete their sessions with Reflexology. Patients received 4 sessions of Reflexology, 4 weeks in a row.

One hundred and forty three (143) women received manipulation of the feet that was designed to be similar to reflexology, but delivered by lay people. Finally, 96 women were in the control group. Data were collected over 12 weeks.

The reflexology protocol was composed of 9 steps. The sessions were held to 15 minutes per foot with 5 minutes of introduction and closure. The time frame was originally set by the Principle investigator. I was asked to create a protocol for these women with those parameters. The goal of this study was to improve quality of life for this fragile population of late stage 3 & 4 breast cancer patients who were on chemotherapy treatment.

My contribution as the Lead Reflexologist was to create a protocol that would relieve the symptoms of chemotherapy; thus improving the quality of life for the patient.

On a scale of 0-100, Reflexology improved physical function by 5 points, or about 10% compared to the control group. This improvement is substantial and reflects better ability to walk, carry groceries, climb stairs etc. This improvement in physical function resulted from the reduction in difficulty breathing from having received reflexology. Women in the reflexology group had less trouble breathing compared to women in the control group, and also compared to women who received lay foot manipulation.

Not one patient had a negative side effect from receiving Reflexology. This is a very important finding, especially in this fragile population.

The 3 things this grant has established for Reflexology are 1) Safety 2) Feasibility, and 3) Efficacy

**This 5 year study is the largest federally funded grant ever awarded to Reflexology.**

Many studies in the past did not have a control group. This study was the first high quality (robust) study done with 2 comparative groups. It has established that Reflexology used in conjunction with standard medical care is beneficial to the patient.

**This is a huge addition to the science of Reflexology! And....grant number 2 is ready to begin!**

**The National Institutes of Health has awarded Michigan State University a second grant because of these statistics.**

**GRANT #2** Michigan State University also announced April 29th, 2011, the acquisition of a second NIH grant of comparable size will begin in the next few months for Reflexology.

The second grant will utilize the Reflexologists at each site to train the primary caregivers in the same 9 step protocol to be administered to their friend or family member. This time the primary caregiver is allowed to perform the 9 step protocol as often in the week as they would like, as long as they complete the 9 steps.

### **IN CONCLUSION**

This National recognition has established Reflexology in the medical community as safe and effective. I am very honored to have made a contribution in my field to see the return of Reflexology to hospitals where it first started in our country in the early 1900's, with Dr. William Fitzgerald, M.D.

In Michigan, two very prestigious and progressive hospitals, **William Beaumont** in Royal Oak, and **St. John Hospital** in Grosse Pointe, have invited our Clinical Reflexology Training to their on-site schools. With 'Centers for Integrative Medicine' on-site at these hospitals, patients have the support of a variety of holistic therapies for enhancing their recovery. Hospital nursing staff suggest to patients the list of services available at the patient bedside. Patients cover fees for services. Doctors at these hospitals are informed by the Integrative Health Directors of the various modalities offered. Doctors have agreed, if you were trained on-site at their school, practitioners are given an open door policy to their patients, knowing they will 'do no harm'. This is our new health care evolving, and for Reflexology this is just the beginning! Thank you.

There was a group discussion with Barbara and Becky about the above document. The following protocol was created by Barbara Brower and taught to Reflexologists to administer to breast cancer patients:

- 1 treatment per week for 4 weeks~15 minutes in length (20 min w/entrance & exit)
- Pressure used was light but with a good hurt (varied by individual)
- A very small amount of lotion was used at the start.
- 9 steps: Work reflexes of the spine, medial & lateral shoulder, breast, lung, kidney, adrenal, spleen, small intestine, large intestine. Ankle rotation for lymphatic stimulation was also used.

*Goal of this study:* How much better were these women feeling after 4 weeks?

Placebo (foot massage) was performed by persons not trained in reflexology or massage. Massage placebo was reported as being helpful with Reflexology being more helpful.

Becky Sundeen is the lead field reflexologist. She commented that treatments mostly took place at the home of the women. The women did not know if they were actually receiving reflexology or placebo, but they loved the touch. There was no engagement in conversations during the sessions. By the end of the 4 weeks women reported improved energy, better sleeping pattern, and ability to breathe deep and improved spirits. Michigan State University (MSU) created session documentation forms that field reflexologists completed for each session and forwarded to MSU.

New funding of \$2.65M to study *frequency* of reflexology treatments(beginning Nov 2011) and how this may make a difference. Training of primary care givers will take place prior to them performing the 9 step process as often as they like. There is a concern of the intent of the care giver providing treatments. This study will be focused on women with breast cancer and 12 sites with reflexologists on staff in Michigan will be included in this study.

### **EXPLORING A NEW ENGLAND NETWORK OF REFLEXOLOGISTS**

Reflexology Association of Rhode Island, Jan Deutsch (Joined via Skype)

Reflexology Association of New Hampshire, Liz Malone (Joined in person)

- Each site shared highlights of state activity: Outreach programs in clinical settings (hospitals, physical therapy) and workshops to continue education of members.
- Discussion of State Licensure:

**Rhode Island:** The practice of Reflexology is governed under the Unlicensed Healthcare Law. This Law covers Acupressure, Alexander Technique, Cranio Sacral, Energy Medicine, Reflexology and more. The goal was to seek protection for practicing without a license. **New Hampshire:** The practice of Reflexology is captured in a law that governs modalities of Asian Body Workers, Reflexologists, and Structural Integration. The bi-annual cost of license is \$175. Requirements to be licensed are to be ARCB certified and maintain 12 Continuing Education Units bi-annually. **Maine:** The practice of Reflexology is not governed by the State. MCR is currently exploring the various options and impacts related to this topic.

## **Maine Council of Reflexologists Celebrates 20 Years**

The 2011 professional Workshop drew a large group of reflexologists to Portland this October. Lisa Chan presented the “Pathologies of the Hands and Feet” to 21 people from Maine, Vermont and Massachusetts. Instructors from the 3 reflexology schools were there with insight; and the audience was filled with questions, curiosity and camaraderie. Plans are underway for the 2013 Workshop. Requests have been made for a more hands-on technique based presentation, and we have one offer from the Michigan group to present the Breast Cancer Research protocol that was used in the research study. This protocol is adaptable to health issues concerning the endocrine and immune system.

More to come and keep those ideas flowing, send suggestions to Kate Winant ~ [tevorranh@yahoo.com](mailto:tevorranh@yahoo.com).



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### **News from the Continuing Education Committee:**

A dynamic year of Celebration filled our afternoon programs as we brought closure to 20 years of service in the reflexology profession. With the onset of technological advances, our group is really reaching everyone in this great state and other states as we all explore new territories of information sharing. As we expand, we are also reminded of the great wealth of talent we have here in our midst. So it was only fitting to tap into over 50 years of shared experience as we conducted our ‘Business Prosperity’ afternoon program. We had information sharing about marketing techniques that spanned the spoken word to using our vehicle as a tool for advertising: to the written word and the use of 21st century technology to get our business name out into the world. Thank-you Myra, Mac and Wendy for sharing your enthusiastic point of views. The 20 members that attended all contributed to the discussion through adding in their own experiences. We also received information from Nancy Bartlett on ways to market your business specific for the reflexology profession. She has developed an on-line course for practitioners to take that is a 5 step approach to developing a business plan as well as understanding your intention within your practice. This information can be found on her website [www.myreflexologystore.com](http://www.myreflexologystore.com). All members were able to enjoy a marketing tools raffle at the end of the program.

Our 21st year will be one of more growth and explorations, afternoon programs are being set and include a podiatrist talk, meridian points on the feet, and time for trades...we are also looking to perhaps work with a cadaver. Please contact me with any ideas, suggestions or questions. SEE you in 2012!!!!

Respectfully submitted-Kate Winant

**Photo from the last meeting in  
Hampton Inn, Ellsworth, ME  
Saturday November 5, 2011**



## **2011 Common Ground Fair Feedback**

Your feedback helps us to improve our outreach program and make it a fun day for all.

Thanks to all the volunteers:

Sylvia Young, Lisa Edwards, Alina Blakesley, Sonia Robertson, Lavere Batz, Michelle Nettle, Karen Boyton, Chrissy Ravelli Studer, Michael MacDonald, Lynn Poor, Suzanne Girlander, Claudia Darneille, Marge Hatch, Andrea Murray, Alison Gingras, June Atheron



In the back ~ Sonia Robertson, Michele Nettles  
front ~ client & Laurie Batz



Lisa Edwards & Myra Achorn

### **MCR NEXT MEETING DATE**

**JANUARY 21** (January 28 snow date) at Hampton Inn, **BATH.**

To stay at the Hampton Inn, call 1-207-386-1310. There is a block of rooms available ...just mention the MCR meeting for a discount. Double rooms have been held at a rate of \$119, which includes a full breakfast, but if you want a single room, just ask, which is \$109. After the discounted block of rooms is filled up, the price goes to the regular room price. Cut-off for the discounted rate is January 13th.

***OUR MEMBERS ARE OUR MOST IMPORTANT ASSETS***

## *Member-in-the-spotlight ~ Suzanne Girlando*

Why and how I chose to be a reflexologist is a long rocky-road story. So many strands of life that in some wonderful way came together into the practice of reflexology. Though I haven't had a solid career, I have worked to earn money over the years: babysitting, factory work, nursing home aide, housecleaning and library work when in college, food service, office work, temp work, retail work, cook at a holistic-styled summer camp, editing of doctoral dissertation, substitute teaching, nanny, institutional development. I have raised children, cared for children, gone back and finished college 25 years after leaving! I did a lot of volunteer fund-raising when my son was at Cheverus. This helped me to get over my shyness – I discovered that the more natural and unassuming I was, the better I did as a fundraiser! People weren't looking to be impressed by me, but they sure appreciated a pleasant encounter!

Truth is, I always had many interests, too many! I never knew what I wanted to do, and almost envied those who seemed to have a focus in their life. I had a spiritual life and a family life, but not a "skill" life. Even when I first went to college I was overwhelmed when I saw the huge course catalog and had no idea what to take—everything looked good. For a short time in the early 70's I was in pre-med studies, but quickly decided against it. That was at the time that the holistic/natural movement was beginning to take root and I felt that the pre-med training was so far off from the new thinking, a real dichotomy. I ended up leaving college and becoming a staff member at Dr. Ann Wigmore's Hippocrates Health Institute in Boston. It was wonderful and inspiring. She is the person who invented, so to speak, wheatgrass juice, and promoted living foods and sprouting. I assisted her a bit in her book writing work and recall that one of her books had a page on reflexology. She was very forward thinking, a generous and spiritual woman.

A few years later I actually met a woman who was training to become a reflexologist—I suppose I had some drawing to it, but at the time, to tell the truth, I don't think I was ready. It still seemed a little "odd" and non-traditional and I don't think I had enough self-confidence to pursue it. Then I thought of it again in the 90's, but still, it seemed too odd.

But finally, I got the opening I was looking for—what I thought was my ideal job. It involved institutional development/fundraising, but several weeks into the job, the economy went very bad and the organization had to let go of all new part time hires and suddenly I was out of a job. I felt so shocked! Almost outraged! All the fun and exciting work and planning with which I had been involved was suddenly taken from me! As much as I loved the job and truly cared about that organization, I realized the job was not truly MINE, that they allowed me to do their work. I felt like a child whose toys were taken away.

Well, I know we have to ride the ups & downs of life and not be attached, but I decided that if possible I would never again put myself in a position where someone could tell me to stop doing my job. I decided that I needed to have my own career, be my own boss. I also realized that I did not have a skill beyond that of office work, child care, editing, or teaching and that in none of these did I have any professional status.

I decided to make a serious study of what I could do. I have a background in film and communication and the visual arts and at one point considered starting my own television show where I would interview people in the holistic field. Then I realized I didn't want to deal so much in the business side of things. I really don't know how "reflexology" came to me, but when it did, I almost immediately identified it as something I could, and should, do. But I did my "due diligence" and researched on-line for the profession. I even discovered that the US Dept of Labor statistics showed reflexology as the 5<sup>th</sup> fastest growing of the complementary modalities. And, of course, I realized that reflexology was something that if I learned, would be the valuable skill that no one could take from me. All I needed was my two hands! I must have noted that most or at least many Reflexologists are self-employed and that fit my future plans of being able to work when I wanted to.

It took me about four weeks of thinking and researching to decide that I wanted to become a reflexologist. And once I made that decision I have never looked back or doubted it. Funny thing is that I was not sure, experientially, that it "worked." I had faith in it simply by reading about it! That was enough.

I have given myself to the end of 2011 to stay in this practice/planning stage. With the coming of the New Year I will take up the business seriously and start preparing for ARCB certification. right now I am mostly thinking that I want to work "at home." I considered using our guest bedroom or usurping the downstairs "office" for my practice and naturally this resulted in some "warm" family discussions and conundrums. But eventually it came to me that I could practice in our living room. We got rid of one sofa to open up the space and I took everything not "reflexology" out

*Member-in-the-spotlight ~ Suzanne Girlando ~ continued*

of the room. My reflexology library is attractively housed in this room. In the end, this was the right decision! For now it best supports my style of practice. Clients will be more comfortable in my open living room than they would be if I took them down the hall into a small room or, more so, down the stairs into the “office area.” Coming to these understandings has taken time, so I am glad that I did not rush headlong into practice.

I graduated in March 2011 from Connie Hubley’s Reflexions ETC. School of Reflexology and by then already had a small group of “regulars”, mostly from my home-documented-practices for school. I am just asking for donations through the end of 2011. Although we were given good instruction about setting up a business, I wanted to take time to think things through for myself. So during this year of “practicing for my practice” I have been working on making priorities, following lists, keeping a goal ahead of me and so forth.

My teacher said something early on in our classes that we didn’t have to try to be the “best reflexologist in the world”, but the “best we could be.” And I think that is a beautiful goal. It helps us to focus on our own work and not fall into competition or feelings of inadequacy. But still, regarding this nascent field of reflexology, it is true that “the sky is the limit.” There is such a need for this work! I am also grateful that it is a profession in which you can decide for yourself the parameters of your practice. The “ideal” practice for me, would be four sessions a day and four days a week. This gives me time to handle my domestic life, personal business, before, between, and after sessions without traveling. I am interested in offering “dosing” (dosing a term that Kevin Kunz used in his Skyped-in appearance at the MCR meeting). Dosing, as I see it, and as it seems Dr. Manzanares practices it, means that the reflexologist would work for a short determined time on a particular reflex area.) sessions between these blocked sessions. I would like to have a couple of reflexologists to refer clients to should I want to take a vacation or visit relatives.

Although I am thinking I want to practice at home, on the other hand, it is still early in my practice and I have had the most gratifying experiences in working with fellow MCR members at two events, the Tri-for-a-Cure in South Portland this summer, and then for two days at the Common Ground Fair where MCR annually has a booth. Being around supportive fellow reflexologists is enriching and encouraging. So I am not opposed to “getting on the road,” but feel, perhaps especially for me, I need to keep in balance. I have taken my “chair” and gone to homes when there was illness or injury. I would love to work in a hospital for awhile and be around people in the medical field.

I could do a standard 45-60 minute session using a standard protocol. This protocol has shown to instigate a wonderful relaxation response in clients, a response that we know is so important to healing and maintaining health. On the other hand, I have had what for me are very good results by taking a lot of time this summer with my few practice clients. They know I am practicing and “finding my way.” They give me a lot of feedback. This suits me well although it might shock other reflexologists to learn that I might, for example, spend over two hours with a client. Often we first sit and have a cup of tea and catch up on what we are doing. My clients are all supportive of my endeavors and want to hear the latest about what I am reading and what is going on in the world of reflexology. After visiting a little, there is the warm foot soak and sometimes do a little (amateur) Vertical Reflex Therapy (VRT) which fascinates me but I have never studied, so it’s a matter of just reaching around and putting a little pressure here and the dorsal side of the foot.

For soaking I use epsom salts and oftentimes put in a little essential oil. I ask clients what they are in the mood for and we have a little fun here. “Is it a jasmine day?” In the spring and summer I had fun putting fresh herbs such as lemon balm in the water, big bunches of it with which I would do a little “scrub.” Remember these are my friends and they see themselves as partners in my training. I learned a very satisfactory, for me, protocol at school which I continue to use, though I have added a few other techniques. This works so well for relaxing the client. They listen to music—I usually play the same CD, a welcome gift from a generous fellow reflexologist. The music is good enough to bear replaying and I believe from the first notes, the repeat client hears the “signal” to begin to relax and enjoy. For me, surprisingly, the music provides a rhythmic grounding which keeps me focused and relaxed. As I get to know the music better, I find it pairs well with what I am doing, as if it is “telling the story.”

I work also on my son and husband. My son has had migraines for years; every few weeks or so would get knocked down for nearly a full day. He would wake up vomiting and weak and sleep the rest of the day in a dark room in the quiet. When he could keep it down, he would take the over-the-counter mixture of aspirin, acetaminophen, and caffeine. I never brought him in for medical care because the episodes and intensities remained constant and I didn’t want him to perhaps start on a course of heavy medication. One day this summer, however, he woke with a headache which meant he

*Member-in-the-spotlight ~ Suzanne Girlando ~ continued*

would have to call in sick at his part time job. He asked me if I could do anything. Well, first I pinched firmly the web area between thumb and index finger on both hands. He grimaced at first but I hung on and , in a minute or two he said “it feels like something is covering the pain.” The pain resided a little more, and I asked if he could get into the reflexology chair. He said yes, but that he might need to get up and go vomit at any time. I started in on the usual relaxing protocol, adding extra attention the areas involved in the migraine and before I had completed the first foot he was chatting happily away. He got up from the chair at the end of the session and said “I wish I could feel this good every morning!” Since then using reflexology techniques I have been able to pull him out of debilitating migraine attacks within twenty minutes! I was especially pleased this morning when I heard him say to my husband that he has learned to stop headaches on his own by pinching the thumb/index finger web. At this point I would caution using this on someone you don’t know very well or how isn’t enthusiastic about using reflexology. It needs to be remembered though, that this was in my family circle and there might be some consideration due when working on someone in the midst of a headache. I must say that learning a skill that could relieve the severe pain of my son’s migraine was worth every penny of tuition!

I always wanted to get deeply into specific medically-based reflexology. I know in the US we are not supposed to go near the claim of to diagnose/treat/cure, but if you study the writing of our Mother of Reflexology, Eunice Ingham and even her mentors (Fitzgerald and Riley) you will see that these sensibilities are not foreign to the practice as originally conceived. I know this is controversial and I am not taking a stand, but I think there is some validity in this consideration. It was for reasons of medical specificity that I went to Dr. Jesus Manzanera’s workshop in June. His techniques involve a deep tissue massage—yes, I used the word *massage* similar to that observed in Oriental style reflexology. I first became interested in the doctor’s work when I saw an ad for one of his workshops in the RAA magazine. I am glad that I attended, but I must say that understanding the scientific underpinning of the work was a challenge because of the level of physiological/neurological/anatomical discussion. I did, however, observe his hand and observation techniques and learned to really feel what he calls “deposits” as indicative of organ imbalance. I hope to further my understanding of his work.

I see illness as kind of a “perfect storm” that has gathered due to many influences coming together, like a chain in a circle. Illness can be overcome many ways for all healing means is the body getting back into functional equilibrium. I see reflexology as being an effective way of breaking that chain, or at least weakening it. Other factors such as diet, mental outlook, other therapies, medical intervention can be part of the healing.

In addition to collecting a library of reflexology books and reading them, I am exploring different health approaches, mostly in the holistic field. My current most compelling outside topic is the scientific work of Dr. Batmanghelidj’s work on the need for water in the body. I feel strongly about his work and believe I will be incorporating his principles into my practice of trying to help people obtain optimal health. I am also currently reading the works of Dr. Larry Dossey, Louise Hay, and Dr. Manzanera. There are spiritual, mental, emotional, and physiological aspects to consider. I, of course have some interest in Traditional Oriental and Ayurvedic medicines, folk healing, herbs, and so forth.

You know, for the longest time I thought I wanted to be an artist. I have worked happily enough in several mediums but never (I now realize) felt a passion or calling to keep going. I love art and creativity, and one day it came to me that in working with the human body, I was having the privilege of working with, in my opinion, the highest and most complex and beautiful material creation, the human body, no, more than that, the human *being*. So I return to what I learned the first day in reflexology school, the encouragement to be the best reflexologist I can be.

Newly certified reflexologist, Suzanne Girlando, lives in Standish near St. Joseph’s College and Windham, where she plans on opening her practice in 2012.

*Interviewed by Wendy Decker*

“If you are interested in exchanging links between your website and other member’s websites, please contact Wendy at [wendy@reflexologyandmassage.com](mailto:wendy@reflexologyandmassage.com) or 207-443-2572. Exchanging links is a great way to boost your search engine/google page ranking, so your website will be more visible.”



*Suzanne Girlando*

## ***Educational Opportunities***

**Next MCR meeting dates:** **MEETING DATES FOR 2012:** **JANUARY 21** (January 28 snow date) at Hampton Inn, **BATH**. A Board Meeting is to be held the Friday evening prior to the Membership meeting. Sylvia Young is in charge of refreshments for the January Member Meeting. **MAY 19** at Civic Center Inn, **AUGUSTA** and **OCTOBER 20** at Hampton Inn, **ELLSWORTH**. *Attend these meetings and earn 2 CEU's*

**RAA conference ~ Orlando, Florida, May4-6, 2012 ~ [www.reflexology-usa.org](http://www.reflexology-usa.org)**

Theme: "Reflexology in the Circle of Life" Contact: [RAAConf2012@reflexology-usa.org](mailto:RAAConf2012@reflexology-usa.org)

**Membership renewal Date by July 1, 2012**



**MCR Members 69**

***New Members:***

**2011 - 2012 Newly certified:** Sue Aronow-Wegmann - Auburn, ME. ~ 782-3240  
July 1<sup>st</sup>-June 30<sup>th</sup> Michele Nettles - Spruce Head, ME. ~ 594-0691



### **VICKS VapoRub - INTERESTING ~ FOUND ON THE INTERNET**

During a lecture on Essential Oils, they told us how the foot soles can absorb oils. Their example: Put garlic on your feet and within 20 minutes you can 'taste' it.

Some of us have used Vicks VapoRub for years for everything from chapped lips, to sore toes and many body parts in between. But I've never heard of this. Don't laugh, it works 100% of the time, although the scientists who discovered it aren't sure why.

To stop night time coughing in a child (or adult as we found out personally), put Vicks VapoRub generously on the soles of your feet, cover with socks, and the heavy, deep coughing will stop in about 5 minutes and stay stopped for many, many hours of relief. Works 100% of the time and is more effective in children than even a very strong prescription cough medicine. In addition it is extremely soothing and comforting and they will sleep soundly. My wife tried it on herself when she had a very deep constant and persistent cough a few weeks ago and it worked 100%! She said that it felt like a warm blanket had enveloped her, coughing stopped in a few minutes. So she went from every few seconds of uncontrollable coughing, to her sleeping cough-free for hours every night she used it.

**DON'T SHUN THIS ONE..TRY IT THE NEXT TIME YOU GET A BAD COLD. THE ONLY THING YOU CAN LOSE IS YOUR COUGH**

**From MCR Webmaster ~** Please check your information on the MCR website public listing of certified MCR reflexologists. If you want your email listed, have any changes, or need passwords, please contact **Wendy Decker** at 207-443-2572 or [reflexparties@gmail.com](mailto:reflexparties@gmail.com)



#### **START SAVING TODAY**

TURN YOUR CANS & BOTTLES  
**INTO CASH**

Bring it to the next meeting  
**Join in the FUN of the AUCTION**



Mac MacDonald  
Auctioneer

#### **Treasurer's Report ~ October, 2011**

Totals by Account

General fund.....\$  
Savings Account..\$  
K. Erico fund.....\$  
Workshop fund....\$  
Grand Total.....\$

K.E. fund  
Outstanding loans



June Atherton

## Celebrating MCR's 20th Anniversary with Client's Testimonials

**Reflexology? What's THAT?** In the fall of 1994, I read an article about a local reflexologist along with a brief description of what reflexology is. I told my daughter who was home from college for a few days that I'd really like to have a "good old fashioned foot rub" described in the article. So on Christmas morning I was delighted to find a gift certificate for a reflexology session with Myra Achorn. I made the appointment but was really fuzzy as to what to expect.

When the appointed time came (after a long and stressful day of working at my legislative job) I was invited into a comfortable room with a bed! First I sat while Myra bathed my aching feet in warm water. Then I laid on the bed with a warm heating pad while beautiful and soothing music played in the back ground. I was already in Heaven! Add to this Myra's expert foot session and I was on my way to complete relaxation. I knew right then that this de-stressing had to become an essential part of my life and it has been now for 16 years. Both my feet and I anxiously anticipate each session. I can't emphasize enough the benefits of reflexology and recommend that everyone **run - not walk** - to their nearest reflexologist! **Submitted by Mary Lou S., Whitefield**

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My first experience with reflexology happened when my husband gave me a gift certificate for Myra's services for my birthday almost 20 years ago. If I had continued to see her regularly, I probably wouldn't have the problems I have with my feet now.

Earlier this year I fell down a flight of stairs. I was fortunate that my only injuries were a skull fracture and multiple black and blue patches. My balance has not been good for my years. I have seen many doctors about this problem, but none of them could find a definitive reason. I have a problem with my toes curling under, which can affect balance, so I decided to see if Myra could help. Gradually over many visits she has been able to get my toes to relax and be less rigid. I also have more feeling in my feet. She takes the time to explain how all parts of the body work together and our emotions can affect how our body responds to treatment. I also had weakness in my right leg and restless leg syndrome which made sleeping at night difficult. She referred me to her chiropractor, Dr. David Benoit. He took x-rays and found I have rotated hips and arthritis in my lower back. After only one adjustment, I could feel the difference in my back and legs. I have not taken any pain medication since I first saw him the end of August and am sleeping much better. Between seeing Myra and Dr. Benoit, my well being has improved considerable. I'm not 100%, and may never be, but the improvement is remarkable. I am so grateful to both of them and plan to continue seeing them to maintain the benefits I have received from their expertise. Don't be afraid to try reflexology for fear it can't help. It helped me. **Submitted by Sara D., Maine**

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My wife and I have been clients of Reflexologist, Myra Achorn, for over ten years. During this time we have observed first hand the highly positive results of her fine work.

Joan started first and kept mentioning how pleased she was with the positive results realized in her feet and legs and the loss of darker skin tones on the skin in the areas of her feet. Joan also noted Myra's calm demeanor and the sharing of knowledge realized through her years of teaching reflexology and applying its principles in such a wonderful way.

Upon getting to become a client, I became quickly aware of her skills and professional dedication to her special services to folks dealing with minor or multiple issues particularly with their feet. She now has many individuals that she has trained around our state and beyond.

My experience with reflexology treatments have been truly great including my ability to stay active in my progressing age, and I also attribute her work to keeping my feet more flexible and healthier.

Myra's fine service and her excellent skills lead to the success in her message to "Treat Your Feet". This is a recommendation to do this for yourself as other parts of our bodies share in these positive changes.

**Submitted by Joan & Clyde, Augusta**

## **The ARCB CE Requirement** Every ARCB certificant must obtain 12 hours of Continuing Education every two years.

### **The Continuing Education Cycle**

- The 2-year cycle is based on the calendar year. Therefore CE verification is due in December of the second year of the cycle.
- If you obtained your ARCB certification on an even numbered year, instead of an odd numbered year, you will be required to verify having met the CE requirement at the end of even number years. (For example, if you were certified in 2008, you will be required to verify having met the CE requirement in December of 2010, 2012, 2014, 2016 and so on).
- If you obtained your ARCB certification on an odd numbered year, instead of an even numbered year, you will be required to verify having met the CE requirement at the end of odd number year. (For example, if you were certified in 2007, you will be required to verify having met the CE requirement in December 2009, 2011, 2013, 2015 and so on).

### **For New Certificants**

- You do **Not** owe CE verification at the end of the year in which you are certified. You will owe your first CE verification at the end of the next odd/even year, depending upon the year that you certified. (For example, if you received your certification in 2010 you will owe your first CE verification in December 2012. If you received your certification in 2009, you will owe your first CE verification in December 2011).
- You may begin obtaining CEs as soon as you are ARCB certified.

This information is also on the ARCB website. From the Main Menu select “Continuing Education”. From the drop down menu select “Certificant CE Requirements”. If you have any questions please contact us at [info@arcb.net](mailto:info@arcb.net) or (303) 933-6921.

*Regards from the ARCB Board*

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## **WANT TO GO TO THE 2012 RAA CONFERENCE?**

No extra funds at this time? Remember the Kristen Erico Fund Auctions at the end of each and every MCR meetings! Those funds may be your passport to any workshop or conference that you would love to attend!

*For Certified Members only*

**At the November 5<sup>th</sup> meeting we raised over \$145.00 for the KRISTEN ERICO FUND. THANK YOU to ALL The MAINE COUNCIL OF REFLEXOLOGISTS for buying the items.**

## **Information on the muscles of the lower leg, ankle and foot**

The muscular system moves the body. Consisting of over 640 skeletal muscles that are attached to bones. Skeletal muscles make up about 40 percent of the body's weight and, with the bones and skin, give the body its shape. Typically, each skeletal muscle is attached to bones at two or more points by cords of connective tissue called *tendons*. When a muscle contracts, one bone remains stationary and forms a fixed point, while the other bone moves. The end of the muscle attached to the immovable bones is called its *origin*; the other end, attached to the moving bone, is called its *insertion*. The body moves when muscles contract across joints and *insertions* move toward *origins*.

The movements produced by a muscle depend on its position, the other muscles with which it may work, and the type of joint it crosses. *Flexors* decrease the angle of a joint, bringing bones together, as when the arm is flexed (bent), whereas *extensors* increase the angle of a joint, as when the arm is straightened. *Abductors* move a bone away from the midline of the body, as when the arm is moved laterally and upward (sideways), whereas *adductors* move a bone toward the midline. *Elevators* lift upward, as in the jaw, or the shoulder blades when shrugging the shoulders, whereas *depressors* cause a downward movement. *Supinators* move the radius around the ulna in the forearm, turning the palm upward, whereas *pronators* turn the palm downward. *Rotators* move a bone around its long axis. Most movements require several muscles working as a group. Since muscles only pull--they never push--some pull a body part in one direction while others pull in the opposite direction. **Below is the lower leg muscles**

**Gastrocnemius** is the muscle that gives the calf its characteristic shape. It has two muscular heads, or bellies, that lie on the upper two-thirds of the lower leg. The upper fibers of *gastrocnemius* attach to the femur, cross the knee joint, and then join with the **soleus** muscle to attach to the back of the heel through the Achilles tendon. The primary action of the *gastrocnemius* is to plantarflex the foot, the action that you do when you point your foot or stand on the ball of your foot. The *soleus* muscle lies just underneath the *gastrocnemius*. Its upper fibers connect to both bones of the lower leg: the tibia and the fibula bones. The *soleus* works to plantarflex the foot.

**Tibialis Anterior** lies on the outside of the front of the lower leg, right next to your shin. It attaches to the upper part of the large lower leg bone, the tibia. Its fibers lie in the upper two-thirds of the space between the tibia and the fibula. Its tendon crosses to the inside of your ankle and attaches to the bottom of your foot just about the center of your arch. *Tibialis anterior* dorsiflexes the foot and inverts the foot. Eversion is the opposite action. *Tibialis anterior* helps to maintain balance while you are standing. **Tibialis posterior** is the deepest muscle of the lower leg. It lies deep underneath *soleus*, attaching to the rear surfaces of the two lower leg bones, the tibia and the fibula. Its tendon passes behind the inner ankle bone to attach on the bottom of the foot to most of the bones that form the arch of the foot. *Tibialis posterior* keeps the weight balanced evenly on the foot, preventing too much weight from dropping into the arch while you're walking. It distributes the weight of the body evenly among the bones of the foot. **Peroneals** ~ The long, thin *peroneal* muscles lie on the outside of your lower leg. **Peronius longus** attaches to the top of the fibula on the side of your knee. **Peroneus brevis** attaches to the lower two-thirds of the fibula and lies underneath longus. Together their long tendons pass behind the outer ankle bone and attach to the middle of the blade of your foot. **Peroneus tertius** attaches to the lower one-half of the front of the fibula. Its tendon passes in front of the outer ankle bone and attaches with the other two *peroneal* muscles to the middle of the blade of the foot. The *peroneals* are the primary evertors of the foot. They bring the blade of the foot off the floor. **Long Extensors of the toes: Extensor digitorum longus and extensor hallucis longus**, work together to extend all the toes. Both of them assist other muscles to dorsiflex the foot. The *long extensors* lie in the space between the tibia and the fibula. After crossing the ankle, *extensor digitorum longus* attaches to the four small toes. *Extensor hallucis longus* attaches to the end of the big toe. *Flexor hallucis longus* lies on the back of the fibula. It runs down the back of the lower leg, crosses behind the inner ankle bone, and attaches to the bottom of the big toe. Together these two muscles help to maintain balance when the weight of the body is on the front of the foot. They help to stabilize the ankle while walking. Both of these muscles are extremely active during take off and landing in a vertical two-legged jump. **Long Flexors of the toes: Flexor digitorum longus and flexor hallucis longus**, together act to plantarflex all the toes. *Flexor digitorum longus* is a very deep muscle lying underneath the *gastrocnemius* and the *soleus* on the back of the calf. It attaches to the back of the tibia, runs the length of the lower leg, crosses behind the inner ankle bone, and attaches to each of the four small toes on the bottom of the foot. *Flexor hallucis longus* lies on the back of the fibula. It runs down the back of the lower leg, crosses behind the inner ankle bone, and attaches to the bottom of the big toe. Together these two muscles help to maintain balance when the weight of the body is on the front of the foot. They help to stabilize the ankle while walking. Both of these muscles are extremely active during take off and landing in a vertical two-legged jump. **Superficial Muscles of the Foot: (Latin, *abduct*, away from; *hallux*, great toe; *flex*, to bend; *digit*, toe; *brevis*, short; *minimi*, smallest, *extensor*, to extend. **Abductor hallucis**: medial side of base of proximal phalanx of great toe. **Flexor digitorum brevis**: middle phalanges of second to fifth toes. **Abductor digiti minimi**: lateral side of base of proximal phalanx of fifth toe. **Extensor digitorum brevis**: base of proximal phalanx of great toe. **Lateral sides of tendons of extensor digitorum longus to second, third and fourth toes.****