REGISTERED PROFESSION OF
THE ALLIED HEALTH PROFESSIONS COUNCIL

THERAPEUTIC REFLEXOLOGY

DISTORTION OF COMPETITION
AT VARIOUS LEVELS
OF THE PRIVATE AND PUBLIC HEALTH SECTOR

STATEMENT OF ISSUES

COMPETITION COMMISSION

OCTOBER 2014
# STATEMENTS OF ISSUES

## THE PROFESSION OF THERAPEUTIC REFLEXOLOGY

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THE PROFESSION THERAPEUTIC REFLEXOLOGY

ALLIED HEALTH PROFESSIONS COUNCIL [AHPCSA]

Allied Health Professions Act, No 63 of 1982 and Regulations:

To practise for gain, a therapist who obtains a Therapeutic Reflexology qualification is obliged to register with the AHPCSA in terms of the Allied Health Professions Act, No 63 of 1982 and Regulations.

Definitions in the Act [Sec 1].

"allied health profession" means the profession therapeutic reflexology, or any other profession contemplated in section 16 (1) to which this Act applies;

'qualification' means any degree, diploma or certificate awarded after examination of a person's Proficiency in a particular subject;

'therapeutic Reflexologist' means a person registered as such under this Act;

‘therapist’ means a person registered as a therapeutic Reflexologist in terms of the Act

“Therapeutic Reflexology” means the stimulation of the hands, feet, ears and body, including specific pressure techniques or mobilisation of hands and feet for a therapeutic outcome. [R127 of 12 Feb 2001]

Reference to therapist in the Act. [Sec 2 (b) and (c)]

A therapist may -

• treat or provide treatment for diagnosed disease, illness or deficiencies in humans; or
• prevent such disease, illness or deficiencies in humans.
• Any reference in the Act, except in section 16(3), (4), (5) and (6), to practitioner includes a therapist.

Reflexology

• Reflexology is a holistic therapy based on the principle that every organ in the body is reflected on certain areas of the feet, legs, hands, face and ears.

• The treatment process includes the application of specific hand, finger and thumb techniques in order to stimulate the reflex areas on the feet, body, legs, hands, arms, face and ear, the manual mobilization of soft tissue structures or using other associated reflexology equipment for a therapeutic outcome and prevention of conditions of illness in patients.¹ [see Annexure A for techniques and application.]

• Title: Reflexology/Therapeutic Reflexology: It is to be noted that the profession around the world is referred to as Reflexology, while the AHPCSA-registered profession in South Africa is known as Therapeutic Reflexology. This serves to distinguish it from a therapist doing reflexology in spas and wellness centres and therapeutic reflexology as practised by a therapeutic reflexologist.

SUBMISSION:

THE SA REFLEXOLOGY SOCIETY
P O BOX 15070, PANORAMA 7506 Tel: 021-558-9868
Email: info@sareflexology.org.za

¹ Scope Of Practice of Registered Therapeutic Reflexologists - Annexure B
THERAPEUTIC REFLEXOLOGY

STATEMENT ISSUES:

1. LACK OF UNDERSTANDING OF EDUCATION AND TRAINING PARAMETERS BY GOVERNMENT, THE PRIVATE HEALTHCARE SECTOR, MEDICAL AIDS AND PUBLIC

1.1. Therapeutic reflexology is a Complementary and Alternative Medicine Modality [CAM] and although the theory behind reflexology may be understood there is a lack of understanding of the education and training parameters and techniques used between therapists doing reflexology for relaxation in wellness centres and therapists practising therapeutic reflexology in the healthcare sector.

1.1.1. Reflexology: Beauty Therapists/Somatologists work in a Spa environment with the focus on a pamper service for a client to feel good and better. They typically use massage oil or lotion and use gentle gliding strokes all over the foot².

1.1.2. A therapeutic reflexology therapist may treat or provide treatment for diagnosed disease, illness or deficiencies in humans; or prevent such disease, illness or deficiencies in humans.³ The focus is on health conditions or pain relief of the patient. These therapists practise in a private clinical environment using their knowledge of Pathophysiology, Anatomy, Physiology as well as biomechanics of the feet. Specific finger and thumb pressure techniques are used to work systematically on the feet or other parts of the body such as the lower legs, hands, arms, face and ears, enabling them to identify and respond to congestion and imbalances in the body in relaxing and balancing the body systems. Therapeutic reflexology as a complementary therapy does not replace medical treatment.

[See Annexure A]

1.2. Practitioners of reflexology include Homeopaths; Phytotherapists; Unani Tibb practitioners; Naturopaths; Chinese Medicine and Acupuncturists are also registered as Therapeutic Reflexologists

² altmedicine.about.com: Jun 25, 2014
³ The Act. [Sec 2 (b) and (c)]
1.3. EDUCATION AND TRAINING

1.3.1. Certificate/diploma in Reflexology: SPA Colleges and Somatology training institutions include reflexology as a short course in the curriculum with other disciplines within the skin and health care industry.

1.3.2. National Diploma Therapeutic Reflexology: Allied Health Therapies as registered with SAQA indicates that the two year qualification for therapeutic reflexology falls into the sub-field “Promotive Health, Developmental Service, Preventive Health, Curative Health and Rehabilitative health”.

1.4. CERTIFICATE/DIPLOMA IN REFLEXOLOGY

1.4.1. SPA Therapist: Colleges offer short courses for therapists doing reflexology. E.g. Healing Hands International Massage Academy uses an open learning model - each learning program can be completed at students own pace within a 2 year bracket. One of the short courses is a Certificate in Reflexology.

a) Somatology: A somatologist is trained to use a variety of electrical equipment and massages such as reflexology, aromatherapy, manual lymph drainage and Swedish massage

b) BTech degree in Somatology: At the University of Johannesburg, the Department of Somatology offers a full time, one year BTech degree in Somatology. Students are required to attend lectures two days a week across both semesters. The first semester includes Reflexology (specialised massage techniques).

c) At the Tshwane University of Technology. The B Tech in Somatology students are equipped with multi-level skills and expertise in the field of skin and body care, massage therapy, reflexology, aromatherapy and stress management.

1.4.2. Diploma in Therapeutic Reflexology: Students wishing to practise Therapeutic Reflexology, enrol at an AHPCSA accredited private training institution that is specifically teaching Therapeutic Reflexology according to the official requirements of the Department of Education and Council of Higher Education, in terms of the Registration and Accreditation Act.

Period of study: As determined by the Allied Health Professions Act, the current period of study is two years resulting in a National Diploma in Therapeutic Reflexology. The course of study includes:

Core subjects:

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4 University of Johannesburg, the Department of Somatology. Brochure www.uj.ac.za
5 SAQA, National Diploma: Allied Health Therapies
6 www.healinghands.co.za
7 www.uj.ac.za/EN/Faculties/health/departments/somatology/
8 Somatology - Tshwane University of Technology. www.tut.ac.za
9 EDUCATION IN SOUTH AFRICA: The state of education is 240 credits
Anatomy; Physiology, Pathology, Pathophysiology, Theory of Therapeutic Reflexology; Practice of Therapeutic Reflexology (Basic, Intermediate and Advanced — ICU, Neonatal and Rehabilitation), Applied Therapeutic Reflexology - Clinical Practice, Pharmacology; Biomechanics, Meridians and Aspects of Chinese Medicine, Research Methodology and Evidence Based Case Histories (experiential).  

Ancillary subjects: Business and Practice Management; Business Development; Patient Care (communication and listening skills), Ethics and professionalism; Jurisprudence (Code of Practice Patient Rights Charter, Patient Consent etc.) AHPC Act and Regulations; Occupational Health and Safety Act; Nutrition Management and Supplements; HIV/AIDS Policy, Emergency First Aid.

1.4.3. Case studies/Research Project: It is a requirement that each student do a minimum of 200 hours practical work over two years. At the end of study they have to submit fully recorded case or pilot studies. Clinical studies submitted on the effect of Therapeutic Reflexology run into the hundreds over the years and cover the full range of body systems. The brief list includes the following:

- Children with cerebral palsy
- Pain management of Diabetics suffering from Peripheral Neuropathy
- Parkinson's disease
- Chronic conditions such as constipation [adults and children]
- Infertility problems
- Premenstrual problems [PMS]
- Quadriplegics with circulation problems
- Illnesses that are caused by emotional experiences and chronic stress
- Reducing chemotherapy side effects in Cancer patients
- Sleep disorders and related problems
- Cardiac patients
- HIV/AIDS in Children Substance abuse
- Stroke patients
- Tuberculosis
- Epilepsy

1.5. INSTITUTION FEES

1.5.1. It has been reported that there is a general lack of students entering for training at one of the accredited training intuitions for the Diploma in Therapeutic Reflexology.

- 2011 - 300 Enquiries > 70 Enrolments;
- 2013 - 550 Enquiries > 57 Enrolments
- 2014 - 750 Enquiries > 15 Enrolments [mid Feb 2014]

1.5.2. Information obtained in Feb 2014 from Healing Hands College’s website, fees were R18,800.00 for 9 subjects, a combination of correspondence and practical subjects.

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10 Report by the AHPCSA Professional Board – Change in requirements for Therapeutic reflexology.
1.5.3. Beauty Therapy Institute: Health and Skin Care: Options for progression to combine certificate courses to culminate in diploma qualifications. 60 Hours @ R4250.

1.5.4. The fees for a two year course Diploma in Therapeutic Reflexology are about R45,000.00 plus.

1.6. TRAINING INSTITUTIONS:
1.6.1. Reasons for the lack of entry to a therapeutic reflexology course may be found in the affordability for the student, availability of training institutions country-wide, lack of job opportunities for a therapeutic reflexologist if not financially strong enough to be self-employed.
1.6.2. At present only three training institutions are registered with the AHPCSA.
   - The International Academy of Reflexology & Meridian Therapy (Pty) Ltd.
   - Camelot International (Pty) Ltd
   - Potchefstroom Academy
1.6.3. Bursaries: There is no financial assistance or bursaries for doing a therapeutic reflexology course. It is to be noted that in Australia, financial assistance is available through Youth Allowance and Austudy/Abstudy.

2. LIMITED ACCESS FOR INTERNSHIP IN PUBLIC HEALTH FACILITIES
2.1. Internship
2.1.1. Regulation R127, 2001, (reg. 44j), stipulates that Therapeutic Reflexology is a two year training programme followed by an internship.
2.1.2. This requires that students work under the supervision of the lecturers and follow the hospital/ward protocols.
2.1.3. Access to do internship in public or private health care centres was limited due to the HPCSAct related to the performance of certain acts by unregistered persons of that Council.
2.2. Access to public health facilities
2.2.1. In the survey done in 2011 trainers from private training institutions made the following comments and statements:
a) In Hospitals where students are allowed to do their practical work on patients, it is done purely with the “goodwill” of medical professionals often due to personal networks.
b) Some Health institutions find it disruptive to accommodate students doing internships
c) Occasionally students and qualified Therapeutic Reflexologists are accepted into clinics/hospitals with successful results in their work, but whenever a change in HoD takes place, they are often requested to leave the facility.
d) Many schools are small with limited staff making it impractical for trainers to be available for supervision of students doing community service at great distance.

2.2.2. Students: Practical studies and internships at Hospitals/Care centres

a) Students in their 2nd year are required to complete 60 hours of community service.
b) In Australia an additional 100 hours of practice must be completed in general Supervised Clinics to meet Health Fund requirements and ATMS standards. [Review at present on which of the scope of natural therapies should continue to receive the Rebate]16.

2.3. Despite the difficulty of access to hospitals the following internship programmes have been reported by individual training institutions. The majority of these hours are at institutions that the college has identified as “willing”.

CARE CENTRES:

a) UITKOMS; Down’s Syndrome patients; UNICA: Autism patients
b) FORD CARE CENTRE:HIV/AIDS patients; ABBA HOUSE: Abandoned babies
c) LIFE HEALTH CARE HOSPITAL: Eugene Marais Pretoria with supervision by the college while students work on Neuro, Spinal pathologies, Poly trauma, Strokes, MVA, Guillain-Barre, HIV/AIDS patients.

HOSPITALS:

a) Potchefstroom Physical Rehabilitation Unit The Witrand Hospital: This Hospital allows students17 from the Potchefstroom Academy to do their practical work under supervision of the professional nurse qualified as a TR therapist.

Cape Town:

b) Bellville: Tygerberg Hospital: 2007 A research project on Constipation in Children: Selected Therapeutic Reflexology students18 treat patients under supervision of a qualified Therapeutic Reflexologist..

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16 The Review of the Australian Government rebate on Private Health Insurance (the Rebate) for natural therapies (the Review) was announced in the 2012-13 Budget. [Review at present on which of the scope of natural therapies should continue to receive the Rebate].
17 International Academy of Reflexology & Meridian Therapy
18 International Academy of Reflexology & Meridian Therapy. Stellenbosch
c) **Red Cross Children’s’ Hospital, Mowbray:** From 1994 in co-operation with Dr Rene Albertyn head of research programmes at the Hospital, students did their practical work under supervision in the **Ward C2: Burn Unit and Ward E2: Organ transplant patients.**

**Gauteng:**

d) **Union Hospital (Netcare) and Clinton Clinic:** Students in Johannesburg did their practical, working under supervision in the General, Cardiac and Surgical wards as well as in the General and Cardiac ICU.

e) **Helen Joseph Hospital** in the Dr Carol Benn’s Breast Clinic, Epileptic Centre in Craighall; TMI Hillbrow

### 3. PERCEPTION OF LACK OF COMPETENCY OF THERAPEUTIC REFLEXOLOGISTS BY GOVERNMENT, THE PRIVATE HEALTHCARE SECTOR, MEDICAL AIDS AND PUBLIC

“The qualification serves as a means for providing recognition to therapists entering the allied health field, and making it possible for them to increase their employment prospects and providing a means whereby organisations can appoint therapists in line with proven competencies.”

3.1 Despite the development of the therapeutic reflexology profession, both in sophistication and formalisation over a short period of time, there is a lack of trust in the competency of the therapeutic reflexologists. This statement is made on the fact that although therapists do refer patients to other professionals, they seldom receive a referral.

3.2 Therapists have to carry out their practice roles within the context of Scope of Practice, relevant health legislation, quality assurance policies, procedures and processes of the Allied Health Professions Council of South Africa (AHPCSA).

3.3 **Therapeutic reflexologists’ competency in private practice**

   a) The public are **more aware of reflexology as practised at the Spa’s.** Only after they have received a treatment from a therapeutic reflexologist do they experience that the TR therapists focus on general health conditions and are competent in various aspects of treatment.

   b) Working effectively and professionally in a health care environment.

   c) Following safe work practices including infection control.

   d) Applying various techniques within the Scope of Practice.

   e) Communicating effectively with patients to give them full information on the effect of the treatment and treatment plan.

   f) Understanding of health conditions so as to give informative advice on lifestyle choices, to promote general health.

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19 School of Hand and Foot Reflexology, Johannesburg
20 SAQA: South African Qualifications Authority
21 SAQA document: National Diploma: Allied Health Therapies
g) Using specific health terminology.

h) Making referrals to other health care professionals when needed.

3.4 Competency of therapeutic reflexologists in the healthcare environment

3.4.1 Over the years a few public health care centers have allowed students to do practical work. Many qualified TR therapists offered their service on a voluntary basis after they qualified.

3.4.2 Health care professionals [see par 2.4] that worked closely with the TR therapists, acknowledged the benefit of therapeutic reflexology treatments for patients and considered the therapists as part of the multi-disciplinary team and as an important component in the management of health care.

3.4.3 The following information is copied from the TR document submitted to AHPCSA. This serves to underline the competency of TR therapists in a hospital environment

i) Ward C2: Burn Unit: In 1994 Dr Rene Albertyn, head of research programmes at the Red Cross Hospital, had undertaken a major survey on measuring pain in children, subsequently used for her doctoral thesis. She was open to try as many methods of safe pain control as were available and Therapeutic Reflexology was introduced on a trial basis.
   • The children, and even babies, had to face the pain of daily dressing changes which added to their stress levels.
   • Students22 treated the children early in the morning before the dressing changes.
   • Funds have not been available to do formal studies, but direct observations that were recorded of these children showed the Reflexology treatment lowered their blood pressure and respiration rates.

ii) Ward E2: Organ transplant patients: In co-operation with Dr Rene Albertyn of the Red Cross Children’s’ Hospital patients, mainly organ transplant patients, are treated by registered Therapeutic Reflexologists and students.23 The general observation is that these patients are much more relaxed after a treatment and the best results in this regard were found amongst patients with respiratory problems.

iii) Bellville: Tygerberg Hospital: During 2007 a research project on Constipation in Children was registered [Project, NO6/10/215] at the Stellenbosch University (SU). Dr Daniel Sidler of the SU leads the research

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22 Cape Institute of Allied Health Studies [CIAHS]
23 International Academy of Reflexology & Meridian Therapy. Stellenbosch
while selected therapeutic reflexology students\textsuperscript{24} treat these patients each supervised by a qualified Therapeutic Reflexologist,

iv) **Hillbrow Hospital – Research for a Master’s degree on:** The Effect of Therapeutic Reflexology on patients receiving Radiation treatment for Cancer of the Cervix - completed in 2009.

v) **Witrand Hospital in Potchefstroom:** A professional nurse and registered Therapeutic Reflexologist, did a study [MA (Cur)], to explore and describe identified scientific evidence of the utilization of reflexology as a CAM modality to promote well-being and quality of life in adults with chronic disease\textsuperscript{25}.

vi) **Community service:** Voluntary work has been done for years in numerous institutions. There is a need for Therapeutic Reflexologists to practice in health and care centres but the lack of funds and permanent job opportunities leads to the therapists leaving the institutions or care centres and withdrawing their service to patients or they stop practising.

4. **FACTORS LIMITING THE PROMOTION AND PRACTICE OF THERAPEUTIC REFLEXOLOGY**

4.1 **Publicity of the therapeutic reflexology profession:**

4.1.1 Various efforts are made to give publicity to the therapeutic reflexology profession\textsuperscript{26} including education and training in articles, TV and radio programs.

4.1.2 Although the public has become more aware of the profession, interaction between the therapeutic reflexologist and other health professionals is limited.

4.1.3 Patients are encouraged to inform their medical professionals that they receive therapeutic reflexology treatment. Most patients are hesitant as the general perception is that the medical professionals do not understand the qualification of the therapist or the effect of treatment.

4.1.4 Lack of finance plays a part in the opportunities to place articles or advertisements in the wider field of health journals etc.

4.2 **Factors limiting the promotion of therapeutic reflexology as a profession.**

4.2.1 **Training:** *B Tech in Somatology, TUT:* “Students are equipped with multi-level skills, in the field of skin and body care as well as in massage therapy, reflexology, aromatherapy and stress management to become a member of a

\textsuperscript{24} International Academy of Reflexology & Meridian Therapy, Stellenbosch
\textsuperscript{25} Elna Steenkamp: An integrative literature review of the utilisation of reflexology in adults with chronic diseases, Potchefstroom Campus of the North-West University, November 2009
\textsuperscript{26} The SA reflexology Society have a public relation portfolio on its National executive committee.
multi-disciplinary team that works together with medical doctors pharmacists, plastic surgeons, dieticians, physiotherapists and dermatologists.”

4.2.2 **Spa Treatments:** Many Spa centres make use of Gift vouchers and special packages in promoting their service and include reflexology as part of their treatment set up.

4.2.3 **Integrating multiple modalities:** Unregistered reflexology therapists integrate reflexology with other massage therapies. This has led to the public not understanding that therapeutic reflexology treatment is a stand-alone therapy.

4.2.4 **Advertising.** According to Regulation R1746 of 12 August 1982 (Rule 3) the professionals from AHPCSA may not advertise, as HPCSA professionals do as from 2002. It is to be understood that AHPCSA will shortly lift restrictions on advertising regulations. Therapists who did short courses in reflexology, or do not register with AHPCSA after their therapeutic reflexology qualification, advertise their service on websites, newspapers and pamphlets.

4.2.5 **Competition to build and maintain a private practice:** Therapists doing reflexology practice from home or at other wellness centres are not obliged to follow a professional scope of practice and legal requirements to practising and are excluded from any ethical considerations.

4.2.6 **Title Therapeutic Reflexologist/Therapeutic Reflexology.** It is noted that in information brochures and on websites anyone can use the title ‘therapeutic’ reflexologist doing ”therapeutic” reflexology. Therefore the public does not realise that a therapist has to be registered with the AHPCSA in order to use the title Therapeutic Reflexologist.

4.2.7 **Fees for Spa Treatment:** Example Fee packages are available for a Relaxing Day @ R960/p/p to a Pampering Day @ R1290/p/p including a hand and foot massage.

4.2.8 **Medical Aid:** Failure to obtain tariff codes over the years [see par 6. Medical Schemes] places a limit on patients’ ability to follow an affordable alternative treatment plan to promote healing and wellbeing.

4.2.9 **Fees for Therapeutic reflexology treatment:** To start new discussions with administrators of Medical schemes in the near future, a survey amongst therapeutic reflexologists was done in July – August 2014 on overhead cost to run a private practice as therapeutic reflexologist.

4.2.10 Charts 1 & 2 on page 11 give an indication of the responses on fees charged by therapists in part and full time practice.

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27 The B Tech in Somatology - Tshwane University of Technology. www.tut.ac.za
28 healthspas.co.za; http://www.thehydro.co.za
29 www.capetownmagazine.com/events/the-hydro-winter
CHART 1: TREATMENT FEES BY 74 THERAPISTS IN PART TIME PRACTICE

CHART 2: TREATMENT FEES BY 57 THERAPISTS IN FULL TIME PRACTICE

- THERAPISTS INDICATED VARIOUS FEES
5. **ALLIED HEALTH PRACTITIONERS ARE LIMITED TO PRIVATE PRACTICE**

5.1 **Venue to practice**

5.1.1 The creation of self-employment opportunities is a priority area within the South African context and is supported by legislation, national policies and strategies.

a) Therapeutic Reflexologists have to rely on self-employment in their private practice as they are, in general, structurally blocked from rendering effective professional services in private or public Hospitals, for gain.

b) A few therapists have reported that their patients, when in a hospital, did request that the therapeutic reflexologist visit them for a private treatment in management of chronic diseases such as cancer.

c) To note that Physiotherapists and podiatrists are allowed to practise in a gymnasium or wellness or fitness club [See Government Gazette No 30952, 08 April 2008].

d) Chart 3: From the 2014 survey data received, 66% of the 131 responses work from home, either part or full time.

5.2 **Full time employment:**

5.2.1 Lack of private and public health care facilities to employ therapeutic reflexologists.

5.2.2 Correction of Competition Commission: Statement of Issues: page 13, par 45 viz allied health practitioners may be employed in hospitals

a) Therapeutic Reflexologists are not employed in hospitals. They are working within public health centres on a purely voluntary and part time basis.

b) In recent years therapists, although they had empathy for the patients, have found they cannot continue with this service due to the lack of income. This means that the services have stopped in many healthcare centres.

c) Therapists who are qualified in the nursing profession and because of being a registered therapeutic reflexologist, offer complementary healthcare [therapeutic reflexology/ therapeutic aromatherapy] in hospitals or part time in
their private capacity. Steenkamp, 2009:76\(^{30}\) also recommended that Reflexology as a CAM modality be incorporated into nursing practice to make it more accessible to patients with chronic disease or disabilities or those undergoing palliative care to promote well-being and quality of life.

5.2.3 Therapists practise in healthcare centres on a voluntary basis and although their services are valued in the health care chain there is no prospect to be employed on a full time basis.

5.2.4 Articles were published in the Journals of The SA Reflexology Society, of therapists working on a voluntary basis for a long period in the following hospitals or care centres:-

a) **De Heide Children’s Special Care Unit: Cerebral Palsy.** In 1998 a student of Reflexology did her practical work on a Cerebral Palsy patient. The painless treatments helped the patient not only physically and emotionally, but increased his mobility because it relieved the spasticity (persistent tensions) in his muscles. This patient, Mr. Jay Williams, became a student of Reflexology and from 2000 he did his practical work at the Eros School for Cerebral Palsy. From 2002 to 2009 he worked voluntarily at Eros and De Heide Children’s Special Care Unit, in Cape Town. The Principal of the care center confirmed that when the Reflexology treatments commence, all the other therapies that patients receive viz Physiotherapy\(^{31}\), Occupational Therapy, Speech Therapy (etc) are found to increase in effectiveness. Sadly Mr. Williams gave up his service and changed career in 2009 as no funds were available to pay for him to continue the therapeutic reflexology treatments.

b) The Burns Unit of the Red Cross Children’s Hospital in Cape Town\(^{32}\); Oncology Units in various hospitals \(^{33}\), the Helen Joseph Hospital HIV Clinic; Johannesburg General Hospital Paediatric Oncology Unit; Renal Unit Sunninghill Hospital Johannesburg\(^{34}\), Stork’s Nest, Pretoria\(^{35}\), Anxiety and Trauma Clinic, Gauteng\(^{36}\), Crescent House, Johannesburg\(^{37}\).

\(^{30}\) Elna Steenkamp: An integrative literature review of the utilisation of reflexology in adults with chronic diseases, Potchefstroom Campus of the North-West University, November 2009 http://hdl.handle.net/10394/4973

\(^{31}\) Jan - April 2009:4

**TSRAS Journals**


\(^{11}\) TSARS Journal Sept – Dec 2004, page 31

\(^{12}\) TSARS Journal Jan – April 2010, page 12

\(^{13}\) TSARS Journal May – Aug 2008, page 22
c) Therapists are involved in community work at TB centres; Hospice; CHOC (Children’s Haematology and Oncology Centre); Little Eden; Retirement Homes and Special Needs Schools.

d) Other hospitals and care centres where therapists are working voluntarily include Potchefstroom, Physical rehabilitation; Cape Town: Faure Hospital, [iThemba LABS] Cancer Patients; St. George’s NICU unit, Port Elizabeth

5.3 Effect on the profession of therapeutic reflexology of access to public and private health care facilities and inclusion in the National Health Insurance [NHI]

a) Therapeutic Reflexologists could strengthen human resources to meet new services demands for the immediate, medium and the long term future.

b) As a “health workforce”, Therapeutic Reflexologists are able to contribute effectively and professionally to primary health care in South Africa in the management of various chronic conditions “to achieve the objective outcomes of good health in South Africa’s health sector” [Director General, Malebona Precious Matsoso [HRH, page 8].

c) International access for therapists to health care centres

i) Research studies in the U.S. and around the world indicate positive benefits of reflexology for various conditions. There are several well-designed studies, funded by the National Cancer Institute and the National Institute of Health that indicate reflexology’s promise as an intervention to reduce pain and enhance relaxation, sleep, and the reduction of psychological symptoms, such as anxiety and depression.

ii) In Denmark, Finland and Australia, reflexology is part of the National Health Service. The Danish government funded research found many health benefits, including a gain of energy, improved mood and improved sleep.

iii) Reflexologists in New Zealand have the opportunity to work within a professional setting in a complementary or integrated medical health centre.

iv) In the United Kingdom qualified Reflexologists may find formal employment in Hospitals, Hospices, Clinics, Private Health Establishments and other Health Clubs, Holiday resorts etc.

v) In Australia there are career opportunities in education, community health care services, social welfare and health retreats.

14 TSARS Journal, Jan-April 2009  
38 http://www.takingcharge.csh.umn.edu/explore-healing-practices/reflexology/what-does-research-say-about-reflexology  
39 Reflexology for Complementary Health Care, Elisa Lanau DIP REFLEXOLOGY, MRNZ, NZCHP, TUTOR, CERT ED. www.wellbeingonbealey.co.nz  
40 International Institute of Reflexology, UK Careers In Reflexology. http://www.reflexology-uk.net/site/about/careers-in-reflexology  
6. MEDICAL SCHEMES

6.1 Exclusion from medical aids, either partially, totally or under any capping composite category:

6.1.1 Discovery: Allied, therapeutic and psychology healthcare services:
Discovery Medical Aid at present does not make provision for therapeutic reflexology but for claims in respect of Allied, therapeutic and psychology healthcare services that include:

- acousticians, biokineticists, registered counsellors, dietitians, registered nurses, occupational therapists, physiotherapists, podiatrists, psychologists, registered psychometrists, social workers, Speech and language therapists and audiologists, chiropractors and homeopaths

[DISCOVERY 2014]

6.2 Benefit provision for treatment by a Therapeutic Reflexologist.

6.2.1 Table 1, Medical Schemes that include the benefit of Reflexology treatments according to the different schemes plans.

<table>
<thead>
<tr>
<th>TABLE 1</th>
</tr>
</thead>
</table>
| **GEMS** | 100% of Scheme rate – shared limit with out of hospital service:  
Beryl: Annual limit of R1 654 per beneficiary and R2 487 per family  
Emerald Professional: Shared with out-of-hospital limit of R1 243 per family per year  
Ruby: Limited to PMSA and Block Benefit |
| **Allied health services**: Includes:  
chiropractors, dieticians, homeopaths, chiropodists; acupuncture practitioners, osteopaths 
phytotherapists; social workers; reflexologists, therapeutic massage therapists and Chinese medicine practitioners  
Limited to PMSA [Personal medical savings account] and Block Benefit  
• Medicines prescribed by allied health professionals |

| **POLMED, Higher Plan: Stand-alone Benefits** | 100% of Polmed rate. Pre-authorisation Benefit based upon EBM (evidence-based medicine). Annual limit of R2 120 per family. The pre-authorisation, referral by a DSP or GP, |
| **Includes**:  
chiropractors, homeopaths, chiropodists, dieticians, podiatrists 
naturopaths, orthoptists, osteopaths反射ologists, and therapeutic massage therapists, |

| **Discovery for NASPERS** | 100% of the Scheme rate. Subject to availability of funds in Medical  
To Alternative therapist with a practice number  
Herbal therapy |

- To note the reference is to “reflexology” and not “therapeutic” reflexology.  
- Because of the lack of tariff codes patients cannot make use of this benefit – see par 6.3 Stalling of the NHRPL process.  
- Discovery Medical Scheme for NASPERS [a private scheme] makes provision for alternative therapies but the therapist must have a practice number.  
- POLMED includes REFLEXOLOGY with Allied health service - pre-authorisation, referral by a DSP or GP is required
<table>
<thead>
<tr>
<th>[Private Fund] N Option Plus; Savings account and or/above Threshold Benefit</th>
<th>Aromatherapy Reflexology Meditation Therapeutic massage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dicovery Day-to-Day Plans Reflexology not included</td>
<td>You may need to apply to make use of this benefit</td>
</tr>
<tr>
<td></td>
<td>The Allied, Therapeutic and Psychology Extender Benefit gives you access to unlimited clinically appropriate cover for chiropractors, biokineticists, acousticians, physiotherapists or psychologists, occupational therapists and speech and hearing therapists. This cover is for a defined list of conditions.</td>
</tr>
</tbody>
</table>

### 6.2.2 Table 2: Health Funds currently accepting Reflexology in Australia.

There is review of the Australian Government Rebate on Private Health Insurance (the rebate) for natural therapies. The Government has agreed to delay the implementation date of the Review until 1 April 2015 to allow the Department of Health, in consultation with the National Health and Medical Research Council (NHMRC) to complete a full evidence based review process in consultation with industry.

**TABLE 2**

<table>
<thead>
<tr>
<th>Health Fund Coverage</th>
<th>Contact</th>
<th>Number to use on receipt</th>
<th>Training Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHM</td>
<td>134 246</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>Aust. Unity Health (also Grand United)</td>
<td>132 939</td>
<td>RAOA Membership Number</td>
<td>If you joined after 1st July 2012 then HLT51707 Diploma required.</td>
</tr>
<tr>
<td>BUPA (Includes HBA, MBF, MBF Alliances, Mutual Community)</td>
<td>03 9937 4141</td>
<td>BUPA/MBF Provider Number</td>
<td>If you joined after 1st July 2009 then HLT51707 Diploma required.</td>
</tr>
<tr>
<td>CUA Health</td>
<td>1300 499 260</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>Health Partners (SA)</td>
<td>08 8223 7588</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>Manchester Unity</td>
<td>131 372</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>CBHS Health Fund Ltd</td>
<td>1300 654 123</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>NSW Teachers Health</td>
<td>1300 726 168</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>Reserve Bank</td>
<td>02 9551 9037</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>Medibank Private</td>
<td>132 331</td>
<td>Medibank Provider Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>HBF</td>
<td>133 423</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>GMF</td>
<td>1300 853 099</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
<tr>
<td>Railway Transport Health</td>
<td>1300 886 123</td>
<td>RAOA Membership Number</td>
<td>Training accepted by RAOA</td>
</tr>
</tbody>
</table>

All Professional Members must keep the Administration updated of any changes including Current First Aid and Insurance membership@reflexology.org.au or 07 3396 9001
6.3 Effect of the stalling of the NHRPL on new applications for Tariff Codes – National Department of Health

6.3.1 The SA Reflexology Society [TSARS] and the National Reflexology Association [TNRA] launched various efforts in the past to obtain tariff codes without success.

6.3.2 Lack of tariff codes has an influence on the patient’s ability to make a choice about receiving reflexology treatment and to follow up on the treatment plan for a chronic condition.

6.3.3 With the assistance of an expert from Discovery Health Medical Aid, treatment descriptors were defined during 2013.

6.3.4 In August 2013 the process re application for tariff codes was stopped because the Department of Health is precluded by a High Court order to deal with tariff codes.

6.3.5 In June 2014 Dr Anban Pillay, Deputy Director-General for Health Regulations and Compliance Management advised the TSARS and TNRA Task Team to calculate the cost of running a practice without going through the whole RPL costing processes and then to engage with the medical scheme administrators.

6.3.6 The survey was done in June - August 2014. The data received from the 163 [27%] out of 594 therapists is under urgent attention.

7. GEOGRAPHIC DISTRIBUTION OF THERAPEUTIC REFLEXOLOGISTS IN SOUTH AFRICA

7.1 Registered therapists: There are 593 therapists registered with AHPCSA. The majority is in Gauteng but it includes the therapeutic reflexologists in Pretoria and Johannesburg area. 4 Therapists are outside the boundaries of South Africa.

![Chart 4: 593 AHPCSA Registered Therapeutic Reflexologists](chart4.png)
7.2 Therapeutic reflexologists with a practice number: Of the 593 therapists registered with AHPCSA, 289 therapists have a practice number from the Board of Healthcare Funders. [See Chart 5]

8. SCARCITY OF THERAPEUTIC REFLEXOLOGY SKILLS FOR VARIOUS REASONS

8.1 SELF-EMPLOYMENT

8.1.1 The creation of self-employment opportunities is a priority area within the South African context and is supported by legislation, national policies and strategies. Although the profession is known as a self-employed profession, there is growing concern about the scarcity of therapeutic reflexologist skills in the market. [see par 8.3].

8.1.2 In January 2010 registered therapists totalled 899. In October 2014, 593 therapists are registered to practise therapeutic reflexology.

8.1.3 It is to be noted that many therapists, that are registered, do not practice therapeutic reflexology because of the financial burden of running a practice and making a living, on a low patient basis. [See Chart 6 page 20]

8.1.4 SURVEY 2014: From the responses in the 2014 survey [running cost of a TR practice] 32 of the 163 therapists are registered but do not practice and 74 practice part time while 57 practice full time. [See Chart 6]
8.2 PROFESSIONAL SKILLS OF A THERAPEUTIC REFLEXOLOGIST

8.2.1 The Therapeutic Reflexologist practises and uses skills within the Scope of Practice [see Annexure B]. Professional skill of the TR therapists includes e.g. the following:

a) To follow professional protocol.
b) To follow safe work practices including infection control.
c) To apply various reflexology techniques on the body for a therapeutic outcome.
d) To monitor and evaluate therapeutic reflexology treatments.
e) To have professional empathy and dedication to address a patient’s health related needs, such as stress management.
f) To apply listening skills and give professional advice on homecare and change of lifestyle.
g) To use knowledge of health conditions to make informative recommendation for a treatment plan with regards management of diseases and other chronic or short term health conditions.
h) To communicate effectively with patients and other health professionals.
i) To make referrals to other health care professionals.
j) To apply first aid in an emergency.

8.3 REASONS FOR THE SKILLS SCARCITY IN THE FIELD OF THERAPEUTIC REFLEXOLOGY IN THE MARKET

8.3.1 The number of registered therapists in 2011 of 797 has dropped to 593 in October 2014.

8.3.2 Registration to practise: Therapeutic reflexologists that set up a private practice within Rules and Regulations, must pay AHPCSA registration fees to be able to practice for gain. The unregistered reflexologist has access to a wider range of job opportunities at various centres without paying professional fees.
8.3.3 **Maintaining a private practice:** It has become an economic burden to maintain a private practice with poor prospects of income generation. Many experienced therapists have found their way back to an alternative full time career because they have a limited basis of patients.

8.3.4 **Venue to practice:** A home set-up practice does not always work out as it could affect family life. Sharing of a venue with a person or therapist who is not registered with the AHPCSA or the HPCSA, has legal implications. Therefore the younger student would rather opt to do Spa training and work in a Spa venue.

8.3.5 **Competition in the market:** Spa/Somatology training institution advertise on websites and in brochures that once qualified, graduates will be employable both nationally and internationally in spa’s, clinics, wellness centres as well as being self-employable in a small, micro or medium business enterprise.

8.3.6 **Legal restrictions on advertising:** There is legal restriction on advertising the AHPCSA professional service. [To be noted that this matter is at present under the AHPCSA attention.]

8.3.7 **Access to health care centres:** Despite proven competency, access to public health care centres is only on a voluntary basis with no prospect of being employed full time to strengthen human resources in these centres, to meet new service demands for the immediate, medium and the long term future.

8.3.8 **Therapists practice part or full time:** More TR therapists are working part time in their practice while occupying another full time position or they stop practising altogether. [See chart 6]

8.3.9 **Lack of professional relationship with other healthcare practitioners:** Although therapeutic reflexologists are professionals qualified to work in a healthcare team, in general they do not experience any referrals from these health care professionals in the medical and complementary fields.

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42 Somatology - Tshwane University of Technology. www.tut.ac.za
9. RELATIONSHIPS

<table>
<thead>
<tr>
<th>A. STAKEHOLDER</th>
<th>B. NATURE OF RELATIONSHIP (CUSTOMER / SUPPLIER)</th>
<th>C. NAME OF FIRM(S) DEALT WITH, WHERE APPLICABLE</th>
<th>D. COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Schemes</td>
<td>NONE</td>
<td>NONE</td>
<td>See Stalling of NHRPL, par. 8.2.</td>
</tr>
<tr>
<td>Medical Scheme Administrators</td>
<td>NONE</td>
<td>NONE</td>
<td>Will set up meetings in near future</td>
</tr>
<tr>
<td>Managed Care Companies</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Health Insurers</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Brokers</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Facilities (e.g. hospitals)</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Medical Suppliers</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Primary care practitioners (General)</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Practitioner / Dentist</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Medical Specialists</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Allied Professionals (specify)</td>
<td>AHP CSA on professional matters</td>
<td>Dr Louis Mullinder, The Registrar, of AHP CSA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The SA Reflexology Society regards professional matters</td>
<td>Ms Maggie Roux Chairperson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The National Reflexology Association [TNRA] regards professional matters</td>
<td>Mrs Sandy Feinstein Chairperson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The International Academy of Reflexology &amp; Meridian Therapy - IARAMT Alumni Association- regards professional matters</td>
<td>Ms Stella Kazazis</td>
<td></td>
</tr>
<tr>
<td>Members of the public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any category not mentioned above (specify)</td>
<td>NONE</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

PROFESSIONAL BODIES FOR THERAPEUTIC REFLEXOLOGISTS

AHP CSA acknowledges The SA Reflexology Society, The National Association for Reflexology and, as from May 2014 the IARAMT Alumni Association.

Membership of TSARS and TNRA is voluntary and members pay a membership fee. Membership of the IARAMT Alumni Association is free. It needs to be noted that some therapists have dual membership, in order to attend CPD Workshops as a member of that body.

TSARS [NPO 53-289] and TNRA are independent non-profit organisations and are **not affiliated with any educational institution**.

The IARAMT Alumni Association is affiliated to the International Academy of Reflexology & Meridian Therapy a registered private tertiary education provider.

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43 www.sareflexology.org.za
44 www.tnra.co.za
45 www.reflexologyalumni.co.za
The role and function of a professional society for therapeutic reflexology includes:

(a) Consultations as appropriate on professional matters with AHPCSA, and between the professional bodies.

(b) The functions of a professional body include:
- to develop and promote an awareness and understanding of reflexology as a health therapy within the wider community;
- to represent the interests of the reflexology profession within the public and political arena;
- to maintain a high level of professional practice among therapists;
- to serve and protect the professional needs of all members;
- to act as a central information and resource body for therapists;
- to act as an advisory body within the jurisdiction of the national body;
- to promote co-operation with international reflexology bodies and
- to provide opportunities for ongoing professional development for members.
- to be a supportive network for Therapeutic Reflexologists.

CHART 7: MEMBERSHIP OF A PROFESSIONAL SOCIETY/ASSOCIATION

<table>
<thead>
<tr>
<th>Professional Society</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>The International Academy of Reflexology &amp; Meridian Therapy [IARMT Alumni]</td>
<td>61 = 10%</td>
</tr>
<tr>
<td>The National Reflexology Association [TNRA]</td>
<td>43 = 7%</td>
</tr>
<tr>
<td>The SA Reflexology Society [TSARS]</td>
<td>236 = 39%</td>
</tr>
<tr>
<td>AHPCSA Registered Therapists</td>
<td>593 = 100%</td>
</tr>
</tbody>
</table>
GLOBAL DEVELOPMENT: TECHNIQUES OF REFLEXOLOGY AND TREATMENT PROCESS

Reflexology is a holistic therapy based on the principle that every organ in the body is reflected on certain areas of the feet, legs, hands, face and ears.

1. Foot Reflexology: Modern Reflexology was introduced in 1913 by William H. Fitzgerald M.D. (1872–1942), an Ear, Nose and Throat Specialist in the United States. Dr. Fitzgerald found that applying pressure to certain points of the hands or feet had an anaesthetic effect on other areas of the body.
   1.1. Eunice Ingham, (1879-1974) a Physical therapist applied pressure to particular points across the soles of the feet and discovered that this technique stimulated and helped the body to heal, rather than to providing pain relief only.
   1.2. During 1930 –1940 Ingham ‘mapped’ the whole body on the feet.
   1.3. New approaches and techniques, such as Vertical Reflexology\(^{46}\) have developed around the world and today the qualified therapist is able to provide a Reflexology session uniquely suited to the specific needs of each patient.

2. Hand Reflexology: Although reflexology treatments on the hands are not commonly used by therapists it is still useful when a patient has had an amputation of a foot or is too sensitive when the feet are touched.
   2.1. In some cases the hands of children are more convenient to work on as it is very calming and relaxing for them.

3. Auricular Therapy (Ear Reflexology): There are over 200 acupoints on the ear\(^ {47}\) which each relate to a specific area of the body.
   3.1. With the combination of the meridians (energy channels) converging at the ear and the many nerve endings on the ear, this treatment is therefore very beneficial and relaxing to receive.

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\(^{46}\) Lynne Booth, Vertical Reflex Therapy [www.boothhvrt.com](http://www.boothhvrt.com) is a remarkable reflexology discovery where the dorsal hand or foot reflexes are briefly treated while weight-bearing.

\(^{47}\) [www.bromleytherapies.co.uk](http://www.bromleytherapies.co.uk)
4. **Facial Reflexology:** Facial Reflexology,\(^48\) which is a completely separate therapy to traditional Foot/Hand Reflexology.

4.1. During a Facial Reflexology session, neuro-vascular points, reflex zones, and certain neurological points are gently stimulated by hand, using only the finger-tips.

5. **Meridians**

5.1. By approximately 2500 BC Chinese physicians divided the body into longitudinal meridians or energy pathways (known as the basis of acupuncture). The working of pressure points on the feet to restore balance and energise the body was acknowledged as far back as 1017 AD by Dr Wang Wei – a physician who gave specific attention to the feet for these reasons.

5.2. This is of particular current significance, with regards to the work by Inge Dougans, born in Denmark and qualified as a Reflexologist in Copenhagen. Inge Dougans is since 1983 a trainer of therapeutic reflexology in RSA.

5.3. She acknowledges a strong link between acupuncture and reflexology.\(^49\) Both maintain that disease is caused by blockages in the meridians and treatment involves removing such blockages.

6. **Techniques**

6.1.1. Specific finger and thumb pressure techniques\(^50\) on the body, feet, lower legs, hands, arms, face and or ears enable therapists to identify and respond to congestion and imbalances, for example, tightness in the chest reflexes [attributable to stress], sensitivity in the bladder reflexes [possible bladder infection], granular areas in the stomach and colon reflexes [likely constipation] etc.

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\(^48\)www.judylamb.co.uk
\(^49\)REFLEXOLOGY foot massage for total health. Inge Dougans with Suzanne Ellis ISBN 1-85230-218-6
\(^50\)Techniques: The Art of Reflexology, A Step-by-Step Guide. Inge Dougans with Suzanne Ellis. ISB 1-85230-236-4
7. **Treatment process**

7.1. Treatment is done within the **Scope of Practice** [see Annexure B] and the Therapeutic Reflexologist is able to authoritatively and professionally design a treatment protocol, within the pain tolerance level of the patient, in relaxing and balancing entire body systems.

7.2. The treatment will generally last about 45 minutes for an average-sized foot. In some cases (such as the very young, the elderly or particular illnesses) shorter treatments over shorter intervals, may be given to avoid over-stimulating the body. When the effects of the treatment have been monitored, sessions can be extended to last between 45 and 60 minutes.

7.3. Treatment **reduces tension in the body that improve gland and organ functions and restore the free flow of energy and blood circulation to the whole body.** This in turn will normalise and create a change in the general health and well-being of the patient.

7.4. The treatment sessions are always holistic.

7.4.1. Imbalances in the health of the patient are identified by observing the shape of the feet as well as colour, texture, tone, moisture, and markings on the feet and nails.

7.4.2. Account is taken of the current physical, biological, psychological, social and cultural factors and their influence on the individual.

7.4.3. Appropriate health care advice is offered, regarding health and self-care that includes personal hygienic of hand and foot care; patients nutrition; conscious lifestyle choices to facilitate the activation of the body’s healing potential and recommendation of suitable unscheduled preparations.

7.4.4. **Identifying patients requiring more sophisticated or advanced assessment or therapy and referring such patient to appropriately qualified and registered professionals.**
The scope of practice of a registered therapeutic reflexologist (also known internationally as a zone therapist) shall entail the following acts, procedures and/or functions, that may be performed using suitable physical, biological, psychological, social, educational and other technological means applicable to the practice of health care practice in primary health care situations.

6.2.2.1 The following acts specifically pertain to the profession of a therapeutic reflexologist:

- Verbal, physical assessment and evaluation of a patient's condition
- Verbal and physical assessment and evaluation of a patient's condition for the purpose of evaluating the state of health. The delivery of a treatment regimen to meet the needs of the patient.
- These acts may be inclusive of:
  - Taking of comprehensive case history.
  - Assessing of the integumentary and myofascial structures.
  - Determining and preparing of a suitable patient-specific treatment protocol.
  - Maintaining of comprehensive case records regarding the condition and progress of the patient in his/her care, and of all actions performed in connection with the patient.

2. Application of therapeutic reflexology treatments

2.1 Application of therapeutic reflexology treatments by the use of hands and or other associated reflexology equipment with reference to the treatment and prevention of conditions of illness in any patients by:

- Therapeutic reflexology methods and routines of stimulation – i.e. the manual mobilization of soft tissue structures; reflex stimulation.
- Relaxation techniques and methods;
- Homecare advice
- Nutritional and lifestyle advice
- The recommendation of suitable open sale unscheduled preparations
- Listening skills
- Mobilisation of extremities after appropriate training
- Therapeutic hand and foot care
- Primary Health Care screening methods;
- Attend to patients outside of practice

3. Promotion and maintenance of health

3.1 The promotion and maintenance of health of the patient/s through:

- Attention to hygiene, physical comfort, and reassurance of the patient.
- Promotion of lifestyle changes that may include dietary advice, exercise, rest and sleep with a view to assisting in the rehabilitation of the patient.
- Education leading to the attainment of optimal health for the individual.
- Delivery of emergency first aid treatment (including CPR), if necessary.
- Inter-disciplinary consultation, liaison and/or referral.