

ARE YOU PREPARED?

By Linda Frank, NBCR, NCREd (WA)

Chance encounters can change the course of reflexology careers. And maybe the course of reflexology. Are you prepared for the chance encounter that might bring profound changes for you?

Kevin Kunz has talked about how he and his wife Barbara ended up in a University fMRI lab doing ground-breaking research.

As I recall Kevin's telling of the story, he gave a reflexology session to esteemed physicist Doctor Stephen Posse. Dr. Posse was so intrigued by what he heard and experienced in the Kunz's office he suggested the research that's now likely to change how reflexology is understood and received in the wider medical community.

I recently learned that Lila Mueller had a similar chance encounter – hers, a session for a department head that landed her an invitation to be a resource for the Integrative Medicine Program at St. Luke's Medical Center in Milwaukee, WI.

Barbara Brower's chance encounter "sales pitch" to Gwen Wyatt that reflexology was useful for more than "just" relaxation – and Barb's proving it -- resulted in the three [NIH-funded QOL cancer studies](#) that so many of us have come to refer to.



What Lila, Barbara & the Kunz's have in common -- additional to their skills in administering reflexology -- is that they know how to effectively talk about it.

Do you?

Do you explain to new clients what reflexology is and something of some of the hypotheses as to why it works?

Do you share with new clients examples of how it's helped others?

Do you give some examples of our reflexology research?

Do you talk about the number of sessions a client might anticipate having depending on the longevity of the issues they're coming in to see you for?

All of the above are important pieces of a new client Intake. They can help set the stage for a client's response to a session, as well as help to differentiate the goals and outcomes as they differ from massage.

Lila told me she's probably worked on &/or had 30-40 MD's shadow her to date. They're docs who are looking outside the box of allopathic medicine. 99% of them, says Lila, have never heard of reflexology. The Integrative Medicine Program at St. Luke's calls Lila to arrange for the preceptor shadowing experience. Lila sets up the session with one of her clients who has a challenging medical condition. She puts a stool nearby for the MD to observe Lila doing both her extensive intake and her reflexing.



Lila says her client intake usually takes 30 minutes (mine is 15-30), and she documents everything (as do I). Interestingly, she says, clients often are surprised she's asking so many questions about medical history, remarking that they didn't think it would be relevant to a reflexology session.

That reflects a perception others may have that reflexology is "just" a relaxational tool

Barb Brower told me in recent conversation that that's what Gwen Wyatt, author of the NIH-funded QOL cancer studies thought. That was before Barb bumped into Gwen sporting a cast and persuaded her with lots of facts about how reflexology could help with Gwen's broken leg. So confident was Barb that she could help Gwen's leg by working Gwen's forearm (referral area) that she gave Gwen a money-back guarantee! The story of how Gwen went from being a once-a-month relaxational reflexology client to so much of a believer in reflexology's power that

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she'd use her nursing and professorial clout to write a grant for reflexology research is well worth the read by clicking [here](#) or going to <https://branchreflexology.com/nih-grant-results-articles/how-the-grant-came-to-be/>

By the way, I used quotation marks above for “just” because all relaxational tools are valuable. We know that part of why reflexology is oft so effective is we're helping clients move from sympathetic into parasympathetic mode, the “rest, digest” state – to which I like to mention to clients is also “repair” mode. With an estimated 75-90% of doctor visits now being attributed to stress, this change that we help effect via reflexology is significant.

So, how's your “elevator pitch”? Are you prepared to answer -- on the fly, in less than a minute -- what it is you do when someone asks, e.g. in an elevator? Your “pitch” could intrigue someone to come for a session, and/or could lay the groundwork for something even more profound.

I encourage you all to practice not only your elevator speech, but also a concise synopsis of: reflexology's history; hypotheses as to how/why it works; some of our [best research](#); and some examples as to how it's profoundly helped others. If you don't yet have your own examples, you can site others' stories. [Here's one](#) from a graduate of mine, Shannon Thompson, as to how she eradicated her grand mal seizures with three years' of reflexology 3x's-a-week. Just remember the thing to stress with a story like this is the importance of repetition – and that the bodymind will heal what it can (though it could be symptoms or conditions other than those a client comes in for!). We are assisting, not producing, change.

Sometimes a condition is too chronic for us to help effect change with it. I had a client with just 7% kidney function left. Dr. Manzanares told me his kidney function was likely too chronically diminished to ever revive to more normal levels, but that what reflexology would do for him is support his other organs and functions. With fairly regular reflexology he staved off the predicted date for dialysis by more than a year, giving him an extra year of quality of life sans dialysis. That's nothing to scoff at.

In talking with both Barb and Lila, we discovered that all three of us find four sessions to be a good gauge as to whether reflexology is an apt modality for that client at that time. If they're not getting any results by the fourth session, we might refer them to a different modality. When I tell my clients this, I preface it with informing them that while most studies are done with 10 sessions, they're usually shorter sessions. This helps a client to understand reflexology, much like acupuncture and chiropractic, *often* relies on a cumulative effect, and that more than four sessions may be needed.

There are, of course, exceptions to the rule – like the PT whose searing thoracic pain from a laminectomy was no more after a single reflexology session. That may have been because her condition was so acute that her body could repair more quickly. And, she exercised and apparently lived a pretty healthy lifestyle. I was not the reflexologist who worked on her, having met her after her laminectomy and reflexology experience. But I sometimes use her story to impress on clients that quicker healing may occur (an indirect way to encourage an expectation and allow for the mind to play a role in healing without prognosticating or promising quick results). I want clients to know how condition longevity and healthy lifestyle are factors in the response they may have to reflexology.



If enough RAA members are interested to practice what to say during Client Health History Intakes, I'd be happy to schedule a Zoom meeting where we can collectively try-out and hone our verbiage & delivery. Email me if interested, with **Prepared** in the subject line.

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Our chance encounter(s) may be waiting. Let's be prepared to meet them.

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