

# Footnotes

*A publication of the Nova Scotia Association of Reflexology Practitioners*

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## Nova Scotia Association of Reflexology Practitioners

www.NSARP.org

### Board of Directors

President - Melany Rand  
 Vice President - Rebecca Rose  
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 Director - Shawnda Parnell-Shaw  
 Director - Melissa Mitchell

## Third Annual General Meeting Large Success

By Melany Rand

A record number of NSARP members and guests met this September 29, 2007 in Bridgewater for the 3rd Annual NSARP Conference.

Shanomi Murray was the first guest speaker with a phenomenal

presentation dealing with Integrating Intuition into Healing Modalities. The South Shore Club of the Taoist Tai Chi Society delightfully provided background information pertaining to the origin of Taoist Tai Chi, and then illustrated a portion of the 108 movements that make up the entire sequence of the therapeutic practice.

David Parsons presented an introduction to a rapidly growing therapy called Chi Gung. Chi Gung is recognized by the American Medical Society as a complimentary therapy for the healing from cancer. Sylvia Booth spoke to the group next



NSARP Board Members from left to right: Joanne MacFarlane—Secretary, Shawnda Parnell-Shaw—Director, Cheryl Gaul—Treasurer, Melany Rand—President, Melissa Mitchell—Director, and Rebecca Cassidy Rose—Vice President

detailing Financial Management Information You Need to Know. She provided Business Basics in a comprehensive presentation that empowered the class with current regulations and a new skill set that can be easily applied to improving our practices.

The final guest of the day was Marcus Summersfield, Executive Director of RAC. Marcus delivered inspiring information reflecting RAC's new goals and mandates.

The AGM ended on yet

another high note where three new members joined the Board! Rebecca Rose accepted the position of Vice President, Joanne MacFarlane became Secretary and Shawnda Parnell-Shaw accepted a director position. Welcome Ladies to the team, we are so very grateful to have you on Board!!

### Editor's Corner

Welcome to the 5th issue of Footnotes, NSARP's bi-annual publication. My name is Catherine Whittaker, and I am pleased to introduce myself as the new editor of Footnotes. Nothing makes me happier to share my editing background with the membership, as we work together to make Reflexology even more recognized among the Nova Scotia public and medical society.

If you would like to start receiving the publication, or if you have any comments, ideas or submissions that you would like to see included in our publication, we welcome your input.

Sincerely,  
Catherine Whittaker  
[info@CozyCornerHolistic.com](mailto:info@CozyCornerHolistic.com)

### Advertising and submissions:

Deadline for submissions are October 31 and April 30. Advertising rates range from \$20 - \$120 per issue, and is a great way to support NSARP and grow your business at the same time. For more details, please contact Catherine at [info@CozyCornerHolistic.com](mailto:info@CozyCornerHolistic.com) or leave me a message at (902) 463-2699

## From the President's Desk



First, I would like to start by saying that because of you, our members and guests, the third NSARP Annual General Meeting and Conference was a great success and a great day was had by all!

The AGM was well attended, which was a great time to introduce our new President's choice award. This award is generated to recognize individuals who have been outstanding volunteers in service of Reflexology Therapy. To qualify, the Therapist must have made advancements for the Reflexology profession within the conventional Health Care System. This year, the Award was presented to Melissa Mitchell.

During the proceedings of the AGM, it was discussed and voted in favor for proceeding with negotiations for affiliation between NSARP and RAC to enhance our professional standing within conventional

healthcare, and to serve as a prototype for national unity of the Reflexology profession. Since this vote, Board members have met with the Department of Health with Mr.

Summersfield of RAC, and have started taking the necessary steps forward in attaining Legislation. These steps will ensure Reflexology Therapy as a recognized Health Care Profession alongside other defined Health Care Professions in this province. Once this is in place, then reimbursement for Reflexology services will take place from Insurance Companies and various components of the Governmental Health Care System. Reflexologists who are eligible for reimbursement will at that time have to be members of NSARP to be recognized as Registered Certified Reflexologists (RCR's) by the province and insurance companies. This is to ensure the public and other Reflexologists that Practitioners are highly qualified therapists who have the highest standards for practice and education. This is part of the reason why NSARP has developed its own Continuing Education (CE) program

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*"NSARP has developed its own Continuing Education (CE) program which will be in effect starting January 1<sup>st</sup>, 2008."*

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which will be in effect starting January 1<sup>st</sup>, 2008. Information regarding the CE Program will be available on the NSARP website in the new year.

The AGM ended on yet another high note where three new members joined the Board! Rebecca Rose accepted the position of Vice President, Joanne McFarland became Secretary and Shawnda Parnell-Shaw accepted a director position. These three ladies live in the Yarmouth area and are all very successful business women with busy family lives as well. They each bring unique skill sets to the table and already have boosted the Board's abilities for success three fold! Welcome Ladies to the team, we are so very grateful to have you on Board!!

Respectfully yours,

**Melany Rand**  
**NSARP President**

## Reflexology News

### RAC Update

By Melany Rand

As the National Reflexology Association, RAC wants to work with Provincial Associations across Canada to obtain reimbursement for Reflexology Services from both the Private Insurance Health Care Plans and

Government Health Care Systems.

As the National Association, RAC has the desire and drive to facilitate a National Unity for Reflexologists across the country, and hopes that NSARP will be the Provincial Association that “sets the mold” for

the rest of the provinces to follow.

Finally, a complete educational upgrade is being finalized, involving an increase in hours for the core reflexology training curriculum, as well as a continuing education program which will be in effect starting January 1<sup>st</sup> 2008.



### President's Choice Award—Outstanding Reflexology Volunteer

By Melany Rand

The recipient of this year's President's Choice Award is Melissa Mitchell. This award is presented each year to a deserving candidate who has been selected by NSARP's President in recognition of volunteer work done for the advancement of the Reflexology profession within conventional health care.

Melissa is employed at Kings Physiotherapy Clinic in New Minas. Her practice has her working along side

*“Her practice has her working along side professionals from other Health Care disciplines.”*

professionals from other Health Care disciplines. This promotes knowledge and appreciation for Reflexology Therapy within the conventional health care system.

Melissa has been present at numerous public events with other members of the King's multidisciplinary team to help represent the different modalities offered and to explain

how each therapy contributes to good health and well being. Melissa has also been actively working with the clinics owner to promote Reflexology Therapy to the public and to have insurance companies reimburse for Reflexology Services under their group health plans. Congratulations Melissa!



Melissa Mitchell (Left), accepting President's Choice award from Melany Rand (Right).

## Reflexology News

### The Sunshine Room at QEII Hospital in Halifax

By Jenny Trussler

To fully appreciate the Sunshine Room, one has to first envision the circumstances surrounding those who have been diagnosed with cancer. In a split-second, one's whole life can be turned on its head with the immediate flood of emotions and questions that inevitably follow.

Emotions such as panic, fear, anger and worry. Questions such as why me, what did I do wrong, and how will I tell my family and friends? Doubts and dread about the treatments available, and possible side effects such as hair loss or debilitating sickness. Worries such as how will I make it and how will I cope through it all?

Following the initial diagnosis, a whirlwind of cancer treatments, and possibly surgery, will follow. As there are a limited number of cancer care units in Nova Scotia, many patients have to move away from their home and families to stay closer to the hospital.

This accentuates to an already difficult and anxious situation.

The Sunshine Room was set up with the intention of being an 'oasis of tranquility' amidst this turmoil. It offers patients and their families a warm, welcoming interlude during their treatment journey.

Located alongside the Cancer Care Unit at QEII, people are welcome to just sit and relax, or take advantage of the various services offered. There is an area for wigs and head wraps (*with a hairdresser on site every Wednesday*), a relaxation area equipped with sofas and chairs, and a treatment room where people can receive a range of complimentary therapies such as Reflexology, Massage Therapy, Reiki and Therapeutic Touch.

I feel very privileged to be part of this program and to be able to provide 'a little ray of sunshine' at a vulnerable time in people's lives. I have



been providing Reflexology treatments to cancer patients for a while now, and see first hand the significant benefits it can provide.

My involvement there is also an opportunity to educate more people on the benefits of Reflexology. The provision of complementary care to cancer patients, in a modern health care environment, is a positive step towards a more comprehensive

and balanced health care system in Canada.

**For more information on the Sunshine Room and volunteer opportunities please contact:**

**Karen Nicholls at the HI Site:  
(902) 473-2880 or  
Karen.Nicholls@cdha.nshealth.ca**

## International Perspective

### Dwight Byers: Great Globetrotting Pioneer in the World of Reflexology

By Wil Ten Ham

Dwight was first introduced to reflexology as a young boy around 1947 by warming up the feet of the clients of his famous aunt, Eunice Ingham. Dwight and his sister were asked by Eunice to accompany her during her lectures, which was very exciting for the young ones for several reasons: traveling around, attending Eunice's lectures and promotions for her famous book—*Stories the feet can tell*—, being part of the treatments by Eunice and getting the experience of what reflexology did to the people. It is very special because all of this was achieved by Eunice herself, a lady, during a time that in fact was a real “man's world”.

As a young boy Dwight was paid by his aunt, he got 50 cents for each client, which was not bad at all for that time. With Eunice instructing him step by step, he started to assist with treatments and gradually started to treat sick people.

In the 'sixties' Dwight and his sister Eusebia who was a nurse, worked out anatomy in relation to reflexology and in the 'seventies' after Eusebia's retirement, Dwight formed the International Institute of Reflexology. In 1983 he wrote his first book “Better Health with Reflexology” along with hands. In 1994 Dwight and his wife Nancy published their book “Anatomy & Reflexology Helper Areas' with lessons in anatomy of the organs and organ systems in relation to Reflexology. In 2001 he published a revision of his book in color.

Reflexologists all over the world are still learning from Dwight as he is still lecturing and presenting seminars in the Ingham Method. Dwight taught well-known reflexologists who are teaching today, to name a few: Hanne Marquart, Doreen Bailey, Ann Gillanders and Tony Porter, (who taught Lynn Booth) Barbara and Kevin Kunz, Christine Issel and Laura Norman. He also trained the instructors who represent the Institute all over the world.

To become an instructor you need to have qualified in the Ingham Method, have had a lot of experience, which means practicing daily and an anatomy and physiology background. All instructors must take a practical and written examination, which is modulated by Dwight himself.

Dwight: The quality of instructors is so important. There are a lot of reflexologists who want to become an instructor but not everyone has the ability. You have to know what you have to do, to be aware of what you do and feel and explain what reflexology is and does, and willing to help people with a caring and positive attitude.

Q: What is different in reflexology from the time you started to today?

A: In 65 years, I have seen reflexology grow from nothing to what it is today! The original Reflexology started with feet and hands only. Today we have many different kinds of therapies, which add the word “Reflexology”, like ear, facial, body, cranio-sacral, meridian and others. Other therapies are fine but one should say, “I am using reflexology along with other therapies like auricular therapy, acupressure point therapy and so forth” and this is why nobody today knows what reflexology truly is!”



#### About the Author

Following in his aunts footsteps (Eunice Ingham), Dwight Byers is a pioneer in today's reflexology movement, is the founder of the International Institute of Reflexology, and author of several Reflexology books such as “Better Health with Reflexology” and “Anatomy & Reflexology Helper Areas”.

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*“Reflexologists all over the world are still learning from Dwight as he is still lecturing and presenting seminars in the Ingham Method. Dwight taught well-known reflexologists who are teaching today...”*

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## International Perspective

### Dwight Byers: Great Globetrotting Pioneer in the World of Reflexology - Continued

Q: Are you treating the whole feet? Do you always treat the whole foot every time?

A: It depends: I usually customize my treatment to the client. There are a few reflexes I always work, but it is not necessary to do everything I know to everybody. This is where so many either delude or water down their treatment. I find spending most of the time working on the reflexes that need to be worked on for their condition most effective.

Q: Do you have specific cases you want to share with ICR members?

A: After over 60 years of experience there are lots of successful cases. I think I have a special case for every condition and I always will try to work on any condition, because it is always better to try and fail, then fail to try. I have had wonderful results with diabetes, regardless whether it was type 1 or type 2. However, the patient had to be available for treatments at least twice a week, or I would not take them. One extreme case: the client had several ulcers/holes on the plantar surface of her feet. I worked around the ulcers with my special techniques and within one month they started to heal, and within two months she was able to walk normally again.

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*“After over 60 years of experience there are lots of successful cases. I think I have a special case for every condition and I always will try to work on any condition, because it is always better to try and fail, then fail to try.”*

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Q. Do you have any contra-indications?

A: The Ingham method of Reflexology teaches no contra-indications. Working with Eunice Ingham for many years there was not a health condition she would not work on. Naturally, experience in practice is the main thing, knowing how long to work and which reflex to work and knowing how much pressure to use is very important.

Q. Are you co-operating or sharing information with the medical doctors?

A: I am working with several physicians in my hometown, for many different health conditions. They recommend us.

Q: What is important in your view for Reflexology in the future?

A: I see the future with great possibilities to establish Reflexology as a profession in complementary health care. I also see some problems we need to address.

Like I explained in your question about the development of reflexology, there are so many therapies, which add the word reflexology to their way of treatment that it looks like we lose the sight of what reflexology truly is. We became a “Jack of all Trades” and a “Master of None”. As a result others, like the medical field, don’t know what we do. There are so many schools today that add what they think is important, but who checks this and their quality? Why are there so many charts with different places for one reflex area? The body has not changed since we made the charts, so is this all to do with copyright or power struggles? The differentiation in education doesn’t make our profession a strong one. An example: how can we do good research on the effects of Reflexology when the reflexologies have different reflex areas in mind / hands and when techniques differ? New is not always better you know. It looks like everybody wants to learn new things, but since most of the new techniques are based on the Ingham Method it is worthwhile to pay attention to this method! This is what keeps me “on the road”. Students are looking for what we teach, we teach the basis of all reflexology. Why would Aunt Eunice otherwise be called “the mother of reflexology”?

I am sure we all share the same goal, namely to see Reflexology recognized and become a profession of recommendation in complementary health care. As a matter of fact, we are re-arranging the Institute now, to make sure we are ready for the future!

*(Reprinted with permission from ICR newsletter, Vol.16 No.1 March 2007)*

## Clinical Case Study

### A Reflexology Case Study - Frozen Shoulder



#### About the Author

Ann Gillanders qualified in Reflexology in 1976 under the method developed in the USA by Eunice Ingram, the founder of modern Reflexology. She is the Principal of the British School of Reflexology.

Edward contacted me. He needed an urgent appointment, as the pain and disability in his shoulders was so intense that he was not able to sleep at night. Although only 38 years old, he said that he walked about like an old man of 80.

There seemed to be little reason for his shoulder restriction. He had been married for a couple of years and had just had his first child and his work did not involve any heavy physical lifting. His job was demanding. As a computer programmer for a large company he sat for hours in front of a screen and the more he worked throughout the day, the more his pain and discomfort increased.

His doctor had treated the problem initially with pain-killing tablets, and because the condition failed to improve, he then had two cortisone injections. He described the pain of these injections as "agonizing" and initially had some relief but six months later he was back to square one.

The sensitivity in his shoulder reflexes was extreme, his thoracic spine and neck also revealed a lot of tension and inflammation. After his first treatment he reported that in fact the condition seemed worse. I reassured him that this was not unusual; often the condition gets a little worse before it gets better following a treatment of Reflexology, particularly the first one.

Edward attended his weekly appointments and very gradually an improvement began. First and foremost, his pain levels decreased and then gradually he was able to raise his arms a little more each week.

As we got to know each other he said that he had found the responsibilities of marriage, a mortgage and a new baby rather a strain and he did constantly worry about his job security and so on. I explained that the shoulders are traditionally where we "shoulder our responsibilities".

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*"The sensitivity in his shoulder reflexes was extreme, his thoracic spine and neck also revealed a lot of tension and inflammation."*

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Tense shoulders often mean that we are carrying too many burdens. Our shoulders get painful and rigid when we are not expressing our real needs, when perhaps we are doing something that we would rather not be doing.

He said he was scared of sharing these insecurities with his wife in case she felt that he was a bit weak and watery.

Maybe the acceptance of the cause of his condition helped admirably but after eight sessions of Reflexology his shoulder condition became a thing of the past. Edward still comes back from time to time. He says that when he feels like "the milkmaid carrying her yoke" he rings for another appointment.

*(Article courtesy of Reflexology World Newsletter, September 2001)*

## Reflexology News

### Nova Scotia Workshop with Hanne Marquardt this May

Hanne Marquardt is probably the most well known and experienced reflexologist in Europe today, and she is coming to Nova Scotia in May 2008. To a large extent, she has been responsible for

distributing knowledge about the method throughout Europe. Marquardt has developed and refined reflexology from the original theories by Eunice Ingham, and founded a network of schools in Germany

and other countries.

Stay tuned for more details, which will be posted on the NSARP website as soon as they are available.



**Hanne Marquardt is coming to Nova Scotia May 9–11, 2008**

### Ask the Expert

**Dear Happy Toes,**

*My training taught me that an unstable heart condition is a contraindication to having treatments. Many reputable web sites are saying that it is alright to have treatments if you have a pacemaker. I've had a call from a man with one lung and an implanted defibrillator as a result of a massive heart attack a few years ago. He has been stable for quite some time. He has requested treatment for other*

*things.*

*Need to talk to someone as my first thought is that he would not be a candidate for reflexology, but would like input.*

**Thanks in advance, J**

**Dear J:**

I would treat this gentleman, but would not work his heart. I would not want to interfere with the heart muscles' response to the pacemaker, which has been carefully calibrated during an OR procedure.

You will not be able to correct this condition, so if he is well managed with the pacer, it is best to leave it alone. I would treat the CV reflexes but avoid the cardiac area. Be careful to not over stimulate, and unless he is in acute

pain, I would space the initial sessions 2 weeks apart to give his body time to adjust to the changes. Once progress is evident, you can lengthen the treatment interval. Make sure to obtain informed consent to treat, and that you discuss the healing response with him.

**Happy Toes**

## Newsletter Sponsor

# MERE ENOUGH HEALTH FOODS



**Carol Strong, Owner, is an experienced Natural Health Consultant with a Certificate in Nutrition. With more than 14 years experience in the industry, she knows what people need.**



**Cindy Milton, Food Safety Certified, is also on staff and is a great resource.**

reference publication each month, and seniors discounts everyday. Carol is a member of Valley Business Connection, a networking group that meets at New Minas Civic Centre the first and third Tuesday of each month at 7 pm. Come network with us.

Carol extends sincere thanks to her customers who have supported the business over the past six years.

It's been six years since MERE ENOUGH HEALTH FOODS opened its doors on Crescent Drive in New Minas. It has become a very popular stop for those who are interested in taking proper care of their health.

Owner Carol Strong, an experienced natural health consultant with a Certificate in Nutrition, has found that people are more informed today about proper nutrition. Many are looking for high quality foods and supplements.

At MERE ENOUGH HEALTH FOODS, you'll find quality brand names that include Flora, Organika, Natural Factors and Solaray, etc., and "NOW", a new brand in Canada.

Among the endless variety of nutritional supplements and herbs, are body building products which are great for building and maintaining muscle mass, and can be important for seniors and women in general.

In the natural food section, you'll find a selection of packaged and bulk baking supplies including whole grains and various flours, as well as dried fruit, dried vegetables for soups, natural sweeteners, teas, cereals, tasty snacks and more.

There's also a line of earth-friendly cleaning products, a body care section with unscented soaps and creams, a library of health-minded books and cassettes that you can borrow at no cost and a sunny reading corner at the front of the store. It's a great spot to read a magazine.

Once a month, MERE ENOUGH offers a free lecture by a naturopath, who speaks about diseases and health conditions like blood pressure and how to treat them with supplements. Anyone interested can attend.

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**Monday -Thursday: 9:30am-5:30pm**  
**Friday: 9:30pm-6pm**  
**Saturday: 9:30am-5:30pm**

## Business Development

### Thoughts about Scope of Practice

*"You may be questioned, vaguely or specifically, on topics related to their health concerns or even on unrelated issues."*

*"There is no shame in saying that you don't know or that the question is unrelated to your profession."*

When thinking about this topic, the first thing that comes to my mind is to be very clear with yourself in regards to what is included within the parameters of your training and what is not included. You must be absolutely certain about this and make sure to stay within this framework.

Do be aware that you are seen as a professional by your clients and, by some,

perhaps even as a "fountain of knowledge". You may be questioned, vaguely or specifically, on topics related to their health concerns or even on unrelated issues. Be very careful with your answers especially in areas where you may be out of your depth. There is no shame in saying that you don't know or that the question is unrelated to your profession. You may want to suggest that they check with their doctor or pharmacist. Be honest, and also be aware of the need to protect yourself.

If it has been one of your priorities to become acquainted with other health professionals in your community, and you should do so, you

have the option of referring clients to them for treatment as the need arises. Do be aware of "who is doing what" and the kind of reputation they have built for themselves. However, regardless of your opinions or what you may know as fact, never ever offer a disparaging comment towards other practitioners no matter their discipline, quality of their work or care of their clients. This is not professional behavior.

You need only to concentrate on offering your best efforts to your clients and your reputation will look after itself. One of the best ways to do this is to "stay within your scope of practice".



#### About the Author

**Sylvia Lent has been a chiropodist in Kentville, NS for the past 25 years. In addition to rotating through clinics and nursing homes on a regular basis throughout the province, she has been in much demand in private practice.**

### Creating an email newsletter

Staying in touch with your clients is crucial, and one of the most convenient ways to do this is creating an email newsletter. First, the newsletter needs to be permission based. ASK your clients if they would

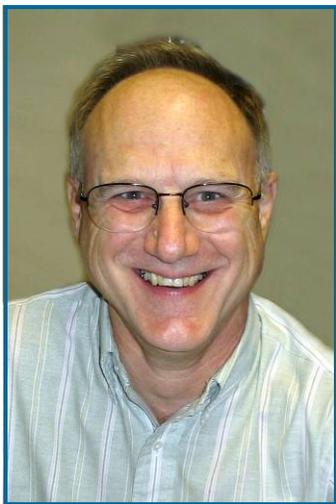
like to receive your newsletter. Then, consider your clients time. There is no need to send a newsletter more than once per week. The general rule is send it out 1-2 times per month. This way,

they actually look forward to it. Keep your newsletter short and offer them useful information. Keep your sales pitch at a minimum, but do offer them something to act on. Finally, when it

comes time to sending your newsletter, put your recipients in the blank carbon copy of your email, and send it to yourself. That way, you are not disclosing your clients privacy.

## Business Development

### Bookkeeping Tip—The Importance of Paper Trail



**About the Author:**

Terry Webber is a retired business man who works part-time for several local businesses.

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*“In real estate, there is a saying; “Location, location, location.”*

*For accounting, I have one; “Paper trail, paper trail, paper trail.”*

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In real estate, there is a saying; “Location, location, location.”

For accounting, I have one; “Paper trail, paper trail, paper trail.”

As a small business owner, I remember when we were told the computer would save on paper, thus good for the environment. That sounded good to me until I realized I was using more paper than ever because making changes and reprinting was so easy.

There is one area that I cannot emphasize enough, and that is the importance of having a paper trail with your accounts.

Trust me when I say this, no one involved in looking after your bookkeeping likes ambiguity. Being one of those people, there is nothing more annoying than getting a credit card receipt with just an amount printed on it, and no breakdown to explain the expense. In most cases, bookkeepers don't get receipts right away. So if you handed in an expense

claim with dozens of expenses listed on it from last month, how much a certain meal cost or how much tip you gave is not a question you are likely to be able to answer, you might as well have asked the wall.

A great example is a restaurant bill paid by credit card. For legitimate business meals, you are only allowed to claim half the HST paid. So you have a nice meal, leave a tip, pay the bill, which has HST on it, and hand over the receipt to your accounting person with no bill showing the breakdown. Now we all know in most cases you don't pay HST on the tip, so without the breakdown, how does the bookkeeper know how much to expense to meals and how much to claim as a HST input tax credit?

This may be a minor annoyance to a bookkeeper but who loses under this scenario? You do! Now the bookkeeper has no idea how much the meal was, how

much tax was paid or how much the tip was. The question then arises for the bookkeeper, how much tax credit do I post. Without the breakdown, the answer is NONE. The entire expense has to go to meals and so you, the business owner, lose the tax credit you are legitimately entitled to take. Over the course of a year, this can add up.

Paper trail, paper trail, paper trail.

As a side bar to all of this, for those of you who don't know how to work back a total to get the before tax amount, it's really easy. For example, if you have a receipt in the amount of \$114 for having the parking lot plowed of snow, just divide the \$114.00 by 114%. The total before tax is \$100.00. Should the HST amount change then you would divide by the new HST amount.

## Industry News

### Orthotics: Correcting from the Ground Up



#### About the Author

Micheal Innis is a Certified Pedorthist and currently works with Family 1st Medical in New Minus, Nova Scotia. He has been in the industry for over 18 years and truly is passionate about the profession.

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*“For a true custom Orthotic, a three dimensional cast must be taken of the foot. Products to achieve this include; plaster bandage, wax, sand, and some computer programs.”*

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All too often, mechanical problems with the feet go ignored until the problem reaches a chronic condition. Most people think it is normal to have sore feet, but this is not the case. Pain is your body’s way of telling you that there is something wrong. Orthotics can provide relief for a number of problems ranging from pain in the foot, ankle, knee, hip, back and neck, as well as conditions like plantar fasciitis, patella femoral syndrome, chronic back pain and headaches.

The Orthotic assessment consists of four parts:

**1. Medical history:** Does the patient have any conditions like diabetes, arthritis, neuromuscular disorders; are they active in sports; are they currently taking any medications? Many drugs can have side effects like swelling, leg cramps, and muscle fatigue and in some cases tendon rupture.

**2. Non-weight bearing exam:** Range of motion of the joints is tested, keeping in mind that each joint should have a certain range and if the body cannot get it from that joint, it will try to get it from the next joint in line.

**3. Standing evaluation:** Includes the degree of heel valgus/varus, the total degree of pronation/supination, degree of tibial vaurm if any, the knee position valgus/varus or recurvatum, hip rotation internal or external, pelvic alignment and leg length. It may seem strange to some that I test leg length in a standing position but I have found it gives a more functional reading, not just an anatomical one.

**4. Gait analysis:** Patient walks at a normal pace while the feet, knees, hips and pelvis function are observed for anything abnormal like hip hiking, which may indicate a leg length difference or internal rotation of the feet, which may be a hip or

a knee problem.

Next is the most important part of the patients visit, where I explain, in terms the patient can understand, exactly what all the previous medical information means and what I can do to fix it. I feel if they leave my office still confused about their problem, I have not done my job.

For a true custom Orthotic, a three dimensional cast must be taken of the foot. Products to achieve this include; plaster bandage, wax, sand, and some computer programs. The method I use is the foam box impression, very similar to oasis but it does not absorb water.

Regardless of what modality is used, it still comes down the skill of the person using it.

When it comes to an Orthotic, it is only as good as the footwear it is going into. This does not mean that you need new shoes to fit an Orthotic; just that footwear should fit your needs and your foot.

## Industry News

### Product Review—Maca (cruciferous root vegetable)

By Carol Strong

Maca is a cruciferous root vegetable, high in essential fatty acids, and extensively studied and proven to be an effective tool in the fight against estrogen-dominant cancers, particularly breast cancer.

Maca is high in fibre, which clears the excess fat and estrogens out of the colon, beneficial to breast tissue and the lymphatic system.

Maca also has the ability to nourish the hypothalamus (master gland), which then regulates the entire endocrine system. This is a very delicate and elaborate hormonal system, but with the master gland in top form, all the other glands come into balance, thereby regulating the hypothalamus' own production of hormones in the proper proportions.

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## Upcoming Events

### Upcoming Events

Reflexology Association of America National Conference <a href="http://www.reflexology-usa.org">www.reflexology-usa.org</a>	May 1—4, 2008	Portland, Maine, USA
Workshop with world renowned instructor and authority Hanne Marquardt. This event is not to be missed! Details will be posted on NSARP's website as once available	May 9-11, 2008	Kentville, Nova Scotia, Canada
Nova Scotia Reflexology Association 4th Annual Conference and General Conference	September 27, 2008	Kentville, Nova Scotia, Canada
Reflexology Association of Canada National Conference <a href="http://www.reflexologycanada.ca">www.reflexologycanada.ca</a>	October 2-4, 2008	Montreal, Quebec, Canada



**Hanne Marquardt is coming to Nova Scotia May 9–11, 2008**

### Letter to the Editor

Dear Editor,

I finally got the chance to read through your newsletter, and wanted to pass on my congratulations. You seem to have a good deal of committed contributors and the range of content is

impressive for an organization of your size and type. I wish you all the best with your future issues, and thank you for sharing.

If you are ever able to send copies of other issues to me I always enjoy reading them

and getting a feel for what is going on in reflexology at a provincial level.

All the best,

**Deborah Murphy  
Newsletter Editor for  
Reflexology Association of  
Canada (RAC)**



Let us know what you think! Please send any ideas, comments or thoughts to the editor at [info@CozyCornerHolistic.com](mailto:info@CozyCornerHolistic.com) by March 31, 2007

### Disclaimers

The views and opinions expressed in this newsletter are not necessarily those of NSARP or its Board of Directors.

Reflexology therapy is an adjunct to medical care but does not constitute the practice of medicine. Any information offered is not intended to replace the advice of your physician.

**Footnotes is a publication of the  
Nova Scotia Association of Reflexology Practitioners**

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