

Inside This Issue:

7th AGM and Conference Review	1
From the President's Desk	2
Editor's Corner	2
Reflexology Therapy News	
• Upcoming Reflexology Therapy Training	3
• Educational Bundle for Sale	3
• Sunshine Room Reflexology Volunteers Needed	3
• International Perspective - Can Stress be Painful?	4
• Client Treatment Study - 59 Year Old with Joint Pain and Insomnia	8
• Ask the Pro - Reflexology Treatment for Crohn's	11
Business Development	
• In the Black - Investing for your Future	12
Upcoming Events	13
Letter to the Editor	13

Nova Scotia Association of Reflexology Practitioners

www.NSARP.org

Board of Directors

President - Melany Rand
 Vice President - Catherine Whittaker
 Secretary - Donna Jones
 Treasurer - Cheryl Gaul
 Director - Marilyn Roberts
 Director - Jeanette Gormley
 Executive Director - Cheryl Gaul

7th AGM and Conference Review

NSARP members and associates gathered on October 1, 2011 for a day of learning and fun.

The day started with a stimulating hands on workshop on Craniosacral Reflexology with Jennifer Johnson, instructor at Atlantic School of Reflexology.

The two hour workshop left participants with a wealth of new information on how to effectively incorporate Craniosacral Reflexology within existing Reflexology treatments or other types of bodywork for enhanced therapeutic results.

Following a light lunch and social gathering, Melany Rand shared very valuable and detailed information on client intake, charting, understanding the healing response, consent to treatment form, client information sheet, and so much more. The information

provided stimulated lots of questions and comments, and everyone left the workshop feeling well equipped with new ideas to incorporate into their new or existing business. A special thank you to Melany for sharing her knowledge.

Following Melany, Melissa Mitchell presented an inspiring and very thought provoking workshop on the topic of attitude. Melissa captured the participant's attention with amazing examples and points that supported how having a positive attitude can grow your business and professional image. Melissa's workshop moved everyone from tears to laughter to undivided attention that will not be forgotten.

At the end of the day, NSARP's Annual General Meeting was a great success. The Board of Directors left with plenty of new ideas to move forward with in 2012.



Beautiful smiles and happy feet at Craniosacral Reflexology workshop with Jennifer Johnson of Atlantic School of Reflexology on October 2, 2011 in Kentville, Nova Scotia

Editor's Corner

Welcome to the 13th issue of Footnotes, NSARP's bi-annual publication. My name is Catherine Whittaker, and I'm the newsletter editor for NSARP. Please consider submitting an article that is related to Reflexology. Although not all articles get printed, members and subscribers look forward to new authors, because they offer a different perspective. Do you have something to say? How about a case study to contribute? If you do, let us know, or let us interview you if you do not feel comfortable writing the article yourself.

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. Please note that articles may be edited for content and length.

Sincerely,
Catherine Whittaker
info@summerhursthhealing.com

Advertising and submissions:

Deadline for submissions are October 31 and April 30. Advertising rates range from \$20 - \$120 per issue. This is a great way to support NSARP and grow your business at the same time. For more details, please contact Catherine at info@summerhursthhealing.com or leave me a message at (902) 632-2197

From the President's Desk

It seems that 2011 flew by in a hurry!

NSARP's 2011 Conference and AGM was a wonderful success. This year's keynote speaker Jennifer Johnson delivered a powerful hands on workshop on Craniosacral Reflexology. Her presentation was the highlight of the day. In addition, it is always such a treat to gather with new and existing colleagues and share a great day of learning.

Our AGM brought forth some wonderful discussions leading to great ideas and suggestions for NSARP committees to work on. One of NSARP new committees is based on the development of a mentorship program for NSARP student members that are taking the Reflexology Therapy Diploma program. Details on how this program will be structured still need to be determined, but the overall consensus was

that matching students with professionally practicing therapists is a great idea. This will ensure a much needed support and guidance program for all NSARP student members that wish to participate. We hope to initiate this program in the coming year.

As 2011 comes to an end, some of our members will be submitting their Continuing Education Form. Last year was the first year members submitted their Continuing Education Forms and it was clear that the Continuing Education Document needed to be simplified for ease of use. The new and improved document is now available on our website. Those of you that are required to submit their forms have recently been notified. If anyone has any concerns feel free to contact me directly!

Yours in Health,

Melany Rand
NSARP President

"As 2011 comes to an end, some of our members will be submitting their Continuing Education Form. The new and improved document is now available on our website."

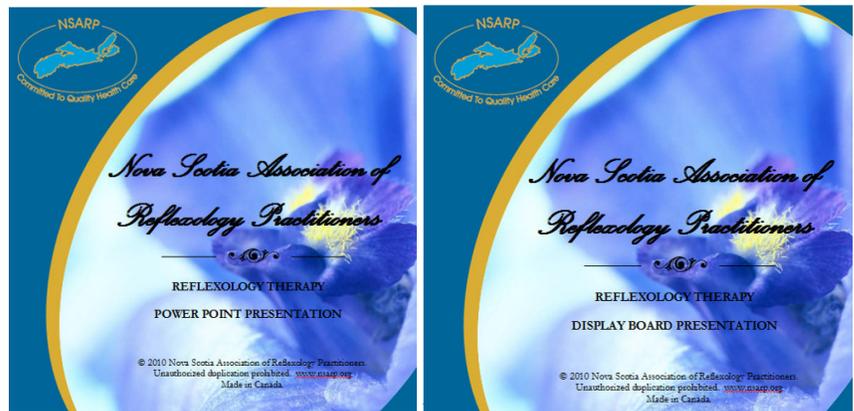
Reflexology Therapy News

Upcoming Reflexology Therapy Training

Footsteps School of Reflexology 300 Hour Professional Training Diploma Program	Feb 26 - March 1, 2012	Windsor, NS
	March, 2012	Yarmouth, NS
	June 18 - 22, 2012	Summerside, PEI
	July 9 - 13, 2012	St. Johns, Newfoundland
	September 6 - 10, 2012	Halifax, NS
Hand Reflexology Therapy Certification	September 11, 2012	Halifax, NS
Footsteps School of Reflexology Anatomy and Physiology Component (pre-requisite for RDC)	May be started anytime pre course date	By correspondence

Educational Bundle for Sale

NSARP is pleased to announce that the professional Reflexology Therapy presentation bundle is for sale to all Reflexology Practitioners. This popular bundle is useful to both new and established practitioners. The bundle includes two CDs: an easy to navigate power point presentation with your own set of notes available for each slide, and the display board (a printer ready file that can be printed at your local print shop). The bundle is available for \$25 CDN for both CD's, or \$15 CDN for one CD, shipping included. Please contact NSARP to order your copy!



Sunshine Room Reflexology Therapy Volunteers Needed

The QEII Sunshine Room is recruiting Reflexology Therapy volunteers to assist cancer patients. The shifts are 2.5 hours with a once a month commitment, Monday to Friday, 10am-3pm. If you are able to volunteer, please contact Gail Ellsworth at (902) 473-3811 or by email at gail.ellsworth@cdha.nshealth.ca

More details are available at <http://www.cancercare.ns.ca/en/home/nscancerservices/supportgroups/sunshineroom/default.aspx>

For details of events, training, member directory, CEUs, visit us online at www.NSARP.org

International Perspective

Can Stress be Painful?



About the Authors:

Dorthe Krogsgaard and Peter Lund Frandsen, Denmark. Dorthe Krogsgaard has lectured at international conferences and served as a board member and vice president of ICR. Peter Lund Frandsen is an international lecturer and author of many articles on various aspects of Reflexology. Touchpoint provides lectures, seminars and continuing professional development for complementary therapists. More information can be found on www.touchpoint.dk

That stress may cause various symptoms from the gut, as well as headache, mood changes, etc. is generally well known. Much more overlooked is the fact that long term stress may also produce pain in movement, most often in the shoulders, neck or lower back.

Many stressed people waste a lot of time and money on therapy, examinations and even operations for musculo-skeletal symptoms with no or only temporary relief. Not that their pains are not real - they most certainly are - and medical tests do indeed show pathological tissue changes; however, the real cause is not found in the peripheral tissues but instead involves reactions to prolonged exposure to stress.



The shoulder as an example

Following exercise or use of the shoulder, minor tissue damage might occur, which is then followed by a small inflammation as part of normal healing/recovery. In the long term presence of stress, a person's healing capacity can be dramatically reduced, potentially leading to chronic shoulder inflammation and pain.

Many factors produce stress-pain

Under the chronic influence of high levels of stress hormones:

- Muscles have a tendency to tense up and cause pain.
- Circulation of blood and lymph is reduced, leading to a poor nutritional state of some muscle tissue and build up of acidic waste products. This hardens the tissue, making it more prone to injury.
- Neuroendocrine changes may directly stimulate free nerve endings to send nociceptive (danger) impulses to the brain, eventually producing a painful sensation.
- Brain functions are altered: one change is an increased response to nociceptive signals, leading to a lower pain threshold and therefore more pain.

The physiological side of the stress response includes raising the activity of the sympathetic branch of the autonomic nervous system, leading to an imbalance between sympathetic and parasympathetic. The parasympathetic branch is responsible for healing and tissue repair, but when the individual is stressed, the sympathetic overdrive can effectively block or reduce tissue repair, which means more pain.

To contribute to this vicious cycle, pain in itself acts as a stressor and adds to the stress response.

International Perspective

Can Stress be Painful? - Continued

An example from our practice

A 42 year old female, employed as a senior manager, presented with shoulder pains. She was on long term sick leave because of shoulder inflammation due to computer work. She had received numerous therapies without effect, but strongly emphasized that she was not stressed.

Initially, most of the applied techniques were therefore related to the shoulder, neck and inflammation.

Near the end of her sick leave, when she started thinking about her work or spoke to colleagues on the phone, she felt an immediate and marked increase in the shoulder pains. We discussed this and gradually we both began to realise that her level of stress might be important to her recovery.

The therapeutic focus was consequently changed to stress and after a few sessions with primarily stress reducing techniques and less focus on the shoulder area, the pains diminished and eventually went away. This example illustrates how important and difficult it is to find out whether stress is a key issue. This client could probably have saved half of the treatments, had the focus been right from the beginning.

Stress as treatment blocker

When working with a stressed reflexology client, the first and most important thing to realize is the fact that severe stress counteracts the effects of reflexology. You may work session after session with the very best of techniques, but as long as the client is in a chronic stage of stress, nothing seems to get through.

Only when offering techniques that help reduce the stress level and break the vicious cycle associated with stress, will reflexology will be able to work.

6 Tips for the Reflexological Approach:

Tip no. 1: To be invited inside

With a stressed person, the physiological response has changed and it can be difficult to be “invited inside” with any kind of treatment. Therefore, pay extra attention to the initial phase of a reflexology session. Hold the feet, palms against soles, and try intuitively to feel when the connection is there. Ask the client to take 10 breaths, very slow and quiet, breathing through the nose, while you are still touching their feet.

Tip no. 2: No gain with pain

The “no pain, no gain” doctrine does not apply to stressed out clients (if at all!).

Aim to keep the entire session pleasant and pain free, to avoid increasing the sympathetic nervous system activity. In the beginning of the session, try to find the right amount of pressure. Your client will be able to help you with this. An intense and at times painful treatment may overload an already fully loaded system.

Tip no. 3: Stop thinking - but stay awake

In our experience, it is a good idea to ask stressed clients to “leave the head” and focus on the body - especially the feet - during the treatment. Stressed people usually have so many things going on in their minds and have often lost contact with the rest of the body.

As you go along, inform your client which part of the body you are giving impulses to. Ask them to focus on the area and tell you about possible sensations or reactions in the body or in the feet.

Stressed clients are often exhausted, but in our opinion the session will be more effective if clients do not fall asleep. The energy of their consciousness or concentration seems to strengthen the healing response.

International Perspective

Can Stress be Painful? - Continued

Tip no. 4: Work bilaterally, slow and less

Work both feet symmetrically and simultaneously where possible, as this helps the client to centre and focus on the body instead of thinking in all different directions.

A stressed person needs more time for the reflexological communication process. Try to offer slow and calm impulses, and work with fewer reflexes but spend more time on each. Make short breaks where you simply hold the feet, to allow the person to absorb the impulses.

Tip no. 5: Work with the ANS

The autonomic nervous system is a key player in the stress response. One way of working with the ANS is to use reflexes for the spinal origin of these nerves. In figure 1, the red area represents the origin of the sympathetic branch of the ANS, which is found in the lateral horn of the spinal cord in segments T1 to L2. The parasympathetic branch originates in the brain stem, upper cervical spine and sacral spine S2-S4 (blue on figure 1).

These reflexes can be worked on the plantar aspect of the foot on the periosteum of the bones shown in the illustration. Push the soft tissue aside while working, to enable a direct contact with the bony surface.

Some reflexologists prefer to work with sedating techniques on the sympathetic branch (which is too active during chronic stress) and stimulating techniques on the parasympathetic. We may also choose to simply work all areas, letting the system adjust and find a new balance.

For the sympathetic nervous system, figure 1 also shows connections from the spinal segments to areas in the body. If this spinal origin is divided into three main parts, we can see how sympathetic nerves innervate and control blood supply to specific parts of the body (vasomotor) and organs.

When a shoulder problem is present, the upper two thirds of the lateral horn (T1-T9) are contributing to the control of the blood supply to the shoulder. In terms of organs, there are connections between the shoulder and organs in the head, thorax and upper abdomen.

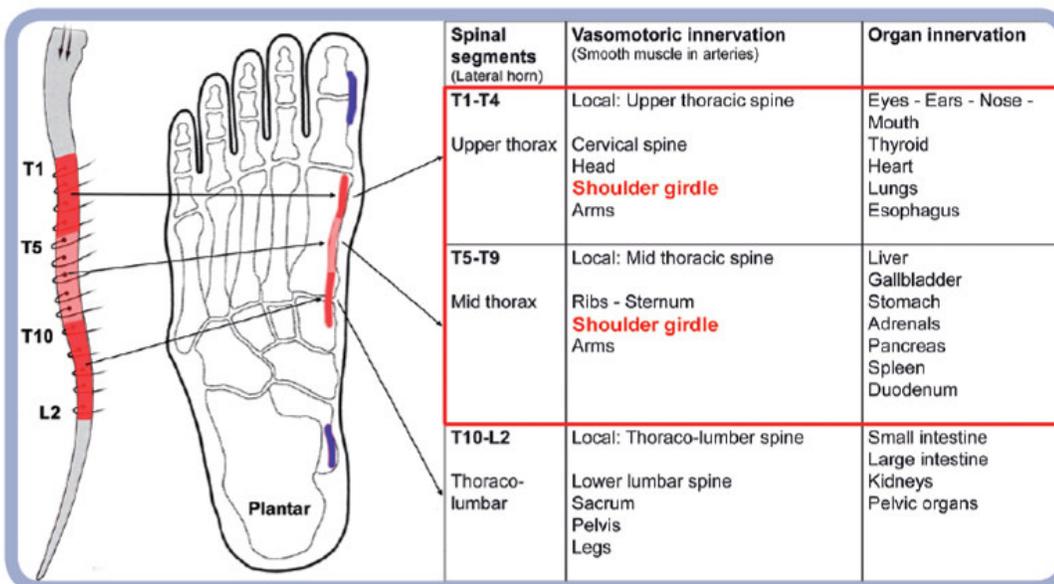


Figure 1 - Segmental connections in the sympathetic nervous system. Red indicates the origin of the sympathetic neurons in the spinal cord and in the spinal cord foot reflex. Blue shows the origin of the parasympathetic nervous system (Brain stem + C1- C3 and S2-S4). Shoulder connections are highlighted. © 2011 Touchpoint Denmark

International Perspective

Can Stress be Painful? - Continued

Tip no. 6: Linking with the sympathetic reflex

As an additional technique, we can connect the sympathetic origin reflex on the foot to symptom areas either as foot reflexes or locally in the body.

Using the table in figure 1 as a guide, we might help a shoulder problem by placing one thumb along the plantar side of metatarsal 1 (T1-T9) and with the opposite hand working the shoulder reflex. Try to experiment with working both areas together, working one and just touching the other or simply gently holding both areas, to see which seems to be most effective in the given situation. Inform your client what you are doing, and ask for feedback on sensations, thoughts or reactions. This principle can be applied in many situations where clients experience any kind of pain.

References:

Nerve Reflexology Vol. I - III, Nico Pauly, Touchpoint, 2011

Association for Manual Neuro Therapy and Nerve Reflexology: www.mnt-nr.com

Touchpoint Workbooks: Round about: Stress and Round about: Neck & Shoulder, 2010

Dorthe Krogsgaard HMAR and Peter Lund Frandsen HMAR, Denmark

www.touchpoint.dk

(Article reprinted with permission from www.touchpoint.dk)

Client Treatment Study

Reflexology Therapy Treatment on 59 Year Old with Joint Pain and Insomnia



About the Author:

Jeanette received her certification in Reflexology Therapy through the Footsteps School of Reflexology, Toronto, ON. She is a Registered Reflexology Therapist and a member of the Nova Scotia Association of Reflexology Practitioners (NSARP). She is dedicated to providing quality health care and plans to expand into other complementary therapies. She currently resides in Pictou, Nova Scotia with her husband and two children.

Summary

Patient is a 59 year old female with diabetes, arthritis and high blood pressure. She is on a number of medications for all her health problems, some of which she is unsure why she is taking. The patient is a heavy smoker, smoking about ½ pack of cigarettes per day, causing her to have frequent bronchitis and sinus infections. She has also been suffering from insomnia for some time, sleeping only 2-3 hours per night which she feels is caused by anxiety.

My original plan was to focus on her diabetes, but upon completing the Reflexology consultation, client stated that it was her joints that bothered her the most. Therefore, I will be focusing on the skeletal system, with a secondary focus on the adrenals and kidney reflexes. Treatments will be on a weekly basis starting with gentle treatments because of her many health issues.

Treatment #1, October 6, 2010

Foot Observations:

Good color, cool temperature, no dry or tough skin, varicose veins medial sides of feet, slight swelling in bladder reflex and ankles both ankles/feet rigid.

Treatment Plan:

Focus: Cervical spine, shoulder, knee/elbow, hip/pelvis

Secondary: Adrenals, kidneys

Focus is to help patient with the discomfort felt from arthritis and to help her sleep. Treatments will be once a week using gentle pressure to begin. Worked kidney reflexes twice because of the tenderness felt there by the patient.

Sensitive Areas:

Patient felt tenderness in the cervical spine, shoulder, knee/elbow, hip/pelvis and kidney reflexes of both feet.

Patient Reaction during Treatment:

Was rigid at the beginning of the treatment, but was more relaxed half way through. She was slow to tell me of the sensitive areas on her feet. I had to ask her a few times.

Advice Given:

Drink water, try listening to relaxing music when going to bed, try arthritis water aerobics, do some light stretching of the joints, quit smoking.

Notes:

Patient felt tenderness in most joint reflexes. Will continue to work those areas to alleviate her discomfort. I hope to help her relax and reduce stress to improve her sleep.

Treatment #2, October 14, 2010

Foot Observations:

Pale color, some dry skin on heels, cool temperature, rigid, varicose veins medial sides of feet.

Treatment Plan:

Focus: Cervical spine, neck, shoulder, knee/elbow, hip/pelvis

Secondary: Bladder/ureter/kidney, adrenals

Sensitive Areas:

Tender in the cervical spine, shoulder, knee/elbow, hip/pelvis, neck, bladder/ureter/kidney reflexes both feet. Face Z3 left foot also tender.

Advice Given:

Try not to smoke in the evening because cigarettes are a stimulant.

(Continued on page 9)

Client Treatment Study

Reflexology Therapy Treatment on 59 Year Old with Joint Pain and Insomnia - Continued

Gave patient a printout to read on tips for better sleeping (ie. relaxation, breathing, meditation). Speak to doctor about all the medications she is taking, which ones are necessary and which ones if any she can eliminate. Try decaf tea, perhaps chamomile tea, especially in the evening. Drink water!

Notes:

Neck felt better the day after the first treatment and right knee felt much better. Client is reluctant to tell me of tender areas because she doesn't want to seem like she is complaining. I'm trying to reassure her that I need to know the sensitive areas because they are indicators of possible problem areas and so I can use a little less pressure on those reflexes so the treatment is not painful for her. Client continues to sleep only 2-3 hours per night. She has started going to Therapeutic Touch where she was told that she is very tense.

Treatment #3, October 20, 2010

Foot Observations:

Pale color, warm temperature, dry skin on heels, slightly rigid.

Treatment Plan:

Same

Sensitive Areas:

All joint reflexes, bladder/ureter/kidney reflexes in both feet still tender.

Patient Reaction during Treatment:

Was relaxed, jerked a little bit when working on sensitive reflex areas.

Advice Given:

See her doctor as soon as possible about not sleeping, go over her medications with her doctor as some of her medications may be contributing to insomnia. Continue going to Therapeutic Touch to help de-stress and relax. Drink more water.

Notes:

Patient's knee is still pain free, neck continues to feel better. She is very frustrated with not being

able to sleep more than 2-3 hours per night. She has not gone to the doctor yet about her insomnia.

Treatment #4, October 28, 2010

Foot Observations:

Pale color, warm temperature, relaxed, no dry areas.

Treatment Plan:

Focus: Pituitary/Pineal gland, brain, spine

Assisted: Thyroid, thymus, adrenals, ovaries, pancreas, solar plexus

Have changed focus of treatments to improve the insomnia which I believe to be caused by stress and depression. Will now focus on the endocrine system to work out any imbalances.

Sensitive Areas:

Cervical spine, knee/elbow, hip/pelvis, kidney reflexes both feet

Patient Reaction during Treatment:

Sensitive areas a little less tender than last treatment, shoulder and neck reflexes no longer tender. Was relaxed during and after treatment.

Advice Given:

She has still not seen her doctor yet about her insomnia. I am continuing to encourage her to see her. Gave her a CD of soft music to play when going to bed to help clear her mind. Suggested trying a visualization method – to picture herself having a restful sleep. She said she would try these things.

Notes:

Patient started taking a natural melatonin supplement as suggested by the Therapeutic Touch practitioner. Her right knee continues to feel good. She also noted that her back has been feeling much better than usual. She continues to sleep only 2-3 hours per night.

Treatment #5, November 3, 2010

Foot Observations:

Slightly pale color, cool temperature, relaxed.

(Continued on page 10)

Client Treatment Study

Reflexology Therapy Treatment on 59 Year Old with Joint Pain and Insomnia - Continued

Treatment Plan:

Same as last week

Sensitive Areas:

All joints, cervical spine, kidneys and pancreas reflex areas are tender for the patient.

Patient Reaction during Treatment:

Feeling tenderness and electric type shock up zones when working all joints, kidney and pancreas reflexes, both feet. Was relaxed despite the tender areas.

Advice Given:

Suggested trying rhodiola, a natural supplement that helps insomnia. Continue using the CD of soft music when going to bed. Try drinking more water.

Notes:

Using light pressure on all joint reflexes, spine, kidneys and pancreas. Knee and back continue to feel good, shoulders are starting to feel better. Still only sleeping 2-3 hours per night.

Treatment #6, November 16, 20110

Foot Observations:

Pale color, cool temperature, puffy bladder reflex, low elasticity, swelling around left ankle, purple spot under skin - tip of right small toe, dry on bottom of heels

Treatment Plan:

Focus: Pituitary/pineal gland, brain, spine
Assisted: Thyroid, thymus, adrenals, ovaries, solar plexus

Sensitive Areas:

All joint reflexes both feet, kidney reflexes, liver, sinuses left foot

Patient Reaction during Treatment:

Above reflexes still tender, feeling of electric type shock when working sensitive areas.

Advice Given:

Do some ankle and leg stretches to improve circulation and loosen joints, try arthritis water aerobics.

Notes:

Currently has a chest infection (was coughing a little). Knee, back and shoulders continue to feel good, is now sleeping 3 ½ hours per night.

Final evaluation

After six treatments, there is still much to be worked on with her insomnia and tender reflexes. Throughout all six treatments, she felt the electric type shock and tenderness in all of the skeletal system reflexes, urinary system reflexes and the liver reflex. This is a strong indication of the level of toxins in her body due to her health issues and lifestyle. The liver reflex is most likely tender because of the number of medications she is taking.

There were some positive results just after the first treatment with her knee. After the second treatment her neck started feeling better and after the third her back was feeling much better. These areas continued to feel better as the treatments progressed. By her fourth treatment, it was apparent that her biggest health concern was the fact that she was not sleeping more than 3 hours per night. I decided to change the focus of her treatments to help this condition.

She has been fairly reluctant to try some of the suggestions I've given her, and when she did try, she did not continue doing them. Despite me telling her that she is ultimately responsible for her health, she still will not drink water or do any type of exercise even though her joints are feeling better. She has, however, been smoking less and going to Therapeutic Touch which she finds is helping her to relax more. Overall, she has been enjoying her treatments and we are both hopeful that her sleep will continue to improve as the treatments progress.

Since her 6th treatment, we have done 3 more treatments with better results in improving her sleep. She is now having a restful sleep each night, and her joints continue to feel much better prior to starting treatments.

Reflexology Therapy News

Ask the Pro - Reflexology Therapy Treatment for Crohn's

Dear Happy Toes,

I did a presentation last week for a Crohn's and Colitis group. As always, I used the power point presentation and spoke about the benefits to the immune system. After my talk, a lady asked me if a Reflexology treatment might interfere with her immune suppressing medication. With Crohn's being an auto-immune disease, she has to take this medication. I wasn't sure what to say, so I told her that if it was a concern, we could avoid certain areas on the foot and that I would also check with a Reflexology mentor prior to treatment to determine the best treatment plan for her condition. I would really love your input on this. How would you tailor the treatment plan for this individual?

Fortunately, there was also another attendee that raved about Reflexology and how much it helped her. I am not sure if she was taking the same type of medication or not, but she did tell everyone how much it helped her with her Crohn's, reconfirming what I had already explained to the group.

J.G.

Dear J. G.,

Reflexology therapy improves the health and functioning of the body and therefore the efficacy of medication. If the person responds well to treatment, over a course of therapy, the client will often require less medication and once they heal, will have no further need for it. GI problems usually respond very well to therapy and will often heal out and disappear fairly rapidly.

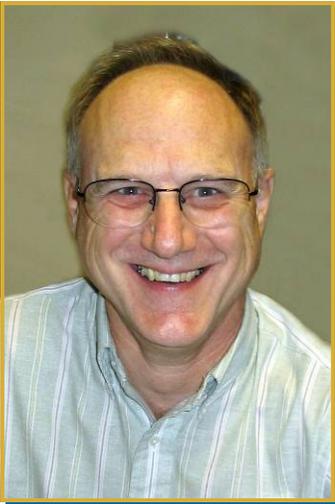
Make sure to work the digestive system well especially the colon and chronic colon reflexes. Work the nervous, immune and endocrine systems and make sure to include lots of stress reduction and relaxation techniques. Initially, I would space three treatments two weeks apart and then treat in a month's time. The treatment interval would then remain at once per month while needed. She should soon be feeling much better.

Happy Toes

“Reflexology therapy improves the health and functioning of the body and therefore the efficacy of medication. If the person responds well to treatment, over a course of therapy, the client will often require less medication and once they heal, will have no further need for it.”

Business Development

Investing for your Future



About the Author:

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

In a time of market uncertainty, it is important to take the time to reflect and plan on the best way to invest and save for the future.

10% Rule

No matter how old you are, the general rule is to put aside 10% of your income. That is easy to do if you don't have a mortgage, car payment, want to eat and keep warm. But most young people are in a situation where they are just making ends meet, so saving 10% is a real challenge. In addition, this demographic often does not realize how quickly reaching the age of 60 can sneak up on you, so the thought of saving for the future seems so far away.

Business people like yourselves are much more in touch with reality and understand the importance of good fiscal planning and preparing for the future, right? Maybe so, but often you are too busy trying to keep your head above water too.

Not matter what your situation is, the stark reality is you must plan for the future!

Making it happen

Putting aside 10% for your future can be done in a number of ways.

The Canadian tax-free savings account is a wonderful way to save. And now you are permitted to go back to when the plan was first introduced and retroactively put in up to the \$5000 per year for each year you missed.

Another way to save for the future is to watch your spending now. Although spending is all about common sense, to do this properly and consistently, you really need a monthly budget.

First cut out any unnecessary expenses, then see where you can reduce additional expenses. For example, if your income is \$2000 / month, and your family grocery budget is 20% (\$400), reduce it to 18% (\$360). You may want to do the same thing for things you can control such as spending money, entertainment, gas, electricity, heat, telephone and cellular plans, television, clothing, personal care, subscriptions, memberships, hobbies, travel, gifts, and so on.

“No matter how old you are, the general rule is to put aside 10% of your income. That is easy to do if you don't have a mortgage, car payment, want to eat and keep warm. But most young people are in a situation where they are just making ends meet, so saving 10% is a real challenge.”

Business Development

Investing for your Future - Continued

If you shave off five monthly categories by 2%, or ten categories by 1%, you then have your 10% that you can put aside each month as part of your budget. When you are on a tight budget, this will take a little creative planning but will not be as difficult to achieve.

today.

Get yourself a good financial planner you can trust. They will help you along the way in all aspects of your financial planning.

For In the Black - I'm
Terry Webber

Credit card debt is on an exponential rise in this country. Your number one risk to financial disaster is credit card debt. So first rule is put aside 10%, and rule 2 is pay down your debt if this applies to you.

You may need to get even more creative to pay off your debt, but it will be worth it in the long term. Then, moving forward, you have to balance want with need. Do not take on debt you can't afford. Plain and simple.

Your whole investment/saving strategy has a lot to do with your age. If you are young your options are much greater than someone who is near retirement. However, even at my age I am always reevaluating my investment portfolio, insurances and so on to see if what was good 10 years ago is still good

“Credit card debt is on an exponential rise in this country. Your number one risk to financial disaster is credit card debt. So first rule is put aside 10%, and rule 2 is pay down your debt...”

Upcoming Events

Upcoming Events

World Reflexology Week	September 24 - 30, 2012	
NSARP 8th Conference and AGM	October 6, 2012	Kentville, Nova Scotia, Canada

Letter to the Editor

Dear Editor,

I just wanted to thank NSARP for creating the wonderful marketing material toolkit to help us promote Reflexology Therapy and its many benefits. I have used both the Reflexology display board and the Reflexology power point presentation at a health and wellness expo, as well as at a local weekend market to promote and grow my business. I also use the power point CD for every presentation I make to local groups and businesses. The presentation is very easy

to follow and also gives the audience a good visual aid. As a result, I had the privilege of having one of my talks recorded and aired on the local Eastlink television channel, which also included the Power Point Presentation.

These tools have proven to be invaluable to the growth of my business and the promotion of Reflexology as a valuable complementary therapy. I encourage everyone to purchase these tools if you haven't already! Thanks again NSARP!

NSARP Member

Dear NSARP Member,

NSARP's educational bundle was created with the vision to make it very easy for NSARP members and other RRTs across the world to promote their business and Reflexology Therapy. We are delighted to receive such positive feedback from you and grateful that these tools are being used to help promote your business and awareness of the Reflexology profession in your area. Keep up the great work!

Editor



Let us know what you think! Please send any ideas, comments or thoughts to the editor at info@summerhursthealing.com by April 30, 2012

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

PO Box 224, Centreville, Nova Scotia, B0P 1J0, Canada

Tel: (902) 679-4510, NSARP@ns.sympatico.ca



www.NSARP.org