

# Footnotes

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

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**Nova Scotia Association of Reflexology Practitioners**

[www.NSARP.org](http://www.NSARP.org)

### Board of Directors

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Vice President - Catherine Whittaker  
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## Upcoming NSARP AGM and Conference, October 2, 2010



AGM and Hanne Marquardt Study Days, September 2009.

Mark your calendar for the next Annual NSARP General Meeting and Conference being held October 2, 2010 in Kentville, Nova Scotia.

Mike Innis, Certified Pedorthist, will be offering a series of workshops throughout the day. Mr. Innis spoke at our Conference in 2008 and is being brought back by popular member request. Further details and registration forms will be sent in the coming months.

In addition, the President's Choice Volunteer of the Year Award will be awarded to an

Outstanding Reflexology volunteer at the conference. Nominations are being accepted now.

Finally, please remember that NSARP is a volunteer based organization. All projects need committees. The more volunteers we have, the more members benefit. Strongly consider volunteering your time next year and become part of Reflexology history in Nova Scotia!

### Editor's Corner

Welcome to the 10th 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? 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.

Sincerely,  
Catherine Whittaker  
[info@summerhursthealing.com](mailto:info@summerhursthealing.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@summerhursthealing.com](mailto:info@summerhursthealing.com) or leave me a message at (902) 632-2197

## From the President's Desk



Hello Members and Friends! I recently had the opportunity to attend several lectures at a **Chronic Pain Symposium**. The topics were about post surgical chronic pain and fibromyalgia. The lectures were delivered by leading Canadian researchers and practicing doctors in each of these fields, speaking to an audience of physicians as well as a few other representatives of the health care sector. The sizeable amount of research delivered was impressive, as well as its overall results.

With respect to the **Post Surgical Chronic Pain** lecture, the speaker confirmed that surgical procedures induce an inflammatory reaction and scar tissue development. The overall lecture focused on percentages of chronic pain found after specific types of surgeries. For example, hernia repairs generate one of the highest percentages of post surgical pain within patients.

The presentation continued on from there

into the realm of prescriptions, dosages of medications, and so on. It was also interesting to know that the top pharmaceutical companies sponsored the entire symposium.

The **Fibromyalgia** presentation was most impressive. This medical expert focused on the most recent research on the topic. It was confirmed that there are neurochemical, glandular and pain receptor changes that occur in the body with people who suffer from this condition. This is a disorder that is no longer misunderstood or denied to exist. It could be said in layman's terms that pressure receptors found in the dermis and myofascial tissues actually change into pain receptors thereby increasing the physical experience of pain. It was also confirmed that although there are insidious onsets of the disease (which are not understood), there are recognized triggers of fibromyalgia such as physical traumas. I was pleased to see that holistic therapies are beginning to be studied with regards to the treatment of this condition, and that patient education was one of the top priorities for improved daily living.

Throughout the symposium, I could not help thinking of how wonderful it would be if

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*"The fibromyalgia presentation was most impressive. It was confirmed that there are neurochemical, glandular and pain receptor changes that occur in the body with people who suffer from this condition."*

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holistic therapies and therapists were more greatly utilized pre and post surgery within the realm of the conventional health care system. Maybe then it would be documented that the need for surgery can be much less, and that post surgical pain can greatly be reduced and certainly less chronic. Also, maybe it would be accepted once and for all that through holistic treatment, the endocrine system, especially the adrenal glands, can be stimulated to effect chemical changes within the body to help prevent, control and improve conditions such as fibromyalgia. As therapists, it may be time for us to do a better job of informing doctors and other health care practitioners of what our profession has to offer, sooner rather than later. I think that as Reflexology Therapists, we can do this!

Yours in Health,

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

## Reflexology Therapy News

### Upcoming Reflexology Therapy Training

Footsteps School of Reflexology 300 Hour Professional Training Diploma Program	June 6 - 10, 2010 September 9-13, 2010	Halifax, Nova Scotia, Canada
Footsteps School of Reflexology 300 Hour Professional Training Diploma Program	June 14-18, 2010	Summerside, PEI, Canada
Footsteps School of Reflexology Anatomy and Physiology (pre- requisite for RDC)	Can be started anytime pre course date	By correspondance
Marquardt International School of Reflexotherapy of the Feet Level 1 course for medical/therapeutic professionals, gadogi@rogers.com	October 15-17, 2010	St. Jacobs, Ontario, Canada

### Answer to Letter to the Editor (from page 13)

Dear C.L.,

In hard economic times, all our Reflexology practices are affected, so you are not the only one that is frustrated! When funds are low, clients are forced to really evaluate their monthly spending, and getting two to three Reflexology treatments in a month is often not an option.

When clients know that Reflexology is the best route, often they will make the effort to come in once a month. All we can do is maximize their treatment and help them come up with a home

plan to best suit their healing.

- First, take the time with the client and offer superior service
- Second, make sure to chart their progress and ask them to keep a journal of their health during the month
- Offer them a monthly challenge, such as drinking more water, exercising more, and/or changing to healthier eating habits
- Empower your client by showing them important self-treatments on their hands and other simple self-healing methods
- Congratulate them when they accomplish

major goals  
-Book their next appointment before they leave

When your client feels you are in their corner, they will keep coming. Avoid slashing your prices as it may be hard to bring them back up when times get better. You may, however, want to offer monthly specials such as volume incentives. For example, during a month, book two treatments and get the third half price. This will help the clients who really need to come in get the results they need. Also, you may

want to seriously limit your business spending to increase your profits.

If needed, you may want to consider working part-time outside the practice to supplement your income. Although this may not be what you want, it can really help you survive and put things in perspective.

Most importantly, evaluate your individual practice and specific concerns to reflect your type of clientele and what resonates with you.

*For full details of events, training, member directory, CEUs, visit us online at [www.NSARP.org](http://www.NSARP.org)*



## International Perspective

### Around the world with Father Josef



#### About the Author:

In 1991 the ICR Eunice Ingham Award was presented to Father Josef, a Swiss missionary priest working in Taiwan, China for his work in re-introducing Reflexology to Asia. In 1999 he received the ICR International Humanitarian Award. ICR caught up with Father Josef recently in Taiwan to learn more about his latest efforts to spread Reflexology around the world.

For more information about his work or books visit [www.fjmreflexology.com](http://www.fjmreflexology.com)

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*“One day a nurse suddenly shouted, ‘Father your method is wonderful, it doesn’t cost any money and we can help a lot of people.’”*

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I did a lot of travelling last year in 2008. First I was in mainland, China (HE Pei) teaching 70 nuns and some lay people in a big convent. There they take care of handicapped people old and young. Most of the nuns are not yet 35 years old and very engaged in their work. It was very uplifting for me to teach them, and their very simple life style impressed me so much. I was able to travel there because of the money I earned one year ago giving workshops in Canada and in the United States for the Chinese Catholic communities.

Then I was in Australia: Sydney and Melbourne, by invitation of the Catholic community teaching Australians and Chinese in August. On August 29th when my plane was approaching Melbourne from Sydney I thought, we have a wonderful phrase in Chinese not in English about how useful Reflexology is in reducing healthcare costs and our goal: One Reflexologist per Household. If one person in every family knows Reflexology, the expenses for health care would be much less.

The money earned in Australia was spent one month later in Africa in Lusaka and Zambia. It has always been my dream to introduce Reflexology to the poorest countries of the world where people can’t afford expensive medicines and now I have really had the chance. I gave three workshops for 40 people

(120 students in total) and among them were some who suffer with AIDS. The people are extremely poor and grateful. One day a nurse suddenly shouted, “Father your method is wonderful, it doesn’t cost any money and we can help a lot of people.”

On my return trip from Zambia, very exhausted - after my two hip joint operations I feel that my energy is decreasing now that I’m 68 and I need more time to recover from travelling - I had the chance to go on TV in Switzerland and Austria and gave several talks and workshops in these countries, also in Germany. I was impressed by the zeal the students showed in Europe.

Since there are already many people who know the FJM Method in the United States and Canada, I don’t plan to go there anymore. My work in North America is being carried forward by Irina Breslav and Laura Jodry.

Wishing all my colleagues around the world joy and success in your plans and work, I send you my best regards.

Josef

*(Article reprinted with permission from ICR Newsletter, Vol. 18, No. 1, March 2009)*

## Client Treatment Study

### Client Treatment Study: Irritable Bowel Syndrome



#### About the Author:

Maggie Brooks is an Osteopath registered with the General Osteopathic Council and Member of the British Osteopathy Association. She is also a Remedial Massage Therapist, Reflexologist and Clinical Aromatherapist and full Member of the Scottish Massage Therapists' Organisation. Maggie lectures at Health Shows and runs Stress Management seminars and lectures internationally. Maggie is in practice at Brooks-Carter Clinic, which offers Osteopathy, Manipulative Therapy, Advanced Remedial Massage, Sports Massage, Reflexology, Clinical Aromatherapy and On-Site Massage. She is also a Registered General nurse registered with UKCC. Maggie is Secretary of the Scottish Massage Therapists' Organization and on the forum for General Council for Massage Therapy, which is in the process of establishing standards and code of practice nationally. She is also a Member of the recently formed working group for Sports Massage under the auspices of the National Sports Medicine Institute. Website on [www.scotmass.co.uk](http://www.scotmass.co.uk)

#### By Maggie Brooks DO, RGN, SMTO

Eleanor's husband had given her a gift voucher and suggested that she try Reflexology as he felt she would benefit, having experienced it himself. Indeed, his chronic sinusitis had eased after one session and was no longer a problem after another two sessions. Eleanor agreed to act as a case study more out of interest than anything else. She really felt she was fine with no real problems; she could unwind as necessary and slept well.

Eleanor (47) is a Staff-nurse in the Intensive Care Unit, which though stressful at times, she enjoyed. She also works three evenings a week at a private hospital for extra money. This she found less stressful but her workload was considerable.

Her husband only works part-time due to some health problems, which had meant retraining. He hoped to return to full time work by the end of the year. It had been a difficult few years and this had taken its toll, but Eleanor felt she was coping fine and that the bad days were truly over.

Son, James (20) was studying medicine and lived in a flat while daughter Jan (18) was living at home and was a hairdresser. Eleanor's family live in the South of Scotland and both parents are well.

#### Primary Complaint

In the first instance, Eleanor felt she

did not have any complaints - certainly not that anything could be done about. The first consultation included detailed questioning, which is necessary if we are to really embark on true holistic care of a client.

Eleanor felt her only problem was constant back pain, but she didn't feel there was anything that could be done about that. She had real problems with her right hip but had seen no point in getting any kind of treatment as nothing would work.

It later came out that she also suffered from severe Irritable Bowel Syndrome. She admitted her diet was not good - she had put on 2 stone over the last couple of years. The problem was takeaway fish suppers and ice cream on her late shifts. She smoked about 20-25 cigarettes a day. There was no time for any social life. She preferred to go to bed early.

On her consultation, we recorded no past medical history apart from some reconstructive surgery to her nose 15 years ago. Eleanor at 47 is still menstruating normally.

#### Goals of Treatment

I felt I had to "go extremely canny" with Eleanor - too many suggestions all at once would frighten her away.

I hoped that we could improve her back and at the same time her I.B.S. As she had not had any other treatment, I was also very interested to see what Reflexology could do for

*(Continued on page 6)*

## Client Treatment Study

### Client Treatment Study: Irritable Bowel Syndrome - Continued

back pain when used on its own without massage or osteopathy. She had resisted any suggestions in regard to those treatments. She looked tired but was cheery and ready to be looked after.

#### First Treatment:

I always inspect the client's feet on the first appointment. Eleanor's feet were a little callused on the right but otherwise apart from being pale were OK. As usual we began by working on her toes (after the warm up of course.) She found this fascinating. The head areas on the right were more tender than on the left.

Eleanor was quite surprised at how the different reflexes elicited different sensations. The lumbar reflex areas were extremely tender on both feet. L5 more on the left, L4 more on the right. The knee and hip reflex areas (even more so) on the right side were also tender. I could see that she had a pelvic tilt when she walked in and had a lesion at L5. Indeed, the whole spine reflex was tender on both feet. C7/T1 was tender on the left; T8-T10 very tender on the right. Her feet were very stiff and unyielding.

Reflexes to the pituitary and pineal glands were more tender on the left. Thyroid reflex was more sensitive on the right. The adrenal glands reflexes were tender. Uterus reflexes were more tender on the right and the ovary on the left. The lung reflex area felt slightly congested - more so on the right and the liver reflex was tender.

The whole bowel area reflex was tender - the ileum on the left was very tender and the colon on the right with the ileo-caecal valve. The Dorsal areas - right elbow, left shoulder were also very tender. She then told me she did often feel her shoulders were tired, tight and sore. We discussed all this - I showed her the Reflexology chart, which she found very interesting.

She talked about how busy she was with no time for herself. Her job in intensive care was very

hectic. She felt in control and felt that she rarely got involved with or affected by patients. She felt she could relax easily - and particularly had no problem sleeping. She was however looking forward to a holiday for a week.

Eleanor enjoyed her first treatment and was eager for the second. She drank a glass of water after the treatment and I suggested she start a new habit. She thought this was strange but agreed she'd try it. We agreed to meet again in one week's time to allow her body to adjust to what we had done. I warned her that she might show signs and symptoms of toxicity - such as headache and/or fatigue and just to treat it with rest and drinking water.

#### Second treatment - one week later:

Eleanor returned looking forward to her next treatment. She felt well, been sleeping better and was impressed! What had amazed Eleanor most, was that she felt that she was less stiff - though she would have expected to be more so, as she was on holiday and had been stripping paper off the bathroom walls!

We discussed diet - though Eleanor felt she did not have time to make a packed lunch or dinner. Already, she felt she had more than enough to do. Certainly, she felt that Rice Krispies were the one thing that eased her Irritable Bowel Syndrome. I never recommend bran as this can make matters far worse.

Eleanor did not want to discuss personal issues and I respected that. We used the session to relax.

The right hip reflex area was still tender, but the thoracic reflexes had improved, as had the cervical, the elbow and shoulder areas.

We discussed drinking less caffeine and more water. We then discussed taking a short walk

*(Continued on page 7)*

## Client Treatment Study

### Client Treatment Study: Irritable Bowel Syndrome - Continued

every day. We agreed to meet in one week's time.

**Third treatment - one week later:** Eleanor was feeling that she was moving easier and was feeling better in herself - though she admitted that she hadn't realised how stressed she had been. Her husband had commented that she was looking younger. (Indeed he had told me how pleased he was that she was finally taking some time for herself.)

We continued the session, working the spinal and musculo-skeletal reflex areas as before. I increased the mobilisations of her feet as she could now tolerate more. The bowel reflex area had improved quite dramatically from the first visit. She reported that her colic had eased so much she was able to forget about it at times. Eleanor's feet were now more flexible and looked better in regard to texture and colour. We discussed home treatment but she felt she wouldn't have time and preferred to come to see me. Some clients like to work on hand reflexes to complement what is happening at the treatment. We agreed to meet in two weeks time.

**Fourth treatment - two weeks later:** Eleanor was continuing to feel that she had more energy and her mobility was improving. She felt that the pain in her hip was lessening and her lower back was moving much more easily. She agreed that her pain decreased, she would be more likely to consider going for a walk.

The nervous and endocrine system reflex points were tender as follows: cervical on the right particularly C6 and 7; T1 on the right, T4 on the left, T8 on the right, T12 on the right; L3, L5 and sacrum on the right; pituitary on the right, thymus on the left, adrenal on the right, ovary on the right.

The lung reflex areas seemed more congested this time and when I mentioned it she said she had found that after the previous treatments, she

had been smoking less but that it had been on the increase again over the previous three days. But her smoking had reduced overall.

The stomach reflex was more tender than the previous visit before - I felt this was related to the lung congestion.

The bowel reflex areas were, again, very tender particularly on the left over the hepatic flexure and transverse colon reflexes.

We included some breathing techniques, which she enjoyed. The session was mainly relaxation - as Eleanor obviously enjoyed just being herself and not 'on call' for this hour.

She volunteered that she planned on cutting down smoking and told me that her overall diet had improved slightly. We agreed to meet again in three weeks time.

**Fifth treatment - three weeks later:** Eleanor felt there was a definite improvement in her hip and lower back - so much so that she was enjoying going for a short walk each day. I felt that this was a dramatic change particularly as Eleanor did feel constantly under time constraints. She had cut down on smoking, which she was proud and delighted about. She was feeling a bit tired and was looking forward to being re-energised again.

The right hip and spinal reflex areas were the most tender - more the lumbar and lower thoracics reflexes. C7/T1 was still painful - about a four out of a scale of five on the right. This junction is a vulnerable area for everyone.

Eleanor's feet relaxed more easily than at her previous treatments suggesting an overall improvement in her ability to relax. She felt her bowel was fine now and that she really had no other problems. We agreed to meet in six weeks.

*(Continued on page 8)*

## Client Treatment Study

### Client Treatment Study: Irritable Bowel Syndrome - Continued

#### Sixth treatment - six weeks later:

Eleanor walked in well - the pelvic tilt I spotted on the first visit was still apparent - but not as much. She remained delighted with her improved musculo-skeletal system. She had also surprised herself with her continued progress and now looked forward to another session. We worked as before and I noted the overall improvement in all the reflex areas. Hip and lumbar spine reflexes were still tender about a 3-4 out of 5, now.

She opened up for a little while about the hard times in her life then said she felt she had handled all she needed to handle. I absolutely respect the client's right to privacy. I was aware, too, that starting to talk might well open up a lot of issues that would require specialised counselling but at the same time might also prevent her from working. As the major breadwinner, this was something that she could choose to do in her own time.

I mentioned how I'd found that past events and issues can affect health quite dramatically and she agreed. We concluded the Reflexology treatment with some breathing and lymphatic pump techniques. Eleanor stated how glad she was that she had come for treatment as she had benefited so much. She also had decided to continue with Reflexology on a regular basis for as long as she needed it.

#### Seventh treatment - eight weeks later:

Eleanor found that her hip was at last easing a bit to the point where it was not painful all the time. She was smoking less, still drinking more water and had lost 4 lbs in weight. She was also feeling more like her 'old self' and she and her husband had gone out several times, once with friends.

The treatment went well - Eleanor was tired and happy to relax. Work had been very busy. The adrenal reflex areas were more sensitive than they had been on the last visit. Reflexes of the spinal areas were still tender but now she scored

them a 2 out of 5 and occasionally a three. The hip reflex still scored more than the rest.

She promised to attend in a couple of months for another treatment. She hoped she would be able to tell me that she had lost more weight!

#### Conclusion

Eleanor had really only come for Reflexology to please her husband. She had expected it to be a nice experience and was astounded at the effects. Her back pain along with her hip pain had gone. Her Irritable Bowel Syndrome was no longer a problem. She did not feel as stressed and lacking in energy. Indeed, the increased awareness she had developed in response to her Reflexology treatments had let her realize how low she had gotten. Eleanor continues with a very busy schedule and manages to come for Reflexology about once or twice a year.

As an osteopath, I was amazed at the effects that Reflexology could have on back pain - remembering that I had advised osteopathy but Eleanor had refused.

*(Article reprinted with permission from ICR Newsletter, Vol. 18, No.4, December 2009)*

## Reflexology News

### Ask the Pro - Foot Pain First Aid - Reflexology or Orthotics?

**Dear Happy Toes,**

*I am always unsure on what advice to give clients who are experiencing foot pain. To me, it makes sense to stabilize or correct the foot pain with Reflexology first, then have the client get orthotics or therapeutic footwear to prevent any further issues. But I also see benefits having orthotics first. Any advice?*

C.L.

**Dear C.L.,**

The best overall advice I can give you is to remember your scope of practice as a Reflexology Therapist. If you do not feel confident that you can treat the cause that is resulting in the client's pain, then a referral to a Certified Pedorthist is the best course of action, as they are certified to assess and treat many foot related issues.

Certain foot problems need to be addressed immediately with foot corrections such as pronated, supinated, or even fallen arches. These are posture and structural corrections that although can be helped with Reflexology, the client will certainly benefit from foot corrections immediately.

On the other hand, foot pain such as plantar fasciitis or even specific pain in certain areas of the feet may be best addressed with Reflexology first. If a reflex is tender, it is best to address the reason why it is tender and rebalance the organs than try to cover up the symptom. By covering the symptom, the pain may 'disappear' but the health issue is not

dealt with.

With plantar fasciitis, certain muscles or tendons in the foot tend to be stuck in a "contraction" mode. So when the muscle is suppose to contract and then relax, it stays contracted, therefore making it very painful on the surrounding muscles and causing a lot of nerve pain, making it difficult to walk and seriously diminishing the foot's natural range of motion. Since Reflexology works with the nervous system, the right manipulation will trigger a nervous response to tell the muscles to "reset", therefore helping it contract and relax as it is supposed to. In this case, one or two treatments can often help release the cause of the pain altogether. This is normally triggered by emotional and/or physical stress, so people with plantar fasciitis often get recurring symptoms once a year or so. Therefore, having properly fitted footwear and/or orthotics is a good preventative measure.

Above all, use your judgement, and get to know your clients' detailed health history. Not all foot pain is the same, nor is it triggered by the same cause. Is it a first time occurrence? Is there any swelling, inflammation or lymphatic issue? Is the client overweight? Is it a particularly stressful time for the client? What kind of footwear does the client wear regularly? Are they in a job where they stand all day? Are they involved in certain sports that could trigger a physical stress? These and more are just a few of the questions to get you started. With time, you will see trends and will be able to better determine the best course of action for each individual client.

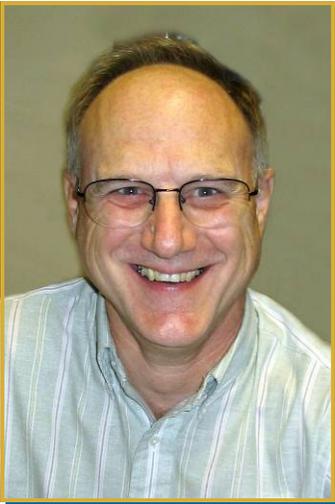
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*"If a reflex is tender, it is best to address the reason why it is tender and rebalance the organs than try to cover up the symptom. By covering the symptom, the pain may 'disappear' but the health issue is not dealt with."*

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## Business Development

### The Dreaded Small Business Audit



**About the Author:**

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

The government needs money. Surprise!!! Hopefully, after you read this article, they will not get any more of yours. There is nothing more stressful, time consuming or inconvenient than a business internal audit from the Canada Revenue Agency (CRA). Because time and money are two valuable resources for every company, prolonging a small business audit is essential to keeping the doors open and everything running smoothly. In the event that an audit does take place, sorry, **when** the audit takes place and believe me they will come. I hope these tips will have you passing with flying colours.

#### 1. Maintain Records

The most basic step to avoid a small business audit is to maintain orderly and accurate records. These will come in handy when it's time to file taxes. Data regarding income and expenses should be kept in conjunction with receipts and invoices. Outstanding debts and tax deductions should also be an integral part of record keeping. Armed with a stack of well-organized records, filing taxes correctly is a

much easier and more efficient process.

In addition, should you be audited, you can easily prove your costs and expenses.

#### 2. Double-Check Tax Forms

Studies show that red cars are pulled over by police officers more frequently than others are. This is evidence that human eyes are naturally drawn to certain types of indicators and flags. For the CRA, incomplete tax forms are a sign that something might be amiss. If you leave out pertinent information, it may raise a red flag and trigger a business internal audit. Double-check all forms to see that each line is filled out in full and that all required signatures are present. You can reduce the likelihood of becoming an audit-risk business by becoming meticulous with all associated paperwork.

Do not have a lot of zeroes after the numbers on the return. Do not amend the return. Do not take a low salary while operating as a sole proprietor. Do not have unreported income, especially in cash. Do

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*“Studies show that red cars are pulled over by police officers more frequently than others are. This is evidence that human eyes are naturally drawn to certain types of indicators and flags.”*

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*(Continued on page 11)*

## Business Development

### The Dreaded Small Business Audit - Continued

not live in an expensive house, or otherwise in visible opulence, while taking a low salary. That way, people can wonder how you can afford that house, car, etc.

Let me clarify the statement in the preceding paragraph about having a lot of zeroes after numbers on a tax return. I do not mean high figures, since you must report income truthfully, of course. What I mean is that numbers that are too round lead CRA agents to think "estimate", and this leads to unnecessary attention and scrutiny.

#### 3. File on Time

A late tax return automatically piques the interest of the CRA. Either get the documents in on time or file for an extension well in advance to avoid a business internal audit. While the money owed in taxes will still be due on the same date, you can have some extra time to prep and double-check all of your paperwork to avoid becoming an audit-risk business.

#### 4. Be Clear on Personal & Business Tax Deductions

Determining the

appropriateness of tax deductions is tricky, especially if a small business owner happens to be a sole proprietor. A small business audit will quickly reveal any mix-ups between personal and business tax deductions. Be as honest and detailed as possible when it comes to making deductions to avoid becoming an audit-risk business.

#### 5. Consult with a Professional

By far one of the safest ways to avoid a small business audit is by enlisting the services of a professional accountant. There are different ways that accountants may become involved in your tax processes, from serving as an advisor to completing your actual tax returns. No matter how you use the services of a professional accountant, you will be less likely to face a small business internal audit with an accounting guru on your side.

Taxes and business internal audits are no laughing matter. With careful planning and attention to detail in your small business accounting practices, you can reduce the

likelihood of a visit from your friendly neighborhood CRA agent.

For *In the Black* – I'm Terry Webber

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*"Because time and money are two valuable resources for every company, prolonging a small business audit is essential to keeping the doors open and everything running smoothly."*

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## Business Development

### Tax Season Made Easy

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*“It is always to your advantage to have your receipts and other pertinent papers meticulously filed. Remember that most accountants charge hourly fees. You don't want to incur additional fees to have them sort through your paperwork.”*

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Having gone through yet another season of that dreaded face to face with the tax man, I am going to speak a bit about the importance of being ready for him next year.

First and foremost, retain the services of a reputable accountant and make sure to keep any and all applicable receipts, even those you may have doubts about. Your accountant will be able to sort the receipts out appropriately for you. For example, if you drive your vehicle to professional meetings, to house calls, to informal meetings with colleagues, or to lunches for business reasons, keep track of your mileage and keep your receipts to claim as business expenses.

Other examples of deductible expenses would be items that are purchased for your office be it for decoration or supplies and any money spent on professional dues, insurance or rent payments. Make sure to keep all of these receipts.

It is always to your advantage to have your receipts and other pertinent papers meticulously filed.

Remember that most accountants charge hourly fees. You don't want to incur additional fees to have them sort through your paperwork.

If you don't already have a professional accountant, please make sure to hire one. While it may cost you a bit of money up front, it will save you many headaches in the long run. Accountants are up to date on the tax laws and all of the subtleties or changes that one needs to know about. That's their job. Your job is to keep your files current and accurate.



#### About the Author

**Sylvia Lent has been a chiropractor 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.**

## Upcoming Events

### Upcoming Events

World Reflexology Week	September 19-25, 2010	
NSARP 6th Conference & AGM	October 2, 2010	Kentville, Nova Scotia, Canada
The Reflexology Association of Australia, Queensland Branch 2010 Conference "Reflexology Celebrating Research" kennmcknight@bigpond.com	October 15-17, 2010	
ICR 13th Biennial Conference	September 2011	Castro Verde, Portugal

### Letter to the Editor

Dear Editor,

I am finding it very frustrating that in hard economic times, clients choose conventional health care or covered modalities over holistic treatments such as Reflexology. It seems like such a waste when they know that one to three Reflexology treatments could solve the problem. Then, if the traditional

methods fail them, and if the client finally comes in for treatment, symptoms have often progressed from mild to chronic, and stress levels are at an all time high. Then, due to lack of funds, I am expected to fix the problem in one session only, and a 30-50% improvement is not enough to bring them back for at least another

month. I have seen so many amazing and life changing results from a few Reflexology treatments and I am truly sold that this is the way of the future, but I am finding it hard to make even a part-time income when two years ago I had a full time practice. Am I the only one that is frustrated and affected with this issue?



Let us know what you think! Please send any ideas, comments or thoughts to the editor at [info@summerhursthealing.com](mailto:info@summerhursthealing.com) by October 31, 2010

### 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**

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

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



[www.NSARP.org](http://www.NSARP.org)