

# 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)

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## Carpal Tunnel Hand Reflexology Workshop

A group of enthusiastic Reflexology Therapy Practitioners gathered together on June 2, 2012 for an intensive, mind-opening workshop on Hand Reflexology and Carpal Tunnel.

Led by Catherine Whittaker, workshop participants learned to incorporate Hand Reflexology Therapy with energy flow, meridian lines and cranial sacral therapy.

Lots of time was dedicated to understanding the benefits and drawbacks of working with

hands, being aware of the client's emotional body, how it affects the physical body, and taking the time to make sure the client feels comfortable before starting the treatment.

The afternoon was dedicated with hands-on practice of different techniques.

As the day came to an end, it was obvious that participants were eager to take their new knowledge and apply it to their own practice!



Some of the participants as they practice the techniques presented at the Hand Reflexology and Carpal Tunnel Workshop on June 2, 2012.

**Editor's Corner**

Welcome to the 14th 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@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!

As most of you may know, NSARP has been developing a mentorship program for newly registered or out of practice Reflexology Therapists. This program will be available soon for members of our association. If there is any interest in the interim before details are posted on our web page, please feel free to contact the NSARP office.

Another project that your NSARP Board of Directors has been working on is developing a 500-hour curriculum with our teachers. A 500-hour curriculum provides our profession with a more reputable representation standing along side our peers in the surrounding health care system. Having affiliations with schools, their students

and teachers has profound advantages all around. NSARP provides students and teachers with an association that backs them with professional support and continued education while at the same time growing our Reflexology Therapy community.

I hope that everyone has marked their calendars for the fall conference and AGM on **Saturday September 28, 2012**. It is always so nice to reconnect with colleagues and meet new practitioners, students and friends over an eventful day of learning.

Yours in Health,

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

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*“Another project that your NSARP Board of Directors has been working on is developing a 500 hour curriculum with our teachers. A 500 hour curriculum provides our profession with a more reputable representation standing along side our peers in the surrounding health care system.”*

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## Reflexology Therapy News

### Upcoming Reflexology Therapy Training

Footsteps School of Reflexology 300 Hour Professional Training Diploma Program	June 18 - 22, 2012 July 9 - 13, 2012 September 6 - 10, 2012	Summerside, PEI St. Johns, NF 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](mailto: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](http://www.NSARP.org)

## International Perspective

### All About Glaucoma



#### About the Author:

Ann Gillanders has been practicing reflexology and massage for 27 years. She is the founder of the British School of Reflexology and the author of over a dozen reflexology books. She still practices in Harlow, Essex.  
Website: [www.footreflexology.com](http://www.footreflexology.com)

Just as we are advised to watch our blood pressure as we get older, the pressure within our eyes is equally at risk with advancing years. Changes in the ageing eye can lead to less effective drainage of the clear fluid, known as the aqueous humor, in the eye resulting in a build up of intraocular pressure (IOP). A dangerously elevated IOP, or ocular hypertension (OHT) is a major risk factor for glaucoma.

The condition is the third leading cause of blindness in the world. It can strike at any age, but the elderly are particularly susceptible. Current estimates of glaucoma are a staggering 100-150 million cases worldwide. With our ageing population increasing by 50 percent in the US alone over the next years the numbers are expected to soar dramatically.

Notorious for its lack of symptoms, glaucoma can cause progressive damage to the optic nerve without you realizing it. The damage often involves loss of peripheral vision which is not easily apparent. It is only when your field of vision has been seriously reduced when patients complain of bumping into things, that the sufferer is likely to head off to a doctor.

As much of the damage to the optic nerve is permanent the conventional management strategy is to prevent any further visual loss by controlling the ocular hypertension and there are no prizes for guessing what doctors turn to as the first line of treatment.

**Drugs are big business in the glaucoma field.** The way doctors prescribe eyedrops (sometimes combining two or more types) to glaucoma patients has helped to rake in big profits for the ophthalmic drug industry.

Worldwide sales of medicated eyedrops for glaucoma average \$3 billion (USD) each year and account for almost half the total ophthalmic pharmaceutical market. Given the predicted rise in glaucoma cases in tandem with the ageing population, that sound you can just about hear is the drug companies rubbing their hands in anticipation. But these seemingly innocuous drops which in most cases have to be taken for life cause a laundry of side effects and are often as dangerous to the body as drugs taken by mouth.

A variety of medicated eyedrops are available for glaucoma and the mechanism by which they lower eye pressure depends on the class of agent they contain. Needless to say they all come with their own rather extensive menu of side effects.

**MIOTICS** such as pilocarpine work by constricting the pupil and stimulating the ciliary muscles to increase the drainage of fluid from the eye. Downside... Because miotics reduce the size of the pupil, a common complaint is blurred or dim vision. This could also artificially induce night blindness. Also as these eyedrops need to be administered four times a day patients may find it difficult to keep track regularly.

**CARBONIC ANHYDRASE INHIBITORS** are available as eyedrops or in an oral form. These agents inhibit the enzyme involved in producing the aqueous humor

## International Perspective

### All About Glaucoma - Continued

thereby decreasing IOP. Downside...Chronic use of these drops can cause an allergic response with redness and itching of the eye (conjunctiva) as well as scaling on the lower lids. When taken orally the side effects stretch considerably to include frequent urination, tingling in the fingers/toes, skin rash, gastrointestinal disorders, depression, fatigue, impotence, weight loss and lethargy..

While there are over 20 types of glaucoma, the term is most often used to describe primary open-angle glaucoma (POAG) or chronic glaucoma, the most common form. In this condition, the aqueous humor – the nutrient fluid produced by the ciliary body (a small gland in the eye) does not drain properly from the eye and into the bloodstream. Pressure then builds up within the eye resulting in damage to the optic nerve which has the job of transmitting visual messages to the brain.

However although hypertension in the eye's blood vessels is a key risk factor for glaucoma, not all rises in eye pressure inevitably cause visual damage, in some people, the optic nerve is strong enough to withstand the increased pressure. Equally those with particularly weak optic nerves can develop glaucoma even if their eye pressure readings are normal.

Who are most at risk? Any one can develop glaucoma but the risk is significantly greater for those over 40, and doubles for those who are 74-80. It is suggested that age-related changes to various parts of the eye may be responsible for the loss of fluid regulation within the eye. Race is another important factor. In a study funded by the US National Eye Institute, researchers at the John Hopkins University in Maryland found that glaucoma is three to four times more likely in people of Afro-Caribbean origin than in white Europeans, and it strikes at a younger age. Other high risk groups include family members of those already diagnosed with the condition and people who are extremely short-sighted, diabetic or suffering from high blood pressure.

Glaucoma can also be due to drugs including:

Corticosteroids - sulpha based drugs – antidepressants – anticoagulants – antihistamines/antacids. Ironically drugs such as adrenergic and cholinergics which are often used to treat glaucoma can also sometimes bring the condition on.

Beta blockers have been the mainstay of glaucoma treatment for most of the 20 years following their launching in the late 1970s. They lower eye pressure by reducing aqueous production. Despite their eroding popularity due to the arrival of the newer prostaglandin analogues these agents are still commonly prescribed.

Beta blocker eyedrops as with all other ophthalmic drops enter the body via tear ducts that connect with the nasal cavity. This enables the drug to bypass the liver and directly enter the body's circulation. Consequently a significant amount of drug is absorbed- a typical dose (one drop of 0.5 per cent timolol solution in each eye) is as potent as a 10mg oral dose for treating hypertension and angina.

It is well known that beta-blockers come with an extensive list of side effects some of which may be lethal. A review of nearly 550 reports of adverse reactions with timolol sent to the National Registry for Drug-Induced Ocular Side Effects found that half these were linked to systemic reactions affecting the heart, lungs, central nervous system, digestion and skin.

Cardiovascular effects range from arrhythmias (heart-rate disturbances) to full blown congestive heart failure.

#### **ALTERNATIVES TO GLAUCOMA DRUGS.**

A large number of glaucoma cases are the result of nutritional deficiencies. For example it is often due to a weakened antioxidant defense system. One study of patients with advanced stage glaucoma found significantly reduced amounts of glutathione, an essential component of the cellular antioxidant system in eye fluid. So filling the following nutritional gaps in your diet could help to prevent or even treat the condition.

## International Perspective

### All About Glaucoma - Continued

**VITAMIN A AND OTHER CAROTENOIDS.** In countries where malnutrition is widespread vitamin A deficiency is linked to blindness. The vitamin is essential for a healthy retina and for strengthening the mucous membranes that surround the eyes.

**Beta-carotene** a carotenoid that goes to make vitamin A is also a powerful antioxidant. A Romanian animal study suggests that two other carotenoids, lutein and zeaxanthin, are also important for treating glaucoma and can reduce damage to retinal nerve cells and the optic nerve.

**Vitamin C.** In one study high doses of this powerful antioxidant vitamin, given intravenously, dramatically improved patients with open-angle glaucoma. Those with initially high eye pressures showed the biggest improvements and the effects lasted for up to eight hours.

**B Vitamins.** Glaucoma patients are often highly deficient in vitamin B1 (thiamine) In one study although vitamin B12 did not lower eye pressure, it did halt visual field loss for up to five years

**Alpha-lipoic acid (ALA)** supplementing with ALA increased glutathione (antioxidant containing the amino-acid cysteine, needed for cell energy and proper immune function) in the red blood cells of glaucoma patients. In one Russian study of 45 patients with early stage glaucoma, one group was given 150 mg/day of ALA for a month, another was given 75 mg/day for two months and a third group used only medicated eyedrops . The most improvement in eyesight and in fluid release was seen in the patients taking the highest dose of ALA, despite the shorter treatment time.

**Magnesium, zinc and iron.** Deficiencies in these minerals are associated with glaucoma. In one study 121.5mg of magnesium improved the eyesight of glaucoma patients.

A number of herbal and plant extracts may also benefit glaucoma patients. These include:-

**Ginkgo biloba.** This herb can successfully treat glaucoma and even improve damage to the visual field. It works by enhancing the general blood circulation, reducing glaucoma-inducing vasospasm (where blood flow is decreased by a sudden contraction of blood vessel walls) and thinning the blood. Ginkgo also reduces cell toxicity and cell death.

**Coleus forskohlii.** Forskolin, the active ingredient in this plant is involved in the production of cyclic adenosine monophosphate which decreases eye fluid flow, thereby decreasing eye pressure. A number of studies have shown that eyedrops containing forskolin can significantly lower eye pressure for at least five hours. Indeed in one, it decreased the aqueous flow rate by 34 per cent in healthy human volunteers.

**Salvia miltiorrhiza (dan shen).** Often used in traditional Chinese medicine, this plant's beneficial effects on the micro-circulation of retinal nerve cells and the optic nerve have been demonstrated in animals with ocular hypertension. Nevertheless, it is important to remember that findings from animal studies do not necessarily apply to humans.

*(Article reprinted with permission from [www.footreflexology.com](http://www.footreflexology.com))*

## Client Treatment Study

### Reflexology Therapy Treatment on 42 Year Old with Severe Migraine



**About the Author:**

Ann Gillanders has been practicing reflexology and massage for 27 years. She is the founder of the British School of Reflexology and the author of over a dozen reflexology books. She still practices in Harlow, Essex. Website:

[www.footreflexology.com](http://www.footreflexology.com)

Migraine is a recurring headache, commencing with constriction of blood vessels in the brain followed by expansion which allows engorgement of vessels. It may be single or double-sided, with nausea, vomiting, speech difficulties, visual disturbances, emotional stress and tension.

Half of all migraine patients suffer from anxiety and one in five experiences depression. Causes are varied and many, including alcohol, coffee and caffeine stimulants, gluten food allergies, dairy products, chocolate and citrus fruits. Sometimes it is related to carbohydrate metabolism. It may be associated with emotional disturbances, nervous or physical fatigue, liver, stomach or kidney disturbances or the pill.

Symptoms may include temporary blindness or sight may be only half the visual field. There may be flashing lights, throbbing headaches, reaction to loud noises, which worsen it, nausea, vomiting and depression. The condition can sometimes be linked to the menstrual cycle.

Jill was 42 when she came to me with extreme problems of migraine which had been a part of her life for seven years. The attacks had become so serious that her job in the BBC, which was demanding, stressful and involved very long hours was about to come to an end as she had had several warnings about her absenteeism which was getting worse. She did in fact spend at least seven days in bed every month with such bad migraines that she was unable to sit up without vomiting.

She frequently lost the vision in one of her eyes and had tingling and numb sensations in both her arms. The usual doctor's medicines which had been prescribed had very little result. The treatments given to her gave such serious side effects that they were almost as bad as the condition from which she was suffering.

The quality of her life, she said was such that she often wondered whether it was worth going on, and the pain was so extreme that she had on occasions considered taking an overdose in order, she said, to end it all.

Reflexology had been recommended to her by a work colleague who had sought out a Reflexology practitioner for a similar condition, with great results. As is usual in the treatment of migraine, the target and most sensitive areas that present themselves in the feet are the liver and stomach, and I always feel that it is a toxic liver that causes the frequent eruptions of toxins into the bloodstream which start the whole procedure going. Therefore the whole approach to treatment from Reflexology would be to improve the liver function – namely to help detoxify and also strengthen the functioning of the stomach.

The sensitivity in her liver was such as I have never before experienced. Even the slightest feather-like contact brought tears to her eyes which told me that her liver was in an extremely delicate state, a lot to do with the condition but more to do with the vast volumes of drugs she had consumed

*(Continued on page 8)*

## Client Treatment Study

### Reflexology Therapy Treatment on 42 Year Old with Severe Migraine—Continued

over the past seven years.

Apart from her stressful job which she enjoyed, her lifestyle seemed quite pleasant. She was married with a couple of teenage children who didn't seem to cause much stress and all in all I would say that if it were not for her migraine she would have had quite a pleasant lifestyle.

The reflex areas in her cervical spine, the top of the brain too told a lot of stories, as did the neck area. We often hold a lot of stress and tension in our shoulders and neck. I am sure you have all heard it said "It's a real pain in the neck". I gave her a very light general treatment but was not able to work out the liver area as effectively as needed due to the extreme sensitivity.

The following morning her husband telephoned me to say that his wife had had such severe reaction to the treatment that she was in bed, vomiting with not such severe head pain but had been up all night with excessive bowel actions and vomiting attacks. I explained to him that although this was distressing I was sure that we were on the right tracks and that if she could just tolerate this situation and return for some more treatment we would then be able to improve her migraine greatly. I advised the patient to drink a lot of pure lemon juice to flush out the liver and keep off all solid food for a couple of days. Jill did exactly as she was told as she was so anxious to find a solution to this condition which was ruining her life.

She referred to me four days later and said that she felt rather wear and wobbly but that the migraine attacks or reaction to treatment, or whatever it was had subsided and she did actually feel a bit clearer in her head.

The second treatment produced a similar reaction to the first, only much less severe and the third treatment brought about a rash which covered the whole body. Which I was sure was another way of nature eliminating waste.

On the fifth appointment she said that for the day following the treatment she passed a lot of dark coloured urine which again I am sure was the

kidney eliminating a lot of waste material.

The usual pattern of a week of migraine per month did not continue as during the next month the migraine did start but lasted only one day and she was able to return to work. She did not have the vomiting or the nauseous feeling and the head pain was very minimal. "I really can't believe it" she said, this is an absolute miracle. I have tried so many other treatments but to no avail."

Jill did return to me for a further nine weeks on a regular basis and eventually we got the migraine attack down to just a very muzzy feeling in her head and for the first time in seven years she was able to manage three months at work.

There after she came to me once a month for one session of treatment which seemed to keep the condition at bay. This is highly recommended, particularly in the treatment of chronic illness, as it stops the toxic state occurring or building up in the body as it had done before. In my opinion migraine is all to do with digestion, poor elimination and stress.

## Reflexology Therapy News

### Ask the Pro - Reflexology Therapy with Pulmonary Embolism?

**Dear Happy Toes,**

I have a quick question for you. I've been doing some volunteering at a local Senior's home. Last week, I started doing Reflexology Therapy treatments on some of the residents...just 1/2 hour light treatments.

There is a lady there who has pulmonary embolism. I know that I can't do Reflexology on her, but do you know if it is safe to do just a simple foot massage on her?

**NSARP Member**

**Dear NSARP Member,**

My instinct says no. Massage improves blood flow, and with increased circulation, you run the risk of releasing a clot.

Once her doctor gives the "all clear", I would wait 3 months before treating her. Reflexology Therapy is a powerful stimulus which is quite capable of releasing undetected factors. Even though you may be the only one to recognize an adverse consequence, you still have to live with your actions.

**Happy Toes**

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*"Reflexology Therapy is a powerful stimulus which is quite capable of releasing undetected factors."*

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## Business Development

### Overcoming One Treatment Miracle Mentality: A Guide for Holistic Practitioners



#### About the Author:

**Catherine Whittaker, B.Sc.** operates a private holistic practice in Nova Scotia. She is a published author, Certified Life Coach, Energy Therapist and Registered Reflexology Therapist. She is actively involved in the provincial Nova Scotia Association of Reflexology Practitioners. Website: [www.summerhursthealing.com](http://www.summerhursthealing.com)

We have all seen it happen. A client comes to us ready to heal. We do the initial client assessment, give them a basic overview of our work and what they can expect, and we perform the treatment. The client leaves happy and full of hope.

Then, a few weeks later, we pick up the telephone to do a follow-up telephone call to see how they did. The client tells you that the first 3 or 4 days, all pain disappeared, but that gradually, the pain came back. So they go see another type of therapist that tells them that if they come and see them 3 times a week for a month or two, they may be able to help them. So the client is basically telling you thank you, but the first treatment didn't work. So they move on.

You hang up the telephone and shake your head. How did this happen? It is clear as day for you, the practitioner, that this reasoning does not make any sense at all, but what can you do about it?

If you practice Reflexology Therapy, Energy Therapy, Massage Therapy, or a large number of other complimentary

therapies, chances are you have seen this happen more than once.

As a Holistic Practitioner, you really do not have the power to tell a client to come and see you "X" amount of times. As an out of pocket expense for most, many clients feel that if a treatment such as Reflexology Therapy does not cure them in one treatment, they should move on.

As a professional therapist, you are certainly not there to force any client to return. But you can prepare them for realistic expectations.

Whenever I do Reflexology Therapy, I usually explain to my clients that to get to the bottom of the "concern", we first need to rebalance the body, 1-3 treatments depending on the health of the client, and then the treatments will start to effectively work on the concern for which they are seeking help.

When I do Energy Therapy, the idea is the same. The first treatment is generally a tune-up and release of a lifetime's worth of emotional baggage. By the third treatment, the body is usually ready to

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*"As a Holistic Practitioner, you really do not have the power to tell a client to come and see you "X" amount of times. As an out of pocket expense for most, many clients feel that if a treatment such as Reflexology Therapy does not cure them in one treatment, they should move on."*

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## Business Development

### Overcoming One Treatment Miracle Mentality—Continued

“start” to get to the bottom of the problem.

For some reason, the average population is surprisingly accepting of little-to-no-results from “traditional” medications, and even surgery at times. But if one Reflexology treatment does not solve everything, they often conclude that the therapy must not work.

A chiropractor certainly would not recommend getting an adjustment just once a year to stay healthy. A massage therapist would not recommend one massage a year to keep the muscles in balance, and a doctor certainly would not give just one magic pill and expect perfect results.

As holistic practitioners, most of our clients pay out-of-pocket to receive treatments. Therefore, they expect a lot more than if a treatment was free or covered by their Group Medical Insurance. And they *should* expect a lot, because we can certainly provide some life changing results.

These are my personal recommendations to foster reasonable client expectations:

1. Under promise and over deliver! For

example, if results typically happen in three treatments, you may want to say that results typically begin to happen within 3 treatments.

2. Educate your client! Explain to them the stages of healing, such as detoxification and rebalancing before the health concern can truly be addressed. Even better, give them a hand-out sheet to take home and read. Make sure to discuss the treatment plan.

3. Even if it is obvious to you, assume your client knows nothing about your profession and tell them what to expect at each stage of treatment. This sets a realistic expectation that a commitment is needed to achieve their health goals.

4. Book their next treatment before they leave the clinic and let them know you will be following-up with a telephone call within the next few days.

5. Never offer a miracle or guaranty a cure, but let them know you will do everything you possibly can to help them.

6. Ask for testimonials from your satisfied clients, and have them mention how many treatments it took to get those results.

7. Always respect your clients’ financial budget, but be assertive on when they “should” book their next treatment, and explain why.

8. Always offer the best treatment and service you possibly can.

9. Last but not least, remember that you work for the client.

If you do end up having a client who decides not to rebook after one or two treatments, follow-up with them but respect their wishes. Treat them professionally and keep the door open. If they want to re-explore this therapy later on, they know the door is always open.

Sometimes, clients are simply *not* ready to heal, or they are still exploring all their options so they do not feel comfortable committing to one type of therapy when the grass really is looking greener on the other side. Another therapist may be a better sales person than you are, another therapy may look more convincing or may be recommended directly by their medical doctor. These are not the types of factors you can control, even if you are the best therapist in the world!

Regardless of the path

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*“A chiropractor certainly would not recommend getting an adjustment just once a year to stay healthy. A massage therapist would not recommend one massage a year to keep the muscles in balance, and a doctor certainly would not give just one magic pill and expect perfect results.”*

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your client chooses to take, at the end of the day, the client will always remember how you made them feel, how amazing the treatment was, and how you respected their wishes. They may refer several people to you, even if you never see them again. Or, they may very well return a year later and become your best loyal client!

So focus on what you do best. Always provide the best possible treatment for all of your clients each and every time. This helps you feel confident, grounded, and focused. You will represent yourself, your practice and your profession well.

To your success,

Catherine Whittaker

## Business Development

### Fiscal Responsibility: Not Just a Buzz Word



**About the Author:**

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

Starting and running a small business requires a great degree of discipline and determination. One of the most important aspects of running a small business or any organization is adequate accounting and fiscal responsibility.

We have dealt with the accounting aspect in previous articles. But the words “Fiscal Responsibility” tend to evoke ideas of penny-pinching and being free of debt. The real meaning, however, is much more complex.

Although the definition of the two words making up the term *fiscal responsibility* means “having an obligation to” or “being accountable for” the finances, the term is used to describe everything from financial reform to tax cuts.

Fiscal responsibility is also used to describe a balanced budget or one where the expenses match the revenues. Due to the fact that businesses depend on their finances in order to function and grow, budgeting is a very important part of running any small-business.

Small business owners

must keep a careful eye on the income to debt ratio, in order to effectively manage their finances. In order to budget effectively, a business owner must have an adequate accounting of income and assets, as well as develop a list of business expenses.

It is important to allocate enough funding for business expenses, before using funding for other purposes. Effective budgeting will allow business owners to take care of their debts and expenses, in a manner that will not be detrimental to the day-to-day operations of the business.

To give an example from my own experience as a small business owner, I first need to give some background. I entered into a partnership. One of my roles was to manage the money with “fiscal responsibility”. My partner realized he had no money sense and was willing to take on other duties for which he was better suited. Unfortunately, he succumbed to his ego as “President” of the company and wanted to spend money like he was at an all you could eat buffet. Try as I may, I

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## Business Development

### Fiscal Responsibility: Not Just a Buzz Word—Continued

could not get it through his head that we were “the company” and the money was not coming from some magic pot of gold out in the ether somewhere but directly from our pockets. Case in point, he wanted a membership to a golf club before we had even taken the paper off the windows and opened our doors.

As most of you know, if your business is encumbered by any short fall at the end of the year, it needs to be repaid by the shareholders. He just didn't get it. So pay out we did.

Over the years, with the support of our Accountant, Bank Manager and Office Manager, he accepted that I did indeed know what I was doing and taking the company down a fiscally responsible path. In doing so I had the company showing consistent profit margins and by the end of the fourth year we were in the black. (Oh, there's that term again, sneaky how I worked that in there without even knowing it. I digress). Unfortunately, we fought over finances for years. After awhile, I was just

so worn down from the fighting that I sold my shares to him and embarked on a new journey. I left him with twice as much money in the bank as we had payables, all the suppliers were paid up to date, and we were well on our way to our first million dollar year.

But guess what? With NO PLAN, and NO FISCAL RESPONSIBILITY, he had to sell the business just 18 months later. In that short time, he destroyed a viable business, and damaged the good reputation of the company so badly that the new owners had to change the name of the business.

So what have you gotten from me bearing my soul? Watch the pennies and the dollars will look after themselves. Watch your spending! Do not be drawn in by fast talking cohorts, sales people or the like trying to get you to buy the latest and best widget, money making schemes, conferences or trips away just because it can be written off. The money has to come from somewhere. Plan for the future and one of those plans has to include a healthy bank balance to get you through the

tough times. Fiscal responsibility is worth the effort. Embrace it!

For “In the Black” I'm Terry Webber

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*“...he destroyed a viable business, and damaged the good reputation of the company so badly that the new owners had to change the name of the business.”*

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## Upcoming Events

### Upcoming Events

World Reflexology Week	September 24 - 30, 2012	
NSARP 8th Conference and AGM	September 29, 2012	Kentville, Nova Scotia, Canada

### Letter to the Editor

#### Dear Editor,

What is your opinion on giving free Reflexology Therapy treatments to gain new clients? Sometimes I think that if people try the treatment once, they will understand it better and will want to come back. At the same time, I am a little worried that I will attract the wrong type of clients if I start doing this. Is there a general guideline that I should be using?

NSARP Member

#### Dear NSARP Member,

This is a wonderful question, and I am positive that every practitioner in all fields of

health has debated this several times during their careers!

It is generally accepted that if you are just starting your practice, you can offer the first treatment free or at a reduced cost for a limited amount of time to start building up your clientele. For example, this could be called a "Grand Opening Special" for the first month of business only.

If your business is already established, however, it is important to respect your own time and never put yourself in a position which could lead to resentment towards a

client because of free treatments given out of self-perceived obligation.

If you genuinely feel good about offering a few free treatments, my personal recommendation is to NEVER advertise it. Instead, use your discretion and consider offering a "free consultation" to a potential client. If you personally invite someone to come in for a free consultation (instead of a free treatment), you have a much better chance of gaining a new loyal client.

Editor



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, 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.

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