Holistic Massage Diploma
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Definition of Massage
Massage is the action of the soft tissues of the body being manipulated mostly by the hands with the aim of creating a positive effect on the systems of the body.

This is the dictionary definition of Massage:
Massage (mæsə-3), sb. 1876. [- Fr. massage, f. masser apply massage to, used XVIII by French Colonists in India, perh. – Pg amassar knead, f. massa dough (MASS sb.²), but Arab. massa touch, handle, masaha wipe with the hand, stroke, rub, have been suggested.

The History of Massage
Archaeological evidence of massage has been found in many ancient civilizations including China, India, Japan, Korea, Egypt, Rome, Greece, and Mesopotamia. Massage has been mentioned in literature dating back to the ancient times, with the earliest recorded reference appearing in the Nei Ching, a Chinese medical text written before 2500 BC. Later writings on massage came from scholars and physicians such as Hippocrates in the fifth century BC and Avicenna and Ambrose Pare in the tenth and sixteenth centuries AD respectively.

Paintings have been found in the Tomb of Akmanthor (also known as "The Tomb of the Physician") in Saqqara, Egypt which are thought to date back to 2330BC. They depict two men having work done on their feet and hands, presumably massage.

The Charaka Samhita (Dating from 300BC) is believed to be the oldest of the three ancient treatises of Ayurvedic medicine, including massage. Sanskrit records indicate that massage had been practiced in India long before the beginning of recorded history. Massage has always played an important part in Indian life, featuring in the earliest Ayurvedic text, which date back around 4,000 years. The Rishis who were the ancient holy men developed Ayurvedic medicine. They made huge advances in the medicinal knowledge and also of the anatomy and physiology of the human body. Ayurveda is derived from the Sanskrit words “Ayur” meaning life and “Veda” meaning science or
knowledge. It is a way of life which works on the physical, spiritual and mental bodies aiming to bring them all into balance.

The Huangdi Neijing was composed during the Chinese Spring and Autumn period (the beginning of recorded history) – around 722-481 BC. The Nei-jing is a compilation of medical knowledge known up to that date, and is the foundation of Traditional Chinese Medicine. Massage is referred to in 30 different chapters of the Nei Jing. It specifies the use of different massage techniques and how they should be used in the treatment of specific ailments, and injuries. It is also known as "The Yellow Emperor's Inner Canon", the text refers to previous medical knowledge from the time of the Yellow Emperor (approx 2700 BC), and misleading some into believing the text itself was written during the time of the Yellow Emperor (which would predate written history). This text is still available today and is used in the study of Chinese Medicine.

Bian Que, (700BC) is thought to be the earliest known Chinese physician who used massage in medical practice.

Jīvaka Komarabhācca, also known as Shivago Komarpaj (500BC), was the founder of Traditional Thai massage (Nuad Boran) and Thai medicine. According to the Pāli Buddhist Canon, Jivaka was Buddha's physician. He codified a healing system that combines acupressure, reflexology, and assisted yoga postures. Traditional Thai massage (Nuad Boran) is generally based on a combination of Indian and Chinese traditions of medicine. Jivaka is known today as "Father Doctor" in Thailand.

Dating from 493BC can be found a possible biblical reference document. It talks of daily "treatments" with oil of myrrh as a part of the beauty regimen of the wives of Xerxes (Esther, 2:12).
Hippocrates came to be known as ‘The Father of Medicine’. He was born in Greece about 460 BC. He described the effects of 300 plants. He also prescribed perfumed fumigation’s and fermentations. One of his famous preparations was made from myrrh, cinnamon and cassia and was called ‘megaleion’ after its creator Megallus. Like the Egyptian ‘kyphi’ it could be used both as a perfume and as a remedy for skin inflammation and battle wounds. He believed that surgery was a last resort and was one of the first to view the body as a whole, thus creating ‘holism’.

More information can be found about Hippocrates on this video:  
http://www.youtube.com/watch?v=x2LngnJY9OQ

Hippocrates documented the benefits of regular massage quotes:

“A perfumed bath and a scented massage every day is the way to good health.”

Hippocrates

Aelius Galenus or Claudius Galenus (AD 129 - 200), better known as Galen of Pergamon (modern-day Bergama, Turkey), was a prominent Roman (of Greek ethnicity) physician, surgeon and philosopher. Arguably the most accomplished of all medical researchers of antiquity, Galen contributed greatly to the understanding of numerous scientific disciplines, including anatomy, physiology, pathology, pharmacology, and neurology, as well as philosophy and logic.

The son of Aelius Nicon, a wealthy architect with scholarly interests, Galen received a comprehensive education that prepared him for a successful career as a physician and philosopher. He traveled extensively, exposing himself to a wide variety of medical theories and discoveries before settling
in Rome, where he served prominent members of Roman society and eventually was given the position of personal physician to several emperors.

Galen's understanding of anatomy and medicine was principally influenced by the then-current theory of humorism, as advanced by many ancient Greek physicians such as Hippocrates. His theories dominated and influenced Western medical science for more than 1,300 years. His anatomical reports, based mainly on dissection of monkeys, especially the Barbary Macaque, and pigs, remained uncontested until 1543, when printed descriptions and illustrations of human dissections were published in the seminal work *De humani corporis fabrica* by Andreas Vesalius where Galen's physiological theory was accommodated to these new observations. Galen’s theory of the physiology of the circulatory system endured until 1628, when William Harvey published his treatise entitled *De motu cordis*, in which he established that blood circulates, with the heart acting as a pump. Medical students continued to study Galen's writings until well into the 19th century. Galen conducted many nerve ligation experiments that supported the theory, which is still accepted today, that the brain controls all the motions of the muscles by means of the cranial and peripheral nervous systems.

In 581AD Dr Sun Si Miao introduced ten new massage techniques and systematized the treatment of childhood diseases using massage therapy. Around this time China established a department of massage therapy within the Office of Imperial Physicians.

One of the greatest Persian medics was Avicenna, also known as Ibn Sina, who lived from 980AD to 1037AD. He was the foremost philosopher of medieval Islam and also a great philosopher, logician and medic. His works included a comprehensive collection and systematization of the fragmentary and unorganised Greco-Roman medical literature that had been translated Arabic by that time, augmented by notes from his own experiences. One of his books, *al-Quanun fi at-tibb* (The Canon of Medicine) has been called the
most famous single book in the history of medicine in both East and West. Avicenna excelled in the logical assessment of conditions and comparison of symptoms and took special note of analgesics and their proper use as well as other methods of relieving pain, including massage.

The Middle-Ages:
Medical knowledge, including that of massage, made its way from Rome to Persia in the Middle Ages. Many of Galen's manuscripts, for instance, were collected and translated by Hunayn ibn Ishaq in the 9th century. Later in the 11th century copies were translated back into Latin, and again in the 15th and 16th centuries, when they helped enlighten European scholars as to the achievements of the Ancient Greeks. This renewal of the Galenic tradition during the Renaissance played a very important part in the rise of modern science.

Dating from 1150 there is evidence of massage abortion, involving the application of pressure to the pregnant abdomen. It can be found in one of the bas reliefs decorating the temple of Angkor Wat in Cambodia. It depicts a demon performing such an abortion upon a woman who has been sent to the underworld. This is the oldest known visual representation of abortion.

In 1776 Jean Joseph Marie Amiot, and Pierre-Martial Cibot, French missionaries in China translated summaries of Huangdi Neijing, including a list of medical plants, exercises and elaborate massage techniques, into the French language, thereby introducing Europe to the highly developed Chinese system of medicine, medical-gymnastics, and medical-massage.

Francis Fuller in England and Joseph-Clement Tissot in France advocated an integrated system of exercises and movement for the preservation and restoration of health. These two pioneers preceded the Swedish physician Per Henrik Ling.
Per Henrik Ling (1776-1839). Despite his youth Ling was afflicted by physical problems such as rheumatism and lung disease, and had developed gout in his arm. He began doing a series of passive movements that involved stroking, pressing and kneading the body. Eventually, he noticed that they had a positive effect on his health. Ling saw potential in these movements, which he called medical gymnastics, and wanted to educate people on his "suitable systematized exercises." He felt that, by performing these movements, the body and the mind would feel whole. Ling's system was known as the Swedish Movement or Movement Cure. Years later after his death, the massage aspect was taken out of context and practised on its own as Swedish massage.

AD 1779: Frenchman Pierre-Martial Cibot published 'Notice du Cong-fou des Bonzes Tao-see' which was also known as "The Cong-Fou of the Tao-Tse", a French language summary of medical techniques used by Taoist priests. According to Joseph Needhan, Cibot's work "was intended to present the physicists and physicians of Europe with a sketch of a system of medical gymnastics which they might like to adopt—or if they found it at fault they might be stimulated to invent something better. This work has long been regarded as of cardinal importance in the history of physiotherapy because it almost certainly influenced the Swedish founder of the modern phase of the art; Per Henrik Ling. Cibot had studied at least one Chinese book, but also got much from a Christian neophyte who had become expert in the subject before his conversion."

In 1813 The Royal Gymnastic Central Institute for the training of gymnastic instructors was opened in Stockholm, Sweden, Per Henrik Ling was appointed as principal. Ling developed what he called the "Swedish Movement Cure" with the help of a friend named Ming (full name never recorded) who was an expert in the martial arts and Kung-Fu based Tui Na massage. Ling died in 1839, having previously named his pupils as the
repositories of his teaching. Ling and his assistants left little proper written account of their methods.

In 1878 the Dutch massage practitioner Johan Georg Mezger takes a sub-set of techniques from Dr. Ling's system, and coined the phrase "Swedish massage system". Notably, Ling's techniques, having been borrowed by Mezger, are still known by their French names (effleurage (long, gliding strokes), petrissage (lifting and kneading the muscles), friction (firm, deep, circular rubbing movements), tapotement (brisk tapping or percussive movements), and vibration (rapidly shaking or vibrating specific muscles)). Each of these techniques are fundamental elements of Tui Na, and had been practiced in China for several thousand years prior. It had several changes of name and status before finally in 1964 it became the Chartered Society of Physiotherapists, achieving state registration.

In 1850 Dr Mathias Roth wrote the first book in English on the Swedish movements. He also translated an essay by Ling on the techniques and their effects. Between 1860 and 1890 George H Taylor MD of New York published many articles on the Swedish Movement Cure, which he had learned from Per Henrik Ling. His brother Charles Fayette Taylor was also an ardent writer on the subject (Van Why, 1994). During the later years of the nineteenth century when massage was widely used, it was claimed that the Swedish Movement Cure had many positive effects on general health and in the treatment of disease. These claims were described and supported by case histories in the writings of George Taylor. Some of them as mentioned here continue to be valid today.

Massage then began to be incorporated into many other disciplines including beauty which is how it became more widely used with aromatherapy in England during the 1950's and 60's. There are now many types of massage available but they all have their routes on the Ayurvedic or Chinese style of massage.
Massage Techniques
In its modern history, the terminology, which describes the massage movements, is derived from the English and French languages. Terms such as effleurage, petrissage, massage and friction are merged with words like rubbing, shaking and vibration. Whilst the theory remains more or less the same, variations and additions to these basic techniques have been developed to facilitate easy application.

Massage techniques fall under one of the following headings.
- Effleurage or stroking
- Petrissage / Kneading
- Tapotement / Percussion
- Vibration
- Friction
- Compression
- Lymphatic drainage

**Effleurage or Stroking**
Effleurage comes from the French word *effleurer*, meaning ‘to touch lightly’. It is the most natural and instinctive of all techniques. As a basic movement, effleurage is used at the beginning of all massage routines and has a number of applications. One of its most important functions is the initial contact it provides with the client. This in itself is a crucial aspect of the therapist-patient relationship.

The effleurage stroke can be adapted for a particular region of the body or for a particular effect. Variations include a change in the pressure, rhythm, and method of application and direction of the stroke.

The general effects of effleurage are:

**Benefits of Light Effleurage Stroking**
- Helps to evaluate the superficial tissues for heat, tenderness, elasticity, oedema and muscle tone.
- Serves as making a comfortable first approach to your client.
• Effective in inducing relaxation response via the parasympathetic nervous system.
• The local and systemic circulation is also improved which has a direct and mechanical effect on the venous return, helping it to increase its flow.
• Has a toning effect on the involuntary muscles of the arterial walls.

Benefits of Deep Effleurage or Stroking
• Deep pressure has an inhibitory effect on the muscles and their sensory nerves (muscle spindles and Golgi tendon organ). The motor impulses arriving from the spinal cord at the neuromuscular end-plates (nerve junctions) are inhibited by the deep pressure and as a result the contractions are weaker and the muscles relax.
• Heavy pressure is transmitted to the deeper tissues and venous circulation and lymphatic drainage in these structures are thereby improved.
• Muscle tissue will benefit from the increased blood flow.
• Removal of *lactic acid and other by-products of muscle activity, which will help to relax the muscles and simultaneously to prepare them for strenuous physical sports.
• Reduces nodular formations and congestion.

Petrissage
These movements involve a lifting action which moves the tissue away from the underlying bone structure. Compression is applied between the fingers of one hand and the thumb of the other, and the tissues are also simultaneously lifted and twisted slightly in a clockwise or anticlockwise direction. The pressure is then released and the position of the hands reversed. Alternating the grip position of the hands carries out the movement. This technique is suitable for the larger muscles such as those of the lower limbs, lower back, glutei region and arms. Different parts of the hand can be used when performing these moves.

Actions can include:
• Picking up and squeezing
• Rolling
• Wringing
• Knuckling
Petrissage movements are beneficial for:
- Increasing removal of waste products from the tissue and encouraging fresh oxygen and nutrients to be delivered to the tissue.
- Stretching muscle tissue and fascia.
- Reducing adhesions

**Friction**
Friction movements are carried out on both the superficial and the deep tissues. Using the fingertips or the thumb, and in most cases only one hand, the more superficial tissues are moved over the underlying structures. The technique is performed with very little sliding of the digits, and to this end, minimal lubrication is used. Friction movements can be applied in a number of directions. They may be circular, transverse (across the fibres) or in a straight line along the fibres.
Pressure is exerted by the body weight, leaning forward to apply the pressure and easing backward to reduce it.

Friction movements are beneficial for:
- Dispersing deposits around joints i.e. grout or rheumatic areas.
- They release adhesions between tissue layers such as fascia and muscle, fascia and bone, and between muscle bundles and assist fibrotic tissue to yield and stretch.
- Reduction of oedema when it has become a more solid state. It will help to disperse the toxins.
- This movement stimulates muscles of the digestive tract, but if the treatment is drawn out the same muscles are susceptible to fatigue. Only apply if comfortable for the client.
- Neurological effects benefit i.e. sciatica and neuralgia.

**Tapotement / Percussion**
The common term for percussive type stokes is *tapotement*; French word meaning ‘light tapping’. Other phrases include hacking, pounding and flicking.
It is possible that percussive strokes that are continued for a long time may fatigue the nerve receptors and become counterproductive. In addition, muscles that are already weak can only contract for short periods at a time and should not be subjected to long treatment. The duration of each session should therefore reflect the state of the muscles.

There are four types of percussive strokes
- **Hacking** – Little finger strike with open and straight fingers or curled fingers
- **Pounding** – Flat fist, palmer aspect
- **Cupping** – Cupped hand
- **Flicking** – A flicking action with fingers

Tapotement movements are beneficial for:
- Increasing the local circulation on the skin.
- Stimulating the nerve endings, which results in tiny muscular contractions and an overall increased tone.
- Most recipients find the percussive strokes very invigorating whilst other find them relaxing.

**Vibration**
For vibration movements, the fingers are mostly held in a splayed out position; but they can also be used closed together. The pads or the fingertips are used to grip the skin and superficial tissues gently. An on and off pressure is applied with the whole hand in this position, and without breaking the fingertip contact with skin.

Pressure is low and applied very rapidly to create fine vibration movements. This technique is different from percussive strokes in that it does not cause a reflex contraction of the skeletal muscles but it does affect the involuntary muscles.
Beneficial application of the vibration technique is good for:

- **Lymphatic flow** - Lymph in a diseased state usually resembles treacle or liquid glue, it can harden further to the consistency of dough. Vibrations have the effect of reversing this state and make the hardened lymph more liquefied therefore easier to flow into and along the lymph vessels.

- **Reduction of oedema** – Injuries to the soft tissues such as sports injuries, produce oedema. This can change and become more viscous if left untreated and longstanding. Vibration is applied to reverse this situation.

- **Neurological effects.** Vibration can also be applied to nerves. The effect is to reduce surrounding adhesions and to improve lymph drainage within the nerve sheath

**Postural Awareness**

It is a common mistake to assume that an adequate massage requires the therapist to apply hard, strong and heavy strokes, or that powerful hands and considerable body strength are necessary. The most significant requisite for an effective massage is a good technique, which is applied with the minimum of effort.

**Position of the Therapist**

The position of the therapist in relation to the treatment table and the client influences the efficacy and flow of the stroke. Awareness of the ones body stance has to be maintained throughout the movements. Postural awareness therefore is a combination of body position, body weight and direction of pressure. These components can be adapted to suit the therapist’s own structure, the height and width of the couch and the therapist’s own preferred massage methods.

The therapist body weight is used to apply pressure to the massage movement. Adjustments in the posture are made before each movement. This allows for a fully co-ordinated action between the body and the hands during the massage movement

Good posture will allow the therapist to feel grounded and have the freedom to move.
Different Massage Techniques / Types
There are many types of massage and techniques for massaging. An understanding of these is a good basis for assessing whether they are beneficial to use when treating clients with specific conditions. They include:

Neuro – Muscular Technique
This is a massage technique that has evolved over the last 40 years from the original work of Stanley Lief who was a manipulative therapist. As an osteopath and chiropractor he was aware of the need for a means by which soft tissue structures could be “prepared” for manipulation. His work was based on a fingertip massage used in an Indian Technique.

This technique involves identification and treatment of soft tissue lesions. This uses deep pressure on what are described as:
- Contractions
- Congestions
- Nodules
- Knots

It is thought that the application of pressure causes:
1. The release of restricted tissue
2. The stimulation of sensory nerves to effect the damping down of the output and producing pain relief

The strokes used:
1. A stroking along the dermatomes
2. A fingertip kneading along the dermatomes
3. Strong thumb stroking along muscle groups and also dermatomes
4. Pressure points on neuromuscular junctions
**Trigger Points**
A trigger point is an area of local nerve facilitation of a muscle and is aggravated by stress of any sort affecting the body or the mind of the individual. Trigger points are small areas of hypertonicity within muscles. If these areas are located near motor nerve points, there may be referred pain caused by nerve stimulation. The area of the trigger point is often the motor point where nerve stimulation initiates a contraction in a small sensitive bundle of nerve fibres that, in turn, activates the entire muscle. Any of the more than 400 muscles can develop trigger points. Accompanying the development of the trigger points will be the characteristic referred pain pattern and restriction of motion that is associated with myofascial pain.

With classic trigger point, the referred pain pattern can be traced to its site of origin. The distribution of the referred trigger point pain does not usually follow an entire distribution of a peripheral nerve or dermatomal segment.²

The pressure takes the form of direct pressure, in which the trigger point is pressed by the therapist against an underlying hard structure (bone).

This process can end the hyperirritability by mechanical disruption of the sensory nerve endings mediating the trigger point activity. When using the direct pressure technique, the therapist must hold the compression long enough to stimulate the spindle cells.
Soft Tissue Manipulation (Myofascial release)
Myofascial release relates to two systems of the body:

Connective Tissue
Connective tissue is widely distributed around the body between all structures and links all the body structures. Its function is to provide a framework of support for important organs and to reinforce the blood vessels, nerves, bones, muscles, lymphatics and tissue spaces.

It forms the:
- a. Superficial fascia
- b. Deep fascia
- c. Intermuscular septa
- d. Surrounding of blood vessels, nerves and framework for most organs

The superficial fascia blends with the skin and the deep fascia with the muscles and bony attachments

Cranio-Sacral Rhythm
A stretching technique that recognises and utilises the cranio-sacral rhythm
The cranio-sacral rhythm, believed to be a pulsing of the cerebrospinal fluid, is particularly involved with the release of the cranial base, the dural tube and the pelvic and respiratory diaphragms
Tightening of the myofascia is identified by palpation
Passive stretching along the direction of the muscle fibres is followed by a hold, until release is felt and the process is repeated until there is no further release.
Passive Movements (Stretching)
The normal range of movement in a joint or the extensibility of muscle is maintained by active movement, that is, movement carried out consciously by the person. Relaxed passive movements are movements, which are produced by an external force while the person is at rest. The joints are moved through a full range of movements.

Effects and Uses of Relaxed Passive Movements:
- Present free range of movement is maintained
- Adhesion formation is prevented
- If, for some reason full active range movement is impossible, extensibility is maintained
- The venous and lymphatic return may be assisted slightly by mechanical pressure and by stretching of the thin walled vessels which passes across the joint when moved
- The rhythm of continued passive movements can have a soothing effect and induce relaxation

5. Joint Mobilisation
Joint mobilization is a treatment technique used to manage musculoskeletal dysfunction. Most manipulative and mobilization techniques are performed by physical therapists, and fall under the category of manual therapy.
**Muscle Energy Techniques**
This technique is useful when a massage has been completed but areas of extreme tension are found in the muscles. The tension areas may have developed over several months and are frequently found in postural muscles.

There are two methods of relaxing the tight muscles:

1. **Post Isometric Relaxation** (or static stretching using an external force)
   When a muscle has been contracted for seven seconds or more without being allowed to move (isometric) it is far more pliable and easy to stretch.

   Stretching is done in the opposite direction from the movement made by the action of the muscle. Work out the direction along which the muscle should be stretched (using the muscle attachments), move the joint as a passive movement until you start to feel resistance and then slowly continue to apply pressure to increase the stretch.

2. **Reciprocal Inhibition** (contract/relax method)
   When the muscle is contracted isometrically it causes the opposing muscle to relax (antagonist). This allows it to be stretched more easily and painlessly.

**Acupressure**
Acupressure is an ancient healing art developed in Asia over 5,000 years ago that uses the fingers to press key points on the surface of the skin to stimulate the body's natural self-curative abilities. When these points are pressed, they release muscular tension and promote the circulation of blood and the body's life force energy to aid healing. Acupuncture and acupressure use the same points, but acupuncture employs needles, while acupressure uses gentle but firm pressure.
Therapeutic Touch

Therapeutic touch is an approach similar to the ancient art of “laying on of the hands”. It involves one or more practitioners using their hands – mainly very close to the body as well as gentle touch. This helps to promote the innate self – healing response of the client.
**Benefits & Effects of Massage**
In order to understand the benefits and effects of massage, it is important to consider how the body responds physiologically.

Massage involves two types of responses:
- Mechanical responses as a result of pressure and movement as the soft tissues are manipulated
- Reflex responses in which the nerves respond to stimulation.

**Effects on the Skeletal System**
- Massage can help increase joint mobility by reducing any thickening of the connective tissue and helping to release restrictions in the fascia.
- It helps to free adhesions, break down scar tissue and decrease inflammation. As a result it can help to restore range of motion to stiff joints.
- Massage improves muscle tone and balance, reducing the physical stress placed on bones and joints.

**Effects on the Muscular System**
- Massage relieves muscular tightness, stiffness, spasms and restrictions in the muscle tissue.
- It increases flexibility in the muscles due to muscular relaxation.
- It increases blood circulation bringing more oxygen and nutrients into the muscle. This reduces muscle fatigue and soreness.
- It promotes rapid removal of toxins and waste products from the muscle.

**Effects on the Cardiovascular System**
Massage can:
- Improve circulation by mechanically assisting the venous flow of blood back to the heart
- Dilate blood vessels helping them to work more efficiently
- Produce an enhanced blood flow; delivery of fresh oxygen and nutrients to the tissues is improved and the removal of waste products, toxins and carbon dioxide is hastened via the venous system
- Help temporarily to decrease blood pressure, due to dilation of capillaries
- Decrease the heart rate due to relaxation
- Reduce ischaemia (ischaemia is a reduction in the flow of blood to body parts, often marked by pain and tissue dysfunction).

**Effects on the Lymphatic System**
Massage helps to:
- Reduce oedema (excess fluid in the tissue) by increasing lymphatic drainage and the removal of waste from the system
- Regular massage may help to strengthen the immune system, due to increase in white blood cells.
Effects on the Nervous System

- Massage stimulates sensory receptors: this can either stimulate or soothe nerves depending on the techniques used.
- It also stimulates the parasympathetic nervous system, helping promote relaxation and the reduction of stress.
- Massage helps to reduce pain by the release of endorphins (endorphins are also known to elevate the mood).

Effects on the Skin

- Improved circulation to the skin, increased nutrition to the cells and encouraging cell regeneration
- Increased production of sweat from the sweat glands, helping to excrete urea and waste products through the skin
- Vaso-dilation of the surface capillaries helping to improve the skin’s colour
- Improved elasticity of the skin
- Increased sebum production, helping to improve the skin’s suppleness and resistance to infection.

Effects on the Respiratory System

- Massage deepens respiration and improves lung capacity by relaxing any tightness in the respiratory muscles.
- It also slows down the rate of respiration due to the reduced stimulation of the sympathetic nervous system

Effects on the Digestive System

- Increase peristalsis in the large intestine, helping to relieve constipation, colic and gas
- Promote the activity of the parasympathetic nervous system, which stimulates digestion.

Effects on the Urinary System

- Massage increases urinary output due to the increased circulation and lymph drainage from the tissues.

The Physiological Effects of Massage

- Reduce stress and anxiety by relaxing both mind and body
- Create a feeling of well-being and enhanced self-esteem
- Promote positive body awareness and an improved body image through relaxation
- Ease emotional trauma through relaxation
When not to Massage

It is important when working as a therapist to only work within your knowledge, professional and personal boundaries. It is quite acceptable to use reference books or the internet during a consultation with a client to ensure that you are able to provide the client with a safe, effective and ethical treatment.

‘Contraindication’ – This is a factor or activity that may increase the risk to the person’s health or well-being if it is carried out. Careful assessment should be made of a client through a full and thorough consultation before any treatment plan is devised. You should also consider if there is a risk to yourself if you treat the client.

If you are unsure about whether or not you should treat a person you should refer them to their Doctor or Specialist so that they can obtain permission to proceed with a treatment. Sometimes cautions need to be used in the treatment which allow a treatment to be carried out but in a modified fashion.

Total Contra-indications include:
Heart Disease
Infectious diseases
Vomiting
Diarrhoea

Partial contra-indications include:
High or Low Blood pressure – a client can be treated if the condition is controlled by medication
Diabetes – a client can be treated if blood sugar levels are stabilized

Cancer is a subject which causes much discussion and the general guideline is to gain permission from the specialist treating the person.

With all clients the general guidelines are:

‘If in doubt don’t do it!’
When treating a client who has a condition that you do not have much knowledge about it is vital that you research the condition to enable you to treat the person safely. Using the correct essential oils, carriers and treatments can have beneficial effects for the client. These treatments should be written up as case studies to enhance your knowledge and professional status.

It is a good idea to build a rapport with other therapists providing the same and different therapies to yourself in the area you live. This gives you a chance to network, gain knowledge, and be confident in referring clients to other professionals.

**Contra-indications – Full or Cautionary include:**

- Pregnancy
- Cardio vascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions)
- Haemophilia
- Any condition already being treated by a GP or another complementary practitioner
- Medical oedema
- Osteoporosis
- Arthritis
- Nervous/Psychotic conditions
- Epilepsy
- Recent operations
- Diabetes
- Asthma
- Any dysfunction of the nervous system (e.g. Muscular sclerosis, Parkinson’s disease, Motor neurone disease)
- Bells Palsy
- Trapped/Pinched nerve (e.g. sciatica)
- Inflamed nerve
- Cancer
- Postural deformities
- Spastic conditions
- Kidney infections
- Whiplash
- Slipped disc
- Undiagnosed pain
- When taking prescribed medication
- Acute rheumatism
- Fever
- Contagious or infectious diseases
- Under the influence of recreational drugs or alcohol
- Diarrhoea and vomiting
• Skin diseases
• Undiagnosed lumps and bumps
• Localised swelling
• Inflammation
• Varicose veins
• Pregnancy (abdomen)
• Cuts
• Bruises
• Abrasions
• Scar tissues (2 years for major operation and 6 months for a small scar)
• Sunburn
• Hormonal implants
• Abdomen (first few days of menstruation depending how the client feels)
• Haematoma
• Hernia
• Recent fractures (minimum 3 months)
• Cervical spondylitis
• Gastric ulcers
• After a heavy meal
• Conditions affecting the neck

With medical, GP or specialist permission – In circumstances where written medical permission cannot be obtained the client must sign an informed consent stating that the treatment and its effects has been fully explained to them and confirm that they are willing to proceed without permission from their G.P. or specialist
The Need for Referral
It is extremely important that any therapist works within their own expertise, training and insurance cover. Treating clients outside of this area is not only irresponsible (as the client does not then receive the best care) but dangerous, as the wrong treatment method might be used and the client may not only be harmed but the therapist can also be sued. Referral should be an integral part of practice:

- GP – for any medical concerns that are not understood by the client or therapist.
- Counsellor – for any emotional concerns or problems that are potentially deep.
- Other Complementary Therapist – if the client needs a therapy that is not supplied by the current therapist.
- Member of the social care or nursing team – if there are any social difficulties with mobility, age, degenerating health, other concerns.
- Priest – for any unresolved spiritual issues

Adaption of Massage techniques for Special Client Groups

Skin care and associated conditions
If a client is presenting any of the following skin conditions you should not work on them

- Contagious skin diseases e.g. scabies, ringworm, head lice, Impetigo, cold sores, conjunctivitis as there is a high risk of cross infection.
- Viral or fungal diseases e.g. Athlete’s foot, Verrucas or Warts, Nail infections.
- Septic wounds, boils, folliculitis
- Eczema, Dermatitis and Psoriasis should not be massaged when it is red or inflamed. Other areas of the body that do not have the skin condition can be massaged.

Once the infection has been treated with medication and has cleared up treatment can be carried out. Aromatherapy home treatments can be given for application by the client.

Stress related conditions
The following cautions should be observed:

- The client may be more sensitive to pressure and pain
- Muscles may spasm
- Be aware of any changes in mood or emotional state
- When a state of relaxation is reached there may be an emotional release i.e. crying, sobbing
- After the massage they may need more time recover as they may have entered a state of sleep / deep relaxation during the treatment
The Elderly
The following cautions should be observed:

- Massage treatments may have to be adapted according to the health of the client.
- Conditions such as arthritis may benefit from compresses rather than direct massage.
- If lying down is difficult or uncomfortable then treatment should be adapted to suit the needs of the individual.
- A full body massage may be too much for some elderly clients, in which case targeting more specific areas, such as their feet or hands, can prove equally beneficial in bringing about feelings of comfort and safety.
- Percentage of oils - when treating the elderly, only half the usual concentration of essential oils should be used, and it is important to keep the dose in line with the client’s age, weight and health (both mental and physical).
- Gaining consent - Seeking GP consent will be necessary if the client has a medical condition or is receiving prescribed medication. This is also important when the client has dementia, as there will be issues surrounding ‘informed consent’, which will usually involve input from the whole care team, as well as the client’s family.
- When massaging an elderly client be aware that their skin can be very delicate and may require more carrier oil to prevent ‘pulling’. Also, be sure not to leave a residue of oil on their hands and feet, as this could potentially lead to a fall or accident if they slip or lose their grip. If massage is inappropriate, essential oils can be vaporised or used diluted in the bath.

Pregnancy
The following cautions should be observed:

- The therapist must ensure that the client is well supported and there is not a hollow in the back.
- The client must not lie flat on the bed.
- The client must not raise her feet higher than her head whilst on the couch.
- A comfortable position is when the client bends the knees, thus flattening the back and enabling relaxation of the lower back muscles.
- However, the client should change position regularly so that she does not get cramp or impede the blood flow in any part of the body for too long.
- When massaging, the therapist should use extra pillows to ensure the client is comfortable at all times (under the tummy when lying on the side for instance).
- A pregnant client can usually lie on her stomach until the 4th month of pregnancy.
- Often a pillow between breasts and navel takes pressure off the lower abdomen and breasts and gives another week or 2 of comfort lying prone. The IFPA Pregnancy guidelines can be found in the Document Store.
Physical and Learning disabilities
The following cautions should be observed:
- Consent me be sought before any treatment takes place
- If possible have someone else with you while you perform the treatment
- Be aware of physical limitations of the client and adjust the treatment appropriately
- If at any point the client resists stop the treatment immediately
- Ensure the client is aware of what is going to happen and try to put them at ease

Children & Minors
The following cautions should be observed:
- Consent must be sought from the parents / guardian before any treatment takes place
- If possible have someone else with you while you perform the treatment
- If at any point the client resists stop the treatment immediately
- Ensure the client is aware of what is going to happen and try to put them at ease

Cancer Care
This is a topic that is always highly debated. It is best to get the client to seek the advice of their oncologist.
You may also find the IFPA guidelines useful – these can be found in the Document Store

HIV and AIDS
The following cautions should be observed:
- Being educated about HIV’s aetiology and pathology
- Performing a thorough client history
- Surveying the client to ascertain there are no cuts, open wounds or bleeding
  Surveying your hands to ascertain there are no cuts, open wounds or bleeding
- Keeping your nails short so they don't accidentally scratch the client
- Washing your hands thoroughly with warm water and soap before and after massage
- Rescheduling with an HIV client if you are sick, since their immune system is extra vulnerable to catching your own illness
- Refraining from direct pressure on any open lesion, inflamed area or on a client with a circulatory system infection. Instead, choose point specific
massage and avoid the affected area. Energy work can be used in cases of bacterial infection and fever.

- Monitoring your client for dizziness, nausea or light-headedness, as they may be experiencing a large toxin release. In this case, gentler work, shorter sessions and increasing hydration will serve the client.

**Race, Religious and Ethnic Groups**

The following cautions should be observed:

- Be aware of the beliefs of the client
- Only work within the accepted boundaries of the client i.e. removing clothes, exposing certain types of the body
- Treat everyone equally

**Safeguarding**

In today's society it has become necessary to put even more emphasis on the welfare and protection of children and vulnerable adults than ever before.

With this in mind the government in conjunction with all the leading Welfare and Social Services agencies have come together with Ofsted to produce and implement what will be the Safeguarding Vulnerable Groups Act 2006.

Although initially passed as a bill through parliament in 2006 the rules and regulations contained therein did not become law and practice until 2008.

The Safeguarding Vulnerable Groups Act 2006 is designed to implement new and more stringent ways in which to carry out checks on those individuals who wish to work with children, the elderly or people who are classed as being in positions of vulnerability. The act gives employees new powers - in conjunction with those bodies who oversee the checking of potential new employees - to help confirm the safety and reliability of those individuals who wish to work with those who fall under the auspices of the Safeguarding Vulnerable Groups Act. The act also looks at how bodies such as the Criminal Records Bureau (CRB) carry out their tasks which include providing basic and enhanced disclosures for potential employees and employers and deals with how the system can run more efficiently and with tighter restrictions than are currently in place.

Child Protection is the means by which any organisation or individual is charged with the safety of children under their care or within their scope of activity. As such Child Protection is something that we as adults are expected to have at the forefront of our minds at all times but there are groups who should take a more keen interest in the protection of children around us.

These groups include:

- Teachers
- Social Workers
• Care Workers
• Doctors
• Health Visitors

Of course this is not an exhaustive list but merely seeks to cover those groups who come into contact with children on a more regular basis - other than the children's parents.

These individuals are already obliged by law to inform the authorities of any misgivings they have in relation to the welfare and safety of any child who comes into contact with them. If an individual suspects sexual abuse, physical or emotional cruelty, maltreatment or instances of risk then they are at liberty to inform the correct authorities so that they may mount a thorough and proper investigation.

Dealing with Disclosures
When a child or vulnerable discloses that he or she has been abused, it is important to respond in a kind, gentle manner. Below are some suggested responses
• Listen
• Avoid expressing shock, outrage or disappointment
• Tell the child that he / she did the right thing by telling you
• Assure the child that the abuse was not his / her fault
• Avoid asking lots of questions – this is best left to the professionals
• Do not promise to keep the abuse a secret
• Remember that the child may have been threatened; assure the child that you will keep him / her safe and that he / she is not in trouble
• Do not threaten or condemn the perpetrator
• Avoid questions that may make the child feel guilty or responsible

It is also a requirement of the law that you inform the necessary parties – i.e. the police, social services

Disclosures by Adults
If an adult makes a disclosure there could be 3 strands:
• If a client discloses they have abused a minor or committed a serious crime you are by law required to report this to the relevant agencies

• If a client discloses that they were the subject of abuse as a child or young adult you should try to get them to seek assistance or report the incident to the police.

• If the client is in the vulnerable adult category they must be treated in the same way as if a child had made a disclosure
Possible reactions to the Treatment
After a treatment the client may experience the following symptoms / reactions:

- Pain and discomfort may occur when the muscles have been worked deeply resulting in a release of stress and tension
- In extreme cases bruising may occur but this is not normal
- Thirst is a result of the body moving toxins and expelling them from the system
- Headaches can occur if not enough liquid is consumed to lift and mobilise the toxins
- Tiredness often results and it is best to stay warm and rest
- Drop in body temperature can result if the body enters a state of healing and detoxification

The Healing crisis
Sometimes after a Holistic treatment, you may feel your symptoms get worse before they get better. For example, if you suffer from psoriasis, you may experiences an increase in breakouts for a period of time while the body eliminates any toxins from the skin. Occasionally after a holistic treatment, you may also experience reactions when the body begins its self-healing process and elimination of toxins. This is called a healing crisis. It is also known as a healing response, healing reaction, cleansing reaction, and detox reaction. There are a wide range of reactions which may occur after you have had a treatment. These reactions are only temporary and should clear within 24 - 48 hours. Not everyone will experience these reactions and the severity of the reaction depends on the level of toxins in your body, what toxins are being released, the condition of the organs eliminating the toxins and your energy levels at the time of the treatment. These reactions tend to occur more frequently after your first treatment.
Emotional and Mental Aspects to Therapy

Psychosomatic Medicine and Psychotherapy has long understood the very close link that exists between mental processes, emotional distress and physical health. It is true to say that healers of all ages and traditions have been aware of the impact that the subtle has on the physical. Let us look at how the emotions can affect the physical state.

**Psychoneuroimmunology (PNI)** is the study of the interaction between psychological processes and the nervous and immune systems of the human body. PNI takes an interdisciplinary approach, incorporating psychology, neuroscience, immunology, physiology, pharmacology, molecular biology, psychiatry, behavioural medicine, infectious diseases endocrinology, and rheumatology.

The main interests of PNI are the interactions between the nervous and immune systems and the relationships between mental processes and health. PNI studies, among other things, the physiological functioning of the neuro-immune system in health and disease; disorders of the neuro-immune system (autoimmune diseases; hyper-sensitivities; immune deficiency); and the physical, chemical and physiological characteristics of the components of the neuro-immune system in vitro, in situ, and in vivo.

More information can be found at: [http://en.wikipedia.org/wiki/Psychoneuroimmunology](http://en.wikipedia.org/wiki/Psychoneuroimmunology)

**Limbic Pathways**

The nerve pathways in the limbic system are controlled by the mind. In times of extreme stress and emotional trauma the hypothalamus gives instructions to the pituitary to stop producing ‘T’ cells, phagocytes, etc. This means that the Immuno-logical system of the body is closed down.

**Consciousness to Expressed Behaviour**

The following may help you to understand the pathway from consciousness to expressed behaviour.

THOUGHTS give birth to PERCEPTIONS, which influence and challenge the BELIEF SYSTEMS, which create our EXPERIENCES that lead to our PHYSIOLOGICAL RESPONSES OR BEHAVIOURS.

IRRITATION, which leads to INFLAMMATION, which, can cause TISSUE BREAKDOWN, which leads to all DISEASE that produces ALL SYMPTOMS.

**The Power of the Mind**

In essence, realising the potential power of the mind leads to good health and positive stress management. The only truly effective medical processes are those that recognise this truth and treat according to that realisation.
Clinical Practice

Care of the Therapist
As caring therapist we always forget the one person who may need treatment more than any of our clients, that person is ourselves. Do not forget to look after yourself. If you do not start as you mean to go on, you will burn out, maybe suffer back problems or be as stressed as your clients. This will not help them and it will certainly not help you.

- Give time and space to yourself
- Have regular holistic treatments
- If working alone be part of a team and join a support group of other therapist
- Seek help if needed i.e. tutor, therapist or support group
- Be confident in yourself
- Always greet the client with a smile, cheerful voice and knowledge of the clients name
- Make sure your couch is the correct height for you to work
- Arrange your room so everything is easily accessible
- Dress appropriately for giving treatments
- Clothes should look professional and be spotless
- Hands should be clean and warm with nails short and tidy
- Hair should be tied back if it is long
- Watches and jewellery should be removed
- The contact with your client should be empathetic, understanding and clinical, never become personally involved
- Do not gossip to a client, especially about other clients
- When massaging your thoughts will be for your client alone. Do not think of other commitments you might have
- Do not over run on your appointment and remember to give yourself time between appointments
- Never be late for an appointment
- Attend other courses to upgrade your knowledge and keep you in touch with new happenings
- Always be ethical and professional. Follow the Code of Ethics, be courteous, fair and most of all be honest

A truly holistic approach acknowledges that the therapist and the client each play an essential part in the healing process.
The Treatment Room

Décor

**Colour** is important, warm cosy, inviting, warm spectrum shades, but not too bright and over stimulating.

**Wall coverings** if any, keep it plain and simple, avoid ‘busy’ patterns, aim for tranquility.

**Fabrics** curtains drapes etc. Think about the colour and texture. Toning colours, or maybe ‘cosy’ textures like chenille, velvet, linen (think of the comfort factor)

**Lights** should be soft, preferably not overhead and never fluorescent tubes.

Floor Covering

- Dark stain resistant carpets stay cleaner longer
- To keep your floor area clean you may consider a rug (oily mixes can leave marks).
- You may consider a wooden or cork floor with a rug, for ease of cleaning.
- Do not let the floor area get scruffy!

Towels

- Keep the towels all the same colour, as it does look more professional.
- Size – at least one large bath sheet to ensure full coverage of your client and smaller ones for body bits and to make rolls.
- Buy good quality towels. Thick, soft ones leave a much nicer feel than scratchy ones and they will last longer.
Temperature of the Room

- The temperature of your treatment room needs to be higher than normal room temperature; it is for the client’s comfort, not yours.
- Are you working from home? Is the heating a part of the central heating system? If so what about the temperature in mid-winter when it can be really cold, or summer when the radiators are not on?
- Consider a free standing oil filled radiator. Towels can be left on this to keep warm for your clients.

Accessories for the Walls

- Certificates, charts and posters contribute to a ‘clinical’ environment.
- Scenic prints to a more homely feel.
- Think about what you are trying to create and where you are working.

Consultation Chairs

- The style, comfort and position of the chairs in room is important.
- You should be facing, but not directly challenging your client.
- Have ‘their’ chair so their back will not be to the door, as this can be uncomfortable for them on a subtle level.
- Sit in their chair, how does it feel, does it feel comfortable and what do you see?

Screen

- If possible it is handy to have a screen for the client to change behind. Otherwise you will have to go out of the room and this can break down the continuity you have with the client.

Changing

- You will need a rail or chair for your client’s clothes.
- A dish, box or tray is also useful for your client’s jewellery.
View from the Couch

- Lie down on your couch and look at what you can see? Cobwebs, dust marks on the ceiling?
- Think about something above the couch to break up the blank space, a mobile, sarong or scarf pinned up will make it more interesting.

Positioning of Equipment

Make sure you can work all around your couch without banging against anything, or scraping along your client’s arm.

Try to keep all equipment within easy reach.

Have stools, tables etc. ready to ensure minimum noise and distraction when changing position.

Have your clock or watch where you can see it, whilst working.

A CD player for your music which should be soothing to help your client switch off. The music should be loud enough to distract from background noise but not intrusive.

Finishing Touches

- Have readily available cups or glasses with cool peppermint drink or water
- Mirror by the door so that your client can check their appearance before leaving

Bathroom Facilities

- Easily accessible bathroom facilities
- To be kept clean at all times
Client Care and Communication

Understanding our Client
Our aim must be to cure those who come to us for therapy. Our therapy cares for the whole person and we must never view anyone as ‘just another massage’. Our ability to care for an individual is shaped by the depth of our perception of their total situation. We need to be alert to all the clues that our client can give us. As practitioners we need to be able to utilise all of our skills and sensitive manner to read, hear and share communications.

We must be aware of our own experiences and hang ups, so as not to prejudice against our client.

We are trying to comprehend not only what they are saying but also what they mean, which can be totally different.

Communication Techniques

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Verbal language – what is spoken and what is meant and how to differentiate.</td>
</tr>
<tr>
<td>2</td>
<td>Extra verbal language – crying, laughter, sighing, moans etc</td>
</tr>
<tr>
<td>3</td>
<td>Non-verbal language – expressions, gestures, subconscious thoughts</td>
</tr>
<tr>
<td>4</td>
<td>Eye language</td>
</tr>
<tr>
<td>5</td>
<td>Body language – positioning, attitude</td>
</tr>
<tr>
<td>6</td>
<td>Autonomic responses – galvanic responses, muscle contraction</td>
</tr>
</tbody>
</table>

Supporting Techniques

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supporting is a listening role, not a talking role</td>
</tr>
<tr>
<td>2</td>
<td>Pay close and interested attention</td>
</tr>
<tr>
<td>3</td>
<td>Do not be critical or judge</td>
</tr>
<tr>
<td>4</td>
<td>Mirror back feelings and content for evaluation</td>
</tr>
<tr>
<td>5</td>
<td>Be empathetic, not sympathetic (it is the client’s problem)</td>
</tr>
<tr>
<td>6</td>
<td>Do not become seduced by the client’s definitions</td>
</tr>
<tr>
<td>7</td>
<td>Give power and control to the client, do not induce dependence</td>
</tr>
</tbody>
</table>
8 Support and encourage; do not direct or seek to give advice

9 Encourage the client to look at the consequences of their actions/decisions

10 The health/life of the patient is their responsibility not yours.

Aromatherapy is not counselling in disguise. If you want to counsel you will need to acquire a different set of skills. It is often the case, that touch brings more peace to the client than orthodox counselling. The massage session allows the complete relaxation of the body and allows mental and physical tension to be released. Non-verbal support is non-invasive and subtler than verbal counselling.

Defining a ‘Client’
Every disease in the universe can be cured, but not every client. A client often fears change – therefore does not want to be cured. Illness shuts out things they do not want to see or do.

A client

Is someone out of balance
Can use illness as emotional blackmail
Can be attention seeking
May have a need for a rest
May have a lack of interest in life
May have a disbelief in wholeness
Is often driven by fear
May exude or be influenced by negative emotions
May hold preconceived ideas (cancer will die)
Often have a lack of belief in self (doctor says will die – so they die)
### Information needed for Client Record Card

This top copy only needs to be filled in once on the first visit.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of Student with Case No for each new record card</td>
</tr>
<tr>
<td>2</td>
<td>Clients name and address</td>
</tr>
<tr>
<td>3</td>
<td>Doctor, date of birth and occupation</td>
</tr>
<tr>
<td>4</td>
<td>Medical history</td>
</tr>
<tr>
<td>5</td>
<td>Medication and side effects if any</td>
</tr>
<tr>
<td>6</td>
<td>Do you have the following history</td>
</tr>
<tr>
<td>7</td>
<td>Family History</td>
</tr>
<tr>
<td>8</td>
<td>Contra Indications</td>
</tr>
<tr>
<td>9</td>
<td>What benefits would you like</td>
</tr>
<tr>
<td>10</td>
<td>Date and Client signature</td>
</tr>
</tbody>
</table>

### Aromatherapy Client Record Card 2nd page

This is the page that is completed with each new visit from your client i.e. if she has visited you 5 times I will want to see this page completed in full and attached to the first 2 copies originally completed at the start of the treatment.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reason Essential Oils/Carriers</td>
</tr>
<tr>
<td>2</td>
<td>Recommended Essential Oil</td>
</tr>
<tr>
<td>3</td>
<td>Recommended Carrier Oils</td>
</tr>
<tr>
<td>4</td>
<td>Home treatment</td>
</tr>
<tr>
<td>5</td>
<td>Observations by the Therapist</td>
</tr>
<tr>
<td>6</td>
<td>Feedback from the client</td>
</tr>
</tbody>
</table>
# Massage Client Record Card Sample

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>CASE NO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Forename(s)</td>
</tr>
<tr>
<td>Address</td>
<td>Telephone</td>
</tr>
<tr>
<td>Doctor</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
</tbody>
</table>

## Medical History and General Information Regarding the Client

### Medication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Medication Side Effects If Any:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Do you have the following history

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes / No</th>
<th>Yes / No</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eczema/Dermatitis/Psoriasis/Allergies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High or Low blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches / Migraine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular injuries or operations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you be looking at starting a family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you sleep well?</td>
<td></td>
<td>Diet Including Alcohol</td>
<td></td>
</tr>
</tbody>
</table>

### Family History:

Do you know of any contra indications to this treatment?

What benefits would you like to receive from this treatment?

<table>
<thead>
<tr>
<th>Date of Treatment</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for choosing Carrier oil</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Home Treatment</td>
<td></td>
</tr>
<tr>
<td>Observations by Therapist</td>
<td></td>
</tr>
<tr>
<td>Feed Back from Client</td>
<td></td>
</tr>
<tr>
<td>Reflective Practice</td>
<td></td>
</tr>
</tbody>
</table>
**Posture / Body Analysis**

Individuals each develop their own postural patterns; these may in turn be influenced by hereditary factors, customary standing or lying positions, muscle weaknesses, abnormalities such as bony deformities, emotional states and diseases such as asthma, emphysema and spondylitis.

A physician or a practitioner specialising in body mechanics can only carry out analysis and corrections of posture. The therapist cannot carry out any major adjustments to the client’s posture but some features are however very apparent and are good indicators of abnormalities; they also help the therapist to assess the state of the muscles and to plan their treatment.

**Kyphosis**  
An exaggerated outward curvature of the spine

**Scoliosis**  
A sideways curvature of the spine

**Lordosis**  
An exaggerated inward curvature of the spine

When you observe the client standing certain spinal deviations are noticeable.
- **Atrophied muscles.** These are identified as areas where the muscle bulk is smaller compared to the opposite side of the body.

- **Hypertrophied (overdeveloped) muscles.** Muscles that appear to be bigger when compared to the opposite side i.e. right leg muscles of a right-footed footballer.

- **Foot mechanics.** A frequent disorder of the foot mechanics is dropping of the medial arch. The feet do not support the body structure effectively and as a result, imbalances and back problems can arise further up the body, particularly in the pelvis and the spine.

**Body Analysis**

1. **Posture**
   - Side view – check that the ankle, hip & shoulder are aligned and that the pelvis is “tucked in”.
   - Advise client if improvements can be made.

2. **Back**
   - Place 2 fingers of one hand either side of spine at the neck and run them down to the sacrum to check that the spine is straight.
   - Check that the hips are level.
   - Check both shoulder levels; a dropped shoulder can affect circulation and health in that part of the body. It may push the spine out which may cause pain or affect breathing. Advise the client on appropriate exercises.

3. **Spine**
   - Flare test – 3 lines with edges of thumbs & thumbnails down back 3cm from spine on either side –
     - Pink indicates good circulation area should feel warm.
     - White spaces indicate poor circulation and congestion. There may be cold patches. Congestion in the lung area may be due to smoking or asthma and congestion in the lumbar region could be due to back pain or reproductive problems.
   - Palpation is a good way of finding out what is going on under the skin. If by tapping over the back with the fingers produces a hollow sound it is a good indicator that no congestion is present.

4. **Legs**
   - Check back & front for visible veins, cuts, bruises, dry skin, fragile – thin skin.
   - Cellulite test – hold thumbs & index fingers together to form a diamond shape, press & squeeze over thigh. If skin dimples cellulite is present –
check the severity. Does the area feel cold & hard or is it quite soft to touch?

- Check for swollen ankles – oedema present.
- Check for chilblains & poor circulation – squeeze big toe & check how long it takes for colour to return. The longer it takes, the poorer the circulation will be.
- Ridges on thumbs or toes relate to dysmenorrhoea (painful periods)

5. Scalp
- Place fingers firmly on scalp & move it over the skull. If the scalp is loose this generally shows low stress levels. If movement is limited this is generally caused by tension, stress, eyestrain or headaches.

6. Forehead
- Look for frown lines, stress, eyestrain & skin texture.

7. Eyes
- Are the whites yellow? – Liver/kidney related.
- Yellow spots? – Cholesterol
- Brown shading below? – Liver congestion.
- Grey & puffy? – Kidneys
- Enlarged pupils/dull lifeless eyes? – Poor general health/tired/run down
- Ultra sensitive to light?
- Water excessively?
- Crepiness around eyes could be due to smoking or using mineral or lanolin based creams around eyes.
- Does the client have headaches?
- Does the client wear glasses or contact lenses?

8. Nose
- If client has a narrow nose bridge this could indicate sinus/catarrh.

9. Mouth
- If client has deep lines or spots around mouth this could indicate reproductive problems.
- Lines & spots on the chin area may indicate digestive problems.

10. Skin
- Check skin type on face – ask for clarification from client.
- Check for signs of premature ageing & give skin care advice.
- Check for irregular / bleeding warts, freckles
- Contagious diseases visible on the skin
• Lacerations / bruising
• Nodules / Tumours

11. Arms
• Check for “grittiness” on upper arms, which is often due to eczema, hayfever or asthma in the family history. It can also be due to a deficiency in essential fatty acids

12. Nails
• If cuticle is covering the nail plate & there is puffiness this could be due to poor circulation.
• A bluish tinge to main part of nail could also be due to circulation.
• White spots on nail plate may indicate bruises, acid diet, and lack of zinc or calcium.
• Beau’s lines across the nail plate follow acute infection, injury, nervous shock, menstrual problems or are related to medication.
• Vertical ridges relate to arthritis in the family.
Regulation and Law

The Background of the IFPA (taken from the Schools Manual)
The International Federation of Professional Aromatherapists (IFPA) was officially founded on 1st April 2002—by the UK’s major international professional aromatherapy organisations; the International Federation of Aromatherapists (IFA), the International Society of Professional Aromatherapists (ISPA) and the Register of Qualified Aromatherapists (RQA).

The merger planning process was directed by a steering committee made up of the chairs and vice chairs of each association. In addition, members of the three executive committees also played a vital role working on a wide range of issues including the constitution, administration, education and training, public relations, insurance and publications. Everyone involved worked hard to make the amalgamation process progress as smoothly as possible, and produce the most positive possible outcome both for IFPA’s practicing members and the general public. The outcome of this work resulted in the ISPA and the RQA amalgamating to create The International Federation of Professional Aromatherapists.

Working together in a spirit of unity to lay the foundations for what has become the premier UK and international professional body of aromatherapy, the IFPA aspired to strengthen ties and exchange information with national aromatherapy bodies in the UK and also to establish closer links with aromatherapy organisations and practitioners internationally. It was felt by all concerned that if we seized this unique opportunity to work together we could establish, on a global scale, professional aromatherapy as a viable, respected system of modern natural healthcare.

As the organisation develops, more supportive structures are being established such as student awards and regional groups and more policies are in place to lead the organisation. The IFPA is a key player in promoting the unification of all aromatherapy bodies into one self-regulating aromatherapy council and the regulation of aromatherapy. The IFPA is also an active role of the recently formed Complementary and Natural Healthcare Council (CNHC)

The IFPA has a Code of Conduct and Ethics for all members which is available to download from their website

The Prince’s Foundation for Integrated Health
The Prince’s Foundation for Integrated Health was also known as The Wales Foundation for Integrated Health. It was created by the Prince of Wales in 1993. The Foundation began to promote alternative medicine and lobbied for
the inclusion into the National Health Service. Prince Charles created the charity in 1993 to explore how complementary therapies could work with mainstream medicine. The Foundation’s medical director was Mike Dixon. Between 2005 and 2007 the foundation received a grant from the Department of Health to help organize the regulation of complementary therapy.

The controversy around the charity was that Charles had shown interest in alternative medicines, and his promotion of it caused controversy. In 2004 the Foundation put a divide in the scientific and medical communities over the campaign to encourage general practitioners to use and offer herbal and other various alternatives to treatments to National Health Service patients. In 2006 Charles made a speech to health ministers at the World Health Assembly in Geneva to urge them to develop a plan to add alternative medicine therapy to conventional medicine.

In 2010 after many allegations of fraud and money laundering which lead to an arrest of a former official the charity was closed.

**The House of Lords Report 2000**
This inquiry and subsequent report was as a result of the increase in interest and used of Complementary and Alternative medicine (CAM) in the UK. The report covered aspects such as regulation, training, research and the provision for such therapies within the NHS.

From this report it was concluded that some of the therapies should be under compulsory regulation and others should self regulate.

This report can be viewed at:
http://www.parliament.the-stationery-office.co.uk/pa/ld199900/ldselect/ldsctech/123/12301.htm

**Professional & Regulatory Bodies**
A professional association (also called a professional body, 'professional organization, association or society) is a non-profit organization seeking to further a particular profession, the interests of individuals engaged in that profession, and the public interest.

The roles of these professional associations have been variously defined: "A group of people in a learned occupation who are entrusted with maintaining control or oversight of the legitimate practice of the occupation;" also a body acting "to safeguard the public interest;" organizations which "represent the interest of the professional practitioners," and so "act to maintain their own privileged and powerful position as a controlling body."
Ones to be aware of are:

**The UK Medicine and Healthcare Regulation Authority (MHRA)**
The Medicines and Healthcare products Regulatory Agency (MHRA) is the government agency which is responsible for ensuring that medicines and medical devices work, and are acceptably safe. The MHRA is an executive agency of the Department of Health.
http://www.mhra.gov.uk

**The Complementary and Natural Healthcare Council (CNHC)**
The key purpose of CNHC is to act in the public interest and enable proper public accountability of the complementary therapists that it registers.
http://www.cnhc.org.uk

**The General Council for Massage Therapies (GCMT)**
The General Council for Massage Therapies (GCMT) is the only forum where Professional Associations who represent massage can come together to discuss and resolve industry issues. They aim to represent the views of the whole spectrum of massage practitioners and work collectively in the best interests of the profession.
http://www.gcmt.org.uk/

**Medicines Act**
In the UK there is a distinction in law between a product, such as a blend of essential oils for massage, individually prescribed for a single client after a consultation, and the sale of a retail product. Individually prescribed products such as the blend you create for a patients massage or home blend, currently come under the Medicines Act 2 1968, section 12, which allows herbal prescriptions to be prepared after an individual consultation with the therapist. These do not need to be tested. All other products on open sale to the general public must undergo testing. This legal situation is currently under review.

**Cosmetic Regulations**
These have recently been updated and the current regulations can be found in the document store
Business Awareness
It can sometimes be difficult to be business minded as a holistic therapist. We become Therapists because we have a need within ourselves to want to help people. Dealing with money is not something that everyone finds easy. For us to earn a living and be able to continue to help our clients we must take ourselves seriously and become more business minded.

Motive
Why do we want to become a Therapist?
- Personal
- Social
- Professional
- Financial

Personal
- To make friends, improve self-esteem, or extend qualifications or skills.
- To feel that we are helping people overcome problems and illnesses
- To explore our own beliefs

Social
- New career developments, wanting to develop meaningful skills
- Develop new networks
- Help people

Professional
- Professional development, learn new skills, and increase knowledge.
- To have a career which we enjoy and find fulfilling

Financial
- To earn a living and increase job prospects

Working Environment
What environment do we see ourselves working in? Access the advantages and disadvantages of where you want to work.
- Treatment rooms at home
- Home visits
- Renting clinic space in a natural health centre, doctors surgery, pharmacy/health outlet
- Hospice, residential homes, hospitals
- Employed in spas, hotels and salons
- Cruise ships and holiday complexes

Below are a few of the advantages and disadvantages of some of the situations you can work as a Therapist.
A SWOT (Strengths, Weaknesses, Opportunities & Threats) Analysis is a good way of looking at what would work best for you. Guidelines to completing a SWOT analysis and a SWOT form can be found in the Document Store.

**Working from Home**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Homely environment</td>
<td>• Difficult to separate work from home</td>
</tr>
<tr>
<td>• No travelling expenses</td>
<td>• Always available</td>
</tr>
<tr>
<td>• Easy to book appointments</td>
<td>• Risk with strangers</td>
</tr>
<tr>
<td>• Flexible working hours</td>
<td>• Advertising difficulties</td>
</tr>
<tr>
<td></td>
<td>• Neighbours</td>
</tr>
</tbody>
</table>

**Home Visits**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flexible working</td>
<td>• Personal safety</td>
</tr>
<tr>
<td>• Reduced overheads</td>
<td>• Heavy lifting and carrying</td>
</tr>
<tr>
<td>• No heating bills</td>
<td>• Reliable transport</td>
</tr>
<tr>
<td></td>
<td>• Travelling perimeters</td>
</tr>
<tr>
<td></td>
<td>• Time consuming</td>
</tr>
</tbody>
</table>

**Renting in existing salon**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Existing clientele</td>
<td>• Rent increases / Commission payments can be high</td>
</tr>
<tr>
<td>• Premises well known in the area</td>
<td>• Furnishings may not be adequate</td>
</tr>
<tr>
<td>• Advertising shared</td>
<td>• Rent still to be paid when there are a lack of clients</td>
</tr>
<tr>
<td>• Network with other therapist</td>
<td></td>
</tr>
<tr>
<td>• Appointments easily taken</td>
<td></td>
</tr>
</tbody>
</table>

**Owning Premises**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Create own business</td>
<td>• High capital investment</td>
</tr>
<tr>
<td>• Lease to other practitioners</td>
<td>• Time management</td>
</tr>
<tr>
<td>• Control of business</td>
<td>• Location expensive</td>
</tr>
<tr>
<td>• Room for expansion</td>
<td>• Being one’s own boss</td>
</tr>
<tr>
<td>• Being one’s own boss</td>
<td>• Bills still to be paid when there are a lack of clients</td>
</tr>
</tbody>
</table>
### Working for Others

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regular income</td>
<td>• High client turnover – tiring</td>
</tr>
<tr>
<td>• Good working experience</td>
<td>• Standardised treatment</td>
</tr>
<tr>
<td>• High client turnover</td>
<td>• Low salary – commission</td>
</tr>
<tr>
<td>• Opportunities to work world wide</td>
<td>• Product marketing</td>
</tr>
</tbody>
</table>

### Finances

Keep a regular record of everything spent or earned. To begin with a simple IN and OUT book may be all that is required. One side of the book kept for IN (income) and the other side for OUT (expenditure). It may be beneficial to look for a local Accountant who will be able to advise you on your accounts. What is important to remember is ‘**Keep receipts for everything and keep them safe**’. By keeping accurate records and receipts you will be able to claim against tax as business expenses.

HMRC provide lots of information and help about setting up a new business. The site gives you all the information on what you **have** to do and **when**.

[http://www.hmrc.gov.uk/startingup/](http://www.hmrc.gov.uk/startingup/)

Business Link also provides information and training courses about setting up new businesses

[https://www.gov.uk/business-support-helpline](https://www.gov.uk/business-support-helpline)

### Types of Business

You will also need to decide if you are going to operate as:

- **A Sole trader**

  Sole traders must register with HM Revenue & Customs (HMRC) and follow certain rules on running and naming their business.

  If you’re a sole trader, you’re running your own business as an individual. This is known as being ‘self-employed’. You can keep all your business’ profits after you’ve paid tax on them. You can take on staff - ‘sole trader’ means you’re responsible for the business, not that you have to work alone. You must register for Self Assessment with HMRC as soon as you can after starting your business.

  You’re responsible for your business debts, bills for anything you buy for your business, like stock or equipment, keeping records of your business’ sales and expenses, sending a Self Assessment tax return every year paying Income Tax on the profits your business makes and National Insurance.
You can use your own name or trade under a business name. There are rules on using a business name. For example, you can’t use the terms ‘Limited,’ ‘Ltd,’ ‘public limited company,’ ‘plc,’ ‘limited liability partnership,’ ‘LLP’ or their Welsh equivalents, use sensitive words or expressions unless you have permission, suggest a connection with government or local authorities, use a name that is too similar to a registered trademark or an existing business in the same area or sector, or be offensive.

You must include your own name and business name (if you have one) on any official paperwork, like invoices and letters.

Information taken from: https://www.gov.uk/set-up-sole-trader

- **A Partnership**
A partnership can be between two people or multiple people. The business partnership and individual partners must register for Self Assessment with HM Revenue & Customs (HMRC) and follow certain rules on running and naming the business partnership. The rules are different for limited liability partnerships and limited partnerships (more information on this is available from the HMRC).

You’ll need to choose a ‘nominated partner’ - the partner responsible for managing the partnership’s tax returns and keeping business records. The nominated partner must register the partnership and themselves for Self Assessment. The other partners register separately; they usually do this after the partnership is registered.

In a business partnership, you’re running a business as a self-employed individual but all the partners share responsibility for the business. You can share all the profits between the partners and each partner pays tax on their share of the profits. Both the nominated partner and individual partners are responsible for:
- sending their personal Self Assessment tax return every year
- paying their Income Tax on their share of the partnership’s profits
- paying their National Insurance
- any losses the business makes
- bills for the business - e.g. when they buy stock or equipment

The nominated partner must also send the partnership’s tax return.

You can use your own names or trade under a business name. There are rules on using a business name, you can’t: use the terms ‘Limited,’ ‘Ltd,’ ‘public limited company,’ ‘plc,’ ‘limited liability partnership,’ ‘LLP’ or their Welsh equivalents, use ‘sensitive’ words or expressions unless you get permission suggest a connection with government or local authorities, use a
name that is too similar to a registered trademark or an existing business in
the same area or sector or be offensive
You usually have to include all the partner’s names as well as your business
name (if you have one) on any official paperwork, like invoices and letters.

Information taken from https://www.gov.uk/set-up-business-partnership

- **A Limited company**
  
  You can set up a private limited company to run your business. You must
  appoint people to run the company (called ‘directors’) and register (or
  ‘incorporate’) it with Companies House. Once the company is registered you'll
  get a ‘Certificate of Incorporation,’ this confirms the company legally exists
  and shows the company number and date of formation.

  Sole traders are personally responsible for their business debts, but the
  liability in a private company is usually limited to the shareholders. The
  liability depends on the type of company being created.

  Types of private limited company:
  - A private company limited by shares means the members’ (shareholders)
    liability is limited to the original value of the shares issued but not paid for.
    Example:
    A shareholder has 500 shares originally valued at £1 each. At the time the
    company fails they have paid for 100 so they’re liable up to the original
    value of shares they haven’t paid for (£400).
  - A private company limited by guarantee means the company members
    financially back the company up to a specific amount if things go wrong.

  All limited companies must be registered (incorporated) with Companies
  House. To do this you need:
  - the company’s name and registered address
  - at least one director
  - at least one shareholder
  - details of the company’s shares - known as ‘memorandum of association’
  - rules about how the company is run - known as ‘articles of association’

  The registered office address is where official communications are sent - e.g.
  letters from Companies House and HM Revenue & Customs. The address
  doesn’t have to be where you operate your business from but it must be:
  - a physical address
  - in the same country that your company is registered in - e.g. a company
    registered in Wales must have a registered address in Wales
When you register your company it must have at least 1 director. A director is legally responsible for running the company. A director must be older than 16 and not be someone disqualified from being a director. You can make another company a director - but at least 1 of your company’s directors must be an individual. Directors have responsibilities that include making sure the company is run properly.

You don’t need a company secretary for a private limited company. Some companies use them to take on some of the director’s responsibilities. The company secretary can be a director but can’t be:
- the company’s auditor
- an ‘undischarged bankrupt’ - unless they have permission from the court.

The restrictions placed on a person when they’re made bankrupt usually end when they’re discharged. You can check if someone has been discharged using the Insolvency Register.

Even if you have a company secretary, the directors remain legally responsible for the company.

When you register a company you’ll need to make a ‘statement of capital’. This is:
- the number of shares the company has and their total value - known as the company’s ‘share capital’
- the names and addresses of all shareholders - known as ‘subscribers’ or ‘members’

Example:
A company that issues 500 shares at £1 each has a share capital of £500.

Every limited company must have at least one shareholder, there’s no maximum number. Directors can be shareholders.

Shareholders are owners of the company and they have certain rights e.g., directors must get shareholders to vote and agree on changes to the company.

When you register your company you must have articles of association. These are the rules about running the company that shareholders and ‘officers’ (directors or company secretary) have to agree to. For example, rules about how decisions that affect the company must be made and the role of shareholders in those decisions. Most companies use standard (‘model’) articles - but you can change these or write your own as long as the company doesn’t break the law.

Set up your company for Corporation Tax. Within 3 months of starting up in business, you must give HM Revenue & Customs (HMRC) specific information about your company. You can do this once you’ve got your company’s Unique Taxpayer Reference. HMRC will use this information to work out when your company must pay Corporation Tax.
You must tell HMRC:
- the date you started in business
- your company name and registered number
- the main address where you do business from
- what kind of business you do
- the date you’ll make your annual accounts up to
- if you’ve taken over a business or you’re part of a group
- Any business activity counts as starting up, e.g. buying, selling, employing someone, advertising or renting a property.

HMRC will send your company’s Unique Taxpayer Reference to your registered office address, usually within a few days of the company being registered (incorporated). The letter tells you how to:
- give HMRC the information they need about your company
- set up your company’s HMRC online account for Company Tax Returns and Corporation Tax

Information taken from: https://www.gov.uk/limited-company-formation/overview

Taxation rules change often – ensure your business is up to date by checking regularly or employing an accountant

**Claims against Tax**
You can claim against your earnings for the running cost of your business such as heating, lighting, telephone, advertising and rent of premises, Costs of upkeep and maintenance and this can include decorating and repairs. You can claim for rent and upkeep even if you work from home. Other things you can claim for include:
- Business stationery, postage, books, journal subscriptions, promotional literature.
- Membership fees, conference and seminar cost
- Transport cost, car, petrol, repair, and car tax
- Equipment for running of business i.e. couch, bed linen, essential oils, products, uniform and sundries such as cleaning material and even toilet paper
- Professional fees i.e. accountant, bank charges and insurance on premises and yourself

**Accountant**
I have always found it beneficial to have an accountant. He/she will be able to advise you on taxation matters and give you guidance on keeping clear and accurate accounts. He can help you save money by giving advice on what you can legally offset against tax. He will also take the worry of self-
regulation off of you and have your completed tax forms ready for the Inland Revenue when they are required.

There is a fee to be paid for this and you will need to weigh up the benefits, but if you keep regular in/out accounts with all your receipts listed, this will keep the cost down.

To find a good accountant, take advice from someone who has one and is happy, or alternatively your local library or bank manager will be able to provide details of accountants and financial advisers in your area.

Try not to be impatient it takes an average of 3 - 5 years to build up a successful practice and career.

**Legal Requirements for Good Practice**

There is an increasing need for managers, employers, employees and self-employed to realise their responsibilities, actions and duties of care imposed upon them under the Health and Safety at Work Act 1974. The recent regulations (1992) made under this Act implement the new European Directives covering more specific health and safety issues relating to all aspects of work activities and premises.

**Health and Safety at Work Act 1974**

You must comply with Health & Safety laws for the following reasons:

- Identification of potential hazards
- Assessment of risk arising from these hazards
- Identification of staff/visitors at risk from these hazards
- Elimination or minimization of the risks
- Training staff to identify and control risks
- Regular reviews of the assessment processes

It is essential to comply with legislation. You must ensure that you are aware of the existence of legislation that will affect you in your chosen work environment. A therapist **MUST** comply with relevant legislation as this is the **LAW** and ignorance is no excuse. Legislation can be a minefield. It is possible however to obtain scaled down versions that are written in plain English. It is vital to check that these are kept up to date as Legislation changes regularly.

More information can be found at: [http://www.hse.gov.uk/legislation/hswa.htm](http://www.hse.gov.uk/legislation/hswa.htm)
Other Legislation you must be aware of:

**Control of Substances Hazardous to Health regulations 1992 (COSHH):**
Therapists are required by law to make an assessment of the exposure to all substances used in treatments that are potentially hazardous to themselves, their employees and visitors. The purpose of the COSHH regulations is to ensure that people are working in the safest possible environment and conditions. A substance is considered to be hazardous if it can cause harm to the body. It only presents a risk if it:

- Comes into contact with the skin or eyes
- Absorbed through the skin or via the eyes
- Inhaled
- Ingested
- Injected
- Introduced into the body via cuts and abrasions

**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)**
The regulations provide that if anybody dies, or is seriously injured in an accident in connection with a business, or anyone is off work for more than three days as a result of an accident at work, or if a specified occupational disease is certified by a doctor, then the employer must send a report to the Local Authority Environmental Health Department.

**Electricity at Work Regulations 1992**
This legislation covers the installation, maintenance and use of all electrical equipment and systems in the workplace. A qualified electrician must perform a safety check on all equipment on a yearly basis. A testing record should be kept for each piece of equipment. This should show the following:

- The electricians name, address and contact details
- An itemized list of all equipment along with a serial number if available
- Date of inspection
- Date of purchase / disposal

**Local Authority by-laws**
It is essential that you check with your local authority about any by-laws that are in place which may affect the running of your business whether it be from home or in business premises. By-laws vary from council to council so it’s always best to check

**Data Protection act**
If a practitioner uses a computer to store personal data about clients, they must register with the Data Protection Registrar or be liable to prosecution.
The Data Protection Act controls how your personal information is used by organisations, businesses or the government. Everyone who is responsible for using data has to follow strict rules called ‘data protection principles’. This applies to written data as well as computer data. They must make sure the information is:

- used fairly and lawfully
- used for limited, specifically stated purposes
- used in a way that is adequate, relevant and not excessive
- accurate
- kept for no longer than is absolutely necessary
- handled according to people’s data protection rights
- kept safe and secure
- not transferred outside the UK without adequate protection

For more information:
http://www.ico.org.uk/for_organisations/data_protection

**Consumer Protection act**
The Consumer Protection Act 1987 is an Act of the Parliament of the United Kingdom that made important changes to the consumer law of the United Kingdom.

Part 1 Implemented the European Community (EC) Directive 85/374/EEC, the product liability directive, by introducing a regime of strict liability for damage arising from defective products.

Part 2 Created government powers to regulate the safety of consumer products through Statutory Instruments.

Part 3 Defined a criminal offence of giving a misleading price indication.

The Act was notable in that it was the first occasion that the UK government implemented an EC directive through an Act of Parliament rather than an order under the European Communities Act 1972.

This gives an easy to understand version:
http://www.bbc.co.uk/schools/gcsebitesize/design/resistantmaterials/designsocialrev10.shtml


**Goods & Services act**
The Supply of Goods and Services Act 1982 means that consumers who enter into a contract for goods and services can expect these to be supplied with reasonable care and skill. If the service you have received is not reasonable, you can argue there has been a breach of contract. The term 'services' covers a wide variety of work.
From a small repair job on a vehicle with no written details or the installation of solar panels to a new kitchen or major building work, all require you to enter into a contract. Services can be provided alone, or they may be provided with goods, for example the fitting of a new kitchen.

Examples of services provided without goods include:
- dry cleaning
- entertainment
- using a parking space in return for payment
- private health treatment, including cosmetic surgery

Examples of services provided with goods include:
- repairs to goods where parts are replaced, such as car repairs
- home improvements involving building and decorating work
- double glazing

In all of the above examples, the contract would be governed in accordance with the Supply of Goods and Services Act 1982 (as amended), which implies into all contracts of work or services that the work will be carried out:
- with reasonable care and skill
- in a reasonable time (if there is no specific time agreed); and
- for a reasonable charge (if no fixed price was set in advance)


**Trade descriptions act**
Aromatherapists are bound by the provisions of the Trade Descriptions Act 1968. An important provision of the Act is the one against making any false statements as to services offered, or claims about the effectiveness of a treatment, and claims to cure or diagnose specific ailments. This Act, together with Cosmetic Products Regulations 1996 and the General Product Safety Regulation 1994 (No.2328) is also important for any own label products sold by the aromatherapist i.e. products that you may create for retail sale such as massage blends, or creams and lotions, even if they do not include essential oil. Any such product must be properly labelled.

**Veterinary Surgeons act**
If you would like to work with animals it is vital to understand the implications of this act on your practice

**Public Performance License**
If recorded music or a radio is played in a place of business, a fee may be payable. If radio or television broadcasts are used, similarly the premises
must hold a licence. Therapists who are working outside the UK must seek advice from their own Government departments.

For more information contact:
The Performing Rights Society, [www.prsformusic.com](http://www.prsformusic.com) and/or
Phonographic Performance Ltd, [www.ppluk.com](http://www.ppluk.com).

**Duties of Self-Employed Persons**
The majority of aromatherapy practitioners work on a self-employed basis from their own domestic premises, a rented room or travelling freelance to different locations. There are specific duties for the self-employed; in particular they must ensure that their work does not put themselves or others - including clients - at risk.

**Occupational Health Risks**
There is a requirement that practitioners be aware of and take appropriate protective measures against the risks they encounter due to the nature of their work. The main hazards are:

- **Works related upper limb / postural disorders**
  These are painful and sometimes disabling conditions. Symptoms may develop or accumulate over a period of time caused by frequent repetitive activities. Insufficient recovery time increases the risk. It is essential that you practise good postural techniques, have breaks between clients and have regular treatments yourself.

- **Dermatitis**
  This skin condition may appear in an allergic or contact form, which mainly affects the hands. Hand care and the healthy hand condition are obviously essential to the work of the therapist. Dermatitis is caused by the repeated contact with certain skin irritants such as oils, detergents and chemicals. Care should be taken in the washing and drying of the hands after treatments to remove any residue oils, particularly when the precise chemical nature of the oils may not be known.

**A Therapist Working from Premises**
It is important to establish and maintain a suitable working environment, which will raise the standard of safety and welfare to the benefit of practitioner and client. The premises need to be kept clean and safe. In conjunction with this, additional factors should be considered:
- A clean drinking water supply, clearly marked
• Access to a fully equipped and up to date First Aid box. The aromatherapist needs to have training in first aid and to keep the training up to date.
• The practice is accessible to disabled people.
• If practitioners are employed, the employer and the employee must conform to the Health and Safety at Work Act 1974.
• Gas safety regulations must be followed.
• Electricity at work regulations must be followed.
• Correct hygiene procedures must be followed.
• Fan assisted air circulation where natural ventilation is insufficient
• Thermometer to confirm comfortable working temperature
• Frequent and regular removal of waste materials.

Ideally these points should be borne in mind when considering suitable work premises, but it is sensible to seek improvements to working conditions at any time. By becoming aware and learning to assess and act upon the health issues within your work environment you will begin to comply with legislation and safeguard your own health, safety and welfare and that of your client.

Fire and Evacuation procedures
The following action should be taken on discovery of a fire on the premises:
• If the fire is small deal with it immediately using a fire blanket or extinguisher.
• If the fire is larger the building should be evacuated immediately.
• The clinic appointment book should be taken in order to account for all staff and clients.
• Fire doors should be closed by the last person leaving the building.
• People should assemble at a designated fire point
• Dial 999 for the Fire Brigade.

Types of fire extinguishers and their uses

• Water Fire Extinguishers:
  The cheapest and most widely used fire extinguishers. Used for Class A fires. Not suitable for Class B (Liquid) fires, or where electricity is involved.

• Foam Fire Extinguishers:
  More expensive than water, but more versatile. Used for Classes A & B fires. Foam spray extinguishers are not recommended for fires involving electricity, but are safer than water if inadvertently sprayed onto live electrical apparatus.

• Dry Powder Fire Extinguishers:
  Often termed the ‘multi-purpose’ extinguisher, as it can be used on classes A, B & C fires. Best for running-liquid fires (Class B). Will efficiently
extinguish class C gas fires, but beware, it can be dangerous to extinguish a gas fire without first isolating the gas supply. Special powders are available for class D metal fires.
Warning: when used indoors, powder can obscure vision or damage goods and machinery. It is also very messy.

- CO2 Fire Extinguishers:
  Carbon Dioxide is ideal for fires involving electrical apparatus, and will also extinguish class B liquid fires, but has no post fire security and the fire could re-ignite.

**Colour Coding**
Prior to 1st Jan 1997, the code of practice for fire extinguishers in the UK was BS 5423, which advised the colour coding of fire extinguishers as follows:

- Water - Red
- Foam - Cream
- Dry Powder - Blue
- Carbon Dioxide (CO2) - Black
- Halon - Green (now 'illegal' except for a few exceptions such as the Police, Armed Services and Aircraft)

New extinguishers should conform to BS EN 3, which requires that the entire body of the extinguisher be coloured red. A zone of colour of up to 5% of the external area can be used to identify the contents using the old colour coding shown above.

Premises need to have an evacuation policy in place as it is essential for staff to know what to do in the event of a fire. They should be given training in the following:
- Fire prevention
- Raising the alarm
- Evacuation during a fire
- Assembly points following an evacuation
This will help to ensure that all staff and clients are evacuated from the building as quickly and safely as possible

The following fire precautions should be taken within a small clinic:
- A fire policy should be in place.
- The fire brigade should have inspected the premises and made the necessary recommendations.
- Fire alarms may be necessary.
- The correct fire extinguishers should be installed.
• All staff should be aware of the location of the fire extinguishers and their uses.
• All fire extinguishers should be maintained annually by a specialist company.

It is crucial for non-UK students to check the laws etc in their own countries to ensure they are operating within the law.

Insurance
Public liability insurance and professional indemnity insurance is not statutory in the UK but is required from members of the IFPA. It provides important cover for aromatherapists. It covers the aromatherapist for claims made by members of the public as a result of injury or damage to people or personal property resulting directly from the site of treatment or from the treatment itself. Such damage is said to be due to ‘professional negligence’. Not all countries acknowledge insurance for Aromatherapist; therefore, it is the responsibility of the therapist to encourage insurance in those countries that do not provide it.

Marketing
Belief in one’s own ability is one of the best marketing tools that you can have. Self confidence, enjoyment and a belief in your work will give a positive approach to your client who will be impressed with you and pass that impression on to others.

Advertising
There are many ways of advertising and the internet has widened this out even more. You need to decide on a strategy and budget for marketing.
Do you want to attract local clients?
What type of clients are you looking for?
Do you want to create a presence on the internet to advertise your business?
Do you want to use social media to promote events and special offers?

Social Media is changing all the time - Look for local networking events and seminars on marketing and promoting your business. Attend networking events and talk to other people about what works for them.

If it’s free try it – but always make sure if you are working on your own you don’t put yourself at risk!
Research Skills

First we must ask the question “why do therapists need to know about research?”

The answer should be obvious, but you may not have thought about it before. A practising therapist is expected to keep up to date with new developments in practice. New developments often happen as a consequence of research e.g. nurses studying the effects of lavender on the sleep patterns of a group of patients or a researcher studying the effects of reflexology on a group of children with constipation. If lavender is shown to be sedative, if reflexology leads to reduced constipation in children, then these could be justifiable, cost effective and less invasive interventions than orthodox treatments.

Another answer might be “to be able to justify my treatments to patients and other interested parties”. The developments in healthcare have been towards “evidence-based” practice and locating and understanding available research, this may help you to convince skeptics about the potential efficacy of your treatments.

Evidence based practice

But what you might ask is “evidence – based practice”? According to Sackett (1996), it is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” or “an approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits the patient best” (Muir Gray, 1997). This is applied to medicine, but the same holds true for complementary therapies. In order to base practice on evidence, therapists need to be able to interpret and use research, evaluate practice and begin to conduct research.

Research is a systematic and rigorous approach to examining professional activity (adapted from Kane, 2004)

Audit may be used to monitor and assess treatment (Vickers, 1995), examining outcomes or procedures. It is used to set standards of care. Research can influence the audit process. Results are generally limited to the setting in which the audit is carried out although they may be of general interest to those working in similar environments.

Other parties who need research include:

UK government in order to:
- Help medical profession and patients make informed choices
- Decide if a therapy is value for money
- Decide if a therapy is safe/effective
Medical profession to decide:
- Is it safe
- Does it work

Scientists who want to discover:
- What part makes the therapy work
- How the therapy works

This unit is not designed to turn you into an active researcher, but rather to enable you to locate and read research papers with a critical eye, (for all research is not necessarily good research) and then decide if what you have read will influence your practice and how. It should also lead you into carrying out audits on your practice when you become a fully-fledged therapist. Audit is required of most healthcare personnel and will be discussed in some detail later in the unit.

Research in healthcare should be:
- Relevant to the care of the client
- Provide results either of practical value, leading to a change in care and/or theoretical significance, increasing the body of scientific knowledge
- Be useful to others in healthcare (Clarke, 1987)

For our purposes there are two approaches to research:
- Quantitative
- Qualitative

**Quantitative research**
“Involved the systematic collection of numerical information, often under conditions of considerable control and the analysis of that information using statistical procedures” (Politt and Hungler, 1995)

It usually:
- Involves a well defined and detailed concept
- Seeks to test an hypothesis
- Is structured and formal
- Has controls (see glossary) to ensure that variables (see glossary) do not influence the results
- Has objectivity
- Is analysed using numerical statistics
- Uses large sample size
- Is replicable
- Attempts to avoid bias
- Often seeks to “test” what is known by further research
- Seeks cause and effect
It is based on a positivistic research paradigm i.e. the scientific study of society should be confined to collecting information about phenomena, that can be objectively observed and measured. (Cormack, 2000)

**Quantitative research methods**
- Deal with numerical data
  - Seek to test an hypothesis/establish a relationship between variables /establish cause and effect e.g. Lavender reduces blood pressure, massage reduces blood pressure

These methods include:
- Experiments
- Numerical data collection
- Questionnaires with yes/no answers
- Comparison of groups of subjects

**Possible limitations**
There is less possibility of researcher bias if well planned, but it may not reflect real life, if extraneous variables (see glossary) are removed. It is time consuming and not holistic.

**BUT** this is the usual method favoured in medical circles.

**Qualitative research**
"Involves the systematic collection and analysis of more subjective narrative materials, using procedures in which there tends to be a minimum of researcher-imposed control (Politt and Hungler, 1995). It is based on the philosophy of Verstehen (to understand) and symbolic interactionism, in which the organisation of social life is down to the interactions between people.

It usually:
- Attempts to understand the entirety of an event
- Is interpreted by the subject rather than the researcher – generally but can be by the researcher
- Is less formal and less structured
- Has less control
- Uses smaller samples
- Attempts to understand and interpret human experience
- Is analysed in an organised, but intuitive way
- Uses human speech or writing as data

**Qualitative methods of research**
- Deal with descriptive data
- Seek to understand human behaviour from the subject's own point of view
• Seek to understand events in their usual context

They
• Use descriptions from subjects of events and the reasons why they happened
• Focus on the individual’s perception of events and descriptions
• Employ direct observation: external observer/participant, observer/trained individuals
• Use open ended questionnaires
• Use interviews: wide-ranging, usually encouraging subjects to express their own views at length, often taped for later analysis
• Employ focus groups: a group of individuals under the guidance of a facilitator to discuss a topic of common interest. Groups must be small to prevent intimidation, used to explore ideas, opinions and issues

The researcher
• May look for deeper meaning behind the words for motives and beliefs
• Does not know what will be found, but is involved in the observation and interpretation

Possible limitations
• Involvement with subjects may lead to bias and distortion of data.
• Tends to be time consuming and expensive.

Often this kind of research may lead onto quantitative work

Features of Specific Methods of Research

Case studies/series:
Well documented and standardised histories of patient treatment over a period of time
a number of case studies with the same illness is a series show the effect of interventions on specific conditions

Feasibility studies/pilot studies:
• preliminary studies to see if an intervention can affect an illness
• feasibility usually comes before a pilot study. It will test outcome measurements. A small group will have the intervention to see if there is an effect.
• Usually small groups
• Pilot studies often have a control group for comparison
• Easier to get funded as relatively inexpensive
• Can be more speculative
• Help to see if larger studies are worth funding

**Randomised controlled trials (RCT) (experiments):**
• A test group is compared with a control group sometimes 3 groups – double blind trials.
• Assignment to either group is done randomly
• Analysed by statistics
• There are inclusion and exclusion criteria
• Inclusion criteria may include “no prior knowledge of the therapy”
• Quasi experiments – less control than RCTS

**Meta-analysis:**
• Takes data from several RCTs and combines the results
• Bigger numbers mean more accurate results, but only if the research was well done to start with
• Jadad score – this decides whether a piece of research should be included or not

**Qualitative research** may be described by the following terms:

**Ethnography** – This comes from the Greek word *ethnos* meaning a people, culture or race and it
• focuses on the culture of a group of people in their everyday settings
• assumes that culture influences views and experiences
• is where the researcher learns from group members i.e. shares their experiences
• uses interviews and observations carried out whilst participating in the group
• means that the researcher must not impose own interpretation
• includes data analysed during collection

**Limitations**: loss of objectivity, impossible to observe everything, large amount of data, ethical implications

**Phenomenology**
• Based on philosophy of Husserl (1962) “reality changes and develops according to people’s experiences and the social context within which they find themselves (Cormack, 2000)
• “how respondents give meaning to their experience – how they perceive their world” (Parahoo, 1997)
• tries to find the essence of a phenomenon as experienced by the subjects. Description of the “lived” experience (Lobiondo, 1994) Colaizi 1973
• uses in depth interviews or diaries
• researcher tries to experience the phenomenon through participation, observation and reflection
• analysis involves searching for themes, patterns or trends
• 4 steps in the process: bracketing (identifying and putting aside one’s own beliefs), intuiting (being open to the meanings for the subjects), analysing (categorising to make sense of the information), describing (understanding and defining the phenomenon)

Grounded theory
• Based on method of analysing data developed by Glaser and Strauss (1967), who fused the qualitative and quantitative methods.
• Generation of theory on the basis of comparative analysis between or among groups
• “begins with an area of study and what is relevant to that area is allowed to emerge” (Strauss and Corbin, 1990, quoted in Parahoo, 1997) i.e. the hypothesis is discovered from the data.
• Data is coded into substantive codes (lots), then categories, which have specific meaning and finally core categories
• “saturation” is reached when no new information can be teased out
• the researcher uses his knowledge and understanding as a further source of data
• good for areas where there has been little previous research or where a new viewpoint on a familiar area may be generated

Limitations: researcher focuses on one particular aspect, situations may arise in which respondents are inhibited, and researcher may not have the ability to ask the right questions.

Constant comparative process
Coding, comparison and reduction of data into concepts and categories to produce a tight, integrated and well explained theory of well-defined concepts

White box research – the internal workings of the therapy are taken apart to see which part does what i.e. aromatherapy comprises consultation, massage, essential oils, aftercare. (Association of Reflexologists [AOR], 2003)

Black box research – attempts to measure the changes due to the intervention of the therapy. We don’t know how or why, but seek to compare two groups, one receiving the therapy and one receiving nothing or something else (comparative study). It is useful in that it may show cost effectiveness or a more effective intervention. (AOR, 2003)
Black box/comparative trials:
- Might be a CAM intervention compared with no treatment, with another CAM intervention or with an allopathic intervention (AOR, 2003)

What to look for in a research paper (also see glossary below)

Glossary: Other important terms you will meet in reading research literature in alphabetical order:

Abstract: Should summarise the research, its hypotheses, sample, results and conclusions, together with any possible limitations.

Bias: Unknown or unacknowledged error caused by the design, measurement, sampling procedure or research question studied. Bias must be removed as far as possible, but this is harder in qualitative research, as the researcher is involved. Bias should always be acknowledged in the research findings.

Cohort study: Following a group of subjects over a period of time

Comparison trials: Testing of one intervention against another, one usually being the accepted intervention

Control: Usually the group, which gets the normal treatment or no treatment at all and as such, can be compared with the group which receives the intervention to assess how far the intervention has worked.

Cross-over Trial: This is where two groups act as their own controls i.e. each group is used as a control and as a group receiving the intervention, to reduce “within group variability”. It allows for the use of a smaller sample size. There is a period between being control and treatment group termed “wash out period” to allow for long-term effects to disappear.

Data: The information collected during research. If this is numerical the study is more likely to have a quantitative approach, whilst if it is written/verbal it is more likely to be qualitative. [Likert scales]

Descriptive: This may refer to the research design, the research method or the way in which the data are analysed. Descriptive statistics include the mean, mode, median, percentage, sum and standard deviation. Descriptive analysis in qualitative work refers to the manner in which the words or comments are interpreted.

Ethical issues: The researcher should have sought ethical permission if the study included human subjects, or if an intervention has potential to cause
harm to any subject. E.g. if in a research project one gives large amounts of sugar to the subjects this is likely to cause harm. Participants must be given full information about the study and have the option of withdrawing (this is known as informed consent). Results must also be made available to the subjects as well as to the scientific community. Ethics committees are convened to assess any health research projects and the author of the paper should state whether the project has been assessed by such a committee.

**Hypothesis:** A prediction about the relationship between variables e.g. the researcher can begin by predicting that massage will lower blood pressure. It is important for verifying or refuting cause and effect, treatment and outcome. But it can influence the design of the research and risk narrowing the focus of further research. With grounded theory and many ethnographical studies the hypothesis comes out of the research.

**Inclusion/exclusion criteria:** This sets out who can be included or excluded from the research

**Literature review:** It is usual for the author to carry out a review of existing and related papers. Primary sources are where the author is quoting directly from a research paper and secondary sources are where the author is quoting someone else’s words about a piece of research, without going to the original work. It is better to use primary sources in a literature review, as there is less chance of error. A literature review should be complete i.e. articles should not be omitted just because they do not fit the author’s views. References should be from reliable sources, from academic textbooks or journals – not just something retrieved from the Internet with no academic credibility.

**Measurement tools**

**All outcome measures:** must be sensitive enough to provide meaningful results and validated to provide meaningful results. They might include:

- **Broader measures of Health status:**
  - sickness impact profile
  - Nottingham health profile
  - Short-form – 36 health survey questionnaire (SF –36)
  - McGill pain questionnaire

- **Quality of life measures:** these measure how well an individual feels. Many are used regularly and so are considered valid;

- **QUALY Measures quality of life**
• **MYMOP** see [http://www.hsrc.ac.uk/mymop/main.html](http://www.hsrc.ac.uk/mymop/main.html)

• **Likert scale** – a continuum, but including words like “Strongly agree/disagree”. See [http://www.icbl.hw.ac.uk/ltdi/cookbook/info_likert_scale/](http://www.icbl.hw.ac.uk/ltdi/cookbook/info_likert_scale/)

• **Measurements of functional ability:**
  - Arthritis impact measurement scales (AIMS)
  - Index of activities of daily living (ADL)
  - Townsend’s disability scale
  - Karnofsky performance index
  - Clifton assessment procedures for the elderly (CAPE)

• **Measures of psychological well being:**
  - Zung’s self-rating depression scale
  - The Beck depression inventory (BDI)
  - Hospital anxiety and depression scale (HADS)

• **Visual analogue scale:** Simple and easy to use. Symptom plotted on a continuous scale, or scale of 1 – 10

**Null hypothesis:** States that there is no relationship between the variables under study, that the intervention does not affect the outcome. This can be tested using inferential statistical tests.

**Placebo/sham controls:** A placebo controlled trial is where one group is given an inert substance, such as a sugar pill, the patient believing that he/she has been given the real intervention. Sham treatments are similar.

**Population:** Refers to the entire group that is of interest. E.g. all pregnant women

**Probability:** The possibility that the results have occurred as a result of an error in the research design.

**Sample:** Those subjects within the population who are actually studied.

**Sampling** (Crombie & Davies, 1996)
- **Convenience sampling:** selecting those subjects who are easy to get hold of. These are usually biased.
- **Simple random sampling:** each possible study subject has an equal chance of being included in the study
- **Systematic sampling:** selecting, say, every 5th or 10th subject from the list of potential subjects.
• **Stratified sampling**: where the subjects in a population to be sampled naturally fall into specific groups by some characteristic. The population is divided into groups and then a sample drawn from each group

• **Cluster sampling**: the population is divided into groups and a sample of these groups is chosen for more detailed study.

**Survey**: A method of data collection that uses systematic and structured questioning to elicit data by means of an interview, measurements or a questionnaire from a large number of respondents. E.g. census

**Validation**: Means that the measuring tool has been tested for the following:
- Applicability and acceptability – does it fit the population and the subjects happy to use it
- Sensitivity and specificity – can discern change over time, between those that have a specific change and those that do not
- Validity – can it measure the required specific change
- Reliability – does it consistently produce the same results
- Readability

**Variable**: Describes the characteristics or features of people or objects in a study e.g. hair colour, weight, constituents of a diet, descriptions of a wound. Quantitative research attempts to control variables.

**Variability**: Distribution of the results around the mean, usually shaped like a parabola (a hill with more or less even slopes on both sides) with the mean in the middle. **Standard deviation** is the term for variability, those results that fall on each side of the mean

**Statistical terminology**
It is useful to have some knowledge of statistical terminology in order to understand what the researchers are referring to in the papers you read.

**Correlation analysis**: Looks at relationships between two or more variables e.g. anxiety and gender.

**t-test**: Compares two groups using the mean and standard deviations

**Significance**: Where a result is not likely to be due to error e.g. P =/<= 0.05

**F-test**: Is used where there are more than two groups being compared, called **ANOVA** or **analysis of variance**
MANOVA: Is used where there are more than two groups and more than three variables. Anova and manova can be used together to determine differences across variables and within each variable.

A final thought
“critical reading of research helps to develop a research imagination. With practice, the individual’s sense of inquiry will be heightened as his or her disposition to passive acceptance of the written or spoken word diminishes. Healthy skepticism rather than negative, cynical attitudes will transform a fault-finding activity into a learning experience which can only lead to the development of research-mindedness”

Parahoo & Reid, 1988

Planning a research project
There are a number of steps in the process:
- Selection and formulation of the research question
- Statement of aims and objectives
- Conducting a literature review
- Planning the method
- Preparing data collection tools
- Conducting a pilot study
- Collecting the data
- Analysing the data
- Interpretation and discussion of findings
- Writing up and dissemination

References:
Association of Reflexologists (2003) So you think you want to do research?
Crombie IK, Davies HTO (1996) Research in Health Care Wiley
Audit
After reading the following notes on other audits in CAM you should be able to
• explain what is meant by audit
• plan your own audit.

Why do audit in complementary medicine?
• Did I treat that patient as well as I could have done?
• Was there something else I should have done?
• How can I make changes tomorrow?

Furthermore, a commitment to audit is now a requirement for professional clinical practice in the UK (Dept of Health, 1994, 1998)

The Department of Health’s Chief Medical and Nursing Officers have stated, “Clinical Audit should be a routine practice for all health care professionals”.

Under the new NHS framework of clinical governance, GP’s and other providers/purchasers of healthcare have responsibility for the quality of the care they provide. They will therefore need to work with professionals who understand the principles of audit and are prepared to take part in audit projects.

The chiropractic and osteopathy professions have both been involved in centrally guided, profession-wide audits of single topics.
What does audit do?
The idea behind clinical audit is extremely simple – that patient care can often be improved. Audit is a process that helps change happen.

What am I aiming to do and how do I do it?
The answer to this will depend on the subject in hand. Where there is research evidence this should be used. Where there is no research, professionals can get together to come up with a consensus.

Am I doing it?
This part requires measurement – the nearest audit gets to technology.

Why am I not doing it?
If you have chosen a good audit subject you will usually find you have to ask this question.

What can I do to make things better?
This requires a systematic approach and planning. Practitioners are used to thinking about their own clinical decisions. They tend to be less used to looking at the way they work with other professionals and with organisations as a whole.

Have I made things better?
Check whether your action plan has
a. been carried out and
b. been effective
If it has not, you may need to go back a stage

The Value of Audit
A programme run by the Research Council for Complementary Medicine (RCCM) for complementary practitioners came up with the following comments following audit projects:

- Seeing improvements in patient care.
  - “My notes are now more useful to me”
  - “Discussion is now more focused in my consultations. I am able to bring up more issues”

Noting useful changes in their approach to work
- “Audit has helped me think more clearly about what I do”

Learning valuable lessons from the process
- “I found I was lacking in teambuilding, information giving and selling skills”
- “I finally learned how to use my computer”
• “Audit was a big learning process that took time but produced a quantum leap”

**Recognising the value of audit in daily practice**
• “I now see audit as formalising common sense”
• “Audit is human scale, real world investigation”
• “The project helped to give energy to meetings”

The above all relate to the auditing of processes, whereas we could audit outcomes.

**The Argument against auditing outcomes**

Clinical outcomes:
• may take a long time to occur
• may be good with bad care
• may be bad with good care
• may be due to influences outside the care given
• may be the effects of causes decades ago
• may be difficult to measure
• may be difficult to track

In order to audit processes there are three stages:
1. we identify outcome x as being important
2. research or experience shows or suggests that outcome x is produced by process y
3. we audit process y

**The following steps usually occur in audit:**
• **Defining the problem.** Why this area of care is important.
• **Purpose of the audit.** This makes the aims of the audit explicit from the start
• **Criteria.** These are definitions of good practice. They can be generated from many sources, including research evidence, professional organisations, the Patients’ Charter, peer-group consensus etc.
• **Searching the literature.**
• **Standards.** These show how vital it is that each criterion is met. Some criteria will be more critical than others and so need a higher standard. Setting standards helps prioritise action.
• **Data Collection.** Tried and tested techniques can investigate how well you are doing. Data may be previously recorded information. Fresh data can be collected by questionnaires or forms. Most audits summarise information using simple data collection sheets. Further information about sampling and questionnaires is given in section 4
• **Analysis.** Having collected information about your practice, it is time to compare your results against the standards set at the start of the audit. This stage asks, “where am I meeting the standards, where not?”

• **Discussion.** Discussion with colleagues or peers helps even if they are not directly involved with your audit project. Reassess your criteria and standards and generate ideas about what can be done to improve things. Sometimes an audit of one area will highlight problems in another area. An audit of record keeping, for example, may suggest that more time is needed for a first consultation. Keep talk focused around a specific problem and allow differences in opinions and perceptions. Take time with this stage so that you come up with sound ways forward.

• **Managing Change.** The most critical part of the audit comes when you decide what can be improved and how. There is usually at least one aspect of patient care that can be improved. If you are working in a team it is important to reach agreement about what needs to be changed and how. It is equally important to take steps to manage the changes. Agree what will be done, by whom, by what date. Implement the changes and re-audit at an agreed date in the future.

### Some examples of audit

1. **Recording Patient Information: the Initial Consultation**

#### Benefits of this audit
- Vital information about each patient will be in place for future consultations
- Notes will act as a record that certain questions have been asked
- Colleagues will be more able to use notes, improving the continuity of patient care
- Notes will be of more use in future audit or research projects

#### Purpose of this audit
Four osteopaths working in a multi-partner clinic carried this out. They wanted to:
- See how well they collected and recorded information from patients in a first consultation
- Compare practice amongst themselves
- Compare this with best practice and improve where necessary

#### Criteria
Practitioners are taught to collect and record specific clinical information during their undergraduate training. Often techniques are then adapted with experience. The osteopaths referred to documents produced by their professional body and decided that the following should be recorded at a first consultation:
• Personal Details - Name (first and surname), Address, Telephone number, Date of birth, Gender, Occupation, GP name and contact details
• Presenting Complaint – Site, Nature, Date of onset, Causative factors, Duration and progression, Factors affecting symptoms, Past history
• Medical History – Current general health, Medication, Investigations and treatments, Illness/accidents/surgery
• Other – Family medical history, Diagnosis, Treatment plan, Records should also be signed, dated and legible

Standards
The osteopaths decided that:
• Just over half of their criteria were “critical” and needed targets of 100% (e.g. name, address, gender, site and nature of presenting complaint).
• Others (e.g. GP details and medical history criteria) were considered a lower priority and would therefore be set lower targets of 80 or 90% in this audit round

Analysis and discussion
The group of osteopaths each received a summary of their own record keeping along with anonymous copies of their colleagues’ results. As a group they found that:
• They were meeting just over half of the criteria at near to or above the desired standard
• The remainder of the criteria were being met less than 60% of the time

They were shocked by their findings and looked again at their professional guidelines:
• Few had realised that signing and dating made notes more valuable as legal documents
• They initially disagreed about whether it was necessary to record gender if also recording a full name but finally agreed that names alone can mislead
• The group felt that they would be far more likely to record gender and the other patient details now that the reasoning behind their professional guidelines was clear to everybody.

Is this audit for me?
• Case note taking is simple to assess and is a common first topic for practitioners new to audit
• This audit will help you see where you need to record more carefully and, perhaps, where you are doing more than you need to.
• Look at the criteria described and ask yourself, “am I 100% certain that I am recording the patient information that I should be?”
2. Looking after the tools of the trade: keeping treatment materials safe and effective

Benefits of this audit
- Use of a storage policy reduces fears about the safety of complementary medicines and techniques and can reduce waste
- Improved storage conditions should benefit patients as preparations will be more likely to retain their physical and chemical properties

Purpose of Audit
- Read up on current thinking about storage
- Check that their oils were being stored under ideal conditions
- Perhaps write a policy on storage to remind themselves and patients who took oils home for their own use

Criteria and standards
- In dark coloured bottles
- Out of direct sunlight and preferably in the dark
- In a cool place, always below 15 degrees centigrade
- No longer than two years
It was decided that all of these criteria should be met 100% of the time.

Data collection
- The aromatherapists decided to assess their storage conditions with regular spot checks. They marked dates in their appointment diary at two weekly intervals for the next three months.
- They used the form shown in Figure 4 to record their progress

Analysis and discussion
- Within a month, the aromatherapists found a problem not covered by their initial criteria
- They found they often made up too much of a specific essential oil and base oil mixture for use in a consultation. Rather than throw the mixes away, they stored them in their dispensing containers, hoping that they might be used on a return visit.

Managing change
- The aromatherapists decided to buy smaller dispensing containers to discourage themselves from mixing too much oil
- They continued to make spot checks every two weeks for the next three months. Since they then consistently met their targets the checks were reduced to one every two months
Is this audit for me?
• This is a relatively simple audit. Once standards are set, all that is required is a very simple analysis of data collected by a summary sheet.
• A version of this audit is useful for nearly all complementary therapists. Most use physical objects in their practice. Even objects like treatment couches, towels and waiting rooms need to be well kept and checked to ensure patient comfort and safely.

3. Recording and following-up lifestyle advice

Purpose of Audit
A chiropractor had found that she often could not remember what advice she had given to back pain patients on previous visits. This information often seemed to be missing from her notes. She wanted to:
• Identify good practice in giving advice to patients presenting with low back pain
• Describe the lifestyle advice currently given to patients and close some of the gaps between current and good practice

Criteria and standards
The Chiropractor got advice from a national association for people with back pain. Her college librarian found a selection of references to research papers and several literature reviews on postural advice. She discussed these papers with a friend in her college’s research department. They agreed on some criteria for all back pain patients. These included the following:
• If patients drive, have a job that involves lifting or use a computer workstation, specific advice should be given and the discussion should be recorded in the notes (100% of cases)
• Advice given should be followed up at the next consultation (in at least 90% of cases – she decided that sometimes other discussions may have to take priority

Managing change
The chiropractor started the audit by changing consultation sheets so that they prompted:
• Discussion about activities that could affect back pain
• Recording of key points of this discussion
• Discussion of the advice at the next consultation.

Data collection
• Two months after introduction of the new consultation sheets, the chiropractor pulled all records for patients with low back pain
• She then also looked at the records for similar patients for the two months prior to the new sheets
Analysis and discussion
The chiropractor found that:
- Before the audit, advice had been recorded in only 20% of cases
- In the two months following introduction of the new sheets, advice had been recorded in 90% of cases, follow-up in 80% of cases

Is this audit for me?
- Literature reviewing is a skilled and time-consuming activity. You will need to keep very focused on a small area of care and get help from information and research experts if you are to try this part of the audit.
- If you often advise patients on their lifestyles, this audit should be helpful.

4. Communicating with other health professionals: letter writing

Benefits of this audit
- Good communication between health professionals improves continuity of care, for example reducing the number of unnecessary tests patients receive
- A letter-writing system can reduce workloads for both writer and reader

Criteria and standards
The chiropractors consulted their professional body’s guidelines and met with local GPs. They decided that 100% of patients who consent to contact with their GP should have a letter written within a month of their initial presentation. These letters should:
- Have no errors in legibility or spelling (in 100% of cases)
- Contain a brief history, X-ray report, summary of diagnosis, treatment type, advice given, outcome and prognosis (in at least 90% of cases – the chiropractors thought these aspects were likely to be a problem and wanted to be realistic in early audit rounds)
- Be short – no longer than one side of A4/250 words (in at least 80% of cases – the chiropractors felt this criterion was a lower priority.

Data collection
- The chiropractors drew up a data collection sheet
- They pulled all of the last three months’ records. These were searched for new patients giving consent for GP contact and letters written
- The last 20 letters for each chiropractor were examined by the clinic manager for compliance with the remaining criteria

Analysis and Discussion
Each chiropractor received their results and those of the whole practice. They found that, for the group:
• Only 76% of letters were sent on time
• 90% were too long
• Except for prognosis, the clinical content of the letters was sufficient over 90% of the time
• They did poorly on spelling and legibility (meeting standards in 50% or fewer cases)

Managing change
They decided to
• Improve their system for notifying when letters were due
• Try to shorten letters
• Use spell checks
• Do a second audit after 3 months

Three months later they found that they had met all but one of their criteria.

Is this audit for me?
• It is relatively simple to assess letters you already send, using your own criteria or those here
• Getting feedback from health professionals in your vicinity will take more planning and persistence but will improve relations if done well

5. Communicating with patients: individuals who discontinue treatment

Defining the problem
Those who fail to complete a course of treatment many not get the full benefit. There will be different reasons for not returning, but misunderstanding about what treatment involves are common. Effective communication, both before and during a first meeting, increases attendance at further sessions. Many therapists do not know how many of their clients fail to complete treatment or why. It is often possible to improve communication.

Benefits of this audit
• It is essential to find out how much non-attendance is a problem to a clinic before you attempt to change procedures. The perceived problem may not be so great.
• Feedback from patients is always enlightening as long as good questions are asked. Patients who have not completed treatment are an ideal group to ask about possible shortcomings.

Purpose of the audit
An osteopath in a GP clinic carried this out. He was concerned that several clients had not completed their planned treatments. He wondered if they had not known what to expect and had been disappointed. He aimed to:
• Identify the numbers of patients discontinuing treatment
• Find out about patient perceptions re why they discontinued treatment
• Identify mismatches re patient expectations and reality and address these differences

Criteria
The osteopath wanted to ensure that 100% of his patients;
• Received diagnostic information at consultation
• Felt that treatment had been explained to them
• Felt that they had been told about the proposed number of treatments

Data Collection – stage 1
The osteopath
• Wanted a longer-term picture so looked at all patients seen in last 3 months
• Identified patients who had failed to rebook appointments
• Drew up a summary sheet of all patients who did not attend for the expected number of treatments

Analysis & discussion
• 53 of the 480 patients had not completed their treatments which raised concern and discussion about the kind of information patients might need
• GPs gave feedback from their discussions with patients
• Group drew up several questions to ask discontinuing patients about information requirements both before and during treatments

Data collection – stage 2
Osteopath drew up a draft questionnaire, which was tested on five discontinuing patients and then mailed to the remaining discontinuing patients

Analysis & discussion – stage 2
Summary sheet prepared with responses. The osteopath asked himself:
• How do responses compare with my criteria and standards?
• Are there any surprises?
• Do the responses indicate particular problems with my service and how can I deal with them?

Responses were that the Osteopath’s skill in explaining treatment was OK, but that the condition had not been explained. He did not make a note of discussions. Some reasons for discontinuing were unrelated to treatment and 50% said they would like better information before treatment.
Managing change
- Case note form was modified to prompt and record discussion about diagnosis and treatment. An audit of case notes is planned.
- A second questionnaire to a further 20 patients found that they still wanted more information.
- Clinic manager drew up a leaflet to give to patients on referral. Another questionnaire to discontinuing patients is planned to obtain feedback on the leaflet’s contents. It is likely that lower targets for satisfaction will be set.

Is this audit for me?
The first stage of this audit mainly uses records of patient appointments and attendance. You will also need patient records. This stage should be fairly quick and easy.

The second stage uses questionnaires and is more challenging. You may need help to design questionnaires and mailing and handling new data can be quite time-consuming. Perhaps some advice on sampling will also be needed.

6. Communicating with Patients: discussing progress during consultations

Defining the problem
Many therapists practice without systematically assessing their patients’ progress. This can be a problem because we all have selective memories. It is difficult to see things as a whole. Patients benefit if they feel that the therapist understands their experience of ill health.

Benefits
- Help practitioners ensure they keep track of their patients’ experience of treatment
- Maintain a clinical focus on areas needing treatment
- Indicate areas of care that might require research

Purpose of audit
A practitioner of TCM used this audit to ensure that he was looking critically at the progress of people attending an AIDS/HIV clinic. He also hoped to highlight areas where treatment may not have been working as well as he had hoped.

Criteria
The practitioner wanted to add completion of a short questionnaire to his usual consultation procedures. MYMOP 2 (Measure Yourself Medical Outcome Profile 2) measures:
- Primary and secondary symptom to provide initial clinical focus
An activity that is restricted by the symptoms
The patient’s overall feeling of well-being
The patient’s attitude to medication use
These can be continued and translate into a visually effective graph for use within the consultation.

Data collection
Clients who had received at least 3 sessions each week for a month were identified and invited to complete the MYMOP forms. These were added to as necessary. After two months the practitioner completed the forms.

Analysis, discussion and managing change
18 clients saw him for 3 or more treatments. MYMOPS were used and consent had been given. The patients reported that the MYMOPS made them “feel properly listened to”. The graphs showed that all but one patient had improved. They also showed that some symptoms were more common than others – fatigue, mental and emotional problems and ear, nose and throat disorders.

This gave him increased confidence, but left him with more questions. He had no plans to change practice.

Is this audit for me?
• Improve communication
• Does not show whether therapy is effective
• Did not identify areas needing change, but might encourage investigation of research in areas that did not respond to treatment.

The above examples were taken from
For the full document go to www.gn.apc.org/rccm

Further reading
Professional Self Development

Professional self development includes activities that improve awareness and identity, develop talents and potential, improve employability, enhance quality of life and contribute to the realization of dreams and aspirations.

The concept is not limited to self-help but includes formal and informal activities for developing in roles such as teaching, counselling, management, life coach or mentor. When personal development takes place in the context of educational situations, it refers to the methods, programs, tools, techniques, and assessment systems that support human development at the individual level.

Professional Self Development includes the following activities:
- improving self-awareness
- improving self-knowledge
- building or renewing identity
- developing strengths or talents
- improving wealth
- spiritual development
- identifying or improving potential
- building employability or human capital
- enhancing lifestyle or the quality of life
- improving health
- fulfilling aspirations
- initiating a life enterprise or personal autonomy
- defining and executing personal development plans
- improving social abilities
- learning new skills

The concept covers a wider field than self-development or self-help: personal development also includes developing other people. This may take place through roles such as those of a teacher or mentor, either through a personal competency or a professional service (such as providing training, assessment or coaching).

Beyond improving oneself and developing others, personal development is a field of practice and research. As a field of practice it includes personal development methods, learning programs, assessment systems, tools and techniques. As a field of research, personal development topics increasingly appear in scientific journals, higher education reviews, management journals and business books.

Any sort of development — whether economic, political, biological, organizational or personal — requires a framework if one wishes to know
whether change has actually occurred. Personal development frameworks may include goals or benchmarks that define the end-points, strategies or plans for reaching goals, measurement and assessment of progress, levels or stages that define milestones along a development path, and a feedback system to provide information on changes.

Guidelines on completing Reflective Practice
Reflection is a process of reviewing an experience or practice in order to describe, analyse, evaluate and therefore inform learning about the experience or practice. The basic elements of a reflective process are: -

- Keeping an open mind about what, why, and how we do things
- Awareness of what, why and how we do things
- Questioning what, why and how we do things
- Asking what, why and how other people do things
- Generating choices, options and possibilities
- Comparing and contrasting results
- Seeking to understand underlying mechanisms and rationales
- Viewing our activities and results from various perspectives
- Asking “What if…..?”
- Seeking feedback and other peoples ideas and viewpoints
- Analysing, synthesizing and testing

There are also stages of reflection: -

- At first there is the initial shock (oh! I have never done this before, I don’t want to do it, I haven’t got time to do it etc.)
- The early difficulties as you attempt it for the first time, then finally acceptance, followed by familiarity (you start to make connections)
- As you continue you will learn to reflect more deeply and then your perspective will transform as you start to make changes
- Then you will internalise this (a natural thing to do)
- Finally you will be able to communicate the learning and feel really positive about the whole experience.

So don’t dismiss this as nonsense or that it does not apply to you – give it a go and you will be in for an amazing journey.
How to use a Reflective Diary

The above cycle is Kolb’s learning cycle which explains experiential learning techniques.

The learning cycle highlights essential stages in the learning process: -
- Having an experience is the starting point.
- Reflection upon or thinking deeply about the experience is the next step. This involves asking sufficient questions in order to encourage the reflective process.
- Analyse possible causes of action. Was the most appropriate course taken or could there have been a better alternative.
- Make sense of the experience. Find meanings and justification for the future development and practice.
- By critically analysing the experience and selecting a plan of action for future experimentation and practice.

A Reflective practice sheet can be completed for each experience or you may wish to keep a diary or journal.

Note:
The cycle is a continual process. When the opportunity arises for experimentation as part of your ongoing experience the cycle begins once more.

**The IFPA CPD requirements**
The requirement for the completion of Continuing Professional Development (CPD) by all Full and Associate members of the IFPA is an historical requirement which carried through from the merger of the ISPA and RQA. Completion of CPD was also a requirement for membership to the Aromatherapy Council.

CPD is the systematic maintenance, improvement and broadening of knowledge and skill and development of personal qualities necessary for excellence of practice within the field of aromatherapy. Members are encouraged to maximise their potential for life-time employability, by maintaining high levels of professional competence by continually upgrading their skills and knowledge.

The IFPA’s commitment for the completion of CPD by all its members reinforces its professional standards similar to other professions, helping to ensure that our members are both expertly trained and act in a professional manner at all times.

In 2007 a review of CPD took place to ensure that it remains in line with other similar therapy organisations. The result of this was to change to yearly reporting, a points system and the production of evidence based portfolios. A year end reporting sheet incorporating an activities rating and assessment points guidelines. A CPD activity sheet has been produced outlining the points criteria and CPD activities.

The current requirement for CPD is 12 points per year. These need to be made up of:

- At least 6 points of Category A CPD (Aromatherapy, Massage or Anatomy & Physiology related)
- A maximum of 6 points of Category B CPD (Any activities which can be seen as professional self development)

There is a facility to carry over some Category A CPD points into the next year if you have completed more than is required.

**Regional Groups**
The IFPA has a number of active regional groups. The Regional Groups are an important way to keep in touch with other therapists. They provide the following:
• A chance to network with other therapists
• Being part of a community of like-minded people
• A chance to discuss any issues with other therapists and experience the support that a group can give
• A broad programme of events and activities that count as CPD (Continuing Professional Development)
• Keep up to date with new research and information through groups and networking
• Not everyone has to be an IFPA member so other holistic disciplines can join bringing variety and new information to your group
• Discount at the IFPA conferences for block bookings from Regional Groups
• A chance to debate relevant issues with like-minded people

Professional self development is crucial for maintaining a professional up to date approach to Aromatherapy. Most of all it develops you as a person so choose activities that you enjoy!
Preparation for your Practical Course
This manual covers the required theory for the Holistic Massage Course. You should read it through and attempt the assignment questions preferably before attending the in-house practical element of this course. This will cover the theoretical requirement of the course whilst the in-house covers the practical elements and builds on the knowledge you have already covered.

When you attend the in-house training ensure that you have:
- Your course manual – this can be paper or an electronic version
- Suitable clothing for carrying out massage. This does not have to be a uniform but should be smart, comfortable and allow for movement.
- Short nails without polish
- Long hair should be tied back
- Jewellery needs to be removed whilst doing practical work

Important Note:
If you are also studying the Aromatherapy course there is no requirement to complete:
Lesson 6 – Regulation and Law
Lesson 7 – Business Awareness
Lesson 8 – Research Skills
Lesson 9 – Professional Self Development
These are covered in Module 3 of the Aromatherapy Course

See you at the in-house training!!