2.Demographic Information

Set No:    3

NAME:    XX

D.O.B:    15/03/1956

OCCUPATION: Retired farmer’s house-wife

PRESENTING CONDITION: Not sleeping well and difficulty getting over

2. Forming an Initial Impression

a)    Initial Impression: - XX retired farmer’s wife, married with grown-up children and a number of grandchildren. She is an active, friendly and upbeat and smiling.

b)    Lifestyle

She leads a fairly active life, involved in various community groups

She has a very comfortable home, and financially secure. She often travels to London to visit her daughter and looking after her grand-children. She admitted that she doesn’t exercise much.

c)    Family circumstances: - XX married to XX who is also retired. Has a larger family and grandchildren. He is estranged from one of his sons and by association daughter-in-law and 2 grandchildren. This causes heartache, particular 3-4 years ago when she felt it keenly but says it’s not her fault and they are being stubborn.

d)    Employment: - Retired, active in community groups

e)    Emotional State: - XX is upbeat and said she was quite content with her lot. She enjoys her grandchildren and they keep her young. She is jovial and jokey and smiley.

f)    Observation of Client and interpretations (comment on hair / skin / eyes / posture / breathing etc and make deductions about the client based on your observations)

She walks a little awkwardly as if she is shifting her weight from side to side as opposed to flowing naturally. Her posture leans forward slightly and her bum sticks out.

Hair is cut short and looks a little dry. Skin and eyes are bright.

5. First Treatment See SOAP

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| Treatment **SOAP** Notes - Study Client ID: xx | | | | | | | |
| Date: | Xx/xx/xx | Start time: | 2:00 | Finish time: | 3:30pm | Treatment number: | 1 |
| Preferences:  Depth of Touch: Light Medium Deep Varies  Music: Classical background music  Reclining position / postural support: Recline in lafuma chair  Infection prevention / Allergies none known  Psychological & relevant information between treatments: | | | | | Measurements:  MYCAW  Pain: 1 2 3 4 5 6 7 8 9 Detail: XXhas no pain  Stress: 1 2 3 4 5 6 7 8 9 Detail: xx stress levels are low | | |

**Subjective:** (why they came for a treatment, what they say, what are they experiencing, what makes things better / worse)

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| Study Client symptoms and goals: She would like help with sleep |

**Objective:** (what I see / observe / find)

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| Visual:  Very wrinkly and lots of lines going vertically and horizontally across the whole foot from heel to toes.  Right diaphragm line has a hard crusty area at zone 3 (mid point).  Dorsal area on both feet was soft.  Brain area on top of toes is concave (except big toes) |
| Tactile  Cool to touch, and wrinkly – feel dehydrated |
| Areas of Focus:   My main areas of focus throughout the introductory session will be to do a full investigation routine – I will give special focus to : Pineal and Brain ( to deal with busy brain and promote secretion of melatonin) Pituitary & adrenals (as post-menopausal, to help with balance of hormones.)  Solar plexus (Stability and generalised calmness and alignment)  Lungs (Breathing will help with relaxation)  Heart (Blood flow and circulation) Stomach (Promote digestion ) Intestine (Promote digestion)  MSK ( for strong bones and muscles) |
| System/s focus:  Respiratory and Circulatory  CNS Digestive Endocrine and MSK |
| Other: |

**Assessment:** (what happened / what changed)

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| Preparatory Techniques:  I explained the process to XX and give her a definition of reflexology. I also conducted a consultation and got signed consent to treat her and confirmed there were no contra-indications to treat. I also explained that there may be a healing response as the body goes through the process to address any imbalances and that this was normal and nothing to worry about, but to be aware that it may be uncomfortable.  She reclined in Lafuma chair with blanket. I offered her two scents and she chose the ‘calming’ blend.  I checked that she was comfortable and started with opening relaxation sequence and asked her to do some deep breathing with me. |
| Treatment Responses + interpretation/relevance:  XX’s ankle boogie was stiff on right ankle and a lot freer on the left – I had noted that XX walks more side to side than in a forward motion and I wonder if this is having an impact on her right side.  XX’s tummy grumbled the whole session, starting almost as soon as I walked diaphragm. The area on her right foot which had crusty skin was also hard – across the whole diaphragm line. The lung and heart area on both feet felt hard under pressure and hard skin. It’s difficult to know if its hard skin or dry dehydrated skin. From feetspeak XX maybe building up a protective barrier as she holds a lot of grief and pain because of long standing family issues .  On the counter, the intercostal area on the dorsal aspect was easy to work on both feet – I worked it well and slowly to help with relaxation and to help open up the chest cavity.  Nothing to note on shoulder reflexes.  I sat on the Solar plexus gently pulsing, but I didn’t get any energy response or flow from XX.  The whole digestive system was very easy to walk, and on the right foot I felt as if there was actual movement in the small intestine area.  Then the right adrenal was really hard, but left was ok. I worked it quite hard with rotations in a clockwise motion to stimulate the gland. There was nothing of note on either kidney. As XX is post menopause, it’s probable that hormones are still in flux and working the whole endocrine system will help restore balance. Despite the reduced secretion of oestrogen as a result of menopause endocrine balancing should help stimulate these organs and glands with a view to creating overall hormonal balance.  I sat on both adrenals at the same time and pulsed lightly.  I also worked the spleen well too to additionally help with any inflammation which maybe present as the hardness in the adrenal might denote some inflammation gathering.  When I worked the small intestine – moving randomly across the area I actually felt movement – as if I was pushing something around on the right foot only. The ascending/transcending and descending colon was extremely easy to walk. XX reported that she had no problems with her digestive system or daily bowel movements in her consultation. In feet speak this whole area is represented by water and our feelings and emotions. Water is represented by the abdomen, and all the organs of the digestive system. The Feet -speak document explicitly refers to feet that have lines and wrinkles in the skin in this area. This can denote “‘water ripples’ (ie, wrinkles in the skin) in the abdomen traveling down through the heel, then worries possibly exist within the client’s home life. We could say that when water and earth mix, it muddies the water and makes it more difficult for the client to really see what their problems are.”  I have a sense that XX has a lot of inner, suppressed emotion and pain (which is also reflected in the lines across her heart and lung reflexes also.). I also feel that she masks her emotions and pain with her jovial ‘best -side out’ demeanor which I suggest translate into a busy brain and her inability to relax and calm down resulting in poor sleep habits.  When I started the Spine reflex, I linked the brain with coccyx and there was no energy in either foot, and there was no response from xx when I walked the spine on both feet. As her feet were so wrinkly on the medial aspect it was difficult to ascertain if there was any hardness in lumber or sacrum area. But as her posture appears out of line, I wanted to work the area well to alleviate any blockages or issues. I also worked the psoas muscle to help with support and building up her core. The psoas is also connected to the diaphragm, which was firm hard/ firm on both feet, its probably the case that neither muscles are over-exerted as XX said she doesn’t exercise much. Working the psoas helps mobilise the muscle with a view to keeping it supple.  The pituitary waggle was sharper on the right than on the left. Interestingly all the imbalance appears on the right side of the foot, which I will watch out for on the next visit. The right side of the body represents our past and or the male-ness in our life. Based on this client’s history and family issues (especially the relationship with her son)  I massaged the pituitary and hypothalamus and did the HPA axis which supports the body’s fight/flight response which is necessary for survival. However when someone is in a more heightened tense state, they are often too much in the fight/flight response, with excessive cortisol in the body. Cortisol has a dampening effect on other glands like melatonin for sleep.  Sitting lightly on HPA axis by cupping it helps bring the body back to equilibrium and encourage it out of a fight/flight state.  I worked each of the toes for the sinuses, ears and eyes as she said in her consultation that her hearing is deteriorating a little. I massage and pulsed each brain reflex on the toes, which were concave. Linking the 4&5th toe with the brain to create a link from the brain to the auditory cranial nerve. I also linked the cervical plexus (which picks up the C2 nerve supply ) innervating the ears, to the inner ear reflex. There was some slight pulsing on both R&L.  I then sat across the tops of each toe, pulsing lightly which is a technique to help with restless leg but is also useful to help calm the brain.  Nothing of note on ovary and uterus link.  Concluded by working the pineal gland again and sweeping the pituitary and hypothalamus with a view to give a maximum work-out to the endocrine glands. I linked and pulsed both adrenals with thumbs and energy finger sitting on top of the brain reflex to support the body in a parasympathetic state  Final relaxation sequence and vagus nerve with air reflexology – I got some energy feedback denoting my client was relaxed. Vagus nerve is also known as the wandering nerve, and part of the cranial nerve system of the peripheral nervous system, branching into mixed nerves for larynx, pharynx, heart, oesophagus, spleen, lungs, liver, kidneys, stomach, pancreas, colon and small intestines - hugely important for supporting the client to getting into a para-sympathetic state. |
| Study Client Responses:  xx had drifted off for about the last 10-12 minutes of the session so when she came round she said that it was very relaxing and that she was very aware of her tummy grumbling.  I said that I had noticed it starting quite early on in the session and asked if she had eaten recently – she had had lunch before coming down (a sandwich).  I said that her digestive system could be very responsive to the reflexes, and that her body was in a parasympathetic state, ie relaxed enough to allow for resting and digesting.  And the fact that she had recently eaten could be linked to it. But that we should see if it occurs again. |
| Other: |

**Plan:** (future treatments / techniques / focus / self-care suggestions)

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| Number of Treatments recommended: 7 TREATMENTS | Date of next treatment: TBC |
| Techniques for next treatment and reasons:  I will focus on the: -    **Endocrine** Working adrenals and pituitary glands to get the body back into balance as the adrenals are very hard on right (over the left). Linking techniques including the HPA, pineal and pituitary.  **Digestive** Work the whole digestive system, to stimulate as well as massage and relax with a view to responding to her emotional state. I will look to link areas of digestive system such as stomach and brain. Stomach and pineal. Small intestine and brain with a view to link her emotions and brain so that when she actively looks to relax them there is a strong connection established. However, this will take time and work by the client in her self-care and the success will require consistency and repetition.  **Circulatory & Respiratory** This area has lots of lines and linked to the digestive system – I believe it is associated with some embedded heartache and sadness and embedded emotions.  Deb Shapiro relays that hardness in this area can relate to inner painful emotions stored up. The lungs are also a place of sadness, of unexpressed grief and unshed tears, often accumulated over a long period of time. I would look to work this area well and do some heart to heart holds in closing sequence. Working the diaphragm area, intercostal and chest area to open up the chest cavity and free up DC’s breathing. Working with her through sessions to breath diaphragmatically as opposed to shallow breathing.  (Ed and Deb Shapiro. (2016). *Your Body Speaks Your Mind by Deb Shapiro page 213)* | |
| Plan for Self-Care/support between treatments:  Advised to increase fluids avoid caffeine and alcohol in the evening as these are stimulants, but to see if she can try some teas like chamomile or peppermint to help relax her.  I suggested that she think about a bed-time routine or ritual that kicks off a process of calming herself and her head down about an hour before bed. She did say that she usually watches TV till late to tire herself and then go to bed. I suggested that this was still ‘activating’ her brain and senses so try a number of different strategies such as :  Writing a diary in the evening – as writing things down can help take them out of your head.  Deep breathing and sit in a room low level lighting, maybe with a herbal tea. Inhaling a scent that helps promote calm such as Neals Yard remedies ‘Calming’ blend.  Take a hot bath or shower using products that have natural ingredients eg lavender. I showed her a Neals Yard beauty sleep balm.  Essentially try to establish a routine, which will need to be repeated nightly to create a habit so your body responds to triggers that its time to relax and sleep.  Also encouraged her to drink plenty of fluid to see if helps with the de-hydrated-look of her feet. | |
| Other: | |