Hand Reflexology and Session Records

N104 - Hand Reflexology Course

Chapter 5
Hand Reflexology Health and Session Records

As part of the certification process for becoming a Certified Hand Reflexologist, the student must complete the following practicum procedures as part of the course requirements. This gives the student practical experience, record keeping experience, and exposure to a variety of clinical conditions.

Practicum

Practicum Requirements

The student is required to give a minimum of 70 reflexology sessions (approx. 120 hours) and to record the sessions in the prescribed manner that will be discussed later in this chapter. Each recorded reflexology session will be referred to as a Reflexology Session Record, not a treatment or medical record. If the student has previously attended the OCR Hand Reflexology Workshop H100, a 10-hour reflexology record credit can be applied against the 70 records requirement (70 - 10 = 60 reflexology records).

Mid-Term Practical Assessment: When a student has completed at least 15 to 25 sessions, the student is required to book an appointment with their instructor for a Mid-Term Practical Assessment. The student will perform a complete reflexology session on the instructor (working notes are allowed). The instructor will provide feedback on the student’s practical techniques and as well as provide suggestions to improve on the techniques. The instructor will also review the student’s completed session records to ensure that the records are completed properly.

Practicum Time Limit: A student has twelve (12) months after the last class to complete the Reflexology Record Portfolio. A distance education student has twenty-four (24) months to complete the portfolio. Any request for an extension must be made in writing to the Dean of the College stating the reason for the extension and length of time required.

Reflexology Record Portfolio

The Reflexology Record Portfolio should be organized and set up so that individual sessions can be found easily. They can be contained in a single package such as a binder book or file folders to prevent the contents from being lost.

Reflexology Session Fees

Throughout the time period while the student is building up their reflexology record portfolio as part of the practicum, the student is not permitted to charge a fee for the reflexology session. The student’s ‘client’, who will be referred to as a volunteer client, can only make an unsolicited ‘donation’ to the student. Such volunteer clients are to be made aware that the student is not a certified reflexologist, but a student reflexologist who requires practice as part of the certification process.

Volunteer Clients

Source out volunteer clients for the practicum. Some suggestions are family members, friends, a nursing home, or network with other reflexology students. The student can register at a local health unit, nursing home or OCR for referrals to volunteer clients by becoming a member with the option of being placed on the Student Referral Listing (see Membership Application in Appendix B). Always seek permission with the person responsible before approaching or working with volunteer clients in a healthcare institution such as nursing or seniors’ home.

Of the 70 session requirement, try to maintain a ratio of about three (3) to five (5) sessions per volunteer client. This will give the student an opportunity to see progress in an individual volunteer client and yet be exposed to a broader variety of physical conditions,
types of hands, types of problems, different kinds of pressure, and reactions to the practicum session.

Try to incorporate a variety of individuals: both sexes, the elderly, and children.

When setting up an appointment with a volunteer client, the student should allow at least an hour and a half (1½) or two (2) hours for each practicum session to work thoroughly without rushing the volunteer client. As you become more proficient, adjust the appointment times accordingly.

Ask the volunteer client for their name, phone number, and what time slot will work best for them, after informing them of the amount of time a session will take. Having a clear idea of people’s schedules will help the student to prepare their schedule and to complete the practicum within the time frame the student would like to finish.

Reflexology Health Record

The Reflexology Health Record will not be referred to as a treatment or medical record. For each individual, a Reflexology Health Record sheet should be filled in on the first appointment by the volunteer client outlining their previous medical health. In addition, the volunteer client or the parent/guardian of a minor volunteer client will sign the consent or waiver at the bottom of the form, accepting responsibility for the reflexology session(s).

Reasons for a Hand Reflexology Health and Session Record:

a) - Establishes a professional standard.
b) - Provides a record of all sessions and dates of the visits.
c) - The student is able to track the client’s improvement or progress.
d) - To record any complications or questions concerning the session.
e) - It is invaluable to review the record to refresh the student’s memory about this person before seeing the volunteer client on successive visits.
f) - To review and to remember tender reflexes and what the person's problems were or are still ongoing.
g) - Adjunct to the volunteer client’s ongoing therapies (medical or other).

Hand Reflexology Health Record - Filling in the Record, Asking Questions and Noting Possible Contraindications

When filling in the Reflexology Health Records, make sure that it is recorded in ink. Record the day’s date in the form of: month, day, and year. Complete the records as thoroughly as possible. They could be used as legal documents if required by a court of law. You will require the volunteer client’s full name, address, and telephone numbers along with their birth date.

While filling out the Reflexology Health Record, you will be interviewing the volunteer client, asking health and hand related questions. Keeping the individual’s health and well-being in mind is important. Ask the questions diplomatically and keep all information on the volunteer client’s record confidential. Although the information contained within the student’s portfolio is confidential, the confidentiality will be maintained by the college when the portfolio is submitted for marking purposes. After marking is completed, the student’s reflexology record portfolio will be returned to maintain the confidentiality of the volunteer clients.

Some questions to ask are (noting possible contraindications):

1. When did you last visit your doctor? - Ask about the visit and when; it may be related to this session. Record the details in the Findings (Medical) space beside the Doctor’s Visit.
2. Have you ever had an accident/serious illness/hospitalized recently/broken bones? - Reflexology sessions could show tender reflexes relating to accidents or illnesses.

3. Have you had any broken bones? - Be aware of recently broken bones as the reflexes will be tender for that area. Do not work directly on areas recently broken, especially the hand.

4. Have you ever had surgery? - You can expect to find tender reflexes in areas corresponding to surgical work done. Even with surgically removed organs, the reflexes for the related areas can still be tender due to scar tissues.

5. Are you taking medication? - Be aware of the client’s medication and its side-effects. If unsure about the side-effects, look it up. Side-effects may show up in the session. For example, a side-effect of a particular medication may affect the kidneys, thus, the kidney reflexes may be tender even though it may not be dysfunctional. Pain killers often affect the tenderness of all reflexes so that it may appear that the patient is in good health. Be aware of possible side-effects.

6. Do you have heart problems? - May cause unnecessary strain in the circulatory and cardiovascular systems due to increased circulation and possibly affect pace makers and artificial heart valves. See Chapter 12, Circulatory System Pathological Conditions. Decrease the pressure on the related reflexes for this condition.

7. Do you have a pacemaker? See above.

8. How is your blood pressure? - Decrease the pressure on the related reflexes for this condition. It may suggest stress and it is one of the major causes of high blood pressure.

9. Do you have any circulatory problems? - May cause increased stress on the Urinary, Circulatory, and Lymphatic & Immune Systems. See Chapters 9, 12, and 13 for related Pathological Conditions. Decrease the pressure on the related reflexes for this condition.

10. Are you pregnant? / Which trimester? - Decrease pressure on the reproductive reflexes especially in the first trimester due to the remote possibility of a spontaneous miscarriage. Although pregnancy is not a pathological condition, one should be aware of any previous pregnancy difficulties such as premature births, previous miscarriages and difficult pregnancies by decreasing pressure on all reproductive reflexes. A reflexology session will be beneficial in the last trimester to help strengthen the reproductive areas in preparatory for the upcoming birth (applicable only in uncomplicated pregnancies, otherwise decrease pressure on the related reflexes). See Chapter 10, The Reproductive System. N.B. - Avoid working on the Whiplash Reflex on pregnant women as it may induce labour. The whiplash reflex is also the LI-4 meridian point (large intestine meridian) in acupressure or acupuncture (hands only - does not apply to the feet). This is one of the meridian points that midwives use to help speed up the labour process.

11. Do you have any history of cancer? - Be aware of the possibility of tumours or cancers and the location of related reflexes. If the volunteer client is receiving chemotherapy and/or radiation therapy, the elimination system will be affected due to the high level of toxicity. Although a reflexology session is very beneficial in assisting the body to eliminate toxins, it is suggested that a reflexology session not be given (or very light pressure is used) for a few weeks if the volunteer client has just begun the cancer treatment. This will give the medical treatment time to perform its intended work. See Chapter 13, Lymphatic and Immune Systems, and Chapter 12, Circulatory System for pathological conditions.

12. Do you have diabetes? - Be aware of this condition and decrease the pressure on the reflexes. Overstimulated reflexes may cause the pancreatic islets to start producing insulin again
and thus, cause a high level of insulin when the patient uses artificial insulin. See Chapter 8, *Endocrine System Pathological Conditions*.

13. **Do you have epilepsy?** - Be aware of this condition and decrease the pressure on the reflexes. A reflexology session could initiate an epileptic seizure and/or convulsions. See Chapter 15, *Nervous System Pathological Conditions*.

14. **Do you wear any prostheses?** - Ask if he or she have any artificial limbs, hearing aids, or any other artificial parts that may explain tender reflexes found such as the arm reflex for an amputated arm or ear and/or inner ear reflexes for hearing-impaired persons who wear a hearing aid.

15. **Do you smoke / have allergies?** - Be aware of possible stress in the related immune functions; chest, breast, and thoracic areas; cardiovascular and bronchial areas.

16. **Are you taking other therapies?** - Their answer to this question will give you their level of well-being and give them the idea that they are responsible for themselves. Some examples include; exercise, diet, herbs, vitamins, minerals, yoga, meditation, relaxation techniques, surgery, medication, and chiropractic treatments.

17. **Have you had Reflexology before / who referred you to us?** - A volunteer client who has had a reflexology session before knows what to expect from a session. For those who have not had a session before should be informed of what is reflexology and what to expect from a session. See Chapter 1, *History and Theory of Reflexology*. “What Is Reflexology?” brochures are available for purchase from OCR.

18. **What is your occupation?** - The answer will give the student an idea of the volunteer client’s lifestyle. For example, management positions may be stressful, and labourers may have physical complaints, etc.

19. **Who is your Doctor / Doctor’s telephone number?** - It is important to have your volunteer client’s doctor’s name and telephone number on file so that you would have a contact in the event of a consultation with the doctor or when a serious contraindication shows up during the session that should be consulted with the doctor.

20. **Present problems:** - This will show the volunteer client’s purpose in this visit.

21. Make it a point to ask the client, **“Is there anything else you would like to tell me?”** - The volunteer client’s problems may be revealed here if none of the above questions apply.

22. Ensure that the volunteer client or the parent/guardian of a minor volunteer client has consented to the reflexology session by signing and dating the Consent For Reflexology Session at the bottom of the Reflexology Health Record. This is to protect you as a student reflexologist.

### Recording Observations

(reverse side of the Hand Reflexology Health Record)

- Ask on the second and subsequent visits, **“How did you feel after the last session?”** - This will show how the volunteer client responded to the last session. Record their response(s).

- Ask **“How are you feeling today?”** and record the volunteer client’s well-being.

- Document any observations made during the present session. This will show progressive responses to the reflexology sessions.

### Hand Reflexology Session Record

The **Reflexology Session Record** is a worksheet for documenting observations made
throughout the session. See a sample copy at the end of this chapter.

- Using an ink pen, record the date of the session, the session visit number and on whom you are working.

- During the hand examination and the hand cleansing procedure (with diluted witch hazel), record any unusual hand conditions observed, such as arthritis, eczema, callouses, etc., and their location on the Reflexology Session Record.

- Mark in any observed tender reflexes with the correct colour (blue ink for right hand and red ink for left hand) while working on the hands during the session.

- Using the legend symbols on the Reflexology Session Record, mark the location of any observed tender reflexes. Also, use descriptive words with arrows pointing to the marked reflex. In addition, use one of four colours (highlighters) to highlight the recorded observations:
  
  - yellow for tender areas
  - pink for swelling/puffiness areas
  - green for deposits
  - blue for bunion, corns and callouses

- The Sensitivity Scale of 1 to 5 is to be used for each tender reflex located. For each tender reflex, ask the volunteer client for their interpretation of the level of discomfort or pain, using the scale of 1 representing the least amount of discomfort to 5 for intolerable pain. Record their responses with the correct coloured ink on the Reflexology Session Record in the appropriate areas. Remember that these session records are to be used as a worksheet documenting the observations which can be used to see the volunteer client’s progress.
Name: Doe, John A.  
Address: 33 Town St. - Apt. 6  
Town: Sugarville  
Prov./State: Ontario, PC/Zip: V6V 2D2  
Today's Date: Sept. 1/2000  
Tel. Res: ( 905 ) 444-4444  
Tel. Bus: ( 905 ) 334-3333  
Birth Date: 06/11/1957 

<table>
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<tr>
<th>Last Medical Visit:</th>
<th>Spring 2000</th>
<th>Findings (Medical):</th>
</tr>
</thead>
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<tr>
<td>Have you had any accidents?</td>
<td>No G</td>
<td>Yes ✓</td>
</tr>
<tr>
<td>Do you have any serious illness?</td>
<td>No ✓</td>
<td>Yes G</td>
</tr>
<tr>
<td>Have you been hospitalized recently?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Have you had any broken bones?</td>
<td>No G</td>
<td>Yes ✓</td>
</tr>
<tr>
<td>Have you had surgery?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Are you on medication?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Do you have any heart problems?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Do you have a pacemaker?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>How is your blood pressure?</td>
<td>Normal G</td>
<td>Not Normal ✓</td>
</tr>
<tr>
<td>Do you have any circulatory problems?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Are you pregnant? (female only)</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Any history of cancer?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Do you have diabetes?</td>
<td>No G</td>
<td>Yes ✓</td>
</tr>
<tr>
<td>Do you have epilepsy?</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Do you wear any prostheses? (artificial limbs, hearing aids, etc)</td>
<td>No G</td>
<td>Yes G</td>
</tr>
<tr>
<td>Do you smoke / have allergies?</td>
<td>No ✓</td>
<td>Yes G</td>
</tr>
<tr>
<td>Are you taking other therapies?</td>
<td>No G</td>
<td>Yes ✓</td>
</tr>
<tr>
<td>Have you had Reflexology before?</td>
<td>No G</td>
<td>Yes ✓</td>
</tr>
</tbody>
</table>

Who referred you to us? Sister-in-law  
Who is your doctor? Dr. Brown  
Present Problems: High cholesterol, chronic fatigue.

Consent for Reflexology Session:
I understand and accept that the sessions received are of therapeutic value only and fully accept responsibility for the same.

Signature: M r. John Doe  
Date: Sept. 1/2000
Volunteer Client: Mr. John Doe

<table>
<thead>
<tr>
<th>Date</th>
<th>Observations: (Sample)</th>
</tr>
</thead>
</table>
Sample Hand Reflexology Session Record

Date of Session: 09/01/2000 (mm/dd/yy)
Session Number: 01
Volunteer Client: Doe, John A.

Note: This form is to be completed by the Reflexologist for each session.

Hand Conditions Observed
Digestive @ 3 to 4 sensitivities

Legend
1 Sensitivity Scale
2 Tender Area (Yellow)
3 Swelling/Puffiness (Pink)
4 Deposits (Green)
5 Callous (Blue)

All charts are based on the premise that there are zones and reflexes in different parts of the body which correspond to and are relative to all parts, glands and organs of the entire body. Reflexologists do not diagnose, prescribe for, or treat specific conditions. Reflexology does not work in opposition to the medical or other fields, but instead complements and enhances them.
# Hand Reflexology Health Record

**Note:** This form to be completed on the first visit only.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Today’s Date</td>
<td></td>
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<tr>
<td>Address</td>
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<td>Tel. Res: (Month/Day/Year)</td>
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<tr>
<td>Town</td>
<td></td>
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<tr>
<td>Tel. Bus: ( )</td>
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<tr>
<td>Prov./State: PC/Zip:</td>
<td></td>
</tr>
<tr>
<td>Birth Date: (Month/Day/Year)</td>
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</tr>
<tr>
<td>Last Medical Visit:</td>
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<tr>
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<td>No G</td>
</tr>
<tr>
<td>Who referred you to us?</td>
<td></td>
</tr>
<tr>
<td>What is your occupation?</td>
<td></td>
</tr>
<tr>
<td>Who is your doctor?</td>
<td></td>
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<tr>
<td>Doctor Tel. #:</td>
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<tr>
<td>Present Problems:</td>
<td></td>
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<tr>
<td>Problems:</td>
<td></td>
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</table>

**Consent for Reflexology Session:**

I understand and accept that the sessions received are of therapeutic value only and fully accept responsibility for the same.

Signature: ____________________________  Date: __________

(parent/guardian)
<table>
<thead>
<tr>
<th>Date: (mm/dd/yy)</th>
<th>Observations:</th>
</tr>
</thead>
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<td></td>
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</tbody>
</table>
Hand Reflexology Session Record

Date of Session: ____________________ (mm/dd/yy)

Session Number: ____________________ Volunteer Client: ____________________

Note: This form is to be completed by the Reflexologist for each session.
N104 - Chapter 5 Test

Multiple Choice - Check the correct answer (✓) in the appropriate box (one only).

1. The minimum number of session records required for the practicum is:
   - a) 62
   - b) 70
   - c) 55

2. A reflexology session record is not a:
   - a) treatment record
   - b) medical record
   - c) All of the above.

3. The reflexology session record is a worksheet for documenting:
   - a) unusual hand conditions
   - b) tender reflexes
   - c) sensitivity by a scale of 1 to 5
   - d) All of the above.

4. If requesting an extension, this must be made in writing to the:
   - a) Teacher
   - b) Dean
   - c) Volunteer client
   - d) All of the above.

True or False - Check the correct answer (✓) in the appropriate box (one only).

5. ❑ True ❑ False - The Reflexology Record Portfolio should be organized in a binder or file folders.
6. ❑ True ❑ False - Students of Reflexology are allowed to charge a fee for the session.
7. ❑ True ❑ False - Becoming a student member of OCR allows the option to be placed on the Student Referral Listing with the OCR.
8. ❑ True ❑ False - Students’ “clients” are referred to as “patients”.
9. ❑ True ❑ False - Always seek permission with the person responsible when volunteering in nursing or seniors’ homes.
10. ❑ True ❑ False - A Reflexology Medical Record is filled in on the first appointment.
11. ❑ True ❑ False - A consent or waiver is signed at the bottom of the form, accepting responsibility for the reflexology session(s).
12. ❑ True ❑ False - Health and Session Records establish a professional standard and are invaluable to review.
13. ❑ True ❑ False - Health records are recorded in pencil and completed as thoroughly as possible.
14. ❑ True ❑ False - All information contained within the Reflexology Record Portfolio is kept confidential by the student, teacher, and the college.
15. ❑ True ❑ False - We decrease pressure on reflexes with noted possible contraindications.
16. ❑ True ❑ False - Recording observations on the reverse side of the Health Record show how volunteer clients respond to the previous and present sessions.
One of the course requirements is to submit a minimum number of *Hand Reflexology Session Records* when attempting your practical examination. You are required to make copies of the forms found in the chapter entitled “*Reflexology Health Record*” in your textbook.

If you are not able to make photocopies, you may purchase the *Hand Reflexology Session Records* in a packaged set from OCR that includes 30 blank pages of the Hand Reflexology Health Record and 70 blank pages of the Hand Reflexology Session Record at nominal cost as shown below.

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**Notes:** Above prices includes 100 sheets as described above, shipping and handling charges and applicable taxes.

Credit card orders will be processed in Canadian dollars only. Your credit card company will automatically convert it to your currency.

Name: _______________________________________________________
Address: _____________________________________________________
City: _____________________________ Prov/State: __________________
P.C./Zip: ________________________ Country: ______________________
Tel#: ___________________________ Email: ________________________

Please send to:

**Ontario College of Reflexology**
PO Box 220
New Liskeard, ON
P0J 1P0 Canada

Tel: (705) 647-5354  1-888-OCR-FEET
Fax: (705) 648-6247  Email: ocr@ocr.edu

**Payment Options**

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Exp. Date:
Name on Card:
Signature: