

iUCT32 – Provide reflexology for complementary therapies

URN – K/617/4349

Guided Learning Hours: 112

Learning outcome	Assessment criteria	Taught content to include
LO1 Be able to prepare for reflexology treatment	1.1. Prepare self, client and work area in accordance with current legislation and working practice requirements	<ul style="list-style-type: none"> • Treatment environment and working area <ul style="list-style-type: none"> - Quiet, clean and hygienic working surroundings - The most efficient form of sterilisation and sanitisation in the clinic - The best form of waste removal in the clinic (particularly when contaminated) - Provide sufficient professional equipment and products to perform the treatment fully - Establish suitable couch/chair and trolley layout - The importance of room layout and ambience • Therapist appearance/behaviour <ul style="list-style-type: none"> - Demonstrate appropriate attire <ul style="list-style-type: none"> ▪ Professional work wear ▪ Full, flat shoes ▪ Socks with trousers ▪ Natural tights with skirts ▪ No visible underskirts/underwear ▪ No jewellery – except a wedding band and stud earrings ▪ Short, clean fingernails with no enamel - Demonstrate good personal hygiene <ul style="list-style-type: none"> ▪ No body odour ▪ No bad breath ▪ No perfume ▪ No chewing of gum or sucking of sweets ▪ Hair neat, clean and tied back – not on the collar or face

		<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Wash own hands before, during and after treatment (as appropriate) - Punctuality - Only working within own scope of practice - Do not make false claims - Do not discuss other salons/clinics - Do not diagnose • Client care/preparation <ul style="list-style-type: none"> - Remove all jewellery - except wedding band on client - Help the client onto the couch or chair prior to the treatment and off after the treatment - Protect the client's modesty at all times - Ensure that all parts of the client are covered except the area being treated - Sanitise the client's hands/feet before treatment - Ensure that the client is comfortable with the use of appropriate covered supports, e.g. under the head, back, knees, ankles, feet, arms and hands as required • Legislation and working practices <ul style="list-style-type: none"> - Any particular rights, restrictions, acts and charters applicable to reflexology treatment, e.g.: <ul style="list-style-type: none"> ▪ Health and Safety at Work Act ▪ General Product Safety Regulations ▪ Cosmetic Products (Safety) Regulations ▪ Data Protection Act/General Data Protection Regulations (GDPR) - Advertising standards - Legal framework related to people and settings with which the practitioner is involved, e.g.: <ul style="list-style-type: none"> ▪ Mental Health Act ▪ Children Act - Moral rights which are not recognised by law - Organisational policies and how they may differ from other organisations (when working in care) - Any relevant complaints systems and methods of access (when working in care) - Records which the practitioner is responsible for completing in relation to rights and responsibilities - Code of good practice/ethics
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		<ul style="list-style-type: none"> - Insurance and professional association membership - Legislation which relates to the work being carried out, the environment and the client with whom the practitioner is working - Awareness of national occupational standards and voluntary regulatory groups where they exist
	<p>1.2. Consult with clients to identify factors which may influence treatment objectives</p>	<ul style="list-style-type: none"> • An example of a consultation form can be downloaded from www.itecworld.co.uk • Consulting in a private, comfortable area • Positive body language • Positioning of the client (no barriers between self and client) • Good communication skills (asking open and/or closed questions where appropriate) • Verbal and non-verbal communication • Trust • Professionalism, confidence and enthusiasm • Ascertaining client lifestyle and medical history • Client profile • Client disclosure • Professionally informing the client of restrictions to treatments e.g. contra-indications • Ensuring the client is not alarmed in any way, explain potential reactions/contractions to treatment • Outline the benefits of the treatment • Importance of planning a treatment programme bearing in mind the client's religious, moral and social beliefs and diverse needs • Determining the nature and extent of the client's needs in respect of presenting conditions e.g. psychological and physiological state, emotional issues, muscular/postural problems and chronic illness etc. • Client expectations • Agreement to the course of action and treatment methods advised • Selection and documentation of treatment media • Ascertain the client's consent to the treatment • Where the client is not in a position themselves, ascertain the appointed companion's agreement to the treatment

		<ul style="list-style-type: none"> • Explanation as to how the programme will be evaluated and the review process • Where applicable, clarify with the client information which may be available to others, e.g. relevant health care workers • Confidentiality • Agree treatment objectives and recommended treatment plan • Costs • Time restrictions • Obtain the client's signature (or that of the appointed companion)
	<p>1.3. Provide clear recommendations to the client based on the outcome of the consultation</p>	<ul style="list-style-type: none"> • The outcome of the consultation • Client requirements • Treatment recommendations e.g. suitable treatment programme, client referral, treatment adaptation etc.
	<p>1.4. Select materials and equipment to suit client treatment needs</p>	<ul style="list-style-type: none"> • Couch or chair • Trolley • Stool • Couch/chair cover • Towels • Blanket • Additional support as appropriate • Bedroll • Robe • Disposable slippers • Disinfecting fluid/sanitiser • Tissues • Cotton wool • Spatulas • Bowls • Sterilising solution • UV cabinet • Autoclave • Chemical immersion equipment • Waste disposal • Mediums <ul style="list-style-type: none"> - Powder - Liquid talc - Corn starch

		<ul style="list-style-type: none"> - Cream/lotion - Fixed/carrier oil - Natural wax - Balm <ul style="list-style-type: none"> • The effects and benefits of each medium should be known
	1.5. Describe the requirements for preparing self, client and work area for reflexology treatment	<ul style="list-style-type: none"> • Any particular rights, restrictions and acts applicable to reflexology treatment • Code of practice/ethics • Insurance • Professional association membership • Record keeping • Professional appearance
	1.6. Describe the environmental conditions suitable for reflexology treatment	<ul style="list-style-type: none"> • Lighting • Heating • Ventilation • Noise levels • Available space • Music • General hygiene • Waste disposal • Décor • Equipment • Privacy • Reception areas • General use/treatment areas • Safety aspects
	1.7. Describe the objectives and possible benefits of reflexology treatment	<ul style="list-style-type: none"> • Meeting client needs and expectations, e.g.: <ul style="list-style-type: none"> - Relaxation - Invigoration - Stress relief - Improved circulation • The effects of stress on the body systems and the ways in which reflexology can help to include: <ul style="list-style-type: none"> - Integumentary - Skeletal - Muscular - Cardiovascular

		<ul style="list-style-type: none"> - Lymphatic - Nervous - Endocrine - Reproductive - Digestive - Respiratory - Urinary
	<p>1.8. Explain the contra-indications to reflexology treatment</p>	<ul style="list-style-type: none"> • 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 have been fully explained to them and confirm that they are willing to proceed without permission from their GP or specialist - Pregnancy - Cardiovascular 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., Multiple sclerosis, Parkinson’s disease, Motor neurone disease) - Bell’s palsy - Trapped/pinched nerve (e.g. sciatica) - Inflamed nerve - Cancer - Conditions causing muscular spasticity (e.g. cerebral palsy) - Kidney infections - Whiplash - Slipped disc - When taking prescribed medication - Acute rheumatism

		<ul style="list-style-type: none"> - Undiagnosed pain • Contra-indications that restrict treatment <ul style="list-style-type: none"> - Fever - Contagious or infectious diseases - Under the influence of recreational drugs or alcohol - Diarrhoea and/or vomiting - Pregnancy (first trimester) - Skin diseases - Localised swelling - Inflammation - Varicose veins - Cuts - Bruises - Abrasions - Scar tissue (2 years for major operation and 6 months for a small scar) - Sunburn - Hormonal implants - Haematoma - Recent fractures (minimum 3 months) - Menstruation - Disorders of hands/feet/nails • Disorders/conditions of the feet/hands and nails to include: <ul style="list-style-type: none"> - Fungal <ul style="list-style-type: none"> ▪ Tinea pedis ▪ Tinea unguium - Viral infection <ul style="list-style-type: none"> ▪ Verrucae ▪ Warts - Arthritis in its various forms <ul style="list-style-type: none"> ▪ Gout ▪ Hallux rigidus ▪ Osteoarthritis ▪ Rheumatoid arthritis - Disorders of the feet <ul style="list-style-type: none"> ▪ Bursitis ▪ Club foot ▪ Flat feet (pes planus) ▪ Foot drop
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	<p>1.9. Describe the influencing factors that need to be considered when carrying out a client consultation</p>	<ul style="list-style-type: none"> • Consultation environment • Current health • Current treatment programme • Client requirements/expectations • Client disclosure • Conditions for which reflexology is appropriate • Where reflexology may be used with caution/modifications to treatment and techniques • Where foot reflexology may be inappropriate, referral areas may be indicated

		<ul style="list-style-type: none"> • Where reflexology is contra-indicated • Only working within the realms of their own scope of practice and expertise as a reflexologist • Only recommending treatments which are relevant and appropriate to the client • Client suitability, e.g. young, elderly, pregnant, able, disabled etc. • Importance of obtaining consent from the client • Importance of gaining consent from a person who is acting in the best interests of the client (when the client is unable or not of an age to make the decision for themselves) • The issue of consent and the ways in which it may differ between various practitioners • The meaning of informed client consent and the guidance given by the practitioner's professional body, particularly where there is a need for written consent • Methods of obtaining consent and how to confirm that clients have been given sufficient information on which to base their own judgment • Ensure that agreements are in the client's best interests • Ensure that client or appointed companion signs the consultation form to consent to treatment • Clinical observations of the client to include: <ul style="list-style-type: none"> - Using sight, hearing, touch and smell to assess the client: <ul style="list-style-type: none"> ▪ Condition of the skin ▪ Hair ▪ Nails ▪ Posture ▪ Body language ▪ Odour ▪ Vocal tone
	<p>1.10. Explain the reasons why the client may be referred to a healthcare practitioner</p>	<ul style="list-style-type: none"> • Where reflexology is contra-indicated • Where reflexology is inappropriate • Demonstration of the understanding of when a client should be referred to either: <ul style="list-style-type: none"> - GP - Counsellor • Other complementary therapist • Member of the social care or nursing team (when working in care)

		<ul style="list-style-type: none"> • Other voluntary or statutory services e.g. social services, Citizens Advice Bureau etc.
	1.11. Describe the employer's and employee's health, safety and security responsibilities	<ul style="list-style-type: none"> • The health, safety and security roles and responsibilities of employers and employees • Ensuring that all staff are appropriately trained and have knowledge of required legislation • Key staff roles and responsibilities • First aid • Fire safety • Accident reporting • Electrical safety • Control of Substances Hazardous to Health (COSHH) – data sheets • Risk assessment/management • Security procedures • Data protection • Handling emergencies in the work environment • The policies and procedures undertaken to ensure a healthy, safe and secure working environment in a therapy setting

LO2 Be able to provide a reflexology treatment	2.1. Communicate and behave in a professional manner	<ul style="list-style-type: none"> • Checking consultations and contra-indications • Explaining the treatment to the client • Benefits, limitations and co-operation required • Confirming consent before treatment • Using clean towels for each client • Helping the client on to the couch/chair prior to and off the couch/chair after treatment • Positioning the client correctly – supine or seated • Sanitising client's hands/feet as appropriate • Sanitising own hands as appropriate throughout treatment • Protecting the client's modesty at all times • Ensuring that all parts of the client are covered except the area being treated • Ensuring that the client is comfortable by use of verbal and non-verbal communication throughout the treatment • Using appropriate covered supports , i.e. under the head, back, knees, ankles, feet, arms and hands as required
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		<ul style="list-style-type: none"> • Selecting and applying appropriate treatment media in a safe and hygienic manner • Adapting the treatment techniques to suit the needs of the client • Ensuring client does not stand or walk around barefoot • Client care • Communication • Reflexologist maintaining correct working posture, hygiene and a professional approach throughout treatment
	<p>2.2. Position self and client throughout treatment to ensure privacy, comfort and wellbeing</p>	<ul style="list-style-type: none"> • Positioning and support of the client • Client modesty and comfort • Reflexologist working posture (seated) • Application of the treatments • Reflexologist self-care
	<p>2.3. Use working methods that meet professional, legal and organisational requirements</p>	<ul style="list-style-type: none"> • Safe and hygienic working methods relating to any rights, restrictions and acts applicable to reflexology treatment • Working within codes of conduct/practice laid down by professional association/society/guild to perform professional reflexology treatment
	<p>2.4. Carry out visual analysis of the feet</p>	<ul style="list-style-type: none"> • The process and importance of the 'external' reading of the feet and hands to include: <ul style="list-style-type: none"> - Contra-indications - Skin texture <ul style="list-style-type: none"> ▪ Skin types ▪ Mature ▪ Young ▪ Combination ▪ Dry ▪ Oily ▪ Sensitive ▪ Dehydrated - Areas of hard skin - Colour - Flexibility - Tone - Temperature - Swelling/puffiness - Odour

		<ul style="list-style-type: none"> - Alignment of feet - Shape of feet and toes - Condition and type of the nails - Skeletal deformities - Arches of the feet - Reading the hands
	<p>2.5. Perform and adapt reflexology treatment using materials, equipment and techniques correctly and safely to meet the needs of the client</p>	<ul style="list-style-type: none"> • Checking consultations and contra-indications • Explaining the treatment to the client • Ensuring the client is correctly supported i.e. under the head, back, knees, ankles, feet, arms and hands as required • Using towels to cover all areas except those being treated as applicable • Using clean towels for each client and using couch roll in addition to towels to maintain hygiene • Confirming consent before beginning treatment • Reading the feet and/or hands • Sanitising the client's feet and/or hands • Washing own hands • Selecting and applying appropriate treatment media in a safe and hygienic manner • Demonstrating an awareness of treatment adaptations relevant to client's physiological and physical requirements • Performing full reflexology treatment in a commercially acceptable time, approximately 1 hour duration • Techniques should be performed correctly and on appropriate reflex areas • Maintaining contact throughout treatment • Maintaining professional working posture whilst performing treatment – seated • Adapting the treatment relevant to the client's physiological and physical requirements, time restrictions - e.g. neonate, children, young, elderly, pregnant, disabled, in palliative care etc. • Using breathing exercises and relaxation techniques before beginning treatment to prepare client e.g. greeting the feet, lung press, wringing the feet, solar plexus breathing etc. • Applying pressure appropriate to the client's physical requirements and sensitivity

		<ul style="list-style-type: none"> • Checking client’s comfort and satisfaction throughout treatment with the use of verbal and non-verbal communication • Encouraging clients to express their feelings and requirements during the treatment • Noting client’s reactions and making appropriate adjustments during treatment • Noting any findings/therapist observations and client feedback on printed foot charts/forms throughout the treatment • Using breathing and relaxation techniques at end of treatment e.g., effleurage, heel pulls, solar plexus breathing etc. • Noting client’s reactions and any findings/feedback at end of treatment • Removing the treatment medium at the end of the treatment if appropriate • Helping the client off the couch or chair, protecting their modesty at all times, ensuring they do not walk around barefoot • Work within code of conduct laid down by professional association/society/guild to perform professional reflexology treatment
	<p>2.6. During treatment locate underlying body structures</p>	<ul style="list-style-type: none"> • The structure of the feet, ankles and leg to include: <ul style="list-style-type: none"> - Bones <ul style="list-style-type: none"> ▪ Patella ▪ Tibia ▪ Fibula ▪ Tarsals ▪ Talus ▪ Calcaneus ▪ Navicular ▪ Cuboid ▪ Medial cuneiform ▪ Intermediate cuneiform ▪ Lateral cuneiform ▪ Metatarsals ▪ Phalanges - Muscles <ul style="list-style-type: none"> ▪ Gastrocnemius ▪ Soleus ▪ Peroneus longus

		<ul style="list-style-type: none"> ▪ Peroneus brevis ▪ Tibialis anterior ▪ Tibialis posterior ▪ Extensor digitorum longus ▪ Extensor hallucis longus ▪ Extensor retinaculum ▪ Flexor hallucis longus ▪ Flexor digitorum longus ▪ Peroneus tertius ▪ Extensor digitorum brevis ▪ Abductor hallucis - Tendons <ul style="list-style-type: none"> ▪ Achilles - Nerves <ul style="list-style-type: none"> ▪ Saphenous ▪ Sciatic ▪ Tibial ▪ Peroneal ▪ Sural ▪ Femoral ▪ Gluteal ▪ Plantar - Arteries <ul style="list-style-type: none"> ▪ Iliac ▪ Femoral ▪ Anterior tibial ▪ Posterior tibial ▪ Peroneal ▪ Dorsalis pedis ▪ Plantar arch ▪ Digital - Veins <ul style="list-style-type: none"> ▪ Femoral ▪ Saphenous ▪ Popliteal ▪ Short saphenous ▪ Dorsal venous arch • The structure of the hand, wrist and arm to include: <ul style="list-style-type: none"> - Bones
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		<ul style="list-style-type: none"> - Veins <ul style="list-style-type: none"> ▪ Axillary ▪ Cephalic ▪ Basilic ▪ Median • The position and function of the following nerves of the body to include: <ul style="list-style-type: none"> - Cranial nerves <ul style="list-style-type: none"> ▪ 12 pairs - Spinal nerves <ul style="list-style-type: none"> ▪ 8 cervical ▪ 12 thoracic ▪ 5 lumbar ▪ 5 sacral ▪ 1 coccygeal ▪ Brachial plexus ▪ Lumbar plexus ▪ Sacral plexus ▪ Coeliac (solar) plexus - Thorax <ul style="list-style-type: none"> ▪ Phrenic ▪ Intercostal ▪ Pectoral • The main sensory receptors found in the skin and their functions to include: <ul style="list-style-type: none"> - Merkel's disc - Meissner's corpuscle - Ruffini's corpuscle - Pacinian corpuscle - Krause's end bulbs - Superficial/deep pressure - Deflection (hair) - High/low frequency vibration detection - Stretch - Touch - Heat - Cold - Pain • Sensory receptors to include:
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		<ul style="list-style-type: none">- Chemoreceptors- Mechanoreceptors- Nociceptors- Photoreceptors- Proprioceptors- Thermoreceptors- Tonic- Phasic- Kinaesthetic• The structure and function of the ear and conditions affecting hearing to include:<ul style="list-style-type: none">- Pinna- Auricle- External auditory meatus- Tympanic membrane- Mastoid- Styloid process- Auditory ossicles- Oval window- Cochlea- Labyrinth- Perilymph- Auditory nerve- Three semi-circular canals- Eustachian tube- Balance- Hearing- Deafness- Causes of hearing loss- Labyrinthitis- Meniere's disease- Motion sickness- Otitis media<ul style="list-style-type: none">▪ Acute▪ Serous▪ Chronic- Tinnitus- Vertigo
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		<ul style="list-style-type: none">• The structure, function of the eye and conditions affecting sight to include:<ul style="list-style-type: none">- Conjunctiva- Sclera- Cornea- Choroids- Iris- Pupil- Lens- Ciliary body- Aqueous humour- Vitreous humour- Retina- Fovea- Blind spot- Optic nerve- Eye muscles- Eyeball- Eyelids- Lachrymal/tear glands- Sight- Loss of sight- Blepharitis- Cataracts- Conjunctivitis- Corneal ulcer- Glaucoma• The function and conditions affecting the sense of taste to include:<ul style="list-style-type: none">- Tongue- Palate- Throat- Epiglottis- Taste buds- Cranial nerves VII, IX and X- Salivary glands and saliva- Link between taste and smell- Protection- Reasons for impaired/loss of taste
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		<ul style="list-style-type: none"> ▪ Medication ▪ Dry mouth ▪ Vitamin deficiency ▪ Disease
<p>2.7. During treatment locate reflex points on the hands and feet</p>	<ul style="list-style-type: none"> • Reflex areas/points on the hands and feet to include: <ul style="list-style-type: none"> - Appropriate hand/foot charts should be used to establish the correct position of the reflexes - Compare differing zone/reflexology charts • Distinguish and interpret the reflexes to include: <ul style="list-style-type: none"> - Recognising why a reflex may be sore/painful/lumpy/grainy /crystals - Deciding which reflexes require additional stimulation - Recognising the varying degrees of resistance to pressure - Recognising when reflexes should be treated cautiously - Recognising that medication/drugs may inhibit the response of the reflexes - Demonstrating how to administer the treatment for the specific needs of the client 	
<p>2.8. During treatment locate zones, transfer lines and cross reflexes on hands and feet</p>	<ul style="list-style-type: none"> • The zones and their position <ul style="list-style-type: none"> ▪ Longitudinal zones ▪ Transverse zones <ul style="list-style-type: none"> - Shoulder - Diaphragm - Waist - Pelvic/heel • Cross reflexes/referral areas • The use of other areas when the part to be worked is either damaged or cannot be worked • Using the hand instead of the foot and vice versa to locate the reflex point 	
<p>2.9. Complete treatment to the satisfaction of the client in a commercially acceptable time</p>	<ul style="list-style-type: none"> • Performing the treatment in a commercially acceptable time – approximately 1 hour for a full treatment • Checking client’s comfort and satisfaction throughout treatment with the use of verbal and non-verbal communication • Concluding the treatment in appropriate manner to meet client’s needs • Noting client’s reactions and any findings/feedback at end of treatment 	

	<p>2.10. Evaluate the results of treatment</p>	<ul style="list-style-type: none"> • At the end of each treatment the client’s psychological and physical reactions should be recorded and any reactions noted on the foot chart(s) and consultation form • Outcomes achieved • Effectiveness of the treatment • Re-assessing choice of treatment media used, treatment techniques • Any change in demands e.g. physiological or psychological changes • Whether the treatment met the needs of the client <ul style="list-style-type: none"> - Client expectations • Longer term needs of the client (e.g. when working in a care environment, with those dealing with bereavement and loss, etc) • Therapist self-reflection in relation to client and treatment performed • Client treatment progression • Review of ongoing treatment plan • Recommendations for further treatment sessions/re-booking
	<p>2.11. Provide suitable aftercare and home care advice</p>	<ul style="list-style-type: none"> • Immediate aftercare • Allowing client time to revive • Sitting client up carefully • Water • Client feedback • At the end of each treatment the client should be advised of home and aftercare to prolong treatment benefits <ul style="list-style-type: none"> - Avoid stimulants – alcohol, tea, coffee and non-prescription drugs for at least 12 hours - Healthy eating for wellbeing - Fluid/water intake - Exercise for general health - Posture - Smoking habits - Sleep patterns - Hobbies - Interests - Rest - Time management - Relaxation techniques

		<ul style="list-style-type: none"> - Stress levels - Self-treatment • Reflexology as part of a holistic lifestyle • General care and lifestyle advice and the beneficial effects thereof • Generally helping clients and families to identify options to improve their health and social wellbeing in terms of reflexology treatment • Helping clients and families to put their choices into action • Reviewing their progress • Self-treatment for the client and the benefits of administering it to include: <ul style="list-style-type: none"> - Techniques and areas for self-treatment - The use of hand charts - Reflexology tools - Potential responses associated with self-treatment - Frequency of self-treatment - Effects and benefits
	<p>2.12. Record treatment accurately and store information securely in line with current legislation</p>	<ul style="list-style-type: none"> • At the end of each treatment the client's feedback should be recorded on the consultation form and any reactions noted on the foot chart together with the reflexologist's observations and recommendations for ongoing treatment and client self-treatment. These should be documented fully • Record and store in line with current data protection legislation and professional codes of practice
	<p>2.13. Describe the history, philosophy and role of reflexology</p>	<ul style="list-style-type: none"> • Definition of reflexology • The history of the development of reflex zone therapy and reflexology • The Ancient • The Chinese • The American Indians • Sir Henry Head • Sir Charles Sherrington • Dr William Fitzgerald • Edwin Bowers • Joseph Riley • Joseph Corvo • Eunice Ingham

		<ul style="list-style-type: none"> • Dwight Byers • Doreen Bayly • Hanne Marquardt • Ongoing development
	2.14. Explain the principles of reflexology theory	<ul style="list-style-type: none"> • The concept and theories of how reflexology works, and reflex zones on the feet and hands and their functions to include: <ul style="list-style-type: none"> - Theories – e.g. pain gate theory and meridian theory, etc. - Zone theory - How the zones relate to the anatomical structures of the body - How the reflexes relate to the anatomical structures of the body
	2.15. Explain how reflexology techniques can be adapted to suit the individual characteristics of a client	<ul style="list-style-type: none"> • Adapting the treatment and techniques relevant to client’s physiological and physical requirements, abilities, disabilities, time restrictions, etc. (e.g., neonate, children, young, elderly, pregnant, disable, in palliative care, etc.) • Client preferences and commitment
	2.16. Explain the principles of all reflexology techniques	<ul style="list-style-type: none"> • The appropriate movements for reflexology treatment to include: <ul style="list-style-type: none"> - Foot and hand support - Warm up massage - Relaxation techniques e.g. greeting the feet, foot wringing, lung press, toe rotation, spinal stroking, ankle rotation and heel pulls etc. - Thumb walking - Finger walking - Pin pointing - Pivot - Hook - Rocking - Finger rolling - Cool down
	2.17. Describe the importance of the supporting hand	<ul style="list-style-type: none"> • General support (e.g. support, protection, leverage, stretching and maintenance of pressure) • Function and placement of working hand • Function and placement of supporting hand • Continuity of touch • Additional support requirements
	2.18. Explain the uses of different media	<ul style="list-style-type: none"> • No medium

		<ul style="list-style-type: none"> • Powder • Liquid talc • Corn starch • Cream/lotion • Fixed/carrier oil • Natural wax • Balm • Effects and benefits of each should be known
	2.19. Describe safe handling and use of products, materials, tools and equipment	<ul style="list-style-type: none"> • Methods of handling and using products, materials, tools and equipment safely • Sourcing, selection, use and storage of treatment media • Store away from extremes of temperature • Tightly sealed bottles/containers • Out of reach of children • Methods of dealing with breakages/spillages in the treatment environment • Product data sheets • Stock control/rotation • Shelf life of treatment media and treatment products • Current legislative controls and guidelines for the use of reflexology products and the implications for client safety
	2.20. Describe the importance of the correct maintenance and storage of products, materials, tools and equipment	<ul style="list-style-type: none"> • Safe working practices • Client and reflexologist health and safety • Risk management • Insurance • Code of practice
	2.21. Describe the contra-actions that may occur during and following treatment and how to respond	<ul style="list-style-type: none"> • During treatment <ul style="list-style-type: none"> - Crying - Laughing - Talking - Desire to sleep - Perspiring - Flatulence - Micturition - Runny nose - Change in body temperature - Thirst

		<ul style="list-style-type: none"> - Feeling nauseous - Cough • After treatment <ul style="list-style-type: none"> - Symptoms exacerbated - Fatigue - Non-specific aches and pains - Heavier menstrual flow - Frequent micturition - Frequent bowel movements - Nausea - Break out of spots - Healing crisis - Increased energy - Relief of symptoms - Improved mood - Altered sleep patterns - Headaches - Increased sensitivity - Healing crisis - Response to alleviate contra-actions: <ul style="list-style-type: none"> ▪ Rest ▪ Water ▪ Diet - Additional treatment required - Client referral procedures
	<p>2.22. Explain the aftercare and home care advice that should be provided</p>	<ul style="list-style-type: none"> • Immediate aftercare • Allowing client time to revive • Sitting client up carefully • Water • Client feedback • Client requirements/suitability • At the end of each treatment the client should be advised of home and aftercare to prolong treatment benefits <ul style="list-style-type: none"> ▪ Avoid stimulants – alcohol, tea, coffee and non-prescription drugs for at least 12 hours ▪ Healthy eating for wellbeing ▪ Fluid/water intake ▪ Exercise for general health

		<ul style="list-style-type: none"> ▪ Posture ▪ Smoking habits ▪ Sleep patterns ▪ Hobbies ▪ Interests ▪ Rest ▪ Time management ▪ Relaxation techniques ▪ Stress levels ▪ Self-treatment <ul style="list-style-type: none"> • Reflexology as part of a holistic lifestyle • General care and lifestyle advice and the beneficial effects thereof • Generally helping clients and families to identify options to improve their health and social wellbeing in terms of reflexology treatment • Helping clients and families to put their choices into action • Reviewing their progress • Self-treatment for the client and the benefits of administering it to include: <ul style="list-style-type: none"> - Techniques and areas for self-treatment - The use of hand charts - Reflexology tools - Potential responses associated with self-treatment - Frequency of self-treatment - Effects and benefits
	<p>2.23. Describe the methods of evaluating effectiveness of treatment</p>	<ul style="list-style-type: none"> • Review of the reflexology treatment/programme and conclusions from treatment outcomes • At the end of each treatment the client’s psychological and physiological reactions should be recorded and the following monitored: <ul style="list-style-type: none"> - Outcomes achieved - Effectiveness of the treatment - Re-assessing choice of treatment media used and treatment techniques - Client feedback - Any change in demands e.g. physiological or physical changes - Whether the treatment met the needs of the client <ul style="list-style-type: none"> ▪ Client expectations

		<ul style="list-style-type: none"> - Longer term needs of the client (e.g. when working in a care environment, with those clients dealing with bereavement and loss) - Therapist self-reflection in relation to client and treatment performed - Client treatment progression - Review of ongoing treatment plan - Recommendations for further treatment sessions/rebooking
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LO3 Be able to reflect upon reflexology treatment	3.1. Reflect on own attitudes, beliefs, interests, priorities and values in relation to personal growth as a reflexologist	<ul style="list-style-type: none"> • Personal attitudes • Personal beliefs • Personal interests • Personal priorities • Personal values • Activities which develop reflective practice and record personal growth <ul style="list-style-type: none"> - Journals - Peer review - Mentoring - Case study work - Reading logs - Portfolio development
	3.2. Evaluate own knowledge and practice of reflexology in relation to professional codes of conduct and current working practices	<ul style="list-style-type: none"> • Code of conduct • Current working practices • Current knowledge and skills • Methods of documenting and evaluating own knowledge and practice
	3.3. Identify own strengths and weaknesses in order to best serve self and client	<ul style="list-style-type: none"> • SWOT analysis <ul style="list-style-type: none"> - Strengths - Weaknesses - Opportunities - Threats • Professional skills • Life skills • Natural abilities • Attributes • Qualities

		<ul style="list-style-type: none"> • Personal development • Professional development
	3.4. Describe the basic elements of reflective practice	<ul style="list-style-type: none"> • Reflective practice and its relevance for the reflexologist • Theories of reflective practice to include: <ul style="list-style-type: none"> - Models of reflection, e.g.: <ul style="list-style-type: none"> ▪ Bolton ▪ Gibbs ▪ Johns ▪ Kolb ▪ Schon • Activities which develop reflective practice to include: <ul style="list-style-type: none"> - Journals - Peer review - Mentoring - Review of client feedback - Case study work - Reading logs - Portfolio development
	3.5. Describe how own self-awareness impacts on personal and professional life	<ul style="list-style-type: none"> • Self-reflection • Self-awareness • Personal development • Personal action planning • Professional development • Professional action planning • Goal setting • Future vision
	3.6. Identify lifelong learning opportunities to plan for self-development	<ul style="list-style-type: none"> • Personal plans for continuous professional development • Courses undertaken/to be taken • Awareness of National Occupational Standards (NOS) and ongoing research and developments in reflexology
	3.7. Describe how to record evidence of own knowledge and practical experience	<ul style="list-style-type: none"> • Developing documentation to record case studies, own reflective practice and evidence the role of self-awareness in personal and professional life • Sample consultation forms may be obtained from www.itecworld.co.uk

	3.8. Explain the importance of acting on own evaluation to improve reflexology treatment	<ul style="list-style-type: none">• Best practice• Personal learning experience• Identification of own strengths and weaknesses• Personal action planning• Goal setting• Evaluation• Development of reflexology skills• Identification of Continuous Professional Development (CPD) requirements• Life/work balance• Duty of care to self
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Assessment	
<p>Portfolio of evidence containing:</p> <ul style="list-style-type: none"> • Case studies/treatment evidence <ul style="list-style-type: none"> - Evidence of 60 treatments - 40 case studies - Assignment <p>Practical examination</p>	<p>These treatment evidence are internally assessed by the college lecturer and verified by the external examiner to include:</p> <ul style="list-style-type: none"> • 100 reflexology treatments to be performed and the outcomes documented. These must include 40 case studies – 10 clients treated a minimum of 4 times each plus evidence of an additional 60 treatments • 40 case studies to include: <ul style="list-style-type: none"> - Consultation - Medical history - Brief client profile and general lifestyle details - Treatment plan - Reading of the feet - Foot chart completed for treatment - Client feedback - Home care advice - Self-reflection and evaluation - CPD requirements • Evidence of 60 treatments to include: <ul style="list-style-type: none"> - Consultation - Medical history - Brief client profile and general lifestyle details - Treatment plan - Reading of the feet - Foot chart completed for treatment - Client feedback - Home care advice <p>Case studies and treatment evidence must be documented through the use of signed and dated consultation forms for this unit and assessed using the relevant assessment form. See www.itecworld.co.uk</p> <p>Practical examination forms and marking criteria may be downloaded from www.itecworld.co.uk</p>

Guide to taught content
<p>The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit, and, relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes.</p>

Document History

Version	Issue Date	Changes	Role
v1	18/09/2019	First published	Qualifications and Regulation Co-ordinator