

# The foot squad

Lynne Booth, MFHT, looks at how Vertical Reflexology and new mobilisation techniques can benefit sportspersons

Modern reflexology has been evolving since Eunice Ingham and Dr Joe Shelby Reilly remapped the feet and reformulated the ancient science of zone therapy in the 1930s.

In the early 1990s I discovered and developed Vertical Reflex Therapy (VRT), where the weight-bearing hands and feet are briefly worked, and that too has evolved, especially in the field of sports injury where I combine classical reflexology techniques and VRT.

## Complementary therapies in the sporting arena

Sportspersons, amateur and professional, are highly motivated to achieve optimum results with minimum invasive interventions and often look to complement the allopathic care they receive with holistic therapies.

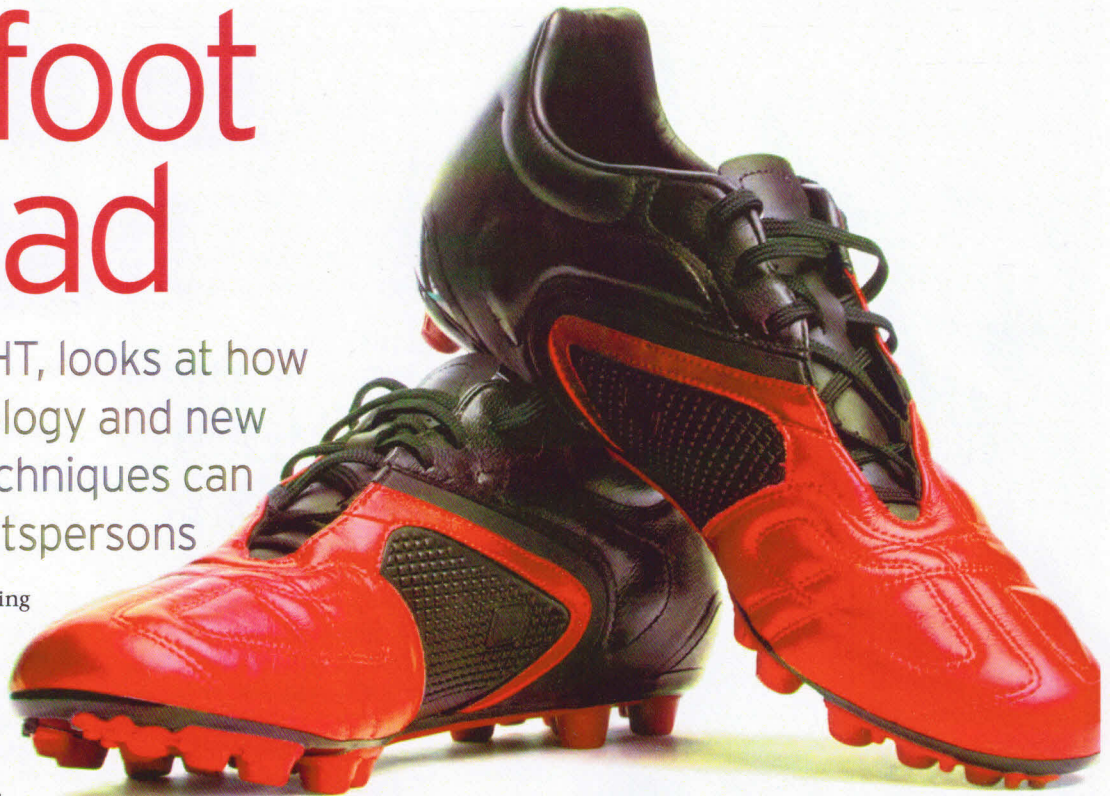
The psychology of sport also encourages individual athletes and team players to look for ways to achieve that extra one or two per cent that can give them the edge on their opponents. Consequently, many now use reflexologists as part of their support system.

Reflexology and VRT are excellent complementary therapies to work alongside allopathic medicine, massage, physiotherapy or osteopathy. In addition, new VRT techniques I have developed – including Vertical Reflexology Mobilisation Techniques (VRMT), diaphragm rocking and nail working – may help to prevent recurrent muscular niggles or accelerate recovery from musculoskeletal issues.

## Working with professional footballers

For the past 11 years I have been part of the medical team at Bristol City Football Club and have benefited from a good working relationship with a support network of physiotherapists, doctors, sports scientists and masseurs.

My appointment was initiated by the manager. He had heard about my reflexology techniques from individuals at the club whom I treated privately. I was invited to



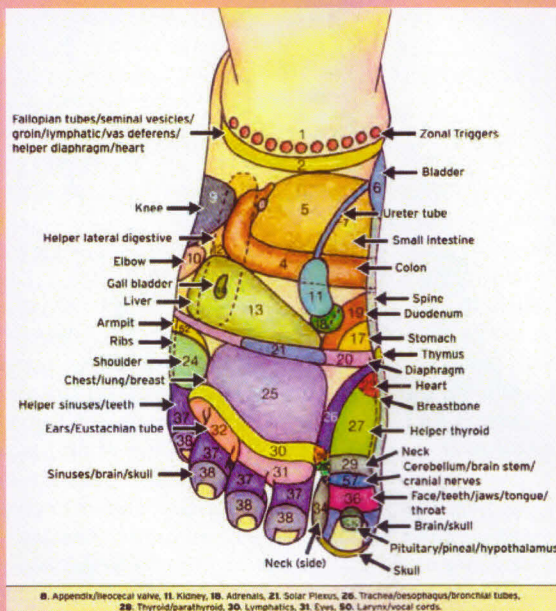
## What is Vertical Reflex Therapy?

Vertical Reflex Therapy (VRT), or Vertical Reflexology, focuses on working the weight-bearing dorsal reflexes (top) of the foot, instead of the plantar or sole reflexes that map out the body.

Rather than leaving out the plantar reflexes, my research indicates all reflexes can be accessed, three-dimensionally, through the dorsum and that a five-minute VRT treatment to the dorsal reflexes of a weight-bearing hand or foot may accelerate the healing response of the body to achieve homeostasis in a shorter time.

VRT can be applied as a five-minute 'first-aid' application and many documented

results<sup>1</sup> refer to improvements following a short VRT application. I encourage VRT's main use as a brief adjunct to classical reflexology sessions, with VRT techniques applied for approximately two to five minutes at the beginning and end, without increasing the overall appointment time. Most VRT techniques can also be used



in reclining, conventional reflexology treatments, where the results are more subtle. A very therapeutic combination of VRT and reflexology can be offered as a 20 to 30-minute session.

Read about how VRT was developed at [www.fht.org.uk/vertical-reflexology-booth](http://www.fht.org.uk/vertical-reflexology-booth)

give a presentation to a board member and the coaching and medical team, and I also demonstrated VRT and classical reflexology techniques on injured players. In one case, there was an immediate and lasting increase in mobility and the general consensus was that I should initially hold a weekly clinic at the stadium following training sessions and would be judged on results.

These clinics soon increased to twice weekly with the coaching staff and medics referring players. Soon players began to refer themselves for minor physical niggles as well as injuries. They also came back once recovered, if they needed help with sleep issues or relaxation.

This pattern has continued throughout the tenure of subsequent managers and I





**Top: Diaphragm Rocking Bristol City captain Wade Elliott. Above: Wrist Twist with striker Aaron Wilbraham**

also offer short five to 10-minute reflexology sessions in the medical room prior to home games. Not surprisingly, a few of the staff and players over the years have initially been rather wary of complementary intervention but, in many cases, the reflexology results have positively surprised them.

As well as my work at the football club, I run a private reflexology practice in Bristol and a weekly clinic at St Monica Trust,<sup>2</sup> a 400-person residential complex for older people who have a wide range of health issues.

It was at the trust 18 years ago that I began to develop the weight-bearing VRT reflexology techniques now used worldwide and that are part of the everyday repertoire of thousands of reflexologists. The staff were very supportive of my work and, in 1997, the trust's two GPs and nursing staff cooperated with a small study I conducted, which examined the possible increase in mobility and decrease in pain following seven short weekly VRT/reflexology sessions for eight chronically ill residents. The results showed a more than 60 per cent improvement within seven weeks and their progress was maintained when checked eight weeks later.<sup>3</sup>

### Development of Vertical Reflexology Mobilisation Techniques (VRMT)

The idea for developing VRMT was also influenced by my research with chronically sick older people at the trust. It was only after considerable success with several people in their late 80s that I began to experiment with the same techniques on young professional athlete clients, who responded equally well.

VRMT involves the client gently mobilising the limbs and trunk of their body at the same time that specific reflex points are stimulated by the therapist. This appears to be particularly powerful when the client is in the standing position for VRT. In the case of older or infirm clients they can sit in a chair while working the semi-weight-bearing feet or weight-bearing hand reflexology is applied.

The body has a remarkable capacity for regeneration and recently, in the same week, I successfully applied classical reflexology and VRT on knee reflexes to the hands of two clients while they, simultaneously, gently mobilised their damaged knee backwards and forwards.

The first was an 85-year-old woman who had fallen from her bed and bruised her knee, which resulted in stiffness and fluid retention. Later that week I applied exactly the same techniques to a 20-year-old professional footballer who had fallen heavily during a game, resulting in decreased mobility and swelling. The older client remained seated for VRT. In both cases there was a slight but immediate cessation of acute pain, more mobility and later that day a rapid decrease in fluid retention. Both reported they felt much improved within 24 hours and suggested the reflexology intervention may have accelerated their recoveries.

### Nerve reflexology and the hamstrings

I have worked extensively with Belgian medic Nico Pauly, who teaches the Nerve Reflexology Diploma internationally.<sup>4</sup> Pauly is a manual neuro-therapist and physiotherapist who has developed an advanced form of clinical reflexology where a wide range of innovative nerve reflexes complement classical reflex points. I have also used nerve reflexology techniques to great effect on weight-bearing feet as this appears to enhance the efficacy.

Nerve reflexology techniques are particularly helpful when attempting to loosen a tight hamstring: the sciatic nerve point on the medial heel is stimulated while gently initiating a straight leg lift. (Please note this move is only appropriate if the practitioner is qualified in a manual therapy, as described by Danish reflexologist Dorthe Krogsgaard).<sup>5</sup> However, reflexologists can still use these important techniques in the passive, reclining position, or athletes can

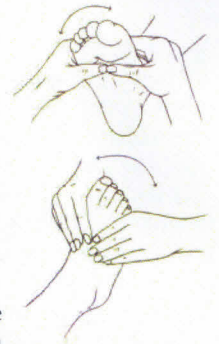
stand and bend forward slightly while gently pointing their fingers towards their toes (if balance is not an issue for them).

Vertical Reflexology can enhance these nerve reflexology results by using the client's own body movement. It is essential that at no time should a client be asked to move in any way that is detrimental to their health or balance when standing.

I use this technique on fit athletes who have tight hamstrings and are used to stretching and exercising their bodies to test a range of mobility. It is important they have been medically examined first to exclude the possibility of a major strain or possible torn hamstring. If the hamstrings are compromised, only passive foot reflexology, or weight-bearing hand VRT, should be applied.

### Diaphragm Rocking

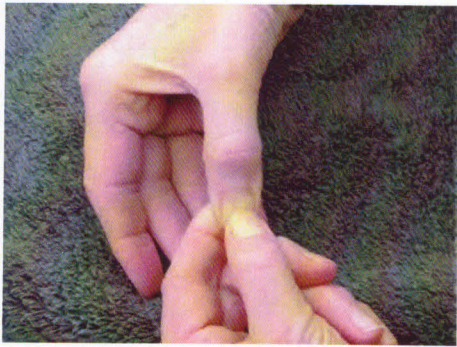
Diaphragm Rocking (DR) is a technique that stimulates the dorsal reflexes of passive feet. The four fingers of both hands are placed on the metatarsals, on either side of the dorsum of the foot, and the foot is then gently rocked back and forward, ensuring pressure is applied to the solar plexus. Once a rhythm is obtained, the feet may be rocked for one to two minutes per foot.



DR was developed to help people with sleep issues and these same self-help techniques on the hands are widely used by people who suffer from insomnia. It has a wider application in that it appears to generally energise the body by naturally targeting priority areas. For example, a rugby player came for help for a specific acute injury – a haematoma on the thigh. As I rocked his feet, he reported his left shoulder had become very hot and added he had sustained a left shoulder injury he had not thought to mention as he felt it was fully recovered, bar the occasional ache. His body appeared to indicate there was still healing work to be completed.

I am sometimes asked to give sportspersons, performers and public speakers a 10-minute reflexology treatment before an important event. A few minutes of weight-bearing VRT is applied to the feet and the client then sits or lies down for some classical reflexology and DR. In this context, the aim of DR is to focus the body on the priority areas required for optimum performance. This could involve, for example, calming the nerves and loosening tight muscles in the back by working up and down the medial lumbar spine reflexes on the first metatarsal bone, which has a dual role of stimulating the central nervous system through reflexology. DR is also particularly good at physically relaxing and loosening the feet for optimum flexibility.





**VRT nail work and mobility techniques for a stiff neck**

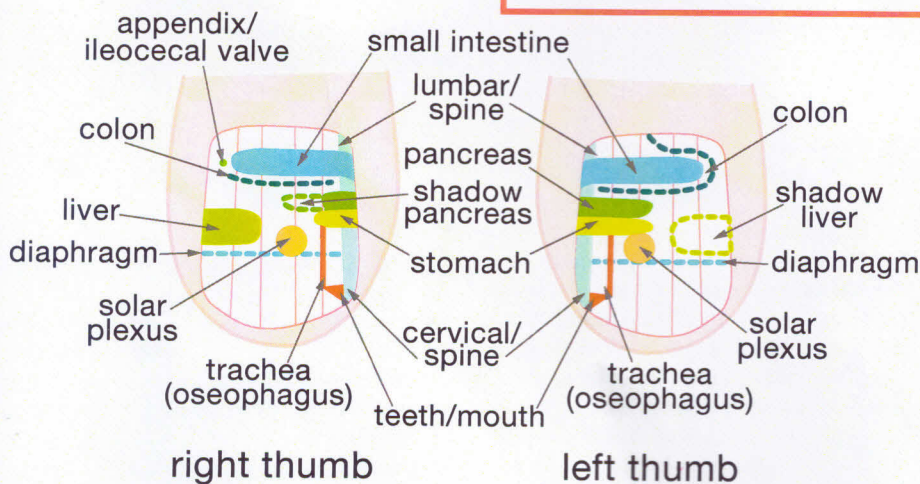
With VRT nail working, the reflexes are mapped out on the nails in terms of systems of the body.<sup>6</sup> The stimulation of any reflexes may be enhanced by simultaneously holding the centre of the big toe (or thumb nail) while pressing nail-on-nail and holding for 30 seconds before repeating on the other big toe/thumb.<sup>7</sup> More precise nail-working techniques are used by VRT practitioners.

In acute sports injuries, VRMT can often produce excellent results in a very short timescale and, as there is no long-term degeneration, the person can very quickly resume their activities. For example, a goalkeeper strained his neck while diving for a ball in training. His left medial neck muscles were in spasm and massage helped the initial impact, but he was still in considerable pain when I saw him three hours later.

I simultaneously worked the neck reflex at the base of each big toe and then targeted the left toe by working a nail reflex as well as two dorsal reflexes for the neck and shoulder. He immediately reported his neck had begun to 'tingle' so I asked him to move it gently from side to side as I stimulated and held the reflexes for 30 seconds each.

After half an hour's treatment of classical reflexology and VRT techniques the player was able to move his neck freely again with no pain and the problem did not recur. I gave him some self-help VRT techniques to apply to his thumbs for underlying neck tension before play, especially when standing in cold winds during matches.

Read about nail working in VRT at [www.fht.org.uk/vertical-reflexology-nails](http://www.fht.org.uk/vertical-reflexology-nails)



**Self-help techniques**

Reflexology is particularly suited to the field of sport because it is easy to apply and self-help techniques can be taught on the hands and feet that can be especially beneficial in between reflexology appointments. More importantly, it can also be used in a sporting context when applied to the hands. This is particularly useful in team games and many reflexologists who work with football and rugby teams will, for example, encourage players to use self-help techniques by working the corresponding reflexology 'referral points' on their wrist should they roll and hurt their ankle while running in a game.

**Cramping calves**

Cramping of the calf is something that often affects sportspersons and older people. Anyone can benefit by putting their straight weight-bearing arm palm down on a flat surface and pressing while lightly pinching the lower arm at its widest circumference as this is the reflexology referral area for the calf. Forty-five to 60 seconds per arm is often enough for the cramp to ease. Substitute football and rugby players are taught to use this technique while sitting on the bench during play.



**Calf referral side view on the arm (above) and close-up of the technique (below)**

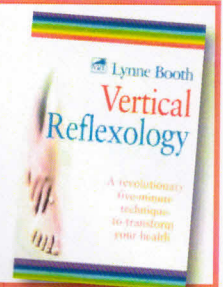


**Try for yourself...**

Go online and learn a VRT mobilisation technique to loosen your neck and lower back at [www.fht.org.uk/vertical-reflexology-selfhelp-neck](http://www.fht.org.uk/vertical-reflexology-selfhelp-neck)



**Lynne Booth, MFHT, FHT expert adviser**, has been studying reflexology for more than 23 years, initially training in the original Ingham method at the International Institute of Reflexology. She frequently presents VRT at international conferences, which has been taught in the UK and internationally to nearly 8,000 qualified reflexologists. Her best-selling book, *Vertical Reflexology*, was published by Piatkus Books in 2000 and *Vertical Reflexology for Hands* in 2002. [www.boothvrt.com](http://www.boothvrt.com) [contact@boothvrt.com](mailto:contact@boothvrt.com)



**Left: VRT nail reflexes to support the digestive system**

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