

Appendix One:**Contra-indications and Cautions to be Exercised in Reflexology**

Condition	Contra-indication	Caution	Rationale
Acute undiagnosed pain		3	It is recommended that a client should be referred to their GP for a medical diagnosis of their condition. Clients are unlikely to attend with extreme pain – if it develops during treatment first aid and emergency procedure applies.
AIDS / HIV and hepatitis		3	These conditions should be covered during the initial training which offers the practitioner an understanding of how reflexology can help such a client and when caution should be considered. Follow standard reflexology hygiene procedure.
Aneurysm – if known		3	Reflexology improves, not increases circulation. There are no recordings of an aneurysm being precipitated, or immediately preceded, by reflexology, whereas many treatments will have been given, in retrospect, to patients unknowingly having an aneurysm.
Arthritis with inflammation or pain		3	Appropriate pressure will accommodate client's needs
Cancer- including blood and bone cancer		3	Understand the medical treatment and the likely reactions of treatment in relation to pressure. Awareness of low platelet count and the potential for bruising is important. <i>Working with people with cancer:</i> It is recommended that practitioners undertake further training and arrange supervision prior to starting work in this sector to optimize support for the patient and themselves.
Cellulitis	3 (severe cases)	3	If infected, reflexology may be performed, however, no affected area should be treated. Hand reflexology avoids contraindication.
Contagious or notifiable diseases	3		Any risk of infection and cross-infection is a contraindication. The range of conditions is from the common cold and influenza to notifiable disease such as TB.

Diabetes		3	Appropriate pressure should be used as client's healing potential may be impaired, they may have lessened sensitivity (peripheral neuropathy), finer skin, bruise easily or be prone to ulceration on legs and feet. Regular treatment using lighter pressure will accommodate such concerns, may benefit the condition and facilitate monitoring of blood tests and conditions of the feet (e.g. previously undetected <i>Gangrene</i> is contraindicated – see below)
Drugs or alcohol abuse – patient out of control or their mental state appears to be unstable	3 (if lacking the skills and facilities to cope)		If a client presents for treatment under the influence, there may be a risk to the safety of the practitioner. If a client who is dependent on alcohol or other substances, or is recovering, presents for treatment and is <i>not</i> under the influence; then the practitioner should be able to proceed with caution. Practitioners would be wise to arrange support or clinical supervision and undertake the appropriate training. Risk of severe reaction / healing response. Some texts suggest alcoholic seizure is a risk.
Gangrene	3	3	Where a patient presents with undiagnosed gangrene immediate hospital attention is required, any delay increases the extent of surgery. Hand reflexology to ease stress may be an option whilst waiting for an ambulance. Hand and partial foot reflexology may be advantageous once the emergency is past which renders this a contra-indication and a caution situation.
Epilepsy		3	Have an understanding of the condition and how to assist and prevent injury in the event of a seizure. (this should be part of regular first aid training.)
Imminent medical tests or procedures	3 (depends on the test)	3	Dependent on the type of test being carried out and whether the client is having reflexology for the <i>first time</i> immediately before the test being carried out; be aware that the results might not be representative and medical overview may be distorted by the improvements resulting from reflexology treatment. As integration develops the monitoring of

			reflexology treatment prior to and during tests should confirm its effectiveness.
Injury to the feet		3	Practitioners should have been trained to adapt to all types of clients to accommodate their needs. Use hand reflexology or avoid affected area, as appropriate.
Heart condition, unstabilised		3	If a client is unstable then they are probably under the care of a hospital; treatment during this time would only be possible with the consent, adequate supervision and the emergency facilities to hand.
Lymphedema		3	National Guidelines state treatment should ideally be in conjunction with a Lymphedema Specialist Nurse Practitioner. The option of treatment to the referral hand or foot (i.e. not the affected limb) means this is not contraindicated. Manual Lymphatic Drainage (MLD) techniques must not be used unless MLD qualified.
Medication		3	When, for a serious condition the benefits resulting from reflexology might alter the amount of medication required, integration with the prescribing doctor is essential.
Menstruation		3	Some practitioners may choose to treat more cautiously if a client is prone to heavier flows or the reflex areas are tender, however, reflexology will usually help such a client.
Osteoporosis		3	Be aware of the fragility of the bones; use appropriate pressure and less vigorous relaxers.
Phlebitis		3	Be aware of pressure used; direct pressure on affected area is likely to be painful and therefore not appropriate. In severe cases it may indicate unstable DVT or be impossible to work the affected area though unlikely on the feet. Use hand reflexology.
Surgery		3	<i>Before surgery:</i> Practitioner could inform the patient that a treatment may provoke a healing response – notably with the first treatment or patients who are very sick. However, the calming effect of reflexology can help to prepare for surgery and has been employed to replace pre-operative

			sedation. <i>After surgery:</i> Treatment can be very helpful post-operatively once signed off by or with permission from the surgeon.
Pregnancy		3	Practitioners should remember two lives are involved. Some practitioners may choose to avoid treatment. Some clients claim reflexology has helped their entire pregnancy. Fear of litigation is often the deciding factor. <i>Working with clients who are pregnant:</i> It is recommended that practitioners undertake further training and clinical supervision to optimise patient and practitioner support.
Thrombosis / DVT	3	3	When the condition is diagnosed and treatment is in place, reflexology can be performed. <i>After flying:</i> Check for signs of thrombosis, in some cases clients may prefer to defer treatment. However, exercises suggested by the airlines and medics closely resemble reflexology techniques and suggests reflexology be <i>indicated</i> rather than contraindicated.
Thyroidism, hyper and hypo		3	
Varicose veins, severe		3	Skin may be delicate and direct pressure on affected area should be avoided.
Verrucae		3	Area should be covered or avoided and client referred for treatment. Use hand reflexology if there is extensive infection. Routine hygiene procedure will prevent cross infection to other parts of the feet, the practitioner and other clients.

*Condition may exist undetected and unknown to patient.

Remember it is an offence for therapists and practitioners to advertise that they treat the following: Diabetes, Tuberculosis, Cataracts, Glaucoma, Bright's disease (nephritis), Epilepsy, Paralysis, Locomotor Ataxy (one result of Tertiary syphilis) or cancer.

One way of ensuring safe practice is to keep skills current. Ensure CPD hours are maintained or exceeded.