

SUBMISSION TO:

Municipal Licensing and Standards,
City of Toronto,
City Hall,
100 Queen Street West,
Toronto, Ontario, M5H 2N2

MLSconsultations@toronto.ca

Re:- Consultation on the Review of By-Laws for Holistic Centres, Holistic Practitioners and Professional Holistic Associations

The Reflexology Registration Council of Ontario (RRCO) is pleased to have the opportunity to contribute to this consultation. The RRCO is one of the 37 Professional Holistic Associations (PHAs) listed pursuant to Municipal Code 545 Licensing (Appendix L, #9). The RRCO is not one of the PHAs listed in Staff Report LS 24-2 (April 24, 2018) whose members are responsible for 97% of all convictions under the By-Law since 2014. In fact, to the best of our knowledge, no RRCO member has been convicted under the By-Law. [1] Were the RRCO to learn that any of its members had been convicted under the By-Law, they would be subject to revocation of their memberships pursuant to the RRCO By-Law.

The Reflexology Registration Council of Ontario/RRCO was established in March, 1998 by the six Reflexology schools in Ontario to be the self-regulatory body for Reflexologists in Ontario and as a step towards full statutory regulation of the profession. Its membership extends beyond Ontario. It now functions as a completely independent, self-regulatory body for the profession. The RRCO is incorporated under the **Ontario Corporations Act** as a non-share capital corporation and it operates on a not-for-profit basis. The RRCO holds and administers the title "RRPr" (Registered Reflexology Practitioner) as a Word Mark/Certification Mark under the **Trade-marks Act (Canada)**. The title may be used only by members of the RRCO who are in good standing.

The RRCO strives to replicate the functions of regulatory Colleges established under Ontario's **Regulated Health Professions Act, 1991**. To that end, it establishes Standards of Practice and the minimum competencies required for the practise of Reflexology in Ontario and registers Reflexology practitioners who have obtained those competencies. Members of the public wishing to locate an RRCO member may do so through the RRCO website. The RRCO also registers teachers and accredits educational organizations and methodologies that meet or exceed the standards set by the RRCO. The RRCO is preoccupied with maintaining the highest ethical standards for the profession and in its members' relationships with patients, other healthcare practitioners and the public. As part of that responsibility, the RRCO has established a code of ethics and administers a complaints and disciplinary process for its members that are readily accessible by patients, members of the public, insurance companies and other

healthcare practitioners. The RRCO also acts as a unifying voice for Reflexology in Ontario in its ultimate quest for statutory regulation.

Currently the RRCO has 456+ members and continues to grow and, as such, is the largest self-regulator of Reflexology in Canada.

The RRCO shares the concern that legitimate providers of bona fide holistic medical services are being adversely affected by illegitimate holistic operators who offer unauthorized services at a discounted price and who do not abide by regulations. For that reason, the RRCO has begun a nation-wide advocacy campaign, beginning in Ontario, urging provincial governments to statutorily protect the title "Registered Reflexology Practitioner", abbreviations thereof and equivalents in other languages for administration by the RRCO. In this way, the RRCO could guarantee to members of the public that anyone lawfully holding themselves out as a "Registered Reflexology Practitioner" has acquired the minimum competencies set by the RRCO to provide reflexology safely and effectively, is bound to abide by the RRCO's standards of practice, code of ethics, policies and guidelines promulgated by the RRCO and the RRCO would also continue to administer a complaints and disciplinary process open to members of the public, extended health benefits insurers, other healthcare practitioners, government authorities and so on. A copy of our submission to the Ontario government is attached for your reference.

RECOMMENDATIONS

1. A Single "Oversight" Association

LS 24-2 proposes that City Council request the federal and provincial governments to require the 37 approved PHA's to self-regulate and form an association to oversee all of them.

It is noteworthy that the Health Professions Regulatory Advisory Council (an independent advisory body to Ontario's Minister of Health and Long-Term Care) conducted a review of complementary and alternate medicine practitioners and concluded that they should be regulated by the Ontario government. The major driving force identified by HPRAC was changes in demographics, namely large numbers of individuals originating from countries where CAM modalities are not only readily accepted, but are the modalities of choice. HPRAC went on to say

"For many of these people, the use of safe complementary or alternate care is part of their experience, cultural heritage and way of life, and a preferable method of treatment over conventional medicine. They do, however, expect that practitioners who are providing their care are qualified and meet the standards of practice of the alternate form of medicine."

Although HPRAC made these recommendations in 2006, no action has been taken.

The RRCO is an established and effective professional, self-regulatory body. Nevertheless, as set out in our attached "White Paper", self-regulation has its limitations and falls short of statutory regulation in protecting the public interest. That is why the RRCO is advocating for statutory regulation, beginning with statutory title protection.

The recommendation that an association be established to oversee all of the PHA's is, with greatest respect, unrealistic and would not have the desired effect in protecting the public interest. The professions and modalities involved are too diverse to be effectively "overseen" by any single association. Furthermore, the governance and regulatory philosophies and approaches of the PHAs are too diverse to be "overseen" by any single association. The RRCO can speak to this with some knowledge having tried unsuccessfully for some time to bring practising reflexologists under a single, self-regulatory body.

2. Better Communications Between Municipal Licensing Authorities and Standards and PHA's

It is the RRCO's understanding that Toronto Municipal Licensing and Standards does not inform the relevant PHA when one of the PHA's members is convicted of a By-Law infraction. Unless the member informs his/her PHA (which can certainly not be guaranteed) there is no way the PHA can take appropriate regulatory sanctions against its members. Accordingly, the RRCO strongly recommends that Municipal Licensing and Standards immediately inform the relevant PHA whenever a member has been charged with a By-Law offence, the reasons for the charge and the outcome (e.g. charges dismissed, found guilty of the charges, penalties applied) so that the PHA can itself take appropriate regulatory action.

3. Clarification of By-Law:

The RRCO respectfully submits that the wording of the relevant By-Law needs to be revisited and clarified. For example, what does "membership" in a professional holistic association mean? By way of illustration, some of the listed PHAs have multiple categories of membership, such as "associate" membership, for which no particular competency or qualifications are required. Technically, such individuals are "members" of the PHA, but obviously should not be licensed as practitioners under the By-Law. The RRCO would be pleased to work with City officials on this task.

4. Effective Enforcement of the By-Law

The RRCO believes that a significant number of the 37 PHAs listed in Appendix L to the By-Law do not satisfy one or more of the eligibility criteria set out in the "Definition of Professional Holistic Association" in the **Definitions** section of Article XI. The RRCO also notes that there is no independent qualitative

assessment applied to test on-going compliance with eligibility criteria. While the RRCO fully appreciates the cost of fully-effective enforcement and the City's drive to contain public expenditures, eligibility criteria that are fulfilled strictly by paper exercises and with no qualitative assessment do not protect the public interest. The RRCO proposes that a committee or task force be created that is made up of individuals who are knowledgeable in health professions regulation to review each of the listed PHA's compliance with the eligibility criteria enumerated in the By-Law.

One would think that responsible PHAs would agree to work with this Committee on a voluntary basis and, once again, the RRCO would be pleased to work with City officials and other PHAs on this task.

Respectfully submitted:

Donna Keller RRPr
President
Reflexology Registration Council of Ontario

Footnote 1: The RRCO has asked Municipal Licensing and Standards whether to its knowledge any RRCO members had been charged with or convicted of offenses under the By-Law. No response was received by the deadline for this Submission.



WHITE PAPER

Reflexology Registration
Council of Ontario



March 14, 2019

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WHAT IS REFLEXOLOGY?

Reflexology is a major, increasingly recognized and rapidly-growing Complementary and Alternate Medicine (CAM) healthcare discipline. It is defined by the RRCO as a non-invasive, therapeutic treatment that is usually applied to the feet and hands, but is also applied to other areas of the body, using specialized finger and thumb techniques. The RRCO advises its members to limit themselves to foot reflexology, because of the current absence of scientific evidence verifying the efficacy of reflexology applied to other areas of the anatomy. When those techniques are applied appropriately by fully trained and competent individuals, Reflexology relieves stress and tension and improves blood circulation. Reflexology is based on the same science as acupuncture and, in the simplest of terms, is non-invasive acupuncture, or "acupuncture without needles". The evidence indicates that Reflexology is most effective as part of a comprehensive continuum of treatment delivered by a professional team that includes qualified Reflexologists along with members of one or more other healthcare disciplines.

Clinical studies, for example using MRI, have demonstrated and proven the reflex connections to the brain that are central to the science and practice of Reflexology (T. Nakamura et al). Functional Magnetic Resonance Imaging (fMRI) studies are providing clinical confirmation of some of Reflexology's basic tenets. In three separate studies, Hong Kong researchers used fMRI to explore what happens in the brain when pressure, or Reflexology techniques, are applied to specific reflex areas of the left foot. They found that the specific parts of the brain activated correlate with Reflexology's theory and intended use.

Reflexology cannot be used to diagnose or cure any disease, disorder or dysfunction and bona fide Reflexologists do not prescribe or administer any drugs. Reflexologists are truly drugless practitioners. The website www.Reflexologyresearch.net/Research380ReflexologyResearchAbstracts.shtml lists 380 clinical studies and case studies demonstrating the applications and effectiveness of Reflexology in (among other areas) alleviating the symptoms, or the effects, of treating cancer [1], diabetes, hypertension, lupus, multiple sclerosis, Parkinson's, gastritis, muscular dystrophy and obesity. The effects of Reflexology in relieving pain are increasingly used in conventional healthcare to reduce or even replace the utilization of opioids. The UK All-Party Parliamentary Group for Integrated Health Care recommended the use of complementary therapies, such as reflexology, along with traditional therapies as part of the treatment for cancer patients to help them cope with the symptoms of the disease and its treatment, aid relaxation and reduce tension and anxiety. According to the report, one in three cancer patients uses such therapies and most find them useful. The All-Party Parliamentary Group also remarked that complementary therapies, such as reflexology, "are provided to support patients in some of the most well-known and respected hospitals and cancer centres around the (UK). [2] Reflexology is also

recognized as an important preventive therapy and an important therapy to help seniors remain ambulatory and thus able to live independently and age at home as long as possible. At Appendix A is listed research relating to the applications and efficacy of Reflexology.

Appropriately-trained Reflexologists know that Reflexology cannot reverse chronic, degenerative diseases such as Parkinson's, MS, muscular dystrophy, cystic fibrosis and the like, although Reflexology can relieve some of their symptoms. Reflexology is also inappropriate in circumstances that require surgery and in cases such as placenta previa, antepartum hemorrhage, preeclampsia and malignant melanoma. Nonetheless, individuals holding themselves out as Reflexologists have been known to treat patients for these conditions and to claim that Reflexology can provide a cure.

Therapeutic Reflexology complements the practice of massage therapy, but is a separate and distinct discipline from massage therapy. It is NOT a sub-category of massage therapy. Therapeutic Reflexology is more closely linked, in theory and in practice, with osteopathy, acupuncture and acupressure.

Reflexology is provided primarily in the private pay stream of healthcare, with some exceptions. For example, Reflexology for mothers and babies as an adjunct to midwifery is provided in the UK's National Health Service. In Ontario, the following extended health benefits insurers provide coverage for Reflexology: Great West Life, Empire Life, Blue Cross, Sunlife and Greenshields/Sure Life. Reflexology is also covered by extended health insurance when billed by members of professions whose treatments are covered by extended health benefits, such as massage therapy, kinesiology, physiotherapy and chiropractic.

A BRIEF HISTORY OF REFLEXOLOGY

Reflexology may well be the world's oldest healthcare modality. According to the World Health Organization, it is also one of the world's fastest-growing professions in response to growing recognition and public demand. This growth (incidentally) is another reason for moving effectively and quickly to protect the public against untrained, incompetent or fraudulent providers; put in the vernacular "to get ahead of the curve".

Historians have uncovered evidence of the practice of what we now call Reflexology in China in 2500 BC, in Egypt in 2350 BC and in ancient Indian culture. The science and methodology of Reflexology appear to have been brought to Italy and thence to the rest of Europe in 1300 A.D. by Marco Polo. A book published in 1582 by Drs. Adamus and D'tatis is the first known scholarly documentation of what we now know as Reflexology. In the late 1800s, physicians in the UK such as Sir Henry Head and peers in

Germany and Russia were studying Reflexology techniques and their applications in conventional medicine.

There is documented evidence of the use of Reflexology techniques by the Incas in South and Central America. Those techniques apparently migrated into North American indigenous tribes many centuries before the arrival of Europeans. The best available evidence indicates that Reflexology was introduced to North America as a formalized healthcare modality in 1913 by William H Fitzgerald M.D., an ear, nose and throat specialist and by Edwin F Bowers. Over the following years several physicians published books and clinical papers on "Zone Therapy" and its effectiveness in relieving pain. Osteopaths and dentists became the most frequent users of Zone Therapy among established healthcare practitioners.

Because of objections from the physiotherapy profession to use of the word "Therapy", in the early 1900s the term "Reflexology" gradually replaced "Zone Therapy" in North America.

Eunice Ingham was an American nurse and physiotherapist who is generally recognized as the pioneer of modern Reflexology, at least in North America. During the 1930s and 1940s, she painstakingly developed the foot maps and Reflexology charts and the connections with all the corresponding organs and glands of the body. She lectured on the techniques and applications of Reflexology at medical schools and authored two books on Reflexology. She was also instrumental in spreading the application of Reflexology beyond the medical community.

Over the past 50 years, there has been a very substantial growth in demand for and in the number of Reflexologists. Reflexology has become one of the most popular Complementary and Alternate Medicine (CAM) therapies worldwide. In Denmark, for example, Reflexology is the most popular of the CAM professions and a survey conducted for the UK House of Lords Select Committee on Science and Technology's study of Complementary and Alternate Medicine found that the most commonly consulted CAM utilization (in order of preference) were Osteopaths, Chiropractors, Aromatherapists, Reflexologists and Acupuncturists.

THE REGULATION OF REFLEXOLOGY

The primary purpose of professional regulation in healthcare delivery is to protect the public in general and patients in particular from unqualified or inadequately-trained practitioners and to support practitioners professionally by continuously enhancing training and establishing and improving standards of practice.

In the UK, Reflexology is one of the professions with an accredited registry regulated by the Complementary and Natural Healthcare Council (CNHC) under the Professional Standards Authority that oversees all of the UK's health profession regulatory colleges and accredited registries. Only those practitioners who have completed training at CNHC-accredited programs and who are members in good standing of the CNHC may use the "quality mark" owned by the CNHC when providing or offering to provide healthcare and be listed on the public register of Reflexologists maintained by the CNHC.

In the United States, the American Reflexology Certification Board works actively on legislation to regulate Reflexologists – and to regulate them independently of other professions. The Board asserts that Reflexology has its own history, vocabulary, theories and techniques that are materially different from any other health care profession, particularly from massage therapy and cosmetology with which Reflexology is often linked by the uninitiated. One motivation behind the Board's pursuit of statutory regulation is to counter a "growing trend in the USA in the operation of Reflexology parlors or foot spas that front for operations of human trafficking and prostitution". At this time in the United States, Reflexology is statutorily regulated to some degree in North Dakota, Tennessee, New Hampshire, Washington and Nevada. Legislation is before the State of New York Assembly that, if passed, would require the licensing of Reflexologists by the Department of Education and establishes the criteria for registration.* Legislation in 32 states exempts Reflexology from legislation regulating massage therapy. Except in the states of Kansas, Minnesota, Vermont and Wyoming that have no legislation pertaining to massage, Reflexology is encompassed within legislation relating to massage therapy in the remaining states.

In South Africa, therapeutic Reflexology is regulated by the Allied Health Professions Council of South Africa (AHPCSA) pursuant to the **Allied Health Practitioners Act, 1992**. The AHPCSA regulates a number of professions, including Traditional Chinese Medicine and Acupuncture, Naturopathy, Physiotherapy and Therapeutic Massage through subsidiary, profession-specific, regulatory boards and sets minimum competency requirements to practise the professions, accredits educational programs, issues and enforces standards of practice and professional conduct, offers a public registry of authorized practitioners and conducts a public complaints and disciplinary process. Pursuant to the legislation, individuals may practise any of the regulated professions, such as therapeutic Reflexology, "for gain" only if they are registrants in good standing of the AHPCSA.

In Canada, Reflexology is not statutorily regulated as a healthcare profession at this time.

* The New York legislation (Bill 7181, Article 155-A) stipulates in its Introduction that *"The effectiveness of Reflexology is recognized by various national health institutions and the public at large as a distinct, complementary practice within the holistic health field."*

In the absence of statutory regulation of the profession in Canada, the RRCO has been the leader among stakeholders in convincing municipalities to require that anyone applying for a licence to operate a holistic therapy clinic must be a member in good standing of one of the recognized, *bona fide*, professional holistic associations, of which the RRCO is one. The objective is to protect the public from incompetent practitioners, fraudulent practices and risks of harm such as sexual abuse.

It is noteworthy in this regard that the Auditor General for the City of Toronto raised concerns about organizations and individuals offering "holistic" healthcare services (of which Reflexology was included) being implicated in human trafficking and other unlawful activities. The Auditor General also noted the difficulty in regulating such centres and noted that the legitimate industry has been adversely affected by the illegitimate operators. [\[3\]](#) The Staff Report also recommended that Toronto communicate with the federal and provincial governments to advocate for the regulation of holistic practitioners. At the time of writing this White Paper, the City of Toronto has prohibited the issuance of new licences to members of five holistic associations that are responsible for 97% of bylaw infringements and is engaged in a public consultation to improve the wording and enforcement of the applicable bylaw. The RRCO is an active participant in those consultations.

Because of the growing risk of harm to patients due to the incompetent or fraudulent practice of Reflexology, the RRCO has taken on the mandate to advocate for the statutory regulation of Reflexologists across Canada, beginning in Ontario.

THE PUBLIC INTEREST CASE FOR TITLE PROTECTION

The RRCO strongly believes that regulation of Reflexology under the ***Regulated Health Professions Act, 1991*** is essential to serve and protect members of the public who seek out and obtain Reflexology. Nonetheless, as has occurred with other professions, the RRCO sees RHPA-regulation as the ultimate goal in an incremental process that includes a number of intervening steps.* The first steps towards that ultimate goal is statutory title protection, whereby a statute of Ontario would reserve the title "Registered Reflexologist Practitioner", abbreviations thereof and equivalents in other languages, to members in good standing with the RRCO. Non-members could still offer, and continue to practise, Reflexology, but only members of the RRCO could lawfully use the title "Registered Reflexologist Practitioner/RRPR". It is also anticipated that a "grandparenting period" of several years would be provided to those who have held themselves out as reflexologists, but do not have the training and qualifications required by the RRCO.

* The RRCO is also aware that the Ministry of Health Long-Term Care has embarked on a project to substantially revise the RHPA and the health professions regulatory structure in Ontario.

The RRCO would maintain an up-to-date, public registry of members in good standing authorized to use the title, would continue to accredit qualified educational programs, develop, update and enforce standards of practice and codes of ethics and administer a readily-accessible public complaints and disciplinary program.

WEAKNESSES INHERENT IN SELF-REGULATION

The fundamental problem with professional self-regulation is that membership in the self-regulatory body is voluntarily. This means that practitioners need not be members of the regulatory body and, ironically, experience indicates that while the most qualified, ethical and professional practitioners tend to join the regulatory body, those who do not have those qualities tend not to join, or are ineligible to join. It is noteworthy that the vast majority of complaints received by RRCO and analogous self-regulatory bodies are against non-member practitioners over whom they have no regulatory jurisdiction or disciplinary authority whatsoever. Another inherent weakness in professional self-regulation is that in a voluntary membership situation a member who is confronted with disciplinary action by the self-regulatory body need only resign from that body to avoid discipline and may continue to practise as before and hold himself/herself out as a Reflexologist, albeit not a “registered” or “licensed” Reflexologist.

Not only do self-regulatory bodies such as the RRCO have no jurisdiction over non-members, who are operating free of any code of ethics, standards of practice, policies or guidelines of any kind, the whereabouts of those practitioners cannot be monitored and tracked, even for purposes of communicating changes in legislation or public health information (e.g. SARS, avian flu, etc.).

Professional self-regulatory bodies also do not have the extent of influence over educational bodies that is necessary to protect the public against inadequately trained practitioners. A number of organizations, including for-profit “diploma mills”, hold themselves out as providing a diploma or some form of certification in Reflexology that enables graduates to hold themselves out and to practise freely as Reflexologists. In some cases, the curriculum encompasses as little as 30 hours of clinical and didactic training.

The current situation also creates risk (and liability) for other healthcare practitioners who may unwittingly refer patients to someone falsely holding themselves out as a fully-qualified Reflexologist.

THE DEMOGRAPHIC CASE

In its report on the regulation of complementary and alternate medicine practitioners and professions in Ontario in 2006, Ontario's Health Professions Regulatory Advisory Council (HPRAC) concluded that demographic change in Ontario had become a major source of demand for CAM and, thereby, a major motivation for the regulation of CAM professions.

HPRAC noted that a substantial number of new arrivals to Ontario are people from countries where CAM is an accepted part of the healthcare system and, therefore, CAM modalities are the modalities of choice. HPRAC concluded:

"For many of these people, the use of safe complementary or alternate care is part of their experience, cultural heritage and way of life, and a preferable method of treatment over conventional medicine. They do, however, expect that practitioners who are providing their care are qualified and meet the standards of practice of the alternate form of medicine."

THE RISK OF HARM CASE

When provided by fully qualified and ethical practitioners, Reflexology is a completely safe, non-invasive therapeutic modality. Nevertheless, the RRCO and other leaders within the profession are concerned about the risk of harm to the public in general and patients in particular caused by inadequately trained or unethical practitioners who intentionally or unknowingly mislead by falsely holding themselves out as Reflexologists. Those risks of harm include:

- Misleading patients that Reflexology can diagnose a disease, disorder or dysfunction and who communicate a diagnoses (which is a controlled act under the **Regulated Health Professions Act**) to unwitting patients who may, as a consequence, forgo or ignore proper diagnoses and treatment.
- Misleading patients that Reflexology can itself cure diseases, disorders or dysfunctions, prompting unwitting patients to forgo effective and necessary treatments.
- Provision of finger and thumb pressures with inadequate (or no) training in either the techniques or the science of Reflexology, thereby conveying no therapeutic benefit to patients and perhaps causing pain and harm.
- Overcharging patients for services rendered.

- Not referring patients to other healthcare practitioners when the patient's condition requires a referral, or not communicating with other practitioners in the patient's circle of care.
- Sexual misconduct and sexual abuse.
- Self-referrals and conflicts of interest.

It is noteworthy that the sister modality to Reflexology, namely acupuncture, is a controlled act under the **Regulated Health Professions Act, 1991** because of its inherent risk of physical harm to patients if performed by unqualified practitioners. The performance of acupuncture is limited to a subset of members of six regulated professions who have been deemed by the Ontario Government and their respective Colleges as having the qualifications necessary to carry out acupuncture safely and effectively. Massage therapy, that is distinct from Reflexology but entails the same risk of harm, is also regulated under Ontario's RHPA.

The RRCO aims to mitigate these risks of harm by ensuring that only qualified practitioners who are registered with the RRCO may hold themselves out as "Registered Reflexology Practitioners", by imposing effective standards of practice on practitioners, by offering a public registry of Reflexologists containing the same information about registrants that RHPA Colleges are required to publish, by having an open, effective and transparent complaints and disciplinary process that is readily available to the public at no cost and by establishing rules and guidelines with respect to advertising, billings and "holding out" and by administering a Quality Assurance process. These initiatives require that the title "Registered Reflexologist", abbreviations and derivations thereof and equivalents in other languages be statutorily protected for members in good standing of the RRCO.

THE RRCO

The Reflexology Registration Council of Ontario/RRCO was established in March, 1998 by the six Reflexology schools in Ontario to be the self-regulatory body for Reflexologists in Ontario and as a step towards full statutory regulation of the profession. Its membership now extends beyond Ontario. It now functions as a completely independent, self-regulatory body for the profession. The RRCO is one of the "Professional Holistic Associations" recognized in bylaws by the City of Toronto and a number of other municipalities for the purpose of licensing holistic centres and practitioners and continues to work with the City of Toronto and other municipalities to ensure the lawful operation of such centres and their effective licensing to protect the public from harm.

The RRCO is incorporated under the **Ontario Corporations Act** as a non-share capital corporation and it operates on a not-for-profit basis. The RRCO holds and administers the title "RRPr" (Registered Reflexology Practitioner) as a Word Mark/Certification Mark under the **Trade-marks Act (Canada)**. The

title may be used only by members of the RRCO who are in good standing. While the RRCO holds trademark protection for RRPr, enforcement is imperfect at best. Enforcement requires the RRCO to take legal action against non-members using the title, which action is very expensive and considerable time elapses before resolution. Enforcement is also dependent on the RRCO becoming aware of misuse.

The RRCO strives to replicate the functions of regulatory Colleges established under Ontario's **Regulated Health Professions Act, 1991**. To that end, it establishes Standards of Practice and the minimum competencies required for the practise of Reflexology in Ontario and registers Reflexology practitioners who have obtained those competencies. Members of the public wishing to locate an RRCO member may do so through the RRCO website. The RRCO also registers teachers and accredits educational organizations and methodologies that meet or exceed the standards set by the RRCO. The RRCO is preoccupied with maintaining the highest ethical standards for the profession and in its members' relationships with patients, other healthcare practitioners and the public. As part of that responsibility, the RRCO administers a complaints and disciplinary process for its members that are readily accessible by patients, members of the public, insurance companies and other healthcare practitioners. The RRCO also acts as a unifying voice for Reflexology in Ontario in its ultimate quest for statutory regulation.

Currently the RRCO has 456+ members and continues to grow. By way of comparison, the Reflexology Association of Canada has approximately 424 members across Canada. In Ontario our best estimate is that several thousand individuals hold themselves out as "Reflexologists", or hold themselves out as providing Reflexology.

FOOTNOTES

1. <https://cancer.osu.edu/news-and-media/news/aromatherapy-and-Reflexology-ease-side-effects-for-cancer-patients>
2. All-Party Parliamentary Group for Integrated Healthcare, **Integrated Healthcare: Putting the Pieces Together**, London, England, December, 2018, pages 22-24.
3. "Work Plan for Review of Chapter 545, Licensing, Body Rub Parlors and Holistic Centres," City of Toronto Staff Report LS 24.2, March 28, 2018, page 5.

APPENDIX

Appendix A: List of research Projects by Barbara Kunz.

A

Absenteeism/Employee morale/Specific health benefits/General health benefits and Reflexology research

Absenteeism/Employee morale/Specific health benefits/General health benefits

Acne

Aging: Lower extremity functional fitness with aotake and Reflexology research AIDS: Pain and fatigue and Reflexology research

Amenorrhea and Reflexology research Anemia and Reflexology research Angina and Reflexology research

Anxiety, cortisol and melatonin: Reflexology research Arthritis and Reflexology research

Asthma and Reflexology research

B

Biofeedback mechanism and Reflexology research

Blood pressure, control over fall, pain (Senior citizens): Reflexology research

Bronchitis and Reflexology research

C

Cancer Care: pain and anxiety (Partner-delivered Reflexology), Reflexology research Chemotherapy: nausea, vomiting and fatigue: Reflexology research

Post-operative Cancer Care: pain and anxiety: Reflexology research

Cancer Care, Hospice: Evaluation of a hospice based Reflexology service: Reflexology research

Cardiovascular system and Reflexology research

Cerebral palsy and Reflexology research

Cerebral palsy and Reflexology research Cerebral palsy and Reflexology research Cervical spondylosis and Reflexology research Chest pain and Reflexology research

Children (Mainstreaming); Aggressive, anti-social behavior: Reflexology research Chronic fatigue syndrome and Reflexology research

Chronic Obstructive Pulmonary Disease (COPD) and Reflexology research

Circulation and Reflexology research Cold intolerance and Reflexology research Colic and Reflexology research

Chronic colitis and Reflexology research

Constipation (Senior citizens) and Reflexology research

Constipation (Women) and Reflexology research

Constipation (Chronic) and Reflexology research Constipation (College students) and Reflexology research

Constipation, anxiety and depression (Students) and Reflexology research

Constipation in children and Reflexology research Coronary heart disease and Reflexology research

D

Deafness (Drug toxic effect) and Reflexology research Dementia and Reflexology research

Depression in the Elderly and Reflexology research Depression and Reflexology research

Diabetes: Stress response and glucose level and Reflexology research

Diabetes and Reflexology research

Diabetes: Peripheral blood circulation, peripheral neuropathy (Self foot Reflexology): Reflexology research

Diabetes: Vital signs, general fatigue, foot fatigue, mood, and blood glucose levels: Reflexology research

Diabetic neuropathy and Reflexology research

Diabetes (Arterial flow in lower limbs) and Reflexology research

Diabetes: Glucose level and Reflexology research Diabetes: Peripheral neuropathy and Reflexology research

Diabetes: Peripheral neuropathy and Reflexology research Diagnosis and Reflexology research

Dysmenorrhea, Pain and Reflexology research Dysmenorrhea and Reflexology research Dysmenorrhea and Reflexology research

Dysmenorrhea and Reflexology research Dyspepsia and Reflexology research

E

Ear disorders in children and Reflexology research

Eczema and Reflexology research

Elderly: depression, sleep, and low back pain: Reflexology research

Elderly: Self-esteem and vitality: Reflexology research

Emotional support and Reflexology research

Encopresis (fecal incontinence) and chronic constipation in children: Reflexology research

Enuresis and Reflexology research

Epilepsy and Reflexology research Epilepsy and Reflexology research

F

Fatigue, Athletes and Reflexology research

Fatigue, Sleep, Pain Studies: Meta-analysis: Reflexology research Fatigue and sleep states in women nurses and Reflexology research

Fibromyalgia

fMRI and Reflexology research fMRI and Reflexology research fMRI and Reflexology research fMRI and Reflexology research

Free radicals and Reflexology research

G

Gout and Reflexology research

H

Heart rate variability and Reflexology research Hemodialysis and Reflexology research

Hemodialysis and Cancer: Physiological, emotional responses and immunity responses of the patients with chronic illness: Reflexology research Hemodialysis and Cramping: Reflexology research

Haemodialysis: fatigue, pain and cramps in patients: Reflexology research

Heart and Reflexology research

Hepatitis B and Reflexology research

Hospitalized child (helping family members of) and Reflexology research

Hospice and Reflexology research

Hypertension and Reflexology research

Hypertension (Self foot Reflexology) and Reflexology research Hypertension in the elderly and Reflexology research

I

Immune System and Reflexology research

Immune System (Middle-aged women) and Reflexology research Impotence and Reflexology research

Incontinence in middle-aged women and Reflexology research Incontinence and Reflexology research

Incontinence and Reflexology research

Infertility and Reflexology research

Insomnia and Reflexology research

Intestinal function and Reflexology research Irritable bowel syndrome and Reflexology research Irritable bowel syndrome and Reflexology research

K

Kidney function and Reflexology research

Kidney and Ureter Stones (Recovery from lithotripsy) and Reflexology research Kidney stones and Reflexology research

Knee problems and Reflexology research L and Reflexology research

Leukopenia and Reflexology research Low back pain and Reflexology research

M

Menopausal women and Reflexology research

Menopause and Reflexology research Menopause and Reflexology research Mental health and Reflexology research

Mental retardation and Reflexology research

Middle-aged women: Depression, stress responses and functions of the immune system: Reflexology research

Middle-aged women: Stress, fatigue and blood circulation: Reflexology research Migraine headache and Reflexology research

Migraine Headache and Reflexology research

Mood and Reflexology research

Multiple sclerosis (fatigue) and Reflexology research Multiple sclerosis and Reflexology research Multiple sclerosis and Reflexology research Multiple sclerosis and Reflexology research

N

Neurodermatitis and Reflexology research Nervous exhaustion and Reflexology research

O

Open heart surgery (mechanical ventilation weaning time) and Reflexology research

Osteoarthritis: Pain and depression: Reflexology research

P

Pain and Reflexology research

Pain threshold tolerance and Reflexology research Pain, Infants and Reflexology research

Pain of kidney and ureter stones: Reflexology research

Paralysis: Spinal cord injury and Reflexology research

Peptic ulcers and Reflexology research Peptic ulcers and Reflexology research

Phantom limb pain and Reflexology research

Pneumoconiosis patients: Fatigue and insomnia (in Coal Workers): Reflexology research

Pneumoconiosis Patients: Depression and Anxiety (in Coal Workers): Reflexology research

Pneumonia (Infantile) and Reflexology research
Pregnancy (Pain during labor) and Reflexology research
Pregnancy Fatigue, stress and depression of postpartum women: Reflexology research Premenstrual syndrome and dysmenorrhea: Reflexology research
Polycystic Ovaries / Polycystic Ovaries Syndrome and Reflexology research
Post surgical recovery and Reflexology research
Post surgical uroschesis (retention of urine) and Reflexology research Post surgical pain and Reflexology research
Pain (Surgical ward) and Reflexology research
Post surgical pain: Frequency of pain medication taking and Reflexology research Post surgical pain: Open heart surgery and Reflexology research
Post surgical recovery: Abdominal operation and Reflexology research
Post surgical recovery, Gynecological surgery and Reflexology research
Post Traumatic Stress Syndrome and Reflexology research Post-traumatic Stress Syndrome and Reflexology research
Pregnancy (Pain during labor) and Reflexology research
Pregnancy (Edema) and Reflexology research
Pregnancy (Pain, duration of labor) and Reflexology research
Pregnancy (Pain, anxiety and duration of labor) and Reflexology research
Pregnancy (Fatigue, stress and depression of postpartum women) and Reflexology research Postpartum women: Body weight, lower extremity edema, and serum lipids: Reflexology research
Post partum women: Sleep quality and Reflexology research
Postpartum women: Anxiety and depression and Reflexology research
Premature infants and Reflexology research
Premenstrual syndrome and Reflexology research
Premenstrual syndrome and dysmenorrhea: Reflexology research
Pre-menstrual syndrome and Reflexology research
Prostate (Hyperplasia) and Reflexology research
Prostate (Hypertrophy) and Reflexology research
Psoriasis and Reflexology research
Pulse rate, respiration and oxygen saturation of blood: Strength of stimulus and Reflexology research

R

Rhinitis and Reflexology research

S

Sexual dysfunction (Male) and Reflexology research

Sinusitis and Reflexology research

Sleep disturbance, Depression, Physiological index and Reflexology research Sleep: Elderly women:

Reflexology research

Sleep: Elderly women: Reflexology research

Stress, fatigue and blood circulation: Reflexology research Stress, fatigue, Immune system and

Reflexology research Stroke (ADL, Fatigue) and Reflexology research

Stroke and Reflexology research

Stroke: Motor function and ADL and Reflexology research Stroke and Reflexology research

T

Toothache and Reflexology research

U

Urinary tract infection and Reflexology research Uterine fibroids and Reflexology research

V

Vagal modulation and Reflexology research

W

Wellness and Reflexology research