Synopsis of . . . National Institutes of Health (NIH) Grant for Reflexology and Health Related Quality of life (HRQOL)
By Sarah Preusker

National Institutes of Health Study #3 is underway. Read below for an overview of all three clinical studies for reflexology and Health Related Quality of Life (HRQOL). NIH is the premier funder of scientific research in the United States. It is a big step for our profession to be included in this type of research.

NIH Study #1
The results of this study can be found at http://www.ncbi.nlm.gov/pmc/articles/PMC3576031/
The goal of this study was to test a complementary therapy intervention to assist in improving quality of life for women undergoing chemotherapy for late stage (III & IV) breast cancer within the context of conventional medical care. This was a single blind, longitudinal randomized clinical trial (RCT). Group A received reflexology and chemotherapy while group B received placebo (manual foot manipulation/foot massage) and chemotherapy. Group C received chemotherapy only.

The study, as well as preliminary studies, started in Michigan with Gwen Wyatt, College of Nursing, Michigan State University, as Principal Investigator and Barbara Brower, involved in setting the protocol, as Lead Reflexologist. Later, the study expanded to Chicago where I became Lead Reflexologist. There were nine hospitals involved. The protocol focused on organs that deal with elimination and was performed by certified reflexologists. The same protocol of 30 minutes total (15 minutes left foot, 15 minutes right foot) was given to each patient.

This study was completed in December 2010. The results revealed significant improvement in dyspnea (shortness of breath) with the reflexology group, compared to foot massage. In terms of safety, no adverse events were reported. Results show reflexology technique is safe and specialized; it is *not* foot massage.

NIH Study #2
The goal of this study was to test foot reflexology delivered by a friend or family member in the home for women with breast cancer. This was a longitudinal randomized clinical trial (RCT) with two groups. Group A received reflexology and conventional medical care while group B received conventional medical care only.

A certified reflexologist trained the recruited friend or family member in the basic reflexology protocol from the previous study. To make it easier to learn, they were given a laminated reference sheet with the specific reflexology points. The patient and caregiver agreed to do one session per week for four weeks, though they had the option to do as many per week as they wished. As with the first study, weekly assessments/questionnaires as well as longer interviews took place throughout. This study was completed in April 2016. The analysis will be completed April 2017 and the research results will be forthcoming.

I enjoyed working with the recruited caregivers and observing their delight in learning a technique that may help their loved one feel better. Also, I was pleased to find so many with a natural ability to hold and press the feet as they learned the reflexology protocol. Stay tuned for results of Study #2.

NIH Study #3
The goal of this study is to assess reflexology and meditative practices conducted by or with a friend or family member and to tailor symptom management to the individual cancer patients (male & female). After the initial four-week evaluation, patients are rated as symptom responders or non-responders. Non-responders are re-randomized to an additional four weeks of therapy. Some will get an additional 4 weeks of the same therapy to test if a higher dose of therapy will decrease symptoms, and others are switched to the second therapy to test if the combination of therapies will decrease symptoms. The two therapy groups are compared to the no-therapy group. In addition, the study explores patient and caregiver characteristics related to the different therapies and symptom outcomes.

This study is similar to the second study in that a certified reflexologist trains a recruited caregiver in the basic protocol. The difference is that this study involves both men and women with cancer. It is a Sequential Multiple Assignment Randomized Trial (SMART) design. Some patients receive reflexology from their caregiver for eight weeks, and some receive reflexology from their caregiver for four weeks (and meditative practices for four weeks). Some patients receive conventional medical care only. Weekly assessments/questionnaires and longer interviews take place throughout. Hospitals in Michigan, Chicago and Arizona are working with this study. It will be 2020 before it is complete.

Reflexologists outside of the study often ask to be taught the protocol to use on their clients. The protocol focuses only on organs involved in elimination and is set to be exact for patients in this particular study. Instead of doing the protocol on my clients with cancer outside of the study, I find it is best to listen to my clients and tailor their sessions to what they tell me that day. In order to study the effects of reflexology on quality of life/ cancer/symptoms, we must all perform the exact same protocol on each patient. The patients have to qualify to be in the study and the protocol is specifically designed for patients and caregivers with certain qualifications.

Please email me if you have any questions.
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