Pedicure

Course Manual

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Guild Training International provides world class training courses in beauty, nails and holistic therapy.

Pedicure

Introduction
Anatomy & Physiology
Contra-Actions & Contra-Indications
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Introduction

Pedicures are a fantastic way to get new clients into the salon. A Pedicure is often purchased as a special treat, or is booked to make tired toes look respectable. Once a client has been made to look and feel better, they are much more inclined to repeat the process, and you will hopefully have gained a customer for life.

The actual treatment process is similar to a manicure, and can be sold on a number of levels. You can offer anything from a basic pedicure, to a luxury or spa pedicure, or even combine it with another treatment.

You should always ensure that the service you offer is cost effective. Make sure that you consider all your overheads, the cost of your time, your local area and your particular clientele when setting a price for a treatment. The price you charge for your treatment should cover all overheads and include a reasonable profit margin, whilst also being affordable for your client.

A treatment such as a pedicure can be tailored to meet the needs of any client. It is something which can be offered to male clients, the elderly, or just the girls that want to look good. Consider adding other features to your pedicures, such as the inclusion of heated booties, nail art or the application of gel nails for that extra special look.

A pedicure has two main functions: to act as a pampering treatment and to treat the foot to keep the skin and nails healthy.

Pedicures will not only relax and soothe tired feet; they will also help to improve their appearance. The pedicure will reduce the amount of hard skin that can be found on the foot, and will also improve the look and condition of the toenails.

The treatment can help to improve the circulation in the feet, and sufferers of joint problems will also feel some benefits.

Reception is the first impression of your business that a client will get. This could be either face to face or over the phone and so should be handled in a friendly but professional manner.

Your receptionist represents your business, so it is important that they are always professional, polite and well presented.

A receptionist's role will include the following duties:

1. Taking bookings
2. Answering enquiries
3. Greeting clients
4. Taking payments

The receptionist should be trustworthy and able to talk to clients with confidence and must also be able to listen.

You should always ensure that anyone working on reception or taking your bookings knows as much as possible about the treatments you offer.

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It may be worthwhile letting them experience the treatment for themselves. This way, when talking to clients, they will be able to let them know what to expect and answer any questions.

Typical enquiries may include whether the client has to do anything prior to attending the appointment, for example do they have to remove nail polish, or they may wish to know the length of the treatment or if there are any additional costs.

They may also ask about the benefits of treatments, aftercare and whether there are any restrictions for treatment.

The receptionist should also be aware of any clients with special needs or disabilities, as they may require help getting to the treatment room or hearing instructions.

The receptionist may need to check the age of young clients as written consent from a parent or guardian may be required prior to the treatment going ahead.

Your receptionist may have to deal with sensitive or confidential information about clients. You should therefore ensure that they deal with this professionally and do not reveal any information to other parties. They may also need further training to help them to deal with customer complaints.

Consultation

Before carrying out any treatment, you should always carry out a thorough consultation.

The most important aspect of this is to ensure that it is safe for you to carry out the treatment. You should gather personal and medical information about your client, including whether they have any allergies or are taking medication. This should help you establish whether there are any contra-indications to treatment.

Remember that you are not qualified to diagnose a medical condition and therefore, if you have any doubt about whether to offer your client a pedicure treatment, you must refer them to their GP to obtain written consent for treatment.

During the consultation procedure you will be able to explain the treatment thoroughly to the client so that they know what to expect. This will also help reinforce the benefits of a pedicure and give the client an opportunity to ask any questions that they may have.

You should always try to establish what the client's expectations are from the treatment. Do they have a problem they are looking to address, or are they simply looking for some pampering?

The client may be having a pedicure for a special occasion, such as a wedding, or as part of an ongoing maintenance regime. This information will help you to tailor the treatment accordingly.

The information provided by the client during the consultation should be documented on a record card that the client will need to sign.

This card will be used every time the client visits the salon for treatment and will need to be referred to and updated if any of their circumstances have changed.

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Remember that this information should be kept confidential at all times to comply with Data Protection Act.

As well as taking care of the client, you should also make sure that you think about yourself. You should be aware that as a therapist you may suffer from contact dermatitis or allergies. If this is the case, follow the procedure as you would with a client, and seek medical advice.

Treating Minors

In England, Wales and Northern Ireland, a minor is anyone under the age of 18. Sometimes you will get requests for appointments from clients who are younger. If the client is under 18, you should always obtain written permission from their parent or guardian for the treatment to go ahead and they should accompany the minor to the salon for the appointment. It is also recommended that you check your insurance policy wording to see if there are any age restrictions detailed in it.

Salons should insist that appointments for under-16s are booked out of school hours

Always check with your insurance providers that your insurance covers you to carry out nail treatments on minors.

The Guild of Professional Beauty Therapists insurance cover for full members permits qualified nail technicians/manicurists to offer nail pamper parties (filing and polishing). The minimum age a child should be for this type of treatment is 5 years old. However, technicians must obtain written consent from the parent/guardian prior to treating.

We recommend that a consultation card is sent to the parent/guardian to complete and return prior to the party on behalf of their child. This can be given out with the party invitations.

The consultation card should be returned to the therapist personally via post or handed in at the party by the parent/guardian. A child cannot be treated at the party if the record card has not been signed and returned. We recommend that you ask the parent who organised the party to remain with you in the building where the party is being held for the duration of the party.

We have created a sample Parental/Guardian Treatment Consent Letter for you to use. This will be available to you once you have successfully completed the module. This can be found in the download section of the GTI website.

It is important to ensure that the working area is properly ventilated to minimise the escape and spread of substances that are hazardous to health. Fresh air must be allowed to circulate, using as much natural ventilation as possible, such as open windows and doors.

You may also require some form of artificial ventilation, depending on the size of the treatment area and the number of nail technicians working in the same area. When this is used, you should ensure that filters are changed in line with the manufacturer's instructions.

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Vapours from nail chemicals are heavier than air, and so any artificial ventilation should be placed low down. You can limit the vapours in the air by keeping chemicals in containers and always remember to keep lids on when they are not in use.

Use lined metal rubbish bins with lids to keep vapours contained. Always clean up any spillages as soon as possible, and only keep small containers of products at the workstation.

Filing can lead to a certain amount of dust which may irritate the eyes, nose and throat. Make sure that you wipe down all surfaces with a damp cloth and change paper towels regularly during the treatment.

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Anatomy & Physiology - The Skin

The skin is one of the largest organs in the body and consists of tissues which are joined together to perform specific functions. It is an epithelial tissue that can be used by therapists and nail technicians to assess their client's condition, as it can show signs of stress, dehydration or poor health.

The skin has a number of appendages including hair and nails, which together are known as the integumentary system. The nail is a modification of the stratum corneum (horny) and stratum lucidum (clear) layers of the epidermis.

Nails are non-living tissue which protect the fingers and are used as tools for the manipulation of objects. Hair grows from a sac-like depression in the epidermis called a hair follicle. The primary function of hair is also protection.

The skin offers protection, temperature regulation and waste removal as well as providing a sense of touch. The sensitivity of the skin comes from the many sensory nerve endings found just under the skin which detect heat, cold, pain and pressure.

Heat regulation is achieved through sweating and vasodilation which allows heat to be lost through radiation and vasoconstriction. The skin also retains heat through the contraction of the erector pili muscle, causing the appearance of goose bumps. The body is protected as the skin is a waterproof layer which can also defend against physical damage, bacteria, dehydration and UV radiation.

The skin begins the ageing process as soon as the body stops growing. This is usually around the age of 17 in women and 19 in men.

There are two main layers of the skin; the epidermis and the dermis. The epidermis is the outer, thinner layer, whilst the dermis is the inner, thicker layer. Beneath this, the subcutaneous layer attaches to underlying organs and tissues.

The epidermis is made up of layers of epithelial tissue and has no blood vessels. The dermis consists of areolar connective tissue supported by collagen and elastin. The dermis contains blood vessels, nerve endings, sweat glands, hair, hair follicles and sebaceous glands.

The epidermis offers a waterproof, protective covering, consisting of five layers. The three outer layers, stratum corneum (horny), stratum lucidum (clear) and stratum granulosum (granular), consist of dead cells as a result of keratinisation.

The cells in these layers are dead and scaly and are constantly being rubbed away by friction. The inner two layers, stratum spinosum (prickle-cell) and stratum germinativum (basal cell), are composed of living cells.

The stratum corneum is the top layer which forms a barrier. It is made up of dead, flat, keratinised cells, which are hardened cells that have lost their nucleus. These cells continually shed from the surface in a process called desquamation.

The clear cell layer, or stratum lucidum, consists of dead cells which have no nucleus. These cells are transparent to allow light to penetrate to deeper layers. This

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can only be found in areas of friction, such as the soles of the feet and palms of the hands.

The stratum granulosum contains a mixture of living and dead cells as the cells are beginning to die. The cells become flatter and contain granules of keratin, starting the process of keratinisation.

Living cells are contained in the stratum spinosum. These cells have moved up from the stratum basale and interlock with fine threads. It is this area of the skin where melanin is found.

The deepest layer of the epidermis is the stratum basale, in which living cells are continually dividing in a process called mitosis.

All nutrients pass to the cells in the epidermis from blood vessels in the dermis. The main functions of the dermis are to provide support, strength and elasticity.

It is made up of dense connective tissue that is tough, extensible and elastic. It has a higher water content and therefore helps to provide nourishment to the skin.

The dermis has a superficial papillary layer and a deep reticular layer. It also has an abundant supply of blood vessels.

Arteries carry oxygenated blood to the skin via arterioles and these enter the dermis from below and branch into a network of capillaries. These networks form to provide the basal cell layer or the epidermis with food and oxygen.

The capillary networks drain into small veins which carry the deoxygenated blood away from the skin and remove waste products.

The lymphatic vessels form a network in the dermis, allowing the removal of waste from the skin’s tissues. Lymph vessels are found around the dermal papillae, glands and hair follicles. Nerves are also widely distributed throughout the dermis. These sensory nerves send messages to the brain and are sensitive to heat, cold, pain, pressure and touch.

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Anatomy & Physiology - The Nail

The nail is composed of horny, flattened cells which undergo a process of keratinisation, giving it a hard appearance.

The visible part of the nail is dead and has no direct supply of blood, lymph and nerves. All nutrients are supplied to the nail through the dermis.

The nail is made up of eight main regions. The cuticle is a fold of overlapping skin surrounding the base of the nail. The eponychium is the dead cuticle that adheres to the base of the nail, the peronychium is the cuticle that outlines the nail plate and hyponychium is the cuticle skin found under the free edge of the nail. The cuticle protects the matrix and provides a protective seal against bacteria.

The nail matrix is immediately below the cuticle and is the area where the living cells are produced. The matrix receives a rich supply of blood which supplies oxygen to the nail and is vital to the production of cells.

The nail bed is a continuation of the matrix and is found below the nail plate. It is the part of the skin upon which the nail plate rests. The nail bed is richly supplied with blood vessels, lymph vessels and nerves. The nail bed helps to provide nourishment and protection for the nail.

The lunula is the light coloured crescent that lies between the matrix and the nail plate. It is an area of the nail where the cells start to harden and so is a bridge between the living cells of the matrix and the dead cells of the nail plate.

The nail plate is the main visible section of the nail which rests on the nail bed and ends at the free edge. It is made up of layers of translucent, dead, keratinised cells to make the nail hard. The cells are closely packed together with fat. The nail plate offers protection for the nail bed.

The nail walls are the folds of skin overlapping the sides of the nails. They surround three sides of the nail and protect the edges of the nail plate.

The nail grooves are deep ridges under the sides of the nail. As the nail grows along with the nail bed, it passes along the nail grooves which guide it and help it to grow straight.

The free edge is the section of the nail plate that extends beyond the nail bed. It is usually the hardest part and is the part of the nail that is filed.

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Anatomy & Physiology - Bones Of The Foot

The leg is made up of the femur, patella, tibia, fibula, seven tarsals, five metatarsals and 14 phalanges.

The longest bone in the body is the femur, which is the thigh bone, and the distal ends of the femur articulate with the patella. The patella makes up the kneecap, and is located anterior to the knee joint. The fibula and tibia make up the lower section of the leg. The fibula can be found on the lateral side of the tibia and the end forms the part of the ankle on the lateral side.

The tarsals consist of the talus, calcaneum, cuboid, cuneiform, navicular, metatarsals and phalanges. It is the metatarsals and phalanges which go on to form the toes.

The bones of the feet form arches which are designed to support the body's weight and provide leverage. The arches are maintained by the ligaments and muscles.

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Anatomy & Physiology - Position And Actions Of The Lower Leg And Foot Muscles

Muscle Name	Location	Action
Tibialis anterior	Anterior aspect of the lower leg.	Dorsi flexes and inverts the foot.
Peroneus longus	Lateral aspect of the lower leg.	Plantar flexes the feet.
Extensor digitorum longus	Lateral side of the front of the lower leg.	Extends the second to fifth toes and dorsi flexes and eversion of the foot.
Extensor digitorum tendons	Tops of the toes.	Straightens the toes.
Gastrocenemius	A calf muscle which inserts through the Achilles tendon into the heel.	Plantar flexes the foot.
Soleus	Below the gastrocenemius and inserts through the Achilles tendon into the heel.	Plantar flexes the foot.
Achilles tendon	Attached to the soleus and gastrocenemius down to the heel.	Raises the foot.
Flexor digitorum tendons	Underneath the toes.	Bends the toes.
Flexor hallucis longus	From the distal two thirds of the posterior fibula to the plantar surface of the big toe.	Flexion of the big toe, plantar flexion and inversion of the foot.

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Contra Actions and Contra Indications

A contra-indication is a factor which will prevent you from carrying out your treatment, whilst contra-actions are things which may occur as a result of the treatment, either during or after it.

The following disorders and diseases do not prevent treatment, but your treatment may have to be adapted to suit the condition. In extreme cases or if you are uncertain, you should refer your client to their GP before treatment.

- Ingrowing Toenails
This occurs when the nail penetrates the nail wall, and is usually caused by ill-fitting shoes or the nail being cut down the sides instead of straight across. The problem can cause redness, inflammation and in severe cases the formation of pus in the area. It is most commonly seen on the big toe. If there is no sign of infection the area can be avoided so not to cause discomfort to the client. The client will need to be advised that you are not qualified to offer corrective treatment for ingrowing toe nails and that they should visit a qualified chiropodist. If there is any sign of infection the client should be referred to a doctor and treatment must not go ahead until any infection has cleared up.

- Corns
These are often caused by tight shoes and consist of a central core which is surrounded by thick layers of skin. They often appear over the joints, are white in appearance and can sometimes be painful.
The client should be referred to a chiropodist for treatment. It may be possible to work around the area to avoid causing the client discomfort.

- Calluses
These are thick, hardened patches of skin usually around the heel or the ball of the toe. They can be gently removed using a rasp or pumice, and need regular maintenance. If the calluses are painful, the client should be referred to a chiropodist for specialist treatment.

- Thickening Nails
Toe nails can sometimes become thick and discoloured. This is often brought about by the constant irritation of ill-fitting shoes. If the toe nails are too thick to be cut during the pedicure treatment, the client should be referred to a chiropodist.

- Bruised Nail
This is normally identified by a blue-black mark on the nail bed which has been caused by injury. The bruise will change colour and disappear as the injury heals, but should be excluded from treatment if it is painful.

- Hangnail
Hangnail is identified by the cracking of the epidermis around the nail plate, usually caused by biting. A small piece of skin protrudes between the nail plate and wall, sometimes with swelling. A warm oil treatment will soften the skin so that the protrusion can be removed with cuticle nippers.

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- Leuconychia
Noticeable by white spots or marks on the nail plate, leauconychia is caused by a trauma to the nail plate. This will grow out with the nail, and can be covered with nail varnish.

- Pterygium
Neglected nails can suffer from overgrown, thickened cuticles which can lead to a splitting of the cuticle and possible infection. Regular pedicure services including extra treatments such as hot oils or paraffin wax will help to soften the cuticle, which can then be removed. In extreme cases, the client should be referred to their GP. If there is any sign of infection the client should be referred to a doctor and treatment must not go ahead until any infection has cleared up.

- Onychorrhexis (Brittle nails)
Onychorrhexis is the splitting and flaking of the nail plate. One of the main causes of this condition is extreme dryness of the nail. As people age, their nails become drier and more brittle, long, hot baths and showers can also make nails dry. This condition can be helped with regular pedicures and paraffin wax treatments.

- Bunion
Bunions are most common in middle-aged women and are caused by the prolonged wear of badly fitting shoes. A bunion is recognisable as the large joint at the base of where the big toe protrudes. This forces the big toe towards the other toes. The client should be referred to a doctor or chiropodist if the bunion is painful. It may be possible to work around the area to avoid causing the client discomfort.

- Psoriasis
Psoriasis appears as scaly patches of red or silvery skin which can break open and become sore. A direct cause for this is not known, but it is thought to be linked to the nervous system and is a recurring condition. This means that whilst soothing or relaxing treatments do not treat the problem itself, they can often help the initial cause. Psoriasis can appear anywhere on the body, but is most frequently found on the limbs around the knee and elbow areas.

All psoriasis conditions of the skin or nails will require medical attention, however, some clients will only suffer from very small patches triggered by stress which can be worked around. Open or bleeding patches are contra-indicated.

- Eczema
Eczema is a non-infective inflammatory disorder of the skin, with a variety of possible causes, both internal and external. It is usually identified by patches of very dry skin which is often scaly and flaky. It can be red in appearance and is often itchy. Eczema can appear anywhere on the body, and once a medical diagnosis has been made, it is discretionary whether you should treat the client. If the eczema covers a large area and is infected or inflamed with broken skin then it should be left alone. If the eczema is just a small patch then the area can be excluded and the rest of the treatment continued as normal. The use of hypo-allergenic products is recommended, and a patch test should be carried out if the client is very sensitive.

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The following disorders and diseases prevent treatment. You will have to refer the client to their GP if you encounter any of these conditions. Remember that you are not qualified to diagnose medical conditions. Once the conditions have been successfully treated by a medical practitioner, the client may have a pedicure treatment.

- Dermatitis
Dermatitis is similar to eczema in appearance but is usually caused by a reaction or allergy to something in contact with the skin. You should refer any client who presents for a pedicure treatment with this condition to their GP, and should not treat them. If the client has a history of dermatitis you should advise them to obtain written consent from their GP prior to offering a pedicure treatment. If this is obtained a series of patch tests must be carried out to establish that the client is not allergic to anything that you may use. Hypo-allergenic products are recommended when treating a client with a history of dermatitis.

- Ringworm
This is a fungal infection that can appear as white patches which can be scraped off the nail surface, or as yellow streaks in the main body of the nail. The disease spreads from the free edge to the nail root and often causes the nail plate to become spongy, furrowed and occasionally completely detached. You should refer any client with this condition to their GP, and should not treat them.

- Athlete's Foot or Tinea Pedis
This is a fungal infection which appears between the toes, and is a form of ringworm and should not be treated. Athlete's Foot takes the form of small blisters which then burst. The skin can become dry with a scaly appearance. The client must be advised to visit their local pharmacist who can advise them what treatment is available to them over the counter.

- Paronychia
This is a common nail disease which starts off as a torn or lost cuticle. Bacteria enters the tissue and a pus filled swelling begins to form around the nail border. The client should not be treated and should be referred to their GP.

- Verrucas
Verrucas are a viral infection and should not be treated. They are warts on the sole of the foot which grow inwards due to the pressure of the body's weight.

- Chillblains
Chillblains are caused by poor circulation and the toes may appear red, blue or purple. If a client is suffering from chillblains, do not treat them and refer them to their GP for medical advice. Treatment may go ahead once the condition has subsided.

- Scabies
Scabies is a parasitic skin infestation caused by tiny mites. Their burrows appear as darkened, wavy lines on the skin. Scabies usually affects hands and feet, wrists and inner arm, but can also affect the entire body. Never treat a client with scabies, as it is highly infectious. Once the infestation has cleared up treatment may go ahead.

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- Tinea Corporis
Tinea corporis is also known as body ringworm, and is a fungal infection of the skin. It produces small, scaly patches of skin which can spread outwards and heal from the centre, leaving an easily identifiable ring. You should not treat a client who is suffering from tinea corporis, and should refer them to their GP. Once the infection has cleared up treatment may go ahead.

- Blue Nail
Blue nail is usually a symptom of poor circulation or ill health and shows as a blue tinge to the nail. You should refer any client with this condition to their GP before offering a treatment.

- Diabetic clients
If a client advises you that they are diabetic, you must take extra care when offering a pedicure treatment. Nails must only be filed with a non-metal emery board and do not use clippers or scissors to cut cuticles or nails. Diabetic clients are more prone to infection and so sterilisation and hygiene are paramount. Do not treat a diabetic client who is experiencing a lack of sensation in the area to be treated; refer them to their GP, you should not treat them unless a letter of written consent is obtained from their GP prior to treatment.

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Preparation

Before beginning the treatment, make sure that your tools and working area are properly prepared. The average pedicure treatment should take between 45 minutes and 1 hour depending on any specialist work the client may require.

Good levels of hygiene and sanitation are vitally important in any salon business. This will help to protect both staff and clients from cross-infection, as well as making sure you adhere to the law.

Disinfection is the reduction of micro-organisms by chemical or physical means. The process reduces the population to safe numbers and does not eradicate spores. Sterilisation is the total removal of these micro-organisms, and the most reliable method is steam under pressure, such as with an autoclave.

You should always ensure that your treatment space and equipment is clean. Begin by always washing your hands before and after every treatment. This should involve a thorough 20 to 30 second wash of the hands and wrists using water and a liquid soap, followed by a thorough drying with paper towels. Certain areas of the hands are more prone to harbouring micro-organisms. These are between the fingers, the finger tips, the thumb, the back of the hand and the wrists.

Ensure that all surfaces, including taps, door handles, light switches and general equipment are regularly disinfected. Always use clean towels and bedding, and add disposable paper covers to your couch for each client. An area for eating and drinking should be provided well away from the treatment area.

All of your tools should be clean and sterile before use, and any metal tools should be kept in a disinfecting solution until they are used to maintain sterility. They should be re-sterilised after every treatment. Any creams or lotions should be dispensed from their containers with a disposable spatula. All surfaces should be disinfected after each client.

Do not let this preparation eat in to your client's appointment time. Check that the working area has been thoroughly cleaned, and cover it to protect the surface that you are working on. If you are working mobile, remember to adequately protect your client's furniture, as you do not want to be faced with a huge bill to replace or repair items. You can buy a variety of protective coverings to prevent damage occurring.

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You will also need to clean, sterilise and lay out your equipment before the treatment. The items you will need are:

- Client record card
- Towels
- Paper roll to place over the towels and to dry the feet.
- Disinfectant solution
- Antiseptic
- Cotton wool
- Files
- Nail clippers
- Orange sticks
- Nail brush
- Magnifying lamp
- Foot bath
- Cuticle nippers
- Cuticle cream – can contain emollients such as lanolin or glycerine
- Cuticle knife
- Cuticle remover – can contain potassium hydroxide and glycerine
- Foot powder
- Hoof stick
- Callous file
- Spatula
- Toe separators
- Base coat
- Nail varnishes – can contain formaldehyde, solvent, resin, toluene, dibutyl phthalate and nitrocellulose
- Top coat
- Nail varnish remover – can contain acetone or ethyl acetate
- Nail glue
- Pedicure lotion – can contain vegetable oils, emulsifying agents and emollients
- Storage

Make sure that your varnishes are close to hand, so that your client can make their choice without leaving the pedicure station.

Effects Of Incorrect Use Of Pedicure Tools

Nail clippers - can cut the skin if not used with care.

Emery board - when using an emery board remember that the darker side (coarse side) is used to file toenails and the paler side (finer side) is used for fingernails. Always file at a 45-degree angle from the outside in on both sides. Never use the seesaw movement as this could damage the matrix causing deformed nails to grow.

Hoof stick - used to push back the cuticles. Your hoof stick should always be wet so as not to scratch or damage your nail plate in any way. Work from the outer side of the cuticle in circular movements to the centre, and the same with the other side. Do not push too hard on the cuticles, they are there to protect from invading bacteria getting into your matrix and physical damage.

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Cuticle knife - the cuticle knife is very sharp and you can easily damage your nail plate if not used correctly. Always use wet and at a 45-degree angle, as flat as possible against the nail plate. Be very careful not to cut or damage your cuticle or nail plate. Use gentle circular movements from the outer side of the cuticle to the centre and the same the other side. The cuticle knife is for loosening any cuticle from the nail plate. Do not use in a backward/forward movement.

Cuticle nippers - used to trim the excess cuticle, not the skin. They are very sharp and it could be very easy to cut too much cuticle off, which would leave the cuticle open for infection from bacteria. If you cut into the live cuticle, it will bleed profusely and will also be very uncomfortable.

You should always be fully aware of the ingredients of your products in case of a reaction from a client. Your supplier should be able to give you a Material Safety Data Sheet (MSDS) which lists the ingredients of their products and the proper procedures for handling the product. It should also contain any possible effects on health and first aid. If a reaction occurs, the client should be given a copy to show to their doctor. If you are worried about particular ingredients, you may be able to find alternatives, for example, some nail varnishes are now what is known as ‘3-Free’. This means that they do not contain formaldehyde, toluene and dibutyl phthalate.

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Technique

Firstly, make sure that both you and your client are comfortably positioned. You should be close enough to them to avoid straining, should be sat upright in a good working light in a height adjustable chair with back support. If you cannot place your feet flat on the floor, then you should use a foot rest. All products and equipment should be in easy reach, between knee and shoulder height. This is to avoid conditions such as Repetitive Strain Injury (RSI), which can occur when movements are highly repeated, and can lead to skeletal or muscular injury.

Try to elevate the client's foot to a comfortable position. This could be on a couch or foot stool. Cover the area with a towel and paper sheet. The client should be able to comfortably elevate one foot whilst soaking the other in a foot bath.

Wash and dry your hands before wiping over both sides of the clients feet with a mild antiseptic. Ensure that you also wipe between the toes, and then check for any contra-indications. You should then ask the client to soak their feet in a foot bath. The bath should include liquid soap or a similar product. You can use a bubbling foot spa for this, or simply a nicely presented bowl. This will mean that the client's feet are fresh and clean before you begin working on them. Check the temperature of the water is not too hot or cold prior to asking the client to place there foot in it. Pregnant clients should not be permitted to use the foot spa or essential oils. A pedicure bowl that is filled with lukewarm, soapy water can be used instead.

Remove the first foot from the bath and towel dry it thoroughly. You may need to remove any nail varnish first in order to assess the condition of the client's nails. Check for any contra-indications and discuss any conditions which may need addressing during treatment. The pedicure procedure may commence on either the left or right foot.

Apply nail varnish remover with a cotton wool pad. Press the pad firmly onto the nail for a few seconds then slide it off the nail, squeezing gently against the nail plate to remove all traces of dissolved varnish. Carefully, pull back the nail walls gently from the sides of the nail plate to expose any hidden varnish.

Use cotton wool wrapped around an orange stick, which has been dipped in nail varnish remover, to work around the nail border to ensure it is completely clean.

Long nails may need trimming before filing. Discuss the desired length and shape with your client before cutting.

Toenails should be cut straight across, using nail clippers or scissors. The nail should then be filed smooth. You should cut at the sides of the nail, as this can lead to ingrowing toenails. Apply slight pressure from above when using the scissors to minimise disturbance at the base of the nail. Cut across the free edge, leaving the nail slightly longer than required.

File the nails from the sides to the centre towards the nail tip at a 45 degree angle. Hold the file as near to the end as possible to produce long, flowing strokes and give the nails a smooth edge. Never saw backwards and forwards, and do not shape at the sides. Remember to check that your client is happy with the shape before proceeding to the next stage. Check that the free edges of all the nails are totally smooth and even.

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Apply a cuticle massage cream or oil and return the foot to the water before repeating Steps 1 - 6 on the other foot.

Return to the first foot and dry it, taking care not to wipe off the cuticle cream. With a hoof stick resting on the nail plate, gently push back the cuticle working in small circular movements. Wipe off excess cuticle cream.

Apply cuticle remover and then, using a wet cuticle knife, gently loosen the eponychium from the nail plate. Work around the border in small circular movements, keeping the cutting edge towards the main body of the nail. Hold the cuticle knife at 45 degrees to the nail plate and stroke in one direction only. It is important to use the correct technique when using the cuticle knife to prevent damage to the nail plate.

Use cuticle cutters to remove any excess cuticle by placing the pointed end of the cutters under the lifted cuticle and make a clean cut. Make sure all of the cuticle remover is wiped off.

Note: if the cuticle is cut and bleeding occurs, you must first put on disposable gloves before cleaning the area with antiseptic wipes. Any contaminated waste must be disposed of safely and separately from general waste.

At this stage, you can begin to remove any hard skin from the foot. It is important to remember that hard skin forms as protection from friction, or from standing for long periods of time. Therefore, you should not remove every trace of this protection. Depending on the amount of hard skin that is present, you may wish to apply an exfoliator. This is suitable for small areas of hard skin and can be massaged into the foot. For larger areas, you could use, a callous file, pumice or rasp in swift stroking motions. This should be done in one direction only.

Before beginning to massage, apply a moisturising foot cream.

The basic procedure of massage is made up of effleurage and petrissage movements. Effleurage movements are long and flowing and are performed with the fingers and palms of the hand using little pressure. You should both begin and end the massage with effleurage as it soothes the nerve endings and removes loose surface skin cells.

Petrissage is a deeper, circular kneading which has stimulating effects. It increases the rate at which blood flows through the skin and muscles and removes loose surface skin cells and waste matter.

You may also include tapotement, or percussion, movements which are brisk and stimulate the blood supply. These movements usually involve clapping and tapping.

Begin your massage by using effleurage movements from the toes to the knee on the back and front of the leg.

Follow on by palmar kneading (petrissage movements) in an upwards direction and gently cup and squeeze the gastrocnemius muscle, before using your thumb to perform a kneading motion along the tibialis anterior muscles of the outer shin.

Squeeze calf muscles from the sides to the centre of the calf.

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Next, perform small circular movements around the ankle bone, massaging both sides at the same time.

Using the thumb, massage in-between the metatarsal spaces.

Squeeze and pull the toes towards you and then rotate them clockwise and then anti-clockwise before performing thumb frictions to the plantar aspect of the foot.

Use the fist to then knead the plantar surface of the foot before concluding with effleurage movements over the feet and ankles.

The massage will leave a film of grease on the nails which should be removed using nail varnish remover.

Place disposable toe separators between the toes to avoid smudging the nail varnish and then apply one coat of base coat to every nail.

You should always use a base coat, as not only will it stop coloured enamels from staining the nails, but it will also smooth out the nail plate before a coloured enamel is applied. If you do have lots of ridges on your nails, you can apply a ridge filler before the base coat. Also a base coat will help the coloured enamel adhere better. Only one coat of base coat is needed.

Follow this with two coats of varnish. Make sure that the varnish you intend to use is not too thick and that the brush is in good condition. Avoid shaking the bottle, as this will create air bubbles in the varnish. Hold the client's toe with your thumb, index and middle finger. Pull the brush out of the bottle away from you and remove the polish from the far side of the brush.

Balance your hand and place the brush in the centre of the nail and apply gentle pressure to spread the bristles.

Push back towards the eponychium and pull towards the free edge with a light pressure. Then, fill in either side of the nail before running the side of the brush along the free edge. Make sure not to touch the soft tissue around the nail plate by leaving a very small margin at the sidewalls and eponychium. Always use light strokes to create a smooth surface.

Short nails are better suited to pale, light natural colours, whilst long nails look better with dark, vibrant colours.

Apply one coat of top coat. There are products available that help speed up the drying time of the varnish. These are useful additions as they prevent smudging of the varnish and also speed up the time taken for the treatment.

All top coats are clear, but may come in different transparent colours. It is applied in the same way as base coat. This will give a lovely shine to the nail, it will also protect against chipping.

Once you have added the varnish, carefully use an orange stick with varnish remover to tidy up any errors. Your client will have to wait for the nail varnish to be completely dry before putting their socks or shoes back on.

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There are products available that help speed up the drying time of the varnish. These are useful additions as they prevent smudging of the varnish and also speed up the time taken for the treatment.

While the nails are drying, take the opportunity to check that the client is happy, and go through any aftercare advice. You may wish to use a quick dry spray at this point to avoid the client sitting still for too long.

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Treatment Adaptations

The pedicure can be modified and updated in many different ways to offer a relaxing treatment which many clients will enjoy. You should not be afraid to try new things as part of your pedicure, as giving the client more choice will mean that you cater for all.

If you are still stuck for ideas, contact your pedicure suppliers, as many will have specialist spa and luxury lines. You must remember that the same contra-indications will apply to these treatments.

In this module we will introduce various treatment adaptations which will include:

- French Pedicure
- Male Pedicure
- Exfoliation
- Warm Oils
- Paraffin Wax
- Hot Booties

As an alternative to a full colour varnish, the client may prefer a French polish. The French look is a simplistic style, which includes white polish at the free edge of the nail, with a pale pink or peach translucent polish across the rest of the nail plate. The exact shades of the polish vary from client to client, and also with changing trends. Many prefer a bright white tip to catch the eye, whilst others prefer subtle tones for a more natural effect.

Once the nail has been properly prepared, and a base coat applied, the decision as to whether to apply to apply the pink or white polish first is really yours. By applying pink first, you will have brighter tips, or, if applying the white first, you will achieve a more natural look. Again, the number of coats applied will depend on the style that the client is looking for, and the shade of varnish you are using. Once the pink and white varnishes have been applied you need to finish off with a top coat.

The key to a great smile line is confidence. If you take your time, and remain steady you will see much better results. When beginning to paint a smile line, ensure that your hands are well supported, you are holding your brush properly and that you are comfortable. Keep a bottle of remover or corrector nearby – even the most experienced technicians make mistakes some times, and there is no shame in touching up your work, or starting again.

To start with, make sure you only have a small bead of nail varnish on your brush. To load the brush too heavily will make the white seem too thick and difficult to control. Too little nail varnish will mean you cannot complete one sweeping action, and will have to break halfway across the nail. When applying the varnish, start as close to the side wall as possible, lay the brush on the nail and try to make one gentle sweeping action across. By keeping your hand steady and trying to paint the line in one movement, you are more likely to achieve a crisp smile.

For those with less confidence, try painting a ‘V’ from the side walls to the free edge. This is quite simple as it is just two straight lines. Then use the ‘V’ as a guide to complete the rounded edge of the smile.

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The angle of the smile line should not follow the free edge. Instead, you should try to mirror the cuticle line. This will avoid a smile which is either too flat or too deep.

You can exfoliate the client's skin as part of the massage routine if required. Apply the exfoliant prior to the massage to expose new cells and aid the absorption of the massage cream. Not only will this service remove dead skin cells, it will also improve skin texture and colour as well as increasing blood circulation. You must ensure that all abrasive particles from the exfoliant have been removed with a warm, damp towel before continuing the pedicure.

This form of pedicure provides wonderful relaxation and relief.

The wax is generally a blend of paraffin wax and beeswax, but can sometimes also incorporate essential oils. To ensure that it is soft enough to apply, the wax needs to be melted to a temperature of 50-55 degrees Celsius. The temperature of the wax should be tested on the arm of the therapist before applying it to the client. The paraffin wax heater is thermostatically controlled and takes up to thirty minutes to heat the wax fully. This must be taken into account when preparing for the treatment.

The benefits of paraffin wax are numerous, as it can stimulate the circulation, improve skin condition, improve dry skin, relieve the pain of arthritis and rheumatism and deep cleanse the skin.

The wax should be heated and a small amount decanted into a separate bowl to prevent cross infection of the wax heater by double dipping the brush.

After sanitising the feet, apply the wax to the feet using a clean brush, building up sufficient layers of wax to cover the skin. Then place the feet into plastic protectors and wrap in warm towels for around 15 minutes. The client's feet should then be unwrapped, and the wax should be peeled off and disposed of, before the rest of the massage and pedicure continues.

Masks can be used to either moisturise or rejuvenate. Several layers of the mask should be applied before placing the feet inside electrically heated booties to enable it to penetrate the epidermis.

The booties can also help to decrease joint stiffness, improve the condition of dry skin and improve the skin colour and blood circulation. The boots are normally used after an additional service. The feet should be wrapped in a plastic protective covering and placed inside the boots for approximately 15 minutes. Remove mask and apply massage cream.

A combination of these treatments can be put together to produce a 'spa' pedicure treatment.

Pedicures are now becoming popular with men who want to keep their feet looking good without appearing too feminine. It is important to remember that although the pedicure can be modified to be more masculine, as with your female clients, every man is different, and some may want what others may not. Ensure that you do not make too many assumptions, and check what the client would actually like.

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If you are going to amend your methods, remember that most men usually will not require varnish. When massaging, try to use an un-perfumed lotion or oil rather than a cream, and remember to use deeper movements.

This is the perfect pedicure for those short of time or money and can be adapted for children's pamper parties.

After sanitising the feet, massage the cuticle cream gently into the cuticles, before pushing them back. Remove any non-living tissue from the nail plate and then file the free edge of the nail. Remove any excess cream from the nail plate and buff the nails.

Then proceed to give the client a therapeutic foot massage, before applying the nail varnish of their choice.

This is a simple method to offer which can be a great way to introduce clients to the treatment, and to allow them to have regularly maintained feet.

Adding nail art to a pedicure is a great way to offer something unique.

The option of offering nail art provides the technician with many different opportunities. Nail art can be a great seasonal service to offer at times such as Christmas, Valentine's Day, or during major sporting events. This helps clients get into the spirit of things with something fun and unusual.

Nail art is not just for those with an artistic flare, it can simply be made up of stripes and flashes of colour, or something more intricate. Don't forget, you can also add things such as gemstones, foil strips, feathers or transfers to give the nails that little something extra. To help promote the service, try putting together a board of your designs so that clients can see what their nails could look like. To be insured to carry out nail art treatments you will need a separate qualification in nail art.

You should always ensure that you give clear and thorough aftercare advice to your client at the end of every treatment. This can include advising the client about any retail products which may be beneficial to them.

You should stress that the effects and appearance of the pedicure will last longer with care. The client should wash their feet with a mild soap which does not dry the skin and should dry them thoroughly with a soft towel. A good foot cream or lotion should be used after washing.

The client can reduce the risk of infection by washing their feet on a daily basis and drying thoroughly, paying particular attention to the area between the toes. The application of talc or foot powder will also help to absorb moisture. The client should also be advised to change their socks, tights or stockings daily.

The client should also avoid using nail varnish remover too often.

One of the main causes of disorders of the feet is due to poor footwear. The client should be advised to wear shoes which fit properly and do not pinch.

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The client may want to minimise the build up of hard skin by using an exfoliator or pumice. You could retail good examples of these, and show the client how to use them during the treatment.

Give the client a written copy of your instructions so they can refer to them at a later date. You may also want to include recommendations of home-care products on this information. Once the aftercare advice has been given, ask the client to sign their record card to confirm that aftercare has been explained.

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