



FIMM

Fédération Internationale de Médecine Manuelle - Internationale Gesellschaft für
Manuelle Medizin - International Federation for Manual/Musculoskeletal Medicine

Minutes of the 2019 FIMM General Assembly
Hotel Huerto del Cura
Elche, SPAIN
October 24, 2019

Secretary-General

Draft Version for Appropriate Approval – Full Notes

Delegates, guests and representatives representing 15 Member Societies and 3 candidate societies from around the world convened in Elche SPAIN for the 2019 FIMM General Assembly (GA). Additionally, two individual visitors from active or inactive Societies attended with permission of the President.

On behalf of FIMM, **Henk Bultman** expressed condolences for the recent passing of past president, **Wolfgang von Heymann** who was also an Honorary Member of FIMM. All in attendance stood for a minute of respectful silence to recognize Dr. von Heymann.

Thanks were extended by the President on behalf of the FIMM delegates to SOFMMOO for hosting last year's General Assembly and its associated Scientific and Educational meetings. **Javier Martinez** and **Victoria Sotos-Borras** of this year's host, SEMOOYM, were acknowledged and thanked for their work on the Assembly logistics and for the following collaborative International Scientific Conference.

The FIMM Treasurer noted that all 15 societies attending this Assembly had paid their dues and were eligible to vote. Using the agreed-upon, member-weighted voting calculation, 25 votes would be possible at this meeting.

A **PRE-PUBLISHED AGENDA** for the 2019 FIMM General Assembly was posted on the web and emailed well in advance. The agenda presented below had no suggested additions or modifications.

1. *Opening by the President, appointment of two counters of the votes*
- 2A. *Presentations of the representatives of national/member societies (limit 4 min/presentation)*
- (2B/13.) *(Presentations of MM societal representatives requesting admission consideration for FIMM Membership)*
3. *Matters arising from the minutes of the last General Assembly (Paris, FRANCE)*
4. *Report from the President*
5. *Report from the Secretary-General*
6. *Report from the Treasurer*
7. *Report from the Auditors*
8. *Election/confirmation of the Auditors*
9. *Report from the Chairman of the Education Board*
10. *Report from the Chairman of the Health Policy Board*
11. *Election of any Board Members*
12. *Decision on the membership fees for the next year*
13. *Membership (admissions/suspensions)*
14. *Date and place of the General Assembly 2020*
15. *Any other business*
16. *Closing the 2019 General Assembly by the President*

AGENDA ITEM # 1: Opening & Appointment of Vote Counters

The 2019 FIMM General Assembly of invited representatives of Manual Medicine (MM) societies from around the world was opened by President **Henk Bultman** at 9:20AM at the Hotel Heurto del Curo in Elche, SPAIN. Logistics related to signing in, various dinners and related social activities were presented.

Attendees:

A total of 23 individuals representing 14 member Manual Medicine Societies were in attendance (see TABLE below) as well as 6 invited/observing individuals from France, Turkey and Ukraine. Included in those attending were the members of the Executive Board of the Fédération Internationale de Médecine Manuelle: **Henk Bultman, Michael Kuchera, Aharon Finestone, Simon Vulfsons, Bernard Terrier, and Ilia Todorov.**

Regrets from invited representatives were received from several societies. Full members not in attendance included: Czech Republic (regrets), France (regrets), Hong Kong (regrets), Japan (regrets), Poland, Russia, and the Slovak Republic.

Tellers: Two Tellers volunteered and were appointed to count votes:

Simon Vulfsons (Israel) & **Karen Goss** (Denmark) – **Accepted**

AGENDA ITEM #2: Member Society Reports

Member Society reports were made in person (or offered via correspondence). The table below lists official representatives, members' guests and pertinent membership statistics. (Information presented indirectly or via correspondence appear in italics.) Submitted powerpoints provided by the representative delegates for their presentations are attached in the **NATIONAL SOCIETY REPORT SUPPLEMENT** (see [hyperlink](#)). Votes awarded represent reported society physician membership at 0 votes if less than 25 members, 1 vote for 25-99 members; 2 votes for 100-1999 members; 3 votes for 2000 members or above. (The delegates were reminded that their votes may be cast and counted if the Society has paid their FIMM membership dues.)

<i>National Society / Delegation Representing Manual Medicine Physicians by Member Society:</i>	<i>Reported Membership</i>	<i>Example of Content in REPORT SUPPLEMENT</i>
Spain (SEMOOYM) Javier Martinez & Victoria Sotos-Borras Web: www.semooym.org HOST SOCIETY	n=103 (2 votes)	SEMOOYM is an independent society hosted by the Rehab society (SERMEF). They are developing a Master program (60 ECTS) which should be up next year. There is program to train the trainers. Annual advanced course focus alternates between the upper and lower half of the body. Their Annual International Congress this year is in conjunction with FIMM following this GA. MM education is a mandatory part of rehab training to insure they understand MM exists and how to refer for or use it. SEMOOYM has been an ESSOMM member for a year (represented by V. Sotos-Borras). Recognition of an MM curriculum has been set up in association with the Autonomic Medical Council of Castilla-La Mancha which they will try to replicate with other autonomic Medical Councils in Spain.
Bulgaria (BSMM) Ilia Todorov <i>president & voting delegate</i>	n=34 (1 vote)	BSMM notes an ongoing course format transformation process (six types listed on slides). The prior national societal certificate required 168 hours with an additional 120 hours now being added to meet <i>FIMM Guidelines for Basic Training & Safety</i> . BSMM signed contract with Saint Marina Univ Hospital for course cooperation and certification (accreditation by the Ministry of Education).

<p>Canada (CAOM) Brian Shames</p> <p>Web: www.caom.ca</p>	<p>n=64 (1 vote)</p>	<p>CAOM has a national societal certificate with maintenance of proficiency (Mainpro+); their educational accrediting body is the Provincial & College of FP of Canada. They would like to look at national oral and written certification. If they would pursue special recognition for MM, they would probably do so in conjunction with the USA as many members also attend educational meetings of the American Association of Orthopaedic Medicine (AAOM) and the American Academy of Osteopathy (AAO) which are past and current FIMM members. Their SWOT Analysis identifies aging members and the need more hands-on skills and perhaps should have less emphasis on injections as weaknesses. He also provided a brief overview on courses, a recent TMJ article and noted CAOM's emphasis on Evidence-Based Medicine (a SWOT strength).</p> <p>Dr. Shames noted the passing of member, Robert Kidd, with a short history of his contributions and emphasis on health.</p>
<p>Czech Republic Vlasta Tosnerova Regrets due to family illness</p>	<p>n=284 <i>(Not present; no votes)</i></p>	<p>See hyperlink page 7 for virtual presentation.</p>
<p>Denmark (DSMM) Berit Schiøttz-Christiansen vice-president and presenter with Karen Goss attending (voting delegate)</p> <p>Web: www.dsmm.org</p>	<p>n=363 (2 votes)</p> <p>350 medical specialists (48 meet 300+hr level)</p>	<p>In 2018 DSMM had 6 programs (2 facility level; 2 specialty level; 1 master level; 1 annual). See syllabus graph via hyperlink. Strengths = Diploma and intensive courses using a 1:6 (faculty:student) ratio. Weakness = No bedside teaching opportunities. Emphasized their effort to develop a new curriculum and noted important changes at the facility level.</p> <p>Question about inclusion of teaching sports exercise for the spine → Answer: integrated into coursework</p>
<p>Finland (SMLY) Olavi Airaksinen <i>(president and voting delegate)</i></p> <p>Web: www.smy.fi</p>	<p>n=220 (2 votes)</p> <p>Members are mostly GP & Rehabilitation physicians</p>	<p>They have their own society diploma and provide orientation courses for medical students. There are 4-6 basic courses/year and an annual meeting (n=300-500 because many non-members attend). They offer small hands-on ½- day courses for GPs and occupational health doctors (pain management, manual exam for cervical or low back pain, injection techniques, etc). Courses highlighted: Levi (1 week); shoulder problems (April 2019); superficial fascia role in lymphatic drainage, thermoregulation, nerve compression and shock wave therapy (Carla Stecco - Apr 2020 Intl Collaboration with IAMMM: (Liverpool, Nov 2019) with 40 research presentations and Oct 15-17, 2020 in Padua. He also noted their 2019 award for best paper at the ISSLS (lumbar spine) Annual meeting in Kyoto – it concerned Endplates & Modic changes.</p>
<p>France (SOFMMOO) Nadine Fouques-Weiss sent regrets</p> <p>Marc Rozenblat (attended only as observer)</p> <p>Web: www.sofmmoo.org</p>	<p>Past minutes reported n=500 <i>(Not present, no votes)</i></p>	<p>No official report</p>

<p>Germany (DGMM) Stephan Vinzelberg (education officer for AMM in Berlin) Web: www.dgmm.de</p>	<p>n=4795 at capacity level (Diploma of Advanced studies=DAS) (3 votes)</p>	<p>DGMM is the umbrella organization of physicians at FIMM's MM "capacity" level in 3 German societies: MWE (n=2698); DGMSM (n=1163); AMM (n=934). (Counting therapists n=6015). All 3 societies in DGMM include medical osteopathic practitioners in component societies (DAAO, DGOM & BAOM respectively). The German Chamber of Physicians recognizes "Added competence to a registered specialty" in MM; the national societal certificate requires 320 hours. They offer >120 courses/year in 17 sites.</p> <p>SWOT Analysis: Strengths include the DGMM umbrella structure to allow combining the potential of all 3 societies and their membership in the Association of Scientific Medical Specialist Societies. While the umbrella is a strength, it is also a weakness because there is no unified curriculum and the societies have different philosophies. An opportunity exists if they approach work through UEMS to help sort out these differences and grow. They feel threatened by the legal ambiguity of non-physician osteopathy in German (which became a "recognized medical field" in 2009 but with questions) and by indecision on an alternative pathway for recognition in MM (1-year education in an orthopedic hospital offered as an equivalent of 320 hours training). 1 month ago, the Chamber of Physicians recommended NOT to recognize that optional pathway so now they need to wait on a Federal decision.</p> <p>He reported that a <i>National Guideline for Spondyloarthritis (2019)</i> was issued noting that "<u>manual mobilization</u> (spine & extremity joints for better posture) is a therapeutic option" and that "<u>manipulations</u> of the spine are not a therapeutic option."</p>
<p>Hong Kong (HKIMM) regrets Web: www.hkimm.hk</p>	<p>Past minutes reported n=81 active and 22 fellows and 50 associate members with 24 fellows (Not present, no votes)</p>	<p>No report</p>
<p>Hungary</p>		<p>It was reported that Reka Pukas will be reorganizing the Society and will consider submitting a candidate status application to reenter FIMM</p>
<p>Israel (ISMM) Negev Bar (chairperson and voting delegate) with Simon Vulfsons & Aharon Finestone Web: www.ISMM.org</p>	<p>n=478 with 333 MDs (2 votes) 50-75% of ISMM are physician members and of these 45-50% are family doctors</p>	<p>The ISMM is a multidisciplinary society with 50-75% of members being physicians and the remainder physiotherapists, osteopaths, chiropractors, occupational therapists, nurses and psychologists; their logo and message is "Touching the Pain." They are undertaking a concerted training focus on teaching primary care doctors with dry needling courses as well as offering general MM courses (Kuchera) on Muscle Energy Technique and on Counterstrain. Started online</p>

		<p>webinars which are free to members and can be used to increase membership.</p> <p>Their “G-8 Forum” includes ISMM members, family doctors interested in pain, pain specialists, and orthopedic surgeons as well as physiotherapists, OD, CD and OTs. They plan to add ENT/Dentists.</p> <p>Their international outreach is growing (including a workshop in India) and future plans include considering dry needling courses outside of Israel (possibly Europe and Canada). They plan a Fellowship based on the FIMM/ESSOMM 30 Curriculum and are committed the the course and teachers will follow FIMM accreditation criteria.</p> <p>Question: Does ISMM teach the same techniques to doctors as to therapists (etc)? Answer: All first have an online course (using a webinar-reading etc in English) = “Theory of Myofascial Pain” found on www.ISMM.org and can be accessed online for free.</p> <p>“Pain Specialty” Question: Takes 2 years with a 3-month extra training fellowship after obtaining another specialty</p>
<p>Italy (SIMFER) Carla Correggia Voting delegate for the Italian Society of Physical and Rehabilitative Medicine – Manual Medicine Section</p> <p>Web: www.simfer.it</p>	<p>n = 120</p> <p>majority are specialists of physiatry (2 votes)</p>	<p>MM is the best known and largest section / sub-specialty of physiatry in Italy); MM education is provided to all trainees in PM&R. In addition to educating PM&R physicians, collaborating with other specialties to seek the most advanced therapeutic options to treat pain of spinal origin, their National Society seeks to expand international interest and teach more hours to meet FIMM standards.</p> <p>Question: Is MM training extended to those with family medical training or not? Answer: Not open to this society.</p>
<p><i>Japan (AKA) – regrets</i></p> <p>Web: www.aka-japan.gr.jp</p>	<p>n=425 (prior year)</p>	
<p>Kazakhstan (KAMT&O) Nadezhda Krasnoyarova (president of Kazakhstan Association of Manual Therapists and Osteopaths)</p>	<p>n=53 (1 vote)</p>	<p>The Kazakhstan Association of Manual Therapists & Osteopaths (KAMT&O) presented 5 sessions / year covering manual and osteopathic diagnosis and treatment of spine and Dr. Krasnoyarova presented a scientific report at the “Osteopathic Open” (Moscow, June 2019). Doctors can receive training in osteopathic medicine at the Institute of Osteopathic Medicine in Kazakhstan. Michel Ciccitti (an osteopath from France) presented a course on Cranial in Children (May 2019) and Mickel Dobensky (an osteopath from Israel) will conduct a cranial course (Nov 2019). MM education to doctors is also included from the department of traditional medicine at the Medical University in Kazakhstan.</p>
<p>Republic of Korea (Korean Society of Chuna Manual)</p>	<p>n=1106 “active” members</p>	<p>On Apr 8, 2019, Chuna Manual Medicine gained national health insurance coverage based on pilot project project data. A timely FIMM/KSCMM</p>

<p>Medicine for Spine & Nerves (KSCMM) Byung-Cheul Shin, KMD, PhD (president) with Me-riong (Miriam) Kim and Sung Soo Chung</p> <p>Website: www.chuna.or.kr</p>	<p><i>(This is reported to be a subset of 4287 total members)</i> (2 votes)</p>	<p>International Conference was hosted by their Society April 6-7 (see hyperlink page 21) with the theme "Promoting the art and science of manual medicine and betterment of global health in the Australasian sector. The conference also included international manual medicine workshops featuring FIMM Executive Board members.</p> <p>KSCMM members participate in an advanced osteopathic manipulative medicine exchange program traveling to Michigan State University in the USA.</p>
<p>The Netherlands (NVAMG) Henk Bultman president (retires in 1 month) – FIMM voting delegate</p> <p>Web: www.nvamg.nl</p>	<p>n=147</p> <p><i>They also have 11 Extra-Ordinary members</i> (2 votes)</p>	<p>Two schools of MM are fostered in the NL: Cyriax & Lewit MM and the NL/Sickesz system of Orthopaedic Manual Medicine (OMM); Musculoskeletal Medicine (MSK-Med) is defined as MM+OMM+pain treatment+other. MSK-Med is not yet recognized as a specialty field but it is headed that way.</p> <p>Official NVAMG education has been 2-year, part-time (ie 1500 hours) with an 80:20 course:practice ratio using the CANMEDS Model guidelines. They plan to transition to a 3-year full-time program (>3500 hrs) with a fulltime education component to lead to specialty level. (They collaborated with U of Brussels with the intent of implementing the ESSOMM curriculum.) They have a requisite 200hrs/5 yr CME.</p> <p>A key SWOT element includes a weakness/threat that despite UEMS, the NL does not recognize "added competence." Interestingly, data shows they need 3.6 visits to resolve issue ... because quality policy is a "hot item," insurance policies becoming more interested.</p> <p>Question on 3-year Specialty training. Answer: They decided to set that a model that says, "if you wish to be a specialist, you must act like a specialist."</p>
<p>Poland – Not present</p>	<p>?</p>	<p><i>There has been no information from Poland; attempts to contact them have failed.</i></p>
<p>Russian Federation regrets</p>	<p><i>n=428 but noted that only 120 see sense in cooperating with FIMM and wishes to be represented in FIMM at 120 number (2 votes)</i></p>	
<p>Slovak Republic – Not present</p>	<p>?</p>	<p><i>Dr. Kuchera reported reaching out to contact a former delegate from the Slovak Republic, Lubica Šorfová. She said that she could not locate an active website or any societal MM activity taking place in the Slovak Republic.</i></p>
<p>Turkey - (MTD) Manuel Tip Derneği Cihan Aksoy president with Demirhan Diracoglu</p>	<p>n=51 active</p> <p><i>7 doctors have specialty status (300hr);44 are at facility level (100hr)</i></p>	<p>The presentation began with a short story honoring Wolfgang von Heymann (many photos pages 25-27). Dr. Cihan apologized for not being able to make his report last year. Their accrediting body is working hard to make MM a subspecialty. There National Certificate requires 120 hours plus an exam while the Advanced</p>

<p>(vice dean and pain doctor) – general secretary</p> <p>Website: www.manueltipdemegi.org</p>	<p><i>Note: 150 physicians have pre-member status, (finishing certificate)</i></p>	<p>Certificate requires 180 hours, an exam and perpetuation standards every 5 years (congress participation, presentations or articles). He notes that he heads a work group on manual therapy and wants to bring in international teachers to expand treatment options. They wish to convince the government that MM is part of modern medicine and not complimentary. Marc-Henri Gauchat (Switzerland/SAMM) has come often to teach and test and they may invite Simon Vulfsons (Israel/ISMM) for injection therapy course side-by-side with manual treatment in collaboration with the Turkish Soc of PMR (n=3000 members). There is an interest in perhaps offering to host a future FIMM General Assembly again in Turkey.</p> <p>Questions on political issues ... Answer: Regulations on MM are difficult to get at a governmental level. Perception needs to shift from viewing MM from complimentary to mainstream. The goal is to try to put MM into all specialties and then create/advocate for MM specialty.</p>
<p>United States of America (AAO) Heather Ferrill with Michael Kuchera</p> <p>Web: www.academyofosteopathy.org</p>	<p>n=1178 (2 votes)</p> <p>AAO also has 3500 physician-in-training (student) members</p>	<p>The president of the American Academy of Osteopathy (AAO) changes annually. Traditionally 2 parallel pathways MD/DO but post-graduate system merging (Single Accreditation Pathway) and how to maintain distinctiveness is a challenge and to keep numbers. On average, AAO conducts 10 programs/year and an annual convocation (n=500 doctors plus 700 students) with several pre-convocation course offerings (n=25-100 attendees per offering). Their SWOT analysis was also presented with the “single accreditation system for Graduate Medical Education” for DO and MD physicians being both a potential opportunity and a potential threat.</p> <p>Question: How many DO's use OMT in the USA? Answer: 10-15% generally but much higher percent refer</p>

Candidates for Membership (Agenda Item 2B preparatory for Agenda Item #13)

There were three societies who had requested consideration for FIMM membership. Their representatives addressed the Executive Board and delegates of the 2019 General Assembly.

- The **Ärztegesellschaft für Manuelle Kinderbehandlung & Atlasterapie (ÄMKA or Association of Physicians for Manual Medicine in Children and Atlas)** has **265 members** with +120 hours special education beyond the 300-hour MM national certificate granted by the DGMM accrediting body in Germany. Located at the Orthopedic Clinic of Hannover Medical School, ÄMKA training takes place at 2 sites – Hannover & Isny – and is limited to postgraduate physicians who receive “diplomas” after satisfactorily completing their training. **Prof. h.c. Dr. med. Stephan Martin** is the ÄMKA president and represented this organization (see [presentation hyperlink](#)) which was founded in 1992. The society arose from the work of **Albert Arlen** (1925-1992) of Muenster/Alsace consisting of some of his French but mostly German & Austrian students. ÄMKA includes members from several German and Austrian MM Societies. Arlen developed “Atlas Therapy” which was described as a gentle MM impulse technique hypothesized to affect the nervous centers responsible for regulating muscle tone, the autonomic nervous system, equilibrium and proprioception. It is integrated with other MM techniques. It was noted that Atlas Therapy can be used safely in the care of children. They are motivated to join FIMM and the “international family” of MM to exchange

experiences, approaches and ideas. They noted prior interactions by presenting their approaches to FIMM at the Bratislava (2004) and Potsdam (2010) Educational & Scientific Conferences. They have also been active in ESSOMM since 2012.

They describe Atlas Therapy as consisting of an “extremely fast impulse” applied to the transverse process of the atlas; they made a point not to classify the technique as “a manipulation.” They also reported that the skill “can be learned on a machine with a monitor.”

They perceive this approach to be beneficial in caring for handicapped children and adults with cerebral palsy or confined to wheel chairs etc) and mentioned the role of their treasurer, **Ruth Kamping** as a teacher in national and international programs in Hannover & Isny. A program scheduled for March 2-7, 2020 in Hannover was noted (see aegamk.de). They also presented National Societal insights in a SWOT Analysis format.

Discussion: ([See Agenda Item #13](#))

- **Turkey-MTAR (Manuel TIP Ağrı Regülasyon Derneği or Manual Med - Pain Regulation Society):** On behalf of MTAR president, **Hüseyin Nazlikul**, MTAR Board Member, **Mehmet Ali Elmacioğlu** provided a presentation (see [presentation hyperlink](#)) to the FIMM delegates concerning educational expectations and the societal bylaws. It was presented as a “new Society with old roots” with headquarters in Istanbul. Membership of MTAR would number **120 physicians** whose national society certificate would have a 370-hour base arising from the curriculum of MWE (a German component society in DGMM), FIMM and ESSOM and using both *Manuel Medizine* (v1-2; Böhni, Lauper, Locher) and the *Medical Book of Axial Organ Manual Medicine* (Nazlikul, von Heymann) for Turkish Medical doctors. (80 physicians would already currently be fully qualified.) The society plans to use instructors with 560 hours of instruction to train new members in a training hall equipped with 1 treatment table for each 4-6 trainees.

Their program descriptions included: a basic program of 100 hours (from ESSOMM) followed by 200 hours of advanced courses to meet the European (UEMS) requirements for accreditation in added competence in Manual Medicine plus 30 hours education in local therapeutic injections (segmental neural therapy) and two seminars totaling 40 more hours. Proposed certificate testing and other requirements were also shared. The methods of “Regulation Medicine” were detailed to be Neuraltherapy, Thermoregulation, Massage, Reflexology, Kinesiology, Nutrition, Manual Therapy, Treatment with Osteopathy, Autogeneous Training, Psychotherapy, Bathing and Spa Treatment, Balneotherapy, and Hypnosis.

Discussion:

- **Q** = What is the difference from the other Turkish group that is currently a FIMM member? **A** = The Society will add neurotherapy and regulation medicine elements to the educational/certification requirements.
 - **Q** = How many students have completed manual medicine training and certification through your curriculum? **A** = This is a new society; none have completed the program as proposed by MTAR.
 - ([Also see further Question/Answer & Discussions in Agenda Item #13](#))
- The presentation of the **Ukraine Association of Osteopathic & Chiropractic Manual Therapists** was offered by **Igor Dovgiy** (vice-president) and board members, **Igor Maramukha** and **Andriy Fedosenko** (see [presentation hyperlink](#)). Their national society is 4 years old (2015) and consists of 65 members (faculty level =50 members). There are also about 150-200 are NGOs who are not physicians. Their postgrad education program consists of a 1-month (156 hour) mono-thematic course presenting MM techniques for MD’s as additional competence. They also provide 8-12 CME courses/workshops per year as well as an annual 2-day scientific conference. practical orientation. The Ukraine incorporates a classic Lewit school background.

Discussion:

- **Question:** Are members doctors or not doctors? **Answer:** Most (80%) are medical doctors; training courses are only for doctors now but internationally are mixed. With regard to the name which incorporates the chiropractic and osteopathic designations, it should be noted that when the Ukraine Association organized, it used these names so it could create an umbrella organization;
- **Question:** What is the motivation for the Ukraine Association to join FIMM? **Answer:** To learn beyond own organization/perspective & grow their skills.
- **(Also see Agenda Item #13)**

AGENDA ITEM #3: Items Arising from the Minutes of 2018 General Assembly

- **Minutes of the 2018 GA: The minutes of 2018 FIMM GA were unanimously approved previously by mail of ordinary members.** (They are electronically posted).
- **The Seat of FIMM:** As directed at the last GA, the FIMM seat in Belgium was officially dissolved and moved to Switzerland along with all assets.
- **Status Updates on Poland, Hungary and the Slovak Republic Member Societies:** This GA will have the opportunity to address this in Item 13.
- **Member-at-Large position** – The Executive Board will address this and allow discussion after the upcoming officer reports.

AGENDA ITEM #4: President Report - Henk Bultman

(For the presentation made, please see the [PRESIDENT REPORT SUPPLEMENT](#) via [hyperlink](#)).

The following is a brief synopsis of some of the topics/points made.

Dr. Bultman reviewed his meeting events and activities. He encouraged interest in FIMM membership from an Austrian Manual Medicine society that may bear fruit as we move forward.

He believes we should relook at the FIMM Vision/Mission developed in the 2015 FIMM Leadership Strategy meeting held in Frankfurt. Fulfilling our vision/mission goals has to do with desire and so he reaffirmed our role in putting theory into practice and in working to make FIMM more relevant to both societal members and individuals practicing MM. Elements noted in the presentation included:

- Thoughts on reconnecting and integrating the annual GA with host country programs.
- How best to communicate and link win:win strategies regarding FIMM's Mission/Vision to our member societies & their doctors (et v.v.)
- Enunciating and expanding the current FIMM Education Project (including several items to work on - from curriculum to recertification)
- Challenges ahead (from solvency to communicating digitally).

He challenged each delegate and society to think about their role in building FIMM.

Heartfelt thanks to the work of this past year and reaffirmation of work to the Board members and the delegates.

Q&A / Observations: **Simon Vulfsons** stressed the important impact of the 2015 Frankfurt meeting and expressed a belief that it might be useful to repeat that facilitator-led process to see what we have done. He noted that the **DGMM (Germany)** had helped support that process financially in 2015 and suggested that FIMM might consider looking into whether it should have another ... and if so, how to finance it. He suggested that this be an agenda item to discuss and vote on next year – no voting. (SECRETARY-GENERAL'S NOTE: Simon

Vulfsons initiated the 2015 Vision Workshop during his presidency; see [hyperlink](#) for his Executive Summary and the Vision/Mission etc.) No further discussion.

The President's Report was accepted unanimously.

AGENDA ITEM #5: Secretary-General Report – Michael L. Kuchera

(For the presentation made, see the [SECRETARY-GENERAL REPORT SUPPLEMENT](#) via [hyperlink](#) titled, "REGARD FIMM: Reborn – Renewed – Reinvigorated.")

The Secretary-General provided a brief overview intended to remind delegates of 60 years of FIMM contributions. Dedicated members worked together to create key educational, scientific and practice documents benefiting manual medicine physicians worldwide. Now with the rebirth of FIMM (its seat returning to Switzerland), delegates and member societies were challenged to revisit, revise and revitalize core documents ... reaching together to write the next chapter in our shared vision.

The report of the Secretary-General was accepted unanimously.

AGENDA ITEMS #6: Treasurer Reports – Aharon Finestone

(For the presentations made, see the [TREASURER REPORT SUPPLEMENT](#) via [hyperlink](#))

Pertinent financial summary points:

- The 2018 Financial Report is the last report of FIMM in its Belgium domicile.
- Various events in 2018 placed a toll on FIMM's financial reserves resulting in an overall loss of €5,600 for the year.
 - The cost of holding the 2018 FIMM GA and related meetings in Paris was much higher than projected but this was partially offset by budgeting and setting other meetings in Prague. (Paris was €5600 over budget; Prague saved €2000 from the amount budgeted.)
 - Non-paid societal dues included societies from the following countries: France, Hong Kong, Japan, the Russian Federation, Hungary, Poland and the Slovak Republic
 - There were also costs (expended in 2018) for moving the seat of FIMM
- The Treasurer hopes to send dues invoices out by March 2020. They will be based on the membership numbers reported.

2020 Budget: See HAND OUT in the [hyperlink](#) page 8 – Also look at costs of programs over the years. (The Minutes return to ITEM #6 after the Auditors' Report [Item #7] below)

Q&A / Discussion: There was a discussion regarding possible sponsors to help with meeting costs. The primary observation was that there is a significant difficulty in attracting vendor for this type of program.

ITEM #7: Written Reports from the Auditors

No issues had been raised by the elected auditors (von Heymann & Staehr). It was reported that **Peter Staehr** (auditor) had signed his audit and submitted to authorities.

- **Motion to accept and approve the Auditor Report was passed unanimously.**

Return to ITEM #6 (6B)

(See [hyperlink](#)):

- **Motion to approve the financial report for 2018 was approved unanimously**
- **Motion to approve the 2020 budget passed unanimously**

AGENDA ITEM #8: Confirmation of the Auditors

After being nominated by delegates, **Peter Staehr (Denmark)** and **Me-Riong Kim (Korea)** agreed to serve.

- **Motion to elect Peter Staehr & Me-Riong Kim: Unanimously approved.**

AGENDA ITEM #9: Education Board Report - Ilia Todorov

(See also the [hyperlink](#) to the **EDUCATION DIRECTOR REPORT SUPPLEMENT**)

Education Board director, **Ilia Todorov**, reported that the Ed Board met yesterday following a mid-year meeting in Budapest on May 11, 2019. He reviewed the intent of the General Assembly passed in 2016 (see [hyperlink](#)).

- According to the new Article 8.1.3 of the statutes passed at that time, the number of votes at the General Assembly will be determined by the number of “qualified” physicians (or surgeons) according to the national regulations of the country of their member society.
- He also noted that the article specifies that with respect to voting numbers after the year 2023, “qualified” physicians or surgeons **must** essentially fulfill the 300 hours of training in Manual/Musculoskeletal Medicine criteria suggested by the *FIMM Guidelines for Education and Safety*.
- To the above, he noted that the TASK of the Education Board through at least 2023 is to develop and implement educational proposals and programs that will support the basic curriculum of 300 hours training in Manual/Musculoskeletal Medicine and aid FIMM members.

He expressed his pleasure in working with such an active new Ed Board and listed the following items:

- NEW FIMM EDUCATION BOARD
 - Ilia Todorov, Chairman (Bulgaria)
 - Karen Goss (Denmark)
 - Norbert Tesseire (France)
 - Stephan Vinzelberg (Germany – DGMM)
 - Negev Bar (Israel)
 - Me-Riong Kim (South Korea)
 - Javier Martinez (Spain)
 - Heather Ferrill (USA)
- Some inconsistencies in v 3.0 of the FIMM educational guidelines documents were uncovered in the review process and subsequently **recommendations were made to the Health Policy Board for some revisions.**
- After review by the Curriculum Task Force, the Danish Education Program was endorsed by the FIMM Education Board
 - **Karen Goss** was previously on the Executive Board of DSMM (Denmark) until last year however because of societal term limits, she is now their international representative. She reported on the Danish Society’s course sequence and how they broke the lectures down to know how many minutes were involved (see [hyperlink](#)).
 - **Bernard Terrier** noted that the societies present their program to demonstrate that it is offered ... not that every member has taken every hour. FIMM is here to help.
- The Ed Board now needs to officially appoint at least one member societal liaison to FIMM to answer questions and communicate educational progress/updates related to their society to the FIMM Ed Board.

Motion to Accept the Report of the Education Board Chairperson. Unanimously Accepted

AGENDA ITEM #10: Health Policy Report – Bernard Terrier

(See [hyperlink](#) to the **HEALTH POLICY DIRECTOR REPORT SUPPLEMENT**)

Bernard Terrier presented his 13th report as Health Policy Director, he also called for delegates to consider a possible successor. He had three items to discuss:

1. **Regionalization** is specified in the FIMM statutes (Article 6) as a possibility to meet our mission and enhance our performance. **“The Federation may establish those regional organizations and structures needed to enhance its performance.”** The report provided the history of the concept,

possibilities that have been previously discussed, and issues that will need to be determined if and when FIMM moves forward with regionalization.

2. FIMM *Guidelines on Basic Training & Safety (version 3)*. It was noted that upgrades and previously identified inconsistencies are needed and that a version 4.0 would be drafted during 2019-2021 with the expectation of the General Assembly would vote to adopt version 4.1 of the *Guidelines* in 2021.
3. Dr. Terrier demonstrated and explained the updated FIMM website proposal in a systematic fashion.

Discussion regarding Regionalization:

- If regionalization is pursued, what is the best balance (Strong regions? Strong central FIMM?) Perhaps need to recognize a role for FIMM to function as the “center of gravity” so that we and our mission don’t lose the cohesive focus we need.
- Beneficial tasks to meet FIMM’s vision statement might include working towards development of MM in regions that we know little about (like South America and Africa) and to recruit those who have left FIMM or moved to observational status..
- With the potential for more than one MM Society being represented in a country, it was noted that it might be best in the future not to refer to “countries” alone but to the specific societies from a given country or region.

Dr. Terrier also noted that he would appoint individuals to the Health Policy Board to fill the positions of members who are missing or no longer available.

Kudos were expressed by **Simon Vulfsons** about the work that **Bernard Terrier** put into the direction of the organization.

MOTION: The report of the Health Policy Board Director was accepted unanimously.

ITEM #11 Elections

Member at Large: The Executive Board suggested that a member-at-large should have a specific task or should fulfill a specific FIMM need prior to nominating and electing such a member. **Aharon Finestone** recommended delaying action on a member-at-large until had a task was identified but further suggested giving the position a specific name. **Michael Kuchera** provided a historical rationale for keeping the member-at-large nomenclature to represent that which was the current need, crisis, project or representation.

No action was taken with regard to nomination or election related to this position.

AGENDA ITEM #12: Fees

It was recommended that no surcharge be assessed this year but that the delegates may need to vote next year on need for additional funds if dues don’t grow. **Motion not to assess a surcharge this year: Passed unanimously.**

AGENDA ITEM #13: Membership (Admissions/Suspensions)

The candidates requesting admission are societies from Ukraine, Germany/Austria-ÄMKA and Turkey-MTAR. (See *Item 2B above for presentations given earlier this meeting.*) Major considerations by the delegates include:

- **Are they an established, organized physician group?**
 - **Are they an established organization with a focus on manual / musculoskeletal medicine?**
- a) **Germany/Austria - ÄMKA**
- Membership consideration was supported by Germany-DGMM

- **Motion to accept the Ärztgesellschaft für Manuelle Kinderbehandlung & Atlasterapie (ÄMKKA or Association of Physicians for Manual Medicine in Children and Atlas) as a member society in FIMM -- Passed Unanimously (25: 0)**
- b) **Ukraine**
- **Motion to accept the Ukraine Association of Osteopathic & Chiropractic Manual Therapists as a member society in FIMM -- Passed (23:0:2) with 2 abstaining**
- c) **Turkey-MTAR**
- **Discussion Questions/Answers** redirected to the representative for the Turkey-MTAR society
 - **When was the Society formed?** *Training with Drs. Cihan and Nazlikul started in 2012, but MTAR's registered start was at beginning of this year or the end of the last year.*
 - **What is the Core focus of the Society?** *Manual medicine (90%) with pain management and injections, reflexology, biopsychosocial elements and many complementary adjuncts (neural therapy).*
 - **How many courses in manual medicine for members have been given?** *2-3 courses in manual medicine have been conducted since beginning of the year (20-30 attended per course). No MTAR members have gone through the Society's full curriculum series.*
 - **How many instructors are in the Society?** *Dr. Nazlikul + 5 others*
 - **How much overlap is there with the other Turkish MM society that currently has FIMM membership?** *There is a significant overlap of physicians in both groups, but don't know percentage*
 - **Motion to accept Turkey-MTAR (Manuel TIP Ağrı Regülasyon Derneği or Manual Med - Pain Regulation Society) as a member of FIMM -- Failed (0:25)**
 - **Conclusion of Delegate Discussion:** *There has not yet been enough time as an organization for any of the MTAR members to go through their MM curriculum yet and there is significant overlap in membership with a Society that already represents the doctors. If Turkey-MTAR should come back to FIMM with an interest in joining, these elements should be addressed.*
- d) **Poland**
- There has been no information from Poland; attempts to contact them have failed.
 - **Motion to END the membership of the society from Poland for lack of paying dues: Passed unanimously (25:0)**
- e) **Slovak Republic**
- Dr. Kuchera reported reaching out to contact a former delegate from the Slovak Republic, Lubica Šorfová. She could not locate an active website or any societal MM activity taking place in the Slovak Republic.
 - **Motion to revisit FIMM membership status for the Slovak Republic society next year -- Passed 25:0**
- f) **Hungary**
- Former delegate from Hungary, Gabor Ormas, said he had no power to work with FIMM but offered to introduce us to **Reka Pukas**. Dr. Pukas wishes to work to reinstitute the MM organization. It was reported that in Poland, manual therapy is conducted mostly by physical therapists. MM physicians in Poland use the 340-hour Lewit based training. They formerly had Russian teachers but now the teachers are Hungarian. Existing courses are currently attended mostly by PTs with only 1-3 doctors attending. Hungary would like "observational status" to get things going again with 80 members?
 - **Motion to grant Observational Membership Status to the Hungarian society. Passed 25:0**

AGENDA ITEM #14: 2020 General Assembly

The General Assembly discussed an invitation from Italy as a possible venue for the 2020 General Assembly.

- **Carla Correggia** (Italy/SIMFER): SIMFER proposed hosting FIMM in Milan (see [hyperlink](#)). She feels that Milan is a well-known and easy to access city. They would propose holding the FIMM meeting in conjunction with their National Congress at the Milano Convention Centre which is among the biggest conference centers in Europe. With this proposal, FIMM activities could be Sept 13-16 with the General Assembly being held Sunday (9/13). FIMM lectures without hands-on workshops could be integrated on Monday (9/14) at the Sports Center. She discussed combining MM with a technology theme (SIMFER2020: The roots of the future) with key words from their SIMFER name being Sustainability - Innovation - Milan 2020 - Formation - Experience – Research.
 - The proposal in Milan was estimated by SIMFER and the FIMM Treasurer to cost €10000-14000 for the General Assembly and its committees.
 - One major concern was that the SIMFER schedule would only allow FIMM lectures on Monday (9/14) with no hands-on workshops
 - NOTE: In discussing having a General Assembly on Sunday rather than Thursday, delegates were happy to consider either a Saturday or Sunday.
- Delegates at the General Assembly felt that they did not have enough information to make a decision on the 2020 GA and so two plans were proposed with follow-up granted to the Executive Board as follows:
 - **Plan A:** Early discussions indicate a possible option in coordination with new member, AeMKA, which is associated with a Hospital and big auditorium in Hannover Germany. Their representatives will look into this possibility and correspond with the Executive Board.
 - **Plan B:** The Executive Board would stay in touch with delegates with a different proposal and vote by mail.

AGENDA ITEM #15: Other Business

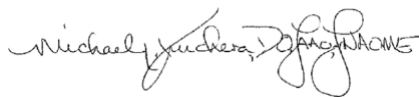
Simon Vulfsons reflected on the paucity of communication and so proposed adding a different form of communication. He will make a WhatsApp group and asks delegates to come by and check out the process.

Henk Bultman had some closing remarks and thanked all for their ideas and discussion. He noted the timetable for the city tour and dinner.

AGENDA ITEM #16: Closing the General Assembly

The president officially closed the General Assembly at 6:35PM.

Respectfully Submitted,



Professor Michael L. Kuchera, DO
Secretary-General, FIMM