60th General Assembly Varna 2025

FIMM Guidelines – 3rd Edition – v6.1

Guidelines on basic training and safety

adopted by the FIMM General Assembly on October 15th, 2013
official content version 3.0

GUIDELINES ON
TRAINING, SAFETY, EVIDENCE AND QUALITY

SECOND EDITION
adopted by the FIMM General Assembly on September 21st, 2024
version 5.1
English edition

Criticism:

- Use of outdated literature
- Insufficient ethical content

Guidelines on basic training and safety

adopted by the FIMM General Assembly on October 15th, 2013
official content version 3.0

GUIDELINES ON TRAINING, SAFETY, EVIDENCE AND QUALITY

SECOND EDITION
adopted by the FIMM General Assembly on September 21st, 2024
version 5.1
English edition

GUIDELINES ON TRAINING, SAFETY, EVIDENCE, QUALITY AND ETHICAL PRINCIPLES

THIRD EDITION
adopted by the FIMM General Assembly on October 18th, 2025
version 6.1
English issue

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What is the purpose of the FIMM Guidelines ?

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1. Protection of patients and the public

The practice of Manual Medicine must be carried out in compliance with the highest qualification and safety standards. The aim is to ensure patient safety and to minimize the risk of adverse events resulting from improper application.

2. Standardisation of Training

Training levels, competency standards, and curricula must be clearly defined and structured. These standards should enable national professional societies, educational institutions, and competent authorities to use them as binding references for examination, certification, and licensing procedures.

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3. Fostering Safety and Evidence-Based Practice

It must be ensured that contraindications, potential complications, and side effects are systematically recorded and documented. Uniform safety standards are to be established and regularly reviewed. Furthermore, the application of Manual Medicine must consistently be based on scientific evidence and established clinical guidelines.

4. Quality Assurance

To ensure and continuously improve quality in teaching and clinical practice, appropriate instruments must be introduced and regularly applied. These include internal audits, peer review procedures, re-certifications, and a structured, continuous feedback system. These measures serve to promote a transparent and accountable culture of quality within Manual Medicine.

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5. International Harmonization

Competency-based training frameworks and alignment with internationally recognised standards must be actively promoted. The goal is to support mutual recognition of qualifications and to strengthen the global credibility and comparability of Manual Medicine.

6. Cost Efficiency

Training levels, competency standards, and curricula must be clearly defined and structured. These standards should enable national professional societies, educational institutions, and competent authorities to use them as binding references for examination, certification, and licensing procedures.

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7. Ethical Guidelines

Clear ethical standards must be established, taking into account issues such as informed consent, professional boundaries, the responsible handling of power asymmetries, and gender-specific aspects. These principles are intended to strengthen the trust between practitioners and patients and to ensure a respectful and transparent therapeutic relationship.

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SECTION VII: ETHICAL PRINCIPLES IN MM MEDICINE

- ✓ Fundamental Ethical Frameworks
- ✓ Informed Consent as a Dynamic Process
- ✓ Boundaries and Power Relations in the Clinical Encounter
- ✓ Gender Sensitivity and Diversity in Practice
- ✓ Prevention of Abuse and Misconduct
- ✓ Documentation and Transparency
- ✓ Continuous Ethical Education and Reflective Practice
- ✓ Conclusions

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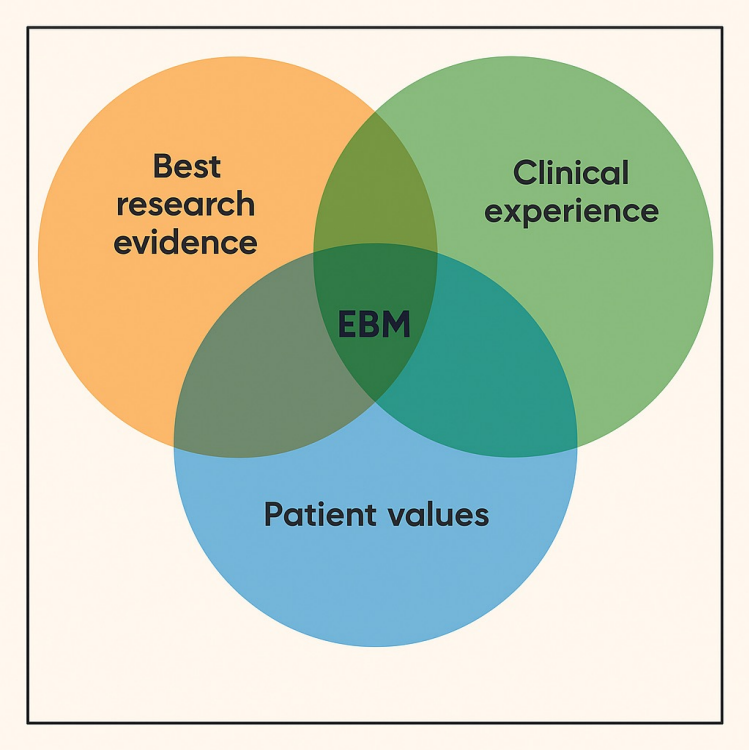
SECTION V: EVIDENCE IN MM MEDICINE



Haneline 2007

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SECTION V: EVIDENCE IN MM MEDICINE

- ✓ Substantially revised
- ✓ Significantly expanded
- ✓ Latest literature 2020-2025 discussed

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SECTION VI: QUALITY IN EDUCATION AND TRAINING IN MM MEDICINE

- ✓ Introduced in 2024
- ✓ Unchanged

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SECTION II: TRAINING IN MM MEDICINE

3.2. Overview of the Training Levels

In the regions and countries where MM Medicine has been established for a long time and where its ongoing development can be observed, the following training levels have been established and proven:

1	Level 1	Medical school level or predoctoral level
2	Level 2	MM-recognition level or facility level
3	Level 3	MM-specialist level or specialty level
4	Level 4	Master level or doctorate level

Tab. 2: Levels of education in MM Medicine.

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Variables	Educational Program	
	Structure- and process-based	**Competency-based**
Driving force for curriculum	Content – knowledge acquisition	Outcome – knowledge application
Driving force for process	Teacher	Learner
Path of learning	Hierarchical	Non-hierarchical
Responsibility for content	Teacher	Student and teacher
Goal of educational encounter	Knowledge acquisition	Knowledge application
Typical assessment tool	Single subjective measure	Multiple objective measures (evaluation portfolio)
Assessment tool	Proxy	Authentic (mimics real tasks of profession)
Setting of evaluation	Removed	In the trenches (direct observation)
Evaluation	Norm-referenced	Criterion-referenced
Timing of assessment	Emphasis on summative	Emphasis on formative
Program	Fixed time	Variable time

Tab. 1: A comparison of the elements of structure- and process-based versus competency-based educational programs, adapted from Hanyang Medical Reviews [45].

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SECTION III: CONTRAINDICATIONS, COMPLICATIONS, AND SIDE EFFECTS

- ✓ Completely revised
- ✓ Significantly expanded

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SECTION IV: SAFETY IN MM MEDICINE

In coordination with the *European Core Curriculum and Principles of Manual Medicine* (ESSOMM, 2022), patient safety remains the primary consideration in the practice of MM Medicine. The safety of spinal manipulative therapy (SMT) has been extensively discussed in the literature [64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92,93, 94, 95, 96, 97,98 99, 100].

A review on the existing literature [p].

- ✓ Completely rewritten and expanded
- ✓ Virtually all references prior to 2000 removed
- ✓ Many up-to-date references added and discussed in detail

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A review on the existing literature [p].

- ✓ Applies in particular to:

  Risks of Thoracic Spine and Rib Manipulation Therapy

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A review on the existing literature [p].

- ✓ Risks of Dry Needling
- ✓ Risks of Prolotherapy

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SECTION VIII: GLOSSARY

The glossary contains only expressions of this document.

- ✓ 2024 v5.0: 65 items
- ✓ 2025 v6.0: 77 items

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4. The Value of MM Medicine

4.1. Different Models of MM Medicine

- ✓ Cost-Effective Management of MM Medicine
  - Cost-Effectiveness Evidence
  - Strategic Implications
  - Comparative Health System Perspectives
  - Digital Health and Tele-MM Models
  - Barriers to Implementation and Policy Recommendations

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4. The Value of MM Medicine

4.1. Different Models of MM Medicine

- ✓ Mismatch between MSK Burden and Provider Competency
  - Educational Innovations in MM Training
  - Continuing Professional Development (CPD) and Certification Pathways
  - Research Literacy and Evidence-Based Practice
  - Digital Health and Tele-MM Models
  - Barriers to Implementation and Policy Recommendations

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4. The Value of MM Medicine

4.1. Different Models of MM Medicine

- ✓ Regulatory Variation in MM Medicine Practice
  - Ethical and Legal Considerations in Manual Practice
  - Cross-Border Harmonization and Global Standards
  - Future Directions: Integration with Preventive and Public Health Frameworks

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4. The Value of MM Medicine

4.1. Different Models of MM Medicine

- ✓ Training Programs at Different Educational Levels
- ✓ Minimum of Educational Requirements

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6. History and Principles

6.1. Historical Information

In East Asia, manual medicine has been used as a treatment method since the Pre-Qin (先秦) period (770–221 B.C.) under various names such as Qiaoma (喬摩), Anma (按摩), Angyo (按蹻), Anol (按扤), and Jiaoyin (嬌引). The first records containing the term *Chuna* (推拿) appeared in pediatric medicine classics of the Ming Dynasty (1368–1644 C.E.), such as *Encyclopedia of Pediatric Chuna, Formulas, Pulse, and Rescuing* (小兒推拿方脈活秘旨全書) *and Secret Tips in Pediatric Chuna* (小兒推拿秘訣)[38], which became the origin of this name today. Over time, it has developed through many transformations, absorbing the unique cultures and medical systems of various countries including China, Korea, Japan, and India.

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SECTION I :	General Considerations
SECTION II :	Training Programs
SECTION III :	Contraindications, Complications
SECTION IV :	Safety
SECTION V :	Evidence
SECTION VI :	Quality
SECTION VII:	Ethical Principles
SECTION VIII :	Glossary

ADNEXES

FIMM Guidelines 2024 v6.1

Conclusion

- ✓ Version 6.1 (2025) is a substantial update and expansion of version 5.1 (2024)
- ✓ It follows the same structural foundation
- ✓ It introduces a new section on ethical principles
- ✓ It integrates updated global evidence and data
- ✓ It expands discussions on digital health, cost-effectiveness, international harmonisation, and educational innovation

FIMM Guidelines 2024 v6.1

In essence

- ✓ Version 6.1 modernizes the 2024 guidelines by adding ethical, digital, and global policy dimensions, making it more comprehensive, evidence-driven, and aligned with current healthcare standards.

Thank you