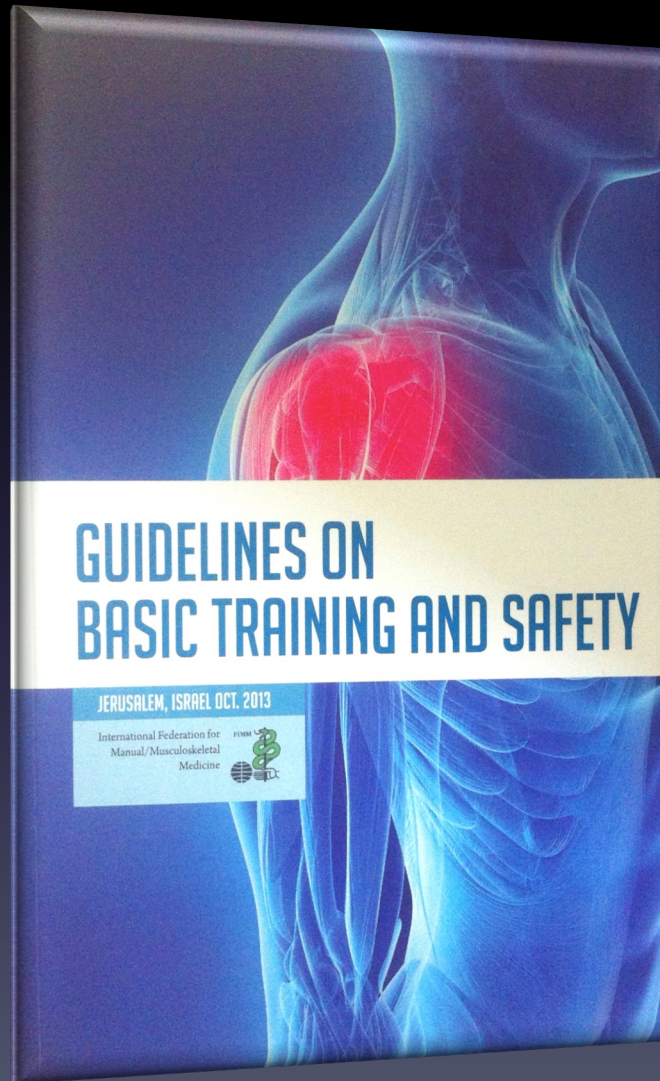


17th HPB Report 2023



FIMM Health Policy Board

Revision of the FIMM Guidelines



Many editorial changes achieved

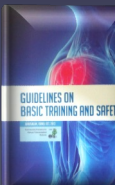
Guidelines on basic training and safety

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



Guidelines on Basic Training, Safety, Evidence and Quality

SECOND EDITION
adopted by the FIMM General Assembly on mm dd, yyyy
version 4.0 **beta**



Definitions revised

2. Introduction

2.1. Manual Medicine

2.2. Musculoskeletal Medicine

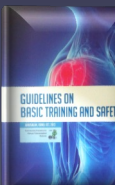
2.3. Neuromusculoskeletal Medicine

2.4. Manual Therapy

2.5. Arthrokinematics

2.6. MM medicine

Missing: Others (Korea, etc.)



Pathways revised

4. Educational pathways

4.1. Europe, Australia, New Zealand, Israel, South America, Japan

The acronym *MM medicine* defines all scopes of Manual Medicine and the non-operating part of Musculoskeletal Medicine, also including Neuromusculoskeletal Medicine, Manual Therapy, Arthrokinematics and others.

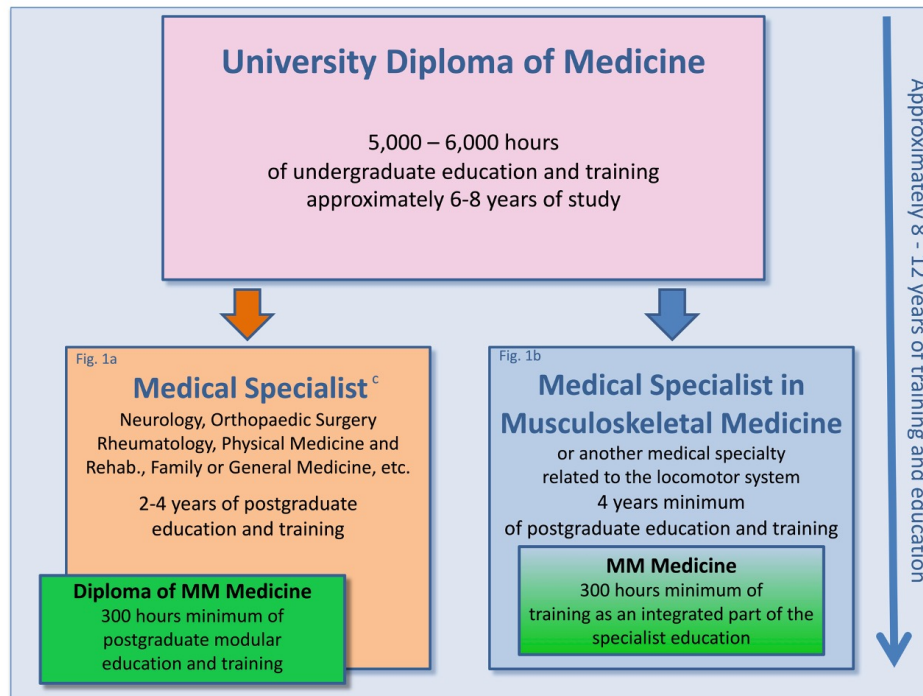


Fig. 1a: The *capacity model*. Manual Medicine is a subspecialty or capacity in relation to any medical resp. surgical specialty^c dealing with clinical medicine.

Fig. 1b: The *component model*. Manual Medicine is an integrated component of the curriculum of the medical specialty of Musculoskeletal Medicine or another medical specialty related to the locomotor system.

Some responses

Denmark says: it is ok.

New Zealand says: Best wishes all.

Apologies to Bernard for slowness on our diagram.

Some responses

4.2. USA, (Some provinces of Canada): Doctors of Osteopathic Medicine (DO)

**University/College Bachelor Degree (BA or BS)
PLUS American Osteopathic Medical Degree (DO)**

8 years of total study

MM Education
300 hours of
predoctoral modular
education and training

Integrated in last 4 years



Fig. 2a

DO Specialist in any Field

3-8 years of post-graduate full-time
education, training & supervised practice

**Added Specialty-Specific
MM Education (Added Capacity)**
Variable hours in "Osteopathic-
Recognition" Residency Programs

Fig. 2b

**DO Neuromusculoskeletal
Medicine (NMM) Specialist**

3 years of post-graduate full-time
education, training & supervised practice

**Integrated Specialty-Specific
NMM Education**

>1200 hours in Residency Program

Some responses

4.2. USA, (Some provinces of Canada): Medical Doctors (MD)

**University/College Bachelor Degree (BA or BS)
PLUS American Allopathic Medical Degree (MD)**
8 years of total study



Fig. 3a
Specialist in any Medical/Surgical Field
Choosing “Osteopathic Recognition”
Residency
3-8 years of post-graduate full-time education, training & supervised practice

MM Education
300 hours of
post-doctoral modular education and training

PLUS Specialty-Specific MM Education (Added Capacity)
Variable hours in “Osteopathic-Recognition” Residency Programs

Fig. 3b
Specialty in Neuromusculoskeletal Medicine (NMM/OMM) Choosing “Osteopathic Recognition” Residency
3 years of post-graduate full-time education, training & supervised practice

MM Education
300 hours of undergraduate modular education and training

PLUS Integrated Specialty-Specific NMM Education
>900 hours in Residency Program

Fig. 3a: MD training in the USA include the choice to choose an “osteopathic” residency program with specialty integration for additional Specialty (Level 2) applications.

Fig. 3b: MDs trained and certified in a specialty field of Neuromusculoskeletal Osteopathic Manipulative Medicine fulfill the FIMM Doctorate Model education.

GA 2022

There are more ways to reach diploma



300 hours of training

Glossary extended

8. Glossary

The glossary contains only expressions of this document.

Arthrokinematics | Arthrokinematics is the field of kinematics that is a study of the interrelation between the surfaces of synovial joint.

Articular neurology | The branch of neurology that involves the study of the anatomical, physiological, and clinical features of the nerve supply of the joint systems in various parts of

2013: 31 items

2023: 54 items

Categories of educational levels rewritten

3. Categories of education in MM medicine

3.1. Category 1, Undergraduate Level

3.2. Category 2, Facility Level

3.3. Category 3, Specialty Level

3.4. Category 4, Master or Doctorate Level

2013

3. Categories of education in MM medicine

3.1. Category 1, Medical School or Predoctoral Level

3.2. Category 2, MM-Recognition or Facility Level

3.3. Category 3, MM-Specialist or Specialty Level

3.4. Category 4, Master or Doctorate Level

2023

Important adjustments

The 300 hours criterion is questioned as many member societies are implementing competence-based rather than structure and process-based training programs.

Shift from 300 hrs to competence and expertise

3.2.1. Competence-based definition

The skill set includes clinical expertise relating to axial and appendicular structures, pelvis and the associated soft tissues. This consists of adequate knowledge of anatomy, biomechanics, and physiology of the locomotor system to provide a basic skill set of safe and effective manual techniques to accomplish clinical goals.

3.2.2. Structure and process-based definition

This category corresponds in the Bologna concept to a CAS (Certificate of Advanced Studies), which allocates 10 to 15 ECTS (European Credit Transfer System ^{25 26}).

Important adjustments discussed

competence-based training
shall be equivalent to
structure and process-based training.

The same shall be true for
Educational Programs and Curricula.

FIMM Statutes: Article 3

2.3 After **2025** Ordinary members are obliged to identify and present an educational curriculum which fulfils the **300 hours of training** ...

SECTION 2: significantly expanded new literature references

SECTION 2: SAFETY IN MM MEDICINE

1. Introduction

In general MM procedures are safe and effective. Safety is, or should be, the prime concern of all medical practice. *Primum non nocere* – First do no harm.

Harm includes both physical and psychological aspects. It is equally important to support and repair psychological damage as it is to help heal physical damage. This is done by affirming wellness and independence rather than encouraging the concept of disease and creating dependence.

SECTION 3: new section

SECTION 3: EVIDENCE IN MM MEDICINE

1. General Considerations

Evidence based Manual Medicine (EBM) is not different from evidence based medicine in other medical specialties.

“Evidence based medicine is the conscientious, explicit, judicious and reasonable use of modern, best evidence in making decisions about the care of individual patients. EBM integrates clinical experience and patient values with the best available research information. [...] The practice of evidence-based medicine is a process of lifelong, self-directed, problem-based learning clinically important information a

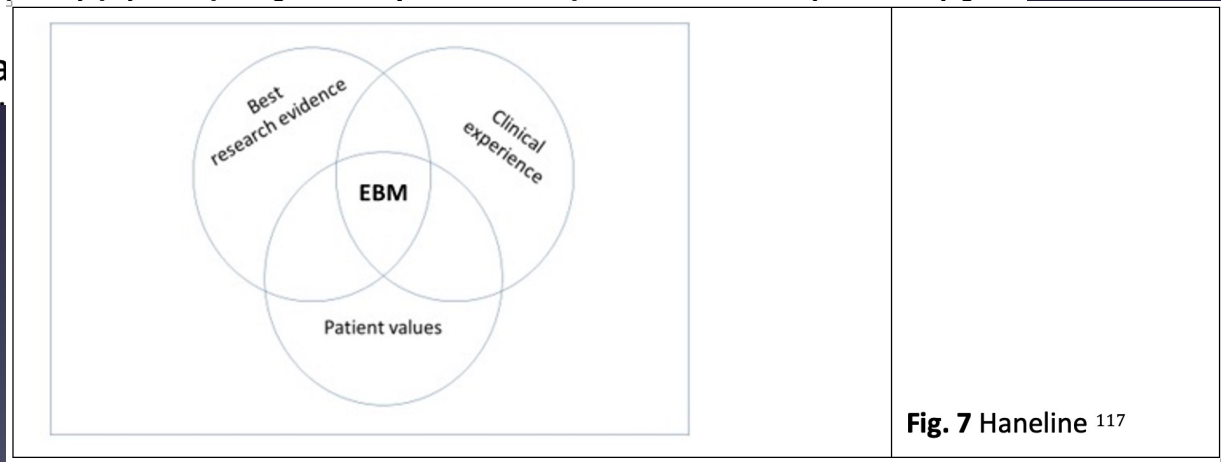


Fig. 7 Haneline 117

SECTION 3: new section



REPRODUCIBILITY AND VALIDITY STUDIES

of
Diagnostic Procedures in Manual/Musculoskeletal
Medicine

Protocol formats

THIRD EDITION

FIMM SCIENTIFIC COMMITTEE

Editor: J. Patijn, MD, PhD

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RANDOMISED, CONTROLLED EFFICACY-TRIALS
IN
LOW-BACK PAIN PATIENTS
A protocol format

FIMM SCIENTIFIC COMMITTEE

Editor: Lars Remvig, MD, DrMedSci

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SECTION 4: new section

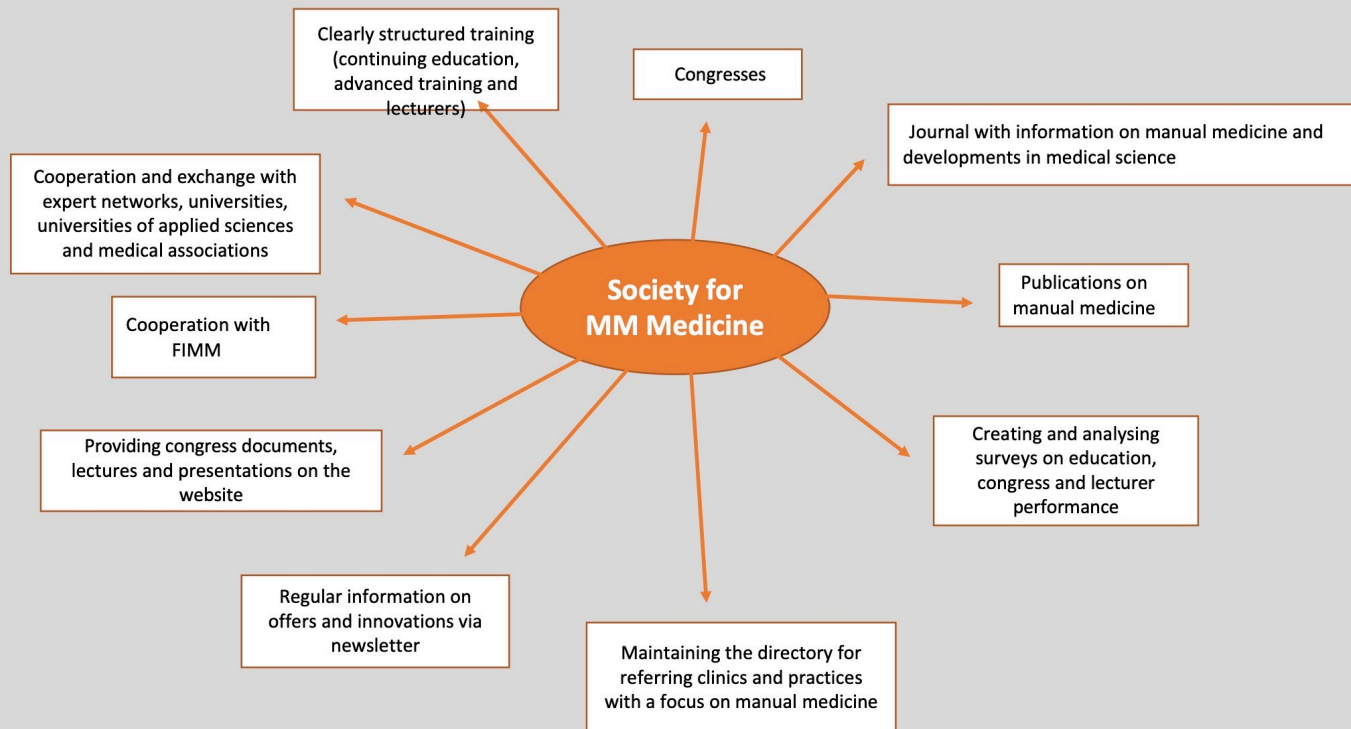
SECTION 4: QUALITY IN MM MEDICINE

Quality in medicine is based on evidence-based professional knowledge and is critical for achieving universal health coverage.



Quality in MM: Vision sketches

Further quality assurance instruments



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Where to go ?

How to proceed ?

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Education

(Concernes the Education Board)

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Education
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Science
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Education

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Science

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Health Policy

(Concerns the HP Board)

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Science
(Concerns the Science Board)

Health Policy
(Concerns the HP Board)

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Education

(Concerns the Education Board)



Science

(Concerns the Science Board)



Health Policy

(Concerns the HP Board)

**Adjusting Art. 3
of the Statutes ?**



Executive Board

Joint strategy meeting in Spring 2024

betta → alpha

among other pending topics

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FIMM Executive Board

* replaces Prof. Berit Schiøttz-Christensen, Denmark

Thank you.