



FIMM

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

Minutes of the 2014 FIMM General Assembly
Bratislava, Slovak Republic

Secretary-General

Draft Version for Approval at 2015 General Assembly

Twenty-two (22) persons representing seventeen (17) National Societies from around the world convened in Bratislava for the 49th FIMM General Assembly (GA). All were cordially greeted by **Štefan Bodnár, MD**, president of our host National Society, the Slovak Society for Myoskeletal Medicine.

1. **Opening the 49th FIMM GENERAL ASSEMBLY (Bratislava Hotel Avena)**

- The 49th General Assembly of FIMM was officially opened at 9:20 AM.
- **Wolfgang von Heymann**, Acting FIMM President welcomed the delegates and again formally thanked the Israeli National Society for having hosted the prior General Assembly (GA) held in Jerusalem 2013.
- Invitations and Agenda were previously distributed to all National Societies and posted on the FIMM website, www.fimm-online.com. The president announced a minor change in order. The GA delegates offered no objection, comments or additional items of interest.
- **Viktor Dvorak**, FIMM Treasurer, announced that a Winery Tour outside of Bratislava would take place immediately after the GA and would be followed by the FIMM Reception and Delegates Dinner (cost €60 – which includes transportation, tour, dinner and wines).
- By unanimous acclamation, GA delegates accepted **Nadezhda Krasnoyarova** (Kazakhstan) and **Nadine Fouques-Weiss** (France) to count votes.
- **Attendance at the 2014 General Assembly of FIMM:**
 - **Executive Board Members:**
 - **Wolfgang von Heymann**, Vice-President and Acting President
 - **Michael L. Kuchera**, Secretary-General
 - **Viktor Dvorak**, Treasurer
 - **Bernard Terrier**, Health Policy Board Chairperson
 - **Marc-Henri Gauchat**, Educational Board Chairperson
 - **Sergey Nikonov**, Science Director
 - **National Society Delegates Attending (& Guests Present at GA):**
 - *Australia: No representative*
 - *Belgium: No representative*
 - Bulgaria: **Todor Todorov** (President) with **Iliia Todorov**
 - Canada: **Craig Appleyard** (President)
 - Czech Republic: **Vlasta Tosnerova**
 - Denmark: **Helle Borgstrøm** (President) with guests **Niels Jensen** and **Peter Staehr**
 - *Estonia: No representative*
 - Finland: **Olavi Airaksinen** (President)
 - France: **Nadine Fouques-Weiss**
 - Germany: **Wolfgang von Heymann**
 - Hong Kong: **Andrew Ip** (President)
 - *Hungary: (No representative)*
 - Israel: **Simon Vulfsons** (President) with **Yacov Fogelman** and **Aharon Finestone**

- Italy: (No representative)
- Japan: (No representative)
- Kazakhstan: **Nadeshda Krasnoyarova**
- Netherlands: **Sjef Rutte**
- New Zealand: (No representative for this observer status NS)
- Poland: (No representative)
- Russian Federation: **Sergey Nikonov**
- Slovak Republic: **Štefan Bodnár** (President)
- Spain: **Javier Martinez**
- Switzerland: **Marc-Henri Gauchat** with FIMM Executive Board members Terrier & Dvorak
- Turkey: **Cihan Aksoy**
- USA: **Michael L. Kuchera**

See ADDENDUM 1 at the end of these minutes for attending members' contact information.

• **Voting Status Summary:**

- **Not eligible to vote:** Belgium, Italy, and Poland (Unpaid dues and no delegate attending)
- **One vote per attending NS delegation (with no proxy submissions from absent National Assemblies):** For the 49th GA, there are 17 certified votes possible.

2. **Presentations of the Representatives of the National Societies** (limited to 4 minutes each) **See also summary .pdf titled "2014 FIMM General Assembly – National Society Presentations"**

- As President for the Slovak Society for Myoskeletal Medicine (SMSM), **Štefan Bodnár** presented for the Host National Society. SMSM is a member of the Slovak Medical Association. Since 2008 when the PMR Boards became a basic option in Slovakia, MM education has been included in the PMR specialty curriculum. The SMSM has 125 members. There has been little growth and there is concern that fewer young physicians are using manual medicine or joining the Society because of poor reimbursement.

SUMMARY CHART OF DELEGATE REPORTS –

Country – Number in Group – Society – Representative(s)	Voting Status @ GA	Summary Comments or Issues Raised (Also see .pdf of Representatives' Presentations)
HOST COUNTRY Slovak Republic: Slovak Society for Myoskeletal Medicine (n=125) Štefan Bodnár (President)	Active	<ul style="list-style-type: none"> • SMSM is member of the Slovak Medical Association. • Since 2008 when the PMR Boards became a basic option in Slovakia, MM education has been included in the PMR specialty curriculum. • There has been little growth coupled with concern that fewer young physicians are using manual medicine because of poor reimbursement.
<i>Australia</i>	<i>no</i>	<i>No representative, no presentation; Skype failure</i>
<i>Belgium</i>	<i>no dues</i>	<i>No representative / no response / no report</i>
Bulgaria: Bulgarian Society of Manual Medicine (n=35) Iliia Todorov reporting with Todor Todorov (President)	Active	<ul style="list-style-type: none"> • BSMM had elections in March; the Todorov's were reelected • Education is well-received but those who have taken the training are not joining the National Society • In response to requests, they are changing the national educational course from [3 sessions of 7 days each] to [7 sessions of 3 days each] • Currently 210 hr curriculum; working to see how increase to 300 hours; Problem with limited numbers of teachers • Moving courses from Varna (east) to central site • Question asked: <i>If courses were taught in English, how many of the physicians would be able to adequately understand?</i> Answer: <i>About 50% ... (most older doctors do also speak</i>

		<i>German)</i>
<p>Canada (Canadian Association of Orthopedic Medicine) www.caom.ca n=55</p> <p>Craig Appleyard (President) reporting</p>	Active	<ul style="list-style-type: none"> • A new president will be elected in October • Primary challenge is lack of growth (new doctors not taking on MM; Family Practice doctors just out of training paid very well; manipulation delisted in Ontario & Quebec • 2nd challenge is the NS move towards prolotherapy with declining emphasis on manual medicine (2 members have been arguing about the need to go back to MM basics and they agreed to reemphasize MM but did not move as far in that direction as wished)
<p>Czech Republic (Czech Association for Myoskeletal Medicine) n=310 (especially rehabilitation specialists)</p> <p>Vlasta Tosnerova reporting</p> <p><i>President: Jana Jandova ; Scientific Secretary: Alena Kobesova; Treasurer: Vlasta Tosnerova</i></p>	Active	<ul style="list-style-type: none"> • By law, courses are in education institutions (Prague/Brno) with regional courses: Hradec Kralove/Olomouc/Zlin) n=10-20 attendees with 1:6-9 faculty ration (numbers declining); Refresher course for teachers; Board of MM sends proposals/remarks to Czech Ministry of Health • MM is taught as part of Rehab Med & is also an optional subject in the med school at Charles U (Hradec Kralove) • Emphasis on functional diagnosis & treatment – then develop kinesiological muscle activation • If graduated pre-2010, must attend course to learn new material • Have no osteopaths or chiropractors in the Czech Republic
<p>Denmark Danish Society of Musculoskeletal Medicine (DSMM) n=577 (multiple specialties)</p> <p>http://www.dsmm.org/forside.html</p> <p>Helle Borgstrøm (president) reporting with Neils Jensen & Peter Staehr (secretary)</p>	Active	<ul style="list-style-type: none"> • Big step: DSMM now recognized as member of LVS (the Association of Medical Specialties in Denmark) and MM is registered as a “Multidisciplinary discipline” http://www.laeger.dk/portal/pls/portal/!PORTAL.wwpob_page.show?_docname=10583064.PDF • 300 hours needed to reach diploma status; teacher ratio for courses is 1:6, • FIMM Category II Facility level has 76 doctors at diploma level; 10 recognized teachers with diplomas (start as assistant then move up ... never teach alone) • Last week was a demonstration to 80 young students; over 2000 physicians have taken 1 or more DSMM course • Copenhagen was offered as a possible site for 50th FIMM General Assembly in 2015
<i>Estonia</i>	<i>no</i>	<i>Email → Membership is now inactive</i>
<p>Finland Finnish Association of Manual Medicine (FAMM) n=260 (especially GP and Rehab Med specialists)</p> <p>Olavi Airaksinen (president) reporting</p>	Active	<ul style="list-style-type: none"> • Steady membership; own society diploma; 4-6 basic courses/yr plus annual meeting & week-long annual Lapland course; multi-topic web-based lectures & demos; multiple courses for physicians; orientation courses for medical students; pain education for GPs; own Diploma course; close ties to Eastern University of Finland (Kuopio & Helsinki) including an orientation course for medical students • Members have heavy international outreach: Nordisk contact Committee” (Scandinavian collaboration); IAMMM; EU Cost B 13; International Round Table etc. • AWARDS: Member, Marinko Rade won young Spine young investigator award of year; MM Course won “Best Education Program” from Finnish Medical Assoc 2-28-14 • Sportsmed conference in Helsinki (Viktor Dvorak on program) • Granted 3.5 million euro funding: Horizon 2020 Research & Innovation Framework Program dealing with incontinence in women; 1/3 to Kuopio (Airaksinen) which will partially support manual medicine, EMG feedback and rehabilitation

<p>France: French Society of Orthopaedic & Osteopathic Manual Medicine (SOFMMOO) n=500 http://www.sofmmoo.com and www.mediosteo.fr</p> <p>Nadine Fouques-Weiss reporting</p> <p><i>President: N Teisseire; Secretary-general: D. Cypel; Treasurer: M. Rozenblat</i></p>	<p>Active</p>	<ul style="list-style-type: none"> • Official university courses organized by 15-16 French universities (2 years for a GP; 1 year for specialist; Specialty level); MM not considered a European specialty need to be a physician who passes a test prior to enrolling in university course • Many private weekend courses by local sections; annual meeting again this year with FEMMO (European Manual Medicine and Osteopathy Federation); • Problems: Non-MD osteopaths able to legally practice since 2007 and many private non-MD schools flourishing • MD in MM can ask Prefect to validate the MM diploma as an osteopathic diploma if guarantee 1250 hrs training in osteopathy • Official French version translation of the FIMM <i>Guidelines on Basic Training & Safety</i> by Cypel, Fouques-Weiss & Teisseire
<p>Germany: Deutsche Gesellschaft MM + n=5129 (MWE=2857; DGMSM=1373; AEMM=899)</p> <p>Wolfgang von Heymann (DGMM vice-president) reporting</p>	<p>Active</p>	<ul style="list-style-type: none"> • DGMM is umbrella organization for 3 MM physician groups (MWE, DGMSM and AEMM) all at minimum of Specialty level (320 hr) • German Chamber of Physicians decided in 2009 that osteopathy is part of medicine (so defined qualifications, certificate regulations & curriculum) & in 2013 decided “osteopathic procedures” able to be fulfilled by medical specialists with 160 hrs additional education/training (structured curriculum now defined & all DGMM groups agreed to offer this additional training); means Chamber of Physicians certificate based on minimum of 480 hrs in manual/osteopathic content with official final test • Osteopathic regulation in Europe summary (<i>Healthcare Professions Crossing Borders</i>, Oct 31, 2013): <ul style="list-style-type: none"> - Osteop regulation + EU registration: Finland, Iceland, Lichtenstein, Malta, Switzerland, UK - Osteo regulation + Non-EU registration: France Hungary, Latvia, <i>Portugal</i> - Regulated treatment but no professional regulation: <i>Belgium</i>, Bulgaria, <i>Italy</i>, Romania, Slovenia - Considering regulation: Germany, Ireland, Norway, <i>Spain</i> - Not regulated / no plans: Austria, Cyprus, Denmark, Greece, Sweden - Unclear: Central & Eastern Europe • Use of Comité Européen de Normalisation (CEN) standards doesn't override national legislation but serves as standard in countries where none exists (“soft law”). Anticipated published standard for osteopathy in spring 2015 and national implementation where there is no regulation. DGMM taking action against lay-osteopaths trying to set up new profession using CEN standards. • Active seminar and special seminar series (pediatrics, translational research, etc.); symposium to try to remove requirement for cervical X-ray prior to HVLA; working to add more MM to orthopedic and trauma curricula
<p>Hong Kong: Hong Kong Institute of Musculoskeletal Medicine (HKIMM) n=61</p> <p>Andrew Ip (President) reporting</p>	<p>Active</p>	<ul style="list-style-type: none"> • Established 10 years ago (2005); mission to disseminate skill & knowledge of MSK Med among medical profession, support clinical research & promote among public; joined FIMM in 2011 • 48 members→61 as finish last course in week; includes 16 fellows (written & clinical tests 8 just passed this year) • Teaching consists of 6 modules over 2 years ... Macau

		<p>teaching is 1 hour ferry ride away; Grants a certificate of practical musculoskeletal medicine (CPMM) to help doctors acquire basic skills to make MSK diagnoses & tx with hands, regenerative injections & rehab</p> <ul style="list-style-type: none"> • Mission Video shown; invited MM colleagues contact when we go to Hong Kong
<i>Hungary</i>	<i>No dues</i>	<i>No representative / no report</i>
<p>Israel: Israel Society of Musculoskeletal Medicine n=84 MD full members and 47 non-MD associate members (to insure good interprofessional exchange)</p> <p>Yacov Fogelman reporting</p>		<ul style="list-style-type: none"> ○ Vision/Mission: "Musculoskeletal education for every doctor in Israel;" Primary burden of MSK Med is on hands of GPs in the gatekeeper role so their education is a primary focus (but also education to orthopedic group etc.) ○ Realizing the vision and mission with slogan, "Touching the Pain;" HMO remuneration for MM was achieved ○ Basic course of 100 hours (35 GPs usually attend) → 300 hours if continued interest (courses in pain medicine = 252 hrs plus 50 hrs practicum; over 2-year period) for Diploma in Pain and Musculoskeletal Medicine ○ US International speakers including Gerwin for myofascial pain and "Anatomy Trains/MFR" several times; Annual conference Dec 2014
<p><i>Italy (SIMFER)</i></p> <p>Scientific section has n=150</p> <p>Letter from Guido (president) and Carlo Mariconda</p>	<p><i>No dues; no rep; no vote</i></p>	<p><i>No representative; Email → unable to attend or possibly will be unable to pay dues this year; Nadine Fouques-Weiss offered to check and encourage</i></p> <ul style="list-style-type: none"> • Letter from Carlo Mariconda & Guido Brugnoli from SMM-SIMFER letter notes: MM & HVLA is physician-only (chiropractors must act under Doctors' supervision) however osteopaths practice anyway causing serious crisis in MM in Italy & reducing the number of patients who come to experts physicians. Physicians prefer osteopathy courses, resulting in sharp decrease in demand for Manual Medicine courses. The University Master for physicians (Univ "La Sapienza," Rome) was suspended due to lack of enrolled. To counter this trend, they believe they must offer Doctors attending MM courses extensive training to use specific medical therapies complementary to manipulation (infiltrations; auto-traction; minimally invasive pain management techniques). • <i>Comment / Observation: Many of the Italian doctors do not touch or have hands-on labs in training (prescription > manual); manual medicine needs the hands! Not paying this year so need to watch</i>
<p><i>Japan (Medical Society of Arthokinematic Approach)</i> n=500</p>	<i>No rep</i>	<p><i>Email report that have had no change</i></p> <ul style="list-style-type: none"> • Mailed PowerPoint included in delegates presentation pdf • Founded 1990; 55 supervising doctors, 30 specialists, 7 who certify (accreditation is 5 years membership, minimum of 8 required courses, written & practical test) • Use trademarked AKA-Hakata method
<p>Kazakhstan: Kazakhstan Association of Manual Therapists and Osteopaths n=48 Nadeshda Krasnoyarova report</p>	Active	<ul style="list-style-type: none"> • Annual scientific & practical conference this year on "Actual Problems of Neurology" in Almaty; Seminars on osteopathic techniques led by faculty member from the Osteopathic Institute in St Petersburg (for pain) & by French DO (fascia) • 2014 book on methodical management of fasciae/dysfunctions • Activities started by Institute of Osteopathic Medicine
Netherlands: Dutch Society	Active	<ul style="list-style-type: none"> • Chose to be recognized as a sub-specialty (special profile)

of Orthomanual Medicine n=133 Sjef Rutte reporting		<p>physician); Seek protected title for “Physician for M/M Medicine”</p> <ul style="list-style-type: none"> • Program with 4 post-grad & 12 accredited instructional courses; official education 2 years full-time >300 hours (reported that this is closer to 900 hrs; totally meet educational guidelines for Dutch specialists • There is a 2-year education program with 6 students enrolled; a Master of Science in M/M Medicine (97 ECTS points with thesis) at Vrije University Brussels
New Zealand: New Zealand Association of Musculoskeletal Medicine (NZAMM) n=50	Observer Status	No representative / no response / no report
Poland	No dues	No representative / no response / no report <i>Bortosz Chudzik is reportedly the new president, with Robert Panczyk as VP and Dr Oboza still as secretary; Dr von Heymann wrote all but no response</i>
Russian Federation: Russian League on Manual Therapy n=428 Sergey Nikonov reporting	Active	<ul style="list-style-type: none"> • Manual Therapy in Russia became an independent state-recognized specialty in 1997; recent National award from Minister of Health & Prime Minister to best doctors in “the Calling” created a scientific substantiation of this new medical specialty • 2 societies: Russian League of Manual Therapy (journal accepted by Med Academy and is the uniting respected journal as in PhD) and Russian Association of Manual Therapy; FIMM group in Russia are all specialty physicians working with Manual Therapy licenses; the name is important and came from long consideration (originally thought “vertebrologists” or vertebroneurologists but others said their specialties covered these; latin name <i>therapia</i> connotes physician-level service in Russia); note that they address the peripheral neural system; not pain management because visceral pathology and psych could give pain; >20,000 manual med practitioners (but not active) • There are Russian osteopaths that are MDs but most learned from lay osteopaths in France and take their test there; osteopaths moved last year to become a medical specialty but this was signed by the minister of <u>education</u> (not the minister of health); insurance does not pay for osteopathy but does pay for manual therapy • Education: 12-hour acquaintance course at the University introduces MM to those who might be interested; refresher coursework of 125 hours every 3 years required; program designed and revised every 5 years with multidisciplinary team; >500 hours in curriculum; neurological and orthopedic special training required (had considered pediatricians in prior years)
Spain: Sociedad Española de Medicina Ortopédica, Osteopática y Manual (SEMOOYM) n=90 (most rehabilitation specialists) www.semooym.org is new Javier Martinez presenting	Active	<ul style="list-style-type: none"> • Biggest step towards recognizing MM Med in Spain is dossier on MM Med sent recently by SEMOOYM to National Board of Health (would allow Spain to have full standardization of the MMM specialty • Master’s degree course in Madrid backed by (but not run by) SEMOOYM; consists of 32 ECTS • SEMOOYM has beginning & advanced seminars (part of rehab specialty training) along with annual international congress

		<ul style="list-style-type: none"> Completed 5 rounds of train-the-trainers programs in MM to increase educational standardization Question: MM payment in Spain? Answer: Most encounters are now private pay; free in some hospitals with MM by rehab Courses are increasing in the courses and more popular
<p>Switzerland: Schweizerische Aertze-gesellschaft für Manuelle Medizin; Swiss Society of Manual Medicine; Société médicale suisse de Médecine Manuelle (SAMM) n=1200 approximately (less due to retiring baby boomers)</p> <p>Marc-Henri Gauchat reporting</p>	Active	<ul style="list-style-type: none"> SAMM has a College of 21 Teachers; Delivers 8 basic courses in German and in French There are 8 modules plus a final exam (380 hours over 28 days over 2 years) ... after final exam → certificate in MM which is valid for 5 years. 50 participants in 2014 for the new curriculum Old certificate may be replaced with new one soon Continuous education arranged through 10 regional practical workshops of ½ to 1 day Annual Congress Nov 27-29 upper cervical spine and facial pain (Interlaken) – 700-800 attend per year
<p>Turkey: Manuel Tıp Derneği (MTD) or Manual Medicine Association n=68 (active); n=49 paid</p> <p>Cihan Aksoy presenting</p>	Active	<ul style="list-style-type: none"> 35 have finished basic 120-hr course series; 23 have completed basics + exam for “Certificate of Advanced Studies – Basics in Manual Medicine”; maybe future “master of advanced studies” (MAS); anticipate end of year some members will reach diploma status (capacity) 6 courses in 2014; 108 doctors attending regular course certificate after each 30-hour course 3000 members in Turkish Rehab (Lewit → Todorov → von Heymann has led to MM education); MM society works with the BTR (Scientific Complementary & Regulation Assoc) since 2008; program under auspices of Turkish PM&R Society (Istanbul Univ) TV show explaining MM (also newspaper; university intro info); Must examine patients in just 3-5 minutes (unhappy doctors) Thanks to Prof Todorov (founder of MM in Turkey) and to W von Heymann intensive teaching there
<p>United States of America: American Academy of Osteopathy (AAO) n=1641 physicians (plus 8535 student members) in the American Academy of Osteopathy (AAO)</p> <p>Michael L. Kuchera reporting</p>	Active	<ul style="list-style-type: none"> Neuro-musculoskeletal Medicine (NMM) is a nationally recognized specialty requiring full-time residency training over and above basic FIMM-defined capacity-level training; in the USA there are 946 physicians with component level (60-150 new pass their tests each year) Approximately 5000 new students per year graduate from 37 universities/colleges where component-level faculty teach the MM capacity model (>300 hours/4 years); all chairpersons and the vast majority of MM teaching faculty are nationally certified, NMM-specialists who are AAO members NMM-specialty nationally board-certified AAO members (component level) direct and daily supervise training in all 36 full-time NMM residency programs; NMM alone or combined with Family Practice or Internal Medicine specialties (FP/NMM; IM/NMM); also a 1-year long advanced standing MM program for other specialist called “Plus-1” is available AAO NS educational program standards require vetted, specialty-level faculty and hands-on programs with a maximum of a 1:8 faculty : participant ratio. AAO members routinely participate in multiple regional, state, national and international programs; all are required to obtain

		<p>>150 hrs/3 years of continuing medical education to maintain their certification</p> <ul style="list-style-type: none"> • More than 30 AAO members meet twice annually to coordinate core curriculum, glossary of terminology & update educational materials which are then disseminated regionally • Negotiations in USA for unified residency match may lead to developing path for teaching-credentialing MDs at each FIMM level including specialty in NMM
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3. **Matters Arising from the Minutes of Last General Assembly (Jerusalem, Israel)**

- Minutes of the last General Assembly had been posted on FIMM website and were most recently mailed to all National Societies in August.
- **MOTION (Passed unanimously):** Minutes of the 2013 General Assembly minutes were accepted as published.

3. **Report of the (Acting) President (Wolfgang von Heymann)**

- Delegates were reminded that the current FIMM leadership situation arose as a consequence of the unfortunate and untimely death of our previously elected president, **Palle Holck**. The contingency in this situation involved the vice-president serving in the capacity of the acting president of FIMM. This will be the last report of WvH in his capacity as acting president. The FIMM Statutes do not allow for election to back-to-back presidential terms. He has now served nearly 8 years in this capacity.
- A major message to those supporting the field of Manual Medicine was made. Stakeholders in the MM field cannot afford to have “split energy” focus; forces in MM have to be united. Models and examples of collaboration are now in progress and were discussed (see below). Specifically mentioned were actual and hoped for interactions between FIMM (and/or its National Societies) and the International Academy of Manual / Musculoskeletal Medicine (IAMMM), ESSOMM, UEMMA and UEMS-MJC.
- A meeting was convened with the SOFMMOO Executive Board. The meeting focus was to clarify almost 5 years of misunderstandings and lack of translation into French. To assuage any concerns about the *Guidelines on Basic Training and Safety in MM* (particularly to resolve any misunderstanding from lack of translation), they agreed to a French translation of Content version in English 3.1 which will be discussed and voted upon later in this meeting.
- The Executive Committee met in Berlin, April 12th. While there were no definitive decisions, there was discussion of a possible shortened presidency period and/or involvement of National Societies in a rotating presidency.
- At the 2014 ESSOMM meeting in Rome (May 23-24) it was noted that a complete basic curriculum should be presented to Union Européenne des Médecins Spécialistes – Multidisciplinary Joint Committee (UEMS-MJC) to produce evidence that ESSOMM is an active MJC. The first 60 hours are completed and work continues on the overall 120-hour basic curricular course. Decisions at this meeting included aspects of the curriculum in MM diagnostics, principles of MM (neurophysiology), and a schedule for a 120-hour basic course.
 - These will be published on the ESSOMM website: www.essomm.eu
 - The ten members of ESSOMM and their presidents were identified as: AEMM (Germany), President **Wolfram Linz**; AEMKA (Germany), President **Stephan Martin**; AITEDOMM (Italy), President **Manlio Caporale**; AMTVDNS (Bulgaria), President **Marietta Karadjowa**; DGMSM (Germany), President **Mathias Psczolla**; DSMM (Denmark), President **Helle Borgström**; MWE (Germany), President **Wolfgang von Heymann**; ÖAGMM (Austria), President **Hans Tilscher**; ÖAMM (Austria), President **Heinz Mengemann**; SAMM (Switzerland), President **Ulrich Böhni**
 - The Executive Board members of ESSOMM were identified as: **Hermann Locher** (Germany); **Ulrich Böhni** (Switzerland); **Federico Disegni** (Italy); **Wolfgang v. Heymann** (Germany); and **Michaela Habring** (Austria). The Advisory Board consists of: **Markus Schilgen** (Germany); **Alexander Lechner**

- (Austria); **Lothar Beyer** (Germany); **Niels Jensen** (Denmark); **Wolfram Linz** (Germany). Also noted were two new observatory members: BIMM (United Kingdom) and NVOMG (The Netherlands)
- In establishing or re-establishing strategic relationships, FIMM leadership is in discussion with the International Academy of Manual/Musculoskeletal Medicine (IAMMM); perhaps even looking to a joint meeting in the future. With that organization in particular, we need better and closer discussion/collaboration regarding the overlapping portions of our missions and membership. Also; it was noted that the president of UEMMA (**Victoria Sotos-Boras**) came to the ESSOMM Rome meeting. It was apparent to the acting president that we need to talk also with both UEMMA and SOFMMOO ... and to look to see if smaller groups can join UEMS-MJC.
 - After expressing thanks to the members of the Executive Board, this **report was accepted unanimously by the delegates**

5. Report of the Secretary-General (**Michael L. Kuchera**)

- The title of the Secretary-General's presentation was **"Remembering FIMM ...The "LATE?" or the "GREAT?"** He specifically wanted the representatives to know that this was not a eulogy but rather a celebration of life and potential in the Federation. In preparing for elections and the decisions to be made at this and upcoming General Assemblies, the following main points were reviewed. Specifically he asked for introspection and issued the challenge to collaborate in meeting the Mission together ... both as individuals and as representatives of the National Societies making up our Federation.
 - **What does FIMM do ... or strive to do?**
 - Acts as an international coordinator for science & education in M/M Medicine.
 - Aims to be the recognized representative of all international activities concerning M/M Medicine.
 - Offers platform for representatives of different M/M Medicine schools to exchange experience/ knowledge.
 - Promotes expertise & collegiality among M/M Medicine physicians from all over the world.
 - Feels responsible to support and strengthen professional position of M/M Medicine professionals.
 - Promotes interdisciplinary cooperation in the interest of patients & the development of M/M Medicine
 - **What are some examples of educational items that FIMM has produced to offer its National Societies now and over its years?**
 - Educational Board: *Core Curriculum in M/M Medicine* and the *FIMM Glossary of Terminology*
 - Health Policy Board: *Basic Standards in Training and Safety in MM*
 - Science Board: Many documents both on the conduct of MM research and regional state of the literature reviews
 - M/M Medicine outreach programs by FIMM National Society representatives (Maigne, Teyssandier, Todorov, von Heymann etc) leading to new National Societies to talks to or materials for leadership in national Ministries of Health.
 - **Can we afford to support science in the mission of FIMM ... or a better question might be can we afford not to promote the science arm of FIMM?**
 - The history, work and output of the FIMM Scientific Committee had been stellar. Decisions in part driven by expenses as well as the need for wider representation, led to many structural changes and subsequent reduced FIMM function in this arena that affect us today. This said, dissemination of the MM evidence base has been and remains as a vital part of the FIMM mission. Especially in the past, the vehicle of a **FIMM Triennial Scientific Congress** had tremendous impact and value to members; it was a foundational Federation showpiece for its National Societies. As an example of impact, the Secretary-General noted that the FIMM Triennial Congress in Chicago 2001 was an important forum for launching information on the FIMM Scientific Committee's then recent work on interexaminer reliability of MM diagnostic tests and it hosted a pilot workshop by **Jakob Patijn** on the process. This led to subsequent offerings of interexaminer reliability workshops in other countries and an increased focus (and measurable increased output of palpatory interexaminer research) by the MM physicians in the USA.
 - **Recent developments further suggest the potential for FIMM's role in health policy decisions.**
 - Kudos were extended to Bernard Terrier for guiding the FIMM Health Policy Board to *never be late and always being great* often with reduced cost to FIMM with his acquisition of grant funding. The multi-national consensus and subsequent brochure on the FIMM Mission and of the Guidelines in Basic Training and

Safety were identified as having been quoted in recent international policy documents and as having the potential to guide consideration of developing the MM field in other countries.

The Secretary-General closed by thanking the delegates for their dedication at the General Assembly and for the work done year-round on behalf of the mission of FIMM and their Society to grow and help M/M Medicine be truly “great.” **The report of the Secretary-General was unanimously accepted.**

6. Report of the Treasurer (**Viktor Dvorak**) – **NOTE: Voting Finishes after Agenda Items 13-14 Below**

- The Treasurer chronicled some of the history of the growth and shrinkage of the Federation since 2002 when he was elected in Kuopio at that General Assembly.
 - In 2002 (Kupio) we had 25 National Societies (NS); in 2003 two new societies were added the American Academy of Osteopathy for Canada and South Korea; in 2004 NS for Bulgaria and Japan were added; and in 2006 we added Kazakhstan to bring us to our peak of 30 country members. Now in 2014, we are back to 25 NS having lost several old groups who did not pay their dues and gaining several new members (Turkey in 2008, Israel in 2010, and Hong Kong in 2011),
 - He also remarked on returning to Bratislava for a General Assembly (GA) 10 years after FIMM's greatest financial strain; the 2004 meeting resulting in a deficit of €37,000. Factors reported included additionally linked major meetings of the Scientific, Executive, and Education Committees; several new documents all translated into three languages; and there were expensive and unreimbursed accommodation and meal costs.
 - He reminded delegates that The FIMM Foundation was established in 2003 (and dissolved in 2007) and the FIMM Academy was established in 2004 (and became independent in 2008). At the 2008 GA, NS with a history of not paying dues were removed from the membership role including Austria, Greece, Latvia, Lithuania, Luxembourg, Portugal, and South Korea. The UK was withdrawn in 2010.
- The 2013 budget was based upon dues from the “Big 8 National Societies” and 17 small societies. In reality, FIMM has a few members in observer status, in an inactive condition, or routinely not paying their dues.
 - The current financial structure was set in 2009 to require €1200 from the 8 largest national societies with the smaller ones paying a base of €135 PLUS €3.50 per physician member. The basis of that structure was to cover only the operational base of FIMM; projects conducted by FIMM would require either a surcharge or a grant/donation ... otherwise conducting activities would require the need to use the small reserves that FIMM has or conservation in basic operating costs.
 - A fiscal history of FIMM appears in the **2014 FIMM Treasurer's Report (.pdf)** complete document.
- The current Federation now probably consists of 23 National Societies that, in turn, represent some 10,500 manual medicine physicians (counting observer status these would be 25 NS for 12,000 physicians.). It was pointed out that these numbers represent a loss of nearly a third of both National Societies and of total physicians represented when compared to FIMM at the height of its activities.
- The predicted balanced **2013 budget** was lean (approximately €16 500). For that reason, again, no surcharge-on-dues was suggested by the Treasurer, Executive Board or General Assembly. This was the third sequential year in which no surcharge for projects had been requested. In 2013 the National Societies of Poland, Italy, and Belgium did not pay their requisite small society dues. While there was no cash flow deficit, the actual overall budgetary deficit for 2013 was €5278. While the Health Policy Board was €2000 under budget, the top three items over budget were the costs of the 2013 General Assembly in Jerusalem (€3500 over), science activities (€1800 over); and administration costs (web/bank, etc. = €1800 over budget allocation). Total FIMM assets at the end of 2013 were €35,939.
- The plan for the **2014 budget** (See Below) was also a lean but balanced budget of €16,500. Already there have been expenditures/charges related to the Paris and Berlin meetings reported by the acting president and for the 2014 FIMM GA related to room and board. In discussion are Israeli travel agency charges as well as past and future banking expenses. (Bank fees nearly doubled to €250.) As of this meeting the 2014 budget has seen €16,700 in income and €14,000 in expenditures. Having paid bills, the total assets of FIMM at this point in time equals €26,198 and they are projected for the end of 2014 to total €24,500.

BUDGET 2014		
Income	EUR	16,500
Expenditure regular		
Ex Board	EUR	6,000
Task force	EUR	4,000
Administration	EUR	500
FIMM GA 2013	EUR	4,000
Expenditure	EUR	14,500
Result on fixed costs		+2,000
Expenditure variable /project specific		
Edu Board	EUR	500
HPB Board	EUR	1'000
Science Board	EUR	500
Expenditure	EUR	2,000
Expenditure overall	EUR	16,500
Overall Result EUR cash flow		EUR 0

- The **2015 budget** (See Below) proposed by the Treasurer at this meeting PROJECTS a DEFICIT of €4000. It has excluded the historical debtor country dues from the income side because we cannot count on receiving it. NS from Belgium and/or Italy may need to be excluded from membership or replacement societies may need to be identified and invited to join FIMM. **Nadine Fouques-Weiss** has offered to look into the situation of Italy.
 - The proposed 2015 Budget as detailed is as follows:

BUDGET 2015		
Income	EUR	15,000
Expenditure regular		
Ex Board	EUR	6,000
Task force	EUR	2,000
Administration	EUR	1,000
FIMM GA 2014	EUR	4,000
Expenditure	EUR	13,000
Result on fixed costs		+0
Expenditure variable /project specific		
Edu Board	EUR	500
HPB Board	EUR	5'000
Science Board	EUR	500
Expenditure	EUR	6,000
Expenditure overall	EUR	19,000
Overall Result EUR cash flow		EUR 4'000

- With a deficit of €4000 for 2015 and the decline in total FIMM assets over the past years, the Treasurer recommends a surcharge on dues for the first time in four years. The dues surcharge for each of the 10,500 members could be €0.25-0.50 per physician member of each National Society. There are few

alternatives because we have not yet heard of new NS members and existing expenditures are already very low. To have ongoing resources for Federation activities using the 2009 restructured dues assessment format would require admitting new NS member, consideration of innovative relationships with MM-related groups and/or identifying new financial income sources (medical, pharma, sponsorship, advertising, etc.). **A task force for this was suggested.** (Also see discussion in items #13-14).

- After completion of Item #7 below (Auditors' Reports), the General Assembly **unanimously voted to accept the Treasurer's Report.**
- **Voting on the 2015 budget took place after presentation of Board chairpersons and membership discussions. It was unanimously approved.**

7. Report of the Auditors (**Todor Todorov; Craig Appleyard**)

- Dr. Appleyard reported that after his review that the Treasurer's books are accurate and that he recommended approval. However he also recommended that FIMM leadership consider looking into using a bank with less fees.
- Prof Todorov reported that after his review, there were no violations discovered. He recommended approval of the Treasurer's Report.
- The auditors' report of the **2013 audit was accepted unanimously.**
- NOTE: Simon Vulfsons expressed concerns that there may have been travel costs associated with the travel agency's bill that differ from what was expected. He indicated that he would like to look into any perceived discrepancy from them to see if there may be some monies that can be returned back to FIMM. He will report back to the Executive Board.

8. Election Confirmation of the Auditors

- **MOTION (Passed unanimously): Todor Todorov and Craig Appleyard** were re-elected as auditors for the year.

9. Report from the Chairman of the Education Board (EdB); **Marc-Henri Gauchat**

- Members were listed: **Marc-Henri Gauchat**, director (Switzerland); **Michael Yelland** (Australia); **Mathias Psczolla** (Germany); **Niels Jensen** (Denmark); **Michael Kuchera** (Glossary sub Committee; USA); **Vlasta Tosnerova** (Czech Republic); **Maxime Bakhdatze** (Russian Federation); **Hernán Silván** (Spain); **Norbert Tesseire** (France); **Yacov Fogelman** (Israel)
 - Language group leaders for the FIMM Glossary update are: **Michael Kuchera** (Permanent coordinator and English language group leader); **Marc-Henri Gauchat & Norbert Tesseire** (French group leaders); **Mathias Psczolla** (German group leader); **Maxim Bakhtatze** (Russian additional group leader).
- Future activities include facilitating the implementation of the content of the *Syllabus* and the *Glossary* by defining all items (degree of competency, learning objectives and educational strategies. This would also be a requirement of UEMS in 2015.
- A draft presentation of the "*Training Requirements for the Specialty of Manual Musculoskeletal Medicine*" for the European Union of Medical Specialists (UEMS) was shared. Topics included: Content of training & learning outcomes (Theoretical knowledge/Practical & clinical skills/Competencies); Organization of training (Schedule/Curriculum/Assessment & evaluation/Governance); Training requirements for trainers; Training requirements for training institutions; and quality management within training institutions.
 - Dr Gauchat suggested a plan to send documents to members of the EdB to see if they need to go back to their national institutions. He does not feel we should go before UEMS with an incomplete document.
 - Depending upon further discussion and commitment levels, he noted that we may need to replace our members from Denmark and Spain.

- The French representative expressed concern that the educational documents being discussed have French title translations but that the rest of the documents are in English; she suggested several options. In response, it was noted that the EdB chairperson is Swiss and a native speaker of the French language.

10. Report of the Science Officer of the Executive Board (Sergey Nikonov)

- The Science Officer expressed the desire to share his perspective and hopes. He felt that FIMM must continue to play a central role with respect to science in the MM field. To this end, he made the case that FIMM should create, support and ratify the work of an “Educational-Scientific Working Group.” Their task would be to support the FIMM Scientific Board and promote information exchange between M/M Medicine schools and National Societies. Such a working group could consist of the Education and Health Policy Board directors plus 5-8 National Society representatives.
 - The Science Officer offered kudos to **Jakob Patijn** who he said offered the best science vision to FIMM since the 1990s. In Patijn’s honor, he therefore modeled his presentation (**see Science Officer’s .pdf Report**) and shared several of the perspectives (and slides) that Dr. Patijn had used to lay the groundwork for a cogent, prioritized direction for FIMM’s scientific mission.
 - **The first priority remains the evaluation of diagnostic procedures.** These are essential for mutual discussion and exchange between different schools of MM. They provide valid tools for defining clinical syndromes and can be made accessible to all National Societies. This research is not particularly costly. (Note that the methodology for optimizing the conduct of interexaminer reliability has been previously developed and published through the efforts of Patijn, FIMM’s Scientific Committee and the International Academy of Manual / Musculoskeletal Medicine).
 - **The secondary priority lies in efficacy studies.** These have more conclusive impact in providing MM practitioners clear indications and contraindications for manual medicine but are expensive, time-consuming and more suited for large institutions or multi-center trials.
 - **A third priority will be fundamental studies to build on the prior two in order to provide the MM field with the scientific base for our diagnostics and therapeutics.**
 - Nikonov noted that in Paris in 1999 the Scientific Committee laid out plans to develop protocols for evaluating diagnostic procedures, efficacy, and multicenter studies and provide them to the National Societies to foster scientific exchange. He reviewed the many publications and consensus documents that resulted from a FIMM focused on the scientific mission.
 - Unfortunately he notes that now in 2014 in Bratislava the structure of a single Science Officer has many drawbacks and FIMM delegates are having hardly any scientific discussion or exchange. The current situation does not allow for diverse MM approaches to be discussed or integrated; there is no time for scientists and educationalists to contribute multidisciplinary/eclectic insights that foster growth and development towards more evidence-based M/M Medicine.
 - The Science Officer shared the structure and function of the International Academy of M/M Medicine (IAMMM) which arose as the FIMM IAMMM in 2004 in Bratislava and later became independent. He noted that this is an excellent structure for their function but would not be appropriate for FIMM at this time to duplicate its size and cost; collaboration with IAMMM is a much preferred situation.
- The Science Officer also made a case for refocusing on the FIMM Triennial Conferences.
 - He proposed a 1-2.5 day meeting occurring at 3-year intervals held in relationship to a National Society meeting. The Science Board would decide which NS, in conjunction with FIMM, would organize the Triennial FIMM Conference. The FIMM ExB would announce the meeting; the NS would be responsible for accommodating FIMM in conjunction with its own meeting; the SB would be responsible for the topics in the FIMM Conference along with insuring the accepted papers based on their quality. Permanent or targeted temporary science committee would be expected to present their work for the benefit of the attendees.
 - He envisions the FIMM Triennial Congress Conference to represent the highest level of science and with mutual respect for opinions. In our willingness to spend our effort and energy in scientific work, exchange points of view, to adapt and integrate both the evidence base and its application we can lift

M/M Medicine to a higher professional level. To optimize this, we need the help of all experts in the field of M/M Medicine and related disciplines and the willingness of National Societies to join and stimulate FIMM SB work ... and the willingness to share information with FIMM members about ongoing conferences.

- Discussion was prompted by representatives from the IAMMM who expressed the concerned perspective that their Academy was portrayed inaccurately and was described as too expensive.
 - Executive Board members stressed that the work of the IAMMM was respected and that we seek collaboration rather than duplication of time, cost and effort. The acting president strongly expressed our hope that representatives could outline steps leading to the two organizations working together. Benefits could be positive scientific collaborations, better dissemination of science.
 - IAMMM leadership (**Olavi Airaksinen**) felt a need to pursue more than reproducibility studies (such as clinical practice guidelines). He also noted that the IAMMM is an independent group with an interest in pursuing their own agenda; he made it clear to the General Assembly that they would not like to be in a position where they felt they were being dictated to or judged in any fashion. IAMMM members noted that they have collaborated with National Societies who are FIMM members and to this end, **W von Heymann** asked if we might discuss the concept of a larger triennial meeting. **Sfef Rutte** who is part of the IAMMM leadership recommended that representatives sit down later to discuss this.
- **Motion (passed unanimously)** that FIMM begin negotiations with IAMMM to communicate as two independent bodies.
- **Motion (passed with 1 abstention – The Netherlands)** that the permanent glossary subcommittee have the benefit of scientific input and that a joint subcommittee be composed of members from both the Science and Education Boards.

11. Report of the Health Policy Board (HPB) Chairman (**Bernard Terrier**)

- The director of the HPB thanked Wolfgang for his 8 years of service to FIMM and for writing the majority of the safety portion of the *Guidelines on Basic Training and Safety* for M/M Medicine. Thanks were also extended to the National Society in Israel who published the first hard copy version and to Slovakia for hosting the GA this year (10 years after hosting a GA and the 14th Triennial FIMM Scientific Congress).
 - Currently the Official Content Version is v3.1 which is available and posted in English
 - Official thanks were also extended to the French National Society (SOFMMOO) and especially to Drs. **Nadine Fouques-Weisse**, **David Cypel** and **Norbert Tesseire** for their generous and considerate translation. This is considered 99.9% complete with essentially only editorial changes needed in the content sections. The French version which will include the curriculum of the French faculty will be labeled v3.2.
 - The v3.2 upgrade of German translation of v3.1 will also contain the French curriculum.
 - The English v3.2 will become the working language version for FIMM and will contain the added French annex as well as a soon-to-be submitted annex from the USA. Version 3.2 will be submitted in the French and German official languages according to our statutes (Art. 10) as our “Official FIMM” *Guidelines* documents to the *Moniteur Belge*.
- The HPB director followed up on the UEMS discussion that appears above in the Acting President’s report (Item 3). He reminded us of the FIMM task mandate to ESSOMM in 2008 (steps to try to advance Manual Medicine in the direction of becoming a distinct specialty in Europe). He also noted the 2012 success in UEMS granting the formation of a Manual Medicine Multidisciplinary Joint Committee (MJC). He added that the 4th International Instructor’s meeting (Rome; May 2014) included discussions of the principles of manual medicine. Position statements or consensus elements in this group included:
 - “MM (provided by physicians) uses all medical skills and knowledge such as anatomy, biomechanics, physiology, biochemistry, and imaging at the respective current state of the art.”
 - “The locomotor system and autonomic nervous system react to afferent input of any origin.”
 - Segmental irritation can be identified by segmental palpation.”

- “MIP-diagnostic system is essential to identify the reversibility of any dysfunction of the spine.” (The **MIP**-concept was also defined to include: **Mobility** [segmental range of motion]; **Irritability** [segmentally-related muscle hypertension]; **Provocation** [used to identify painful directions].
- Terrier spoke for a few moments concerning his thoughts on the bilateral meeting held in Paris (March 8, 2014) between FIMM and SOFMMOO leadership. This meeting included Drs. Von Heymann, Terrier and Gauchat along with the Executive Board of SOFMMOO. Several valuable thoughts came from candid discussion. Major considerations and discussion were around the following points:
 - Discussion of the perceived value of FIMM and the apparent failure of feedback between NS representatives on items such as the Guidelines, Educational Curricula, and Glossary. Is this a case of “we pay with no say” or of communication breakdown? Of concern have been issues of change, speed of progress and language issues; much of this aggravated by lack of FIMM resources. There does not appear to yet be a world structure for the Federation; what could such a structure look like?
 - In discussing FIMM, it was noted that while the statutes have changed four times, its aims as a Federation have not really changed since 1958. Is this old-fashioned or are they still valid? Resources are lacking to meet needs. Is there a lack of constitutional power with the ExB needing to go through the General Assembly? .
 - Discussion of possible new constitutional structures in light of questions of whether the current FIMM structure can provide the sustainability and instruments needed to reach proposed aims.
- The HPB shall be charged to consider the process for proposing plans for possible new structures to meet the modern needs of FIMM to function ... to establish proposals for new legal and constitutional structures of FIMM. Analysis to include constitutional bodies and leadership; role of the NS members; seat of the federation; and “official” language.
 - The timetable should be one year of work and grow from version 1 talks with leaders, HPB members and internal ExB discussions (Spring 2015). Version 2 could then be presented to the ExB immediately prior to the next GA and at the 2015 General Assembly to the delegates. **(See HPB Director’s .pdf version of his presentation)**
 - Guiding principles for the process:
 - The HPB should not be too big (perhaps reduced from proposed 14 to 8 persons). It should also consist of active persons committed to participate. A list of possible members included the chairperson plus individuals representing Germany, France, The Russian Federation, The Netherlands, Denmark, Israel, and a Member-at-Large.
 - There should not be a year delay in getting started. The work should be quickly circulated internally.
 - Face-to-face budget for Berlin would be €4000 plus €1000 for an extra night to work on the project in conjunction with the General Assembly.
- There was a discussion to clarify the task of the HPB and how the Guidelines would be applied by the National Societies.
- The **Health Policy Board report was accepted unanimously.**
- **Voting** regarding HPB activities:
 - **Motion (passed with 2 abstentions)** that the *Guidelines on Basic Education and Safety* (v3.2) in French and German and including the annex of the French educational program be official FIMM documents and that for Belgium statutes be submitted to the *Moniteur Belge*.
 - **Motion (passed with 1 abstention – Czech)** that the HPB pursue the outlined project to propose possible alternative FIMM constitutional structure(s).
 - **Motion (passed unanimously)** that the educational project for the UEMS submission be completed.
 - **Motion (passed with 1 abstention – The Netherlands)** that the *Glossary* subcommittee include a scientific-education section.
 - **Motion (passed unanimously)** that there be ongoing communication between FIMM and IAMMM as two independent bodies for those areas where common interests are identified.

12a. Elections

Special notice for this election series: It was noted that by FIMM statutes Wolfgang von Heymann could not be re-elected as president; he only had his recent leadership role as “acting president” by rising to the position from the vice-presidency after the death of our elected president. Also, there is a position on the books for a representative of the former “FIMM Academy” to be a member of the FIMM Executive Board, which may be filled when and if reestablish interactions

- The presidential candidate, **Simon Vulfsons** (Israel) wished to make some comments prior to the election.
 - His National Society has been a full member of FIMM since 2010. He feels that he “carries no personal baggage” but a strong commitment to advancing FIMM by giving it a modern structure (in conjunction with the discussions made by the HPB).
 - He believes in “evolution not revolution.” FIMM must be made to be relevant to its members. He would like FIMM redefine and develop its vision and he proposes an ExB retreat with a facilitator to start this process. He would like to see the creation of a “FIMM-Community” with personal affiliation and emails with the communication officer.
 - He wishes to sit down with IAMMM representatives to determine what FIMM can offer the Academy and to consider whether the FIMM Triennial Scientific Congress Conference might be an area for cooperation and/or collaboration with the IAMMM.
 - Ideas might include associating with an open access journal and considering certificates for M/M Medicine diplomats identified by their National Societies.
 - He would like the delegates to consider that he would prefer to work with a treasurer closer to his home and would recommend Aharon Finestone who is in attendance.
 - **By unanimous vote, Simon Vulfsons (Israel) was elected President of FIMM.** (A secret ballot was not requested.)
- **By unanimous vote, Michael Kuchera (USA) was elected Secretary-General of FIMM.**
- **Aharon Finestone** (Israel) was nominated from the floor for the position of Treasurer. It was noted that he had 6 years’ experience as treasurer of his national society; **Viktor Dvorak** (Switzerland) withdrew his name from consideration for the position. After discussion, **Aharon Finestone (Israel) was elected FIMM Treasurer by unanimous vote.**
- Health Policy Board Director Candidate, **Bernard Terrier**, noted that if elected, this would be his last term. His interest would be in fulfilling the HPB tasks just outlined and he would even consider stepping down if all tasks were completed and a successor could be groomed. **By unanimous vote, Bernard Terrier (Switzerland) was elected Health Policy Board Director of FIMM.**
- **By unanimous vote, Marc-Henri Gauchat (Switzerland) candidate was elected Educational Board Director.**
- **Wolfgang von Heymann** was asked if he would accept the nomination for Communication Officer. He agreed to accept if the General Assembly realizes that it might not be for a full 4 years. **By unanimous vote, Wolfgang von Heymann (Germany) was elected FIMM Communication Officer.**
- **With one abstention, Sergey Nikonov (Russian Federation) was elected Member-at-Large.**

12b. Confirmation/Election of Board/Committee Members

- After a ten minute break for informal discussion of membership on committees, the following were confirmed unanimously:
 - **Education Board Members**
 - **Director: Marc-Henri Gauchat (Switzerland)**
 - **Helle Borgström (Denmark)**
 - **Javier Martinez (Spain)**
 - **Michael Kuchera (USA)**
 - **Maxim Bakhtatze (Russian Fed.)**
 - **Vlasta Tosnerová (Czech Republic)**
 - **Mathias Psczolla (Germany)**

- Michael Yelland (Australia)
- Norbert Teisseire (France)
- Andrew Ip (Hong Kong)
- **Health Policy Board Members**
 - Director: Bernard Terrier (Switzerland)
 - Victoria Sotos Boras (Spain)
 - Simon Vulfsons (President/Israel)
 - Nadine Fouques-Weiss(France)
 - Helle Borgström (Denmark)
 - Henk Bultman (the Netherlands)
 - Wolfgang v. Heymann (Germany)
 - Craig Appleyard (Canada)
- **Finance Sub-Committee:** Note to be budget neutral, this new subcommittee will be conducted via emails and Skype
 - Viktor Dvorak
 - Sergey Nikonov
 - Peter Staehr
 - Simon Vulfsons
 - Aharon Finestone

13-14. Membership (Admissions/Suspensions)

- There were no new National Society member admissions to be considered this year.
- The national society from Belgium was discussed for possible suspension because it has not paid its dues for the past 3 years. However in consideration of the tremendous amount of work contributed by Belgian delegate **Michel Dedée** over many years, it did not seem right to exclude their society without asking whether or not they wished to try to continue with FIMM. It was also a consideration that the Flemish M/M Medicine physicians might be interested and capable of continuing. **Sjef Rutte** will talk to representatives while in Brussels next week. **Motion passed unanimously** to approach the Belgian national society and offer them an additional opportunity to decide if they wish to make a commitment to move forward in their FIMM membership or not. If the response is not positive, they would be suspended.

RETURN TO BUDGET (ITEM #6) --

- The BUDGET proposed for next year (€15000 of income; €19000 in expenditures) would decrease balance of reserves by €4000 if no surcharge is issued this year. This means that FIMM should consider imposing the surcharge-for-projects strategy that was devised when annual dues were reduced in 2009. Depending on actual or projected losses, it is expected this would result in a surcharge to each National Society of €0.25 – €0.50 per member of their group.
 - In ensuing discussion of the anticipated need for a surcharge on membership dues to carry out the projects discussed, it was noted that most societies must vote on their own budgets in advance of expenditures and that FIMM GA delegates do not always have the fiscal authority to commit their NS to added expenditures.
 - In the future it was recommended that anticipated surcharges and their scope should be announced to the National Societies at least 3 months in advance so they can instruct their GA delegates.
 - It was also recommended that delegates should (as soon as possible) inform their societies to anticipate a 2015 GA vote on a probable FIMM dues surcharge of up to €0.50/member to cover this year's budget.

- **MOTION: The GA proposes to assess the same dues with no surcharge for 2015. Passed unanimously.**
- The leadership and delegates of the General Assembly offered **Viktor Dvorak** thanks for years of friendship since he was elected treasurer in 2002 (and further since 1998 serving as deputy treasurer). **Bernard Terrier** offered special thanks for **Viktor's** service by presenting pictures of remembrance to the delegates.

15. Date and place of the subsequent General Assembly (ies)

- In discussing possible locations and times for the next General Assembly, it was determined that since the IAMMM meeting would be in Birmingham in December 2015, attempting to coordinate a FIMM GA this year would not be feasible.
- As a note: Under old timetables the next triennial scientific congress would have been scheduled for 2016
- **Motion passed unanimously that the 50th General Assembly of FIMM be held in Copenhagen on September 4, 2015 (with meetings of the Health Policy Board on September 2nd and Executive Board on September 3rd.)**

16. Other business

- The tour of the winery and the subsequent Gala Dinner begins tonight leaving at 5:45PM (1745).

17. Closing the 49th General Assembly of FIMM

- Acting president **Wolfgang von Heymann** presented the FIMM Flag to **Simon Vulfsons** and his National Society on behalf of FIMM's Executive Board and the General Assembly.
- The 49th General Assembly of FIMM was closed at 5:28PM.

Respectively submitted,

Professor Michael L. Kuchera
Secretary-General, FIMM

Addendum I A– List of 2014 FIMM National Society contacts at 2014 General Assembly

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1B -- Additional NS contact information on record

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