

The Secretary-General

Dr. Ron Palmer

AU-4514 Woodford QLD • 1025 Cove Road • Commissioner's Flat • AUSTRALIA

Phone: +61 7 5494 9873 • Fax: +61 7 5494 9573 • email: billabongdowns@bigpond.com

FIMM NEWS

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The General Assembly of FIMM 2005

London Gatwick (United Kingdom)

By Invitation of the British Institute of Musculoskeletal Medicine BIMM



Dear Colleagues

The British Institute of Musculoskeletal Medicine (BIMM) welcomes you to the General Assembly of FIMM in the South of England, an area of outstanding natural beauty with undulating hills, grassy down lands and dense woodlands to explore.

Set in the countryside, Copthorne Hotel is located midway between the cosmopolitan city of London and the coastal town of Brighton. Both are easily accessible by train from London Gatwick Airport (LGW). You may seek tour assistance from the 24-hour hotel front desk.

LGW: Approximate driving time is 10 minutes to the hotel and distance is 5 miles (8 kilometres). There is a complimentary hotel shuttle bus, which operates from 5 AM to 10 PM, running approximately every 45 minutes. Taxis are available just outside the airport building (£10 to hotel).

The Hotel offers an indoor swimming pool with a poolside bar, three restaurants and a bar/lounge, a plethora of exercise options including tennis and squash courts, a running track/path onsite, aerobics, a fully equipped gym, and an 18-hole golf course nearby. Guests can unwind in the sauna, steam room, soak in a spa tub or receive a beauty treatment. Bicycles rentals are nearby.

The FIMM Executive Board meetings will be held on Wednesday 7th and Thursday 8th. On Friday the 9th, the General Assembly will take place. All meetings are at the Copthorne Hotel. On Saturday the 10th, the FIMM International Academy Executive Board meeting will be held in the nearby village of Balcombe.

On behalf of BIMM, I welcome you to the South of England and hope that your stay will be enjoyable and pleasant.

Dr. Usamah Jannoun
BIMM Council Member
FIMM Academy Executive Board Member
orthmed@doctors.org.uk

Copthorne Hotel
Copthorne Way, London Gatwick, West Sussex, RH10 3PG
United Kingdom
Tel: +44 (0) 1342 34880
Fax: +44 (0) 1342 348833
E-mail: sales.gatwick@mill-cop.com

Programme

Le mardi 6 septembre 2005

Tuesday, September 6, 2005

Dienstag, den 25. September 2005

Arrivée des membres du Comité exécutif

Arrival of Members of the Executive Committee

Ankunft der Mitglieder des Exekutivkomitees

Le mercredi 7 septembre 2005

Wednesday, September 7, 2005

Mittwoch, den 7. September 2005

09.00-18.00

Réunion du Comité exécutif, 1^{er} jour

Executive Committee meeting, 1st day

Tagungen des Exekutivkomitees, Tag 1

20.00

Dîner au Pup, Copthorne

Pub Dinner, Copthorne

Nachtessen im Pub, Copthorne

Le jeudi 8 septembre 2005

Thursday, September 8, 2005

Donnerstag, den 8. September 2005

09.00-18.00

Réunion du Comité exécutif, 2^e jour

Executive Committee meeting, 2nd day

Tagungen des Exekutivkomitees, Tag 2

Arrivée des délégués

Arrival of the delegates

Ankunft der Delegierten

20.00

*Dîner gala Newick Park Country Estate**

Gala Dinner Newick Park Country Estate*

Galadinner Newick Park Country Estate*

Le vendredi 9 septembre 2005

Friday, September 9, 2005

Freitag, den 9. September 2005

09.00-16.00

Assemblée générale de la FIMM

FIMM General Assembly

Generalversammlung der FIMM

20.00

Dîner de la FIMM, présentation avant le dîner par le Prof. Karel Lewit.*

FIMM Dinner*, pre-dinner presentation by Prof. Karel Lewit

FIMM Galadinner*, Präsentation vor dem Essen von Prof. Karel Lewit

Le samedi 10 septembre 2005

Saturday, September 10, 2005

Samstag, den 10. September 2005

09.00-12.00

Réunion du Comité exécutif de l'Académie internationale de la FIMM, Balcombe

FIMM International Academy Executive Board meeting, Balcombe

Tagung des Exekutivkomitees der Internationalen FIMM Akademie, Balcombe

Départ des délégués

Departure of delegates

Abreise der Delegierten

* Par membre deux représentants sont invités. Les représentants suppl. et les partenaires personnels enregistrés sont bien venus sur de propre frais.

* Two delegates per FIMM member are invited. Registered additional representatives and personal partners are welcome at their own cost.

* Pro Mitglied sind zwei Delegierte eingeladen. Registrierte zusätzliche Delegierte und persönliche Partner sind willkommen (eigener Kostenbeitrag).

The General Assembly of FIMM 2005

Bus Timetable

Copthorne Gatwick and Copthorne Effingham Hotels - 45 Minute Service

Route Number	H6	H6	H6	H6	H6	H6	H6	H6	H6	H6	H6	H6
Bus Number	1	1	1	1	1	1	1	1	1	1	1	1
Copthorne Effingham Hotel	0500	0545	0630	0715	0800	0845	0930	1015	1100	1145	1230	1315
Copthorne Gatwick Hotel	0510	0555	0640	0725	0810	0855	0940	1025	1110	1155	1240	1325
Gatwick South Terminal	0520	0605	0650	0735	0820	0905	0950	1035	1120	1205	1250	1335
Gatwick North Terminal	0525	0610	0655	0740	0825	0910	0955	1040	1125	1210	1255	1340
Copthorne Gatwick Hotel	0535	0620	0705	0750	0835	0920	1005	1050	1135	1220	1305	1350
Copthorne Effingham Hotel	0545	0630	0715	0800	0845	0930	1015	1100	1145	1230	1315	1400

Route Number	H6	H6	H6	H6	H6		H6	H6	H6	H6	H6	H6
Bus Number	1	1	1	1	1	1	1	1	1	1	1	1
Copthorne Effingham Hotel	1400	1445	1530	1615	1700	1745	1830	1915	2000	2045	2130	2215
Copthorne Gatwick Hotel	1410	1455	1540	1625	1710	1755	1840	1925	2010	2055	2140	2225
Gatwick South Terminal	1420	1505	1550	1635	1720	1805	1850	1935	2020	2105	2150	2235
Gatwick North Terminal	1425	1510	1555	1640	1725	1810	1855	1940	2025	2110	2155	2240
Copthorne Gatwick Hotel	1435	1520	1605	1650	1735	1820	1905	1950	2035	2120	2205	2250
Copthorne Effingham Hotel	1445	1530	0615	1700	1745	1830	1915	2000	2045	2130	2215	2300

The General Assembly of FIMM 2005

London Gatwick (United Kingdom)

Additional information on the agenda items

1. Opening by the President

No remarks.

2. Presentation of the British Institute of Musculoskeletal Medicine BIMM

No remarks.

3. Presentation of the representatives of the national societies (limited to 4 minutes per presentation)

No remarks.

4. Matters arising from the minutes of the last General Assembly (Bratislava – Slovak Republic)

The minutes of the General Assembly 2004 in Bratislava have been published in FIMM NEWS no. 2 of November 2004 in English, German and French. The minute can be downloaded from the FIMM web-site by going to www.fimm-online.com and then [General Assemblies](#) and then [2005](#).

5. Report from the President

No remarks.

6. Report from the Secretary General

No remarks.

7. Report from the FIMM International Academy of Manual/Musculoskeletal Medicine

No remarks.

8. Report from the FIMM Foundation



An important task of FIMM will be to co-ordinate internationally educational and scientific activities in Manual and Musculoskeletal Medicine. While FIMM will continue to be responsible for educational matters, by a decision of the FIMM General Assembly the *FIMM International Academy of Manual/Musculoskeletal Medicine* (FIMM Academy) was founded in 2004. The task of the FIMM Academy is to elaborate the basic principles of scientific activities in relation to Manual und Musculoskeletal Medicine. In June 2005 the Scientific Board of the FIMM Academy had its first reunion. Every scientific activity and every related project needs financial support. FIMM will not be able to finance these tasks on its own. Therefore the *Foundation of the International Federation for Manual/Musculoskeletal Medicine* (FIMM Foundation, registered office in Zurich, Switzerland) was founded in 2003. The aim of the FIMM Foundation is to give financial support to educational and scientific activities in Manual and Musculoskeletal Medicine. In order to be efficient the FIMM Foundation needs broad and international acknowledgement. This is why FIMM needs your support today.

You are asked to nominate a strong and suitable person providing experience in financial matters for the Board of Trustees of the FIMM Foundation. By nominating a person close or related to your Society of Manual or Musculoskeletal Medicine your Society will strengthen its influence on important matters concerning the FIMM Foundation. The FIMM General Assembly will take notice of your nominations.. The Board of Trustees of the FIMM Foundation will finally appoint the nominees. More details of this procedure can be taken from the Deed of Foundation by going to www.fimm-online.com. Take a chance and remain influential on FIMM activities!

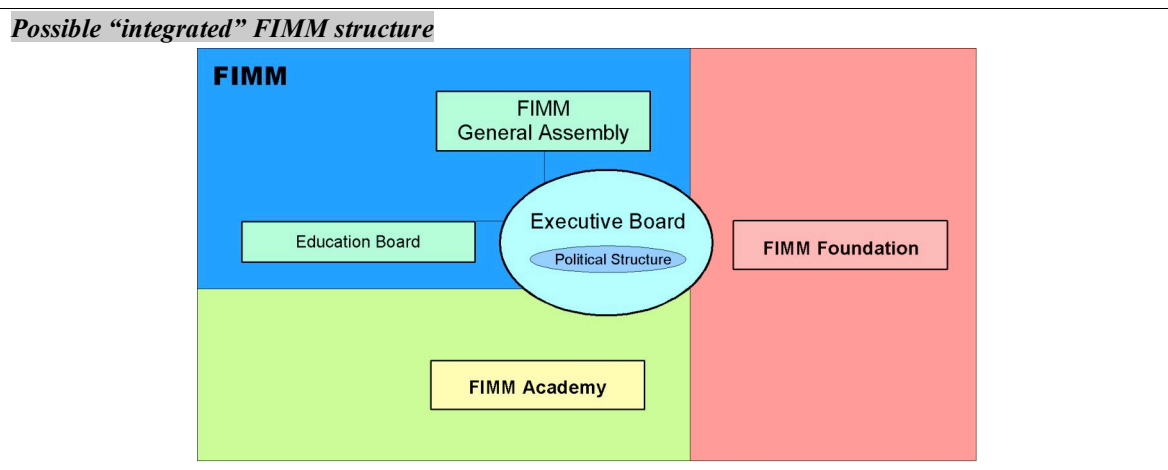
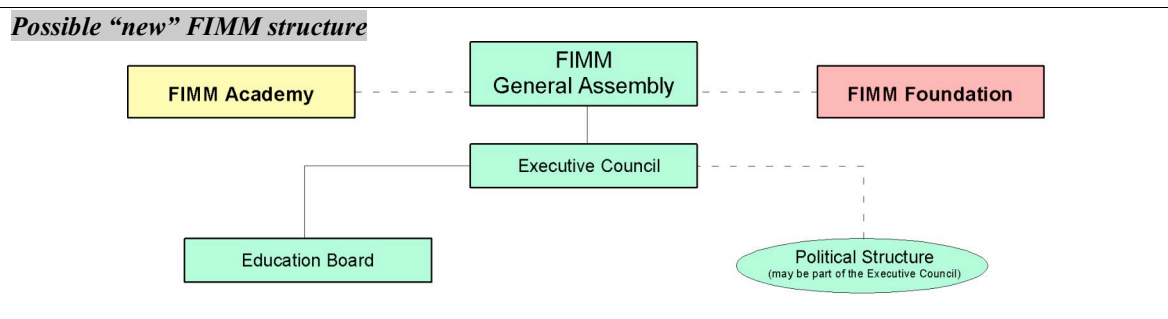
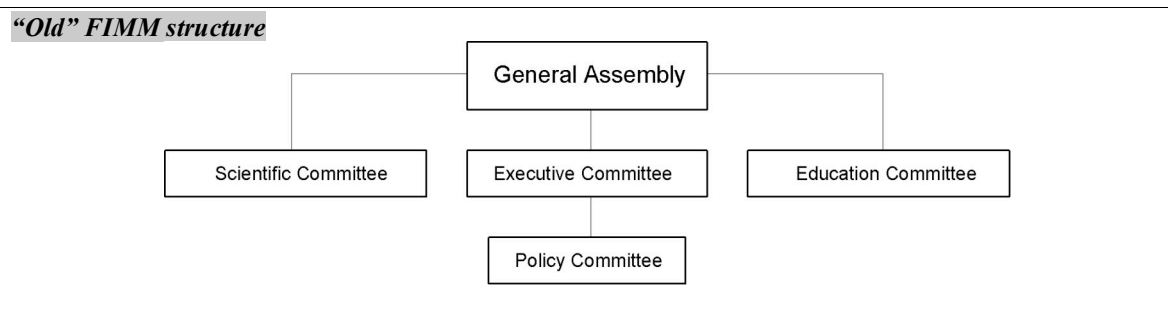
9. Matters concerning the future FIMM structure and strategy

In consequence of the establishment of the FIMM Academy FIMM will need to redefine its role. FIMM will take a much more important role in education and in political affairs. Whereas for educational matters the FIMM Education Committee will be responsible, a yet to be defined political body (could well be the FIMM Executive Committee) will need to take care of political matters such as a recent Estonian initiative or questions lately raised by the German Society DGMM and others.

The benchmarks of the role of the FIMM Academy have been clarified: Individual membership; heading for skill and expertise; dealing with matters of science as the core activity; no political considerations; taking a semi-autonomous status by representing the scientific arm of FIMM; the General Assembly, the Executive Board (led by the Chairman) and the Science Board (led by the Scientific Director) are the representative bodies of the FIMM Academy.

The future benchmarks of the role of FIMM need to be clarified: Collective membership (Nations/national schools); representation by political and educational positions; dealing with educational and political matters as the core activity; representing the political frame for all FIMM-labelled activities and taking a status defined at full extend by the FIMM General Assembly; the FIMM General Assembly, the Executive Committee (maybe "Board" in the future, led by the FIMM President) and the FIMM Education Committee (maybe "Board" in the future, led by the Chairman or Educational Director) are the representative bodies of FIMM.

The status of the Policy Committee being an advisory one needs to be considered and clarified again. The "old" structure and the possible "new" structure will be presented discussed:



The Executive Committee will discuss these matters on the occasion of its two-day meeting on September 7-8, 2005 prior to the General Assembly and present the Assembly the result of these consultations.

10. Report from the Chairman of the Policy Committee: FIMM Policy 2010.

Just on time before the General Assembly 2005 the Policy Paper has reached its final version no. 2.8 d/e/f. As it is usual in a trilingual paper, compromises were inevitable. It is not possible that everyone shall be satisfied with all of the details of the paper. The Policy Paper will be discussed first by the Executive Committee on the occasion of its two-day meeting on September 7-8, 2005. The version ratified by the Executive Committee will then be presented to the General Assembly, if not the Executive Committee will decide otherwise.

English	Français	Deutsch
Dr. Peter Skew Dr. Timo Rousi Dr. Andrzej Sadowski	Dr. Marie José Teyssandier Dr. Guido Brugnani	Prof. Hans Tilscher Dr. Wolfgang von Heymann
Version 2.82e	Version 2.82f	Version 2.82d

FIMM Policy and mission	La FIMM De quoi s'agit-il?	FIMM Leitbild
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INTRODUCTION	PRÉAMBULE	PRÄAMBEL
The International Federation for Manual/Musculoskeletal Medicine (FIMM) is the federation of national societies, worldwide, of physicians who practice Manual/Musculoskeletal Medicine (M/M Medicine). FIMM is a society according to Belgium law.	La Fédération Internationale de la Médecine Manuelle (FIMM) est la fédération mondiale de sociétés nationales de médecins qui pratiquent la Médecine Manuelle. FIMM est une société de droit belge.	Die Internationale Gesellschaft für Manuelle Medizin (FIMM) ist die internationale Föderation von nationalen Ärztesgesellschaften, die sich mit Manueller Medizin befassen. FIMM ist eine Gesellschaft nach Belgischem Recht.
M/M Medicine is the true medical discipline of the most common causes of pain and disability, namely the reversible dysfunctions of the locomotor system and especially the spine.	La Médecine Manuelle est une authentique discipline médicale des causes les plus fréquentes de douleurs et de handicaps moteurs; c'est-à-dire les dysfonctions réversibles de l'appareil locomoteur et en particulier de la colonne vertébrale.	Manuelle Medizin ist die originäre ärztliche Disziplin der häufigsten Ursachen der Schmerzen und der Arbeitsunfähigkeit beim Menschen, namentlich der reversiblen Funktionsstörungen am Bewegungssystem, speziell an der Wirbelsäule.
M/M Medicine completes and complements the syllabus of both undergraduate and postgraduate education & training of physicians.	L'enseignement théorique et pratique de la Médecine Manuelle est prodigué en complément des enseignements universitaire et post-universitaire des médecins.	Manuelle Medizin erweitert und ergänzt in Theorie und Praxis die Aus- und Weiterbildung prä- und postgraduierter Ärzte.
M/M Medicine is a specific help for the individual as well as economical for social expenditure.	La Médecine Manuelle présente un intérêt particulier aussi bien dans le domaine médical que dans celui des dépenses en matière médico-sociale.	Manuelle Medizin ist eine Hilfe für den Einzelnen wie auch für die Sozialsysteme.

DEFINITIONS AND GOALS	DÉFINITIONS ET OBJECTIFS	DEFINITIONEN UND ZIELE
Manual/Musculoskeletal Medicine	La Médecine Manuelle	Manuelle Medizin
M/M Medicine is the medical discipline of enhanced knowledge and skills in the diagnosis, therapy and prevention of functional reversible disorders of the locomotor system.	La Médecine Manuelle est une discipline médicale, qui se donne pour objectifs le diagnostic, le traitement et la prévention des désordres fonctionnels réversibles de l'appareil locomoteur.	Manuelle Medizin ist die medizinische Disziplin, die sich umfassend mit der Diagnose, der Therapie und der Prävention reversibler Funktionsstörungen des Bewegungssystems befasst.
Diagnostic skills build on conventional medical techniques with manual assessment of individual tissues and functional assessment of the whole system, based on scientific biomechanical and neurophysiologic principles.	L'étape diagnostique inclut, en plus du diagnostic médical conventionnel obligatoire, un examen manuel palpatoire particulier des articulations des membres, du rachis et des tissus mous, basé sur les principes scientifiques (biomécaniques et neurophysiologiques).	Die Diagnostik schließt unter Nutzung der theoretischen Grundlagen, Kenntnisse und Verfahren weiterer medizinischer Gebiete auch die Untersuchungstechniken ein, die mit der Hand durchgeführt werden können und die auf wissenschaftlichen, biomechanischen und neurophysiologischen Grundlagen beruhen.
Therapeutic skills add manual/manipulative techniques and advanced interventional techniques to conventional treatments for the reduction of pain or other therapeutic outcome.	L'étape thérapeutique inclut, en plus des traitements conventionnels, des traitements manuels spécifiques destinés à diminuer les douleurs ou obtenir d'autres résultats thérapeutiques.	Therapie umfasst neben den üblichen und fachspezifischen Behandlungsverfahren Handgrifftechniken zur Verminderung von Schmerzen oder zur Erzielung anderer therapeutischer Effekte.
Patient involvement in the therapeutic activity, resulting from the detailed diagnosis, helps in the prevention of recurrence.	L'étape diagnostique détaillée intervient dans le choix des actes de prévention des récides pratiqués activement par le patient.	Die Prävention setzt den aktiven Einbezug des Patienten durch Information und Übungsanleitung voraus, die auf der exakten Manuellen Diagnostik basieren.
FIMM	FIMM	FIMM
FIMM is <i>the</i> Federation of national societies, worldwide, of physicians who practice M/M Medicine.	La FIMM est <i>la</i> fédération mondiale regroupant des sociétés nationales de médecins qui pratiquent la Médecine Manuelle.	Die FIMM ist <i>die</i> internationale Föderation von nationalen Ärztesgesellschaften, die sich mit Manueller Medizin befassen.
FIMM acts as an international coordinator for science and education in M/M Medicine.	La FIMM intervient en tant que coordinateur international en matière scientifique et d'enseignement de la Médecine Manuelle.	Die FIMM wirkt international als Koordinator der Wissenschaften und der Ausbildung in Manueller Medizin.
FIMM aims to be the recognised representative of <i>all</i> international activities concerning M/M Medicine.	La FIMM vise à être reconnue pour représenter les intérêts de la Médecine Manuelle auprès de <i>toutes</i> les instances internationales.	Die FIMM strebt danach, der anerkannte Vertreter für <i>alle</i> internationalen Aktivitäten im Bereich der Manuellen Medizin zu sein.

FIMM International Academy of Manual/Musculoskeletal Medicine (FIMM Academy)	Académie Internationale de la FIMM pour la Médecine Manuelle (Académie de la FIMM)	Internationale FIMM-Akademie für Manuelle Medizin (FIMM-Akademie)
The FIMM Academy is according to English law semi-autonomous and consisting of individual members.	L'Académie de la FIMM est une Société semi autonome de droit anglais, constituée de membres individuels.	Die FIMM-Akademie ist semi-autonom und steht unter Englischem Recht. Sie setzt sich aus individuellen Mitgliedern zusammen.
The FIMM Academy is open to all scientists and educationalists involved in the development and understanding of sciences related to M/M Medicine	L'Académie de la FIMM est ouverte à tous les scientifiques, chercheurs, enseignants, concernés par le développement et la recherche en matière de la Médecine Manuelle et musculo-squelettique.	Die FIMM-Akademie steht allen Forschern und Ausbildnern offen, die sich wissenschaftlich mit der Entwicklung und dem Verständnis in Bezug auf die Manuelle und Muskuloskelettale Medizin befassen.

FIMM Foundation	Fondation de la FIMM	FIMM-Stiftung
The FIMM Foundation is a foundation registered under the Swiss Commerce Register. The aim of the Foundation is to give financial support to educational and scientific activities in Manual and Musculoskeletal Medicine.	La Fondation de la FIMM est une fondation régie par le Registre du Commerce suisse. Elle se donne pour objectif le support financier de l'enseignement et des travaux scientifiques en matière de Médecin Manuelle.	Die FIMM-Stiftung ist im Schweizerischen Handelsregister eingetragen. Das Ziel der Stiftung ist die finanzielle Unterstützung der Ausbildung und der wissenschaftlichen Tätigkeit in der Manuellen Medizin.

STRATEGIES AND METHODS	STRATEGIES ET METHODES	STRATEGIEN UND METHODEN
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Role in science and research	Rôle dans la science et la recherche	Die Bedeutung in Wissenschaft und Forschung
FIMM initiates, promotes and coordinates scientific research concerning M/M Medicine and the neuro-musculoskeletal system.	La FIMM joue un rôle dans l'initiative, la promotion et la coordination en matière scientifique et de recherche au niveau de la Médecine Manuelle et le system neuro-musculo-squelettiques.	Die FIMM initiiert, fördert und koordiniert die wissenschaftliche Forschung in der Manuellen Medizin und dem neuro-muskuloskelettalen System.
FIMM selects literature about M/M Medicine and makes it accessible for FIMM members, especially via internet.	La FIMM joue un rôle dans la sélection de la littérature traitant de Médecine Manuelle et de son accessibilité pour tous les membres de la FIMM, en particulier par Internet	Die FIMM sichtet die Literatur über Manuelle Medizin und macht sie den FIMM-Mitgliedern zugänglich, speziell über das Internet.
FIMM initiates and promotes committee work in terms of reading and valuing the specific literature.	La FIMM joue un rôle dans l'installation et dans le fonctionnement de commissions de travail en vue de lire et évaluer les publications spécifiques.	Die FIMM initiiert und fördert die Kommissionsarbeit zur Durchsicht und Auswertung der spezifischen Literatur.

Role in education	Rôle en matière d'enseignement	Die Bedeutung in der Ausbildung
FIMM recognises that education in M/M Medicine is based on fully completed medical studies (is undertaken as postgraduate training).	La FIMM reconnaît qu'il faut d'avoir terminé le cursus complet des études médicales conventionnelles avant d'entreprendre des études de Médecine Manuelle.	Die FIMM fördert die postgraduale Weiterbildung in Manueller Medizin im Anschluss an ein vollständig abgeschlossenes Medizinstudium.
FIMM aims to propose internationally accepted programs for education in M/M Medicine.	La FIMM se donne pour objectif de proposer des programmes d'enseignement acceptés internationalement.	Die FIMM strebt international anerkannte Grundsätze für die Ausbildung in Manueller Medizin an.
FIMM promotes and encourages programs based on science.	La FIMM assure la promotion des programmes d'enseignement fondés sur les résultats de recherches scientifiques.	Die FIMM fördert Fort- und Weiterbildungsprogramme, die auf wissenschaftlichen Ergebnissen beruhen.

Role in quality management	Rôle dans l'assurance-qualité	Die Bedeutung des Qualitätsmanagements
FIMM takes an active role in analysing the scientific reports and communications about incidents, accidents and complications of methods and techniques of M/M Medicine, as it is usual in medicine.	La FIMM intervient pour analyser les rapports et communications scientifiques en matières d'incidents, accidents et complication des actes de Médecine Manuelle comme il est habituel de le faire pour toute spécialité médicale.	Die FIMM übernimmt eine aktive Rolle bei der Analyse der wissenschaftlichen Berichte und Mitteilungen über Ereignisse, Zwischenfälle und Komplikationen im Rahmen der manualmedizinischen Tätigkeit wie in der Medizin üblich.
FIMM contributes to quality management systems in many ways including promoting regularly scientific congresses and educational courses as well as promoting and updating educational standards of M/M Medicine.	La FIMM contribue aux systèmes d'assurance-qualité de nombreuses manières dont la promotion régulière de congrès scientifiques, séminaires d'enseignement, ainsi que la promotion et la mise à jour des standards d'enseignement en Médecine Manuelle.	Die FIMM betreibt vielfältig Qualitätsmanagement, beispielsweise durch Förderung regelmäßiger wissenschaftlicher Veranstaltungen, von Ausbildungskursen sowie der Aktualisierung von Fort- und Weiterbildungsstandards in der Manuellen Medizin.

INTERNAL STRUCTURE	ORGANISATION INTERNE	INNERE STRUKTUR
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Identification	Identification	Identifikation
FIMM offers a platform for representatives of the different schools of M/M Medicine to exchange experience and knowledge.	La FIMM favorise la mise en contact des représentants des différentes écoles de Médecine Manuelle pour échanger expérience et savoir.	Die FIMM versteht sich als Plattform für alle Vertreter der manualmedizinischen Schulen zum Austausch von Kenntnissen und Erfahrungen.
FIMM promotes expertise and collegiality among physicians involved in M/M Medicine from all over the world.	La FIMM assure la promotion des connaissances et la collégialité parmi les médecins qui pratiquent la Médecine Manuelle dans le monde entier.	Die FIMM fördert weltweit Sachverstand und Kollegialität unter den Ärzten, die sich mit Manueller Medizin befassen.

Structure	Structure	Struktur
FIMM is administered by the Executive Board, which meets regularly and works to execute the decisions of the General Assembly.	La FIMM est administrée par le Conseil de Direction qui se réunit régulièrement. Il est chargé de faire exécuter les décisions prises par l'Assemblée Générale.	Die FIMM wird durch den Vorstand verwaltet, der sich regelmäßig zu Sitzungen trifft. Er ist beauftragt, die Beschlüsse der Generalversammlung umzusetzen.
FIMM cooperates regularly with one of the member national societies to organise the international triennial scientific congress.	La FIMM entre en coopération avec une des Sociétés Nationales membre qui est chargée d'organiser le Congrès scientifique triennal de la FIMM.	Die FIMM arbeitet mit einer ihrer Mitgliedsgesellschaften zusammen, um den internationalen wissenschaftlichen Kongress zu organisieren, der alle drei Jahre stattfindet.

POSITION AND ROLE FOR FIMM IN HEALTH CARE	POSITION ET RÔLE DE LA FIMM DANS LE DOMAINE DE LA SANTÉ	POSITION UND ROLLE DER FIMM IM GESUNDHEITSWESEN
FIMM feels responsible to support medical professionals in M/M Medicine in order to strengthen their professional position.	La FIMM est prête à apporter son soutien aux professionnels médicaux actifs en matière de Médecine Manuelle pour valoriser leur exercice professionnel.	Die FIMM trägt Verantwortung bei der Förderung der beruflichen Stellung der manualmedizinisch tätigen Ärzte.
FIMM promotes interdisciplinary cooperation in the interest of patients and the development M/M Medicine.	La FIMM assure la promotion de la coopération interdisciplinaire dans l'intérêt des patients ainsi que le développement de la Médecine Manuelle.	Die FIMM fördert im Interesse der Patienten interdisziplinäre Zusammenarbeit und die Entwicklung der Manuellen Medizin.

RESOURCES	RESSOURCES	RESSOURCEN
FIMM officials work on an honorary basis.	Les responsables de la FIMM travaillent à titre honorifique. Ils ne perçoivent aucun honoraire.	FIMM-Funktionäre sind ehrenamtlich tätig. Sie beziehen kein Honorar.
FIMM is financed by fees of its National Society members, grants, sponsorship and the FIMM Foundation.	La FIMM est financée par les cotisations des sociétés nationales membres, les subventions, le mécénat et la Fondation de la FIMM.	Die FIMM finanziert sich durch Beiträge der nationalen Mitgliedergesellschaften, Zuschüsse, Sponsoring und der FIMM Stiftung.

Sponsor	Mécène	Sponsor
		

11. Report from the Chairman of the Education Committee

Report by Dr. Glen Gorm Rasmussen. The Education Committee revised the FIMM Core Curriculum for Manual Medicine on its last meeting on Mach 2-3, 2005 in St. Goar, Germany.

FIMM Education Committee (1st edition: Puigcerda, Aalborg, Chicago)

Glen Gorm Rasmussen, Denmark (Chairman)

Guido Brugnoli, Italy

Egon Frölich, Germany

Joan Garcia-Alsina, Spain

Marc-Henri Gauchat, Switzerland

Marcus Hanna/Hans Tilscher, Austria

Michael Kucherea, USA

Jukka Mannevaara, Finland

John Tanner, UK

Marie-Jose Teyssandier, France

Philip Watson, Australia and New Zealand

Norman Broadhurst, Australia and New Zealand

FIMM Education Committee (2nd edition: St. Goar)

Glen Gorm Rasmussen, Denmark (Chairman)

Marcus Hanna, Austria (Vice-Chairman)

Marc-Henri Gauchat, Switzerland

Michael L. Kuchera, USA

Ero Penttinen, Finland

Matthias Psczolla, Germany

Marie-Josée Teyssandier, France

Jehan LeCoq, France

Syllabus for the Core Curriculum for Manual Medicine – modified in Puigcerda 1999, Aalborg 2001, and St. Goar 2005 by the FIMM Education Committee; ratified by the FIMM General Assembly in Chicago 2001; accepted as a Core Document by the Executive Board of the FIMM International Academy of Manual Musculoskeletal Medicine 2005

Introduction

Manual/Musculoskeletal Medicine is a branch of medical science concerned with the functions and disorders of the musculoskeletal systems, including the muscles, aponeuroses, joints and bones of the axial and appendicular skeleton and those parts of the nervous or visceral systems associated with them.

The object of this syllabus is to provide an educational core outlining the distinctive cognitive, psychomotor, and affective elements involved in the training of a physician aspiring to practice manual/musculoskeletal medicine in a safe and effective manner.

This syllabus is a document proposed by educationalists making up the FIMM Education Committee [and ratified by representatives at the General Assembly in London September 9th, 2005 the national member organizations making up FIMM]. The syllabus is divided into the following sections:

- A Basic knowledge
- B Basic sciences and functional anatomy
- C Examination and investigations
- D Therapeutics and prevention
- E Basic Core Curriculum structure and delivery

**CORE CURRICULUM FOR MANUAL MEDICINE
(CORE OF MUSCULOSKELETAL MEDICINE)**

A. BASIC KNOWLEDGE

To Supplement the Education of the Complete Physician

A.1 Essential knowledge of:

- A.1.1 Functional anatomy and biomechanics of the musculoskeletal system.
- A.1.2 Physiology and pathophysiology of the musculoskeletal system.
- A.1.3 Anatomy, physiology and pathophysiology of the nervous system in relation to pain and dysfunction.
- A.1.4 Postulated mechanisms of manual medicine diagnostic and therapeutic techniques.
- A.1.5 Clinical syndromes and differential diagnostics of the neuromusculoskeletal system (International Classification of Disease [ICD]-diagnostics or its equivalent).
- A.1.6 Relevant ancillary diagnostics (e.g. laboratory, imaging, electrodiagnostics) to manual medicine/musculoskeletal medicine.
- A.1.7 The risks and benefits of other relevant therapeutic modalities compared to or in conjunction with manual medicine.
- A.1.8 Indications and contraindications for different therapeutic options.

A.2 Essential affective behaviour characterized by:

- A.2.1 Conducting the interview, examination and subsequent treatment in a way that demonstrates a holistic understanding of the patient and his/her problem in an ethical, caring manner.
- A.2.2 Maintaining respectful and collegial professional relationships that promote the understanding and advancement of M/M Medicine.

A.3 Essential skills in:

- A.3.1 Applying the essential affective, cognitive, and psychomotor skills to conduct effective anamnesis and physical examination.
- A.3.2 Applying essential affective, cognitive, and psychomotor skills to conduct effective, accurate palpatory diagnosis.
- A.3.3 Applying essential knowledge and behaviour to deliver safe, effective manual medicine treatment.

B. BASIC SCIENCES

Functional anatomy, neurophysiology, physiology and biomechanics of the neuromusculoskeletal system

B.1 Introduction

- B.1.1 The objective of this part of the syllabus is to outline the essential elements of anatomy, biomechanics, and pathophysiology on which the clinical disciplines depend.
- B.1.2 M/M Medicine physicians combine core knowledge of musculoskeletal science with a practical ability to integrate this knowledge with particular clinical skills, and to orchestrate a comprehensive approach to the diagnosis and treatment of patients with disorders of the musculoskeletal system.

B.2 Anatomy Objectives

- B.2.1 General Anatomy Objectives: To attain a knowledge to satisfy objectives of the FIMM Core Curriculum of anatomy appropriate and sufficient to:
 - B.2.1.1 Comprehend and describe the normal functions of the muscles and joints of the axial and appendicular skeleton, and the function of the nervous system as it pertains to the musculoskeletal function;
 - B.2.1.2 Comprehend the aberrations of function of the neuromusculoskeletal systems;
 - B.2.1.3 Understand the anatomical basis of techniques used to investigate and manage neuromusculoskeletal complaints;
 - B.2.1.4 Evaluate critically the established and new theories on the pathogenesis, mechanisms and management of neuromusculoskeletal complaints.
- B.2.2. Specific Anatomy Objectives:
 - B.2.2.1 Describe macrostructure, anatomical relations and surface anatomy of the elements of the musculoskeletal system/locomotor system, including:
 - B.2.2.1.1 bones
 - B.2.2.1.2 joints
 - B.2.2.1.3 intra-articular inclusions
 - B.2.2.1.4 bursae

- B.2.2.1.5 ligaments
- B.2.2.1.6 muscles
- B.2.2.1.7 tendons
- B.2.2.1.8 entheses
- B.2.2.1.9 fasciae
- B.2.2.1.10 nerves
- B.2.2.2 Describe the attachments and actions of muscles related to the main musculoskeletal syndromes.
- B.2.2.3 State the peripheral and segmental nerve supply of muscles and joints related to the main musculoskeletal syndromes.
- B.2.2.4 Describe and demonstrate the course and distribution of the peripheral and autonomic nerves in a detail appropriate to:
 - B.2.2.4.1 the interpretation of musculoskeletal complaints.;
 - B.2.2.4.2 the comprehension of investigations involving these nerves as they pertain to musculoskeletal complaints.
- B.2.2.5 Describe the course and relation of the peripheral arteries (especially the vertebral arteries) and the effects on these vessels of movements of the associated skeletal structures.
- B.2.2.6 Describe the disposition and attachments of all the structures within the vertebral canal, and the effects on these structures of movements of the vertebral column, head and limbs.
- B.2.2.7 Describe the basic neuroanatomy to explaining the motor and sensory mechanisms involved in movements and musculoskeletal complaints.

B.3 Physiology Objectives

- B.3.1 General Physiology Objective: To understand the physiological basis of the functions and disorders of the neuromusculoskeletal system.
- B.3.2 Specific Physiology Objectives
 - B.3.2.1 Describe the basic metabolic principles and physiology of bone, muscle, connective tissue and nerves pertaining to the neuromusculoskeletal system.
 - B.3.2.2 Describe the molecular and cellular processes implicated in mechanisms of muscle contraction.
 - B.3.2.3 Describe different types of muscular fibres.
 - B.3.2.4 Describe muscle adaptability.
 - B.3.2.5 Describe the effects of rest, exercise and ageing on skeletal muscle, in terms of histochemistry and molecular structure.
 - B.3.2.6 Describe the molecular and cellular processes involved in:
 - B.3.2.6.1 the generation and propagation of action potentials in nerve and muscles;
 - B.3.2.6.2 excitatory and inhibitory synapses.
 - B.3.2.7 Describe the neurophysiology, activity and function of reflexes involving the musculoskeletal system including somatovisceral, viscerosomatic, and somatosomatics relationships.
 - B.3.2.8 Describe the basic motor and sensory neurophysiological mechanisms in sufficient detail to interpret and explain the symptoms and signs of disorders of the locomotor system.

B.4 Biomechanics Objectives

- B.4.1 General biomechanics objective: To understand certain precepts of biomechanics and apply them to the musculoskeletal system.
- B.4.2 Specific Biomechanics Objectives
 - B.4.2.1 Demonstrate an ability to apply and interpret the following terms with respect to any of the tissues of the musculoskeletal system:
 - B.4.2.1.1 stress
 - B.4.2.1.2 strain
 - B.4.2.1.3 stiffness
 - B.4.2.1.4 toughness
 - B.4.2.1.5 viscoelasticity
 - B.4.2.1.6 creep
 - B.4.2.1.7 hysteresis
 - B.4.2.1.8 fatigue failure
 - B.4.2.2 Describe the movement of any joint in terms of translation and rotation about biomechanical axes.
 - B.4.2.3 Define, in biomechanical terms, the following terms as they are applied to joints:
 - B.4.2.3.1 hypomobility
 - B.4.2.3.2 hypermobility
 - B.4.2.3.3 instability
 - B.4.2.4 Describe biomechanical differences between capsular and somatic dysfunction patterns
 - B.4.2.5 Demonstrate an ability to apply precepts of biomechanics to:

- B.4.2.5.1 clinical features
- B.4.2.5.2 posture
- B.4.2.5.3 the gait cycle
- B.4.2.5.4 activities of daily living, including occupational and recreational activities

B.5 Pain Objectives

- B.5.1 General pain objective: To understand the somatic and visceral structures which contain receptors capable of creating pain, the physiology of pain and the pathophysiologic and biopsychosocial implications of pain.
- B.5.2 Specific pain objectives:
 - B.5.2.1 To describe the taxonomy of pain.
 - B.5.2.2 To describe the anatomy, physiology, pathophysiology, and proposed mechanisms of pain.
 - B.5.2.3 To differentiate acute and chronic pain and their proposed mechanisms.
 - B.5.2.4 To describe the relationship between psychosocial factors and chronic pain.
 - B.5.2.5 To describe the role of the autonomic nervous system in relation to pain.

B.6 Natural history and epidemiology of representative clinical conditions in M/M Medicine

B.7 Evidence based M/M Medicine

Many diagnostic procedures have been developed in the different schools in M/M Medicine over the past decades. In the vast majority, the reproducibility of these tests is lacking. Up to now many therapeutic and diagnostic approaches are rather based on historical traditions than on solid research. For many tests, the question arises if they really test what they are supposed to test. It illustrates the absence of the validity of these tests. Before performing all kind of validity studies, the most important task for M/M Medicine is first to make their diagnostic tests reproducible. It is the task of scientists of the different schools to perform reproducibility, validity, specificity and sensitivity studies. Having defined specific groups efficacy studies can be done, in first hand pragmatic studies if more defined fastidious studies. For practitioners in M/M Medicine reproducibility studies are easy and cheap to perform. Both individual clinical experience and external clinical evidence are essential for the medical practitioner.

The primary goal of EBM is to provide the medical practitioner in combination with his clinical expertise, the best tools for decision making about the care of the individual patient. Doctors integrating EBM will, identify and apply the most efficacious therapies and choose the best-validated diagnostics, to maximize the quality of their individual patients. Using EBM in M/M Medicine in the right way will lead to further development of the M/M profession. Validated diagnostic procedures become interchangeable between the different schools in M/M Medicine. Efficacy trials based on homogenous populations become mutual comparable. Good doctors in M/M Medicine will use both their indispensable expertise and the best available scientific evidence of that moment, to provide their patients with best care – Evidence Based Medicine.

C. DIAGNOSTIC EXAMINATION

- C.1 Diagnosis in M/M Medicine is based first on a conventional medical examination, secondly on a manual examination.
 - C.1.1 A conventional medical examination is required to understand the condition of the patient with respect to indications, contraindications and therapeutic options. In manual diagnosis (e.g. spinal, muscular, regional) of dysfunction it is required to designate the site and appropriate form of manual medicine treatment.
 - C.1.2 Functional and pathologic abnormalities often coexist. In manual medicine, both structural and functional disturbances are identified to reach a diagnosis.
- C.2 The examination is divided into a screening, a scanning, and appropriate local examinations. Diagnosis requires careful interpretation of these findings integrated with history, physical and ancillary tests.
 - C.2.1 The screening examination asks the question: Is there a problem in the musculoskeletal system that deserves additional evaluation?
 - C.2.1.1 Conduct a thorough history and examination with emphasis on biomechanical, occupational, orthopedic, neurological, biopsychosocial factors.
 - C.2.1.2 Inspect posture
 - C.2.1.3 Inspect gait
 - C.2.1.4 Inspect gross ranges of motion
 - C.2.2 The scanning examination asks the question: What region and what tissues within the region are

dysfunctional and of relevance?

- C.2.2.1 Conduct orthopedic, neurological, systemic and ancillary tests using methods to provide "physician-level" understanding of the patient's pathophysiological and structural condition pertaining to the tissue in question.
- C.2.2.2 Conduct a palpatory examination of the region or tissue to identify the specific dysfunctions.
- C.2.3 The local examination: Includes the specific palpation of tissues of the musculoskeletal systems.
- C.2.3.1 Conduct a palpatory examination of local tissues to determine the dysfunctions considered for treatment and the characteristics important in the selection of treatment including indications and contraindications.
- C.3 Different palpatory examinations look at and record elements of pain provocation, sensory changes, tissue texture changes, examination of range of motion, and characteristics of end-feel barrier, depending on the diagnostic system used.
- C.3.1 One or more of these elements (pain, sensation, tissue texture, range of motion, end-feel) are assessed.
- C.3.2 The relative importance of these tests varies in the different manual medicine systems.
- C.3.3 Manual medicine physicians have the ability to record the patient evaluation and patient progress by using various methods of measurement.
- C.3.3.1 Manual medicine physicians should have the ability to record relevant specific manual medicine findings.
- C.3.3.2 Manual medicine physicians should have the ability to record pertinent related outcomes measures (e.g. visual analog scale [VAS], dolorimeter, impairment scales, general health scales).

D. MANUAL TREATMENT MODALITIES / M/M MEDICINE TREATMENT

D.1 Overview

- D.1.1 Treatment in M/M Medicine includes first conventional medical treatment secondly manual treatment.
- D.1.2 All manual treatment modalities in MM Medicine are prescribed by a physician working toward a definitive goal and with a full armamentarium of medication, surgery, psychotherapy, orthotics, injections and various other adjunctive modalities. As with any treatment regimen, the physician must select the best therapeutic agents for the situation, must calculate the appropriate dose and frequency for the agents and must both educate the patient and be prepared to deal with any potential side effects or untoward results.
- D.1.3 This section deals only with manual techniques constituting core manual medicine techniques.

D.2 Exemplars of core M/M Medicine treatment modalities

- D.2.1 Soft tissue techniques
 - D.2.1.1 Myofascial release (direct and indirect) techniques
 - D.2.1.2 Muscle energy techniques
 - D.2.1.3 Specific tissue-directed and/or goal-directed techniques (e.g. trigger point, exercised muscle chains, strengthening)
- D.2.2 Articular techniques
 - D.2.2.1 Mobilization (without thrust)
 - D.2.2.1.1 Active
 - D.2.2.1.2 Passive
 - D.2.2.2 Manipulation (passive mobilization with low amplitude and high velocity thrust technique)

E. BASIC CORE CURRICULUM STRUCTURE AND DELIVERY

E.1 The General Assembly of FIMM endorses the above outline of a basic Core Curriculum.

E.2 FIMM proposes that a *basic* core curriculum be structured to contain:

- E.2.1 Diploma course educational style structure (300 hours total)
 - E.2.1.1 Conferences, theory (125 hours)
 - E.2.1.2 Information/Introductory overview course (8 hours)
 - E.2.1.3 Practical training (125 hours)
 - E.2.1.4 Assisted/Supervised commented consultations of true patients in a hospital or other patient setting
- E.2.2 Diploma course educational content distribution
 - E.2.2.1 Theory 35%

- E.2.2.2 Examination 30%
- E.2.2.3 Treatment 35%
- E.3 Ideal organization of teaching manual medicine**
 - E.3.1 Classroom teaching
 - E.3.2 Student examines normal persons under supervision
 - E.3.3 Student examines patients under supervision
 - E.3.4 Student treats normal persons under supervision
 - E.3.5 Student treats patients under supervision
 - E.3.6 Student examines and treats patients

12. Report from the Treasurer

This is the preliminary Report dated July 12, 2005 and presented to the Executive Committee on its meeting of September 7-8, 2005. Details of the report presented to the General Assembly 2005 may vary.

Success estimation 01.01.2004 - 31.12.2004

Income	CHF
members annual fee	67'786.50
societies annual fee	4'400.00
interest yield of bonds	2'017.95
Total income	73'804.45
Expenditures	CHF
interest and expenses	440.60
Total interest on capital	440.60
office material. print expenditures and FIMM NEWS	1'885.05
translations	1'989.40
tel./fax/internet/mail Treasurer	810.70
tel./fax/internet/mail Secretary-General	0.00
bookkeeping/revision	700.00
diverse expenditures	2'082.10
Total administrative expenditures	7'467.25
<i>Executive Committee</i>	
President	3'244.13
1. Vice President	3'939.60
2. Vice President	2'682.09
Secretary-General	6'788.85
Deputy Secretary-General	0.00
Treasurer	1'813.66
Deputy Treasurer	613.81
Total Executive Committee	19'082.14
<i>Scientific Committee</i>	
travel expenses	6'981.17
accommodation	1'140.10
print expenditures	9'042.75
diverse expenditures	2'629.55
Total Scientific Committee	19'793.57
<i>Education Committee</i>	
travel expenses	5'398.29
accommodation	3'515.20
print expenditures	2'770.70
diverse expenditures	1'587.55
Total Education Committee	13'271.74

<i>Policy Committee</i>	
travel expenses	8'058.47
accommodation	123.07
diverse expenditures	1'423.42
sponsoring	-3'750.00
Total Policy Committee	5'854.96

<i>General Assembly</i>	
travel expenses	874.97
accommodation	15'382.30 ¹
diverse expenses	2'934.40 ²
Total General Assembly	19'191.67

¹including 2'178.00 GA 2003²concerns GA 2003

<i>Loss of bond assets</i>	
loss	547.50
Total loss of bond assets	547.50
Total operating expenditures	85'649.43

Sub-summary	CHF
Total income 2004	73'804.45
Total standard expenditures 2004	-85'649.43
Excess over expenditures	8'844.98
Excess of capital	(estimated) -7'844.98

Standard operating result	-10'844.98
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Extraordinary and unique expenditures	CHF
Implementation and acquisition of the FIMM Web site	12'946.40 ³
Contributions to the International FIMM Congress in Bratislava	11'850.00
Total extraordinary expenditures	24'796.40

³passed by the GA 2003

Summary	CHF
Standard operating result	-10'844.98
Total extraordinary expenditures	-24'796.40

Operating result 2004	-35'641.38
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Balance per 31.12.2004

Active capital	CHF
Cash	2'220.00
PC 85-764598-5	2'553.91
UBS 206-P0327142	10'360.72
UBS 206-3102332.01K	480.05
Bonds value per 31.12.2003	6'036.00
Debtors	11485.00
Clearing tax	46.05
Passing account	1'178.95
Excess of assets	34'360.68

Passive capital	CHF
Loan SAMM foundation	20'000.00
Accounts payable	4'209.95
Transitory liabilities	700.00
Balance per 01.01.2003	45'092.11
Operating result 2004	-35'641.38
Total passive capital	34'360.68

13. Report from the Auditors

No remarks.

14. Election of Auditors

Candidates are:

Dr. Niels Jensen, Denmark

Prof. Todor Todorof, Bulgaria

15. Elections of officers and members

15.a Intermediate elections of Members of the Executive Committee

Candidate for the Executive Committee is **Dr. Wolfgang von Heymann**, Germany, to replace Dr. Alfred Möhrle, Germany, who resigned in 2004. The Executive Committee recommends the election of Dr. von Heymann who is Treasurer of the German MWE Seminar, a Member of the Executive Council of the German Society for Manual Medicine DGMM and Editor of the German Journal «Manuelle Medizin».

By-elections of the Executive Committee will take place on the occasion of the General Assembly 2006. A new President and new Members of the Executive Committee have to be elected by then by the General Assembly. The Executive Committee recommends turning in early propositions for candidature. FIMM will need the best of leadership.

15.b Reappointment of the Chairman of the *FIMM* Academy

Art. 6.2 of the Articles of the *FIMM* International Academy of Manual/Musculoskeletal Medicine says:

"The Chairman shall be appointed by the FIMM General Assembly for a period of one year, but may be reappointed for a maximum term of four continuous years."

Candidate is **Dr. Michael Hutson**. The FIMM General Assembly 2004 in Bratislava has appointed Dr Hutson as the first Chairman of the FIMM Academy. He has now to be reappointed.

15.c Elections of Honorary Members

Proposed are:

Loïc Burn: A Past President of the British Association of Manipulative Medicine, a former member of the British League against Rheumatism, a former member of the Council of Management of the National Back Pain Association. In 1972 he obtained his Diploma in Physical Medicine and has been active in writing and teaching in this field. His titles are BA, MRCS, LRCP, DPhysMed. He is a Past President of FIMM, was a member of the FIMM Executive Committee and the FIMM Scientific Advisory Committee. And not to forget (in my view), he organized a remarkable worldwide FIMM congress in 1989 – in LONDON.

John K. Paterson: A Past President of the British Association of Manipulative Medicine. As Loïc Burn, he was active in teaching M/M medicine for years. His titles are MB, BS, MRCPG. He was a Member of the FIMM Scientific Advisory Committee and the Chairman of the FIMM Terminology Subcommittee, where he contributed a lot. He helped Loïc Burn to organize the LONDON FIMM Congress in 1989. His help was significant.

The two were mostly working together. They have run postgraduate courses in M/M Medicine together between 1983 and 1990. They have published five medical textbooks.

16. Admission of new members

Candidate is **Kazakhstan** represented by Dr. Nadezhda A. Krasnoyarova, President of Association of Manual Therapists of Kazakhstan, The Center of Manual Therapy, Zheltoksan 111, 480009 Almaty City, Kazakhstan, Tel. 8 3272 755-883, (krasnon@mail.kz).

India has announced to take part at the General Assembly as a observer represented by Dr. Sarveshwar Chander Sood, Orthopaedic Surgeon and Head Department of Physical, Medicine & Rehabilitation, S.B.L.S.Hospital 812/1, Housing Board Colony, Model Town, Jalandhar City, Punjab State. India. (sarveshwar@vsnl.com, <http://personal.vsnl.com/sarveshwar>, www.health-india.com/personal/drsood.htm).

17. Exclusion of members

According to Art. 5 of the FIMM Statutes exclusions of some members have to be discussed by the General Assembly.

"... Art. 5:

Exclusion from the Association may take place if the member

- substantially disobeys its duties according to Article 4,
- has acted against the aims and interests of the Association or has damaged its authority,
- has failed to pay a membership fee for two consecutive years to the Association.

The General Assembly will decide about exclusion with a majority of two-thirds following a proposal of the Executive Committee. In serious cases, the Executive Committee may immediately suspend the membership until the next General Assembly. The member being aware of an exclusion must be invited to the General Assembly to present his defence."

Concerned are: **Greece and Portugal.**

Both members have been addressed several times. Portugal has replied by e-mail dated September 1, 2005:

"Following your letter from July 11 regarding annual fees payments from our Society 2003 - 2004, I must inform you of the following: The Portuguese Society of Manual Medicine Orthopaedics and Manual Therapeutics - Back School, it is a doctors association which objective/ aim consists in giving formation/Background after graduation. It is a Society without any profits/gains, so all the partners associated do not pay anything towards the Society: Our Portuguese and foreigners colleagues, (Spanish, French, Belgium) who came here to give courses do not receive payment because the Society don't have financial conditions. I apologize but we are not able to be present at the General Assembly of FIMM 2005 in England. It's with regret but we don't have money available. I hope this letter will clarify you, the reason why the Portuguese Society do not pay annual fees. I will remain at your disposal for any questions you may have. Yours Sincerely, Jorge Manuel Jardim Fernandes, President S.P.M.O. e TM-ED (jjfernandes@hdfaro.min-saude.pt)."

18. Information on the next International FIMM Congress 2007

The 15th Triennial International FIMM Congress will take place in Interlaken, Switzerland from November 28 to December 1, 2007 organized by the Swiss Medical Society for Manual Medicine SAMM.

	Sunday 25.11.07	Monday 26.11.07	Tuesday 27.11.07	Wednesday 28.11.07	Thursday 29.11.07	Friday 30.11.07	Saturday 01.12.07
09:00	FIMM Committee Meetings	FIMM Committee Meetings	FIMM General Assembly 2007	«Skeletal» Biomechanics Opening by the Swiss Federal Council Keynote-Speakers 1+2 Session	«Musculature» Kinetics and Training Workshops 5 - 8	«Neuro» Neurophysiology Keynote-Speakers 5+6 Session 3	«Manual» new facts K-Speaker 7 Session 4 / Finish
09:30							
10:00							
10:30							
11:00							
11:30							
14:00		FIMM Executive Committee Meeting		«Skeletal» Biomechanics Workshops 1 - 4	«Musculature» Kinetics and Training Keynote-Speakers 3+4 Session 2	«Neuro» Neurophysiology Workshops 9 - 10	
14:30							
15:00							
15:30							
16:00							
16:30							
17:00							
20:00			FIMM Dinner	Welcome Dinner		Joined Gala Dinner	
21:00							

It will not be an expensive Congress. There will be two tickets: International ticket (4 days) at approximately € 140.– and a Swiss ticket (2.5 days) at approximately € 100.–. This does not include costs for accommodation and events.

Prior to the Congress the FIMM General Assembly 2007 will take place on November 27, 2007.

The proposition as for a title of the Congress is:

Neuro-musculo-skeletal Medicine: Facts, New Approaches and Evidence.

19. Date and place of the General Assembly 2006

Proposed is May 2006, Moscow, by invitation of the Russian League of Professionals of Manual Medicine).

20. Any other Business

No remarks.

21. Closing of the General Assembly by the President

No remarks.

Report of the Archivist

Presented to the Executive Committee in September 2005

Dr. Hans Schmid

I was assigned to be a FIMM Archivist at the General Assembly of FIMM in Dresden, 2000. The "Millennial FIMM Address", consisting of a historical survey of FIMM and the recent developments was a lecture of Philip Greenman and me at the 13th Triennial Congress of FIMM in Chicago in July 2001. It was completed by me until the Annual Congress of the Czech Myoskeletal Society in Liberec, October 2002, and sent to the former President Dr. Michael Hutson. The next report ended on September 15th, 2003 and was sent to the President Dr. Bernard Terrier, Switzerland.

My last report ended on September 1st, 2004, and was sent to the President, Dr. Bernard Terrier, Switzerland.

The General Assembly 2004 and several meetings of FIMM Committees took place in Bratislava, Slovak Republic on September 14th, 2004. 22 member countries were present, apologies for absence came from Estonia, Latvia and Luxemburg, absent without any apology were Greece, Lithuania, Portugal and South Korea. Dr. Blomberg came as observer for Sweden.

The President outlined the strategy of FIMM in the future. He proposed a new structure of the FIMM Committees, the FIMM Academy and the FIMM Foundation. After a discussion the proposed policy changes were supported and accepted. Past President of FIMM Dr. Michael Hutson presented the proposed project of the FIMM Academy. Finally the FIMM General Assembly adopted the articles of the Academy and instructed the FIMM Executive Committee to establish the FIMM Academy according to the preliminary business plan presented to the General Assembly on September 14th, 2004. This resolution was accepted by the General

Assmby and Dr. Hutson was proposed as first Chairman of the Academy.

Then followed reports of the Chairmen of the Scientific, the Education and the Policy Committee, the report of the Treasurer with a positive balance for 2003 of CHF 2'218.00. The new auditors Dr. E. Frölich and Dr. N. Jensen confirmed the report. Dr. E. Frölich died short time after compiling this report. New auditors were selected and accepted.

The Russian Federation, represented by the Russian Society for Manual Medicine, was excluded from FIMM, because they did not pay the annual fee for the last three years and there was no communication between FIMM and RAMM represented by the President Prof. Skoromets.

The Russian Federation, represented by the League of Professionals in Manual Medicine, was accepted as a new member of FIMM.

Dr. M. H. Gauchat confirmed the General Assembly that Switzerland is prepared and willing to organize the next FIMM Congress in 2007, perhaps in Interlaken. This proposal was accepted by the General Assembly.

The 14th triennial FIMM World Congress of Manual Medicine took place in Bratislava, Slovak Republic on 15th to 18th September 2004. There were lectures, workshops and posters on Manual and Musculoskeletal Medicine, Pain Evidence and new Challenges. I could not get the number of persons who were present at the Congress, which had lectures, workshops and posters.

Dr. Heinz-Dieter Neumann, Germany, former President and Honorary Member of

FIMM, informed FIMM that he had received the Ernst-von-Bergmann-Plakette for merits in postgraduate education of medical doctors by the German Bundesärztekammer on November 14th, 2004.

The President of FIMM notified FIMM on November 7th, 2004, that Prof. Jochen Sachse, the founder of the Berliner Aerzte-seminar für Manuelle Medizin, died a few days ago. He elaborated besides other activities the first glossary of Manual Medicine, which was the base of FIMM Glossary.

The Secretary General Ron Palmer wrote the FIMM NEWS no 2, Volume 12, during November 2004. The News contained among the reports of the General Assembly of November 14th, 2004, an outlook of the General Assembly on September 9th, 2005 in London Gatwick.

The FIMM Policy Committee meeting on March 5th, 2005, in Bruxelles, was cancelled because of many apologies. The meeting was postponed to June 25th, 2005, in Diegem, Bruxelles.

The Secretary General Ron Palmer wrote the FIMM NEWS no. 1, Volume 13, during the month of February, 2005. The News contained two articles of Dr. Jacob Patijn, Ph.D.: «From Scientific Committee of FIMM to FIMM International Academy of Manual/Musculoskeletal Medicine» and «The report of the Chairman of the Scientific Committee». Besides these two articles there was a letter to Presidents and Secretaries of National Societies of M/M Medicine, written by Dr. M.Hutson and Dr. J.Patijn.

Dr. M. Hutson publicated the Applications for Membership within the FIMM International Academy of M/M Medicine by email on February 23rd, 2005.

Later on the FIMM Policy 2010 of 1st of January 2005 was presented in English, French and German as a preliminary report. It consists of definitions and goals of the FIMM International Academy of

Manual/Musculoskeletal Medicine, of strategies and methods, of its role in education, of the internal structure, of external relationships and resources.

During springtime 2005 there came an invitation to the General Assembly 2006 to be held in Moscow. The President thanked for it, the General Assmby will probably be held there in May or September 2006.

The FIMM Academy General Assembly is to be held on 16th of June 2005 at Hotel Ilf in Prague; and a Policy Committee Meeting on June 25-26, 2005 in Brussels.

The President of the Estonian Association of Manual Medicine EMMS, Dr. Leili Lepik, informed the President and the Secretary-General about their last General Assembly on June 12th, 2005, with the new elected officers of the Association. Dr. Terrier and Dr. Kuchera sent their congratulations to Dr. Lepik. There will be an Estonia Health Forum 2005 on November 24th, 2005 in Tallin and she asked FIMM to be present at this forum.

The programme for the General Assembly of FIMM in Copthorne, London Gatwick, United Kingdom from 6th to 10th September 2005 was sent out at the end of June 2005, as well as the names of the BMM Officers.

Then followed a long discussion per email about the nomination of new Honorary members of FIMM. Michael Kuchera proposed to transfer the Honorary Membership to the FIMM Academy.

The version 2.4 e/f/g of the FIMM Policy document which has been elaborated at the FIMM Policy Committee Meeting in Brussels on June 25-26, 2005 was distributed on July 1st, 2005.

The possible new FIMM structure was outlined at the same time. This document was discussed by email by several officers, as Dr. Ron Palmer, Dr. Lars Remvig and Dr. Michael Hutson. The members of the Policy Committee should be elected democratically by the General Assembly.

The President notified the procedures for the General Assembly in Gatwick in September 2005 for the organizers in the UK on July 9th, 2005. Later on he answered to the President of the Estonian Association, Dr. Leili Lepik, that a delegation of the FIMM Executive Committee will attend the meeting in Estonia on November 25th, 2005.

The request for nominations for the Board of Trustees of the FIMM Foundation were sent among many others to Dr. Craig Appleyard, Ontario (Canada) and Dr. Dieter Heimann, Kappeln (Germany) by the President and the Treasurer.

The version v 2.6 and v 2.7 of the FIMM Policy Paper were sent out in July and August 2005.

For technical reasons concerning the providers performance the FIMM web-site was migrated to:

<http://www.fimm-online.com>

Dr. Sarveshwar Sood from India will attend the General Assembly 2005 in Gatwick as an observer to a better understanding of FIMM. Eventually India will join FIMM as a member.

The President sent out the invitation to the Executive Committee Meeting on September 7th and 8th, 2005, in London Gatwick on August 31st, 2005.

This report is closed on September 1st, 2005. It is made up by informations and e-mails I received from different FIMM Executives. The report has not the pretension of entirety. The archivist wishes all the best for the General Assembly 2005 and is very sad not to be able to be there.