



FIMM

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

**Minutes: General Assembly of the FIMM 2010
Potsdam, Germany at Hotel Seminaris
September 23, 2010**

Secretary-General

Meeting Site: The FIMM General Assembly was invited to Potsdam by the Deutsche Gesellschaft für Manuelle Medizin (DGMM – Germany)

Collaborative Activities: The 15th FIMM International Scientific Conference 2010 was held in conjunction with the 4th Congress of DGMM at the Hotel Seminaris in Potsdam; Sept 24-25, 2010 and was entitled “*Biomechanics – Sensomotoric – Pain: Three sides of one coin?*”

Agenda as Distributed in Advance: No changes were proposed.

1. The **45th General Assembly of FIMM** was opened at 09:10 AM by FIMM President von Heymann; election of official vote counters, and attendance.

- **Present -- FIMM Executive Board Members:** Wolfgang von Heymann; Bernard Terrier; Michael Kuchera; Viktor Dvorak; Marie Jose Teyssandier; Sergei Nikonov; Michel Dedee
- **Present -- Visitor making application:** Simon Vulfsons (Israel National Society making application for FIMM membership)
- **Present -- National Society Representative Groups (18 voting members):**
 - Australia (Michael Yelland report via Skype / James Watt, NZ, with official proxy)
 - Belgium (Michel Dedee)
 - Bulgaria (Todor Todorov with Iliya Todorov)
 - Canada (Craig Appleyard)
 - Denmark (Palle Holck with Niels Jensen)
 - Finland (Nils Kyrklund with Karl August Lindgren)
 - France (Nadine Fouques-Weiss)
 - Germany (Ulrich Smolenski)
 - Italy (Guido Brugnoni & guest)
 - Japan (K Sumita and translator)
 - Kazakhstan (Nadezhda Krasnoyaroova)
 - The Netherlands (Sjeff Rutte with Jacob Patijn)
 - New Zealand (James Watt)
 - Poland (Jerzy Stodolny)
 - Russia (Anatoly Sitel with Kirill Kuzminov)
 - Switzerland (Marc-Henri Gauchat)
 - Turkey (Prof. Huseyin Nazlikul with Sahin Tunalı)
 - USA (Richard Feely)
- **Counters:** Niels Jensen & Kirill Kuzminov appointed and approved unanimously as counters
- Thanks to the Czech National Society (NS) for their past hospitality and to the German NS for inviting us to Potsdam.

2. Representative Societies Reports

- **Germany** (Ulrich Smolenski) – As the hosting National Society (NS), the Deutsche Gesellschaft für Manuelle Medizin (DGMM) was invited to provide the first

presentation in the program to the General Assembly -- an overview of their organization. DGMM, as the umbrella NS organization in FIMM, has **4481 physician members** with physiotherapists training in a separate arena. They feel that **scientific work** is a primary NS responsibility (not just teaching techniques but evaluating clinical treatment) and therefore this is a central commitment within their NS. They noted their emphasis on **student development** and the dissemination of research, clinical, and educational information through their professional **journal** as well as through this and other **Congresses**. They support a **professional help center** for colleagues for study design, writing and publication (located in Vienna).

- **Australia** (James Watt from NZ proxy; see <http://www.musmed.com/>) – The Australian NS presentation was made by Michael Yelland via Skype display on a projection screen along with input from AAMM president, Geoff Harding. The AAMM, as a NS with 245 members, consists of mostly general practitioners who have special interest in Musculoskeletal Medicine; they also have a small core of advanced practitioners. Their annual meeting last March, “Spine in Action”, was in held in conjunction with New Zealand’s NS and emphasized diagnostic and management strategies. FIMM President, Wolfgang von Heymann made a presentation and had discussions with the Australian leadership at this course.

In the Australasian Faculty of Musculoskeletal Medicine (AFMM), there are 30 full-time MM specialists able to serve as faculty, each having earned their required post-graduate diploma and having passed a fellowship examination. The Australian NS group reports that the AFMM has achieved better success with MM specialty recognition in New Zealand than they have in Australia where it is not yet considered as specialty. (*Secretary-General’s Note: Regarding the Australasian Faculty in Musculoskeletal Medicine (AFMM)*, see http://www.afmm.com.au/html/s01_home/home.asp).

There is a third MM group in Australia, the Australian College of Physical Medicine. This small group consists of physical medicine specialists and GPs all practicing fulltime MM and this organization places more emphasis on manual medicine than the other two. Note that there are some physicians who are members of all three groups.

No certification is required to practice MM in Australia but there is a MM diploma program through the Australasian Otago (NZ) program and soon a musculoskeletal pain master diploma. The College of Physical Medicine’s masters program is offered through Macquarie University. Finally, a National Pain Summit held in March made recommendations to the Australian government about pain management; this was multidisciplinary and to balance other groups’ emphases on chronic pain and treating central sensitization with medication the MM representatives called upon the need to properly diagnose and physically treat somatic/musculoskeletal sources.

The FIMM leadership extended their greetings to former vice-president and former Secretary-General, Ron Palmer.

- **Belgium** (Michelle Dedée) – The Belgian NS notes that there is no substantive change from last year’s message. They discontinued their French course; there have been 45 Flemish participants (up from 20) but only 15% of those trained in MM still continue their involvement after 5 years. On a positive note, refresher courses are ongoing (for example, in Greece next week) but there is no contact with health authorities or universities and the osteopathic societies create tremendous competition. Dedée’s conclusion was that “it may be too late to save MM by physicians in Belgium.”
- **Bulgaria** (Iliya Todorov as Secretary General reported on the Bulgarian Society of Manual Medicine [BSMM] for its President, Todor Todorov) – Membership is reported as 35 (with the potential after their October annual meeting in Varna for 14 more physicians who just finished their coursework); this is the same as last year. They hope to merge their October annual meeting with an international meeting and to add former FIMM president and current Health Policy Board Chairperson, Bernard Terrier, to help attract and promote MM in their country. Currently the greatest

problems for MM in Bulgaria are (1) there is no official recognition of MM as a subspecialty and (2) little payment for MM is a disincentive for MM practitioners.

- **Canada** (Craig Appleyard; see also <http://www.caom.ca/>) – Founded in 1985, the Canadian Association of Orthopaedic Medicine (CAOM) currently has 50 members (which represents a drop from 75 members several years ago). Half of their members are in Ontario. Furthermore, the group is essentially divided in two, with half being primarily MM practitioners and half emphasizing prolotherapy.

CAOM has conducted 2 major events in Vancouver this past year. In October, their program in Ottawa will represent “Orthopaedic Medicine: Old and New” (for example, Cyriax methods [old] and platelet rich plasma injections [new].)

The CAOM leadership conveyed recommendations concerning the FIMM Health Policy Board Guidelines draft on Basic Training and Safety document. They noted that MM has not been formally recognized by the Canadian government as a specialty. They also pointed out internal Canadian health policy concerns such as establishment of standards (Out-of-Hospital Premises Standards) that were aimed at outpatient surgery but by including injection techniques for nerve blocks will essentially cut out the ability of their members to provide this service.

Questions/Comments from the GA Floor: (1) *Question: Is there an English vs French speaking relationship within the CAOM?* Answer: Not really. (2) *Comment: Collaborative interactions focusing on combining injections with MM might help unify the two sub-groups.*

- Czech Republic (There was no representative present however Vlasta Tosnerova sent an official letter) – The letter indicated that this NS wishes to continue with FIMM and would like to cooperate with ESOMM in new conditions. The letter and other conversations indicated that the NS of the Czech Republic would like to extend a formal invitation to host the 2011 FIMM General Assembly combined with an **international cooperative program for Oct 14-15, 2011**. The venue proposed is the **Clarion Congress Hotel (Prague)** and their proposed congress **topic is “Stabilization.”** (See FIMM discussion item #15 below).

It was noted that the Czech NS secretary-general this year, Karel Lewit will present a Keynote lecture to the DGMM participants tomorrow, but did not come to the FIMM-GA.

- **Denmark** (Palle Holck, President; [Rheumatologist]) – The Danish National Society (DSMM) has 712 members consisting chiefly of General Practitioners, Rheumatologists, and Orthopedists (as well as specialists in Anesthesiology, Occupational Medicine, and Radiology; they have 66 physicians who have earned diploma status (250+ hours education). See www.dsम्म.org. Their NS provides one basic and six other MM workshops per year. In their educational programs emphasizing mobilization, muscle energy and myofascial release techniques, they use the Remvig book on Manual Medicine (Lars Remvig is one of their members) and until this year provided the *International Manual Medicine* journal as a membership benefit. (They will discontinue the *IMM* journal this year.)

Very successfully, they invite all GPs in Denmark to their annual meeting and this strategy results in approximately 100 doctors gaining an overview of the scope of MM. Their organization focuses on education, collaboration, and science.

They participate in the **Nordic Congress** which will be held in Copenhagen in September, 2011. (Both Niels Jensen and Palle Holck are on the planning committee ... see www.nordic2011.dk). It was noted that the European International Society for Internal Medicine will present MM on their program in January and the DSMM will present in England to medical students re MM.

- Estonia (No representative at the FIMM GA again this year [now 6 years without a personal representative] but their president, Leili Lepik, sent an email) – Estonia reports progress for MM registration in UEMS as a subspecialty.
- **Finland** (Nils Kyrklund, Vice-President) – The Finnish NS has 212 members ... down from 260. Their membership has a 300 hour education program and has been

looking for a university base. Nils reported however that this is probably an old and unrealistic plan because the group has few resources to do this. He noted that an interested provider started an MM school – the basis is PMR and Orthopedic Manual Therapy from a physical therapist and 2 years of this coursework. Nils reported on the various conferences and congresses held in the past year in Finland and noted that the small courses on MM related to the neck (etc) were very popular. A highlight is the spring congress in Lapland (last year being the 25th offering and it featured invited speaker Paul Hodges from Australia).

- **France** (Dr. med. Univ. Nadine Fouques-Weiss who is a member of the SOFMMOO Executive Board; see also www.sofmmoo.com or a startup private MM website www.mediosteo.fr) – The FIMM NS representing France was founded in the Hotel Dieu by Robert Maigne (honorary president along with M-J Teyssandier) and the current president is Dr. N Teisseire. Currently this group has 420 members and their training consists of an official university course offered by 15 French universities. Several private societies also provide private weekend courses in MM. The last annual SOFMMOO meeting was in September 2010 in Mulhouse. Training in MM requires 2 years for a GP and 1 year for a specialist leading to recognition in “manual medicine and osteopathy.”

In March 2007 there was a legal change allowing non-MD osteopaths to legally practice; this was reported at the FIMM General Assembly previously. Now many private non-MD osteopathic schools are flourishing and in fact one French University (Rennes) now delivers an osteopathic university diploma to non-MD graduates. Note that those MDs practicing MM can ask their prefect to validate the MM diploma as “Osteopathic” if they can demonstrate at least 1250 hours training in osteopathy.

Dr. Fouques-Weiss noted that the future of MM in France was predicated on finding a balance in -- and substantive amounts of -- both science and art.

- Germany – See first presentation listed in this section (host country).
- Hungary (Gabor Ormos would typically have been the FIMM representative to the GA, however this year there was no response and it was noted that he has moved to England.)
- *A national society from Israel is visiting and has made application for FIMM membership ... this report will be a later item*
- **Italy** (Guido Brugnoni, president, representing Societa Italiana di Medicina Fisica e Riabilitativa – Sezione di Medicina Manuale [SIMFER-SMM) – In Italy, MM is part of the Italian Society of Physical Medicine and Rehabilitation professional organization and all MM physicians are PMR specialists. Massimo Groppi serves as the MM sub-group Secretary and they have 108 members. As noted, these physicians are all PMR specialists but most have a state diploma or Master in MM degree (Universita “La Sapienza”, Rome). The masters’ degree requires completion of 750 curricular hours (300 didactic teaching and the rest of the hours in practice-based experiences). Annually they have a 3-4 day course.
- **Japan** (Kazuyoshi Sumita) – This school of MM is centered about the “Arthrokinematic Hakata method” and in the past year, the NS has conducted 6 training courses. In the Japanese NS there are 449 doctors (of these, there 71 are certified practitioners and 30 are certified instructors). This year there were 10 newly certified doctors and 7 newly certified teachers.
- **Kazakhstan** (Nadezhda Krasnoyarova, President) – This National Society is based upon a combination of MM & Osteopathy. There are 42 members within this NS. Training programs include diagnosis and treatment of vertebral, viscera, and craniosacral dysfunctions using MM/OMT techniques. They hold a meeting every month. Their next conference will explore the association of traditional neurology with alternative ways to improve pain. They will have the same focus next year regarding managing pain as 21st century physicians; all FIMM members are invited to come.

- **The Netherlands** (Sjeff Rutte with Jacob Patijn) – The Dutch Society of Ortho-Manual Medicine has 72 members. It invited the International Academy for Manual / Musculoskeletal Medicine to Haarlem for their yearly meeting and scientific conference. They are reorganizing the educational program according to the format of the Royal Dutch Medical Society of Specialists (KNMG) and steps are being taken to develop a Master of Science in Musculoskeletal Medicine.
- **New Zealand** (James Watt for the New Zealand Association of MM; see also <http://www.musculoskeletal.co.nz/>) – The president of the New Zealand NS is Gary Collinson; they have 65 members. Within the NS there are 22 specialists (as denoted by a diploma in MM from Otago and Christ Church -- teaching MM physicians, osteopaths and physiotherapists – and/or a Masters of Pain Medicine taken over from Newcastle). Courses are more on the graduate than undergraduate level. (*Secretary-General's Note: Regarding the Australasian Faculty in Musculoskeletal Medicine (AFMM), see http://www.afmm.com.au/html/s01_home/home.asp.*)

The March 2010 course in Auckland entitled “Low Back Pain: Can it be prevented?” was to have been in association with FIMM. It had an attendance of 115 including Australian and NZ fellows. FIMM was represented by its president, Wolfgang von Heymann and the International Academy was represented by Jacob Patijn (The Netherlands). The profit from this course will provide funding for more MM courses. The NZ representative also noted that shorter courses seemed to be more successful than longer ones for GPs. While there have been physical therapist teaching requests, Dr. Watt commented that the MM / Injection combination of coursework is popular and provides the physician with a “one-stop, multi-disciplinary approach for pain”.

On a more pensive note, he reported that he felt that the work of N Bogduk (AUS) had been “gunned down” by the pain management specialists and now MM practitioners are looking for recognition. This led him to pose the question, “are MM practitioners to die a slow death?”

In regard to upcoming events, there will be a program to teach GPs in November 2010 (normally held in March) with Prof Wolf Schanberger presenting “Pelvic Malalignment” on Oct 30, 2010 in Christchurch. An AFMM conference will be held in Cairns, Australia on Jul 11.

As an aside, there was discussion of the impact of the 7.0 level earthquake September 4 on Christchurch; there was no direct loss of life.

- **Poland** (present: Jerzy Stodolny, President): The Polish NS has 105 members with 61 paying dues. The NS has conducted three regular week-long basic courses with 15-20 participants. These have been in cooperation with other scientific components; they have no university courses. The greatest problem in Poland is the lack of MM infrastructure and absence of FIMM **teaching programs**. *The President of FIMM noted that FIMM has no teacher group that travels and teaches. He suggested that FIMM needs to see which teacher teaches what (as well as who is contained within the curricula of differing schools of MM).*
- **Russian Federation (Anatoly Sitel with Kirill Kuzminov)**: In Russia, MM is a medical specialty and MM can only be practiced by those who have certain primary specialties such as neurology or orthopedics; by law, other doctors cannot be MM specialists. The Russian League of Professionals in Manual Medicine is the FIMM NS; it has 428 full members (these are the enthusiasts only – there are more doctors practicing MM, fiscal and self-sufficiency keep the membership smaller than it could/should be). The total educational coursework for MM in Russia consists of 576 hours. The Russian NS conducts 2 conferences (the one in St. Petersburg is conducted combo with international osteopathic practitioners as well). MM is very popular in Russia and patients respond well. The group focuses heavily on cervical vascular problems and compression syndromes. This year, the FIMM-DGMM conjoint conference will provide a forum for Russian research on Friday and Sunday.

- Slovak Republic (Not represented at this GA; no information was sent from the NS; the program proposed for October 2011 in Prague on “Stabilization” is noted to be held conjointly by the Czech and Slovak NS’s)
- Spain (It was reported that the regular representative from Spain is pregnant and may be the reason that there was no delegation or further response regarding this GA. M-J Teyssandier (France) noted that the Spanish group is subset of the Rehabilitation Society with most members practicing PMR. Membership estimate was approximately 100. He also noted that a University course for a Masters in MM was started in Madrid.
- **Switzerland** (Marc-Henri Gauchat was the designated representative for the Schweizerische Aertzegesellschaft fuer Manuelle Medizin [SAMM]; see also www.samm.ch & use info@samm.ch. In 2009, SAMM celebrated its 50th year anniversary at its Interlaken Congress. They have 1270 members (which has been a constant for about 5 years). They have a 7 member committee with 3 permanent commissions dealing with post-graduate education, continuing education, and examination/certification.

Post-graduate MM education in Switzerland involves 25 members making up their College of Teachers and 8 courses offered in multiple languages. Each course averages 33 participants / module and there is an intermediate evaluation after 4 modules. The full MM post-graduate coursework totals 380 hours, involves 28 teaching days, and is spread over 2 years; a certificate is issued after a final examination. The MM certificate (issued since 1999) is valid for 5 years before retesting and is jointly issued by SAMM and the Swiss Medical Association (FHM). Certified members have the right to charge for MM and need the certificate to charge if do MM.

Continuing MM education in Switzerland is achieved through coursework at a congress and 9 regional ½ day practical workshops. These are organized by the teachers (9 courses of perhaps 25 physicians per course) who may annually train a bit over 200 attendees working on their points. The next Congress will be conducted on November 25-27, will focus on the cervical spine, and anticipates 700 participants.

- **Turkey** (Sahin Tunali reporting on behalf of fellow delegate, Huseyin Nazlikul, Vice President of Manuel Tip Dernegi [MTD]) – The Turkish NS president, Cihan Aksoy, was unable to attend due to illness in his family. The Turkish Manual Medicine NS was founded 2008 Istanbul and its 84 members are mostly PMR specialists. (Membership numbers are based upon completion of the introductory course and expressed interest). After their founding, they asked immediately for FIMM membership. Some NS members are considered “specialists in MM” having received their major training starting in 2002 from Professor Todorov (Bulgaria; members include university professors as well). Prof Robert Maigne also came to Turkey to expand MM in this country. MM was quickly accepted in Turkey and medical authorities accepted it as an effective treatment approach.

Dr. Nazlikul wants to stress that the NS is a physician-only group and that a separate physical therapy manual group is not associated with them.

MM in Turkey has a University base emphasizing anatomy, biomechanics and neurophysiology. MM information is expanding to PMR sites/universities and courses in complementary medicine include MM exposure. To improve MM educational standardization, 1 year ago, Prof. Aksoy (who is a member of the medical faculty in Istanbul) established a course for teachers; there are 5 teachers in Turkey now. This has allowed 32 presentations and 16 workshops to be presented at 8 PMR congresses. Furthermore, the journal, BARNAT (the Turkish *Complementary Journal*), has published 9 articles on MM and there have been two MM teaching books published (one by Todorov and one by a Turkish author).

The Turkish NS wishes to start 2 courses in connection with FIMM and ESOMM. Afterwards they anticipate that their membership will increase to 100-150 in the next two years. They propose also a 330 hour total educational course consisting of 7

courses (introduction-50 hrs; extremities-50 hrs; 2 vertebral courses-100 hrs total; visceral mobilization-30 hrs; clinical application-40 hours; and completion course-60 hrs.)

The 23rd PRM Congress in Turkey will be held **May 11-15, 2011 in Antalya** with possible MM workshops to be scheduled over 2 days. Usually about 2000 doctors attend and therefore the Turkish NS would like to host the FIMM General Assembly and invite FIMM to coordinate programming workshops. The Turkish NS issued a formal invitation to FIMM to come to Antalya, Turkey. (See discussion item #15)

Question: What is visceral mobilization and why is it in the Turkish MM curriculum?
Answer: Osteopathic and MM clinicians share a common society and the osteopathic members requested that integrated societal training be offered.

- **USA** (Richard Feely, 63rd President of the American Academy of Osteopathy [AAO]): Membership includes 1416 DOs and MDs; this would be 6000 members if students were counted. The AAO was founded in 1937 as one of the official practice affiliates of the American Osteopathic Association (AOA). The AAO was a primary care specialty for NMM/OMM clinicians, teachers, researchers, and MM subspecialists. Now neuromusculoskeletal medicine (NMM) in the United States is recognized as a full medical specialty and is fully reimbursed by national insurances.

Osteopathic medicine is the fastest growing healthcare field in USA with over 62,000 practicing DO's in the USA – projected to be over 100,000 doctors by the year 2020. In parts of the USA (for example, Michigan and Oklahoma), osteopathic physicians make up 20% of all doctors. Today, fulltime osteopathic education in the USA occurs on 33 campuses managed by 29 colleges/universities in 22 states. These campuses are graduating 6000 DO's/year all completing an education meeting the basic MM curricular recommendations of FIMM. Training for NMM specialists (over 3000 additional MM curricular hours) is available to 140 residents annually. The need for more teachers has led to an initiative to teach teachers of NMM/OMM known as C.O.M.E. (the Center for Osteopathic Medical Education) in which a 5-year grant from the NIH is pending with a hope of starting in 2011.

Currently 15% of the AAO's members teach at the university/college/post-doctoral level. The basic MM teaching toolbox includes 300 hours for undergraduates (first two of four years). Thereafter, there are additional specialty training toolboxes lasting 3-8 years that include with a Residency-Specific NMM Toolbox (3000 hours) as well as less intensive curricular toolboxes for Family Practice, Physical Medicine & Rehabilitation, Rheumatology; Orthopedics, etc. The specialty-level NMM Toolbox is delivered in a 1-4 year full time residency integrating research-training, teaching skills, outpatient approaches as well as hospital consultation-level competencies. There is also a pathway for MDs to gain MM training albeit without certification. In addition, all osteopathic physicians are required to maintain 150 continuing osteopathic medical education hours every 3 years (including 50 hours in their primary specialty ... such as NMM).

The AAO provides 12 continuing osteopathic medical education courses per year for its own members as well as MDs and other DOs seeking MM education. In addition, AAO members assist in teaching over 100 courses within the USA / year and are invited to teach more than 50 courses/year internationally (>1000 hours). Last year, the AAO annual Convocation in Colorado Springs attracted 999 attendees.

For the past 5 years (and in response to requests from FIMM national societies), the AAO has worked on a core curriculum for MDs that meets or surpasses FIMM recommendations for credentialing in MM. It is difficult to predict if such a program is appropriate for the USA at this time, but because the administration and courses are ready, the AAO would be open to inquiries and requests from MM physician groups to conduct 20-30 hour sections of coursework suited to a comprehensive MM education by teachers steeped in the osteopathic school of MM.

In the research arena, 95% of all OMM research in the USA is includes investigators who are members of the AAO. There are also endowed osteopathic

research centers (\$2-4 million each site) in Missouri, Texas, Pennsylvania, Ohio, New Jersey, etc. Most recently, the majority of the researchers providing the MM for the Multi-Center Osteopathic Pneumonia Study in the Elderly (MOPSE) were members of the AAO. (Details in the MOPSE analysis showed 1 less day of hospitalization and reduction of ½ day medication in those where MM was added. Mortality and respiratory failure were reduced from 8% in the conventional care group to 1% in those receiving OMT.) In other research, lymphatic pump MM increased antibodies. The AAO looks forward to continuing the conversation and advancing evidence-based medicine in MM.

3. **Matters arising from the minutes of the last General Assembly (Prague, Czech Republic):** The FIMM GA minutes from 2009 were published in the 3 official languages -- *FIMM News 19(1): 12-47*. **These minutes (as published) were accepted unanimously.**
4. **President's Report** (Wolfgang von Heymann: see "Report of the President" on page 8 published on the FIMM website 1 month ago – http://www.fimm-online.com/pub/en/data/objects/fimm_news_2010_1v5.pdf):

The president offered thanks to FIMM Board members for their specific assistance throughout his presidency. He then reviewed:

- The process by which the former FIMM Academy and FIMM came to a Letter of Understanding and Independence
- The departure of Austrian and British national societies from FIMM
- The passage of a White Paper of Understanding to clarify and resolve how osteopathic practitioners from the USA were perceived in FIMM

He outlined the financial situation that was FIMM's greatest concern during his presidency. This stemmed from financial challenges brought on by (1) repaying deficits accrued during a prior FIMM Congress in Bratislava; (2) the start-up costs of the FIMM Academy; and (3) large societies balking to support the bulk of the budget while having only one vote on the direction of FIMM. The FIMM Executive Board navigated the crisis by limiting Board/Committee activities and proposing a new system for assessing dues and funding projects. Now, "the time of lying low is over and FIMM shall be active again"

The president noted that the potential fiscal implications that forced independence of the International Academy and cancellation of the 2007 FIMM Triennial Congress (scheduled for Zurich) also prompted new developments for FIMM in the area of science (and its dissemination). A new trial format linking a FIMM International Science Conference to a FIMM member national society is being tested after this General Assembly (the FIMM-DGMM conjoint program). And while the Executive Board and its Science Director are also exploring other avenues for disseminating science, if the new model is successful, future GA delegates are likely to be considering NS applications deciding FIMM's next outreach through a similar combined scientific conference.

Education Board activity was able to move forward with a special grant (from the USA) for the Glossary project and the use of two questionnaires (not requiring a budgetary outlay). The FIMM Core Curriculum (2005), the updated FIMM Glossary (2007), and the discussions started in 2009 as a consequence of the questionnaires identification of the great differences seen in MM postgraduate curricula have identified challenges facing FIMM. These challenges are particularly related to the Bologna Declaration,¹ standardization expectations in defining MM practitioners, and related health policy discussions requiring educational consensus.

¹ The Bologna Declaration is a pledge originally made by 29 countries to reform the structures of their higher education systems in a convergent way.

In the area of Health Policy, the president noted pressures especially affecting European national societies required a distinctively European group to deal with the European Union of Specialized Physicians (UEMS). Thus the FIMM 2008 GA mandated that DGMM (rather than FIMM) should supervise and report on the formation of such a society because they have UEMS observer status. Subsequently the European Society of Manual Medicine (ESOMM) was founded at no cost to FIMM. Meanwhile the Health Policy Board of FIMM (established in 2006) concentrated on a consensus document related to the profession of M/M and to discussions related to the World Health Organization (WHO) with an intention to have a useful document for the Federation and its National Societies finished by 2012.

Finally, the president summarized his 4 years with respect to the information above (solution to fiscal problems, separation from the Academy, new format for FIMM Scientific Conference and well as new Educational projects and a Health Policy goal to create "Standards in Training and Safety for M/M.") He noted his personal involvement in the preparation of the FIMM-DGMM conference; his concerns about the Czech NS with respect to Prague in 2011; his response to the Australian leadership in his New Zealand meeting; the Executive Board this year in Amsterdam; and the management of the oversight in the "13 Golden GCP Rules for Investigators Initiating Efficacy Studies in M/M Medicine" document. In regard to the latter and our agreement with Dr. David Hutchinson, the president **instructed all delegates** that might have a copy of this document to correct the copyright and add the citation for Hutchinson's "12 Golden GCP Rules for Investigators (ISBN 978-1-903712-70-2)."

The Delegates accepted the President's Report unanimously.

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

The Secretary-General reported his past perceptions of FIMM and his 2009-10 international activities in Germany, Russia, and Australia. ([see attached .pdf of this powerpoint](#)). He also proposed that FIMM be a supporting organization for the 3rd International Fascial Congress to be held in March 28-30, 2012 in Vancouver. He closed by challenging the FIMM GA Delegates and their national societies to "know that you are right and do your work accordingly." He outlined that work as being the following:

- **Support nationally & internationally** – all of us are stronger together
- **Be optimistic** – FIMM is alive & well; science behind MM is growing
- **Be proactive** – there is work to do! Your National Society can be part of the solution (contribute to Glossary, share the research going on in your country or what you read, provide feedback)
- **Be educators/ambassadors** – show colleagues what you do or let them know what can be
- **Be clinicians** – take care of people the best you can - with the added diagnostic & treatment tool of MM !
- **Be perpetual students** of the discipline
- **Share the spirit of unity** through cooperation and service.

Motion: FIMM will be a "Supporting Organization" of the 3rd International Fascial Congress (with no major fiscal implications save communication with our members concerning the Congress) – **This motion passed unanimously.**

6. **Report from the Treasurer** (Viktor Dvorak)

- a. Currently FIMM National Societies claim a cumulative 12,000 physician members within 24 National Societies.
- b. While in the past few years. FIMM was close to collapse (due to factors that the president outlined earlier) this year provides GOOD NEWS because of

timely payment of dues by the National Societies and frugal management by the Executive Board from 2008 until now.

- c. For 2009: about € 10,000 more income came in than was budgeted (thanks expressed to the USA for Educational grant and back dues) coupled with about € 5,000 more expense. This resulted in a positive cash flow of € 5,394 for 2009 and a final expenditure ratio of 69% in fixed expenses (GA & administration) and 31% in project expense (Health Policy & Education). There was a bank balance of over € 33,000 at the end of 2009.
- d. For the 2010 budget, a € 0.56 Project Surcharge was approved by the GA to maintain a balanced budget. (This was determined by adding the approved Health Policy and Educational projects to fixed costs (and applying the new approved basic fixed dues structure of € 1200 for “big” societies and the 2009 rate for “small” societies.) The Treasurer projects by the end of 2010 the bank balance will be € 29,000 (down 12%).
- e. The Treasurer presented projected budgets for 2011, 2012 and 2013 in order to permit delegates to talk intelligently with their National Societies in advance of future budget votes.
 - These hypothetical budgets included ongoing fixed administrative & General Assembly costs PLUS the impact of 3 PROJECTS
 - **Without any project surcharge**, a project in each field (education, policy, and science) would result in annual cash flow deficit of € 13,000 – leaving project bank balances of € 16,000 (end of 2011), only € 3,000 (end of 2012), and € -10,000 (end of 2013).
- f. Based upon the Treasurer’s projections as well as the recognized need for delegates to be able to ask their NS in advance about budgetary matters, the Executive Board would like to make two recommendations with respect to the budget process:
 - (1) FIMM use cash reserves for the projects anticipated in the 2011 budget (1 Education meeting with emphasis on the Glossary; 1-2 Health Policy Board meetings to complete the Training & Safety consensus paper; and a Science Board setting up a research abstract data base) AND
 - (2) Delegates return home to ask their respective NS boards to empower them to vote positively for a € 0.25 per member project surcharge for the 2012 budget related to educational, science and health policy projects.
- g. [See attached .pdf of the Treasurer’s powerpoint](#)

7. Report of the Auditors (2009)

- a. Craig Appleyard reported a few discrepancies to the President and Treasurer that were immediately corrected. Appleyard recommends approval.
- b. Todor Todorov recommends approval.
- c. **General Assembly voted unanimously to accept the Treasurer’s report and recommendations to the Auditors.**

8. Election of Auditors (2010)

Todorov and Appleyard were re-elected and unanimously approved as 2010 auditors to report to the GA in 2011.

9. Education (M-J Teyssandier announced his intended retirement as chairperson of the Education Board after 15 years service in various capacities). The Educational Board chairperson summarized the conclusions of the Education Board meeting this week for delegates of the GA. ([see the attached .pdf of his powerpoint](#)).

- a. He emphasized the need for consensus for the title of our discipline if we expect international acknowledgement. His recommendations were for the

standard use of “Manual Medicine” with an adjective if needed (eg: “Osteopathic Manual Medicine” or “Orthopedic Manual Medicine”).

- b. He described that while there is no single curriculum within the schools of FIMM, certain generalities surround the concept of “content” and “container” for any given M/M curriculum. Trying to create a single entity brought back the words of former Education Chairperson G-G Rasmussen ... “It is impossible to marry a salmon with a rabbit!”

The Content --

- Teaching emphasis: Manual Medicine is the medical discipline of enhanced knowledge and skills in the diagnosis, treatment and prevention of functional reversible disorders of the locomotor system.
- The diagnostic steps include two obligatory paths: (1) a conventional medical diagnosis, including clinical examination, tests & appropriate scans and (2) a precise specific palpatory diagnosis, exclusively manual.
- Therapy includes: (1) medical conventional treatments (drugs, injections) and (2) specific manual treatments, manipulations etc.
- Prevention of recurrences must be part of teaching the M/M approach
- Civil responsibility of the doctor in applying manual medicine
- Issues: Lack of consensus still exists on elements such as recommendations for indications/contraindications and direction of manipulative activation best applied

The Container --

- Agreement on pre-diploma standardization containing a minimum of 300 hrs MM education in all countries (125 hrs of theory, 125 hrs of practical training, and 50 hrs of outpatient/hospital consultations)
 - Recognition that the European Credit Transfer System fails in MM education because of the imprecision of self-study in this field
 - Appreciation for the UEMMA recommendation of the International Credit Transfer System for Manual Medicine (ICTS-MM) where each ICTS-MM unit consists of
 - 10 hrs lecture
 - 10 hrs practical training with teacher/mentor
 - 5 hrs inpatient/outpatient preceptorship
 - 10 hrs self study (reading, conference, table training, etc)
 - The FIMM Core Curriculum for facility level could be expressed as 10 ICTS-MM units (250 hours of lecture/lab plus 100 hours of self-study) – this would be the minimal requirement for a diploma in MM.
 - On the other hand, a “high level diploma” could be awarded after satisfactory completion of 20 ICTS-MM units
- c. **GA Delegates unanimously accepted the Education Board report**
- d. The final issue associated with the Educational Board was the list of members to include Teyssandier (France), Gauchat (Switzerland), Jensen (Denmark), Kuchera (USA), Bartashewich (Russia), Tosnerova (Czech Republic), Psczolla (Germany), and Silvan (Spain). **The membership of the Education Board** (including replacement of the Danish representative) **met the unanimous approval of the General Assembly.**

9a. Glossary Committee (Michael Kuchera, Chairperson; [see .pdf of the powerpoint](#))

From version 7 of the Glossary, the committee recommends adoption of corrected typographical and missing words, approved updates and modifications of 2 words (muscle energy technique and capsular pattern), reviewed 22 new Glossary submission items and approved 15 of these (6 from Lewit, 1 from Greenman, 1 for the Educational Council on Osteopathic Principles, and 7 from the Australasian Glossary). These will be

circulated to all National Societies and the new proposed version will be posted next to the last approved version until the GA votes on the new version.

10. Health Policy Board (Bernard Terrier, Director)

Health Policy Board director, Bernard Terrier, presented a synopsis of the history of their major project, *Guidelines on Basic Training and Safety in M/M Medicine*. Development of this document is on schedule (and within budget) as originally approved by the GA in 2008. However, after learning of changes at the WHO, the Health Policy Board suggested that the primary purpose for this document should be as a FIMM consensus document that encourages and supports countries in the proper education and use of safe, effective M/M Medicine practices (as part of a national health service).

Prior to the Board's work this week, the document was 60% completed; now it is 98% complete (version 1.3) and ready for feedback. [See attached .pdf of HPB powerpoint](#). Version 1.3 will be mailed out to the National Societies within 10 days with a request to return it by the end of November 2010. If NS feedback is timely, it could save FIMM the cost of an additional meeting (€ 5000) and lead to version 2.0 by Spring 2011. This, in turn, would provide the delegates an opportunity to review and pass an acceptable document (version 3.0) at the next General Assembly. Without timely feedback, the schedule might be to seek approval in 2012.

After internal approval, should the GA desire to move version 3.0 to the level of a WHO Consultation, it could cost FIMM (or a collation of sponsors) an additional € 80,000. (Also recall that if the WHO should convene a consultation and approve the document at that level, then it becomes the property of the WHO to use, modify or publish (or not publish) as they wish

For reviewing the document, it should be noted that the letters "M/M" used throughout serve as a place holder and working title so as not to create discussion problems as decisions are made. **The Health Policy report was accepted unanimously.**

With regard to other Health Policy issues, Wolfgang von Heymann reported that there was no written report this year concerning the ESOMM, but he did receive a telephoned update. He reported that ESOMM leaders had tried to follow the example of the only already existing Multidisciplinary Joined Committee (MJC) on sports medicine for UEMS, but so far they have not succeeded. Germany, Italy, England, and Sweden MM-societies aspire to UEMS to set up another MLC. They will have the first meeting quite soon.

11. Science Board (Sergei Nikonov, Science Director for the Executive Board)

Professor Nikonov presented some of the philosophy, history, and scope of the relationship between FIMM and the dissemination of science to and from the National Societies. He believes that FIMM should collect information and spread the knowledge. He asks that each NS president appoint someone to collect research information and send to him for publication in our journals/newsletter. This would include presentations at conferences. FIMM will consider interacting in new conferences and congresses and the requested project budget would be used for translations, etc.

12. Budget for 2011

A summary was presented to the delegates of #6 above as well as recounting the Executive Board's recommendation to fund fixed projects alone in the 2011 budget. The recommendation included approving use of existing funds to conduct an Educational/Glossary project, 1-2 meetings of the Health Policy Board to complete the *Guidelines* document, a project to create a scientific research database from

contributions complied by FIMM NS representatives (including translation costs); and ongoing fixed funding for 1-2 Executive Board meetings as well as costs of convening the 2011 General Assembly.

The delegates unanimously approved the 2011 budget as proposed. This included assessment of fixed dues only next year and use of existing funds for the three proposed projects.

It was further recommended that all delegates be charged to discuss the 2012 budget projections with their National Society Boards (in advance of the next General Assembly) and that their 2012 delegate come with the granted authority to vote for a project surcharge (up to € 0.25 per member) if needed for the work of FIMM.

13. Membership: Admissions and Suspensions

The **Israeli Society of Musculoskeletal Medicine (ISMM; החברה הישראלית (סקלטלית-לרפואה מוסקולו**) has applied for membership. The ISMM president, Simon Vulfsons, reported that the ISMM is a society established under the Israeli Medical Association. Their first committee meeting was in May of 2002. At that time, the initial group of 8 members defined pedagogic goals, delineated strategies to achieve those goals, identified resources, and made plans for 2003. Their teaching plans included how to promote musculoskeletal medicine training for its members, laying out a uniform teaching platform, defining long/short term goals, and preparing the infrastructure for professional recognition.

ISMM has modular courses for post-graduate training (including residents). These include: Intro to Musculoskeletal Med (1st); 2-3 days on each of the regions -- upper & lower back, shoulder and neck, shoulder girdle and upper limb, pelvis and lower limb, head-face-TMJ, and thorax and abdomen – these modules are spread over 4-6 years. The ISMM may contract special courses – for example an intensive Chan Gunn course on intramuscular stimulation or courses on anatomy trains.

Non-doctors can attend courses and can be non-voting members. Annual conferences are thematic: chronic low back pain, acute low back pain, osteoarthritis, cervicgia/whiplash, frozen shoulder, fascial updates, and fibromyalgia vs myofascial pain. These do not depend on pharmacy companies. Membership grew from 14 MDs and 3 non-physician members in 2003 to 35 MDs and 48 non-physician members in 2010.

The ISMM Website (www.ismm.org.il) is in Hebrew and will soon be in English. Their Newsletter is quarterly and is published in Microsoft and they concentrate on membership benefits such as conference planning. In the future, they look forward to more of the same successes they have enjoyed as well as better teaching, international collaboration and opportunities to develop incentives for doctors, regulators, and insurers. For 2008, their vision and mission was defined as “Musculoskeletal education for every doctor in Israel.”

In closing, he made the comment that the ISMM is already € 30,000 ahead because they know how to sell their knowledge. He suggested to FIMM that a commercial arm could raise monies through similar endeavors.

Questions from delegates -- Question: How many doctors are in Israel? Answer: Perhaps about 10,000. In the ISMM they had more members because they got discounts to attend meetings, but because they were not really committed, they were removed from the membership roles. Question: Is there an association with a University? Answer: Lots are faculty or medical staff in one of 4 Israeli medical schools ... but to date it has not yet been successful to set up MM education at a medical school. Question what are the ISMM fees? Answer: 100 sheckels or about € 20; Question: What school of MM do members of the ISMM learn? Answer: The training is “eclectic” integrating Cyriax in the neck for example, the teachings of Travell and of Chan Gunn are common; prolotherapy is presented and there is an emphasis on examination.

**The vote to accept admission of the ISMM as a National Society of FIMM:
(Aye = 14; Nay = 0; Abstaining = 3).**

14. EXECUTIVE BOARD ELECTIONS (2010-2014 Term of Office)

a. PRESIDENT

It was noted that by FIMM statutes, Wolfgang von Heymann is not eligible to be re-elected as president in this election. In the formal call for presidential candidates, one individual was put forth onto the ballot. There was a formal call for additional nominations from the floor of the General Assembly ... none were identified.

Palle Holck, who serves as the President of the Danish Society for Manual Medicine had responded to the call for presidential candidates a year ago; he presented himself for president ([see .pdf of his biography](#)).

The vote on Palle Holck for FIMM president was unanimous (although the German representative had already left).

Note: Retiring president, Wolfgang von Heymann, presented a captain's hat and steering wheel to guide the "ship" of FIMM to P Holck as a gift for his presidency.

b. SPECIAL REQUEST

A special request was introduced at this point by Prof. Brugnoli (Italy) who asked for permission to be recognized. He noted that he worked for many years with Marie-Jose Teyssandier who was retiring from his position as Education Board director. He recounted how his colleague had worked diligently for goals of FIMM and for advancing Manual Medicine in many countries. In recognition of these services, Dr. Brugnoli noted that he was proud to nominate M-J Teyssandier as an honorary member of FIMM.

The GA delegates unanimously elected Marie-Jose Teyssandier of France as an honorary member of FIMM.

c. OTHER EXECUTIVE BOARD ELECTIONS

The elections continued noting again that the following individuals have announced their retirement at the end of this Executive Board term: M-J Teyssandier (Education Board Director) and Michel Dedee (Communication Officer retiring after 15-20 General Assemblies in this role).

Subsequently, the following candidates were **nominated and elected** by vote of the delegates of the General Assembly.

- **Secretary-General: Michael L. Kuchera** for re-election -- Aye=17; Nay=0; Abstain=0
- **Health Policy Board Director: Bernard Terrier** for re-election -- Aye=17; Nay=0; Abstain=0
- **Education Board Director: Marc-Henri Gauchat** (former Education Board, Vice-Chair) Aye=16; Nay=0; Abstain=1 (Swiss)
- **Science Director: Sergei Nikonov** for re-election -- Aye=17; Nay=0; Abstain=0
- **Treasurer: Viktor Dvorak** for re-election -- Aye=17; Nay=0; Abstain=0
- **Communication Officer: Wolfgang von Heymann** (outgoing FIMM President) -- Aye=17; Nay=0; Abstain=0
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15. Next site for the 2011 General Assembly

There have been two formal invitations for the 2011 General Assembly – from the Czech Republic's NS (Prague in mid-October 2011) and from the Turkish NS (Antalya in mid-May 2011).

- The Czech Republic invitation would place the FIMM General Assembly at the traditional time of year for FIMM meetings (probably October 13, 2011). To enhance the interactions, it was suggested that the GA could be linked to a

scientific conference on “Stabilization” (October 14-15) as well as to an opportunity to share in the NS honoring Karel Lewit for his long career in advancing manual medicine. Prague has been the site of several of our prior General Assemblies.

- The Turkish NS had intimated an invitation in a prior GA and are following through by offering this proposal. They propose that delegates meet in May in Antalya, Turkey. (Their proposed dates however would mean there would only be 9 months between this GA and the next one). To enhance interactions for both FIMM delegates and the Turkish NS, they propose linking the GA to a major PM&R Congress meeting there from May 11-15, 2011 (Wed-Sun).
- The Czech proposal has the advantage in placing the GA in a familiar cost-effective site at an expected time in October. The discussion from the audience on this proposal however was mostly related to the less-than-positive and reactive manner in which the Czech Society had recently communicated with FIMM. It was noted that upon occasion certain messages from corresponding representatives had an undertone tone of “blackmail” if their otherwise excellent invitation were not accepted. A FIMM delegate -- speaking for many -- specifically wanted it placed on record that such tone by any NS should not be tolerated within FIMM. (Note: The most recent communication [September 22, 2010] from Czech NS president, Vlasta Tosnerova, was shared earlier in the NS reports and it was noted to be positively and proactively phrased expressing a desire by the majority of the Czech Board to work well with FIMM and within Europe.)

The other line of discussion pointed out that even though the FIMM GA has been to Prague 3 times in 5 years, this would probably be the last time for at least several more years (in light of many other preliminary invitations).

- In the case of the Turkish proposal, the group felt that there were many positives that would support the growth of M/M in Turkey by reinforcing their link to FIMM. There were also positives related to hotel rooms but concerns about the timing in May. It was proposed that the summer meeting of the FIMM Executive Board be scheduled in conjunction with the May PMR Congress and that teachers on the Board (and perhaps others representing FIMM) might conduct M/M workshops in a fashion that best benefits the Turkish society.

The delegates were asked to vote for one of the two invitations. The General Assembly delegates chose Prague for the 2011 FIMM General Assembly. (Prague n=11; Antalya n=3; Abstentions n= 4.)

The Executive Board expressed its intention to work with the leadership of the Turkish NS concerning the potential noted in the discussion above. Furthermore, it was noted that FIMM would strongly consider an invitation from Turkey for dates in the fall months.

16. Other Business

- QUESTION: In the interest of speed and cost, what would be trouble/implications if communications (such as Minutes) were not in all three languages? Could the complete record be in English with only a summary in German and/or French? Do our statutes allow this?
- ANSWER BY MICHEL DEDEE: Legally, this would be possible.
- STRAW VOTE OF DELEGATES: The majority would be OK with just English for communication, website, minutes, etc.

17. Closing the 2010 General Assembly

The General Assembly was officially closed at 16:25. Delegates were invited to an event on the Terrace at 17:15 and registration for those attending the FIMM-DGMM Conjoint Scientific and Educational Congress begins at 19:00 and starts

tomorrow morning. (This will officially be the 15th International Scientific Congress of FIMM. The FIMM Congress Committee elected to show solidarity by adopting the DGMM's chosen title, "Biomechanics – Sensomotoric – Pain: Three Sides of One Coin?")

Respectfully submitted,

Prof. Michael L. Kuchera
Secretary-General, FIMM