



FIMM

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

Minutes of the 2013 FIMM General Assembly
Jerusalem, Israel

Secretary-General

National Society delegates from around the world convened in Jerusalem for the 48th FIMM General Assembly. All were invited by President, **Simon Vulfson, MD**, and our hosts, the Israel Society for Musculoskeletal Medicine to also participate in the 10th International Scientific Conference on Manual/Musculoskeletal Medicine to be held (October 16, 2013) in Tel Aviv after the General Assembly. This international conference, organized by the Israel Society for Musculoskeletal Medicine (ISMM) in co-operation with the International Academy of Manual/Musculoskeletal Medicine (IAMMM), will feature several IAMMM members, FIMM delegates, and Executive Board members as speakers. Serving on the Scientific Committee organizing this program (and speaking) were **Olavi Airaksinen** (Finland), **Jacob Patijn** (The Netherlands), and **Simon Vulfsons, Aharon Finestone** and **Jean-Jacques Vatine** (Israel); providing additional lectures or hands-on workshops included **Wolfgang von Heymann** (Germany), **Michael L. Kuchera** (USA), **Jacob Patijn** (The Netherlands), **Marc-Henri Gauchat** (Switzerland), and **Olavi Airaksinen** (Finland).

Simon Vulfsons welcomed the Delegates and guests and then introduced the Deputy General Director of the Israel Ministry of Health, **Boaz Lev**, who formally recognized the honor of welcoming FIMM and its delegates to Israel. He then addressed the delegates and provided perspectives on the relevance of FIMM's meeting.

- **Dr. Lev** began by sharing some of his background in the related field of pain management. In particular he noted that he had served a Pain Fellowship in Minneapolis and that *Myofascial Pain and Dysfunction* by Travell & Simons had been an important and enlightening book for him.
- The overall message extended by the Deputy General Director of the Israeli Ministry of Health was that pain constitutes a major health issue and that the musculoskeletal system plays a significant and under-addressed role. Key elements that this important official shared with the delegates included his observations that:
 - Perhaps 1/3 of pain patients suffered because of pain and dysfunction arising from their musculoskeletal system.
 - Despite the size and burden imposed upon us by the musculoskeletal system, it has been largely ignored by most specialists making it an "orphan disease."
 - The art of diagnosis and treatment espoused by the FIMM National Societies and our Federation's mission to encourage these skills to be part of the toolbox of all physicians was noteworthy.
- Furthermore, it was his sincere feeling that the *International Guidelines on Basic Training & Safety* document recently created through the efforts of FIMM represented a basic and critical achievement. In support of the *Guidelines*, a copy was printed and distributed to all attendees.

Wolfgang von Heymann, as Acting FIMM President, opened the deliberation portion of the 48th FIMM Assembly and reminded the delegates that the current FIMM leadership situation arose as a consequence of the unfortunate and untimely death of our elected president, **Palle Holck**, and the contingencies involving his role as vice-president in serving as the acting president of FIMM. In a brief history, he pointed out to the delegates:

- While this is the 48th GA, it is FIMM's 51st year of existence.
- The father of Health Policy Board chairperson, **Bernard Terrier**, was one of originators of this Federation.
- Formal thanks are again deserved by our Turkish National Society hosts regarding the 47th General Assembly (GA) held in Istanbul 2012.

THE 48TH FIMM GENERAL ASSEMBLY

Program, Agenda Overview & Announcements:

- Invitations and Agenda were previously distributed to all National Societies and posted on the Fimm website, www.fimm-online.com. No comments or additional items of interest were offered.
- A FIMM-wide walking tour of Jerusalem and key city/historical sites will take place followed by the FIMM Reception and Delegates Dinner (cost €70 or \$90).
- The day after the GA, there will be transportation taking those wishing to attend the 10th ISMM Conference to Tel Aviv. The organizers expect 180-240 healthcare practitioners to attend and hear about both the mission of FIMM and the importance of manual/musculoskeletal medicine.

1. Opening of the 48th General Assembly

- The 48th General Assembly of FIMM officially opened at 9 AM.
- By **unanimous vote**, GA delegates **Vulfsons** (Israel) and **Appleyard** (Canada) were officially appointed to count votes
- **Attendance at the 2013 General Assembly of FIMM:**
 - **Executive Board Members:**
 - **Wolfgang von Heymann**, Vice-President and Acting President
 - **Michael L. Kuchera**, Secretary-General
 - **Viktor Dvorak**, Treasurer
 - **Bernard Terrier**, Health Policy Board Chairperson
 - **Marc-Henri Gauchat**, Educational Board Chairperson
 - **Sergei Nikonov**, Science Director
 - **National Society Delegates & Guests included:**
 - Israel (Host Nation): **Simon Vulfsons**, President and **Yaacov Fogelman**, Vice President, represented the Israel Society of Musculoskeletal Medicine (ISMM)
 - *Australia: No representative*
 - *Belgium: No representative*
 - Bulgaria: **Ilya Todoroff** and **Todor Todoroff**
 - Canada: **Craig Appleyard** (Past President)
 - Czech Republic: **Vlasta Tosnerova**
 - Denmark: **Helle Borgstrøm** (President) and **Niels Jensen** (Vice-President)
 - *Estonia: (Letter from L Lepik)*
 - Finland: **Olavi Airaksinen** with **Karl-August Lindgren**
 - France: **Nadine Fouques-Weiss**
 - Germany: **Wolfgang von Heymann** (Vice-President of DGMM)
 - *Hong Kong: (Letter from Andrew Ip with Proxy Vote to Chairperson)*
 - *Hungary: (Letter from Gabor Ormos)*
 - *Italy: (email from Guido Brugnani)*
 - *Japan: (Letter from Shuichi Tsuchida)*
 - Kazakhstan: **Nadeshda Krasnoyova**
 - Netherlands: **Sjef Rutte, Jacob Patijn**
 - New Zealand: **James Watt** (Voice but no vote)
 - *Poland: (No response from three addresses)*
 - Russian Federation: **Sergei Nikonov**
 - Slovak Republic: **Stefan Bodnar**
 - Spain: **Javier Martinez**
 - Switzerland: **Marc-Henri Gauchat**
 - Turkey: **Cihan Aksoy**
 - USA: **Michael L. Kuchera**
- **Voting Status Summary:**

- **No vote:** Belgium and Italy (Unpaid dues and no delegate attending)
- **Voice but no vote:** New Zealand (James Watt voice but no vote)
- **Proxy vote:** Hong Kong extended in writing their proxy to the Chairperson if needed
- **One vote each:** All other National Societies in attendance have one vote. For the 48th GA, there are 16 certified votes possible (counting the single proxy).

2. **Presentations of the Representatives of the National Societies (See also [summary .pdf](#) titled “2013 FIMM General Assembly – National Society Presentations” – Presentations other than host country were limited to 4 minutes)**

- Simon Vulfsons for President for the Israel Society for Musculoskeletal Medicine and Yaacov Fogelman presented for the Host National Society. Note that the mission and vision of the Society was defined in 2008. The Society’s slogan is “Musculoskeletal education for every doctor in Israel” and their logo is “Touching the Pain.” See [link to summary powerpoint presentation \(.pdf\)](#) and the summary table below.

SUMMARY CHART OF DELEGATE REPORTS – Will complete from powerpoints

Country – Number in Group – Society – Representative(s)	Voting Status @ GA	Summary Comments or Issues Raised (Also see .pdf of Representatives’ Complete Presentations)
Israel: Israel Society of Musculoskeletal Medicine n=90 Yaacov Fogelman reporting with Simon Vulfsons	Active	<ul style="list-style-type: none"> • Report MD member growth (90 MDs & 58 non-MD) since 2003 • Vision/Mission: “Musculoskeletal education for every doctor in Israel”; Logo “Touch the Pain”; seek diploma in Pain & Musculoskeletal Medicine that will be consistent with <i>FIMM Guidelines</i> (2-year program of 252 hrs + 50 hrs practicum noted) • Innovative: Internet school & introduction to myofascial pain
Australia	X	Technological difficulties with Skype (pass)
Belgium	X	No response / no report
Bulgaria (Bulgarian Society of Manual Medicine) n=35 (Members: 34 PMR doctors & 1 is neurologist); 3X this number have taken course but are non-members Ilya Todorov reporting with Todor Todorov	Active	<ul style="list-style-type: none"> • <i>In Memoriam:</i> Todor Kraeff (VP; main teacher) passed away • New = MM Educational courses lead to certificates/diplomas (signed by university rector) • Problems = Loss of teacher/VP; lack funds for MM procedures (only manual mobilizations are paid by health insurance and only in certain cases); no strict State regulations for professional qualifications so hundreds of non-MDs are saying they are specialists in MM • Improvements for country: MM needs publicity & qualification control
Canada (Canadian Association of Orthopedic Medicine) www.caom.ca n=55 Craig Appleyard reporting	Active	<ul style="list-style-type: none"> • Slight net growth in middle of great membership flux • Problems: Manipulation was delisted in Ontario and Manitoba; prolotherapy cannot be practiced in Quebec; out-of-hospital premise inspections in Ontario; ongoing and recurring investigations of members by the provincial Colleges; Ultrasound guidance for injections may become care standard
Czech Republic (Czech Association for Myoskeletal Medicine) n=223	Active	<ul style="list-style-type: none"> • Basic course hours extended from 240 to 300; all teachers certified; teacher mentorship; required CME and refresher coursework; good connections with

Vlasta Tosnerova reporting		Ministry of Health; insurance pays for manual medicine care. K Lewit retired at age 97 years. Collaborative with Slovak Republic's MM National Society.
Denmark Danish Society of Musculoskeletal Medicine (DSMM) n=603 http://www.dsmm.org/forside.html Helle Borgstrøm reporting with Neils Jensen	Active	<ul style="list-style-type: none"> Specialists in multiple specialties; membership down from 680; 68 have reached diploma level (250 hrs – Category II Facility Level); Teaching ratio is 1:6 and all courses are intensive and practical Current main foci: Education & new homepage www.dsmm.org
Estonia	X	Email; recommended terminology considerations; noted concern in her country with chiropractic/trigenic practitioner claiming to represent manual medicine and the confusion that multiple names can introduce
Finland Finnish Association of Manual Medicine (FAMM) n=260 Olavi Airaksinen reporting	Active	<ul style="list-style-type: none"> Members mostly GP or Rehabilitation Medicine Multi-topic web-based lectures & demos; multiple courses for physicians; orientation courses for medical students; pain education for GPs; own Diploma course; close ties to Eastern University of Finland (Kuopio & Helsinki) including an orientation course for medical students Members have heavy international outreach: "Nordisk kontakt Committee" - Scandinavian collaboration - Congress every 3rd Year; Int'l Academy of Manual / Musculoskeletal Medicine
France: French Society of Orthopaedic and Osteopathic Manual Medicine (SOFMMOO) n=500 http://www.sofmmoo.com and www.mediosteofr Nadine Fouques-Weiss reporting	Active	<ul style="list-style-type: none"> Official university courses organized by 15-16 French universities (2 years for a GP; 1 year for specialist; Capacity level); annual meeting this year with FEMMO (European Manual Medicine and Osteopathy Federation); MD in MM can ask Prefect to validate the MM diploma as an osteopathic diploma if guarantee 1250 hrs training Problems: Non-MD osteopaths now able to legally practice and many private non-MD schools flourishing;
Germany: Deutsche Gesellschaft für Manuelle Medizin (DGMM) n=5187 Wolfgang von Heymann reporting	Active	<ul style="list-style-type: none"> DGMM is umbrella organization for 3 MM physician groups (MWE, DGMSM and AEMM) Courses 320 hrs – Capacity level German Chamber of Physicians decided in 2009 that osteopathy is part of medicine (so defining qualifications, certificate regulations and curriculum); 2013 introduced structured curriculum for "osteopathic procedures" Active seminar and special seminar series (pediatrics, translational research, etc)
Hong Kong: Hong Kong Institute of Musculoskeletal Medicine (HKIMM) n=55 Report mailed from Andrew Ip	Proxy Assigned	<ul style="list-style-type: none"> Of 55 members, 8 are fellows by examination Grants a certificate of practical musculoskeletal medicine (CPMM) to help doctors acquire basic skills to make MSK diagnoses & tx with hands, regenerative injections & rehab

		<ul style="list-style-type: none"> • HKIMM invited by “Stand Tall” to teach MSK ultrasound & rehab in mainland China • Collaboration with former FIMM society in US/Canada, the American Association of Orthopaedic Medicine; learning prolotherapy
Hungary	X	No report (email unable to attend)
Italy (SIMFER)	X	No report (email unable to attend)
Japan	X	Email report that have had no change
<p>Kazakhstan: Kazakhstan Association of Manual Therapists and Osteopaths n=47</p> <p>Nadezhda Krasnoyarova reporting</p>	Active	<ul style="list-style-type: none"> • Annual scientific & practical conference this year on “Actual Problems of Neurology” in Almaty • Seminars on osteopathic techniques led by faculty member from the Osteopathic Institute in St Petersburg (for pain) and by a DO from France (for fascia)
<p>Netherlands: Dutch Society of Orthomanual Medicine n=140</p> <p>Sjef Rutte reporting</p>	Active	<ul style="list-style-type: none"> • Seek protected title: “Physician for M/M Medicine” • Program with 4 post-grad & 12 accredited instructional courses • There is a 2-year education program with 6 students enrolled; a Master of Science in M/M Medicine (97 ECTS points) at Vrije University
<p>New Zealand: New Zealand Association of Musculoskeletal Medicine (NZAMM) n=50</p> <p>James Watt reporting</p> <p>NZAMM requested to continue as FIMM Observatory Member (granted)</p>	Active	<ul style="list-style-type: none"> • Scientific conferences held alternate years with Australian counterparts & provide educational sessions for GP colleagues • “The challenge of the NZ Association of Musculoskeletal Medicine and its vocational progeny the Australasian Faculty of Musculoskeletal Medicine is for the Baby Boomers to pass the torch onto Generation X, Y or Z.” (Mike Cleary, President) • Program lost impetus when training program was put on hold for 3 years
Poland	X	No response / No report
<p>Russian Federation: Russian League on Manual Therapy n=428</p> <p>Sergei Nikonov reporting</p>	Active	<ul style="list-style-type: none"> • Manual medicine is an independent specialty under State control (“Manual Therapy”: <i>therapia</i> connoting physician-level service); the Russian League on Manual Therapy is a scientific society so more practitioners than paying dues to the League • University course introduces students to MM; need course of 500 hours; requires 125 periodic CME refresher coursework • Rising difficulty with non-physician hands-on practitioners (many are French osteopaths)
<p>Slovak Republic: Slovak Society of Myoskeletal Medicine (SMSM) n=125</p> <p>Štefan Bodnár reporting</p>	Active	<ul style="list-style-type: none"> • SMSM is a member of the Slovak Medical Association • Czech and Slovak Societies collaborate on annual conference on alternate years (Oct 2013 was in Prague) • Since 2008 when the PMR Boards became a basic option in Slovakia, MM education has been included in the curriculum • There are three 2-week courses each followed by a

		6-month period of practical work
<p>Spain: Sociedad Española de Medicina Ortopédica, Osteopática y Manual (SEMOOYM) n=90 www.semooym.org is new</p> <p>Javier Martinez reporting</p>	Active	<ul style="list-style-type: none"> • All physicians with most specializing in Rehabilitation Med • Masters degree course in Madrid backed by (but not run by) SEMOOYM and consists of 32 ECTS • Also SEMOOYM has beginning and advanced seminars (part of rehab specialty training) along with an annual international congress (including prizes for papers) • Have delivered 5 rounds of program to train the trainers in MM to increase educational standardiation
<p>Switzerland: Schweizerische Ärztgesellschaft für Manuelle Medizin; Swiss Society of Manual Medicine; Société médicale suisse de Médecine Manuelle (SAMM) n=1251</p> <p>Marc-Henri Gauchat reporting</p>	Active	<ul style="list-style-type: none"> • SAMM has a College of 21 Teachers; Delivers 8 basic courses in German and in French • There are 8 modules plus a final exam (380 hours over 28 days over 2 years) ... after final exam → certificate in MM • Continuous education arranged through 10 regional practical workshops of ½ to 1 day • Annual Congress
<p>Turkey: Manuel Tip Derneği (MTD) or Manual Medicine Association n=62 (active) of 138 on books</p> <p>Cihan Aksoy presenting</p>	Active	<ul style="list-style-type: none"> • Thanks to Prof Todoroff (founder of MM in Turkey) and to W von Heymann intensive teaching there • Work in concert with the Scientific Complementary and Regulation Society (BTR) with Prof Nazlikul • Six courses/year with 2 examination courses and a hospitation course in Berlin (sitting in on lectures) – leading to capacity level in 2015
<p>United States of America: American Academy of Osteopathy (AAO) n=1641 physicians (plus 8535 student members) in the American Academy of Osteopathy (AAO)</p> <p>Michael L. Kuchera reporting</p>	Active	<p>Comparison/Application of FIMM <i>Guidelines</i> definitions to present day Manual Medicine physicians now in the USA</p> <ul style="list-style-type: none"> • 946 physicians with component level (60-150 new/year); CME (150 hrs/3 years) refresher work required; MM specialty recertification examination required every 10 years • 82,000 physicians with MM facility & capacity level (4800 new per year);CME (150 hrs/3 years) refresher work required • OMM Teaching Faculty in 37 universities/colleges teaching the Capacity Model (>300 hours); all teachers are AAO members; • AAO conducts average of 8 programs per year; Annual Convocation of AAO is 4 days with several prec-congress 1-2 day workshops • Specialty College for the Component Model in USA → Specialty in Neuromusculoskeletal Medicine (NMM) at 36 residency sites with programs in NMM alone or combined with Family Practice or Internal Medicine specialties (FP/NMM; IM/NMM); also 1-year long MM fellowship for any specialty called “Plus-1” • Negotiations in USA for unified residency match may lead to developing path for teaching-credentialing

- Discussion after National Society presentations:
 - President: In summary then, MM Medicine in some countries is suffering and in others it is growing. For Europe, the preview and direction with UEMS is positive. We need to think how the new *Guidelines* will help us.
 - There was a question on the coursework discussed in the *Guidelines*: What does the title “Practice” mean? Response: 60 hours of the 300 hours in the coursework can be spent (in practice) with real patients under supervision.
 - Israeli representatives had comments and rhetorical questions centering around the question of value ... “how do we increase value of MM in our countries?” Several examples were given:
 - A certificate or certification from the MM National Society has been valued by some doctors because insurance groups might pay more.
 - Coursework that decreases time for the doctor is viewed as having value.
 - Patients may value this. It might be said, “If you want surgery go to an orthopedist, if you want to be healthy and functional, go to a MM practitioner!”
 - In summary, FIMM and its mission should be valued for its impact on people and healthcare. People should recognize that at this FIMM Assembly, the Ministry of Health was brought here and that its Deputy Director “values” the FIMM and its *Guidelines*.

3. Matters Arising from the Minutes of Last General Assembly (Istanbul, Turkey)

- Minutes of the last General Assembly have been posted on FIMM website and were most recently mailed to all National Societies on July 11, 2013.
- **MOTION (Passed unanimously):** Accept the 2012 General Assembly minutes as published.

4. Report of the (Acting) President (Wolfgang von Heymann)

- In February 2013, a meeting of representatives of ESSOMM, UEMMA and FIMM was initiated by FIMM leadership following the GA mandate to work better together. The meeting was held near Avignon. Attending this meeting from FIMM were both the Health Policy Board director (**Terrier**) and acting president (**von Heymann**). An Agreement of Cooperation ([see link](#)) sent to delegates was ratified by the FIMM Executive Board and the ESSOMM board while waiting on the UEMMA Board. There was consensus that we cannot afford to split energies in MM Medicine – we must act in a united fashion. To this end, we are looking at models of cooperation (perhaps a joint meeting with the IAMMM (to be discussed in Bordeaux). This is seen as the tangible beginning of the FIMM-ESSOMM cooperative relationship and an opportunity to examine where UEMMA is going. The president expressed that after the Union Européenne des Médecins Spécialistes – Multidisciplinary Joint Commission (UEMS-MJC) there is the possibility of more members.
- In June 2013, ESSOMM’s 3rd International Instructor course took place in Rome.
 - There are 10 members in ESSOMM. Dues are 100 Euros each for group to cover the basic administration of ESSOMM and all other costs are paid on own. The Society members and their presidents are:
 - AEMM (Germany), President **Wolfram Linz**
 - AEMKA (Germany), President **Stephan Martin**
 - AITEDOMM (Italy), President **Manlio Caporale**
 - AMTVDNS (Bulgaria), President **Marietta Karadjowa**

- DGMSM (Germany), President **Mathias Psczolla**
- DSMM (Denmark), President **Helle Borgström**
- MWE (Germany), President **Wolfgang von Heymann**
- ÖÄGMM (Austria), President **Hans Tilscher**
- ÖAMM (Austria), President **Heinz Mengemann** (applied)
- SAMM (Switzerland), President **Ulrich Böhni**
- The Executive Board of ESSOMM consists of: **Hermann Locher** (Germany); **Ulrich Böhni** (Switzerland); **Federico Disegni** (Italy); **Wolfgang v. Heymann** (Germany); and **Michaela Habring** (Austria).
- The Advisory Board of ESSOMM consists of: **Markus Schilgen** (Germany); **Alexander Lechner** (Austria); **Lothar Beyer** (Germany); **Niels Jensen** (Denmark); and **Wolfram Linz** (Germany).
- The major ESSOMM agenda involves setting up a European MM curriculum of 120 hours basic course for all European physicians. Because of the Bologna document, the FIMM *Guidelines on Basic Training and Safety in MM Medicine* (now version 3.0) provides an excellent document around which to collaborate.
- A short discussion of the President's Report included the following:
 - B Terrier pointed out that the Agreement of Cooperation mentioned above has been **posted** on the website. He encourages all delegates (and their Societies) to read the Agreement when they can.
 - Nadine Fouques-Weiss noted that the UEMMA president has signed the Agreement of Cooperation but that the UEMMA Board has not yet officially signed it. She could only state that they were working on it.
 - B Terrier noted that attempts by governments and responsible bodies to disadvantage MM doctors and favor non-medical professional groups need to be answered with clear opposition by involved groups.
 - Some delegates suggested that MM Med specialists should cooperate as individual members of IAMMM to strengthen the depth and dissemination of our evidence-base.
- After expressing thanks to the members of the Executive Board, this **report was accepted unanimously by the delegates**

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

The Secretary-General provided a short synopsis of the small amount of correspondence received and a request that National Society representatives provide input related to events, research, policy and observations related to Manual/Musculoskeletal Medicine. Examples from the correspondence and National Society reports point out that in many countries:

- An inadequate level of knowledge exists about either manual or musculoskeletal medicine ... in the public mind and by healthcare providers
- A common theme expressed by many National Societies in FIMM is that manual medicine physicians in many countries are facing the challenge of competing with manual therapists (without the knowledge or collaboration with physicians having a manual/musculoskeletal medicine base).
- The Bologna process was discussed in the May 2008 *FIMM News*. FIMM will need input from all National Societies to better make future decisions at the Health Policy Board, Executive Board, and General Assembly levels.
- Discussion
 - The HPB chairperson, B Terrier, reemphasized the need to provide feedback
 - It was suggested that a closed forum to talk on internet might enhance communication.
- This **report was accepted unanimously by the delegates**.

6. **Report of the Treasurer - Finishes after Agenda Item 13 below (Viktor Dvorak)**

- The 2012 budget based upon dues from the "Big 8 National Societies" and 17 small societies. There was no plan for dues surcharge. These 25 societies represent some 12,000 members. The 2012 Budget had projected a €7500 deficit and a need to go into our reserves. See below:

APPROVED BUDGET: 2012		
(Voted in Prague GA: Fall 2011)		
Income	EUR	16'500
Expenditure (Regular – Base Costs)		
Ex Board	EUR	10,000
Administration	EUR	2,000
FIMM GA 2012	EUR	4,000
Expenditure total	EUR	16,000
<i>Overall Result on fixed costs</i>		+ 500
Expenditure (Variable / Project Specific Costs)		
Edu Board	EUR	2,500
HPB Board	EUR	5,000
Science Board	EUR	500
Expenditure total	EUR	8,000
<i>Overall Result on project costs</i>		- 8,000
2012 Overall Expenditure	EUR	24,000
<i>Overall Result EUR negative cash flow in 2012</i>		-7,500

- 2012 Income and Expenditures were discussed. We spent less than planned and there was no need to go into the reserves. See below:

Budget to Actual Expenditures: 2012

	Budget	Actual Expenditure	
Exec.Board	10,000	4,273	
Administration	2,000	1,211	
2012 FIMM GA	4,000	6,730	
Total EUR	16,000	12,214	Saved 3,786
Educ. Board	2,500	1,610	
HPB Board	5,000	2,281	
Sci. Board	500	0	
Total EUR	8,000	3,891	Saved 6,609
TOTAL	24,000	16,105	Instead of a projected €7500 loss, there was a net budget €2895 gain for 2012

Of the expenditures, 33% was spent on administration; 41% on the General Assembly; and 26% on the special board projects.

- Upon request of the French representative to see what each National Society paid, the treasurer offered to show her the books.

- Vote to accept the **2012 Budget Report was accepted unanimously.**
- The 2013 budget based upon dues from the “Big 8 National Societies” and 17 small societies representing about 25,000 members. Again, there was no plan for dues surcharge. The 2013 Budget had projected a “break-even” budget and no need to go into our reserves. See below:

APPROVED BUDGET: 2013
(Voted in Istanbul GA: Fall 2012)

Income	EUR	16,500
Expenditure (Regular – Base Costs)		
Exec Board	EUR	6,000
Task force	EUR	4,000
Administration	EUR	500
FIMM GA 2013	EUR	4,000
Expenditure	EUR	14,500
Overall result on fixed costs		+2,000
Expenditure (Variable – Project Specific Costs)		
Educ. Board	EUR	500
HPB Board	EUR	1'000
Science Board	EUR	500
Expenditure	EUR	2,000
Overall result on project costs		-2,000
Expenditure overall	EUR	16,500
Overall Result	EUR	cash flow for 2013
		EUR 0

- To date (30.09.13) FIMM has 21,077 Euro and 3,304 CHF of capital on account along with 6,482 Euro in cash. With projected income still due less actual and projected expenses, the Treasurer reports that by 31.12.13 the capital on account should be about 25,000 Euro.
- **Motion (Unanimous approval):** In upcoming budget projections, New Zealand will be omitted as long as they maintain their observer status. (Observer status pays no dues).
- Discussion concluded also that Belgium should be placed on notice that their status needs to be reviewed and discussed next year if they are not paying dues.
- AFTER ITEMS 7-11 BELOW CONCERNING POSSIBLE PROJECTS AND DIRECTIONS:
MOTION: The GA proposes to assess the same dues with no surcharge for 2014. Invoices should be sent soon. **Passed Unanimously.**

7. Report of the Auditors (TodorTodorov; Craig Appleyard)

Prof Todorov reported that after review, all papers from Treasurer are considered appropriate and correct. Dr Appleyard reported that after his review that the Treasure’s books are accurate. The auditors’ report of the **2012 audit was accepted unanimously.**

8. Election Confirmation of the Auditors

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

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

- **MOTION (Passed unanimously):** The chairperson of the Education Board nominated Norbert Teisseire (President of SOFMMOO in France) after finally receiving this official recommendation from the French National Society, SOFMMOO. The Education Board has long sought this French recommendation for an official member.

- A review of the members of the Education Board as recommended by the Chairperson (and approved by this General Assembly) are therefore: **Marc-Henri Gauchat** (Switzerland), **Michael Yelland** (Australia), **Mathias Psczolla** (Germany), **Niels Jensen** (Denmark), **Michael L. Kuchera** (USA), **Vlasta Tosnerova** (Czech Republic), **Maxim Bakhdatze** (Russian Federation), **Hernan Silvan** (Spain), and **Norbert Teisseire** (France).
- It was noted that the Education Committee and later the General Assembly will need to adapt the *FIMM Basic Syllabus* and possibly the *FIMM Glossary* to meet the modifications proposed by the HPB in the final document of the newly proposed *FIMM Guidelines on Basic Training and Safety in Manual & Musculoskeletal Medicine*. This was felt to be achievable by email communication. All of this is to be worked on after the final *Guidelines* document is completed.
 - There is a need to discuss how best to implement the content of the *Guidelines* and the *Syllabus* relative to the degree of competency projected, the learning objectives and the educational strategies. This is expected for UEMS requirements for 2015.
 - The Education Board will meet the day before the next GA to conduct its face-to-face work.

10a. Report of the Health Policy Board Chairman (**Bernard Terrier**)

- This is the 7th HPB Report. Starting in Varna in 2008 with version 1.0, the Board and its consultants worked through multiple increasingly refined versions of the *Guidelines on Basic Training and Safety in Manual and Musculoskeletal Medicine*.
 - Thanks were extended to the Israeli Society and Ministry who published the last of the presently unofficial versions (v 2.6) for the delegates. With slight editorial changes (v2.7), delegates will vote on at this document. When approved, it will be labeled version 3.0 and become FIMM's 1st official publication of the *Guidelines*.
 - Thanks were extended to the Health Policy Board, its consultants and to **Craig Appleyard** (Canada) for editorial input. In particular the invited participants: Dr. **Bernard Terrier** (Chairman), Dr. **Carlo Mariconda** (Italy), Dr. **Peter Skew** (UK), Dr. **Victoria Sotos Borrás** (Spain), Prof. **K. Sumita** (Japan), Dr. **Kirill O. Kuzminov** (Russian Federation), Prof. MUDr. **Vlasta Tosnerová**, Dr. **James Watt** (New Zealand), Dr. **W. von Heymann** (Germany) and the advisory group: Prof. **Michael Kuchera**, DO, FAAO (USA), Dr. **Maxim Bakhdadze** (Russian Federation), Prof. **Sergei Nikonov** (Russian Federation), Dr. **Marc-Henri Gauchat** (Switzerland).
 - Thanks were extended to the FIMM National Societies whose dues helped fund this project. Over the past 5 years, the HPB expended €22,500 of the €25,000 budgeted by the General Assembly.
- The facility model *vs* the capacity model *vs* the component model provides a basis for discussion in education and assessment.
- NEXT STEPS:
 - The first steps in a plan for application/implementation of the *Guidelines* will develop from input suggested by the National Societies and a Health Policy White Paper (the latter in process under the direction of Michael Kuchera).
 - FIMM also needs an accompanying scientific paper to support the paper (Discussion of Accessibility, Quality, Costs related to MM Med based on data) – IAMMM (asked about common project – may or may not be possible; to discuss in Bordeaux)
- Discussion prior to vote on acceptance or not of v 2.7 to become Version v 3.0
 - **Craig Appleyard** recommended that on p5, the second to last bullet be deleted. It refers to advice on the management of complications during treatment. (The GA voted to withhold.)
 - **Nadine Fouques-Weiss** wished to remind the GA that French is the official language (by statute) for the final official version; however **Wolfgang von Heymann** noted that the working language is English, official/legal languages being French **and** German (the German version exists already, missing only the French version because of lack of translation capacity).

- Discussion: The delegates of the General Assembly recognize the cost and the process (at this point and in the near future, all work will be done in the English version)
 - **#11 Motion: The General Assembly will vote on the official content of the Guidelines as distributed in English in version 2.6 (with minor v2.7 changes) and when approved, will be placed on the internet as version 3.0 as the latest official version. (Versions 2.6, 2.7 and 3.0 would all be official). -- Unanimously approved.**
 - It was recommended that other Societies with educational curricular exemplars send their Educational Documents as Annexes
- Reporting on the Union Européenne des Médecins Spécialistes – Multidisciplinary Joint Commission (UEMS-MJC): Each commission's role is to represent designated specialties to the government and to tell doctors what they need to do to become that specialist
 - Historically:
 - Tasked to ask UEMS to evaluate MM as a possible specialty. FIMM as worldwide organization could not act in Europe so we looked at possibly establishing FIMM regions (including "FIMM – Europe"). Instead FIMM charged ESSOMM to act in this capacity. UEMS had 26 specialties and we learned that a 27th was NOT possible.
 - Multidisciplinary Joint Commission for Manual Medicine (Neuro, Rheum, PMR, Orthopedics sections for UEMS Council): MJC includes Pain and Sports Med for example.
 - Initial inquiries beginning in Oct 2011 were subsequently recognized to have been weak in portraying science weak and needed more concerted lobbying. Acceptance first at MJC in Larnaka in Oct 2012 (on website).
 - The mandate for cooperation will continue for ESSOMM with UEMS-MJC. Hermann Locher (Orthopedic - Germany) is president and Alexandre Bisdorff (Neurologist – Luxembourg) is secretary.
 - There is a strong need for FIMM and its Education Board to develop content for the educational website of the UEMS-MJC. National Societies or individuals may email suggestions through WvH or directly to Hermann Locher; each competency may be rated
 - Discussion:
 - Q: Who financed this process? A: *"Unpaid work" of the ESSOMM board ... recall 100 euro per 10 members (only 1000 euro / year available in UEMS) – but: ESSOMM officers are compensated for travel and accommodation by their respective members society.*
 - Comment that the UEMS project had no budget from FIMM and it would not be correct to bill FIMM (especially with due paid by those outside Europe). Those in UEMS section who also involved in MM may collaborate and/or be useful. For example, there are Swiss in the section (not EU but bilateral contracts exist).
 - The **report** of the Health Policy Director was **accepted unanimously**.

12. Report of the Science Officer of the Executive Board (Sergei Nikonov)

The essence of this report was that FIMM and the Science Officer need to hear about what research and scientific effort is taking place in the field of manual / musculoskeletal medicine. He is aware that much science is taking place and while it is not the purview of FIMM to conduct research, the cost of disseminating its content and scope costs us nothing while benefiting our members greatly. A request was made to please send info to the FIMM Science Officer or to the *FIMM News*

13. Membership (Admissions/Suspensions)

- No admissions or suspensions to be considered this year.
 - In response to dues and changes in the country, Belgium may need to be put on notice regarding their ongoing membership. It was noted that it may just be the French speaking

portion of the Society having major problems; the problem in the Flemish-speaking part may not be to the same extent.)

- FIMM leadership expressed the desire to re-approach old members (BIMM and Sweden are examples.) It was felt that we need to explore what we would/could do to expand representation in MM Medicine internationally. If former members are not interested in playing a role in that representation, an alternative could be to consider recruiting new representative members.

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

- **Stefan Bodnar** Slovakia proposed Bratislava for FIMM's 49th General Assembly in 2014.
 - Discussion: This capital city is nice, inexpensive, and ½ hr from Vienna by bus. It was noted that the Hotel Forum used in 2004 was too expensive and so FIMM may need to discuss other options for the hotel.
 - The best dates would probably be mid-September to late October. (Preferable dates at this time might be 18-20 September with the Education & Health Policy Boards meeting on Thursday; the Executive Board meeting on Friday; and the General Assembly meeting on Saturday.)
 - An alternative site in the Slovak Republic would be Košice which serves as the European Capital of Culture together with Marseille, France.
- **MOTION (Passed unanimously):** The 49th General Assembly of FIMM will be held in Bratislava in the fall of 2014.
- There was a tentative discussion of Denmark hosting the GA in 2015. This will be a consideration especially if the cost can be kept reasonable.

16. Other business

- National Society delegates were officially informed by that there would be formal FIMM elections at the General Assembly next year. Wolfgang von Heymann noted that (by statutes) he would not be available for election as President. This means that National Societies or individuals should start thinking about who should run for or be elected president. Candidates not from the Executive Board can be introduced to the work of FIMM.
- Planning for another FIMM Triennial Conference should be considered. (This year the conference was jointly formulated by ISMM and IAMMM); another should take place in 2016.
- Delegates and National Societies were asked to please respond appropriately to monetary discussions with (or requests from) Treasurer, **Viktor Dvorak**. Payment via travel agency requires Viktor to bill individuals for their hotel charges. There is a single bill for dinner as well if you have not yet paid.
- The tour of the City of David begins tonight leaving at 6PM. The Scientific Conference transportation leaves tomorrow at 7AM for Tel Aviv
- **Karl August Lindgren** discussed European continuing medical education credits for FIMM meetings/conferences. (NOTE: 14 weeks needed before dates)

17. Closing the General Assembly

- Acting president Wolfgang von Heymann presented the FIMM Flag to **Simon Vulfsons** and his National Society on behalf of FIMM's Executive Board and the General Assembly
- The 48th GA was closed at 4:15PM.

Respectively submitted,

Professor Michael L. Kuchera
Secretary-General, FIMM

Agenda:

1. Opening by the President, election of two counters of the votes
2. Presentations of the representatives of the national societies (limited to 4 minutes per presentation)
3. Matters arising from the minutes of the last General Assembly (Istanbul, Turkey)
4. Report from the President
5. Report from the Secretary General
6. Report from the Treasurer
7. Report from the Auditors
8. Election/confirmation of the Auditors
9. Report from the Chairman of the Education Board
10. Report from the Chairman of the Health Policy Board
11. Final voting on the "Guidelines on Basic Training and Safety in Manual and Musculoskeletal Medicine"
12. Report from the Science Officer of the Executive Board
13. Decision on the membership fees for the next year
14. Membership (admissions/suspensions)
15. Elections
16. Date and place of the General Assembly 2014
17. Any other business
18. Closing the General Assembly by the President