



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

Minutes of the 2011 General Assembly of the FIMM  
Prague, Czech Republic at Clarion Congress Hotel  
October 13, 2011  
Secretary-General

**Hosts:** National Society delegates from around the world convened in Prague to participate in the 46th FIMM General Assembly. All were invited by our hosts, the Czech Society for Myoskeletal Medicine, to attend the Czech and Slovak Conference of Musculoskeletal /Manual Medicine being held Oct 14-15.

**Agenda as Distributed in Advance:** No changes proposed

**Powerpoints** used to present this General Assembly have been compiled to include details; the **.pdf** file of this PowerPoint compilation will be soon available for download at: [www.fimm-online.com](http://www.fimm-online.com)

1. The **46<sup>th</sup> General Assembly of FIMM** was opened by FIMM President Palle Holck with the first order of business being the election of two counters of the votes: **Viktor Dvorak & Niels Jensen**
  - **Present – FIMM Executive Board Members:** Palle Holck, Wolfgang von Heymann, Michael Kuchera, Viktor Dvorak, Bernard Terrier, Mac-Henri Gauchat, Sergei Nikonov
  - **Present –Visitors making application:** **Rickie Lu** and **Stanley KH Lam** (making application to FIMM on behalf of the Hong Kong Institute of Musculoskeletal Medicine)
  - **Role Call of National Delegates** (20 voting members from 24 possible countries)
    - Australia (**Geoff Harding**)
    - *Belgium (No delegate; no dues paid; no vote)*
    - Bulgaria (**TodorTodorov** attending with **IlyaTodorov**)
    - Canada (**Craig Appleyard**)
    - Czech Republic (**VlastaTosnerova**)
    - Denmark (**Niels Jensen** attending with **Palle Holck**)
    - *Estonia – No representative*
    - Finland (**Olavi Airaksinen & Nils Kyrklund** attending with **Karl-August Lindgren**)
    - *France (Nadine Fouques-Weiss unable to attend)*
    - Germany (**Wolfgang von Heymann**)
    - Hungary (**Ormos Gabor**)
    - Israel (**Finestone** attending with **Simon Vulfsons**)
    - *Italy – No representative*
    - Japan (**ShoichiTsuchida** attending with **Yoshida**)
    - Kazakhstan (**N Karasnoyanova**)
    - Netherlands (**Jakob Patijn** attending with **Sjef Rutte**)
    - New Zealand (**James Watt**)
    - Poland (**Jerzy Stodolny**)
    - Russia (**Sergei Nikonov** attending with **Anatoly Sitel**)
    - Slovak Republic (**Stefan Bodnar** attending with **Lubica Sorfova**)
    - Spain (**Victoria Sotos-Borrás**)

- Switzerland (**Marc-Henri Gauchat** attending with **Bernard Terrier** and **Viktor Dvorak**)
- Turkey (**Tijen Acarkan**)
- USA (**Richard Feely** attending with **Michael Kuchera**)

2. **Special Recognition:** The current FIMM Leadership recognized the extraordinary contributions of FIMM Honorary Member, **Prof. Karel Lewit** (Scientific Secretary of the Czech Society).

3. **Presentations of the Representatives of the National Societies** (limited to 4 minutes / delegate)

- **Czech Republic (Vlasta Tosnerova, President):** The Czech Republic was once again our host country this year; the national society being the Czech Association of Myoskeletal Medicine (**Karel Lewit**, Scientific Secretary). Membership was reported to be **n=292**, most rehabilitation specialist physicians. In their M/M training system the student: faculty teaching ratio is 9 students per teacher. They report looking forward to actively continuing with FIMM.
- **Australia (Geoff Harding delivered his report from Brisbane via SKYPE technology):** The Australian Association of Musculoskeletal Medicine (AAMM) was founded in 1971. Of **n=183** members on their mailing list, 40 practice full-time M/M musculoskeletal (manual) medicine. They work closely with the New Zealand Association of Musculoskeletal Medicine and the Australasian Faculty of Musculoskeletal Medicine. The AAMM actively educates rural GPs in a musculoskeletal assessment (RACGP CHECK program); submits peer review reports to the government; and educates the public on musculoskeletal issues through the press. Currently they are active in the PAINAUSTRALIA strategic plan (2011-14) pertaining to a special interest group in musculoskeletal pain. Their 2011 Annual Scientific Committee meeting included Univ of Wisconsin faculty members, **Jeffrey Patterson, DO** and **David Rabago, MD**, covering updates in prolotherapy and others regarding diagnosis and treatment of persistent pain.
- **Belgium (no representative; no report)**
- **Bulgaria (Ilya Todorov [Secretary-General] for Todor Todorov [President]):** The Bulgarian Society for Manual Medicine (BSMM) reports **n=35** members. A new teaching and recruitment cycle starts Oct 24. FIMM vice pres, **W. v. Heymann**, provides significant educational support.
- **Canada (Craig Appleyard, President):** Membership in the Canadian Association of Orthopaedic Medicine (CAOM) was reported as **n=50** physicians having mixed practice styles (predominantly with family practice backgrounds). The CAOM formally extends recognition of **Don Fraser, MD** and his long history both with FIMM and CAOM. Peculiar to Canadian manual medicine, “orthopaedic medicine” reportedly riles some orthopaedic surgeons. This is problematic especially in Ontario (where ½ of the CAOM members practice) and where they will introduce policy to affect all physicians. Ontario proposes to only accept procedures for payment which had randomized controlled trials of proof and they want to override informed consent to authorize therapeutic interventions. The Oct 28-30 Vancouver annual meeting will discuss prolotherapy as an important part of CAOM practitioners’ therapeutic armamentarium.
- **Denmark (Palle Holck, President; Delegate & Vice-President, Niels Jensen presenting):** The Danish Society for Musculoskeletal Medicine (DSMM [www.dgmm.org](http://www.dgmm.org)), reports membership of **n=702**. Most are General Practitioners but there are also rheumatologists, orthopedists, and radiologists (etc). 72 members garnered 250 hours leading to a “diploma.” (This translates to be “300 hours” of 45-minute standard credits). In addition to the FIMM president, a DSMM member, **Lars Remvig**, serves as president of the International Academy of Manual / Musculoskeletal Medicine (IAMMM). DSMM’s 15 active teachers conduct 6 workshops annually (MET, MFR, HVLA, injections, etc.) Their own text is written in Danish to

teach current and future members; they use *IMMM* as their journal. FIMM Secretary-General, **Michael Kuchera**, has been invited as their Keynote speaker at the upcoming 11<sup>th</sup> Nordic Congress on Musculoskeletal Physiotherapy and Musculoskeletal Medicine (expected audience of 200). Other items: attended ESOMM instructor course; renewing clinical relevance of their societal Basic Course; participating in LBP clinical guidelines. Their national societal focus includes education, collaboration and science often in conjunction with FIMM & IAMMM.

- **Estonia, not present:** A letter from EMSS President, **Leili Lepik**, was offered in reply to inquiries from the Executive Board. (The last time an Estonian representative attended a FIMM GA was in 2003 in Montreux and Lepik also expressed her regret in not attending the Health Policy Board or the FIMM GA.) She asked for assistance to answer a journalist regarding MM and how it differs from the work of others. The Executive Board will try to help her respond.
- **Finland (Olavi Airaksinen**, President, presents their National Society for the 11<sup>th</sup> time). Membership is **n=270**, but only 200 members have paid dues. General Practitioners constitute the biggest group with almost as many practicing PM&R. They have 8 Board members and 4-6 meetings per year. The annual meeting (Tampere) is a 2-day course in November. They conduct a 1-day plenary & 1-day hands-on workshop in conjunction with the annual Finnish Medical Association meeting which serves as a GP introductory course (this year focused on cervical spine/low back pain.) They also hold a day-long course on injections. Their annual spring Lapland (Levi) week-long course featured international speaker, **Diane Lee**, who also was invited to teach a day in Helsinki. The Finnish national society has their own “diploma” qualification (links are **Karl August Lindgren** and **Airaksinen**). **Airaksinen** also noted: the Nordisk contact committee (Scandinavian collaborative); a congress is held every third year with physiotherapists (last held in Copenhagen, 2011); the EU COST B13; his role as Scientific Director in IAMMM; his close contact with Eastern University of Finland (Kuopio); the Helsinki orientation course for medical students especially through **Karl August Lindgren** (Swedish speaking); and their pain education program for GPs and Occupational Health doctors.
- **France (Nadine Fouques-Weiss** delegate of SOFMMOO and Secretary-General of UEMMA was appointed to present this year in place of MJ Teyssandier; unfortunately she made a travel mistake and is arriving Saturday so she asked **Wolfgang von Heymann** to present her report.) France’s national society to FIMM has **n=451** members (20% from Italy and Spain). Their new president is **Norbert Teisseire** (who was the former treasurer). The Society started in Hotel Dieu under **Robert Maigne** (a FIMM Founder, 1965 and FIMM president, 1971-73). University courses are organized by 15 French Universities with many private week-end courses by local and private M/M groups. The annual SOFMMOO meeting is in September and will have an invited presentation from FIMM Vice-President; **W. v. Heymann**. M/M training is 2 years for a GP and 1 year for an MD specialist whose diploma is recognized by the EU (PMR, Neurology, Rheumatology, Orthopaedics, etc.). A route exists for an MD to ask the Prefect to recognize and validate the MM diploma as an osteopathic diploma (as long as they can guarantee they have been taught 1250 hours in osteopathy).
- **Germany (DGMM president, Ulrich Smolenski**, delegated DGMM Vice-President, **Wolfgang von Heymann**, to present the report of the German national society): Total membership is **n=5318**. The DGMM umbrella organization is made up of the ÄMM (**n=798** with more than half taught by **Karel Lewit**), the MWE (**n=2933** fully qualified physicians) and the German Society of Musculoskeletal Medicine (DGMSM [former the FAC] **n=1587**). In 2009, the German Chamber of Physicians decided that “Osteopathy is part of Medicine” that established a need to set up qualifications and certificate regulation as well as a curriculum to be defined for Physician level. The DGMM will work within the limitations set by this regulatory Chamber which has ruled that Osteopathy shall “not to become a specialty” but

an additional therapeutic option and used immediately, not just in hopeless cases. This currently requires that physicians first earn a certificate in the subspecialty of manual medicine (320 hrs...but also already includes 60 hrs of introduction to osteopathic practices) and then another 80 hr certificate leading to an A-Diploma (by the Chamber of Physicians) and more education (B-Diploma). This totals 720 hrs (320 M/M & 400 osteopathic) with 320 hrs diploma hours required. The acknowledged task for 2011-12 is to prepare the curriculum of 80 osteopathic hrs to teach, recalling that 60 hrs already exist in the M/M curriculum.

- **Hungary (Gabor Ormos):** M/M in Hungary is performed only by MDs and physical therapists with a limitation for PTs when doing spinal manipulation. National society membership is **n=37** (10 paying). All were given diplomas in 2000; all were taught by **G.Ormos**. In Hungary the M/M practitioners have been “lumped” in the Complementary & Alternative Medicine (CAM) field along with bonesetters & chiropractors; this is a problem for image and other health policy issues. There is a new CAM advisory board however and **G.Ormos** will represent M/M on it.
- **Israel (Simon Vulfsons):** The Israeli Society of M/M (ISMM; החברה הישראלית לרפואה מוסקולו-סקלטלית) has a membership of **n=45 MDs** and **44 non-MDs**. The Society started in 2002 and anticipates more members next year. A course in MM in Tel Aviv of 100 hours was attended by 35 Family Practitioners. A pain course in Haifa consisted of 108 hours (attended by 29 FPs & anaesthetists.) Such societal activities offer a hope for M/M growth in Israel. The society has several modular courses for physicians, osteopaths, PTs & chiropractors for myofascial pain and a grant for education related to the care of Israeli defence (will go onsite with PTs to care for soldiers). Tom Meyers (*Anatomy Trains*) with a trainer from that course will deliver this in Hebrew (Intro 2.5 days & Pelvic-Hip 2-day course). They will conduct their annual conference (“Doctor, I have Disc”) in Dec 2011 with elections. The society perceives 3 areas of activity: (1) customer relations management; (2) research, education & registration; and (3) RCTs. In customer relations management, doctors are “customers in learning” while the insurers and general public are also customers, so they are increasing educational content, looking for incentives, and sharing the benefits of M/M. For research activities, population-based registry studies are being initiated; with respect to RCTs, they are working with PTs looking at LBP in the army. Currently they are developing courses in musculoskeletal medicine (MSM) and working towards an official diploma in MSM. Close collaboration with FIMM is expected and they hope to comply with recommendations of FIMM.
- **Italy** (*no dues paid; no response to our outreach seen; no presentation sent*)
- **Japan (Kazuyoshi Sumita [past president], Shoichi Tsuchida [delegate]):** The Japanese delegation extended their thanks for FIMM’s well wishes after the tsunami of Mar 11, 2011. National society president, **Setsuo Hakata**, represents the Japanese Medical Society of Arthrokinematic Approach and the AKA-Hakata method in manual medicine. The group has **n=457** members. The group was founded in 1990; committed to treatment & research, they hold an annual scientific meeting. To be accredited requires 5 years’ membership, completion of more than 8 courses, and passage of written & practical examinations under the supervision of the Founder. They now have 59 accredited physicians and 22 certified instructors; CME is required. A case presentation was discussed.
- **Kazakhstan (N Karasnoyanova** presenting for the “Blue Sky and Sun” country): The official name of FIMM’s national society representative for this country is The Kazakhstan Association of Manual Therapists and Osteopaths because their members include osteopathic methods. The Association has **n=44** members. They hold monthly meetings in Almaty and a Seminar in September to train and expound upon understanding mechanisms of action. This year the seminar focuses on the lumbar region. Their November scientific conference takes place in Almaty.

- **Netherlands** (**Sjef Rutte** presented; **Jakob Patijn** was present as well): The Dutch national society is De Nederlandse Vereniging van artsen voor OrthoManueleGeneeskunde (NVOMG) – they suggested accessing their internet site. Dr Rutte estimated their membership at **n= +/- 147** accredited/registered physicians; most exclusively practicing M/M. They have reorganized according to the Royal Dutch Medical Society of Specialists (KNMG) as mentioned last year. Requirements include 2 years full-time in-practice and this year 7 of 8 applicants were accepted (capacity is 12 students/year). They incorporate the CanMEDS Physician Competency Framework in their educational model (*for more information [MLK] – refer to <http://www.royalcollege.ca/public/resources/aboutcanmeds>*). They are taking steps to establish an MSc in Musculoskeletal Medicine. NVOMG hosted IAMMM’s annual meeting in June 2011.
- **New Zealand** (**James Watt** presented for NZAMM president, Charles Ng): With respect to timely FIMM dues, Dr Watt apologized (noting that delayed payment may arise from the earthquake in Christchurch last year.) NZAMM membership is **n=60** (24 are M/M specialists); the majority with a postgraduate Diploma in Musculoskeletal Medicine. They work closely with the Australasian Faculty Musculoskeletal Medicine (AFMM). They have conducted a nationwide series of Evidence-Based shoulder workshops for GPs which was very well-received and have sparked a commitment to a series of workshops on Low Back Pain. They maintain a liaison with the NZ Medical Council for ongoing accreditation; ongoing discussions with Accident Compensation Corporation to include education and reaccreditation by NZAMM/AFMM for the GP Special Interest to assess and triage Msk/Orthopaedic cases; and the Univ. of Otago which offers its postgraduate Master of Pain Medicine (formerly in New Castle) along with its postgrad Diploma in MM. NZAMM and AAMM (Australia) offered a conjoint annual conference June 30 – July 3 in Palm Cove (Queensland, AUS) on persistent Msk pain; the Sept 14-16, 2012 program profiling, “The Joint,” will be held in Wellington NZ.
- **Poland** (**Jerzy Stodolny, MD, PhD** representing the Polish Medical Society of Manual Medicine (PTLMM = Polskie Towarzystwo Lekarskie Medycyny Manualnej) with his daughter & **Andrzej Sadowsky** attending for the first time since Montreux eight years ago: PTLMM membership is **n=105** (but only 61 paid). They promote M/M to doctors and Physical Therapist and cooperate with science groups throughout Poland and with M/M groups in Germany. This year their annual conference focused on the foot and the locomotor system.
- **Russia** (**Sergei Nikonov** presented; also attending, President **Antoli Sitei**); “Manual Therapy” is the official specialty name for M/M in Russia; it is recognized by the state. To be a specialist in M/M, physicians must be first certified as a neurologist or orthopedic surgeon and then complete 100hrs (plus 144 hrs CME). The Russian League on Manual Therapy has **n= 428** members. They invite specialists to an annual conference and also participate in at least one shared conference each year. In education and science, they maintain a very positive interaction with Russian osteopaths but try to remain separate from their philosophy *per se*.
- **Slovak Republic** (**Luba Sorfova**, new president of the Society of Myoskeletal Medicine of the Slovak Medical Association): Membership is **n=102**. In programs they can provide a paper of attendance but cannot give a certificate (only a university can do that). Their Society collaborates in conjoint Slovak & Czech conferences. They would like to have M/M as a specialty but the process would require that a main specialty would represent them first.
- **Spain** (President **Victoria Sotos-Borrás** presented): The Sociedad Española de Medicina Ortopédica Osteopática y Manual (SEMOOYM) is 33 years old (evolving from **Robert Maigne**’s teaching). SEMOOYM has **n=92** members (most practicing Rehabilitative Medicine). The economic crisis has significantly decreased membership -- in part because M/M members often belong to many groups. In Spain, many PTs wish to become osteopaths; creating a problem. The M/M program requires 350 hrs (300 hrs platform). The

Masters in Madrid (Máster en Medicina Manual [Título propio de la Universidad Complutense de Madrid]) was approved for 32 ECTS (300 hrs). There are now 40 students in the new generation. The annual congress takes place next week and they conduct specific seminars to introduce M/M to doctors (esp. GPs) -- 3 practitioner seminars/yr with M/M as a part of the standard PMR curriculum over 4 years. They also use French teachers each year. SEMOYM Executive Board members are selected for 4 years. Pay attention as the website [www.semoyn.org](http://www.semoyn.org) as it might be changing soon depending (this week) if they keep a second "o" in their name (for osteopathic) or not.

- **Switzerland (Marc-Henri Gauchat)**: The Swiss Medical Society for Manual Medicine (SAMM), founded in 1959 has a physician membership of **n=1264**. SAMM's president is **Ulrich Böhni**. In accordance with the Swiss Medical Association (FMH), they provide manual medicine education and CME. Their College of teachers (17 members) offer 8 basic courses (conducted in French & German); this is 380 hrs (28 days over 2 years) 8 modules plus a final exam. Since 1999, an official Certificate of Competence in M/M (SAMM/FMH) has been a recognized diploma / paid by insurances. The new M/M text binder allows easy replacement for minor changes. With respect to continuous education: SAMM offers 10 regional practical workshops (½ - 1 day by the teachers). On Nov 24-26, 2011, the yearly congress (Lumbar Spine) will take place in Interlaken which should attract 700-800 attendees.
- **Turkey** (Report presented by Dr. med. **Tijen Acarkan** at the request of **Cihan Aksoy, MD, PhD** [president] & **Hüseyin Nazlikul** [2<sup>nd</sup> president]): The national society is Manuel Tip Derneği (MTD) or Manual Med Association which began in 2002 with professional interactions with Prof. Todorov. There are **n=138** members with 14 who have completed their M/M training. They joined with Bilimsel Tamamlayıcı Tıp (BTR=Scientific Complementary Medicine Regulatory Association) but having learned M/M in Europe they looked to create a new group consisting entirely of physicians. M/M in Turkey is linked to the Istanbul Faculty of Medicine (PMR). In May 2011, the PMR program in Antalya had 2 scientific sessions in which FIMM officers, **W. v. Heymann** & **Viktor Dvorak** presented. **Nazlikul** & **von Heymann** will repeat an introductory M/M course in November. They plan 8 courses for total of 300 hrs. In 2012, there will be a Complementary and Support Congress (Sept 20-23) in Istanbul and the MTD would like to extend an official invitation to FIMM for our 2012 General Assembly. As a suggestion from the group, FIMM subcommittees might meet Sept 19 and the FIMM General Assembly could be held Sept 20; workshops could follow. (This will be a later agenda item.)
- **USA** (AAO President **Richard Feely** with **Michael Kuchera**): The American Academy of Osteopathy AAO) has a total membership of **n=6340** of which 4665 are pre-doctoral osteopathic medical students. Physician membership is **n=1675** (1611 DO & 64 MD). Neuromusculoskeletal Medicine (NMM) is recognized by state and national governments as a primary specialty; Osteopathic Manipulative Medicine (OMM) generally denotes any DO in the USA using M/M (where NMM is specialty level). NMM residency program options in the USA include 1-yr Plus-One; 2 year NMM & 3 yr-FM/NMM,. There are currently 26 osteopathic schools in 34 sites in 25 states producing 8000 M/M-trained osteopathic physicians graduating per year by 2020 (now about 6400 graduates per year). This year the Foundation for Osteopathic Research and Continuous Education (FORCE) was created to fund research in OMM for common diseases; in one year we raised over \$1,000,000 (and in the next 2 years, we expect to bring donations to \$3M). Research listed included M/M in a wide range of disorders from pneumonia to low back pain in 3<sup>rd</sup> trimester pregnant patients.

#### **FIMM Member Websites**

**Australia:** Australian Society of Musculoskeletal Medicine (AAMM)

<http://www.musmed.com>

Australian Faculty of Musculoskeletal Medicine (AFMM)

<http://www.afmm.com>

**Austria:** Österreichische Ärztesgesellschaft für Manuelle Medizin e.V. (ÖÄMM)

<http://www.manuellemedizin.org/>

**Canada:** Canadian Association of Orthopaedic Medicine (CAOM) /  
Association Canadienne de Médecine Orthopédique (ACMO)

<http://www.caom.ca>

**Denmark:** Dansk Selskab for Muskuloskeletal Medicine (DSMM)

<http://www.dsmm.org>

**Estonia:** Eesti Manuaalse Meditsiini Selts (EMMS)

<http://www.manuaalmeditsiin.ee>

**Finland:** Suomen Manuaalisen Lääketieteen Yhdistys SMLY

<http://www.smly.fi>

**France:** Société Française de Médecine Manuelle Orthopédique et Ostéopathique (SOFMMOO) <http://www.sofmmoo.com> (also see [www.mediosteo.fr](http://www.mediosteo.fr))

**Germany:** Deutsche Gesellschaft für Manuelle Medizin (DGMM)

<http://www.dgmm.de>

**Israel:** Israeli Society of Manual Medicine (ISMM)

<http://www.ismm.org.il/>

**Italy:** Società Italiana de Medicina Fisica e Riabilitazione (SIMFER)

<http://www.simfer.it/?SEZ=7&SOTTOSEZ=10&ID=30>

**Netherlands:** Nederlandse Vereniging van artsen voor Ortho-Manuele-Geneeskunde (NVOMG) <http://nvomg.artsennet.nl/De-vereniging.htm>

**New Zealand:** New Zealand Association of Musculoskeletal Medicine

<http://www.musculoskeletal.co.nz>

**Poland:** Polish Medical Association of Manual Medicine (PTLMM)

<http://www.medycyna-manualna.med.pl/>

**Russian Federation:** Russian League of Professionals in Manual Medicine

<http://www.cmt-moscow.com/>

**Spain:** Sociedad Española de Medicina Ortopédica y Manual (SEMOYM)

<http://www.semoym.org>

**Switzerland:** Swiss Medical Association for Manual Medicine (SAMM)

<http://www.samm.ch>

**USA:** American Academy of Osteopathy (AAO)

<http://www.academyofosteopathy.org>

#### 4. Matters arising from the minutes of the last General Assembly (Potsdam)

- See FIMM-NEWS; 19(1):12-47.  
[http://www.fimmonline.com/pub/en/data/objects/minutes\\_fimm\\_ga\\_2010\\_v2\\_1.pdf](http://www.fimmonline.com/pub/en/data/objects/minutes_fimm_ga_2010_v2_1.pdf)
- **VOTE: Minutes unanimously passed as previously and electronically distributed.**

#### 5. Report from the President (Palle Holck)

- **Palle Holck** announced that after the success of the model adopted for the 2010 **FIMM Scientific Conference**, he would entertain a 2013 proposal to host a FIMM General Assembly in conjunction with a national scientific program and seek to restore our prior triennial rhythm.
- President's Report is **online**:  
[http://www.fimm-online.com/pub/en/data/objects/fimm\\_president\\_report\\_2011.pdf](http://www.fimm-online.com/pub/en/data/objects/fimm_president_report_2011.pdf).  
Major points include:
  - *The 15<sup>th</sup> International Scientific Conference of FIMM (Potsdam, 9/24-9/25/10) was a huge success with a high scientific level and no financial loss (profit 700 Euro). It featured 4 invited keynote speakers, 4 workshops, 3 sessions (2 hrs each) totaling 20 scientific*

presentations. Thanks to **W v Heymann** & the FIMM Executive Board as well as **Lothar Beyer** (DGMM) and **Prof A. Sitel** (Russian League of Professionals in M/M).

- The **FIMM website** will be re-established under Webmaster, **Wolfgang von Heymann**, within the next year.
- Participation in intensive discussions on the **M/M quality-and-safety-paper** being developed by the Health Policy Board (HPB) led to draft versions (v1.50 & v1.60) through e-mail with further intensive HPB work in the last 2 days. HPB chairperson, **Bernard Terrier**, will report on the progress with this paper shortly after this report.
- We canceled the **Executive Board (EB) meeting** originally planned in May in Antalya in collaboration with the Turkish Congress for Physical & Rehabilitation Medicine. With no urgent matters for the EB, it was decided to save travel fares & accommodation costs. To support the **Turkish Society for Manual Medicine**, FIMM Executive Board members, **W v Heymann**, **Sergej Nikonov** & **Victor Dvorak**, came to Antalya to give 5 presentations: Cervical Manipulation (WvH), Lumbar Manipulation (VD), Sensomotoric & Pain (WvH), Segmental Dysfunction & Spondylogenic Reflex Syndrome (VD), History & Future of Manual Medicine (VD/SN). In addition to his contribution to the discussions **Sergej Nikonov** presented practical demonstrations. Together with the presentations of the Turkish Society (by **Cihan Aksoy** & **Hüseyin Nazlikul**), Manual Medicine was very favorably presented to the 1900 participants of the Congress. The courses then offered by the Turkish Society to further more complete M/M education (according to the FIMM Educational Core Curriculum) were filled the same day with twice the number of physicians. Therefore two series of M/M courses started this year in Turkey. Expected to be completed by the end of next year, this would significantly enlarge the number of fully-trained MM physicians in Turkey. On request of the Turkish member society, FIMM will continue to support these Courses and provide M/M teachers.
- In early September, the **European Scientific Society of Manual Medicine (ESSOMM)** held their first invitational **International Instructor Course** in Rome. Representatives of 5 ESSOMM member societies came together to discuss the approach and the contents of a basic course for beginners. **Holck** was a representative for the Danish Society DSMM, and reported a very productive event whose results will be published by the ESSOMM Executive Board on the FIMM website (for discussion and comment by the FIMM national member societies.)
- A report of the **ESSOMM Executive Board on the medico-political issues** of the work of the ESSOMM will be given by the HPB Director. A major accomplishment after more than 10 years of fruitless attempts by FIMM & other national M/M representatives, ESSOMM Treasurer, **Hermann Locher**, is invited on Oct 7, 2012 to present M/M to the European Union of Medical Specialists (UEMS) Council in Naples. The hoped for result is initiation of a UEMS Multidisciplinary Joint Committee (MJC) for Manual Medicine. (So we are waiting for the report of **Hermann Locher** on this important mission for European M/M.)
- The 11<sup>th</sup> **Nordic Congress on Musculoskeletal Physiotherapy & Musculoskeletal Medicine, Pain and Dysfunction** was held Sept 8-10 in Copenhagen ([www.nordic2011.eu](http://www.nordic2011.eu)). The interesting program maintained high international scientific standards; among the keynote speakers there were FIMM & ESSOMM members (**Michael Kuchera** & **Hermann Locher**); FIMM President **Holck** also conducted 2 workshops.
- An informal meeting between FIMM President **Holck** and **Lars Remvig**, President of the **International Academy of Manual/Musculoskeletal Medicine (IAMMM)** at the Nordic Congress raises expectations of an even better future relationship between FIMM and the IAMMM.



- **President Holck** closed his remarks with, *“Thank you very much’ to all the members of my Executive Board, that supported me so successfully in this very difficult first year of my presidency.”*

- **VOTE: Move to accept President’s Report: Passed 18 to 0 with 1 abstention (Spain)**

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

- Briefly summarized his 2010-11 activities as related to **FIMM’s mission** components: M/M research, teaching & advocacy; also multiple invited keynote talks to FIMM National Societies.
- Announced the role of the American Academy of Osteopathy in creating a **Foundation for Osteopathic Research & Continuous Education (FORCE)** this year; their successful first-year fund-raising of \$1-million and a mission to include disseminating M/M protocols (researched, published EBM documentation) to practitioners to use to impact health for their patients. **Kuchera** (who is also a FORCE Board member) suggested potential educational and collaborative opportunities that might benefit National Societies or their members. He welcomes input and could convey ideas to the FORCE Board that might better lead to **collaborative activities or dissemination** of effective M/M care to those we serve locally, nationally or globally.
- **VOTE: Secretary-General’s report unanimously accepted.**

## 7. Report from the Treasurer

**2010** (See the Financial PowerPoint for details). Overview of report and comments made:

- FIMM is a sizable Federation with **11,255 physicians in our 24 National Societies**
  - FIMM has 8 larger societies & 16 smaller societies
  - The 8 National Societies classified as “big” contain 10,025 physicians from the Czech Republic, Denmark, France, Germany, Japan, Russia, Switzerland, and the USA.
  - The remaining smaller National Societies represent 1230 physicians in 16 countries
- In 2009, GA Delegates voted to modify the FIMM dues assessment process resulting in the larger National Societies (The “Big 8”) paying a fixed 1200 EUR and smaller societies paying a base plus member assessment [135EUR +3.5EUR per member). This serves to only allow basic existence & operation of our Federation [“Fixed Costs”]; all additional projects or work would be tied to a budget and voted upon to create a “per-member” surcharge assessment to all societies for such approved projects or activities.
  - **“Big 8” National Societies provided 88%** income for the 2010 Budget’s Fixed Costs; the other 16 provided 12% of the income to cover FIMM’s Fixed Costs
  - A **0.56 EUR per member surcharge** (approved in 2009 for the 2010 budget) was to fund educational & health policy projects (projected surcharge income = 7000 EUR).
  - **Assessment Deficit:** The surcharge income approved was 7000EUR income but the GA approved 10,000 EUR in project expenditures so spend some reserves expected
  - **Debtors (2010 Dues):** Australia; Czech; Denmark; Spain; Switzerland (admin. probl.) = 4585 EUR
  - **Debtors (2010 Surcharge)** = 18 countries have not paid = 2676 EUR
  - **Appreciation Expressed for Fiscal Project Support:** Only Belgium, Russia, Finland, France, Germany, Italy and USA paid their project assessments for 2010.
  - **REQUEST to National Society delegates: Pass debt information on to your treasurers!**
- **SUMMARY 2010:** Budgeted expenses more than income; income budgeted too optimistically; administrative costs higher than expected but achieved project cost savings; **Expense over Income in 2010 = 6,641EUR; Capital on Account 12/31/2010 was 19,864 EUR**

**2011** (See the Financial powerpoint for details). Overview of report and comments made:

- **Budget 2011 Guidelines:** Same Fixed Dues for the “Big 8” and the small 16 national societies; the 2010 General Assembly did not request or approve any additional 2011 dues project surcharge (2010 assessments still outstanding); in 2010 the GA delegates approved a deficit budget with negative cash flow of 8,500 EUR
  - **Debtors (2011 Dues – At time report created):** Belgium, France, Italy, Israel, New Zealand (admin / earthquake), Slovakia, Spain, Turkey = 4049 EUR
- **Summary 2011 Budget-To-Date:** With projections, this budget should see 16,246 EUR in income and perhaps 18,000 EUR in expenditures. So should be only **Expense over Income= 1700-1800 EUR over** instead of 8500 EUR and might even break even if 2010 debtor surcharges are paid; **Capital on account estimated for Dec 2012 will be 14,000 EUR**

### **2012 and also suggestion for 2013**

- **Delegates’ time to inform their National Societies:** In the future, having budget discussions more than one year in advance will allow the FIMM General Assembly to make predictions and permits adequate time for the delegates to talk with and prepare their national societies for the potential variability in year-to-year NS payments to FIMM that the 2009 assessment format requires.
- **Proposed 2012 Budget:**
  - **Fixed Cost Budget:** For 2012, fixed costs remain the same. Overall number of societies and members are about the same. Recommend same Basic Dues formula for the “Big 8” and for the smaller societies. (Income projected 16,500 EUR.)
  - **Projects Budget:** For 2012, the Executive Board recommends that we continue the same work but reduce Educational Board project costs by 50% with anticipation of accomplishing more by Skype/email/internet; the Health Policy Board project is nearing completion and is on the budget target originally projected; and a small Science Board project of 500 EUR was added for first time.
  - **Recommendations for 2012 Budget:**
    - **Deficit Budget (no surcharge assessment):** Projected income of 16,500 EUR & expected expenditures of 24,000 EUR. If the difference is again paid from reserves, then FIMM assets will be reduced to capital cash reserves of only 5,000 EUR by the end of 2012.
    - **Balanced Budget (full surcharge assessment):** Without another surcharge, the 2012 Budget would be the third deficit budget in as many years. To break even, the 2012 budget would require a 0.66 EUR assessment of FIMM’s 11,250 members.
    - **Recommended Surcharge Offset Deficit Compromise Budget (partial assessment for 2012):** The Executive Board recommends that the GA look at the projects and consider approving a 0.45 EUR per member additional project surcharge (over their fixed cost dues) which would raise a little over 5000 EUR and leave a budget deficit of only about 2500 EUR.
  - **Concern for Budget 2013:** **If the GA delegates wish FIMM to conduct projects related to mission (Education, Science, and Health Policy) but have no growth, no collection of prior assessment debt, and no assessment surcharges, then FIMM will have no capital cash reserves half way through 2013.**

### **8. Report of the Auditors**

- **Todor Todorov** reporting in conjunction with **Craig Appleyard** (Reading both written reports):
  - **VOTE: Recommended acceptance of 2010 Report ... passed unanimously**
- Motion by **Appleyard:** FIMM would benefit from an annual professional review looking at overall finances (not an audit) – Discussion concerned reaching a not-too-expensive solution
  - **VOTE: Recommend approval ... passed unanimously**

## 9. Election/confirmation of the Auditors

- **VOTE:** Both auditors wish to continue (no floor nominations): **Unanimous approval to elect Todor Todorov and Craig Appleyard as Auditors for 2012.**

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

### a. 2011 Education Board meeting

- After review of an educational document produced by the European Society of Manual Medicine (ESOMM), the FIMM Education Board agreed upon its practical educational conceptual soundness which included their following recommendations:
  - To teach 30 ECTS for M/M
  - M/M staffing of no more than 1 teacher for 15 students
  - Teaching a maximum number of 3 M/M students per treatment table
- The Education Board is not concerned with any of the political considerations expressed at the end of the ESOMM document
- **The Ed Board recommends that the ESOMM (European Society of Manual Medicine) curriculum be added as an addendum to the FIMM core curriculum**
- Proposed members of the Board: **Gauchat** (Swiss), **Jensen**(Denmark), **Kuchera** (USA), **Vladimir Bartashewich** (Russia),**Vlasta Tosnerova** (Czech Rep), **Psczolla** (Germany), **Yelland** (Australia), and a French member yet to be named.
- Since Spain has a Master's program of 320 hours, it was also proposed that SEMOYM member, **Hernan Silvan**, be added to the Education Committee
- **VOTE: Slate of Members: Passed unanimously**

### b. Presentation of further projects including budget requests

- **M Kuchera** (Glossary coordinator): Thanks extended to the Education Board and extra members societies and the prior educational grant from the Osteopathic Research Center to further a common M/M and M/M research language.
- New hope to establish **3 working groups (French, German, English)**. They would take action on the FIMM Glossary Submission Form (which will be posted with directions) to coordinate, generalize, and wordsmith recommendations into all three official FIMM languages. Work would be done electronically or via Skype with a simple recommendation to accept or not submitted to Education Board.
- **National Societies** were encouraged to consider "homework" contributing the suggestions to advance our glossary of terminology with **referenced terms from published M/M literature**. Recommendations approved by the Education Board would be passed at the Annual GA. Suggest reducing budget related to face-to-face Glossary work.
- Having heard no objections from any FIMM National Societies, the Education Board proposes that **FIMM Glossary v10** as passed by the 2010 GA (and distributed) replace current v7 on the website.
- Future Glossary versions recommendations will include **pertinent scientific terms** commonly used in reading, writing, and/or interpreting M/M literature to be considered for an Appendix portion in the *FIMM Glossary*.

**10a-bVOTE: Reports & recommendations from the Education Board Chair & Glossary Coordinator unanimously accepted; reduced 2012 project request compared to 2011 noted**

## 11. Report from the Chairman of the Health Policy Board (HPB) – Bernard Terrier (5<sup>th</sup> report)

### a. Report about the Board activities

- **Recalling the Origins and Progression of this HPB Project**
  - **2008: Guidelines on Basic Training and Safety in M/M Medicine:** Extensive consensus document presented by FIMM for potential interactions with WHO. Value now recognized in the consensus process. Also encourages and supports

countries and national societies in the proper education and use of safe, effective practices in M/M Medicine as a part of national health service discussions

- **2009** Prague Meeting: Set Task and Contents (v1.0)
- **2010** Potsdam Meeting: Text added to each titled section (Categories, Levels, Models) = v1.4
- **2011** Prague 2-day Meeting Goals: Advance v1.6; assign homework tasks; review and correct completed text throughout the meeting; replace all M/M placeholders with correct word as “Manual Medicine” vs “Musculoskeletal Medicine.” Attending this meeting immediately prior to the GA were HPB members: **Terrier, Sotos-Borrás, Watt, v Heymann** and HPB Advisory members **Kuchera, Appleyard, Jensen, and Nikonov.**
- **TWO MODELS** (all share university level of physician medical training)
  - **Capacity Model** (specialists who add manual med at bachelors or masters level)
  - **Component Model** (specialist in musculoskeletal medicine / neuromusculoskeletal medicine)
  - **Few exceptions (or mixed):** **USA** integrates manual medicine starting in undergraduate level but also has specialists; **Russia** also has variation exception
- **Scope:** Propose all guidelines deal only with **manual medicine** (leave rest to the specialty)
- **GA MEMBERS’ EXTENSIVE DISCUSSION ON MANUAL VS MUSCULOSKELETAL:** Semantics entered here
  - **Rutte** (The Netherlands) expressed the opinion that that the word “**manual**” would cause problems and is totally wrong as it would be politically incorrect in many countries and would be taken by non-physicians; alternatively he notes that “musculoskeletal medicine” is adopted by many European groups.
  - **v. Heymann** (Germany) noted that UEMS will never accept “**musculoskeletal**” because those physicians practicing in the Capacity Model have representatives who feel that their specialty covers musculoskeletal.
  - Many other examples and opinions were offered; what was shared had in common that it needed to be clear that **politics are less important** than the health policy elements.
  - It was noted that if **The Netherlands** has so much developing quickly, they should pass this information on to the HPB for consideration and integration.
- The **Guidelines** (now 74 pages long) will have readable pages sent to the presidents of each National Society for information & feedback (*Guidelines v1.7* will be submitted to the National Societies for consultation to incorporate into a proposed final v2.0).
  - **Time Table:** The plan has been for the HPB to bring their proposed final version (v2.0) to the General Assembly in 2012 (anticipated to be in Istanbul).
  - **Cost to Date:** 3 years have spent 20,000 EUR and to spend another 5000 EUR in Istanbul for a total of 25,000 EUR.
- Starting an Implementation process for 2013→The Executive Board has suggested a White Paper be produced by **Michael Kuchera** and key co-authors in conjunction with the HPB. In developing such a White Paper, **Rutte** and **Sorfova** might have perspectives (as identified in the GA Floor discussion) to integrate with others already participating in the HPB process on this issue. Integrating this would lead to v3.0 but meeting times and budget have not been decided and would require the direction decided by the FIMM GA in 2012 after considering and approving v2.0.
- **HPB’s OTHER TASK – UEMS:** In 2008, the FIMM GA charged the HPB to prepare steps needed for the European Union of Medical Specialists (UEMS) to evaluate and position

M/M as a possible distinct specialty in Europe: As a global federation, it was recognized that FIMM would not be the appropriate organization for this task. FIMM's GA previously voted not to create a European division within FIMM so it requested that ESSOMM interact with UEMS and report back to FIMM. It is understood that, at this point in time, Manual Medicine must be introduced/discussed with Neurology, PM&R, Rheumatology, Orthopedic "sections" with no chance of becoming a specialty; a **multidisciplinary joint committee (MJC)** is recognized to be the necessary platform. MJCs exist for Clinical Geriatrics, Pain Medicine, Emergency Medicine, Sports Medicine, etc; they have official voices themselves.

- In his presentation, **Hermann Locher** defined Manual Medicine from our FIMM Glossary (**Locher** and **Teyssandier** brought this from ESSOMM (European Scientific Society) and UEMMA to UEMS. See powerpoint addendum for 2011 GA.
- Ask for sub-specialty because no slot exists in specialty (closed system)
- Note that Glossary term doesn't use the word "by hand"
- **ESSOMM Board:** **Uli Böhni** (Swiss rheumatologist; President), **Johannes Buchmann** (German neurologist; Vice-President); **Marcus Schilgen** (German orthopaedic surgeon; Secretary-General), **Hermann Locher** (German orthopaedic surgeon; Treasurer), **Michaela Habring** (Austrian GP; Coordinator)
- Rome Sept 1-3 1<sup>st</sup> International Instructor Course in MM (**v. Heymann** and **Holck** attended this course)
- Well accepted by UEMS Council, this application will be supported by several sections but the application needs more scientific material; decision Apr 2012

**b. Ongoing projects including budget request included in the 2012 Budget**

- **VOTE: HPB report accepted and budget request for 2012 project noted**

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

**a. Information about the International Academy of Manual/Musculoskeletal Medicine**

- There are 7 international Congresses in Europe (Nordic, London, Russia etc) with 4 being held at same time! Impossible therefore to visit all.
- **Sergei Nikonov** (as Science officer) requested that each National Society assign someone to report on research and conferences taking place in the countries ... especially with respect to presentation of efficacy and cost studies. He would like to facilitate participation as well as international collaborative studies. He requests a very small 500 EUR budget for 2012 FIMM science-related activities.
- **VOTE: The report of the FIMM Science Officer was accepted.**

**13. Decision on the membership fees for the next year (See # 7 above):** Base income 16,500EUR with "fixed expenses" of 16,000 EUR plus 8000 EUR for "project expenses" would create a 7500 EUR deficit, meaning that we would only have 5000 in reserves); would calculate out as 0.66Euro for 11250 ... 11684 members but not all paying

**a. Basic expenditures on administration without projects or surcharge**

- (Dues = €1200 for big & €135+3.5/member for small societies = 16,500 EUR):
- **Recommendation Withdrawn by Executive Board**

**b. Fixed Budget PLUS Board Project Surcharge (0.45 EUR per member)**

**DISCUSSION ON BUDGET ITEMS**

- Proposed **surcharge would raise 5000 EUR** to conduct projects discussed above
- **James Watt** (New Zealand) noted they have very **expensive travel** (maybe 4X their dues) to participate in FIMM activities and the GA. In the past, the National group has supported travel for this period of time. It may be perceived as too expensive and that could prompt the Society to potentially withdraw.

- The **Skype** option used by Australia might be an option.
- **Watt** also thanked FIMM for funding his trip this time to contribute to the current Health Policy project.
- A number of ideas were mentioned to **improve the fiscal bottom line.** (Contributions, commercial monies, taxes, workshops, etc.)
  - It was suggested that a Fundraiser might be helpful; **Viktor Dvorak** noted that it is very difficult for drug or instrument companies pay into international group as they divide their resources into countries.
  - Other suggestions: Leaflets and newsletters with drug company banner or ad included; Website for public; doctors list
  - It was suggested that FIMM investigate appointing a **fundraising task force** or advisory group (*eg: Dvorak, Vulfsons, Feely*)
- c. **Proposal to Identify a Sponsor for the HPB Project (5000 EUR)**
  - This new option (coupled with project frugality generally) could allow FIMM activities to be relatively **budget-neutral** this year and reduce the need to add a 2012 dues surcharge for this element on this year' dues statements.
  - The Executive Board will discuss declining cash assets, the current dues and billing system and the manner in which past/present FIMM project surcharge requirements are communicated to National Societies.
  - Each National Society will receive an invoice for 2012 dues with expectations for the next 1-2 years so that they can formally discuss expectations within their Societies' Boards in advance.
  - Societies will be invoiced Dec 5, 2011 with payment due on Feb 29, 2012
- d. **VOTE on the proposed 2012 budget (Including Billing notice for Basic Fixed Dues in 2012 and Proposed 2013 Dues + Surcharge Announcement) -- Unanimously passed with one abstention (Israel)**

#### 14. Membership (National Society admission presentation and vote)

**Hong Kong Institute of Musculoskeletal Medicine (HKIMM): Kwok-Wai Chan, president; FIMM Delegates Rickie Wu & Stanley KH Lam (Honorary Treasurer); [www.hkimm.hk](http://www.hkimm.hk)**

- HKIMM is a non-profit educational society whose long-term objective is to promote education and research in science of M/M medicine. Its mission includes:
  - Disseminate M/M knowledge & skills among medical professionals
  - Coordinate resources & efforts in teaching the M/M discipline
  - Encourage & support clinical research
  - Promote the M/M discipline to the public
- HKIMM has **n=43** members (including 2 foundation fellows, 6 fellows, 7 full & 28 associate members (from Hong Kong, Australia, Macau, etc). M/M is **not a specialty/subspecialty** under Hong Kong Academy of Medicine.
- Founded in Jan 2005, the HKIMM now has 7 council members. At the end of this month, **Andrew Ip** will become President, **Stanley Lam** to become Vice-President and head of the Research Board; **Rickie Wu** to become Honorary Treasurer. (Prior to 2004, **Keith Chan** was the only fully trained MSK physician in Hong Kong having received a post-graduate diploma in M/M from the University of Otago (in New Zealand) and training from **Phil Greenman** (American Academy of Osteopathy at Michigan State University College of Osteopathic Medicine), the American Association of Orthopaedic Medicine, and **J-Y Maigne** (SOFMOO). Training included prolotherapy, injection techniques, MSK ultrasound, and access to cadaver workshops. HKIMM had 4 trainees in 2004; expanded to 6 in 2007.
- The 1<sup>st</sup> HKIMM Fellowship examination was held in 2011 (Aug 7 - written / Aug 14 - clinical) with Prof. **Rod Ayscough** from the Department of Musculoskeletal Medicine, Australian School of Advance Medicine, Macquarie University acting as the external examiner for 6

fellows who trained in the first class. The **Fellowship Examination** evaluates the competence of candidates in regard to their knowledge, skills and attitudes in the discipline of Musculoskeletal Medicine.

- For the **Certificate of Practical Musculoskeletal Medicine (CPMM)** there are currently 18 trainees (14 HK and 4 Macau). They complete **6 modules** (40 hrs theory; 24 hrs basic hands-on manual skills basic training; diagnostic MSK ultrasound higher training and workshops in prolotherapy.
  - Module 1 = Upper extremities
  - Module 2 = Thoracics and ribs
  - Module 3 = Hip and Knee
  - Module 4 = Lumbars and Pelvis
  - Module 5 = Foot and Ankle
  - Module 6 = Cervical Spine & Headache
- HKIMM also runs an **introductory workshop** for Family Practitioners.
- **Research** by **Stanley KH Lam** was listed (see PowerPoint .pdf). Difficulties include the fact that Institutional Review Board (IRB) approval often requires 6 months to over a year. They currently get approval from USA; pay all research out of pocket; and all trials are conducted in private practice.
- **Bernard Terrier** extended congratulations on the HKIMM presentation and observed that the curriculum seemed to represent a **capacity model**.
- **Question:** *Current M/M fellows were Family Medicine certified first; how were they introduced to M/M?* **Answer:** *When **Keith Chen** came back, it was introduced to him in his FP program.*
- **Question:** *Do you use traditional Chinese methods?* **Answer:** *M/M as practiced in Hong Kong uses mostly osteopathic techniques combined with the approach of Maigne.*
- **VOTE: Report accepted and the HKIMM National Society granted Admission to FIMM: (Unanimous)**

#### 15. Elections – None this Year

#### 16. Date and Place of the General Assembly 2012 ... AGENDA 16 ITEM

- The sites of the past 46 General Assemblies were reviewed (see powerpoint/.pdf record).
- We have an official invitation for Istanbul to host our meeting. (Sept 20 -23, 2012 is their program and FIMM's General Assembly could probably meet on any day of the week).
- **VOTE: Unanimous acceptance of the invitation for Turkey to host the 47<sup>th</sup> FIMM General Assembly (2012) in Istanbul. (Noting potential dates, it was pointed that Israel might have none attending as is high Jewish holiday.)**

#### 17. Any other business

- In keeping with the President's announcement to reinstate the **FIMM Triennial Scientific Conferences**, we recognize that the next to be considered would take place in 2013 (and this is short notice); 2016 would be also a triennial year.
  - Israel will check (although Sept is the worse time of year for them)
  - Denmark will check and communicate quickly
- FIMM is a sponsor for the **3<sup>rd</sup> International Fascial Research Congress** and is to be held in Vancouver in March 2012. National representatives were asked by **M Kuchera**, IFRC Scientific Board member, to make this announcement to their colleagues.

#### 18. Closing the General Assembly by the President at 7:09 PM

Respectfully submitted: Michael L. Kuchera, DO, FAAO, Secretary-General, FIMM