Agreement on communication and cooperation Fédération Internationale de la Médecine Manuelle European Scientific Society for Manual Medicine Union Européenne de la Médecine Manuelle FIMM – ESSOMM – UEMMA

Text prepared on February 2nd, 2013 and adopted by the Executive Boards of FIMM and ESSOMM and signed by the President of UEMMA

Manual/Musculoskeletal Medicine (MM Medicine) is facing changes within the health care systems worldwide that, sooner or later, will affect all physicians providing MM Medicine diagnosis and treatment. It will not take long before these developments will determine the establishment of specially trained physiotherapists with an extended scope of practice acting as an interface between generally trained GPs and specialists providing surgical interventions. Specialised physicians for diagnostic and treatment procedures of pain and dysfunction of the neuromusculoskeletal system who do not provide surgical interventions therefore, may disappear step by step.

All organisations in the scope of MM Medicine are invited to participate in developing a strategy that underlines the importance of diagnostic and non-operative treatment procedures by specifically trained physicians.

FIMM as a worldwide operating federation and ESSOMM and UEMMA, the organisations operating on the European level, therefore decided to set up an agreement defining continuous information, consultation and cooperation. This shall take place regularly by internet or face-to-face meetings.

In the view of these three organisations the strategy mentioned needs a medical input by physicians in terms of continuous scientific research (basic and translational) and high quality education and training. The basic elements of this strategy are defined as follows:

- Non-medical professional groups today provide most manual treatments. Despite of all efforts by the involved medical organisations to slow down this development, an increase is observed. This is enhanced by more and more academically or otherwise specialised training of physiotherapists, nurses, and similar professional groups. As the lack of economic resources of many health care systems encourages this process and as there are too few adequately trained physicians who cover the specific needs of patients with pain and dysfunctions of the locomotor system, it is difficult for organisations dealing with MM Medicine to counter it.
- For the benefit of patients with pain and dysfunctions of the locomotor system the involved organisations of MM Medicine aim the following:
 - Knowledge about pain and dysfunction of the locomotor system and the possible treatment procedures has to be included in undergraduate training programs of all physicians.
 - An appropriate number of physicians including GPs and specialists for pain and dysfunctions of the locomotor system should know about such disorders and have competence in diagnostic and therapeutic procedures of MM medicine. An education

program of a minimum of 120 hours shall provide this (CAS'-level, according to 10 -12 ECTS).

- o A considerable number of highly specialised physicians of MM Medicine are necessary, for diagnosis and therapy of pain and dysfunctions of the locomotor system, care of complicated clinical cases and provide education and training in MM Medicine as well as the supervision of those who practice manual therapy (MAS²level, according to 60 ECTS).
- Attempts by governments and responsible bodies through legislation and similar administrative procedures to disadvantage certified physicians of MM Medicine and favour non-medical professional groups in performing manual diagnostics and therapy will be answered by clear opposition by the involved medical organisations.

	nose working at specialty level in MM Medicine should cooperate as individual members in ternational Academy for Manual/Musculoskeletal Medicine (IAMMM).
(Signatur	es in alphabetical order)
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¹Certificate of Advanced Studies, see FIMM NEWS 2008 17;1:3-14

²Master of Advanced Studies, see FIMM NEWS 2008 17;1:3-14