



The Secretary-General

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FIMM NEWS

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English Edition

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The report of the Secretary-General

Presented to the General Assembly at Bratislava, September 14, 2004

Dr. Ron Palmer

Dear colleagues

The past year in this Office has been totally different for me compared to the preceding years. The first year of my term was one in which updating member National Societies information was the most relevant undertaking. The second year of my term was concerned with new membership and the publication of the FIMM Newsletter and revising the format of the FIMM NEWS. Both these tasks required a considerable input of both time and energy. In the later part of this year my role has been difficult, not for the time factor, nor any reluctance to continue working productively in the same manner as previously. It was agreed at the last General Assembly in Montreux, Switzerland, to publish both forms of communication on the web-site, to be more expedient and to save considerable outgoing publication and postage costs to FIMM. No one could have expected the trouble that would eventuate in simply changing the web-site from England to Switzerland. The legality of such a simple change was certainly out of all proportion to what we expected and what eventually occurred. As a direct result, the web-site publication of both the FIMM NEWS and the FIMM Newsletter failed to eventuate. I am more than aware that communication with fellow Societies is the most essential framework for success in an organization of a world wide medical Society like FIMM. I do apologize for the breakdown in communication even though it was totally out of the hands of the Secretary-General's Office. Thankfully we now have

a new edition of the FIMM NEWS on our web-site. Dr. Paul Cohen, formally a member of the Scientific Committee, has been instrumental in the format of the new web-site.

Back office

The back-up Office to the Secretary-General has continued to mature in Switzerland, courtesy of the Swiss Association and there will be more frequent contact from this office to member Societies on a regular basis. In any international organization communication is singularly the most important feature in maintaining a close working partnership. Your elected Executive is no more than a voice for the thoughts, aims and ideals of the overall membership. It is therefore essential to have a close and effective working relationship. As I explained in Montreux, a reserve Secretarial Office situation is essential, for if ever a disaster befell the President, Secretary-General or Treasurer, the disruption to the continuity of FIMM would be considerable. In setting up the "back-up" facility we are attempting to prevent such a situation occurring. Fortunately I have also kept my Deputy, Dr. Michel Dedée, fully informed on all matters and have had excellent help and co-operation throughout the past two years from him. This has made my own job much easier to administer.

FIMM Academy

During the year there has been a considerable progress toward formulating the proposed FIMM Academy. Dr. Michael Hutson has worked tirelessly in drafting out the Statutes and the finer points of the structure of the Academy. This has not been without a lot of discussion from the Policy Committee and indeed input from the Scientific Committee and the Education Committee. Discussion is healthy, even if critical, and I believe essential in arriving at a decision that suits all concerned. Obviously not everyone is going to be happy with the final determination, however, all are welcome to input of concerns and ideas, just as the final decision will be voted upon by the General Assembly. There has already been a considerable amount of discussion from certain quarters, including the Policy Committee. Policy formation is not the task of the Secretary-General, however, as a responsible elected Official, I am permitted to make both observations and personal statements. These do not necessarily reflect the views of the General Assembly. I believe that the establishment of an Academy, as a vehicle for both science and education, is an essential future step for FIMM. How this is ultimately conceived is not my place to comment on, only to indicate where I personally see the direction FIMM should take. The advancement of medical knowledge is of course important, yet I personally view the standard of treatment administered to the patient as the singular crucial factor. The two are inter-locked and the establishment of the Academy will help achieve this.

Membership fee

There have been some administration concerns with a particular member Society not paying membership fees and indeed not responding to communication sent via e-mail or conventional mail. This type of response cannot be tolerated indefinitely for the overall welfare of the FIMM and indeed for the particular Society itself. I

believe more will be said about this during the course of the meeting. It is the direct responsibility of your Executive to resolve such matters and some action is now under way.

Updating

I again request that member Societies please e-mail me any changes to their Executive Positions or changes in contact postal addresses or e-mail addresses. Some Societies have been very good although unfortunately all have not kept the Office of Secretary-General up to date. While this may sound repetitious following my last address to the General Assembly, I can only illustrate this by pointing a finger at my own country. The Office of Secretary-General was not notified and I only became aware of the new Executive by reading the Australian journal. It then took considerable effort to get actual e-mail addresses. If there are any recent changes I would appreciate Society Representatives giving me up dates before leaving the meeting.

Communication

This raises the overall problem of communication. The President requested Dr. Lars Remvig to outline problems of failure in communication as he saw them. Dr. Michel Dedée and I were then asked to review this paper and propose answers to how we could improve general communication and then present our findings to the Executive Board. Essentially there are two major areas of breakdown:

1. Within the FIMM administrating body,
2. Problems directly relating to the National Societies (NS).

Communication is a two way event and if material forwarded, or requested, is ignored, then the system must break down. Likewise it is totally up to the NS to inform the Secretary-General of changes in their own Executive positions and any alteration to contact addresses. This has

been a major difficulty that we have both been faced with during our role as Secretary-General. Positive steps have been proposed and I am certain that with your co-operation communication between the FIMM administrating body and the member NS can be up-graded. For any international organization to function effectively positive communication is a basic essential.

Triennial FIMM Congress

In the past, Societies holding the triennial FIMM Congress have largely undertaken the organization by themselves. This has not always resulted in a financially successful meeting. On this particular occasion, FIMM has helped extensively with aspects of the organization. It is hoped that this help by the Administration is successful and if so, there may be a change in the future to how Congress organization

takes place. After all, any financial gain by a country holding the Congress is a boost to that Society's own welfare.

Conclusion

In concluding I wish to thank the Committees of FIMM for their help in making this Office work and I encourage all Societies to offer advice or criticism to FIMM through the Secretary-General. It is only from your individual input that our Specialty of medicine on the world platform can advance. As I have stated previously, FIMM is your Federation, the Executive are elected by you and we are only here to carry out your wishes. Thank you for past co-operation and I hope you all have a successful and pleasant stay in Bratislava

Report accepted.

The President's report 2004

Presented to the General Assembly at Bratislava, September 14, 2004

Dr. Bernard Terrier

Dear colleagues

The year since my last report has been a period of time marked by continuity and innovation at the same time. There was strong intention to keep to the budget adopted by the General Assembly 2003 and still not losing momentum.

On October 24, 2003 I was invited to the 50th anniversary event of MWE (Dr. Karl-Sell-Ärteseminar, info@aerzteseminar-mwe.de), the biggest of the three German Seminars for Manual Medicine in Isny-Neutrauchburg. It was an event with a high-standing two-day scientific programme. FIMM was warmly welcomed – as it was by the second jubilee, the FAC Seminar (Ärteseminar Hamm-Boppard info@aerzteseminar.de) on September 9, 2003. FIMM wished both Seminars the best for their future activities and co-operation and transmitted the greetings of Manual Medicine outside of Germany.

I presided a Policy Committee Meeting on January 24, 2004 in Bruxelles. The Committee worked mainly on his primary task that was the implementation of a Policy called Policy 2010. The preliminary results of this work will be presented in a separate report (page 26). In addition there were discussions about the dissemination of information and about possible procedures concerning FIMM members not paying their annual fee for more than two years.

On January 28, 2004 FIMM was pleased to hear that the web-site on the FIMM triennial Congress in Bratislava is active.

The new FIMM web-site presented now in

three languages went on air in May 2004 under the new webmaster Dr. Paul Cohen. I particularly thank him for his contributions and I am sure that the new website is to the satisfaction of most of you (<http://www.fimm-online.org/>).

FIMM was invited to the 2nd Invitational Conference on June 5-6, 2004, hosted by the Osteopathic International Alliance OIA and held in Toronto. Dr. Michael Hutson was the representative for FIMM. It was recommended that the FIMM Executive Board should assess critically the benefits to be gained by both the OIA and FIMM. As previously stated, FIMM has no direct interest in the international development of worldwide osteopathy in the combined hands of physicians and non-physicians.

I presided a second Policy Committee Meeting on June 5-6, 2004, in Zürich. The Committee worked substantially on the FIMM Policy 2010. In addition, issues regarding the establishment of the International Academy for MM Medicine were discussed and again the Committee was making several statements.

I was very satisfied with the content of the Congress on Manual Medicine in Moscow June 25-26, 2004 to which the Russian League of Professionals in Manual Medicine (Prof. A. Sitel) invited. Contacts with the Russian Federation could at last again be intensified, hopefully to the benefit of Manual Medicine in Russia and of FIMM.

Dr. Lars Remvig sent his reflections on the

communication difficulties in FIMM on August 23, 2004, after being asked by the President.

Throughout the summer 2004 I felt some communicational problems within the FIMM community. I asked Dr. Lars Remvig from Denmark, taking a more independent position, to present an analysing report about the situation. His report was helpful and led to implementation of some decisions the Executive Committee took. As a result of this report the Executive Committee will now meet more than once a year.

The analyses was winded by the Executive Committee an led to propositions for some structural changes within the FIMM format. They will be presented in a separate strategy paper (page 21).

Just a few days before the beginning of the 14th triennial Congress for Manual Medicine here in Bratislava sad news reached us from Germany.

Dr. Egon Frölich, Director of the MWE Seminar in Isny-Neutrauchburg, a senior member of the FIMM Education Committee, one of the two Auditors of FIMM and being attached to FIMM for a very long time died on August 24th unexpectedly. We are very sad.

(The General Assembly stood up silent for a mourning minute).

Report accepted.



Dr. med. Egon Frölich, † 24.08.2004

The minutes of the General Assembly 2004

September 14, 2004, 09.30-17.45 hours
Hotel Forum, Bratislava, Slovak Republic
Dr. Ron Palmer, Secretary-General

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Apologies

Estonia	e-mail
Latvia	e-mail
Luxemburg	e-mail

Absent

Greece
Lithuania
Portugal
South Korea

The minutes of the General Assembly

*

The meeting was held under the chairmanship of Dr. B. TERRIER.

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Agenda

1. Opening by the President
2. Presentation of the Slovak Society of Myoskeletal Medicine SMSM, a member of Slovak Medical Association SkMA
3. Presentation of the representatives of the national societies (limited to 4 minutes per presentation)
4. Matters arising from the minutes of the last General Assembly (Montreux – Switzerland)
5. Report from the President
6. Report from the Secretary General
- 7.a Future FIMM Strategy
- 7.b FIMM International Academy for Manual/Musculoskeletal Medicine (FIMM Academy)
8. FIMM Foundation
9. Report from the Chairman of the Scientific Committee

10. Report from the Chairman of the Education Committee
11. Report from the Chairman of the Policy Committee: FIMM Policy 2010.
12. Report from the Treasurer
13. Report from the Auditors
14. Election of Auditors
15. Exclusion of the Russian Federation (represented by the Russian Society for Manual Medicine) according to article 5 of the statutes
16. New members: Candidate is the Russian Federation (represented by the League of Professionals in Manual Medicine).
17. Information on the next FIMM Congress
18. FIMM-Website
19. Date and place for the General Assembly 2005
20. Any other Business
21. Closing of the General Assembly by the President

**1. Opening by the President,
Dr B. TERRIER**

Dr. B. TERRIER thanked the Representative of the Slovak Society of Myoskeletal Medicine SMSM for receiving the FIMM GA.

He enquires if everybody has received all the forwarded documentation. Two members present were selected to count the cast votes during the duration of the GA.

Sweden – Dr. S. BLOMBERG, a Scientific Committee member, who is not a FIMM member, is accepted as an observer for Sweden.

2. Presentation of the Slovak Society of Myoskeletal Medicine SMSM, a member of Slovak Medical Association SkMA

The Slovak Society of Myoskeletal Medicine SMSM was presented by its President MUDr. L. ŠORFOVÁ.

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

Australia, Austria, Belgium, Bulgaria, Canada, Czech Republic, Denmark, Estonia (e-mail), Finland, France, Germany, Hungary, Italy, Japan, Latvia (e-mail), Luxemburg (e-mail), The Netherlands, New Zealand, Poland, Russian Federation, Spain, Switzerland, United Kingdom, USA.

4. Matters arising from the minutes of the last General Assembly (Montreux – Switzerland)

No comment on the minutes (published on the web-site). Minutes accepted.

**5. Report from the President,
Dr. B. TERRIER**

See FIMM NEWS vol. 12, No. 2, page 6. Comment on the passing of Dr. E. FRÖLICH (Germany). The General Assembly was asked to stand in a silent tribute.

Annual Report. No comment and no questions.

Accepted unanimously.

**6. Report from the Secretary-General,
Dr. R. PALMER**

See FIMM NEWS vol. 12, No. 2, page 3. Report accepted.

7.a Future FIMM Strategy

The overall plan is to improve the general functioning of FIMM.

Comments by the President about FIMM strategy with retrospect to FIMM history, its evolution, the creation of the different committees, until the situation today and the current financial dilemma. The world-wide organization is difficult to manage. FIMM requires finance and new structuring. FIMM in the past has never been politically active and a political support system is becoming essential.

The president proposes a new structure of the FIMM Committees, with new responsibilities, a better political representation and the creation of the Academy. International and intercontinental involvement has resulted in increasing financial costs. A leaner structure of FIMM is essential. However, a responsibility to science must remain at all times.

He outlined his view of the proposed new Academy, its independent organization with individual members (not being limited in numbers), with administrative officers elected by the General assembly and increased resources.

The FIMM Foundation and Academy membership fees will ultimately take over financing the Academy. There is a proposal for the parent FIMM body to help support the Academy foundation in the first four years. The Scientific Committee will become absorbed

into the Academy, its members becoming the first Academy members.

In concluding the President remarked that FIMM had reached a turning point and then called on the national society Representatives to approve in principle the strategy proposed. He then opened the discussion to the General Assembly (to take place after the lunch break).

Comments given: The Executive Committee must remain the place of all political decisions of FIMM. We do not need to create another committee. May require increased size of the present Executive Board. Some examples were given of political situations we may have to manage in the future. A crucial question: Do we have enough power to influence things everywhere? The new concept will be proposed at the next General Assembly in 2005.

The proposed policy changes are supported.

Vote:	
+	17
-	0
Abstentions	3

7.b FIMM International Academy for Manual/Musculoskeletal Medicine (FIMM Academy)

Past President, Dr. M. HUTSON presented the proposed project of the FIMM International Academy of Manual/Musculoskeletal Medicine for final ratification: the mission, purpose, targets, issues, membership, entrance criteria, the executive and scientific boards, chairman, director, administrative officers, funding and obligations. Articles for the Academy were distributed to Representatives.

Introduction: The history goes back to 1994; proposal steps presented at the General Assemblies in Chicago and Kuopio. The FIMM International Academy of Manual/Musculoskeletal

Medicine would be the scientific arm of FIMM and would be concerned with scientific evidence and implementation through teaching. Its aim is to provide a stimulus to research and teaching; to provide a forum for multidisciplinary discussion and collaboration between individuals; a focus for integration of science and teaching.

The funding will be derived from initial FIMM contributions, member subscriptions, the FIMM Foundation and other external sources.

The Academy will report to the FIMM General Assembly. There will need to be some changes in the structure of FIMM with the abolition of the Scientific Committee.

The Treasurer explained the proposed financial support for the Academy: the member's annual fees, the FIMM Foundation and the FIMM contribution. He proposed an initial establishment business plan of 4 years. Progressively, the FIMM contribution will decrease and the parts of the Foundation and member's fees will increase. Financial consequence for FIMM: the expenditures will decrease. With the Academy formation, the absorption of the Scientific Committee into this body will result in a saving of expenditure on the Scientific Committee of CHF 22,000.– yearly. FIMM contributions will decrease to CHF 10,000.– in the coming 4 years.

Discussion was opened: comments on the name, the number of members, the possible return for the national societies and the importance for FIMM to control the Academy.

Resolution:

The FIMM General Assembly adopts the Articles of Association and instructs the FIMM Executive Committee to establish the FIMM International Academy of Manual/Muscu-

loskeletal Medicine according to the preliminary business plan presented to the General Assembly in Bratislava on 14th September, 2004.

Resolution accepted:	
+	18
-	1
Abstentions	2

Dr. A. MÖHRLE proposes Dr. M. HUTSON as first Chairman of the FIMM International Academy.

Vote:	
+	18
-	0
Abstentions	3

8. FIMM Foundation

Refer points 7 and 12.

**9. Report from the Chairman of the Scientific Committee,
Prof. J. PATIJN**

8th and final report from Prof. J PATIJN, as chairman of this Committee.

He summarized the work of the Scientific Committee since its concept, in particular the last meeting held in Bratislava, September 11-13, 2004. He informed the modifications to the members: 3 resigned and 3 new members entered (Dr. B. SCHIØTTZ-CHRISTENSEN, Dr. M. YELLAND and Dr. M. PATTERSON).

He presented an outline of the results achieved. These results were all positive. Seven presentations to past General Assemblies, basic research projects and the establishment of international courses, the first in Odense (Denmark). The «Pragmatic Protocol» is almost finished.

He outlined the future FIMM Academy and the importance of its relation with the FIMM Education Committee. He stated: "Science is nothing without Education". He emphasized the need of support by the national societies for the FIMM Academy policy in the next

year. Science, education and medico-political constitutes the working triangle of the Evidence Based M/MSM Medicine.

No comment or questions.

The report was accepted unanimously.

**10. Report from the Chairman of the Education Committee,
Dr. G. G. RASMUSSEN**

Dr. G. G. RASMUSSEN named the members of the current committee, gave an overview of the aims of the Education Committee, the workshop of September 2004 since it was planned in September 2003, together with the challenges to solve. He proposed the future structure of Education Committee with a «Glossary» and «Educational Resources» subcommittees with the schedule of the activities 2004-2005. The Education Committee emphasis is on the core of Manual/Musculoskeletal Medicine that all the national societies share in common. He emphasized the necessity of a strong connection to the FIMM Academy.

In the future, we will have to choose a new chairman for this committee but for the next year, Dr. G.G. RASMUSSEN is unanimously confirmed.

11. Report from the Chairman of the Policy Committee: FIMM Policy 2010. Dr. B. TERRIER

The President presented the schedule of the meetings and the structure of the policy. He stated every representative had received, in his documentation, a text with the FIMM policy, definition, strategies and methods, plus role in education.

The General Assembly, which has not received the text in advance, decided not to discuss this point further. The said documents were read out.

The agenda item was then passed.

**12. Report from the Treasurer,
Dr. V. DVOŘÁK**

Financial Report for 2003 given.

The balance for 2003 is positive:
CHF 2218.– / € 1412.–

Unfortunately 7 national societies
have not paid subscription fees yet.

Budget expenses against income are
just positive.

13. Report from the Auditors

Dr. E. FRÖLICH † (written statement)
and Dr. N. JENSEN confirmed the qua-
lity of the work of the Treasurer.

Dr. E. FRÖLICH died a short time after
compiling this report.

The Report of the Treasurer was ac-
cepted unanimously.

14. Election of Auditors

The new auditors are Dr. N. JENSEN
and Prof T. TODOROF. They have been
accepted unanimously.

**15. Exclusion of the Russian Federation
(represented by the Russian Society
for Manual Medicine) according to
article 5 of the statutes**

Prof. L. VASILJEVA presented the Rus-
sian Society for Manual Medicine
(RAMM) and gave the reasons why
they did not pay the annual fees in the
past three years. She stated they are
ready to pay now and request one
more chance.

Under Article 5 of the FIMM Statutes,
the expulsion of Russia has to be
automatically placed on the General
Assembly agenda.

Apart from the above violation of the
Statutes, there has been no response to
communication sent from FIMM to
Prof. A. SKOROMETS, President of
RAMM, St. Petersburg, over the past
two years. Lack of communication is
unacceptable in an international orga-
nization like FIMM.

Prof. A. SITEL, President of the
League of Professionals in Manual

Medicine, Moscow, was permitted by
Prof. L. VASILJEVA to address the Ge-
neral Assembly.

Prof. A. SITEL does not accept to sup-
port RAMM. He stated that he too
could never contact Prof. A. SKORO-
METS. He pointed out that they had
427 members where as the St Peters-
burg group had only 120 members. He
stated that they publish a journal
without any help from RAMM. They
also hold regular workshops and semi-
nars and invite the best people from all
over the world to lecture.

The Treasurer has not received money
from RAMM, so RAMM must be ex-
cluded according to the Statutes.

Vote to exclude RAMM:

+	17
-	1
Abstentions	2

2/3 majority were necessary to carry
the motion. Therefore the Russian Fe-
deration (represented by RAMM) was
excluded from FIMM.

**16. New members: Candidate is the
Russian Federation (represented by
the League of Professionals in Man-
ual Medicine).**

Prof. A. SITEL describes his point of
view of the Russian situation.

Vote for admission of the Russian
Federation (represented by the League
of Professionals in Manual Medicine):

+	15
-	1
Abstentions	3

The Russian Federation (represented
by the League of Professionals in
Manual Medicine) is admitted as a
member of FIMM.

**17. Information on the next FIMM
Congress**

Dr. M. H. GAUCHAT confirms that the
Switzerland is prepared and willing to
organize the next FIMM Congress in
2007, perhaps at Interlaken. The Gen-

eral Assembly approves Switzerland as the location of the next FIMM Congress in 2007.

18. FIMM-Website

Now working well.

19. Date and place for the General Assembly 2005

Spain and United Kingdom are possible candidates. They must discuss further between themselves.

(PS: The United Kingdom represented by BIMM accepted to organize the FIMM General Assembly on Friday September 9, 2005 in Copthorne, London Gatwick.)

20. Any other Business

Dr. M. H. GAUCHAT suggests that the next budget and finances were treated in € and no longer in CHF. No opposition.

20. Closing of the General Assembly by the President

At 17.45 hours.

*

The report of the Treasurer 2003

Presented to the General Assembly at Bratislava on September 14, 2004

Dr. Viktor Dvořák

Success estimation 01.01.2003 - 31.12.2003

Income	CHF	Expenditures	CHF
Operating yield		Operating expenditures	
<i>Proceeds/income</i>		<i>Interest on capital</i>	
members annual fee	63'320.15	interest and expenses	820.59
societies annual fee	4'400.00	Total interest on capital	820.59
interest yield of bonds	756.64	<i>Administration expenditures</i>	
Total operating yield	68'476.79	office material, print exp. news	3'488.35
		tel./fax/internet/mail Treasurer	1'862.55
		tel./fax/internet/mail S.-G.	176.00
		bookkeeping/revision	-290.00
		Total admin. expenditures	5'236.90
		<i>Executive Committee</i>	
		President	4'005.80
		1. Vice President	2'732.25
		Secretary-General	12'313.90
		Deputy Secretary-General	1'174.30
		Treasurer	2'365.00
		Total Executive Committee	22'591.25
		<i>Scientific Committee</i>	
		travel expenses	18'289.90
		accommodation	4'998.70
		Total Scientific Committee	23'588.60
		<i>Education Committee</i>	
		travel expenses	699.30
		accommodation	2'249.05
		Total Education Committee	2'948.35
		<i>Policy Committee</i>	
		travel expenses	175.70
		accommodation	2'459.50
		Total Policy Committee	2'635.20
		<i>General Assembly 2003</i>	
		travel expenses	3'568.80
		accommodation	5'154.30
		diverse expenses	236.30
		Total General Assembly 2003	8'959.40
		<i>Loss of bond assets</i>	
		loss	872.00
		Total loss of bond assets	872.00
		Total op. expenditures	67'652.29

	CHF
Total income 2003	68'476.79
Total expenditures 2003	-67'652.29
Excess over expenditures	824.50
Excess of capital	1'294.40

Operating result 2003	2'118.90
------------------------------	-----------------

Balance per 31.12.2003

Active capital	CHF
<i>Circulating capital</i>	
UBS 0206-P0327142 cash per 31.12.2003	34'229.16
Bonds value per 31.12.2003	27'776.00
Clearing tax	45.45
Passing account	3'041.50
Excess of assets	65'092.11

Passive capital	CHF
<i>Outside capital</i>	
Loan SAMM foundation	20'000.00
Transitory liabilities	0.00
Account 8000 (balance per 01.01.2003)	42'973.21
Operating result 2003 2'118.90	
Total passive capital	65'092.11

Preliminary Budget for 2005

Income	€	Expenditures	€
Annual member fees	43'880.00	Administration	1'300.00
Annual society fees	3'800.00	Executives/President	6'000.00
Sponsoring Policy Committee	2'300.00	Secretary-General	300.00
Interest yield	2'370.00	Treasurer	1'700.00
		Scientific Committee	18'700.00
		Education Committee	10'700.00
		Policy Committee	2'500.00
		General Assembly 2005	3'400.00
		FIMM Dinner 2005	3'400.00
		Web-site	3'400.00
Total income	52'400.00		
		Total expenditures	51'400.00

	€
Total income	52'400.00
Total Expenditures	51'400.00
Estimated operating result 2005	1'000.00

Proposal for a future FIMM strategy

«Strategic Plan»

version 1.2e

Presented to the General Assembly at Bratislava, September 14, 2004

Dr. Bernard Terrier, President

1. Introduction

This Strategic Plan is being drawn up in preparation for the FIMM General Assembly 2004. In the run-up to this meeting, various projects and proposals have been being discussed by the FIMM Executive Committee, the Scientific Committee, the Policy Committee as well as by FIMM members, in particular the *Deutsche Gesellschaft für Manuelle Medizin DGMM*. Some of the proposals involve individual questions about FIMM's future orientation, whilst others involve decisions of a fundamental nature having to be taken.

In the individual areas being tackled (dossiers), members of FIMM have different opinions and have reached varying stages of completion. Different opinions are needed in order for workable solutions to be ultimately reached. In some of the dossiers, no progress towards reaching a consensus is evident. When all the various dossiers are regarded individually, their overlying interconnection is not always obvious, and this can slow up the decision-making process or even steer it in the wrong direction. This Strategic Plan aims to define the interconnection of the various dossiers, so that better conditions are created for taking decisions in each one of them.

2. In Retrospect

FIMM was founded in 1959 during a congress of doctors from six European countries working in Manual/Musculoskeletal Medicine and meeting to exchange professional experience. The need to mutually exchange specialist ideas grew, as did the need for their publication. The 1st International FIMM Congress was held in London in 1965 (chaired by Dr. J. Cyriax), and at the time this was the right answer to the interest in Manual/Musculoskeletal Medicine that was continuously developing in medical circles. Further international congresses were successfully held. Apart from

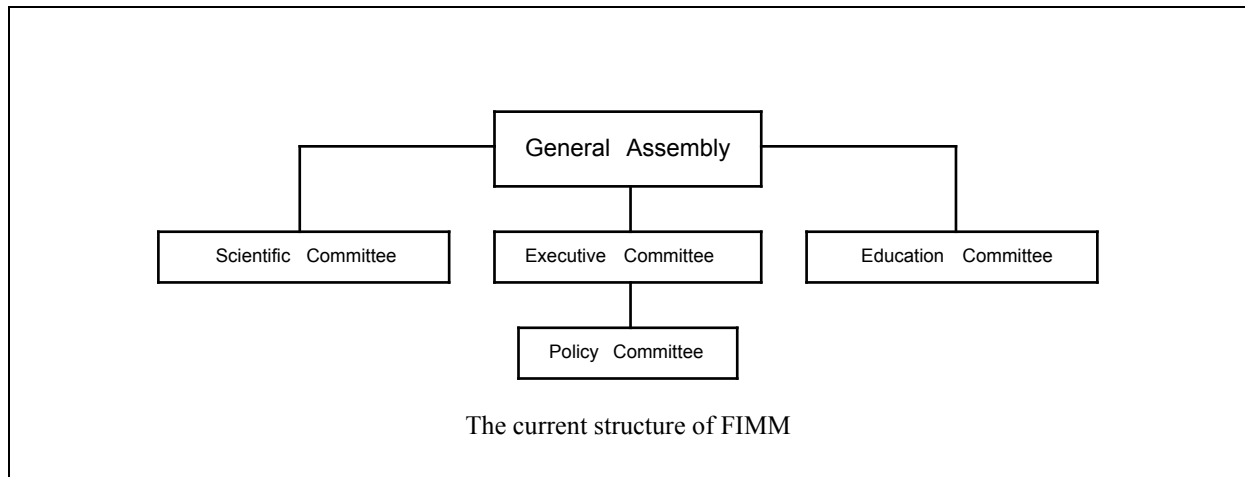
more European associations, ones from other continents also joined FIMM (North America, Australia, New Zealand).

At the General Assembly held in Vienna in 1995 (during the FIMM Congress being held there under the chairmanship of Univ. Prof. H. Tilscher), the FIMM Executive Committee realised that apart from technical and scientific aspects, more and more political issues were being addressed to the federation, which had meanwhile grown considerably. At the same time however, pressure for the scientific proof of Manual/Musculoskeletal Medicine was increasing noticeably. FIMM responded to this, first of all by setting up a "FIMM Policy Committee" (PC) (first chairman: Dr. M. Hutson)¹, which was to act as a body advising the FIMM President. The PC, in its outward effect at least, was not really a political tool, but it was an initial response to changing circumstances.

Two years later, it was time for another step. At the General Assembly held in Prague in 1997 (at the invitation of the Czech Association for Myoskeletal Medicine chaired by MUDr. Jana Jandova), the small FIMM Scientific Advisory Committee (SAC)² that had become less efficient over time was replaced by two bigger committees: the FIMM Education Committee (EC) (chairman: Dr. G. G. Rasmussen) and the FIMM Scientific Committee (SC) (chairman: Prof. J. Patjin). The two committees took up work one year later, after the General Assembly held in Brisbane during the FIMM Congress there (chaired by Dr. Steve Bentley) had sanctioned both their work schedules. During the past six years, both Committees have done excellent work. At an international level, they

¹ The Policy Committee was first proposed by Dr. Alfred Möhrle, former FIMM President and current member of the Executive Board, at a FIMM meeting held in Stockholm in 1994.

² The fine achievements of the SAC are assessed elsewhere.



have made important contributions³ towards making Manual/Musculoskeletal Medicine credible and recognised. There were and still are shortcomings in communications, and results are not sufficiently well known everywhere. Where results are known, doubts occasionally prevail about their significance for training and research in Manual Medicine. This fact has been recognised by FIMM, as has the fact that FIMM's structure hitherto has been becoming increasingly unable to adequately tackle medico-political and regulatory issues.

The intensive work of the three Committees came at a price: in 1995 the annual membership fee was increased from CHF 1.50 to CHF 2.00, and in 1997 it was again increased to CHF 3.00. On 05.09.1999 the amount was fixed at CHF 5.00 at a memorable General Assembly held in Copenhagen.

3. The Position Today

FIMM is currently in a dilemma. The many varied demands made of both the Federation and Manual/Musculoskeletal Medicine at an international level can no longer be met by its current structure, and understandably communications between FIMM's individual bodies and with its individual members are becoming more and more vital.

³ The achievements of the EC and SC are assessed in detail elsewhere. The task of the EC is to work out an international standard - based on consensus - in issues involving training and nomenclature. The task of the SC is (1) to promote scientific work in the field of Manual/Musculoskeletal Medicine; (2) to create the optimum conditions for successful scientific activities in the field of Manual/Musculoskeletal Medicine; and (3) to establish the requirements for an optimum exchange of information between schools in the field of Manual/Musculoskeletal Medicine.

(1) Lacking the appropriate structure, FIMM has so far hardly been politically active⁴. This may not be needed to the same extent everywhere in the world where FIMM is represented by its members. However, this is changing radically due to political developments, and above all due to a whole series of Central and Eastern European countries drawing even with what was formerly the Western European system on this Continent. Many members, above all European ones, now first and foremost expect political support and leadership for their developments. How this is to be put into actual practice cannot be said at the current time. But without the appropriate structure this very function would fail anyway, and FIMM's appeal would decline.

(2) With its three Committees and Executive Board, FIMM has acquired an organisational structure which is both difficult to manage and occasionally slow-moving. Basically, this was not originally intended. For internal reasons however, representatives have been distributed according to the political map (except for the SC), hoping to thus be able to reach a consensus in a reasonably balanced manner. In certain areas this has led to things grinding to a halt and to energy being wasted, which is possibly even worse.

(3) In turn, this has substantially increased financial requirements. Intercontinental orientation has taken on dimensions - in particular in the field of travel expenses - which in the long run can no longer be borne by a federation of this size. Even though modern electronic media can make up for a lot, FIMM will hardly manage to avoid having to adopt a leaner structure.

(4) As a matter of principle, there is no doubt that any medical discipline claiming credibility has to have sound and provable scientific foundations.

⁴ "Political" means politics in the context of medicine and the health system.

FIMM, which also definitely claims this for itself, will therefore not be able to avoid assuming responsibility in the field of science, something which it has done ever since its beginnings. The more sophisticated the claims, the more they have to have scientific proof, and Manual/Musculoskeletal Medicine and FIMM will not be able to escape this either⁵. Even if FIMM were to take a more political approach, it would be a formal shell without any credible tool for forming and safeguarding its future if it were to decline bearing responsibility in the scientific field. The dilemma here is that the demands being made and the ability to meet them no longer coincide. For the reasons given, the SC must therefore continue its work, maybe even more intensively in future. But even now FIMM is scarcely able to continue financing this.

4. Solutions

In order to solve this, the following objectives must be pursued:

- (1) FIMM must acquire a leaner structure.
- (2) The new structure must meet the need for political support and leadership.
- (3) Medico-political needs must be taken into account.
- (4) Responsibility in the field of science must be maintained at all times.

These objectives can only be achieved by reorganising FIMM's structure, whereby it is important to realise that the measures having to be taken are inter-dependent. In other words: altogether, these measures lead to the specified goals. If one measure is omitted, then the targets can only be reached with difficulty, if at all. The plan would have to be re-drafted.

Taking into account the goals mentioned above, the new FIMM structure we are proposing would be as follows:

(1) Executive Council

Apart from the management board (Executive Council) there are two other managing structures subordinate to or part of the Executive Council.

(2) Education Board

The Education Board is no longer a Committee; instead, it is a managing body with responsibilities. If and as required it can (but is not obliged to) lead

one or more committees allocated specific tasks (e.g. FIMM Glossary Committee). The Education Board would primarily be responsible for issues involving training, their standardisation, and for relations with university networks. It would be FIMM's contact in all educational matters.

(3) Political Structure

The Political Structure will also have managing responsibilities. It would be responsible for all medico-political issues. Whether it should be a Board by itself or part of the Executive Council shall be determined. In a European context, for example, it would be responsible in relations with the EU in particular for the integrational and regulatory needs of Manual/Musculoskeletal Medicine and FIMM's members.

(4) Academy

The Scientific Committee would be re-constituted in the Academy which was proposed some time ago. For various reasons which are explained below the tasks allocated to the Scientific Committee can be better tackled in a more independent form under the more global control of FIMM.

This reorganisation will enable the following to be achieved:

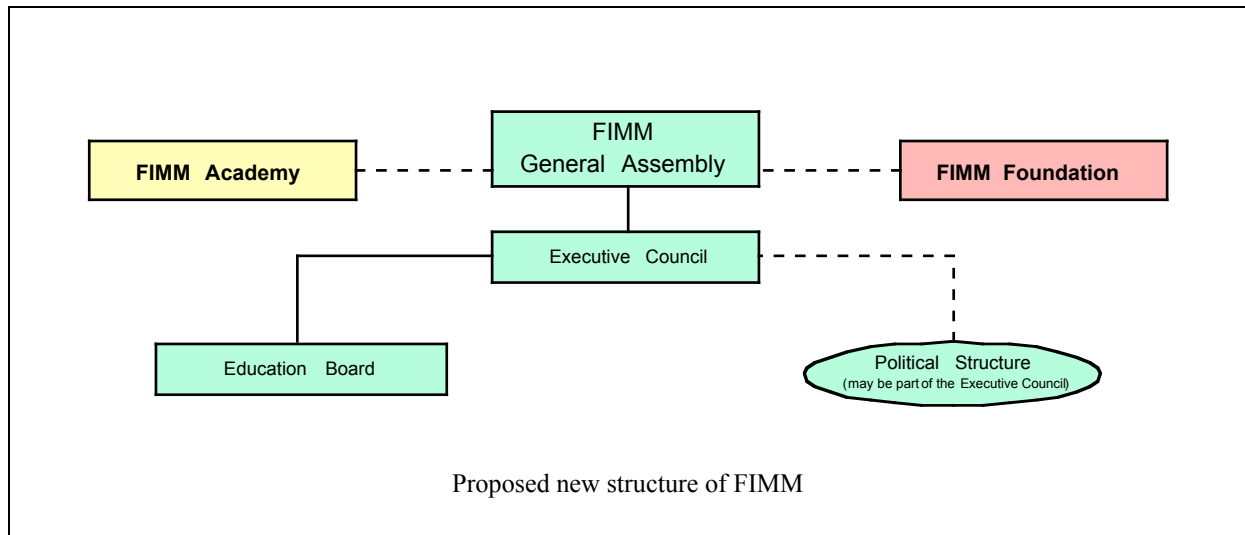
- (1) A leaner structure with fewer staff in line with the FIMM business plan.
- (2) A more efficient manner of working and greater effectiveness due to an appropriate distribution of responsibilities.
- (3) A structure better adapted to the growing need for Manual/Musculoskeletal Medicine to be represented politically.
- (4) A more flexible organisation meeting medico-political issues.
- (5) A cheaper business plan.

As a first step, the implementation of this strategy would have to be resolved in principle by the FIMM General Assembly 2004 in Bratislava. The task of drafting the plan in detail would be assigned to the Executive Committee, which would have to work out a practicable plan for submission to the General Assembly 2005, so that it could be implemented after 2005 in compliance with the "FIMM Policy 2010". In order to point out the importance of that issue the Executive Committee has decided to meet more often throughout the year.

5. FIMM Scientific Committee

As has already been mentioned, FIMM cannot avoid assuming a significant role in scientific work. It will also even be found that with increasing de-

⁵ At the latest since the fundamental lecture that was given by N. Bugdok on Evidence in Manual/Musculoskeletal Medicine at the International FIMM Congress in Brisbane (Australia 1998), this has been weighing on the minds of everyone involved in Manual/Musculoskeletal Medicine.



mands at a political level, demands at a scientific level will increase likewise. In medicine, political credibility always depends on scientific standards. In this context, the motto:

More politics call for more scientific evidence

will have to be plainly understood. For this reason too, the International FIMM Academy for Manual/Musculoskeletal Medicine ("FIMM Academy") which has been being proposed for some time now, will be an adequate and sound solution. The Academy's byelaws were published in the latest FIMM NEWS and you find it on the FIMM web-site (<http://www.fimm-online.org/>).

In principle, the Academy is an independent organisation. Apart from its individual members, it comprises an administrative management body elected by the FIMM General Assembly, and a scientific committee. After a transitional phase, the Academy is to be financed with its own funds (annual membership contributions), donations from the FIMM Foundation (explained below), and subsidies from FIMM which will not exceed CHF 10,000 p.a. (currently over CHF 30,000 p.a.). The Academy's scientific schedule will be designed in such a manner that not only global scientific requirements are met: FIMM members will also be able to implement the results in their own areas. It should be repeated here that it is not the task of FIMM and its scientific instruments to carry out scientific studies themselves; the object is to promote conditions for optimum scientific work in the field of Manual/Musculoskeletal Medicine.

At the current point in time, actually creating the Academy would have the following advantages:

- (1) In contrast to the Scientific Committee, the number of members of a future FIMM Academy will not be limited. This means that there will be a substantial increase in resources. It is anticipated that scientific standards in Manual/Musculoskeletal Medicine will thus rise.
- (2) A FIMM Academy will create a structure and organisation enabling individual members to better meet their own requirements in the context of Manual/Musculoskeletal Medicine at an international level.
- (3) The transformation of the Scientific Committee will be of advantage to FIMM in that, with considerably less financial effort, it will still be able to maintain control over improved scientific work in the field of Manual/Musculoskeletal Medicine.

6. FIMM Foundation

The FIMM Foundation was set up in 2003 in accordance with the resolution adopted by the FIMM General Assembly 2002 in Kuopio (invitation by the Finish Association for Manual/Musculoskeletal Medicine, President: Dr. O. Airaksinen). The foundation instrument can similarly be downloaded from FIMM's website.

Only now does it become apparent what function the Foundation is intended to have. Since the FIMM Academy is to gradually be given less and less financial support by FIMM over a period of 4 years, in accordance with a plan yet to be proposed, the Foundation is to be established at the same time so that it can take over FIMM's task of financing

the Academy. The Foundation is intended to have a central function in terms of financial policy. The board of trustees elects itself, but it should be made up of members nominated or chosen by the FIMM General Assembly, above all FIMM members' "ministers of finance" who have access to resources earmarked for scientific projects. During the transitional phase, however, the Foundation will also have to take on other activities if it is to develop any impact. In this context, the FIMM General Assembly will be required to nominate the right people for the Foundation's board of trustees.

7. Final Remarks

FIMM has reached a turning point. Further delay should be avoided, and steps are no doubt required which will take some courage. The details of the strategy outlined here will definitely have to be worked out carefully. Many questions will arise.

On principle however, a decision should be taken now. In my capacity of President, I should like to call on you to approve on principle the strategy proposed here. If you do this, then the Executive Committee will get straight down to work on the details, and the Scientific Committee will prepare to migrate to the FIMM Academy in line with the plans sanctioned some time ago.

August 2004 / BT

Intermediate Report of the Chairman of the Policy Committee FIMM Policy 2010

Elaborated by the FIMM Policy Committee⁶

Presented to the General Assembly at Bratislava, September 14, 2004

Dr. Bernard Terrier

The English version of the FIMM Policy has been adapted by Dr. Peter G. Skew⁷

Introduction

FIMM is the Federation of national societies of physicians who practice Manual/Musculoskeletal Medicine (M/M Medicine).

M/M Medicine is the (genuine) medical method of diagnosis, treatment and prevention of the most important causes of human pain and disability, namely the disorders of the musculoskeletal system and especially the spine.

M/M Medicine completes and compliments the syllabus of both undergraduate and postgraduate training (education) of physicians.

M/M Medicine is financially economical for the individual as well as in social expenses.

⁶ Members: Dr. G. Brugnoli, Dr. T. Rousi, Dr. A. Sadovski, Dr. B. Terrier (Chairman), Dr. M. J. Teyssandier, Univ. Prof. H. Tilscher, Dr. W. von Heymann

⁷ None of the members of the FIMM Policy Committee speaks fluently English. Thanks to Dr. Skew, who has adopted the English version of the draft.

DEFINITIONS AND GOALS

Manual/Musculoskeletal Medicine⁸

M/M Medicine is the discipline of developed skills in the diagnosis, therapy and prevention of (often painful) functional and reversible disorders of the musculoskeletal system.

Diagnostic skills build on conventional medical techniques with manual assessment of individual tissues and functional assessment of the whole system based on biomechanical and neurophysiological principles.

Therapeutic skills add manual/manipulative techniques and advanced interventional techniques to conventional treatments.

Patient involvement in the therapeutic activity is the result of the detailed explanation that is possible as a result of the functional/dysfunctional diagnosis.

✱

FIMM

FIMM is **the** International Federation of National Societies of doctors involved in M/M Medicine.

FIMM acts to collect, evaluate and distribute information about M/M Medicine and as a coordinator for international science and education in M/M Medicine.

FIMM aims to be the recognised representative of **all** international activities concerning M/M Medicine.

✱

FIMM International Academy for Manual/Musculoskeletal Medicine (“FIMM Academy”)

FIMM Academy is open to all academics, researchers and teachers involved in the development and understanding of M/M Medicine and the neuro-musculoskeletal system. It is independent but the board of management is elected by the General Assembly of FIMM

✱

FIMM Foundation (registered under the Swiss Commercial Register)

The purpose of the FIMM Foundation is to support financially the education and scientific work of FIMM, especially the FIMM Academy.

⁸ Definition of M/M Medicine to be approved by the FIMM Scientific Committee.

STRATEGIES AND METHODS

Role in science and research

- | | |
|-------------|--|
| FIMM | initiates, promotes and coordinates scientific research concerning M/M Medicine (and/or) the neuro-musculoskeletal system. |
| FIMM | selects literature about M/M Medicine and makes it accessible for all FIMM members, especially via internet. |
| FIMM | initiates and promotes committee work in terms of reading and valuing the specific literature. |

*

Role in education

- | | |
|-------------|---|
| FIMM | aims to achieve internationally accepted regulation for education in M/M Medicine. |
| FIMM | recognises that education in M/M Medicine is based on fully completed medical studies (is undertaken as postgraduate training). |
| FIMM | promotes and encourages evidence based educational programs. |

*

Role in Quality management

- | | |
|-------------|---|
| FIMM | contributes to quality management systems in many ways including: <ul style="list-style-type: none">• Promoting regularly events where current research and recent developments are presented.• Promoting and updating educational standards of M/M Medicine.• Processing (collecting and distributing to members) reports about complications of methods and/or techniques, as is usual in medicine. |
|-------------|---|

INTERNAL STRUCTURE

Identification

FIMM's activities reflect the needs of its members so that they can identify themselves as part of it.

FIMM helps to spread information to individual members of the National Societies of M/M Medicine.

✱

Mutual understanding

FIMM promotes expertise and collegiality among physicians involved in M/M Medicine from all over the world.

FIMM offers a platform for schools of M/M Medicine to exchange experience and knowledge.

✱

Structure

FIMM is administered by the Executive Board, responsible to the General Assembly, which meets regularly and works to achieve the goals of the Federation.

FIMM through the Academy cooperates regularly with one of the member national societies to organise an international scientific congress (currently a triennial congress)

Responding to increasing membership continental subgroups are anticipated to facilitate local cooperation and a more frequent exchange of ideas.

✱✱✱

EXTERNAL RELATIONSHIPS

Position and role for FIMM (in the world and in particular in health care)

- FIMM** feels responsible for medical professionals in M/M Medicine in relation to their local and National healthcare systems.
- FIMM** promotes interdisciplinary cooperation in the interest of patients and the development M/M Medicine.

RESOURCES

Human resources

FIMM officials work on an honorary basis.

For specific projects the National society members of FIMM are invited to recommend specialists.

*

Financial resources

FIMM is a non-profit, beneficial organisation.

FIMM is financed by:

- fees of its National Society Members
- grants
- sponsorship.

Sponsor



Articles of the FIMM International Academy of Manual / Musculoskeletal Medicine

Presented to the General Assembly at Bratislava on September 14, 2004
Approved by the General Assembly 2004

ARTICLE 1 INTERNATIONAL FEDERATION FOR MANUAL/MUSCULOSKELETAL MEDICINE

1.1

These articles apply to an Academy formed by the International Federation for Manual/Musculoskeletal Medicine (whose registered office is at B-4608 Warsage, Thier Saive 49, Belgium) referred to as "FIMM", and must be read in conjunction with the statutes of FIMM. If any conflict arises between these Articles and the FIMM statutes from time to time, the FIMM statutes shall prevail.

ARTICLE 2 NAME

2.1

The **name** of the Academy shall be the FIMM International Academy of Manual / Musculoskeletal Medicine, referred to below as "the Academy".

ARTICLE 3 AIMS OF THE ACADEMY

3.1

The **aims** of the Academy are those of FIMM and in particular:

3.1.1

to enhance and develop scientific approaches that focus on musculoskeletally related problems; and

3.2.1

to encourage collaboration between scientists and teachers.

ARTICLE 4 MEMBERSHIP

4.1

Membership

The membership of the Academy shall comprise:

4.1.1 Members

4.1.2 Honorary Members

4.1.3 Associate Members.

4.2

Eligibility

4.2.1

A Member must be a person active in Manual/Musculoskeletal medicine or a related field, whose academic accreditation, in the opinion of the Science Board, includes appropriate experience in science or teaching.

4.2.2

An Honorary Member must be a person of outstanding eminence in Manual/Musculoskeletal medicine or a related discipline.

4.2.3

An Associate Member must be a person or organisation that supports the Academy financially. An Associate member will not have voting rights.

4.3

Election and Appointment

4.3.1

Members shall be elected by the Science Board, or on its behalf by a Membership Committee appointed by the Science Board.

Applications may be made

a) by the applicant;

b) on the applicant's behalf by a National Society (which in these Articles means a National Society which is recognised by or is a member of FIMM and is concerned with the promotion of Manual/Musculoskeletal Medicine), another member of the Academy, or other medical association or association concerned with professions allied to Manual/Musculoskeletal Medicine.

4.3.2

Honorary Members shall be elected by a unanimous vote of the Assembly of the Academy.

4.3.3

Associate members shall be elected by the Executive Board of the Academy.

4.3.4

The Academy shall not have a duty to give reasons for failing to elect any member in any category of membership.

4.4

Privileges and obligations

4.4.1

All classes of Member may attend general meetings which shall be known as Assemblies.

4.4.2

Members may submit papers for publication by the Academy. The Scientific Director shall have the right to accept or refuse such submissions.

4.4.3

Members shall be entitled to vote in all Assemblies of the Academy and to hold office in the Academy.

4.4.4

All members must promote the aims of FIMM and of the Academy as far as lies within their power.

4.5

Termination of Membership

4.5.1

Membership may be terminated by death, resignation or by the decision of the Science Board if, in its judgement, the member has:

- a) failed to perform its duties under Article 4.4.4 above;
- b) acted against the aims and interests of the Academy or damaged its authority; or
- c) failed to pay the membership dues for the Academy for two consecutive years.

4.5.2

A Member whose membership has been terminated shall have the right of appeal to the Assembly of the Academy.

ARTICLE 5

DUES

5.1

The annual dues or subscriptions for Members shall be decided by the Assembly of the Academy, following recommendations by the Executive Board.

5.2.

No dues shall be payable by Honorary Members.

5.3.

Dues for Associate Members shall be determined by the Executive Board of the Academy.

5.4.

Membership dues shall be paid by bank direct debit, or such other means as the Finance Officer shall determine.

5.5

No dues shall be payable by a member who has both attained the age of 70 and has completed 10 years continuous membership of the Academy.

ARTICLE 6

OFFICERS

6.1

Designation

The Officers of the Academy shall be Chairman, Scientific Director, Administrative Officer and Finance Officer.

6.2

Chairman

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

The Chairman shall preside at all Assemblies and Executive Board meetings of the Academy.

6.3

Scientific Director

6.3.1

The first Scientific Director shall be appointed by the FIMM Executive Board for a period of one year, but will be eligible for election subsequently subject to a maximum term of four continuous years.

6.3.2

Subsequent Scientific Directors shall be elected at the Assembly of the Academy by those members of the Academy whose national societies are FIMM Members, provided that each national society shall nominate one member only. The Scientific Director shall be elected for a period of one year, but will be eligible for election subsequently subject to a maximum term of four continuous years.

6.3.3

The Scientific Director shall be the Chairman of the Science Board and shall deputise when necessary for the Chairman of the Academy.

6.4

Administrative Officer

6.4.1

The Administrative Officer shall be appointed for a period of four years (but may be reappointed at the end of that term for further periods of four years) by the FIMM Executive Board, which may also remove this officer from office.

6.4.2

The Administrative Officer's responsibilities shall include:

- a) attendance at the Executive and Science Board meetings;
- b) acting as secretary to the Boards and keeping and distributing records of Board meetings;
- c) executing the decisions of the Executive and Science Boards.

6.5

Finance Officer

6.5.1

The Finance Officer shall be appointed for a period of four years (but may be reappointed at the end of that term for further periods of four years) by the FIMM Executive Board, which may also remove this officer from office.

6.5.2

The Finance Officer shall be responsible for the management and investment of funds, collection of dues, making disbursements as approved by the Executive Board and preparing annual accounts for approval by the Academy.

6.6

Remuneration

6.6.1

The offices of Chairman and Scientific Director are honorary and the holders shall not be entitled to any remuneration from the Academy save for travelling/subsistence allowances approved in advance by the Executive Board.

6.6.2

The Administrative and Finance Officers shall be entitled to such remuneration as may be approved by the Executive Board.

ARTICLE 7

BOARDS AND COMMITTEES

7.1

Executive Board

7.1.1

The Executive Board shall consist of the Chairman of the Academy, the Scientific Director, the Administrative Officer and the Finance Officer. It shall be chaired by the Chairman of the Academy.

7.1.2

The Executive Board shall be competent to exercise all powers of the Academy not otherwise assigned in these Articles.

7.2

Science Board

7.2.1

The Science Board shall consist of the Scientific Director, the Administrative Officer, the FIMM Education Committee Chairman and 9 members. It shall be chaired by the Scientific Director.

7.2.2

The members of the first Science Board shall be the members of the FIMM Scientific Committee and shall retire at the first Annual General Meeting after their appointment. Thereafter the members of the

Science Board shall be elected by the Assembly of the Academy for a period of one year. Any member of the Science Board may be reappointed for a maximum term of four continuous years.

7.2.3

The Science Board shall be responsible for:

- a) all scientific and related educational matters;
- b) the scientific content of the FIMM Congress, in collaboration with the host national society;
- c) referral of appropriate scientific and educational material for publication in reputable journals or on the FIMM web site.

7.3

Committees

7.3.1

The Executive Board may appoint such committees on such terms as it considers appropriate.

7.3.2

The Science Board may appoint such technical committees to assist in the carrying out of its functions on such terms as it considers appropriate.

7.3.3

The Scientific Director may appoint technical committees to represent fields of interest, and (if deemed necessary) a Membership Committee.

ARTICLE 8

MEETINGS

8.1

The Academy shall hold one Assembly in each calendar year, which shall be the annual general meeting of the Academy.

8.2

The business of the annual general meeting of the Academy will consist of:

- a) receiving and considering the annual reports of the Executive Board for the previous financial year;
- b) receiving and considering the annual report of the Science Board for the previous financial year;
- c) receiving and considering, and if thought fit, accepting the financial accounts and Financial Officer's report for the previous financial year;
- d) electing such officers and Board members as may be required under these Articles;
- e) electing Honorary Members;
- f) electing an auditor;
- g) determining the amount of the annual dues for Members;
- h) determining any appeal against termination of membership under Article 4.5.2 of these articles;

i) such other business as may be approved in advance by the Chairman.

8.3

The Academy may hold other Assemblies for such purposes and at such times as the Science Board shall determine.

8.4

Except for the election of the Scientific Director under Article 6.3.2 of these Articles, every member present shall have one vote. Decisions will normally be taken by a show of hands, but a secret ballot may be held at the discretion of the chairman. Unless otherwise stated in these articles, all decisions will be made by simple majority. If the number of votes for and against any proposition, or the number of votes for more than one candidate for appointment are equal, the Chairman shall have a casting vote in addition to his/her ordinary vote.

8.5

Notwithstanding Article 8.4, a resolution effecting a change in the Articles of the Academy whether at an Annual General Meeting or at an Extraordinary General Meeting, shall not be carried unless it is supported by majority of not less than two-thirds of those members present and voting and shall not be effective unless approved by two-thirds of the FIMM General Assembly.

8.6

Written notice of not less than two months shall be given to all Members of every category for each Assembly.

8.7

Committees appointed by the Executive Board will meet at the discretion of the Chairman of the Academy.

8.8

Committees appointed by the Science Board will meet at the discretion of the Scientific Director.

8.9

Boards and Committees shall decide their own rules of procedure, and in default of such decision, the rules applying to Assemblies shall apply.

8.10

The proceedings of the Academy, the Executive Board, the Science Board and any Committee of either Board shall not be invalidated by any defect in the election or qualification of any Member.

8.11

The accidental omission to give, or failure to receive notice of any Assembly or meeting of the Executive Board, the Science Board or any Com-

mittee of either Board shall not invalidate the proceedings of that Assembly or meeting.

ARTICLE 9

BUDGET AND ACCOUNTS

9.1

The financial year of the Academy shall be the same as the financial year of FIMM.

9.2

The Academy shall be financed by membership fees; by FIMM (according to a financial plan agreed between FIMM and the Academy); sales of publications; benefactors; FIMM Foundation; and any surplus arising from events held by the Academy.

9.3

The Finance Officer shall be responsible for recording the assets, income and expenditure of the Academy in properly drawn accounts. As soon as possible after the end of the Academy's financial year, the Finance Officer shall submit the accounts to the Academy's auditor. The audited accounts, following approval by the Executive Board, shall be submitted for the approval of the Assembly at its annual general meeting

9.4

All moneys not required for immediate working purposes shall be invested in such investments as may be authorised by law for Trust or charitable funds.

ARTICLE 10

DISSOLUTION OF THE ACADEMY

10.1

The Academy shall be dissolved if, following consultation with the members of the Academy, its dissolution is approved by a majority of two-thirds of the Academy Assembly, subject to approval by two-thirds of the FIMM General Assembly.

10.2

If the Academy is dissolved, its remaining assets, after settlement of any debts, shall be transferred to FIMM, or if FIMM has ceased to exist, to such other charity or public body, with similar aims and objectives to the Academy, as the Assembly shall decide.

ARTICLE 11

LAW AND JURISDICTION

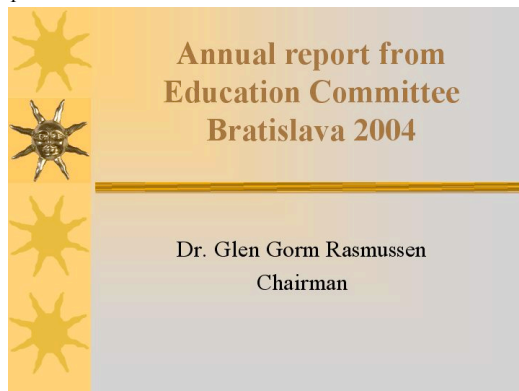
These articles shall be read in accordance with the law of England and subject to the jurisdiction of the English court.

Report of the Chairman of the Education Committee

Presented to the General Assembly at Bratislava on September 14, 2004

Dr. Glen Gorm Rasmussen

1



2



3



4




5



6




7



Essential challenges

- * Strategy
- * Composition/Position
- * Communication/Coordination
- * Financing
- * Implementing scientific results (EBM) and science in the educational programmes and boards in the national schools
- * Academy

8



Essential challenges

- * Strategy
- * Composition/Position
- * Communication/Coordination
- * Financing
- * Implementing scientific results (EBM) and science in the educational programmes and boards in the national schools
- * Academy

9



EC workshop in Bratislava September 11-13, 2004

- * Mutual information
 - Presentations - News
- * The future of EC: Strategy, tasks, tools and structure, Academy?
- * Glossary
 - Glossary
 - Inventory
- * Educational resources
- * Challenges
- * Recommendations
- * Making the final report of the EC


10



Recommendations?

- * No accreditations!
- * Recommendations
- * Instructional courses?


11



Education Committee future roles and goals I


- * To develop at least basic level of education in manual medicine for small or new organisations
- * To provide forum for different systems to grow by exposure to one another
- * Repository of complete, updated, professional knowledge base of language, tests, etc.

12



Education Committee

* A Robin Hood Committee!!




13



Education Committee future roles and goals II

- * Take stand on a care for manual medicine
- * At least annual meeting for exchange of ideas and any consensus

14



Academy?

- * YES!
- * Strong connection between Academy and EC!
 - Strong educational and scientific cooperation is essential


15



Education Committee in FIMM?

- * **YES!**
- * **Strong connection to Academy**
 - Strong scientific and educational coordination


16



Education Committee future Structure

- * Glossary subcommittee
- * Resources subcommittee
- * Scientific liaison subcommittee-liaison with FIMM International Academy and other scientific sources
- * Similar consistency of current group (present EC). Need for a stronger EC within FIMM with strong representation in Academy
- * Sufficient resources (finances)


17



The future of the Education Committee, Caveats

- * Educational Committee emphasis is on the manual medicine core that all the societies share in common

18



Glossary Subcommittee

- * Prof. Mike Kuchera (Chairman)
- * Dr. Jehan Lecocq
- * Dr. Matthias Psczolla
- * Dr. Joan Garcia-Alsina
- * ?


19



Glossary Subcommittee

- * Glossary
- * Inventory
- * Time table January 2005
- * Maybe later subsubcommittees
 - Glossary
 - Inventory


20



Resources subcommittee (Educational)

- * Chairman: Dr. Norman Broadhurst
- * Representatives from the different schools
 - Inventory of educational resources
 - Inventory of education programmes
 - Local productions
 - FIMM productions


21



Revision of recommendations

- * Basic syllabus

22



Time table EC 2004 - 2005

- * September 04 – January 05: Glossary Subcommittee: clarifying and roadmap
- * September 04 – January 05: Resources subgroup: Composition of subgroup and roadmap
- * September 04 – January 05: Comments of revision of the basic syllabus to chairman
- * September 04 – December 04: Information to and from the National Societies. Requests to the different schools.
- * February/March 05: Workshop of EC


23




Glossary/Inventory Subgroup meeting September 13, 2004

- *Prof. Michael Kuchera
- *Dr. Norman Broadhurst
- *Dr. Marc-Henri Gauchat
 - 10% of inventory

24



EC report to the GA of FIMM



- *Discussion of report
- *Appointment of the chairman in the coming transitional period

25



Thank you for your attention!

up we go!



Report accepted.

Future Challenges of Manual Medicine

Keynote presented at the 14th triennial FIMM Congress in Bratislava on September 15, 2004

Dr. Bernard Terrier, President

Dear Mrs. President
Dear Minister
Dear Colleagues

Before we speak about future challenges of Manual Medicine we should maybe look at some of the old ones. As you all know manual techniques are actually age-old. There is evidence that manual techniques were used in ancient Thailand some 4'000 years ago, later in ancient Egypt as well. Even the father of modern medicine, *Hippocrates*, knew manual medicine procedures. The writings of *Galen* and other notable historical figures refer to the use of these procedures. Later, during the time of the great plagues specifically in Europe, manual medicine procedures have less been reported. It is believed that with the split of the physicians and the barber-surgeons the physicians became less involved in patient contact due to the circumstances of that time and the use of manual techniques was forgotten to some extent.

The 19th century found a renaissance. *D. D. Palmer* founded Chiropractice and *Andrew Taylor Still* Osteopathic Medicine. Both schools have been successful until today. For allopathic physicians or Medical Doctors it took more time. On national level the first medical associations for Manual Medicine were founded in the fifties of the 20th century. It is only last year that two of the three German seminars celebrated their 50th anniversary. The founding of a supranational and worldwide structure to represent and promote Manual Medicine was the first real challenge in modern times. In 1959 FIMM was found based on strict rules what national representation and scientific and educational goals are concerned.

The founding took place during a congress of doctors from six European countries working in Manual Medicine and meeting to exchange professional experience. The need to mutually exchange specialist ideas grew, as did the need for their publication. The 1st International FIMM Congress was then held in London in 1965 and at the time this was the right answer to the interest in Manual Medicine that was continuously developing in medical circles.

To hold an International worldwide Congress of Manual Medicine was and certainly remains a continuous challenge. In 1965 this was a new one and

it was taken bravely. There were 59 scientific presentations. Looking back at some of these today, 39 years later, we find titles which remind us of questions not answered until now, of topics which have become mainstream and dedicated speakers that are still among us in remarkable shape.

Topics still waiting for an answer:

- Dr. D. H. Blake (UK): The value of specific spinal manipulation in the prevention of lumbar disc lesions.
- Dr. D. Gross (Germany): Manual therapy and the autonomic system.

Topics in mainstream today:

- Dr. Romanis (UK): Manipulation in general practice.
- Dr. A. Cramer (Germany): The ileo-sacral mechanism.

Topics presented by authors still active:

- Prof. K. Lewit (former Czechoslovakia): The position of chirotherapy or manual therapy in the treatment of diseases of the locomotor apparatus.
- Prof. R. Maigne, Dr. E. Rageot (France): Manipulation accidents.

Looking at some of these topics which were the ones of 1965 there remains enough challenge for the future and for future international congresses. We are not concerned about remaining questions and topics. We are more concerned about the feasibility of future international congresses of Manual Medicine with the current structures and financial power of FIMM. This great congress here in Bratislava has been prepared outstandingly by the Slovak Society of Myoskeletal Medicine SMSM and her President MUDr. Lubica Šorfová (SMSM is a member of the Slovak Medical Association) and the Scientific Congress Committee under the leadership of Prof. Wolfgang Beyer. Congratulations! Still, it remains a challenge to hold future congresses of this kind and we have to take care that future organizers continue to have a possibility to meet it.



Official staff picture, 1st International FIMM Congress London 1965

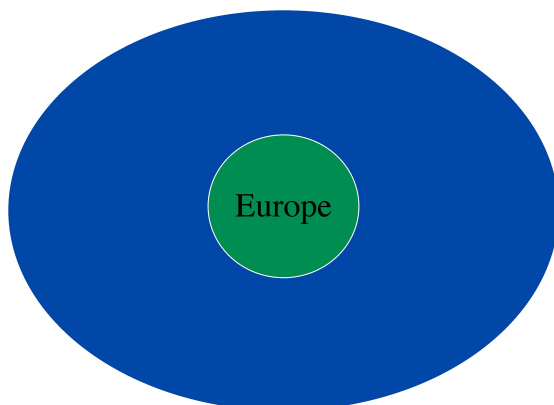
Let us come back to 1965. In the course of time further international congresses were successfully held. Apart from more European associations, ones from other continents also joined FIMM (North America, Australia, New Zealand).

At the General Assembly of FIMM held in Vienna in 1995, during the FIMM Congress being held there under the chairmanship of Univ. Prof. H. Tilscher, the FIMM Executive Committee realised that apart from technical and scientific aspects, more and more political issues were being addressed to the federation, which had meanwhile grown considerably. At the same time however, pressure for the scientific proof of Manual Medicine was increasing noticeably. FIMM responded to this, first of all by setting up a "FIMM Policy Committee" (PC), of which the first chairman was Dr. Michael Hutson, which was to act as a body advising the FIMM President. The Policy Committee was first proposed by Dr. Alfred Möhrle, former FIMM President and current member of the Executive Board, at a FIMM meeting held in Stockholm in 1994. The PC, in its outward effect at least, was not really a political tool, but it was an initial response to changing circumstances.

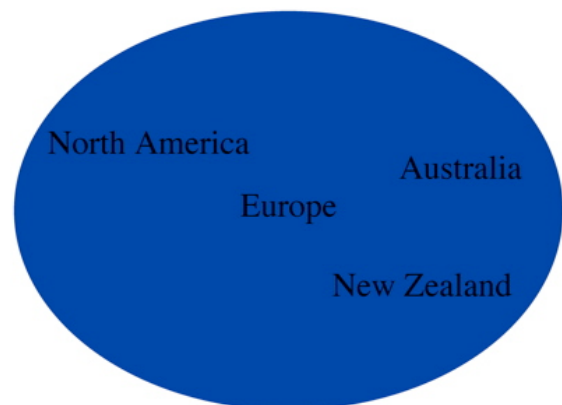
Two years later, it was time for another step. At the General Assembly held in Prague in 1997, at the

invitation of the Czech Association for Myoskeletal Medicine chaired by MUDr. Jana Jandova, the small FIMM Scientific Advisory Committee (SAC) that had become less efficient over time was replaced by two bigger committees: the FIMM Education Committee (EC) chaired by Dr. G. G. Rasmussen and the FIMM Scientific Committee (SC) chaired by Prof. J. Patjin. The two committees took up work one year later, after the General Assembly held in Brisbane during the FIMM Congress there, chaired by Dr. Steve Bentley had sanctioned both their work schedules.

A year before in Dresden (by invitation of the German Association for Manual Medicine DGMM) the FIMM General Assembly accepted revised statutes which introduced for the first time in the English idiom of the name of FIMM the designation "Musculoskeletal Medicine". The new statutes were mainly promoted by Dr. Alfred Möhrle, the President in charge at that time. Whereas "musculoskeletal" is difficult to translate in French or in German the expression stands very well for the designation of Manual Medicine in other languages and countries specifically with anglo-saxon background. The introduction of this expression based on a strategic decision to offer a stage to and represent everyone worldwide involved in conservative medicine of the locomotor system. In terms of identification the name of any association is always crucial. As views can be different some of the FIMM members find "Manual Medicine" and "Musculoskeletal Medicine" not the same. However, it has been a challenge to introduce the term. It remains a challenge to keep it and it continues to be a challenge for the ones who have difficulty to deal with it. The advantage of having the term introduced is obvious as it has widened FIMM's position internationally. Therefore from now on we talk about "MM Medicine" which stands for both "Manual" and "Musculoskeletal" Medicine.



FIMM 1958-1965



FIMM 1996-2004

Let us come back to the two FIMM Committees mentioned. During the past six years, both Committees have done excellent work. At an international level, they have made important contributions towards making MM Medicine credible and recognised. There were and still are shortcomings in communications, and results are not sufficiently well known everywhere. Where results are known, doubts occasionally prevail about their significance for training in MM Medicine. This fact has been recognised by FIMM and its Executive Committee. The Executive Committee has therefore decided in his last meeting two days ago to accept communication as a new major challenge for MM Medicine and it is preparing an action plan to meet this. Contributions given by Dr. Lars Remvig, Denmark, have been very helpful in that concern.

Education Committee

The task of the EC is to work out an international standard - based on consensus - in issues involving training and nomenclature. Now this task needs some explanations. I can do this best by stating Dr. Michael Hutson in his "State of the world address" at the International FIMM Congress in Chicago in 2001:



Voltaire 1694-1778

"Voltaire [...] stated: «Doctors prescribe medicine of which they know little to cure diseases of which they know less in human beings of which they know nothing.» Our branch of medicine has the advantage of using manual treatments in preference to drugs, but the question of credibility still arises. I

am indebted to Glen Rasmussen, current Chairman of the FIMM Education Committee, for the more recent comment: «For too long we have relied on diagnostic methods that are not validated and not reliable in order to use treatments that do work.» [...] FIMM is actively engaged in addressing these issues! FIMM assists nations, individually and collectively, to achieve and maintain best or [...] better medical practice by its promotion of high standards and accreditation. In this regard I dislike the concept of «standardisation». Given the different «schools» and the essential characteristics of neuromusculoskeletal medicine, standardisation is impossible and in any case frankly undesirable. The diversity and distinctiveness of those branches of medicine that are characterized by the diagnosis and management of neuromusculoskeletal disorders [...] is testimony to the eclecticism and uniqueness of the discipline. As a consequence FIMM is a "broad church". It is worth stating, however, that no organisation, FIMM included, can work in a wholly eclectic fashion."

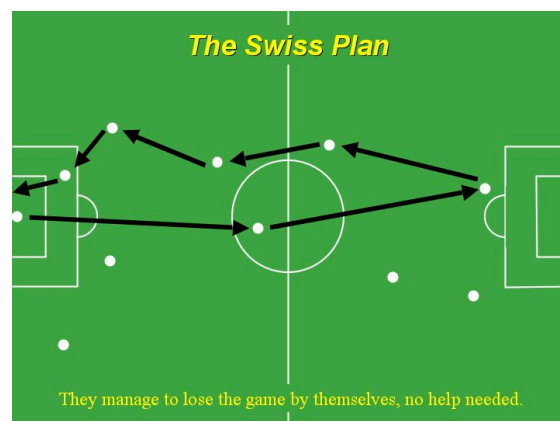
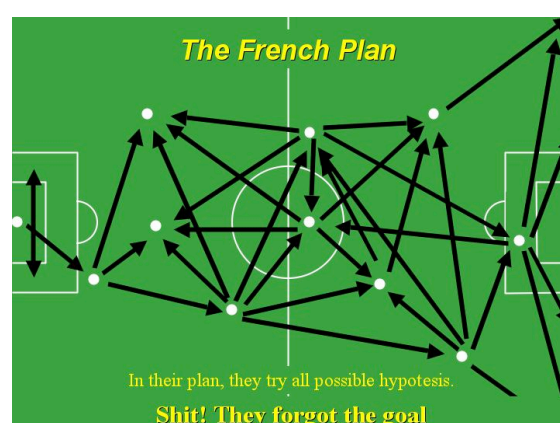
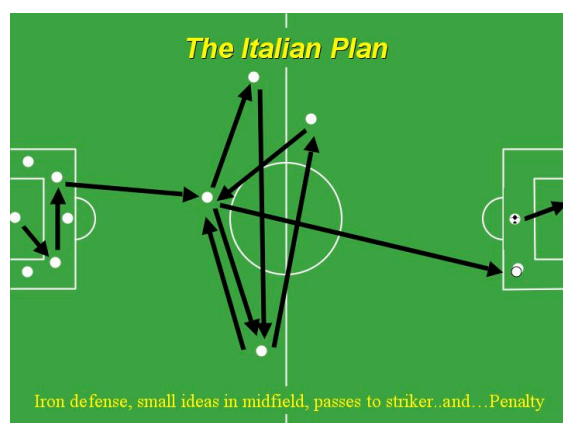
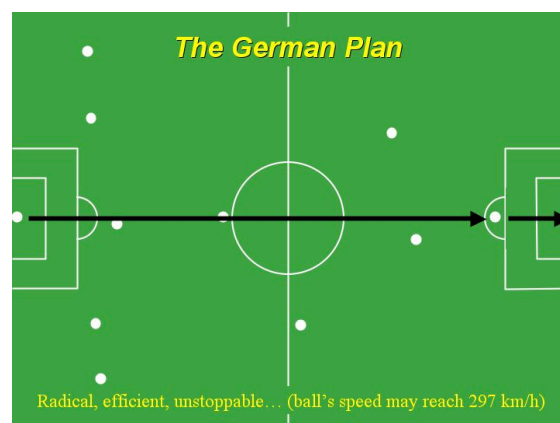
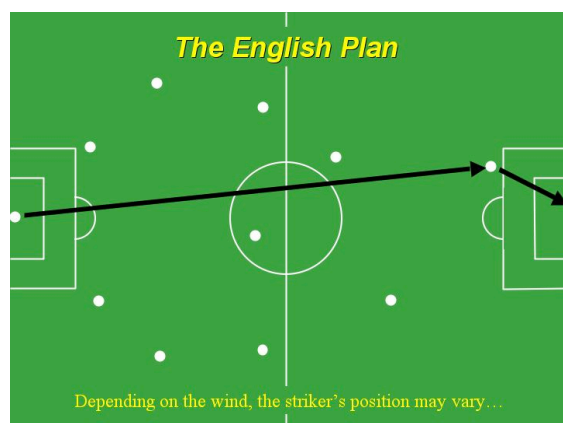
So far the past President Dr. Michael Hutson. I fully agree with him and this is why he was stated.

Let us look at some pictures (see next page) to underline the importance of diversity and distinctiveness. If we take football or soccer we will find different ways to play the same game and still being successful.

But if international standardisation involving training and nomenclature is the task of the EC and at the same time there are inherent obstacles to reach that goal, where would that lead? You won't have to search for far to realise that this is an enormous challenge for the EC and FIMM. Despite of these difficulties the EC has done an enormous job. From the list of subtasks the following have been achieved to an extend, that publications in terms of first editions were possible:

Achievements of the FIMM Education Committee:

- Curriculum of Manual Medicine (Core of Musculoskeletal Medicine). A syllabus for the basic course in Manual Medicine
 - edited and printed
 - downloadable from the FIMM web-site
- Inventory of diagnostic tests in Manual/ Musculoskeletal Medicine
 - in process of edition, printing and downloadability
- FIMM Glossary, English – French – German
 - 1st edition published
 - 2nd edition in process



International standardisation in education:
These pictures should underline the importance of diversity and distinctiveness taking soccer or football as an example.

Future challenges for the EC will be (list incomplete):

- Development of a standard for an international Master Degree in MM Medicine
- Establishing an International Instructional Course for Reliability, in cooperation with the FIMM Scientific Committee
- Establishing an International Exchange Programme for teachers in MM Medicine
- Elaborating the 2nd edition of the FIMM Glossary

At this point I would like to thank particularly the Chairman and all the members of the EC for their precious contributions.

Thanks to the EC!

Dr. Glen Gorm Rasmussen (Chairman)
 Dr. Eero Penttinen, Dr. Rod Macdonald, Dr. Norm Broadhurst, Univ. Prof. Hans Tilscher, Dr. Jehan Lecocq, Dr. Joan Garcia Alsinas,, Dr. John Tanner
 Dr. Jukka Mannevaara, Dr. Marc-Henri Gauchat,
 Dr. Marie-José Teyssandier, Dr. Markus Hanna, Dr. Massimo Groppi, Dr. Matthias Psczolla, Prof. Michael Kuchera

Scientific Committee

The task of the SC is:

- (1) to promote scientific work in the field of MM Medicine;
- (2) to create the optimum conditions for successful scientific activities in the field of MM Medicine; and
- (3) to establish the requirements for an optimum exchange of information between schools in the field of MM Medicine.

The SC, led by Prof. Jacob Patijn, took his task very seriously. During its second meeting it defined three parts of activities to meet the goals: Tools, Content and Form.

In terms of «Tools» the SC elaborated with the co-operation of about 50% of the society members an inventory of experts, scientists and institutes in the world involved in scientific work in the field of MM Medicine.

In terms of «Content» the SC defined priorities in scientific work in the field of MM Medicine. According to these priorities the SC elaborated 2 basic

Thanks to the SC!

Prof. Jacob Patijn (Chairman)

Dr. Stefan Blomberg, Dr. Richard Ellis, Dr. Jean Yves Maigne, Dr. Ron Palmer, Dr. Lars Remvig, Dr. Ulrich Smolenski, MUDr. Jan Vacek, Prof. Robert Ward, Dr. Boyd Buser, Dr. Jan van Beek (Secretary member), Dr. Olavi Airaksinen

protocols, 1 protocol for good clinical practice and 1 basic article about aspects of Evidence Based Medicine in MM Medicine.

Achievements by the FIMM Scientific Committee:

- Reproducibility and Validity Studies of Diagnostic Procedures in Manual/Musculoskeletal Medicine
 - printed third edition, downloadable from the FIMM web-site
- Randomised, controlled pragmatic efficacy trials in Manual/Musculoskeletal Medicine
 - printed edition, downloadable from the FIMM web-site
- 13 golden rules for good clinical practice for Investigators initiating Efficacy Studies in Manual/Musculoskeletal Medicine
 - printed edition, downloadable from the FIMM web-site
- Thoughts Regarding Evidenced Based Medicine
 - with respect to MM Medicine (chief authors: Dr. Ron Palmer, Prof. Jacob Patijn, Dr. Michael Hutson)
 - downloadable from the FIMM web-site
 - This article has been translated in French by Dr. Jean Yves Maigne, you find it on FIMM's web-site.

In terms of «Form» the SC held in close co-operation with the Danish Society of Musculoskeletal Medicine on January 30, 2003 the 1st FIMM Scientific Committee Conference on "Reliability and Efficacy studies in Low-Back Pain and other Musculoskeletal Disorders". The Conference was a great challenge to both the SC as well as to the Danish Society of Musculoskeletal Medicine and it was a tremendous success.

The SC will continue to update these projects and add new ones. If you look at the list of achievements one should be very satisfied. They really helped to see better what is still on the dark or invisible side of MM Medicine. At this point I would like to thank particularly the Chairman and all the members of the SC for their precious contributions.



1st FIMM Scientific Committee Conference on "Reliability and Efficacy studies in Low-Back Pain and other Musculoskeletal Disorders", January 30, 2003.

The intensive work of the Committees came at a price: in 1995 the annual FIMM membership fee was increased from CHF 1.50 to CHF 2.00, and in 1997 it was again increased to CHF 3.00. On September 9th, 1999 the amount was fixed at CHF 5.00 at a memorable General Assembly held in Copenhagen.

FIMM and International MM Medicine is currently in a dilemma. The many and increasingly varied demands made to both the Federation and MM Medicine at an international level can more and more be met less by its current structure, and understandably communications between FIMM's individual bodies and with its individual members are becoming somehow vital.

Lacking the appropriate structure, FIMM has so far hardly been politically active. "Political" means politics in the context of medicine and the health systems. This may not be needed to the same extent everywhere in the world where FIMM is represented by its members. However, this is changing radically due to political developments, and above all due to a whole series of Central and Eastern European countries drawing even with what was formerly the Western European system on this Continent. Many members, above all European

ones, now first and foremost expect political support and leadership for their developments. How this is to be put into actual practice cannot be said at the current time. But without the appropriate structure this very function would fail anyway, and FIMM's appeal would decline.

There lies a very new and future challenge for MM Medicine and FIMM.

With its three Committees which includes the Policy Committee and the Executive Board, FIMM has acquired an organisational structure which is both difficult to manage and occasionally slow-moving. Basically, this was not originally intended. For internal reasons however, representatives have been distributed according to the political map (except for the SC), hoping to thus be able to reach a consensus in a reasonably balanced manner. In certain areas this has led to things grinding to a halt and to energy being wasted, which is possibly even worse.

In turn, this has substantially increased financial requirements. Intercontinental orientation has taken on dimensions – in particular in the field of travel expenses – which in the long run can no longer be done by a federation of this size. Even though modern electronic media can make up for a lot, FIMM will hardly manage to avoid having to adopt a leaner structure.

As a matter of principle, there is no doubt that any medical discipline claiming credibility has to have sound and provable scientific foundations. FIMM, which also definitely claims this for itself, will therefore not be able to avoid assuming responsibility in the field of science, something which it has done ever since its beginnings. The more sophisticated the claims, the more they have to have scientific proof, and MM Medicine and FIMM will not be able to escape this either. At the latest since the fundamental lecture that was given by N. Bugdok on Evidence in MM Medicine at the International FIMM Congress in Brisbane (in 1998, Australia), this has been weighing on the minds of everyone involved in MM Medicine. Even if FIMM were to take a more political approach, it would be a formal shell without any credible tool for forming and safeguarding its future if it were to decline bearing responsibility in the scientific field. The dilemma here is that the demands being made and the ability to meet them no longer coincide. For the reasons given, the SC must therefore continue its work, maybe even more intensively in future. But even now FIMM is scarcely able to continue financing this.

And there lies another new and future challenge for MM Medicine and FIMM.

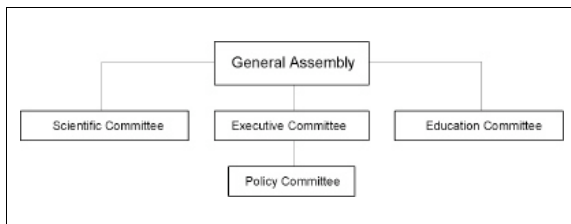
Possible solutions

In order to solve this, the following objectives must be pursued:

- (1) FIMM must acquire a leaner structure.
- (2) The new structure must meet the need for political support and leadership.
- (3) Continental needs must be taken into account.
- (4) Responsibility in the field of science must be maintained at all times.

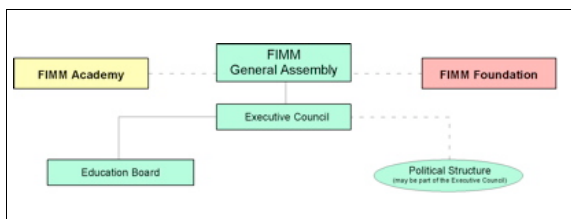
These objectives can only be achieved by reorganising FIMM's structure, whereby it is important to realise that the measures having to be taken are inter-dependent. In other words: altogether, these measures lead to the specified goals. If one measure is omitted, then the targets can only be reached with difficulty, if at all. The plan would have to be re-drafted.

FIMM's current structure is as follows:



Current structure of FIMM

Taking into account the goals mentioned above, the new FIMM structure we are proposing would be as follows:



Proposed future structure of FIMM

(1) Apart from the management board (Executive Council) there are two other managing bodies subordinate to the Executive Council.

(2) The Education Board is no longer a Committee; instead, it is a managing body with responsibilities. If and as required it can (but is not obliged to) lead one or more committees allocated specific tasks (e.g. FIMM Glossary Committee). The Education Board would primarily be responsible for issues involving training, their standardisation, and for relations with university networks. It would be FIMM's contact in all educational matters.

(3) The Political Structure is also a managing body with responsibilities. It would be responsible for all political issues. In a European context, for example, it would be responsible in relations with the EU in particular for the integrational and regulatory needs of MM Medicine and FIMM's members. To this end, it would divide into continental sections. If one of the sections has no requirements, then it would remain silent (and by consequence have no budget). The chairman of a section could also be a member or chairman of the Political Board at the same time.

(4) The Scientific Committee would be outsourced and re-constituted in the Academy which was proposed some time ago. For various reasons which are explained below the tasks allocated to the Scientific Committee can be better tackled in a more independent form under the more global control of FIMM.

This reorganisation will enable the following to be achieved:

- (1) A leaner structure with fewer staff in line with the FIMM business plan.
- (2) A more efficient manner of working and greater effectiveness due to an appropriate distribution of responsibilities.
- (3) A structure better adapted to the growing need for MM Medicine to be represented politically.
- (4) A more flexible organisation meeting specifically Continental requirements.
- (5) A cheaper business plan.

But what is this International FIMM Academy for MM Medicine? Finally I think this will be MM Medicine's most demanding future challenge!

As has already been mentioned, FIMM cannot avoid assuming a significant role in scientific work. It will also even be found that with increasing demands at a political level, demands at a scientific level will increase likewise. In medicine, political credibility always depends on scientific standards. In this context, the motto:

More politics call for more scientific evidence

will have to be plainly understood. For this reason too, the FIMM International Academy for MM Medicine (called the "FIMM Academy") which has been being proposed for some time now, will be an adequate and sound solution.

In principle, the Academy is an independent organisation. Apart from its individual members, it comprises an administrative management body elected by the FIMM General Assembly, and a scientific committee whose chairman is likewise elected by

the FIMM General Assembly. After a transitional phase, the Academy is to be financed with its own funds (annual membership contributions), donations from the FIMM Foundation (which will be explained below), and subsidies from FIMM which will not exceed CHF 10,000 per year (currently over CHF 30,000 per year). The Academy's scientific schedule will be designed in such a manner that not only global scientific requirements are met: FIMM members will also be able to implement the results in their own areas. It should be repeated here that it is not the task of FIMM and its scientific instruments to carry out scientific studies themselves; the object is to promote conditions for optimum scientific work in the field of MM Medicine.

At the current point in time, actually creating the Academy would have the following advantages:

- (1) In contrast to the Scientific Committee, the number of members of a future FIMM Academy will not be limited. This means that there will be a substantial increase in resources. It is anticipated that scientific standards in MM Medicine will thus rise.
- (2) A FIMM Academy will create a structure and organisation enabling individual members to better meet their own requirements in the context of MM Medicine at an international level.
- (3) The out-sourcing of the Scientific Committee will be of advantage to FIMM in that, with considerably less financial effort, it will still be able to maintain control over improved scientific work in the field of MM Medicine.

And another future challenge lies ahead:

The FIMM Foundation was set up in 2003 in accordance with the resolution adopted by the FIMM General Assembly 2002 in Kuopio.

Only now does it become apparent what function the Foundation is intended to have. Since the FIMM Academy is to gradually be given less and less financial support by FIMM over a period of 4 years, in accordance with a plan yet to be proposed, the Foundation is to be established at the same time so that it can take over FIMM's task of financing the Academy. The Foundation is intended to have a central function in terms of financial policy. The board of trustees elects itself, but it should be made up of members nominated or chosen by the FIMM General Assembly, above all FIMM members' "ministers of finance" who have access to resources earmarked for scientific projects. During the transitional phase, however, the Foundation will also have to take on other activities if it is to develop any impact. In this context, the FIMM General Assembly will be required to nominate the right people for the Foundation's board of trustees.



Final remarks

Let me resume and give a final remark:

Future challenge no. 1:

Let us find solutions and take decisions that future International Congresses in the field of MM Medicine will continue to be possible.

No. 2:

In terms of education let FIMM have structures that educational matters may continue to develop meaningfully and adequately according to the needs of standardisation respecting the individuality and variety of the different schools of MM Medicine.

No. 3:

In terms of science let FIMM keep enthusiasm and responsibility in that field to the benefit and credibility of MM Medicine in the world.

No. 4:

In terms of structure let FIMM leave its transition phase behind and take over a leaner, more efficient and more economic structure.

No. 5:

And finally one more last challenge for everyone who feels responsible for MM Medicine in whatever field of activity:

I remember a story of Prof. Jiří Dvořák, the author of a text book of MM Medicine you might know. When the first edition of his fine text book was published in 1982 it held prefaces of his boss, Prof. Marco Mumenthaler, and of Prof. Barry Wyke from London and Prof. Manohar Panjabi from Yale. Jiří Dvořák, was especially proud and sent his first book to Prof. Alf Nachemson. Nachemson didn't open the book and sent it back to Dvořák, within a few days and commented shortly: "proof it!".

If this is what we aim to do at this congress at this marvellous and friendly place in Slovakia, then I am looking forward to an exciting congress to which I would like to congratulate the organizers in advance.

Bernard Terrier
05.09.2004

Report of the Archivist

Presented to the Executive Committee in September 2004

Dr. Hans Schmid

I was assigned to be a FIMM Archivist at the General Assembly of FIMM in Dresden, 2000. The «Millennial FIMM Address», consisting of a historical survey of FIMM and the recent developments was a lecture of Philip Greenman and me at the 13th Triennial Congress of FIMM in Chicago in July 2001. It was completed by me until the Annual Congress of the Czech Myoskeletal Society in Liberec, October 2002, and sent to the former President Dr. M. Hutson.

My last report (published in FIMM NEWS vol. 12, no. 1, 2004) ended on September 15th, 2003 and was sent to the President Dr. B. Terrier, Switzerland.

The General Assembly 2003 and several meetings of FIMM Committees took place in Montreux, Switzerland from September 25-27, 2003. On September 28th, 2003 there was performed the First FIMM International Instructional One Day Course for Reliability conducted by Prof. J. Patijn in collaboration with Dr. G. G. Rasmussen.

At the General Assembly on September 27th, 2003 18 Associations of FIMM were represented. The Swiss Medical Association of Manual Medicine hosted this Assembly. Dr. M. R. Baumann presented the Swiss Medical Association of Manual Medicine. After presentation of the National societies, Dr. V. Tosnerova spoke about the late Professor Vladimir Janda †.

The report of the Chairman of the Scientific Committee Prof. J. Patijn was eagerly awaited and after a long discussion finally accepted. The work of the committee was discussed: the activity consumes approximately two fifths of the FIMM budget and the results are not simple to communicate.

But the report of Prof. J. Patijn finally convinced the General Assembly and was supported unanimously.

The Education Committee established a subcommittee for a glossary in four languages with representatives from USA, France, Germany and Spain. Furthermore the Committee should plan workshops for education and for the exchange of teachers of the National Associations.

The Policy Committee was established with new members and called «FIMM Policy 2010». This policy should lead the activities of the Executive Board within the next years.

The Treasurer Dr. V. Dvořák, had a new book system installed, which is quicker and more efficient. His financial report was accepted and the budget for the year 2004 will hold about CHF 2'000. 00 deficit.

Two National associations were enrolled as new members of FIMM: Bulgaria and Japan.

Dr. M. Hutson presented the FIMM Academy for the third time to the General Assembly. The proposals have already been presented to the FIMM Executive Board. Scientific work within FIMM has the highest priority. The Academy will offer individual membership. There will be an Executive and a Scientific Board. The last named will have 12 members. The Chairman will be chosen by the Academy. There is hope that the Academy will be functioning by 2005.

The presentation was followed by a long discussion, which was finally terminated by the President.

Dr V. Dvořák, outlined the FIMM Founda-

tion, which is registered in Zürich. There is a working capital of CHF 5'000. The aim is the financial support of the Scientific and Education Committee.

Dr L. Šorfová outlined the next Congress in Bratislava / Slovak Republic September 2004 where the next General Assembly will take place on September 14th. Dr P. Cohen has been appointed to establish the new Website of FIMM: <http://www.fimm-online.org/>.

The Secretary-General Dr. R. Palmer edited the second FIMM Newsletter in December 2003. There was stated, that only genuine medical doctors practising Osteopathy can be associated with FIMM. The FIMM NEWS, the NEWSLETTER and the updated FIMM Website should bring a better communication between FIMM members.

A Policy Committee Meeting took place on January 24th, 2004 in Bruxelles. There were discussions about the dissemination of information and a delay of the new FIMM website. The Russian umbrella society, which is a FIMM member, has not paid the membership fee for two years. The General Assembly 2004 should decide about its exclusion from the membership. Then there was a long discussion about FIMM Academy, its name and its financial base. The membership obligations were settled and which committee should elect the members of the Executive Board of the FIMM Academy. Finally the terms «Manual Medicine» and «FIMM» were defined.

The President had a lot of mail discussions with different Russian Associations about their connection to FIMM. He was invited to an International Congress of Manual Medicine in Moscow June 25-26, 2004 under the patronage of ULEMMA. He pointed out that this Conference should be very close to the 14th Triennial FIMM World Congress in Bratislava in September 2004. But he and Dr. M. Hutson will join the Conference.

On January 28th the President of the Bratislava Congress informed all FIMM members, that their website on the Congress is active.

March 1st came an invitation to the 2nd Invitational Conference June 5-6, 2004 hosted by the Osteopathic International Alliance OIA for two representatives from FIMM. Dr. Terrier asked Prof. M. Kuchera to be his substitute, but he was absent from USA during the time of the Conference and Dr. M. Hutson took his place.

The new FIMM website in three languages was established in May 2004 and the new master Dr. P. Cohen was ready for work with it.

A new Policy Committee Meeting was settled for June 5-6, 2004, in Zürich. The FIMM Academy was discussed again and there were settled several points. The Committee was in accordance with M. Hutson that the relatively poor national societies might be able to pay a smaller subscription fee to FIMM. The registration of the Academy should be there where it would be the best of the project. The Science Board shall be responsible for the scientific content of the FIMM Congress. Furthermore the Executive Committee should authorize the President to deepen the contact with the «Spine Week» project.

Dr M. Hutson sent some comments on the minutes of the Policy Committee meeting in Zürich June 5-6, 2004. He proposes among other things a registration of the Academy in the United Kingdom in order to avoid difficulties with translation into English.

The President informed FIMM members on the International Congress on Chronic Pain and Dysfunction after Whiplash and Other Traumatic Neck Injuries October 28-29, 2004, in Gävle, Sweden.

The President was very satisfied with the Congress on Manual Medicine in Moscow June 25-26, 2004. He proposed to admit the Russian League of Manual Profession-

als (Prof. A. Sitel) as a FIMM member representing Russia after dismissal of the Russian Association for Manual Medicine (Prof. A. Skoromets) according Art. 5 of the FIMM statutes.

The schedules for the Conference in Bratislava in September 2004 were sent out.

Dr. H. Tlusteck, President of the German Association for Manual Medicine DGMM, sent a moratorium about the FIMM Academy after decision of its Executive Committee of June 26th, 2004, until the Congress in Bratislava. This moratorium was withdrawn later on in August 2004.

There is some e-mail exchange between the President and the two Russian Associations. RAMM has not paid the annual fee for 2002, 2003, and 2004 and has not replied to any of the numerous correspondences. The General Assembly 2004 has no other choice than to decide about the membership of RAMM.

Dr Lars Remvig sent some reflections on the communication difficulties in FIMM on 23rd August 2004, after being asked by the President.

The President sent the FIMM Strategy papers in all three languages to all Executives and Chairmen. The many varied demands can no longer be met by its current structure. This structure to day consists of the General Assembly, the Scientific, and Executive with Policy Committee and Education Committee. The proposal for a new structure is the following: General Assembly, the Executive Council with Education Board and a political structure to be defined. The Scientific Committee would be re-constituted in the Academy.

This report is closed on September 1st, 2004. It is made up by information and e-mails I received from different FIMM Executives. The report has not the pretension of entirety. The archivist wishes all the best for the General Assembly 2004 and the 14th Triennial World FIMM Congress of Manual Medicine in Bratislava September 15-18, 2004.

Brione, September 6, 2004.

The General Assembly of FIMM 2005

Copthorne, London Gatwick (United Kingdom)

By Invitation of the British Institute of Musculoskeletal Medicine BIMM

Preliminary Programme

Date	Friday, September 9, 2005
Arrivals of delegates	Thursday, September 8, 2005
Executive Committee Meeting	Thursday, September 8, 2005
FIMM Dinner	According to special programme (only for FIMM representatives and their partners)

Preliminary agenda

1. Opening by the President
2. Presentation of the British Institute for Manual Medicine BIMM
3. Presentation of the representatives of the national societies (limited to 4 minutes per presentation)
4. Matters arising from the minutes of the last General Assembly (Bratislava – Switzerland)
5. Report from the President
6. Report from the Secretary General
7. Report from the FIMM International Academy for Manual/Musculoskeletal Medicine
8. Report from the FIMM Foundation
9. Matters concerning the future FIMM structure and strategy
10. Report from the Chairman of the Policy Committee: FIMM Policy 2010.
11. Report from the Chairman of the Education Committee
12. Report from the Treasurer
13. Report from the Auditors
14. Election of Auditors
15. Intermediate elections of members of the Executive Committee
16. Admission of new members
17. Information on the next FIMM Congress
19. Date and place for the General Assembly 2006
20. Any other Business
21. Closing of the General Assembly by the President

Thanks to Slovak Republic!



MUDr. Lubica Šorfová
President of the Slovak Society of
Myoskeletal Medicine SMSM
Topolčianska 16
SK-851 01 BRATISLAVA
SLOVAK REPUBLIC

Baden, 27.09.2004 / BT

Dear Dr. Šorfová

On behalf by FIMM I would like to thank you
and the Slovak Society of Myoskeletal
Medicine for the wonderful invitation to the
General Assembly of FIMM held in Bratislava
on September 14, 2004.

It was a marvellous event with an excellent
local organiser. The social programme and the
gala dinner were of high class.

Thank you very much.

Best wishes and regards

A handwritten signature in black ink, appearing to be 'B. Terrier'.

Dr. Bernard Terrier
President FIMM