



Secretary-General

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

**Draft Minutes: General Assembly of the FIMM 2009  
Prague, Czech Republic  
Hotel ILF; September 23, 2009**

**Meeting Site:** In collaboration with the Czech Society for Myoskeletal Medicine  
**Agenda as Distributed in Advance:** No changes were proposed.

### **1. Opening by FIMM President von Heymann, election of official vote counters, and attendance**

- This is the **44<sup>th</sup> General Assembly** of the Fédération Internationale de Médecine Manuelle.
- The president officially thanked the Bulgarian Society for Manual Medicine for hosting the 2008 FIMM General Assembly and the Czech Society for Myoskeletal Medicine for hosting this year's Assembly.
  - Remembrances were shared concerning the 1<sup>st</sup> FIMM General Assembly in 1965, September 25, in London. (In the picture of the attendees, it was pointed out that the remaining living representatives of this meeting are M/M teachers Karel Lewit [age 93] and Robert Maigne [age 86]. Michel Dedée also pointed to Agnel Depoortner [age 86] as a living original attendee.
- **Stefan Bodnar (Slovak Republic)** and **Sahin Tunali (Turkey)** were elected by acclamation to account the votes.
- There are 23 National Societies currently making up FIMM. Regarding votes, 18 of the 19 represented National Societies attending have both paid their annual dues and either sent delegates to this General Assembly or letters assigning an official representative authorized to vote for their Society. The following **National Societies** (unless specified otherwise) are **able to vote** through their specified representative.
  - Attending as National Delegates( 19 of 23 countries attending)
    - Belgium (Michel Dedee)
    - Bulgaria (Todor Todorov)
    - Canada (Craig Appleyard)
    - Czech Republic (Vlasta Tosnerova)
    - Denmark (Palle Holck)
    - Finland (Olavi Airaksinen)
    - France (Nadine Fouques-Weiss)
    - Germany (Lothar Beyer)
    - Italy (Marie-Jose Teyssandier officially named as representative; no dues paid however ... so voice but no vote)
    - Japan (Kazuyoshi Sumita)
    - Kazakhstan (Nadezdha Krasnoyarova)
    - Netherlands (Sjef Rutte)
    - New Zealand (James Watt)
    - Russian Federation (Sergei Nikonov)
    - Slovak Republic (Stefan Bodnar)

- Spain (Victoria Sotos-Borras)
- Switzerland (Marc Henri Gauchat)
- Turkey (Cihan Aksoy)
- United States of America (Michael Kuchera)

**2. Presentations of the representatives of the national societies (limited to 4 minutes per presentation)** *Please note also that numbers of members are not always the official number and sometimes represent approximations or numbers inclusive or exclusive of certain Societal categories.*

- **Czech Republic** (Tosnerova, president) ... **n=324**: As the host country, the Czech Association of Myoskeletal Medicine offered the first national society presentation. It was noted that Karel Lewit, MD serves as their Secretary. Societal members are primarily rehabilitation physicians and there is an independent organization for PTs. Regular educational courses for physicians are offered in Prague (Jan Vacek), Brno (2 teachers), and Hradec Kralove (Tosnerova); joint international conferences with the Slovak national society are expected in 2010. Every year there is education for teachers in Hradec Kralove. It was pointed out that while there are 30 teachers in the society, 5 retired this year. There are formal connections to a University (MM at Charles University in both Prague and Hradec Kralove) and connections to the minister of health. Insurance pays 1 euro for mobilization or manipulation.

At this point, the Czech society also made a **formal offer** to the General Assembly to coordinate a **2011 International Congress of MM under FIMM with a fiscal donation from Prof. Lewit**. To this end, they propose to coordinate the Congress with the 2011 FIMM General Assembly in Prague with suitable advance notice. (Apologies were offered that for this year, there was not enough subscription to hold an additional Lewit workshop.)

- **Australia** (*no report given and not present*) (*see however the amended report about a meeting between the president of FIMM and the Executive Board of the AAMM, that took place in Auckland, New Zealand, on Sunday 28<sup>th</sup> of March*).
- **Austria** (*It was noted that the FIMM president offered an opportunity Austrian president, Hans Tilscher, to make comments to the General Assembly. In response, we received a letter offering an analogy of "people getting off the bus" which was interpreted to suggest that he and his group would not be rejoining FIMM. The FIMM president has therefore offered the opportunity for the two different -- yet representative -- Austrian MM groups to form an umbrella organization; the second society president noted that they met and would wait to see how things turn out at this Assembly.*)
- **Belgium** (Michel Dedee) ... **n<100**: The Flemish courses have had only about 20 attendees. Sadly, the French-speaking MM basic course has been discontinued; no individuals have subscribed. There are some MM refresher courses held in conjunction with France or at sites in Greece (even there the numbers attending have dropped from 80s to 20s). There has been no contact with health authorities and significant trouble exists with lay osteopaths teaching PTs. Largely for these reasons, there are under 100 MM physicians left in Belgium with only 10 practicing MM full time. The report concluded with a personal perspective from the representative that it may be too late to save MM in Belgium.
- **Bulgaria** (Ilya Todorov for Todor Todorov) ... **n=35**: BSMM members have participated in several meetings: Potsdam and after the FIMM GA in Varna 2008; a post-GA meeting in Bulgaria using FIMM leadership (von Heymann and

- Kuchera) as guest lecturers brought in an extra 11 non-members and they joined after the course. In 2009 several PMR doctors started the MM program – including a program for practical skills for MM (in Drjanov) and the 5<sup>th</sup> World Congress of ISPMR held in Turkey. Problems identified by the national society included lack reimbursement for MM and that MM is not considered a subspecialty. It was also noted that the BSMM needs experienced MM teachers to present the courses and teach MM.
- **Canada** (Craig Appleyard) ... **n=53**: The Canadian Association of Orthopaedic Medicine has yearly education programs averaging 2.5 days in length. Their next meeting is an orthopaedic medicine program Nov 28-29. In Canada, member recruitment has been difficult. Also, now a new problem exists in ONTARIO where the government has placed doctors into groups and if a patient sees someone outside the group then that family doctor is adversely affected (negation) – this hurts the doctor-patient relationship and reimbursement. (Note that 50 of the 53 members of the MM national society in Canada are family practitioners.)
  - **Denmark** (Palle Holck -- President of the Danish Society for Musculoskeletal Medicine voting; also attending Niels Jensen; [www.dsम्म.org](http://www.dsम्म.org)) ... **n=703** (64 have 250 hour diploma-level): Physician members are mostly general practitioners but also include rheumatologists, orthopedists, radiologists, etc). The Society conducts 6 workshops annually with 15 active teachers. They have their own MM textbook (in Danish) used to teach and they use *International Musculoskeletal Medicine* as their journal. Annually, all GPs are invited for an introductory course (4000 invitations sent and now have had 70 accept – still more pending) which has been successful in maintaining interest in MM and growing their society. Manual Medicine is part of the National Board of Health in Denmark. In the upcoming year the Society will focus on education, collaboration and science.
  - **Estonia representatives were not present.** (L. Lepik, President, sent a letter of regret for not attending the Health Policy Board or the FIMM GA. She also had questions: (1) should UEMMA be dissolved in favor of ESOMM; (2) the “Osteopathy in Germany” document; and (3) time and reimbursement for MM). A representative from Estonia has not been able to attend since 2003. Teyssandier responded to Estonia’s #1 question by noting that ESOMM will not be a reason to close UEMMA. The President explained the “Osteopathy in Germany” paper to be a national view and contribution to the previously published “FIMM White Paper”; everybody may contribute to that as well. He stated that the Estonian paper on reimbursement would be discussed by the HPB.
  - **Finland** (Olavi Airaksinen -- 10<sup>th</sup> time to present) ... **n=260**: Societal members are mostly General Practitioners (GP) and Rehabilitation (PMR) specialists. Finnish MM education has a 300-hour qualification with multi-professional collaboration but they would like to move to a university base. They have their own “diploma” for the qualification (linked to Lindgren and Airaksinen). They conduct an annual meeting in Tampere in Nov (a 2-day course) and introduce an introductory session on the manual exam as part of a required weeklong GP course. Other courses include a day course on injections; the Lapland week-long course each spring with an invited international speaker (this coming year to be their 25<sup>th</sup> course). Finnish members are strongly linked to other international groups in the field beyond FIMM: (1) the International Academy of Manual / Musculoskeletal Medicine (IAMMM) where Airaksinen is Science Director; (2) Nordisk kontakt Committee -- every third year conducting a Scandinavian

- Congress along with the PTs who do manual therapy; (3) the Pain Management group (IASP/EFIC) and (4) the EU COST B13. A publication by Lindgren and Airaksinen was noted designed to improve pain management entitled, “*Take Care of Your Back.*”
- **France** (Nadine Fouques-Weiss was appointed by SOFMMOO President, Teyssandier, as the French delegate; she is also Secretary-General of UEMMA) ... **n=420**: MM courses in France are organized by 15 universities and the annual congress (Sept 2009 in Paris) was attended by Smolenski (DGMM), Frey (MWE), and Terrier (FIMM). Required additional coursework extends over 2 years for GPs or over 1 additional year for other specialists. MM is not a European specialty field. There are different French websites – [www.sofmmoo.com](http://www.sofmmoo.com), with special sections for English and Spanish and [www.mediosteoe.fr](http://www.mediosteoe.fr). Since March 2007, lay osteopaths have been able to practice legally in France and next year they can practice under an MD. The malpractice-insurance however is completely uncertain. An MD can ask the Prefect to recognize MM in osteopathy after 1000 hours (by self-declaration).
  - **Germany** (Lothar Beyer was delegated to be the FIMM GA representative by DGMM president, Smolenski) ... **n=5378**: DGMM is the umbrella organization made up of AMM (n=773), MWE (n=2965) and the Society of Musculoskeletal Medicine (former FAC; n=1640); *Manuelle Medizin* is their official journal (6/year/12,000cp). MM education in Germany requires 320 hours for a diploma issued by the chamber of physicians (not linked to any university). DGMM societies have also added extensive post-MM diploma courses to teach osteopathy to their members. The sites for the courses were shown and DGMM shared a sample of their 320 hour “course-book” (including Muscle Energy, Visceral, Spinal MM and Extremity MM). DGMM also offers separate courses (totaling 260 hours) for physiotherapists leading to formal recognition in “Manual Therapy”. There is a research course work that will be presented at the DGMM congress in Potsdam (Sept 24-26, 2010) covering Biomechanics, Sensorimotor & Pain as the “3 sides of one coin”.
  - **Hungary not present (Gabor Ormos, president)**. *It is known that the president is abroad and that the organization has lost teachers.*
  - **Italy** (MJ Teyssandier was appointed by president, Guido Brugnoni, as Italy’s delegate with voice, but no vote because this national society is behind in its dues) ... **n=250**: SIMFER-Sezione MM is an organization under the Rehabilitation Medicine group. They have a diploma course and a university master’s course in Rome as well as a private 300 hour course in northern Italy. There has been little activity since the last General Assembly and an email from the societal president arrived noting that with monetary problems this year, they can not pay their dues.
  - **Japan** (Kazuyoshi Sumita, president for the AK Society for treatment and research) ... **n=458**: Of the membership, 65 are orthopaedic doctors. Certification in AK requires 8 courses and 5 years of societal membership followed by a written and practical test offered once/year under the eye of the originator of the technique. This national society has 37 certified doctors and, of those, 27 are also certified AK instructors. The test is comprehensive and this year only 1 candidate passed. CME is required for recertification. AK technique is growing in popularity and has been presented internationally (e.g. Vienna).
  - **Kazakhstan** (Krasnoyarova, president) ... **n=40**: The name of the national MM society is the “Kazakhstan Association of Manual Medicine and Osteopathy” because it includes osteopathic methods. There are monthly meetings to train

- and try to understand underlying mechanisms; MM care for children; and osteopathic coursework's traditional and alternative approaches to pain. An upcoming meeting will consider the theme, "Neurology in the 21<sup>st</sup> Century".
- **The Netherlands** (Sjef Rutte), **n=on the internet site +/- 140-160**: Education in MM extends over the 3 year full-time school in direction of medical specialism but is not officially recognized yet; 40 refresher hours are needed for recertification. There are 4 MM doctors registered with the insurance company as full time MM practitioners.
  - **New Zealand** (James Watt, representative by authorization of the president Gary Collinson) ... **n=65**: In the NZ national society, there are 25 Fellows with 3 new Fellows passing their fellowship exam this year. They have 8 in their teaching group who are expert in teaching both MM and injections. Signs of health in their organization include: increasing number of fellows, more completing masters of pain medicine through the University at Newcastle and more electing to become teachers to replace the aging body of currently-teaching Fellows. The Fellows are recognized as specialists in NZ (but not in Australia); they will do all musculoskeletal care up-to-but-not-including surgery. (It was noted that it has been hard to convince authorities that a group of n=25 can keep a specialty going and because patients are ambulatory, it was suggested that the parent supervisory body – that has a slot on the Medical Council – would be the College of General Practitioners). The better reimbursement profiles for Fellows leads to more time for diagnosis and treatment as well as more expensive tests like MRI.

Like Canada, in New Zealand if a patient is referred then that doctor loses money – this means there is less referral to manual medicine colleagues generally. However, payment for accidental injuries is through ACC – this leads to interesting referral and musculoskeletal discussions impacting MM. For example, it was found that if there was a delay getting to the MM Fellows then the costs to the ACC were higher. Therefore the MM specialty through the Fellows continues to get more referral especially in pain management. They frequently perform transforaminal injections (80%) for radicular pain and there has been a change from the use of the term "nerve compression" to "nerve contact" in these cases.

Meetings (with very positive feedback from the attendees) are often in conjunction with Australia (e.g.: shoulder lectures and practical in Queensland in July) – Australia tends to emphasize hands-on MM, while NZ has more needling approaches. The NZ national faculty retreat this year was held in August and they discussed requirements for Standards and CME. In March 2010 there was to have been an international program in conjunction with the FIMM GA, but the fiscal realities from most FIMM national societies changed this. The program (without a GA) entitled, "Spine in Action," and will take place with both FIMM President Wolfgang von Heymann and IAMM representative, Jacob Patijn, attending ... everyone is invited and FIMM will post this on their website.

- **Poland** (President, Jerzy Stodolny could not attend but emailed) ... **n=105 with 61 paying fees**: *This national society offers a regular basic course series each year (3 courses of 7 days each) with 15-20 physicians attending; unfortunately few who finish the courses become societal members). His email identified that a lack of instructors and the inability to directly use FIMM materials makes it harder for the group to grow. Under the leadership of a new board (Sept 18), cooperative meetings between Poland and Germany are planned.*
- **The Russian Federation** (Sergei Nikonov, authorized by president A. Sital) ... **n= 428**: There were no societal changes to report since last year -- MM is

- specialty and while there are 18000 MM doctors in the Russian Federation, only a relatively small number are members of the FIMM national societal group. This society offers 3 seminars per year and also collaborates (taking part with German MM and IAMMM activities). Although Nikonov notes that the Czech Republic has offered Prague for a **2011 General Assembly in concert with an international meeting, Moscow also offers to coordinate both around a date in May 2011.**
- **Slovak Republic** (Stefan Bodnar, authorized by president L. Sorfova) ... **n=120**: The Slovak national society is linked historically and educationally to the MM national society of the Czech Republic and they continue to alternate conjoint coursework sites (this year, Bratislava). Currently there are 2 government-sponsored and 3 privately-sponsored insurance companies (but soon there will be only one of each). Insurance does not pay well for medicine generally and adding MM does not help, so it is hard to recruit new members for the MM national society. The Institute for Further Instruction of Doctors helps by requiring 300 hours for each member ... mostly rehabilitation (PMR) doctors -- but some orthopedists and some GPs. All PMR physicians must pass these courses.
  - **Spain** (Victoria Sotos-Borras president) ... **n=100** (note: Spain had about 12 less members who have not paid national societal dues so this official number for FIMM may go down): National society members are mostly rehabilitation physicians. MM is a masters level program in different universities (2 years = 600 hours or 60 ETC). With 25 students in the programs, the Society can grow. The society conducts specific weekend seminars and an annual professional society meeting as well as an autonomic course; furthermore, the MM subcurriculum is part of the rehab specialty curriculum for all. There are new problems with insurance companies as well as with physiotherapists becoming osteopaths. She noted that insurance will pay the osteopaths for hands-on care but does not reimburse physicians additionally beyond their regular care if MM is integrated or added. These problems are part of the upcoming discussions with UEMMA scheduled Oct 24-26 in Madrid.
  - **Switzerland** (Marc Henri Gauchat, authorized by president U. Böhni) ... **n=1268**; SAMM will celebrate its 50<sup>th</sup> anniversary this year. It has 7 committee members; 3 commissions (post grad, CME, etc); a College of teachers (n=21) and 9 basic courses each conducted in both German and French; 7 modules totaling 380 hours over 28 days over 2 years. There is an intermediate exam after 4 modules with a final examination leading to a Certificate in MM (which is at the national level of their sports medicine certificate of added qualification). This year 56 members passed and therefore became eligible for membership (the logo of Swiss and logo of FMH for the certificate was noted). There are 22000 MDs in Switzerland or 35000 working there, but a physician shortage exists – especially for Family Practitioners; the result has been that Switzerland has been “stealing” international doctors from Romania/etc in part because the Swiss recognize all European licenses. Switzerland has “Continuing Medical Education” (CME) consisting of 12 decentralized ½-day and 2-day courses and are issued licenses lasting only for 5 years unless they fulfill their CME requirements. The 50<sup>th</sup> will be celebrated with their annual congress at Interlaken, Nov 26-28, and will focus on the pelvis (mix science and hands-on); usually 750 participants attend (cost only 150 Swiss Francs or €100).
  - **Turkey** (Cihan Aksoy, president) ... **n<40 (27 paid)**: Prof. Aksoy has a PMR practice in a hospital founded in the year 1453. Telling the history of modern manual medicine in Turkey, he noted that in 1990-91 he met with Karel Lewit and Meinhard Berger in Innsbruck and then invited Todor Todorov from Bulgaria to

teach from 2005-07. Aksoy began teaching MM to PMR residents through Istanbul University's Medical Faculty (300 plus hours in MM). After 5 years the residents will receive 220 hours of theory, 400 hours of ambulatory training, and 400 clinic hours. The primary clinical library that they use consists of work by Lewit and by Todorov in Turkish as well as works by Maigne and several osteopathic practitioners. **They are asking FIMM and ESOMM for collaboration.** Dr. Aksoy is active in the ISPMR in Istanbul and has provided introductory MM courses. He notes that there are only 2 'semi-authorized' teachers in Turkey but that is why he needs help. (His plea: "I don't know what I know! Test me!")

Turkey has a young population with 110000 MDs (including 2000 specializing in PMR and 3500 orthopedists). Along with the 40 MDs practicing a level of MM, there are 2 chiropractors. FIMM-president von Heymann and Todorov (president of Bulgarian MM-society) have been teaching there and, to date, there have been 4 workshops. Based upon experience, groups of 117 – 328 paying participants could be predicted with FIMM-level teachers.

The Turkish Chamber of Doctors has ruled that "manipulation by doctors must be paid" and private insurance also pays (but not government). While this is the right of PMR and orthopaedic physicians, unfortunately no one looks at their diploma. The Turkish society and its faculty would like the help of professional educators but all that are interested are not affluent enough to travel extensively abroad to other lectures; the national society would like the education and examinations to help those physicians feel comfortable and qualified to train and certify within the country. They noted with respect to the circulated ESOMM documents that they think they quite soon meet criteria for ordinary membership.

- **USA** (Michael Kuchera, DO – assigned as national representative by the president of the American Academy of Osteopathy [AAO] ... **n=1226 physicians**): The USA has a nationally recognized physician specialty for MM ("Neuromusculoskeletal Medicine" or NMM) with several postgraduate residency training routes. Specialty training includes routes for MM alone ("NMM" – 3 years post-graduate), MM combined with Family Practice ("FP-OMM" – 4 post-graduate years), or MM added to another specialty practice (NMM's "Plus-One" fellowship – 1 additional post-graduate year added to another full specialty training period). MDs and DOs are reimbursed by insurance, government, military, etc for "Osteopathic Manipulative Treatment" by a physician using different codes (published by the American Medical Association) that cannot be used by non-physician physical therapists or chiropractors (who must use different codes for their type of manual care).

AAO members make up only 2% of all physicians in the USA who are fully trained in manual medicine, but they are the predominant group of educators, researchers, and practicing specialists in the field. 15% of AAO members are established MM educators at universities; they provide over 100 post-graduate courses/year in the USA; and they are invited to teach over 50 post-graduate international courses/year (many to physicians belonging to other FIMM National Societies). They also constitute nearly 100% of the MM faculty teaching in the 29 osteopathic colleges in the USA (which graduate 3300 physicians/year who have met or surpassed the FIMM-recommended curriculum); 100% of the NMM specialty training (which maintains about 140 physician resident slots per year); the majority of those providing or supervising physician-level MM interventions in clinical research in the USA; and are the authors of the majority of osteopathic textbooks on MM techniques and applications (used

internationally). Involvement in health policy and leadership is quite high with 168 AAO members (nearly 15%) serving on Boards, Councils and Committees involved in research, educational, and health policy decisions.

The AAO (founded in 1937) is one of 22 specialty practice affiliates of the American Osteopathic Association. The AAO itself provides more than 12 MM programs/year (its annual convention has an attendance of over 800), publishes 17 books and distributes 15 others associated with MM, and publishes a quarterly *AAO Journal* (now electronic).

### 3. Matters arising from the minutes of the last General Assembly (Varna, Bulgaria)

- **VOTE: Minutes as distributed (16 for and 1 abstain)**

### 4. Report from the President (Wolfgang von Heymann)

- The president expressed thanks to the other FIMM Executive Board members; he also reported that this year he lectured in Barcelona, Istanbul (ISPMR), and the ESOMM Conference at Lake Constance (where outcomes and Statutes for the ESOMM are to be published).

#### a. Voting on the Memorandum of Understanding between FIMM and the International Academy

- The first draft by Terrier, Kuchera, and von Heymann was reviewed as was the 1<sup>st</sup> answer from the International Academy
- There was a meeting in May with the FIMM Executive Board
- The final answer was signed by all officers of both groups on Sept. 14, 2009
- **VOTE: Passed as written (18, 0, 0)**

#### b. Voting on the ESOMM mandate

- It was noted that the ESOMM statutes (finalized Sept 16) are similar to the FIMM statutes. The biggest differences include 300 hr/30 ECTS education; 100 fully qualified MM members minimum; and a curriculum for teachers must exist with requirement of MAS 60 ECTS or more (with certification by the university or government). The ESOMM is open only to geographical MM groups in "Europe" (including Norway, Swiss, Lichtenstein, etc and European Union members). It was founded to better interface with UEMS and European Health Care Authorities.
- The statutes note that the leadership will be selected as a block which will then chose their own president; fees shall only be reflected through their projects.
- Statutes were sent to all societies as mandated by General Assembly in 2008.
- Terrier and von Heymann met with the ESOMM Executive Board in order to foster a close relationship between the FIMM Health Policy Board (HPB) and ESOMM because this independent organization will take on the UEMS project that FIMM had voted to support.
- Those groups with a minimum of 220 hours documented may apply as extraordinary members and teachers will be available/provided.
- Question of the Czech representative: What will the official language be?  
Answer: While the group was founded and incorporated in Switzerland using the German language; by the statutes now the official language is specified to be English.



- Another question was raised (Spanish representative): If ESOMM takes the European lead, will the FIMM HPB stay out of European affairs? Answer: The FIMM HPB would transfer to them those items specifically limited to European Affairs but all things related to or impacting world affairs will stay with FIMM. Different national health policy leaders may require that they speak with a European-representative group. Regardless however, close contact and communication are envisioned. Spain noted that this will mean that ESOMM members pay more ... if a project was to have been through FIMM but is now through ESOMM, then ESOMM will ask its members to pay (rather than asking for funding through a FIMM special project).
- Question (Italian representative): Why is UEMMA not doing this? Answer: UEMMA declared in the 2008 GA it would not take the mandate from FIMM while ESOMM would take this mandate. Also, FIMM representatives have only talked about ESOMM and not UEMMA because that is what the GA in Varna requested.
- Question (Danish representative): There are shared interests between the FIMM and ESOMM, so why note that they are independent from FIMM? Answer: It is hard to collect fees from all over the world (e.g. Australia) for a distinctively European issue, so ESOMM wanted to be independent to find and use their money as was optimum for European needs as seen from the European perspective ... but they also recognize that they would interact with FIMM because the two groups do share and need to represent many similar goals. The Danish representatives wanted to make it clear that they wanted this mandate to succeed but also does not want to it to weaken FIMM in any way.
- Observation re UEMMA (French representative): There is a misunderstanding that FIMM was asking for the organization to be acting from within FIMM and so they said no; UEMMA must live with that which is going forward. They perceive a problem in having too many organizations to address the same aim, but are hopeful the nuances can be satisfied with groups working together. Answer: There are two European organizations now and they must cooperate; FIMM is neutral.
- Question (representative from The Netherlands): Is Barral the president of ESOMM? Answer: No; Barral is part of a European osteopathic group totally unrelated. The FIMM-related ESOMM knew the coincidence of the name.
- A concern was expressed that ESOMM is more German thinking now and UEMMA has more of a Latin thought process. Answer: The group has specific qualifications for a specific process. (Assurances were also expressed that it was not desired in the long run to be or be perceived as “Germanic”.)
- **Vote whether to pass the DGMM mandate to ESOMM (15 yes, 0 no, 3 abstain)**

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

- Last year the Secretary-General reported on the health of “Father FIMM” and made a plea for support and care. This year, he reported that Father FIMM is healthier than he has been since the last meeting. Additionally, he expressed his regrets that Father FIMM would not have the opportunity to share a new bus with their Austrian colleagues (*see the report of Austria in Item 2 of these minutes*)... but hoped they would appreciate the chassis that they see the next time the bus passes.
- Another request was made for material or news that the National Societies would like to have disseminated to the other groups.

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

### 2008

- See the Financial PowerPoint. There was a positive cash flow of 2008 (€14213) making FIMM a healthier “patient” for that year. 2008 income minus expenses resulted in a loss of €8503. The USA has repaid all debts to FIMM; Belgium and The Netherlands are also in good standing. Still at end of 2008, there €11595 debt remained.
  - Note that the €5450 paid in 2008 was for 2007.
  - For 2008, the FIMM Executive Board did not use the entire budget, saving over €6000
  - In 2008, fixed costs were €37600 (variable costs=43%; not used=19.4%); this similar to 2007.
- The Treasurer noted that he still has to “run after the money” to collect fees, so please pay!
- **VOTE to ACCEPT 2008 REPORT of the Treasurer: (Unanimous acceptance)**

### 2009

- Situation changes after Varna with the new dues process: “Big” National Societies (there are 9-10 in this category) to contribute €1200/year and “small” Societies (defined as those who paid less than €1200 before) to pay the same dues as they paid in previous years. This was coupled with the Executive Board being charged to keep costs down.
  - Fixed €12050 and Variable €4000 = €16050 for 2009 budget
- The annual fees shown in the budget to date look very good because of the appearance of the formerly past due USA monies having been received. However, FIMM needs its National Societies to pay fees or there will be a reduction in the reserves by the deficit of about €6000).

### 2010 and also suggestion for 2011

- Proposing both 2010 AND 2011 budgets would allow the FIMM Executive Board and the General Assembly to make predictions and for the delegates to talk with their respective National Societies.
- Annual income was projected with the expectation that it would be approximately the same
- For 2010, there are only suggestions for projects by the Education and Health Policy Boards which would amount to a €7000 cost over total income. This would mean that the variable dues portion would amount to 0.56 Euros / member.
- For 2011, the Treasurer has projected that FIMM would have about €13000 deficit for function and projects related to Health Policy, Education, and Science Boards
- *Here there was a break in the topic until the General Assembly could discuss the projects.*

## 7. Report of the Auditors

- Todor Todorov (Bulgaria) and Craig Appleyard (Canada)
- Read written reports of both Craig Appleyard and Prof Todorov noting approval by the auditors
- **VOTE: Recommend approval: (15 yes, 0 no, 1 abstain)**

## 8. Election/confirmation of the Auditors

- **VOTE: Auditors are willing to continue and no new selections from the floor. Unanimous approval**

## 9. Report from the Chairman of the Education Board

### a. Report about the meeting of the Board and the Inquiry -- Teyssandier (see Teyssandier PowerPoint)

- Concerning MM diplomas, an initial smaller inquiry from the Educational Board chairperson received several responses. He received 20/26 (*really 25*) societal reports;
- MM responses suggested (for example) that:
  - Physicians allowed to practice MM in all cases, but 3 countries have neither a diploma nor a structured MM education program for physicians
  - PTs treat under a physician's prescription in 1 country (2 next year with France); in the rest of the countries PTs treat manually without physician prescription
  - Lay osteopaths may practice manually generally [*S-G note: no practice rights at all in the USA; and not without qualifications in certain parts of Canada*]; chiropractors may practice manually generally; manual practice available to dentists and midwives in 2 countries and to Heilpraktikers in Germany
  - Non-physicians are usually said to practice "manual therapy," but in 2 countries, the official name for Manual Medicine is "Manual Therapy;" Manual Therapy issue was discussed as not meaning the same thing in countries such as Russian Federation
  - There are 35 specialties in the EU, but up to 400 specialties in some countries; terminology for these terms or even "degree-diploma-certificate" are not uniform
  - MM faculty: student teaching ratios range from 1:4 to 1:50, but are generally 1:10
  - Hours for MM degree vary from 110-3000 hours (generally around 300 hours)
  - Continuing medical education (CME) for degree recognition is required in only 4 countries (3 every 5 years and 1 every 1.5 years)
  - Annual compulsory training for MM teachers in 4 societies and annual non-compulsory training in 6 societies
  - Official MM publication for members in 11 societies
  - Annual national meeting for 14 societies
- Recommendation for international standardization of the education leading to a MM diploma (FIMM document; 300 hours): 125 hours of theory; 125 hours of practical training; 50 hours of consultations. There should also be the same type of final examination.
  - Note that 50 hours in-hospital and outpatient (hospital is not possible in all areas)

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

- M Kuchera (chairperson of the Glossary Committee) thanked the FIMM Education Board, the contributions of extra member (and their societies), and a funding grant from the Osteopathic Research Center located at the University of North Texas Health Sciences Center.

- There is new hope for progress using 3 work groups (French, German, English) and distribution of a submission form. This would allow the Committee to coordinate input in all three official languages; then to provide a synopsis to the Education Board for input and approval prior to making recommendations to the General Assembly
- Form for submission details that references are requested (or required) to provide context, clarity and relevance of a new item as the Glossary grows.

**c. Approval of the Board members**

- **VOTE: Education Board Teyssandier, Gravesen, Gauchat, Kuchera, Bartashewich, Tosnerova, Psczolla, Sotos-Borras (exchanging for Herman Silvan to avoid Victoria having conflict with HPB ) -- unanimous**
- **VOTE: Board recommended that Marc-Henri Gauchat as Vice Chairperson of the Education (unanimous)**

**10. Report from the Chairman of the Health Policy Board (HPB) – Terrier (3<sup>rd</sup> report)**

**a. Report about the Board activities**

- The HPB chairperson felt that the face-to-face HPB meeting was very successful
- Thanks were formally extended to the Czech National Society.
- The two major HPB projects had been slated for discussion: one related to the WHO (World Health Organization) and one to the UEMS (Union Européenne des Médecins Spécialistes).
  - It was noted from the HPB perspective, the UEMS responsibility would be transferred to the ESOMM and no further report would be made at this time by HPB
- The WHO Team (Terrier, Carlo Mariconda, Skew, Sotos-Borras, Mike Ishizuka, Nikonov [as representative for colleague], Watt, von Heymann, and Beyer) met with invited advisor (Boyd Buser) and invited participant (M Kuchera ) supported by Staff member, Stephan Bürgin.
  - Introduction Quality in Educ (WvH), Bologna (Terrier) ... see FIMM News published
  - Boyd Buser contributed significantly to the HPB discussion and plan concerning the WHO. (Buser was formerly on the FIMM Scientific Committee and was a former president of the American Academy of Osteopathy. He is now on the Board of Trustees of the American Osteopathic Association and Dean of the Pikeville College School of Osteopathic Medicine; he participated in 2 prior WHO consultations (for both the chiropractor and osteopathic papers) and has met with WHO officials several times in Geneva and Milan. He knows the general situation in the WHO headquarters relative to the WHO Guidelines on Traditional Complementary Medicines that has been discussed under Dr X Zhang (since 2002), His overview of the process and FIMM implications included:
    - Guidelines are produced at the **request of a member state** (FIMM would need to find political authority to start this when ready).
    - Chiropractic guidelines were produced through the Lombardy Regional Government (the University of Milan is a WHO reference site).

- The WHO scope is interested in providing “minimum requirements and safe practice” (minimum is important to see what the minimum would be to export it throughout the world even in countries where it would be difficult to implement high levels)
- Other guidelines for Chinese Tuina and Nuad Thai have been completed and submitted
- New hurdles (especially WHO Guidelines Review Committee) have subsequently been put in place by the WHO internal system so it might be better to look at other interactions with WHO until new leadership is found (etc)
- Cost was in the \$100,000 range for the United States. If FIMM were to do this, this should be known. The FIMM HPB said it would create the process and seek consensus; when these steps are completed and discussed, then the GA (or another group) can decide how (and if) to go forward or not
- Once WHO accepts the process and WHO takes over the process, FIMM will lose control of the paper and its distribution
- The overview, discussion, and recent changes in both leadership and process of WHO led the HPB to think about other possible directions and/or priorities. The following were considered by the HPB:
  - The *Report on the Legal Status of Manual Therapies* (applicable to all who use their hands – from massage to manual medicine) which has been in process for 5 years but has many, many errors already noted by those who have been asked to comment in the past. With our expertise, FIMM might play a role in helping in the future. This report is not yet published.
  - Wolfgang von Heymann reported on the *WHO Report on Basic Training and Safety in Chiropractic* (50 pages)
  - *The White Book on PMR Medicine in Europe* (72 pages) was discussed
  - *Order 365 of the Ministry of Public Health of the Russian Federation* (12 pages) was discussed by Sergei Nikonov
  - The *AOA Basic Standards for Post-Doctoral Training -- Addendum 4, 5, 6* (149 pages ) presented by Buser
  - The 11page *Guidelines for the Core Curriculum of MM (Chirotherapy)* was presented by Terrier
  - The Syllabus of Musculoskeletal Medicine of AFMM (Australasian Faculty of Musculoskeletal Medicine) was presented by Watt (71 pages).
- The group worked on a “Paper on Basic Training on MM Medicine” without naming it. This is just the working title. Terminology might include “ Manual Medicine”, “Musculoskeletal Medicine” etc – maybe even deciding on a different name such as the “FIMM Specialist”)
  - A lot of consensus was made concerning content -- even if the title could not be agreed upon. The current internal list (likely to change) was:

#### **List of Content**

1. Acknowledgements
2. Introduction
3. Purpose of the Guidelines

4. General Consideration
  - a. Historical Information
  - b. Principles of MM Medicine
5. Glossary

#### Part 1: Basic Training in MM

1. Use of MM
  - a. Administrative and Academic Considerations
  - b. Scope of Practice
2. Acceptable Levels of Education and Training
  - a. Category 1, Undergraduate /Predoctoral Training
  - b. Category 2a, Diploma of Advanced Studies
  - c. Category 2b, Specialty Related MM
  - d. Category 3, Master of Advanced Studies
  - e. Category 4, Doctorate in Manual Medicine
3. Models of Education in MM
  - a. Category D, Undergraduate Level
  - b. Category C, Facility level in MM
  - c. Category B, Capacity Level in MM
  - d. Category A Specialist Level in MM
4. Common Competencies shared by MM physicians.
5. Training of Undergraduate
  - a. Objective of Training of Capacity Level
  - b. Duration
  - c. Core Topics
  - d. Practical supervised clinical experience
  - e. Examination
  - f. Post-degree training
  - g. Continuing professional development
6. Training of Facility Level
  - a. Objective of Training of Capacity Level
  - b. Duration
  - c. Core Topics
  - d. Practical supervised clinical experience
  - e. Examination
  - f. Post-degree training
  - g. Continuing professional development
7. Training of Capacity Level
  - a. Objective of Training of Capacity Level
  - b. Duration
  - c. Core Topics
  - d. Practical supervised clinical experience
  - e. Examination
  - f. Post-degree training
  - g. Continuing professional development
8. Training of Specialty Level in MM Medicine
  - a. Objective of Training of Capacity Level
  - b. Duration
  - c. Core Topics
  - d. Practical supervised clinical experience
  - e. Examination

- f. Post-degree training
- g. Continuing professional development

## Part 2: Guidelines on Safety of MM Medicine

1. Introduction
2. Contraindications
  - a. Direct Techniques
    - i. Absolute contraindications
    - ii. Relative Contraindications
    - iii. Absolute Contraindications using thrust or impulse
    - iv. Relative contraindications using thrust or impulse
  - b. Indirect and Reflex Based Techniques
    - i. Absolute contraindications
    - ii. Relative contraindications
3. Complications
4. References
5. Annexes

- It was decided that a “Paper on Basic Training and Safety “ would be recommended with 4 working groups intent upon producing a first draft by May 31, 2010 (Stephan Bürgin to oversee that this schedule remains on time).
  - This paper is of high importance for the FIMM community considering the medico- political circumstances.
  - The HPB believes that this paper should be our 1<sup>st</sup> priority and thereafter the WHO approach would be 2<sup>nd</sup>

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

- Terrier suggests that a time table would be presented at each GA related meeting. The costs to date were €10000, next year €5000, and 2011 for €5000. This means that the total cost will require another €10000.
- Russian Federation: Work is needed, important, timely and we should support it

*At this point the Delegates of the GA returned to the BUDGET (Item 6) ...*

### **QUESTION: Do we fund surcharge at 0.56 Eurocents per member for the Education Board and Health Policy Board projects previously described?**

- German representative’s comment: The *FIMM Glossary* should not be considered a “special project” because it is “non-ending.”
- Comment from The Netherlands representative: They like the work of the various Boards (Education-Health Policy-Science), but in their opinion, these are really “base costs” not projects. Their concern is also that the smaller societies should not have to pay but rather the larger groups should divide these costs.
- Danish representative’s comment: They would not like to have this conversation every year, they feel that it is best to support the Treasurer
- Canadian representative’s comment: It is not fair that costs always fall on the larger groups. Canada supports the Treasurer.
- Comment from the representative of the Russian Federation: If a project will not be completed in one year, then FIMM will need the potential to raise fees in general rather than to vote on a special project yearly basis.
- USA representative comment: If all projected multi-year or upcoming activities were presented a year in advance, delegates would have the time and

- opportunity to talk with other groups and discuss budgetary matters in advance based upon projected costs. It would also provide each representative with the ability to logically approach their National Society's Board for an appropriate discussion of the project and its funding in the timely fashion needed by most societies to officially vote on a budget..
- The representatives of both Germany and The Netherlands felt FIMM needs to shift €5000 to the fixed costs side of the equation for a one day meeting of at least one of the Boards.
  - The representative from New Zealand remarked that the dues amount works well now but the value of currency is going down and costs of travel continue to go up.
  - In the end it was asked, "Who has a serious problem with this amount?" No representative responded.
- **At the next FIMM Executive Board, it was asked that the Board members propose moving Education "project" costs to fixed costs and that they ask the National Societies to all consider it ( by vote).**

**MOTION: The proposed 2010 projects shall be funded and 0.56 Eurocents will be assessed as a dues surcharge. (Passed 18, 0, 0)**

**AN ADDED ITEM TO THE AGENDA AT THIS POINT WAS STATEMENT FROM THE HEALTH POLICY BOARD TO PLACE ON THE FOLLOWING ON THE FIMM**

**WEBSITE:** The Health Policy statement produced was read but:

- There were recommendations for editing from The Netherlands ("FIMM believes"). Denmark, the Swiss ("reports say" rather than "believe") the USA notes that such a statement is timely for the Bone and Joint Decade because this is a problem for which FIMM National Societies can make a positive impact.
- Word processing done from the delegates:  
«For a large group of patients with musculoskeletal disorders, the healthcare systems of many countries do not deliver an adequate service either in a timely fashion or at all. This unmet need, in many countries, leads to unnecessary prolonged suffering and disability, together with economic consequences due to loss of productivity and drains on welfare, where it is available, as well as inappropriate medical costs.  
Identifying this unmet need has led FIMM to devise a training program in order to produce a medical specialist capable and competent to satisfy the requirements of this large patient group, in a focused, timely, evidence-based and economical manner.»

**UNANIMOUS PASS AS AMENDED AND WILL GO TO WEBSITE**

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

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

- In line with changes made in Varna and the signing of the Memorandum of Understanding, the FIMM International Academy / Science representative needed to be modified
- Member-at-Large (Nikonov) was appointed by the FIMM Executive Board to be this science representative (Science Officer) and to serve as FIMM's link to its scientific mission
- No monies related to science or to science special projects were considered for a vote at this General Assembly



- The FIMM Science officer and Olavi Airaksinen (in his International Academy leadership role) will together try to help coordinate a quality program for the international Conference in conjunction with the FIMM GA and the DGMM congress in Potsdam. Ideally this is an opportunity to gather and disseminate the scientific activities being planned or conducted by all of the National Societies.

**b. Information about the 2010 Congress in Germany including budget requests**

- There will be a one-day presentation for up to 300 in Potsdam on Friday, September 24 (the day after the General Assembly) from 09:00-18:00. This would be at the fiscal risk of FIMM for the scientific international section (and would include posters).
- Workshops would be held Saturday Sept 25 (9-12:30). For this information, FIMM will ask the National Societies to send info to Nikonov and von Heymann. (Presentations and workshops be done in English)
- Some speakers could be invited to present in English with translation
- Encourage others to come; reduced fees for early registration before 30.04.2010.
- By end of this year, FIMM would need names and titles as well as a good idea of the time and type of the presentations. If we do not know by end of the year then FIMM will cancel the Saturday part of the program.
- There would be a biomechanical topic (related to pain) for the FIMM portion of this program
- A call for papers by electronic means (FIMM-website: <http://fimm-online.com>) coming
- **VOTE: The report of the Science Officer including the information on the FIMM International Scientific Conference 2010 in Potsdam was accepted unanimously**

**12. Decision on the membership fees for the next year**

**a. Basic expenditures on administration**

See above

**b. Projects of Boards and Congress**

See above

**13. Membership (admissions/ suspensions)**

None

**14. Date and place of the General Assembly**

- **2010: Thursday, September 23<sup>rd</sup> 2010, SEMINARIS-Seehotel Potsdam, Germany**
- Proposals to be considered for the 2011 General Assembly
  - The Czech national society again offered to be hosts (Prague); they had originally offered this for 2010 but the Germany offer was accepted. This offer for 2011 in conjunction with yet another scientific conference comes with the support and encouragement of K. Lewit (including a fiscal commitment)
  - The national society representatives from Turkey offered to host the 2011 General Assembly suggesting that it be held in the town of Antalya

- A decision was postponed as no acceptable majority was obvious

### 15. Any other business

- It was announced to the General Assembly that elections will be conducted next year for the Executive Board members. Delegates were reminded that Board members will have a commitment to meet 1-3 times annually (usually twice). All National Societies and individuals within the National Societies were invited to please think about nominating or serving in this capacity.
- The International Academy annual meeting will take place June 4-5, 2010 in Amsterdam. This time there will be a 2-day IAMMM science board meeting (diagnostic techniques used in world) preceding the annual meeting.

### 16. Closing of the 44th General Assembly by the President

Minutes kindly submitted by the FIMM Secretary-General, Prof. Michael Kuchera

#### **Amendment: Report of the FIMM-President about a meeting with the Executive Board of the Australian Association of Musculoskeletal Medicine (AAMM) on Sunday, March 28<sup>th</sup> in Auckland, New Zealand:**

“As the Executive Board of the Australian AMM was present at the combined International Scientific Conference “Spine in action”, I had a meeting with them. They since 2008 intended to leave FIMM but postponed this decision until our meeting in Auckland. Main reasons for the intention to cancel AAMM-membership in FIMM were:

- The financial support of the Academy in previous years since 2005
- No access to a board of FIMM – feeling lost and isolated
- The specific situation in Australia for the MM-specialty (in relation to the Australian government)

We discussed all items with a good result:

- It was clarified that there is no longer any financial bondage between FIMM and the Academy (since 2008). The Australians criticized nevertheless the persistent coincidence of the treasurer for both organizations and asked for a change.
- It was clarified that there has been an offer to the Australian association since 2007 to present a successor for Norm Broadhurst. A large number of e-mails from the Education Board Director Marie-José Teyssandier and from the FIMM President have not been answered. It came out that the previous president Michael Oei had just passed these e-mails to the other officers of AAMM, and as nobody volunteered for the Education Board, did not answer to FIMM. Therefore the offer to nominate an Australian member to the Education Board was renewed. Current President Geoff Harding promised to answer this offer after a process within the AAMM. It may become Michael Yelland, who was AAMM President some years ago. But this is not yet officially agreed. Should this become the case, Yelland will come to Potsdam and represent AAMM in the Education Board and in the GA.
- The specific situation of the AAMM was also explained by their leadership: the government refuses to recognize the MM specialty for Australia. Therefore nobody is starting this education meaning that

eventually the association will dry up. In addition to a lot of guesswork and personal rumors concerning relations that appear to be less than democratically controlled between the chiropractors and the physiotherapists to the President of the State, the fact is that the government deliberately prohibits the publication of a study (paid by the government) that found out that care by MM-specialists is cheaper and more cost-effective than any other treatment provided by chiropractors, physiotherapists or PRM/rheumatology specialists. Consequently the AAMM is becoming smaller and is afraid to lose limited monies unnecessarily to FIMM.

- Former FIMM Executive Board member, Ron Palmer is retired, this as well increased the distance towards FIMM.

The end result of several discussions is that AAMM will remain within FIMM and hopes to get some international help to counter the actions of its government that are hurting the growth of manual medicine and its application. The AAMM Executive Board is mainly interested in that paper the HPB is trying to set up together with the EdB to outline the levels of M/M Medicine worldwide and define the MM-specialist. This seems to be the most urgent task.”

Amendment kindly submitted by the FIMM President Wolfgang von Heymann