



***Securing Vision:
Stating Goals,
Strategies,
& Steps***

***“Setting
Strategies
for Societal
Success”***

2023 General Assembly

**Secretary-
General
Report**

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My 2021 Secretary- General Report

Five slides
for the theme

“FIMM:
Our Family
Finding its
Future”

My 2021 Report **Featured** Resources & Decisions
that I **Felt** **Facilitated** **FIMM’s** **Future** Work:

1. Significant **Focus** was achieved from our multi-day **Face-to-Face** special Vision-Mission & mid-year Board meetings (**Frankfurt 2015**)
2. Our **Federation’s Statutes** and **Educational Guidelines** are invaluable in **Facilitating** advancement of **FIMM’s** Vision & Mission
3. GA granting leadership **Flexibility** in leadership’s terms of office provides the opportunity to **Fulfill** projects started but delayed by COVID-19
4. Investing **Fiscal Frugality** resulting from cancellations in the members **Furtherers** our Mission
5. To **Fortify** and **Facilitate** a **Far-Reaching FIMM**, I suggested certain **Strategies** ... which brings me to my 2023 Report

What **strategies** can we suggest to attract national societies to FIMM and attract physicians to join MM societies?

What **steps** can we take to best influence policy makers?

What **science** can we share with insurance companies to optimize reimbursement for integrating MM into health care?

Striving to Satisfy FIMM's Vision Statement



FIMM is an active, internationally recognized federation, attracting national societies and policy makers worldwide, whose main function is gathering, and disseminating knowledge and expertise and proactively advancing integration of Manual/Musculoskeletal Medicine into health care.

FIMM strives to be the standard in the world for Manual/Musculoskeletal Medicine.

What **standardization** does FIMM have to offer?

- *MM Basic Course Curriculum*
- *Reproducibility & Validity Studies Protocol for Diagnostic Procedures in Manual/Musculoskeletal Medicine*
- *Guidelines for Basic Education & Safety*
- Collaboration with ESSOMM and input into UEMS credentialing
- FIMM Education Board evaluation template

Setting the Standard

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Standards should be continuously updated & improved to represent the state-of-the-art

- A **White Paper Background** can identify and educate health policy makers about a need or issue in health care and reference the facts or studies that support it.
- A “**Whereas**” section in a **White Paper Resolution** could be used to specifically identify MM issues and/or the role of MM education or MM-integrated health care.
- The “**Be It Resolved**” section can set a strategy, a goal, a policy, or a plan to address the need or issue.

White Paper Strategy for Societal Implementation



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For example: FIMM Questionnaire responses identified MM educational deficits in general physician education and difficulties in attracting these physicians to MM continuing education courses.

Eg: White-Paper Introduction

- Feature (and reference) international documentation of **evidence of the strategic issue** FIMM would like to address
- Document that **most physicians do not have adequate education for optimal diagnosis and treatment neuromusculoskeletal-myofascial pain and dysfunction.**
- Later, this document can be used by **MM Societies** to help educate physicians and health policy makers in their country.



Eg: Whereas ...

1. The MSK field encompasses both **science and art** arising from a body of empiric and other evidence-based medicine (**EBM**) content from multiple disciplines.
2. Physicians with cognitive, psychomotor and affective **MM education** are **best equipped to diagnose and treat patients with pain & somatic dysfunction in a time-efficient, cost-effective manner.**
3. Most **predoctoral physician education of the MSK field** is generally **inadequate** to fully address optimal care of patients with pain & dysfunction originating from dysfunction of skeletal, arthrodial, muscular and/or fascial structures.
4. **Postdoctoral physician education of the MM field** is generally **inadequate** for most physicians to be able to fully address optimal care of patients with pain & dysfunction originating from dysfunction of skeletal, arthrodial, muscular and/or fascial structures.
5. **Continuing Medical Education of the MM field** is generally **inadequate** for most physicians limiting their ability to learn to fully address optimal care of patients with pain & dysfunction originating from dysfunction of skeletal, arthrodial, muscular and/or fascial structures.
6. **Research support** of the relevance in applying MM diagnosis & treatment is generally **inadequate** to fully examine optimal care of patients with pain & dysfunction originating from dysfunction of skeletal, arthrodial, muscular and fascial structures and to enhance homeostatic and allostatic healthcare.
7. Many **regional/national medical insurance** structures **fail to recognize and/or reimburse** manual medicine interventions.

Be It Therefore Resolved ...

1. FIMM philosophically and academically **supports both development and implementation of standardized** predoctoral and postdoctoral **educational programs** as well as continuing medical education to **advance the use of neuromusculoskeletal and manual medicine interventions** in patient care to mitigate symptoms and impairments related to somatic dysfunction.
2. FIMM **encourages its members to advocate for and support initiatives that promote or reimburse programs** providing access and/or reimbursement of neuromusculoskeletal and manual medicine in patient healthcare.



Thank
You

“Setting Strategies for Societal Success”

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- I strongly support the process of creating an **organized long-range plan** that prioritizes goals, strategies, and steps to advance FIMM's Vision & Mission.
- I hope any such plan is designed to strengthen the MM field and assist our Member Societies in educational and health policy arenas.
- I also hope my White Paper example might encourage FIMM Boards and Member Societies to investigate strategies such as the use of the White Paper to make changes.