

May 2020

To: An Open Letter to Member Organizations of IFOMPT and to all Interested Parties

Topic: Concerning a Name Change and a Change of Focus for IFOMPT

**From: Stanley Paris PhD., PT,
Founding Chairman and Past President of IFOMPT**

Introduction

Concerning the name change being promoted by the current executive committee from “manipulation” to “musculoskeletal,” Gwen Jull, a past Chairperson of the Standards Committee of IFOMPT, recently communicated in effect that “Stanley is the last of the Founders and I would like to hear from him.” And so Gwen, here is my response.

To Gwen and Colleagues

I take no joy in putting together this communication. It grieves me greatly that I feel the need to do so but it is for the future of IFOMPT and the practice of that ancient art and science known as joint manipulation that I offer this response.

To those that are at presently unaware of the issues, it is that the executive committee of IFOMPT is planning to pass a motion that will change the “M” in IFOMPT from “manipulative” to “musculoskeletal.” Such a change will I predict have dire consequences for IFOMPT including a loss of direction and membership and the possible formation of an alternative organization to address the specialized interest of what we call Orthopaedic Manipulative Therapy (OMT) and/or Manual and Manipulative Therapy.

The present members of the executive are attempting to hijack IFOMPT to meet their own academic and clinical interests rather than those for which the organization was founded and designed. It would be better if they would leave IFOMPT alone and form a musculoskeletal organization of their own. It seems easier for them to hijack IFOMPT to both rename and repurpose it. They clearly wish to expand the organization to appeal to more members but I caution that at such a Congress, we who are primarily interested in attending to sustain and develop manual and manipulative therapy, will not find a home in a “musculoskeletal” body, and will need to break away to form a new interest group. This has been the case in both Canada and the United States as I shall point out in this communication.

Know that the executive may not wait to vote on this issue at the next Congress in Melbourne in September 2022 where such a proposal could be debated in fullness and fairness but rather they want to push through the name change as soon as possible. As of May 17th I learn the executive want to take the vote in August. I urge the vote to be delayed until Melbourne as being such an important issue it needs a complete audience and opportunity to discuss.

Recent History

Attendance at the last Congress in Glasgow in July of 2016, those present would have noticed the significant reduction in manual and manipulative therapy papers from about 65% in past years to only 28% at Glasgow. during his response to receiving the Maitland Award, Brian Mulligan decried the lack of papers on manipulation. His comments were met with strenuous applause.

Early History and Why we formed the International Federation of Orthopaedic Manipulative Therapy (IFOMT)

I met Greg Grieve and Freddy Kaltenborn on separate occasions in 1960 and 1961.

In 1967 I learned from Gregory Grieve that Geoffrey Maitland was invited to the United Kingdom by the Chartered Society of Physiotherapy. I responded that I would like to meet with them both and that Freddy Kaltenborn should also be present.

Though we differed in perspectives; we shared a common goal. Geoffrey Maitland was principally about oscillatory motion. For example, if a patient suffered a second shoulder affliction, even more limited in ROM but not symptomatic Geoff, would basically ignore it, stating “the patient is not complaining of it.” While recognizing that pain brought the patient to us, Kaltenborn focused on arthrokinematics of the spine and extremities and would address the dysfunction of the joints through thrust and non-thrust techniques. Grieve was the listener who saw the need for more background knowledge in our education as is reflected in his book “Modern Manual Therapy,” wherein he addresses all manner of disease and dysfunction. For me I sought to integrate what I could learn from all three as well as from osteopathy and chiropractic and later the likes of Elvey, Mulligan and McKenzie.

All four of us Maitland, Grieve, Kaltenborn and I, were primarily interested in seeing that joint manipulation, not widely used at the time became accepted practice in physiotherapy. Using modern terminology, we were interested in “sustaining and advancing the practice of manual and manipulative therapy within physiotherapy.” It was about manipulation – not general orthopaedics or sports, not musculoskeletal or pain science but manual and manipulative therapy.

After the London meeting in 1967, I was appointed as Secretary with the charge to establish a Newsletter and to bring all interested parties together at the WCPT Congress in Amsterdam in 1970. This I did. At that meeting I was appointed Chairman of the Committee consisting of Hanne Thorsen from Denmark and Robin McKenzie from New Zealand with Kaltenborn, Grieve and Maitland as consultants. The charge was to meet again in Montreal in 1974 at which time to establish IFOMT.

In preparation for the Montreal meeting, many countries began forming organizations within their national bodies in order to be recognized by the future IFOMT. In the United States, we applied to the American Physical Therapy Association (APTA) for such a body but were declined. Thus, in 1967 we formed the North American Academy of Manipulative Therapy an independently organization bringing together Canadians and American interested in this field. At our inaugural banquet were representatives of both the Canadian and American physiotherapy organizations. By 1974 we had grown to 942 Canadian and American members and it was agreed that we could form a Canadian Orthopaedic Special Interest Group and a Orthopaedic Section within the APTA.

While founded by those interested in manipulation, these “orthopaedic” groups were not a good home for manipulation. Orthopaedics / musculoskeletal is a broad field and manipulation is a specialty. We wanted and needed programs that addressed manipulation. And so, first, in Canada in 1983 with the formation of Canadian Orthopaedic Manipulative Physiotherapists and then in the United States in 1991 we founded American Academy of Orthopaedic Manipulative Physical Therapists, we broke away from the orthopaedic groups and formed manipulative therapy groups to facilitate our needs. For the sole purpose of facilitating manipulative therapy, these groups, recognized by their national bodies, became part of IFOMPT.

Gwen, there is for me one fundamental question, "Is manipulative therapy a valued treatment within physical therapy?" I have asked this question of a vast clinical and research community and the answer always comes back as a resounding "yes." If that is the case, then it must be protected.

Suppose IFOMPT becomes "musculoskeletal" to attract a larger audience. In that case, those interested in manual and manipulative therapy will, again, need to break away and form their own groups both nationally and internationally. Manipulative therapy needs its own specialized home to sustain and advance its practice. I would support such a move. I predict this will happen, as soon as Melbourne in 2022 and we should prepare for it.

I am fully aware that the almost universal acceptance of manipulation as being part of physiotherapy and its instruction including thrust being a required part of training before graduation, has led to a loss of passion and dedication to its practice. Standards may have declined but at the graduate level they are reinforced by organizations such as IFOMPT. However IFOMPT is failing in its programing and thus it will loose this audience if it does not change course to return to its founding principles.

Gwen, it is evident that IFOMPT is at a crisis point for two reasons. First, because "manipulative therapy" will not find a home in a "musculoskeletal" body. Second, the IFOMPT membership and qualification standards are not set up to shift to a musculoskeletal focus. If this is the stated and avowed intention of IFOMPT I suggest they set up a new distinct body and seek status within WCPT just as we have done before them, and to leave IFOMPT alone to continue its manipulative interests.

I am personally proposing three motions to our American Academy (AAOMPT), which if passed will be presented to IFOMPT. Those motions are as follows:

1. That at least 51% of all programming be clearly identifiable as of interest to manual and manipulative therapy directed at sustaining and advancing its practice.
2. That the IFOMPT Executive Committee ensures that those who host future IFOMPT Congressed meet the charge of the first motion.
3. That the letter "M" in IFOMPT remain manipulative and not changed to musculoskeletal.

I am asking, and if I may on behalf of the Founders, that we delay any decision on a name change to IFOMPT until the Congress in Melbourne to allows for a full and open discussion. An internet vote that does not give voice to all sides is irresponsible. However, with the present rush to change, stating that "the time has come to move forward," I fear the executive committee will not be so delayed. As a result those of us interested in sustaining the art and science of manual and manipulative therapy must make plans and once again be prepared to set up a body speaking to our interests and our patient's needs. Thus, I have begun a process to form FIOMT, the Federation International Orthopaedic Manipulative Therapy and will be prepared to act further should IFOMPT continue on its present course. FIOMT will bring us back to our purpose and standards for our practice.

In closing, please see the above as an argument to get back to our roots. I do not intend to sponsor the formation of FIOMPT as a threat but rather as an opportunity to meet the needs of our members should the current executive change the name and to repurpose IFOMPT. I do this to strengthen physical therapy and especially manual and manipulative therapy, not to weaken it.

So this is my message is to the Executive of IFOMPT. Stop this move to musculoskeletal and reverse course. I thank you Gwen for the request for more information from me.

Stanley

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Fellow and Past President of International Federation of Orthopaedic Manipulative Therapy

Addendum

A Review of Past IFOMPT Programs

The following presents a review of five past IFOMPT programs, highlighting the dramatic shift from manual and manipulative therapy interests to musculoskeletal and general topics.

In the Manual Therapy column are all papers that I held to be of interest to manual therapy. Certainly, manipulative therapists may also be interested in topics related to “pain.” However, I placed such items in the General Interest category as such information are of general interest and not sufficient to bring together manual and manipulative therapists . In the Musculoskeletal Column are topics such as shoulder pain, tendinopathies, exercise prescription etc. Of course there are many grey areas in making such selection but I tried to be consistent across all four programs that I reviewed.

In a fourth column I placed the percentages that manual and manipulative papers constitute of the total numbers presented. The reduction in manipulative papers from a consistent of 60% or more to only 28% in Glasgow brought to light the change in programming that has taken place and highlights the criticism that Brian Mulligan in his Maitland address made reference to.

		Manipulation	Musculoskeletal	General Interest	Manip %
1992	Vail, USA	28	9	0	72%
1996	Lillehammer, Norway	93	25	16	69%
2004	Cape Town, Sth Africa	82	35	19	60%
2016	Glasgow, UK.	42	63	40	28%