

What is in a name?

This month we celebrate 245 years since the adoption of the Declaration of Independence by the Second Continental Congress, paving the way for the pursuit of an independent nation. Just over two months later, on September 9, 1776, the Continental Congress formally declared our new nation's name to be the United States of America. Today, for good or ill, the USA "brand" is recognized worldwide. There is power in a name. Thirty years ago, the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) became an independent association working in collaboration with, but separate from, the American Physical Therapy Association (APTA). Our Founding Fellows realized the importance of orthopaedic manual physical therapy (OMPT). They saw the value in manual and manipulative therapy, the need for such treatment in addressing pain and mobility, and the need to protect it in our practice. With their dedication and substantial efforts, they founded AAOMPT. Our organization is instrumental in raising the awareness of the healthcare benefits of orthopaedic manual physical therapy and the contributions of fellowship training in achieving advanced clinical competence. Orthopaedic Manual Physical Therapy is in our name, and it clearly defines our specialization within the physical therapy profession.

As a member organization of IFOMPT, this shared identity has allowed us to be part of the global evolution of OMPT excellence. This relationship has helped us advocate for our practice, collaborate with other member organizations, and support research efforts that help define and advance our practice. Standards of training set by IFOMPT define the OMPT practitioner. My concern is that the IFOMPT Executive Committee is moving forward to change its name, identity and priorities. **In August, they will convene a special meeting to vote on a constitutional change from the International Federation of Orthopaedic Manipulative Physical Therapists to the International Federation of Musculoskeletal Physical Therapists.** What's in a name? An association's name speaks to its mission. It identifies who you are and what you do. The change from 'Manipulative' to 'Musculoskeletal' redefines IFOMPT and its mission. The AAOMPTBoard is opposed to this motion for the following reasons.

- The founders of IFOMPT did so explicitly to formalize a home for manual and manipulative physical therapy.
2. The IFOMPT and AAOMPT definition of OMPT includes a "biopsychosocial framework" and structured approach based on practice that is consistent with best research evidence including advanced clinical and diagnostic reasoning. "Musculoskeletal" is but one system that OMPTs and physical therapists address in their practice, and therefore, is much too narrow of a term to adequately describe OMPT practice.
 3. We have not heard how IFOMPT's current name limits our standing with World Physiotherapy, the World Health Organization, or other organizations, which is purportedly one of the arguments favoring this change.
 4. Deleting Orthopaedic Manipulative from the name may be interpreted that IFOMPT is moving away from advocacy for a "hands-on" approach and potentially toward advocacy of "hands-off" physical therapy care.
 5. The current name of IFOMPT and the definition of OMPT has allowed for our evolution as a specialty area of physical therapy facilitating communication of the essentials of OMPT to medical journal reviewers and readers. The name IFOMPT promotes future growth and evolution to indeed be the "global leaders in OMPT excellence."

A name change of our international association will affect our brand as manual physical therapists and may affect our ability to defend our practice in the US. Our name tells people about our mission and our impact; we believe IFOMPT's should as well. Individuals should be able to identify what we do from our name. Including manual and manipulative in our name helps us stand out from other organizations. Changing the name of IFOMPT to musculoskeletal may create confusion by diluting the name of a subspecialty that has enhanced clinical practice and our profession. One needs to look no further than the current opioid crisis in the US to see the importance of low risk, high benefit strategies employed by fellowship-trained OMPT practitioners as part of the health care team. What can we do to preserve our identity? We must remain committed to and communicate our mission to advocate for and promote "Excellence in OMPT."

In your service,

Elaine