International Federation of Orthopaedic Manipulative Physical Therapists

SUBGROUP OF WCPT
World Confederation for Physical Therapy

IFOMPT, P O Box 35 602, Browns Bay, Auckland 0753, New Zealand. www.ifomt.org
Ph: + 64 9 476 5353 Fax: +64 9 476 5354 Email: admin@ifomt.org

IFOMPT Newsletter, July 2011

Dear Member Organization & Registered Interest Group Delegates and Special Friends

It was wonderful to meet so many delegates at the recent WCPT conference in Amsterdam. We hope you enjoyed your time there, and we appreciate the time you gave to attend the various IFOMPT meetings.

We were delighted to have 2 symposiums from IFOMPT key people during the conference, and some of these lectures are currently being uploaded onto the website, so please keep looking at the website http://www.ifompt.com/ to view these.

We have had 3 more changes of delegates, so welcome to Manolis Manolarakis, who has taken over from George Chatzis as the delegate for Greece, Helen French, who has taken over from Niamh Moloney as the Irish delegate, and to Karolina Olafsdottir who has taken over from Holmfridur Thorsteinsdottir as delegate for the Icelandic Musculoskeletal Physiotherapy Association (IFOMPT RIG). Thank you to George, Niamh and Holmfridur for your valuable input as MO & RIG delegates respectively over the last few years.

President's Report

It was wonderful to meet with such a lot of the MO delegates in Amsterdam. We appreciate your work and commitment to IFOMPT. The conference was very successful and we had very positive meetings. We welcome your input and attendance at the meetings.

You will see from the reports of the Executive Committee members that they have all been working hard. We are now in the process of preparing for next year's conference. All seems to be progressing well and we look forward to meeting with all of you in Quebec City, Canada. We hope to have a number of countries bidding to host the next IFOMPT conference and voting will be done in the new format. We are also in the process of forming an elections committee. We hope to give you the names of committee members soon. We are hoping that this will provide a transparent and fair election of the next Executive Committee.

The Maitland Awards Committee is almost complete. This Committee will be steered by Duncan Reid. As soon as it is finalised we will inform you of the members and the deadline dates for the next conference.

As many of you may be aware we have been having problems with some of our Member Organisation's parent bodies. This matter is of grave concern to all of us and we are consulting with WCPT to resolve the problems. We would like to urge all of you to try and maintain good relationships with your parent bodies.

During the Executive Committee meeting it became clear that we have managed to fulfil most of our Strategic Plan goals even though some have, over time, became less important. We have therefore decided to have another Strategic Planning meeting in 2013. IFOMPT is growing and over time our goals have changed and it is important that we review this.

I would like to thank my amazing committee for all their hard work, and to Vicki for keeping things together. I would also like to thank all the members of the Standards Committee for the wonderful work they are doing with International Monitoring. We are very sad to have to say good bye to Ann Porter-Hoke and would like to say a special word of thanks for all her hard work over many years. IFOMPT has grown as an organisation because of leadership and commitment from people such as Ann. Thank you.

Annalie Basson

Treasurer's Report

Financially we are doing well at present. The annual budget is in US dollars, but of course the costs of the office are in New Zealand dollars. As the NZ dollar is currently higher than it has ever been, the office costs are going to be higher this year.

The annual dues for MOs are currently covering the running of the office. The WCPT meetings have cost us a lot, although we haven't needed to delve into our resources yet. We have learnt that we can get by and don't need to rely on the conference as a source of income.
I am aiming for it to be possible for the Standards Committee and the Executive Committee to meet face to face annually, which leaves the term deposit as a reserve fund. We are very appreciative of the generous sponsorship by MOs to the November Spain meeting and we hope that MOs will continue to be able to offer some form of support in this way.

A driving force for MO support is being able to attend ECE meetings in non major years, with the next one in 2013 and then 2014. The Executive Committee as well as the Standards Committee needs the ability to attend, as it is important and is politically useful. The Spain and Sweden meeting gave us all a sense of connectiveness and it helped in keeping (potential) problems less volatile. The Spain model of sponsoring and then getting keynote speakers and session chairs from EC and SC, was a win / win situation. The ability to meet face to face once a year should be aimed for as the value for money is enhanced by the work we do. The nature of communication and how we do our business has evolved and we hope it is evident in the amount of the work we get done.

The website is a good vehicle to move forward and has been established without a huge cost. Together with huge support from Vicki, I am still slowly developing the selling of advertising in the newsletter and aiming for a major sponsor further down the track.

Canada has drawn up a great budget for Quebec and the Executive Committee have provided them with little feedback. It is very good that AAOMPT are joining in for Quebec and we hope that they get good USA support with registrations. At WCPT we have learnt that (as Rob Werstine has been elected President) CPA is being very supportive and perhaps joining in as well.

Erik Thoomes

Website Report

Niels Ruso (Austria) and Anders Nygård are now on board starting to help with editing and administration of the IFOMPT website. Some presentations from the IFOMPT symposiums at WCPT are now uploaded for your interest and some more photos are also being added. An 'important dates' link has also been included as a resource to help delegates with meeting deadlines for IFOMPT business.

Remember we would love to list your learning institutions on the website as a way of endorsing them, so please contact Vicki if you wish to take advantage of this facility. Please take a look at the following link to view those already listed. http://www.ifompt.com/Advertisers/Learning+Institutions.html

Michael Ritchie

Research

A significant number of the MO delegates attended the IFOMPT meeting in association with the WCPT conference in Amsterdam. The key issues that were discussed with the research portfolio are as follows:

1. IFOMPT is getting a number of requests via the office and the website from researchers either wishing to promote their research projects or gain access to the wider manipulative therapy community via the MO's. The process for managing this is that as the Executive member with the research portfolio, I will assess the type and nature of the request before these requests are sent to the MO's. If they are suitable for wider dissemination then the request will go to the MO's. It will still be up to individual therapists to consent to be part of any such research projects. IFOMPT will neither endorse nor support the research (at least financially). We are just a vehicle to increase exposure to such projects if we deem them worthwhile.

2. The IFOMPT conference in Quebec 2012 is progressing well in its preparation. The conference is the main vehicle by which IFOMPT promotes research and excellence in OMT. At the WCPT conference IFOMPT was successful in presenting two focused symposia, one on Spinal Manipulation – Evidence for physiotherapist delivery of effective procedures led by Dr Duncan Reid, and Advancing International Post Professional Educational Standards: learning from the IFOMPT experience, led by Dr Alison Rushton. These were very well attended and stimulated great discussion. These presentations highlighted the important role of IFOMPT in the physiotherapy world. Similar focused symposia are planned for the IFOMPT conference. Please go to the conference website to follow the developments leading up to Quebec 2012 http://www.ifomptconference.org/

3. There is a potential development I would like to progress over the next few months and that is to provide a quarterly "manual therapy review". In New Zealand one of the local health insurers sponsors a quarterly review of "rehabilitation research". This is free to clinicians once they have registered with the website (see attached link and / or sample attached - http://www.researchreview.co.nz/index.php?option=com_flexicontent&view=category&cid=115:rehabilitation-&Itemid=123). The insurer currently does not have sufficient funds to do one for manual therapy, but I am keen to get this going anyway. The idea would be to select

key manual therapy articles from a range of journals, provide a summary of the article and then make a commentary on the clinical relevance. I think busy clinicians would find this helpful. There are similar types of reviews out there such as http://www.hookedonevidence.com/ but you have to be a member of the APTA to get this information. If you would like to assist me in developing such a review please contact me via email duncan.reid@aut.ac.nz

4. The 2012 IFOMPT conference will be preceded by a meeting of the teachers of the OMT programmes. The meeting in Spain in November was very successful and I would like to keep these going. The feedback from Spain was to have more practical sessions. I would like to tentatively suggest that we have a section of verbal presentations on teaching, perhaps with a focus on clinical placements and clinical education. This could be followed by a practical session on ways to reduce the stress of manipulation of the cervical spine incorporating the information from the screening document the Standards committee has developed. In this way we can see what countries are teaching in this high risk area. If you have other suggestions please get back to me. However I will be calling for submissions to present at the teachers meeting early next year. The 2012 Conference committee has already allocated rooms at no cost for the teachers meeting and is trying to arrange the registration for the conference to have a section for the teachers to register and pay.

Duncan Reid

Communication and Executive Committee Member Report

As an IFOMPT executive committee member over the past 3 years, I have taken the lead in agenda items related to the IFOMPT newsletter and IFOMPT constitution revisions. Our last newsletter, December 2010 published a survey of the MOs regarding the emerging areas of practice of rehabilitative ultrasound imaging (RUI) and dry needling. Fifteen of the 19 MOs who responded reported that some form of dry needling was being practiced in their country by physical therapists. Of the 12 countries who responded to the RUI questions, all 12 reported that in research and specialized clinical facilities, physical therapists were using RUI.

In follow up to this survey, I lead a discussion at the WCPT-IFOMPT networking session on emerging areas of practice while at the WCPT conference in June 2011. Jackie Whitaker, a physical therapist from Canada, spoke on RUI indicating that there is a group of international experts who have initiated the task of development of international training and educational standards development to provide guidance for PTs who wish to learn the proper administration of RUI. This RUI group will likely be meeting at the IFOMPT conference in Quebec in October, 2012. MO delegates might consider development of position statement motions for the 2012 general meeting to state that both RUI and dry needling are considered to be within the scope of physical therapist practice. Position statements on scope of practice of emerging areas of practice can be helpful for countries that have legislative restrictions on the practice in these emerging clinical areas.

After completion of another forum and further discussion on the proposed constitution changes, it seems that we are very close to having a final document that can be voted on at the general meeting in Quebec at the IFOMPT general meeting in October 2012. At this point, I will finalize a clean document that will be reviewed by the rest of the executive committee as well as MO delegates, Anita Gross and Heather Nicol. Once these final editorial changes are complete, the document will be redistributed to the MO delegates for consideration at least 4 months prior to the general meeting with a goal to have it out to the MO delegates by May 15, 2012. The plan is to vote on the new document in its entirety to replace the old constitution. The executive committee feels that since we have spent 4 years working on the revisions and have allowed for input and comment on the proposed changes with 2 extensive on-line forums and 2 previous MO meetings held during EC meetings, that there has been ample opportunity to resolve any controversial issues. Therefore, voting on the new document as a replacement of the old constitution is the most appropriate and least confusing way to endorse the new, revised constitution.

The other issue related to constitutions that came out of the recent Executive Committee meeting while in Amsterdam, was the issue of development of umbrella manual therapy organizations within a country as the manual therapy educational groups transition from a registered interest group of IFOMPT to a full voting member organization. The sooner an umbrella group can be formed within the evolution of a member organization, the less conflict will likely arise later within the country. In order to provide guidance to RIGs who wish to transition to MOs, the IFOMPT executive committee would like to develop a constitutional template that can be used as a model for development of manual therapy organizations. In order to start that process, IFOMPT will soon be requesting that current MOs provide a current digital copy of their manual therapy organization's constitution, which will be reviewed and used to create a model constitution of future MOs.

This issue of this newsletter includes the results of an MO survey on specialization. As you will be able to see, the responses to the questions were quite diverse since each country has individual national requirements to meet to be called a "specialist" and other countries have no real guidelines in place. Since IFOMPT is a

subgroup of WCPT, any policy or position we put forward regarding definition of a specialist must comply with the following WCPT definition:

WCPT definition: http://www.wcpt.org/node/29536
The World Confederation for Physical Therapy (WCPT) affirms the right of member organisations to make national policies which permit practice specialisation, where such activity is considered by them to benefit the public and the profession by promoting higher standards of physical therapy.
Where national physical therapy associations have adopted practice specialisation WCPT wishes to harmonise and co-ordinate the development of practice specialisation by adopting the following definitions and guidelines:

i. *Physical therapy specialisation is the application of advanced clinical competence by a physical therapist qualified in a defined area within the scope of practice recognised as physical therapy.*
ii. *The qualification of a physical therapist specialist will include a formal process for testing and acknowledging the appropriate advanced clinical knowledge and skills of the speciality. It is expected that the formal process will be fully documented.*
iii. *Advanced clinical competence is the demonstration of knowledge and skills beyond those required for entry to basic professional practice.*
iv. *A physical therapist specialist can demonstrate advanced clinical competence in a physical therapy speciality by satisfying the requirements for the formal recognition of his/her knowledge and skills by a member organisation or its accredited agent.*
v. *A physical therapy speciality is a prescribed area of physical therapy practice formally recognised by a member organisation within which it is possible for a physical therapist to develop and demonstrate higher levels of knowledge and skills. Specialisation is not to be considered or implied to mean a limitation or restriction of practice. The field of activity recognised as physical therapy will remain open to all appropriately qualified physical therapists both specialist and non-specialist practising within their respective levels of competence.*

After consideration of the survey results and the WCPT position statement, the IFOMPT executive committee has developed the following position statement that will be voted on by the MO delegates at the General meeting in Quebec, October, 2012:

Position Statement: 'IFOMPT supports MOs who use graduation of an OMT education program that meets IFOMPT standards as appropriate criteria for granting the title of specialist. IFOMPT also recognizes that some MOs may wish to exceed this baseline level of education with additional criteria to attain the title of specialist based on National MO legislative and regulatory requirements.'

The executive committee feels that the above position statement will allow MOs to develop a minimal standard for specialisation in their country, but also allow for flexibility to exceed this minimal standard if their country has rules in place to establish a higher level of expertise to attain the title of "specialist".

Ken Olson

Report from the Standards Committee

The Standards Committee (SC) met in Amsterdam to continue their work on key educational issues. The informal / formal meetings with MOs were invaluable in Amsterdam and a workshop focused to the processes of international monitoring received very positive feedback from all involved.

SC meetings in Amsterdam, June 2011

Two long days of meetings were invaluable to our committee activity. Lengthy discussions were a great success for reviewing the international monitoring process to date and deciding on feasible developments to existing processes to further support MOs. These developments will be circulated to all MOs soon.

Feedback on the international monitoring workshop was very positive with a request for similar activities at future meetings. The strength of the workshop was discussions using the experiences of MOs on their different processes of international monitoring.

The SC led focused symposium (AR/DR/KB/JP) supported by Jackie Sadi from Canada was a success with good discussion during the symposium and a lot of interest following it from a range of countries and organisations.

International Monitoring (IM)

The SC continues to be busy with the processes of international monitoring. The new first submissions from Germany, South Africa, USA, Ireland, and Switzerland were processed in Amsterdam along with the second submissions from Canada and Sweden. Other MO processes are being completed. Following the meeting, the SC are busy working on the letters to MOs that we will distribute as soon as possible.

Implementation of Standards Document 2008

The deadline for implementation of the 2008 Standards into all programmes is September 2011. We will be writing to all MOs in September asking them to confirm in writing that all of their programmes now meet the 2008 standards following updating of their curricula. The SC will then confirm the evidence of this across all programmes within the IM submissions.

IFOMPT International Standard for examination of the cervical region

The working group met in Amsterdam to discuss the second draft of the document following feedback from MOs. We used the opportunity for face-to-face discussion to resolve some contentious issues within the document. We are currently revising the draft further to circulate to MOs for comment again as soon as possible.

History of IFOMPT Educational Standards
The finalised document is now available on the website and is a wonderful resource and record of the history of IFOMPT standards. Thank you to everyone who assisted us in putting this document together.

IFOMPT Website
We will be adding a document resource area to the SC area of the website that we hope will be useful to MOs to assist the processes of international monitoring. The area will contain documents from the SC, but also documents from MOs that they have devised to support their monitoring processes.

Resource of the Standards Committee
Please remember that the SC is here for advice and guidance on all educational issues and in particular to provide support to assist your development as an MO.

Vacancy on the SC
We will have one vacancy on the SC from our Quebec meeting as Ann Porter-Hoke is stepping down. Ann will be greatly missed as she has been part of the SC for a long time and her experience and diligence has been invaluable. We will be writing to all MOs over the Northern summer asking them to nominate potential new members for the committee.

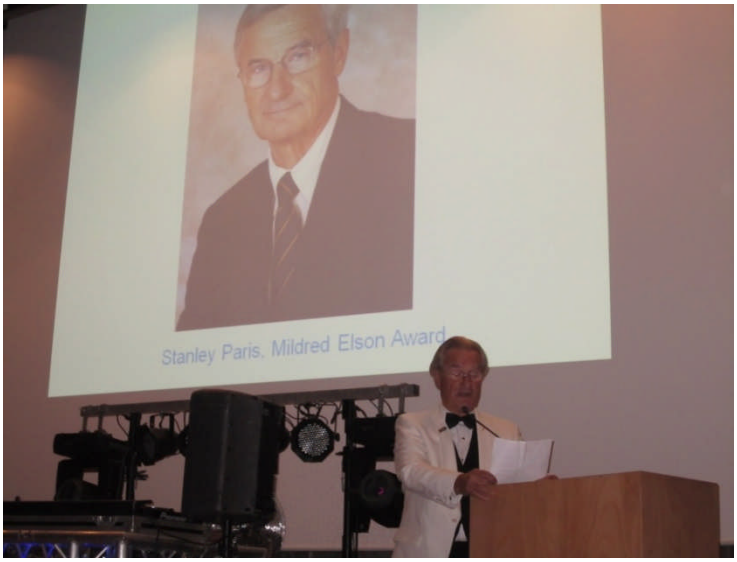
Best wishes for a wonderful summer / winter and we look forward to meeting you all again in Quebec City in 2012!

Dr Alison Rushton (on behalf of the Standards Committee)

WCPT Awards: IFOMPT was delighted to witness Dr Stanley Paris being awarded the Mildred Elson Award during the WCPT Awards night. This is WCPT's highest honour, and recognises sustained leadership over a career. It honours those who have contributed significantly to the development of physical therapy at an international level.

We were also proud to witness Professor Gwendolen Jull, past Standards Committee chair, Professor Ann Moore, leader of Strategic Planning meeting 2001, and Dr Ina Diener, delegate for SA, being awarded International Service Awards. Gwen's was for practice, Ann for Research and Ina for Education.

These awards were established in 2007 to recognise those who have made a significant international contribution in the areas of physical therapy practice, education, research, and administration and development. Congratulations to you all on these well deserved honours, and for representing OMT so well. Stan has contributed significantly to IFOMPT as one of our founders and driving forces in the early years, and Gwen in her role as Chair of the Standards Committee until 2004. Ann was instrumental in developing our current Strategic Plan as facilitator at our Strategic Planning meeting in September 2001 in Antwerp, and Ina is the current MO delegate for South Africa.



Left: Stanley Paris delivering his acceptance speech. Right: IFOMPT past & present Presidents and Standards Committee Chairs - Michael Ritchie, Gwen Jull, Stan Paris, Annalie Basson, Jan Erik Endresen and Alison Rushton

Member Organisation Reports

Canada: Anita Gross

Our Annual General Meeting was held on July 14th 2011 in Whistler, British Columbia. Our specialist program at the Canadian Physiotherapy Association level is being monitored and encouraged to recognize OMT as a category of specialization. The first wave of specialists is just now going through the system and there is a general orthopaedic specialist. Since this is an evolving process we will continue to encourage OMT specialization.

We held two courses for our mentorship at a cost recovery level: 1) A prognosis based approach to assessment and treatment of musculoskeletal disorders: Re-imaging the physiotherapy clinical encounter by David Walton PhD; 2) Evidence-based update on Lumbar Spine by Timothy Flynn PhD. A portion of the University of Western Ontario program involves a critical review of literature and these assignments are being submitted to CAMPT for publication in our New Letter. We continue to be challenged with evolving the research mentorship program for our non-university based Orthopaedic Division Education program. We are working with the University of Toronto to work through these issues and the extent of our nation.

Denmark: Jeppe Thue Andersen

In December 2010 Inge Ris decided to resign as IFOMPT delegate for Denmark. I (Jeppe Thue Andersen) have replaced Inge as the IFOMPT delegate for Denmark. I enjoyed meeting the IFOMPT group at the WCPT congress in Amsterdam.

The last period has been busy (as always) for the Danish OMT group. Recently the group has introduced a new course structure, which we have worked on putting into practice. The process is ongoing, but the general opinion is that the process has been successful.

Another main focus for our group has been the international monitoring (IM) process. In general the IM is relevant, and the IM-process has illustrated areas in the course structures to be optimized. Likewise, the comments from the Standard Committee have been valuable. Though the process is not without expenses, neither cost nor time wise! We look forward to the Amsterdam meeting - with the opportunity to share experiences with other MO´s also still engaged in the IM.

Finally we have been VERY busy planning our Nordic Musculoskeletal Congress (Pain and Dysfunction – Clinical and Scientific update) which takes place in the center of Copenhagen from the 8th-10th of September, 2011. The program is quite comprehensive, including many international key note speakers. If you would like to know more about the congress please visit the congress website; www.nordic2011.eu

Finland: Olli Aranko

Recent activities in Finland:
Again one OMT course is about to graduate. Finland will get 24 new OMT's. That means also that we are organizing an entrance examination for the course 2012-2015 on October. We are also trying to get more accredited clinics in different parts of Finland for the clinical patients work. Let's see how it goes.

During winter we have tried to promote both WCPT congress in Amsterdam and the 11th Nordic Congress in Copenhagen. We wish to get a big group of Finns attending these fine international events. At the end of 2010 Hannu Luomajoki finished his PhD and now we have our first doctor in the OMT society. We are very proud of Hannu, although he has been living in Switzerland for about 10 years. He did his PhD at the University of Eastern Finland, so still keeping his roots here.
Greetings to all our colleagues around the world!

Greece: Manolis Manolarakis

We are very happy because we completed the formation of the Umbrella Group (Hellas - OMPT). We feel the need to thank all the members of both the Executive and Standards Committee for their assistance and especially for their patience. Now we can start dealing with more creative procedures like the International Monitoring.

There has also been a change in the IFOMPT delegate. We would like to thank Mr. George Chatzis, who has been our delegate for the past two years. Mr Manolis Manolarakis will be the new delegate for the next two years.

Ireland: Helen French

The CPMT in Ireland had another busy year in 2011. The primary areas of work for the group were post-graduate education, research and Level II membership.

Post-graduate education
Much of the work of the CPMT continues to focus on post-graduate education with many courses and evening seminars run throughout the country. The CPMT have continued to run the spinal series of courses aimed at new graduates and also developed a shoulder course for this cohort. International speakers included Dr Kevin Simms, Mr Max Zusman and Dr Peter O'Sullivan.

Research
In our continued support for research within musculoskeletal physiotherapy, research grants were awarded for a research project, a research presentation and a research publication. In order to encourage more clinicians to participate in research, a Clinical Innovation Award was developed and will be available for award from 2011/2012.

Level II Membership
The number of Level II CPMT members i.e. those with IFOMPT recognized qualifications, continues to grow steadily. While we have had alternative pathways to Level II membership available since 2010, there have not been any applications for this. As such, the committee has discussed maintaining these pathways open for a period of five years. They will then be reconsidered and if the uptake is poor, the membership will be asked to vote on their continuance.

Level II membership is being promoted amongst physiotherapists throughout the country, but we are encountering some resistance from the Irish Society of Chartered Physiotherapists about the use of a title. The CPMT voted to use the title "Chartered Musculoskeletal Physiotherapist". This issue has been discussed at a number of national council meetings but a formal decision has yet to be reached. This issue will be raised again in August 2011.

Italy: Davide Albertoni

There is some news from our Gruppo di Terapia Manuale (GTM). Our new internet site is updated and our new system of online registration is working well. This year we decided to organize directly courses in Manual Therapy with some discount for our members. On the 3rd and 4th of September there will be a course about treatment of Patellofemoral Pain, with the researcher Christopher Powers (USA). In September and October there will be a course about Pain mechanism with Max Zusman (Australia), with an Italian version and an English version at the University of our Master program in Savona.

The number of our members is increasing and we hope all the events we are organizing will help to encourage people to register with our association. Moreover we are planning to strengthen the relations with other Universities and the parental Association to make Manual Therapy and the figure of the OMT more known in our country.

New Zealand: Wayne Hing

The NZMPA MCEP (Musculoskeletal Continuing Education Programme) courses have been an ongoing activity with the Lumbar Spine and Lower Quartile courses in Auckland attended by more than 40 participants in February, May and July and in Wellington by more than 30 participants in March, May and August. Following the earthquake in Christchurch, the Cervical Spine and Upper Quartile courses had to be rescheduled and the first course took place in May 2011 with the rest to follow later in the year. Feedback has been positive and the interest demonstrates a continued need for these courses.

A Cervical Spine Upgrade Course presented by Duncan Reid and attended by 14 participants took place on 16 July 2011 and the feedback has been very positive. This will be followed by a Lumbar Spine Upgrade course later in the year in Dunedin.

The Biennial Scientific Conference of the NZMPA will take place in Rotorua on 27 and 28 August 2011 and 150 participants are expected to attend the event. The topic is "The Role of Exercise in the Management of Musculoskeletal Pain and Dysfunction" and the invited speakers will be Prof Kim Bennell, Dr Alison Grimaldi and Mr Matt Kritz. All three invited speakers will also present pre- or post conference courses.

A Strategic Planning session was held in early July 2011 where the Executive Committee discussed the future direction and interventions of the NZMPA in order to remain relevant and at the cutting edge of the profession. The resultant Strategic Plan for the next five year period will be tabled and discussed at the AGM in August 2011.

Norway: Heather Nicol

Proposal for official specialist status for Manual Therapists in Norway.
A proposal for official specialization status for manual therapists in Norway has been discussed within the Ministry of Health and Care Services (HOD) and this has slowly progressed over several years . The Ministry of Health and Care Services (HOD) is now evaluating the cost and administrative consequences of a specialist status for manual therapists.
The report should be ready by November 2011, so we are eagerly awaiting the outcome of this and hope that this will lead to positive action from the Health Department.

South Africa: Ina Diener

The Orthopaedic Manual & Manipulative Physiotherapy Group (OMPTG) is a special interest group of the South

African Society of Physiotherapy (SASP). A third of the SASP members are also OMPTG members. The OMPTG members have access to JOSPT online, and a questionnaire on a specific article allows members to earn CPD points. Many OMPT courses are presented in the country on which both national and international lecturers present. OMT forms part of the undergraduate curriculum of universities, and two of them offer a master's program in OMT. The programs of these universities are being monitored by the Educational standards committee this year. The SASP is in the process of submitting motivation for a College of Physiotherapy to be established to offer clinical specialisation in different fields of physiotherapy.

Spain: Jose Miguel Tricás Moreno

The Spanish Member Organization is working hard towards the process of International Monitoring which first round will take place in 2013. We find all the guidelines presented at the IFOMPT´s Closed Meeting and specific Workshop of International Monitoring in Amsterdam and all the comments from those Member Organizations which have already overcome successfully this process very useful.

The Master in Orthopaedic Manual/Manipulative Physical Therapy, which is the only master in Manual Therapy in Spain which has fulfilled IFOMPT Educational Standards, is taking place at the moment at University of Zaragoza, as it is an education supported by this Institution. Both levels of this Master (Level 1 and Level 2) will take place during the summer in an Intensive Model, relying on the presence of the most relevant national and international instructors in the field of OMT Kaltenborn-Evjenth Concept. OMT-Spain is compiling both the most updated contents from these teachers and their manual and practical skills and combining them with all the information presented in the several workshops and meetings in Amsterdam concerning the clinical reasoning and decision-making processes. This Intensive Model counts on the attendance of several students from Mexico, Argentina, Venezuela and Colombia, revealing the interest of these people in receiving an education which quality is guaranteed by IFOMPT.

During the academic year, the OMT Master will take place in an Extensive Model, both levels will be imparted during a period of 14 weekends (each level). These students will also take advantage of the most updated information in the field of OMT.

Switzerland: Harry Herrewijn

First of all we would like to thank Amsterdam for organizing a great WCPT Congress. There were very many good and interesting presentations.

In Amsterdam we also had time to discuss a lot of issues with the Standards Committee and the Executive Committee and other MO`s during the informal meeting, especially about international monitoring. Thank you very much for organizing this.

In Switzerland we have done our first submission for international monitoring and we are waiting for the definitive answers. From the meeting we had in Amsterdam, we know we are on the right track which was good to hear.

The Masters education is running and we are hoping to start with a new group next February.

In Switzerland there is a big issue going on now about the imbursements of Physiotherapy in general. The Mother Organisation has withdrawn from the contract they had with the insurances. They are searching for a new solution at the moment. Wishing you all a nice summer.

United Kingdom: Laura Finucane

Name Change: We have successfully changed our name form Manipulation Association of Chartered Physiotherapists to; **Musculoskeletal Association of Chartered Physiotherapists**.
There have been extensive consultations over the past year and a half regarding changing the group's name to better reflect contemporary practice in their field. The membership voted strongly for changing the name to the Musculoskeletal Association of Chartered Physiotherapists and this has recently been passed by the CSP, our governing body.
The Maitland Fellowship award: An objective of the MACP is to encourage and facilitate the development and maintenance of excellent contemporary clinical knowledge and skills in its members. In line with this objective, an award of up to £2000 has been created to support members' clinical development and provide additional training by funding / part-funding member(s) to visit a clinical centre / institution of excellence either in the UK or abroad.
His clinical expertise, knowledge and enthusiasm has been a source of inspiration to the numerous clinicians who have had the opportunity to meet and work with him over the years. The MACP executive committee believes it would be a fitting tribute to his achievements to create an award that aims to enhance the development of advanced clinical skills in member(s) and this award has been given the title "The Maitland Fellowship Award"
Five year strategy: We recently met to establish our strategy for the next 5 years. One of the areas we intend to review is the membership categories with a view to encouraging a wider membership with a tier system. We are also reviewing our routes to membership as currently entry is through a University based masters programme.

IFOMPT bid 2016: Finally we are preparing a submission to host the IFOMPT conference in 2016. Watch this space!

USA: Tim Flynn

The AAOMPT Annual Conference http://www.aaompt.org/education/conference11/index.cfm will be held at the Disneyland Resort in Anaheim, California from October 26-30, 2011. The program will be supporting the theme: *Physical Therapy: The Frontline of Musculoskeletal Care*. The AAOMPT Annual Conference consistently offers leading educational presentations, outstanding networking opportunities and an exposition supported by companies that offer OMPT products and services.

The conference will consist of 1 and 2 day pre-conference sessions followed by a Fellowship recognition ceremony and a welcome reception. The opening session will provide a day of keynote addresses from Dr. Bill Vicenzino, Dr. Tim Flynn, and Dr. Eric Robertson followed by a wine & cheese reception which allows a lively conversation around research poster presentations. The following day attendees will have a choice of nearly 30 breakout sessions with an international group of clinicians and researchers. The conference will conclude with a series of cutting edge research presentations and a keynote address on translational research from Dr. Gerard Brennan. We hope you can join us!

Registered Interest Group Reports:

Hungary: Andrea Rigo

Past:
In 1993 the first manual therapy courses started in Hungary by the support of the Norwegian Physiotherapy Association. Great thanks for Jan Erik Endresen and his team that they based the professional level in OMT here, in our country! It was followed by other manual therapy trends which came to Hungary, like Mulligan concept, McKenzie method, Maitland concept, Neurodynamics courses, etc.

Present:
Between 2007-2011 the Maitland concept became the most popular manual therapy course in Hungary, and for that we are deeply thankful to John Langendoen (NL) and Kevin Banks (UK). By their work and energy the number of the Hungarian Physiotherapists is increasing who deal with manual therapy.

The educational program of manual therapy in Hungary is in the gradual program in every single Physiotherapy School, and later, inside the postgraduate program we organize the manual therapy courses by the background of IMTA and other organisations.

Future:
In 2012 the Association of the Hungarian Manual Physical Therapists is planning to organise their first Manual Therapy Congress in Budapest. We would appreciate the professional support of IFOMPT for this conference.

One of the Hungarian goals is to create the possibility of having more and more international level manual physical therapists, and later instructors as well.

We are happy that we could help Poland and they recently became a RIG member of IFOMPT!

Final goal:
To organise the manual therapy program inside a Hungarian University at a master level.

Thank you to IFOMPT for all the support offered to Hungary so far, and John Langendoen's huge activities in the development of manual therapy in Hungary!

Standards Committee Business Cycle:

2011

- Implementation of new Standards Document by all MOs
- Revision of IM doc to reflect new Standards Document
- International monitoring:
  - Germany (1st occurrence)
  - South Africa (1st occurrence)
  - USA (1st occurrence)
  - Ireland (1st occurrence)
  - Japan (1st occurrence)
  - Switzerland (1st occurrence)
  - Canada (2nd occurrence)
  - Norway (2nd occurrence)
  - Sweden (2nd occurrence)

2012

- Review of Standards Document due on a 6 yearly basis
- International monitoring:
  - Austria (1st occurrence)
  - Belgium (1st occurrence)
  - Portugal (1st occurrence)
  - Netherlands (2nd occurrence)
  - New Zealand (2nd occurrence)
  - Switzerland (2nd occurrence)

2013

- International monitoring:
  - Greece (1st occurrence)
  - Italy (1st occurrence)
  - Spain (1st occurrence)
  - Denmark (2nd occurrence)
  - Finland (2nd occurrence)
  - Hong Kong (2nd occurrence)
  - Australia (3rd occurrence)
  - United Kingdom (3rd occurrence)

2014

- Implementation of 6 year review of Standards Document
- International monitoring:
  - Germany (2nd occurrence)
  - South Africa (2nd occurrence)
  - USA (2nd occurrence)
  - Ireland (2nd occurrence)
  - Japan (2nd occurrence)
  - Switzerland (2nd occurrence)
  - Canada (3rd occurrence)
  - Norway (3rd occurrence)
  - Sweden (3rd occurrence)

2015

- International monitoring:
  - Austria (2nd occurrence)
  - Belgium (2nd occurrence)
  - Portugal (2nd occurrence)
  - Netherlands (3rd occurrence)
  - New Zealand (3rd occurrence)
  - Switzerland (3rd occurrence)

2016

- International monitoring:
  - Greece (2nd occurrence)
  - Italy (2nd occurrence)
  - Spain (2nd occurrence)
  - Denmark (3rd occurrence)
  - Finland (3rd occurrence)
  - Hong Kong (3rd occurrence)
  - Australia (4th occurrence)
  - United Kingdom (4th occurrence)

From the Office:

Michael is continuing to improve the website, with one of the growth areas being the 'Useful Links' button. An example of this is Google Scholar - http://scholar.google.ca/schhp?hl=en&tab=ws which is a fantastic resource for sourcing abstracts or articles.

We have also started a Facebook page for IFOMPT, which we hope to use as an easy way of disseminating information. Thank you to Niels Ruso who is assisting with the administration of this page.

Best wishes

Vicki Reid
IFOMPT Office Manager

Answers to IFOMPT Questionnaire regarding Specialisation – April / May 2011

1. **According to WCPT criteria all members of IFOMPT Member Organisations (MO) who have completed educational programs that meet IFOMPT standards are specialists. Should IFOMPT acknowledge all MO members who have met IFOMPT educational standards as specialists?**

Australia	This would not work in Australia as we have a third level (Level 1- any physiotherapist with an interest in musculoskeletal physiotherapy, Level 2- IFOMPT equivalent, Level 3- specialist). At present the specialist title has protection in law, so Level 2 couldn't use that title
Austria	Yes
Belgium	Yes
Canada	NO. The *Canadian Physiotherapy Association Guidelines: Clinical Specialty Programs* (CPA Guidelines) establishes the minimum criteria for requirements each clinical Division will use in the review or development of their clinical speciality programs
Denmark	Yes
Finland	No
Germany	No
Greece	-
Hong Kong	IFOMPT can do this by defining its 'specialist' as who have completed the educational programs that meet IFOMPT standards (or other definition). For Hong Kong's requirements for specialists, refer to answer to Q3.
Ireland	No. We expect that the criteria for "specialists" in each country varies. At present there are Level II members in Ireland who have met IFOMPT educational standards but who wouldn't be considered specialist. Under the criteria for Irish Society of Chartered Physiotherapists(ISCP) specialist members which were developed from WCPT criteria, specialists have additional attribute to educational standards
Italy	Yes, even if we think in the future the OMT title should be linked to a postgraduate education in University, as a master of science. It would be the right way to create a reciprocal recognition and to strengthen the value of the OMT title
Japan	Yes, IFOMPT should do. We think that acknowledgement by IFOMPT is vital to the spread of international activities between member organizations
Netherlands	Yes , If MO members have met the IFOMPT standards IFOMPT should acknowledge them as specialists
New Zealand	Yes
Norway	No response
Portugal	Yes
South Africa	IFOMPT should acknowledge all members who have met the IFOMPT educational standards as specialists
Spain	Yes
Sweden	No
Switzerland	Yes
USA	Yes
United Kingdom	Yes

2. **Does your country already have a system for recognising OMT physical therapists as a specialist?**
   If yes - please answer Q 3 and Q4.
   If no - please move onto Q5.

Australia	Yes

Austria	No
Belgium	No
Canada	Yes and NO. OMT is NOT considered to be a specialist in Canada. Albeit, an OMT can apply to become a clinical specialist within the Canadian system. A clinical specialist in the Canadian system describes clinical specialist practice within the profession of physiotherapy in generaland set out the minimum criteria for the requirements each clinical Division will use in the review or development of their professional development programs. The physiotherapy profession has established educational standards and a body of knowledge and skills that are complemented by ongoing continuing education and research. Continuing education may occur in both academic and clinical contexts. The CPA Guidelines: Clinical Specialty Programs provides a framework to assist the Divisions in the development of programs that: • meet physiotherapists' needs for professional development of clinical skills and advanced clinical reasoning in their chosen practice area, • provide a vehicle for formal recognition of a clinical specialty, and • provide the public with a means of identifying clinicians that have successfully met the clinical specialty program requirements in their practice area. These Guidelines allow recognition of a clinical specialist who demonstrates an advanced level of clinical practice through a formal program that combines clinical experience in the specialty practice area, continuing professional development activities and involvement in evidence -based research
Denmark	Yes! Our national physiotherapy organization has a system for recognizing Musculoskeletal therapists. Though, their system is not similar or calibrated with the WCPT/IFOMPT specialization criteria. This means that physiotherapists with the highest OMT training by Danish standards (Dip.MT) are not automatically accepted as specialists
Finland	Yes
Germany	No
Greece	-
Hong Kong	Yes
Ireland	No, they can be recognised as Level II members but they are not called "specialists". Nor can they use a protected title. The Irish Society of Chartered Physiotherapists has another "Specialist" membership process which is a portfolio submission and is based on a number of factors such as post-graduate education, involvement in research and contribution to the development of the profession. Members can apply for "specialist membership" in any discipline of physiotherapy
Italy	No, all our OMT completed a professional master in university, but it is not a Master of Science. So they cannot be considered "specialists" according to the law
Japan	Yes, Japan recognizes OMT physical therapists as a specialist
Netherlands	Yes
New Zealand	No
Norway	No response
Portugal	No. We are developing a system at the moment, and waiting for the publication of new laws that will allow us to create specializations
South Africa	No, currently no specialisation recognised in the physiotherapy profession in South Africa
Spain	YES and NO. At the moment, Physical Therapy in Spain is moving towards the creation of Specialisations. Although the Public Administration does not consider specialisations within the scope of Physical Therapy for the moment, the new Educational System based on Bologna´s Process recognises the figure of the physical therapist specialist
Sweden	Yes
Switzerland	Officially No, that means that as an OMT therapist there are no other regulations as for an Physical Therapist. Unofficially Yes, there are some medical doctors who recognise us as specialists,

	Unfortunately there are few.
USA	Yes
United Kingdom	MACP members are specialists

3. What are the criteria in your MO for becoming an OMT specialist?

Australia	2 year training program followed by clinical examination
Austria	N/A
Belgium	N/A
Canada	Please see appendix below
Denmark	Please see appendix below
Finland	Completed educational program, continuous learning program as required and controlled every 4th year
Germany	N/A
Greece	-
Hong Kong	The following can be found at the website of Hong Kong Physiotherapy Association, under the HKCOP (Hong Kong College of Physiotherapy) Applicants may qualify for the award of Fellowship of Hong Kong College Of Physiotherapy (FHKCOP) and be granted the status of specialist in their chosen area of expertise, when they satisfy the following clinical and academic criteria: A minimum of 5 years of clinical experience in the relevant area of specialisation; A postgraduate master's degree awarded by a university recognised by Hong Kong College Of Physiotherapy; No less than 500 hours of clinical teaching experience (which may include student supervision, training of junior physiotherapists and delivery of training courses to physiotherapy colleagues or equivalent); Demonstrate competence in effective and professional communication in the area of specialisation in both oral and written format by way of the following: o Oral presentation of a paper at a conference on at least one occasion; and o Publication of at least one manuscript in a peer-reviewed journal as the first or corresponding author. For those candidates with a master's degree and a completed dissertation but without manuscript publication, an assignment to demonstrate their writing skills will be required for acceptance by the Examination Panel. Passed a viva voce Examination on clinical cases by a panel of examiners nominated by the Hong Kong College Of Physiotherapy
Ireland	N/A
Italy	N/A
Japan	Candidates have to complete the OMT training course after graduation to become an OMT specialist
Netherlands	After the regular PT education you have to follow a three years OMT master education (72-90 ECT';s) at a university of applied science which is monitored by the Dutch Flamisch Accreditation Organisation (NVAO) of the ministry of education
New Zealand	N/A
Norway	No response
Portugal	N/A
South Africa	No criteria have been put forward by our Health Professionals Council, but the South African Society of Physiotherapy has made initial moves to set criteria for the start of clinical specialisation

Spain	In our MO the criteria for becoming a specialist are: - Being a Physical Therapist (having the Physical Therapy Certificate) - Having completed the OMT Master Education according to IFOMPT Educational Standards, that is, the Orthopaedic Manual Therapy Master of University of Zaragoza
Sweden	A Bachelors degree + 1 year extra university = ½ master. Publication or presentation of scientific OMT-paper. 2 years of clinical work + 3 years of education in the speciality field
Switzerland	--
USA	The mechanism to become an OMT specialist in the USA is to successfully complete an APTA/AAOMPT credentialed fellowship program. These programs meet the IFOMPT standards. Successful graduates are then eligible to become a Fellow in the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT). The USA has a mechanism for international OMT program graduates from an IFOMPT member country to become a Fellow in the AAOMPT. This process is open to members who graduated from IFOMPT member organization educational programs. The process consists of a portfolio review and an oral practical examination
United Kingdom	Postgraduate qualification – entry by examination fulfilling the IFOMPT requirements

4. How many specialists do you have in your MO (approximately)?

Australia	Approximately 60. Approximately 8 in the first year on the training program
Austria	N/A
Belgium	N/A
Canada	None
Denmark	24 has been recognized as Musculoskeletal specialist by our national organization. (some of them, but not all) are member of our group. In our group we have; 40physiotherapist have completed our program and are thereby qualified as Dip.MT- some of them are recognized as specialist by our national organization as they have gained extra experience or competencies in the musculoskeletal field by doing fx teaching or research. 5 members of our group have a MaMT qualification from abroad (all from universities in Australia) – they are accepted as specialist by the national organization due to their training at Master level.
Finland	150
Germany	N/A
Greece	-
Hong Kong	Less than 10
Ireland	N/A
Italy	N/A
Japan	We have about 60 OMT specialists
Netherlands	Approx. 3200 MT's of which 2400 member of the Manual Therapy organisation
New Zealand	N/A
Norway	No response
Portugal	N/A
South Africa	None recognised
Spain	Following the criteria aforementioned, there are 234 OMT specialists
Sweden	50
Switzerland	--
USA	We currently have approximately 700 specialists who are Fellows in the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT)
United Kingdom	1100

5. Should IFOMPT recognise specialists and publish their names on the IFOMPT website?

Australia	Depends on the criteria for being a specialist
Austria	Yes
Belgium	Yes
Canada	If this is within the jurisdiction of each country; IFOMPT could only publish those OMT members that have been recognized within their country
Denmark	Yes
Finland	If the specialist wants to be in such an list
Germany	Yes
Greece	-
Hong Kong	If IFOMPT has its criterion for recognition and there is its list of specialists, agree that IFOMPT can publish the names on the IFOMPT website
Ireland	Yes
Italy	Yes, it would help the recognition of the MO by the physiotherapists who completed the educational programs that meets the IFOMPT standards (many people completed the education but do not register to our association)
Japan	-
Netherlands	I think with this enormous number of MT's it is simply not possible
New Zealand	Yes
Norway	No response
Portugal	Yes, but this should be kept within the jurisdiction of each country to avoid conflicts with specific criteria for recognising OMT specialists in each country
South Africa	YES, based on set and acknowledged criteria
Spain	Yes
Sweden	Don´t know because just a few of the members have not answered the questions we did send out
Switzerland	If they fulfil the requirements, yes
USA	Yes
United Kingdom	Yes- currently individuals cannot say they are a member of IFOMPT and individuals would be seen as International specialists

6. Would specialists in your country be interested in being listed on the IFOMPT website?

Australia	I would presume so
Austria	Yes
Belgium	Yes
Canada	Yes
Denmark	Yes, we certainly think so
Finland	Some of them might
Germany	Yes
Greece	-
Hong Kong	Yes
Ireland	Possibly. The membership would have to be surveyed first
Italy	Yes, of course
Japan	Yes, they are interested
Netherlands	Of course but I think it is smarter to list the names in a quality register of the mo itself and not on the IFOMPT website
New Zealand	Yes

Norway	No response
Portugal	Yes
South Africa	We would imagine that they would!
Spain	Yes
Sweden	Don´t know because just a few of the members have not answered the questions we did send out
Switzerland	Yes, they would. Maybe through IFOMPT more people are getting aware of what Manual therapy exactly is and can do
USA	Yes
United Kingdom	Possibly

7. Should we require a fee for listing specialists on the website?

Australia	I doubt people in Australia would be interested in paying a fee for this service
Austria	Yes but MODERATE
Belgium	Regarding an individual fee: No, if they are a member of the member organisation of IFOMPT . Yes if they are not a member, but still a recognised manual therapist
Canada	Unsure
Denmark	We do not recommend this. Though, we do appreciate that it potentially is a significant task putting that many people on the website – therefore; If the listing is not possible without payment, we suggest this is done on an individual basis (ie the physiotherapists who wants to have their names on the list pays direct to IFOMPT)
Finland	At least not a big one (more like to cover the costs)
Germany	Yes
Greece	-
Hong Kong	Can charge for listing
Ireland	No, each MO already pays an IFOMPT fee and so this should be included in the subscription
Italy	No, people in our country complains about costs of all the association and make them pay to be listed on the site would not be appreciated
Japan	Yes, you should charge for listing. Charging a fee motivates members to try harder to increase the presence in the OMT field
Netherlands	I would recommend that a MO can pay a fee to link to the own website with the list? I think you should avoid that some of the MT's are paying to be listed and others are not resulting in a incomplete list?
New Zealand	No
Norway	No response
Portugal	No. Since the objective is to acknowledge specialists within each MO, we think it should be a free service
South Africa	No, we do not think so
Spain	Yes, but through the MO
Sweden	Don´t know because just a few of the members have not answered the questions we did send out
Switzerland	It depends how high the fee is, and what is done with the money
USA	N0
United Kingdom	No

8. If IFOMPT provides space on the website for specialists, should the information just state the names listed under each MO or should it include a profile of the specialist?

Australia	Profile
Austria	Short profile
Belgium	Preferably a profile or link
Canada	They could provide an biographical profile
Denmark	We do not think a profile or curriculum should be included. We think the list should include; name, title, work-place, and maybe special areas of interest
Finland	Just names to keep it simple and less need for information control
Germany	Including profile
Greece	-
Hong Kong	1. Stated the criterion for recognition, so whoever reading the list would know that the names in the list are those who have satisfied the criterion. Prefer that IFOMPT provides this list of its names only. 2. If including a profile, the profile has to be standardized, and to avoid the sense of advertisement
Ireland	This could be beneficial but we propose that a template is used for profile information
Italy	We think it should be better include a brief profile. This option will help patients to find the right specialist and it would improve the cooperation between MO: sharing contacts for educational event, such courses, congresses and so on
Japan	The listing should include various information including name and profile to introduce the members to a worldwide audience
Netherlands	Hmmm what if all 3200 specialists are listed with their profile?? I don't know whether this should be on the IFOMPT website
New Zealand	Names under each MO and a profile could be included there
Norway	No response
Portugal	It should include a profile of the specialist, clinical practice where the specialist works, as well as email address, phone number and webpage
South Africa	A short profile will introduce them to IFOMPT members
Spain	Names of the specialists could be listed and accompanied by a brief profile
Sweden	Don´t know because just a few of the members have not answered the questions we did send out
Switzerland	If so, with profile. In Switzerland there is a change in payment systems in the hospitals. Therefore it will be important for the people to know to which specialist they should go
USA	It should include a name and profile so that the individual can be contacted
United Kingdom	Not sure

9. Should we have different areas of specialists e.g. clinical, education, research?

Australia	Unsure
Austria	Yes
Belgium	How can you define a specialist in education of research, since there are no standards for that to our knowledge
Canada	NO, CPA`s definition includes all of these areas as being the specialist – see above
Denmark	In general, No! Tough, information about work-place and- type can maybe facilitate networking and communication between IFOMPT members, and maybe this can be part of the information on the website?
Finland	If MO's have such differentiation among the specialists

Germany	Yes, but no extra areas, just marked
Greece	-
Hong Kong	Preferred to give a set of minimum criterion for specialist status for IFOMPT specialists as 'Manipulative Physiotherapists' and have such list organised and not go into details as MP specializing clinical, education, research
Ireland	No, because the criteria for achieving specialist status imply that the person works in and is competent in various fields
Italy	Yes, If applicable. I remind you that in Italy there are no specialists in physiotherapy according to the law. But in other country in which there are different areas of specialists, it would be better to be shown on the website
Japan	Yes, you should do. It is very important to develop the OMT discipline from various fields including clinical practice, education, and research
Netherlands	Yes We simply can not state that all MTs have the same area of expertise
New Zealand	The term specialist in medicine tends to reflect a clinical specialist. Educationalists and researchers are recognised within academia. There is no reason why an academic could not be specialist but that person should show clinical expertise
Norway	No response
Portugal	No. I think IFOMPT should acknowledge specialists in OMT in a general way. In the specialists profile, however, those areas could be mentioned
South Africa	YES – the three fields will be meaningful to differentiate. It could however be combined in certain cases?
Spain	Yes
Sweden	Don´t know because just a few of the members have not answered the questions we did send out
Switzerland	Yes
USA	No this should be listed in their profile
United Kingdom	Yes

10. Should IFOMPT define a set of minimum criteria for specialist status?

Australia	Yes
Austria	OMT is minimum criteria
Belgium	Yes
Canada	The model and framework would first need to be agreed upon. In the Canadian system, a specialist is defined by the Canadian Physiotherapy Association with input from the divisions
Denmark	Would such a list include minimum criteria for being recognised as a specialist or should it include criteria to be fulfilled to maintain the specialist status?
Finland	Yes
Germany	Yes
Greece	-
Hong Kong	Yes
Ireland	Theoretically, this would be a good idea. However, the difficulty outlined in question 1 remains. If different countries have their own criteria for specialist membership, it would be difficult to draw sufficient consensus on this issue, which would be applicable in each country. In Ireland, it would be unlikely that another form of specialist membership would be approved by the ISC other than that which currently exists
Italy	For now we can still use the IFOMPT educational standards, but if in the future the OMT title and the specialisation will be linked to the University level of the education, the minimum criteria should reflect that level. But it is important that all the MOs can reach the same level of education, maybe with the help of IFOMPT and WCPT

Japan	We have no comment on this question
Netherlands	Would be a good idea to explore this possibility
New Zealand	Yes
Norway	No response
Portugal	We think that IFOMT should define the minimum criteria for countries that still don't have a specialization system. That would help those countries to have standardized criteria for recognizing specialists. The countries who already have implemented a system of recognition of specialists could have the freedom to adapt their own criteria, according to the IFOMPT guidelines, or to keep their national system
South Africa	YES – that is the only way in which MOs will feel that the process is transparent and fair
Spain	Yes, IFOMPT could set the minimum criteria for becoming an OMT specialist although capable of being complemented by the MO according to specific requirements
Sweden	In Sweden we do have a system. I would be interesting though as a reference
Switzerland	Yes
USA	Only those individuals that are recognized by their countries standards and these countries meet the IFOMPT standards should be listed
United Kingdom	We regard our members as specialists on becoming a member

Executive in Amsterdam – Erik Thoomes, Duncan Reid, Annalie Basson, Ken Olson, Vicki Reid and Michael Ritchie

Standards Committee in Amsterdam – Lorrie Maffey, Jan Pool, Karen Beeton, Alison Rushton and John Langendoen. Absent: Ann Hoke, Darren Rivett

Appendix 1:

Canada – Question 3:

The clinical physiotherapist specialist:

- Combines clinical experience, skills and knowledge in a specific practice area;
- Demonstrates advanced clinical reasoning and judgement;
- Is skilled at context-based decision making, based on clinical experience and research;
- Utilizes and participates in clinical research;
- Disseminates information that advances practice; and
- Demonstrates professional 'virtue[1]' in their commitment to patients and the profession.

The skills and abilities identified for each competency are as follows:

1. **Advanced Knowledge**
   The clinical specialist will demonstrate an advanced level of theoretical, practice based and research knowledge through

   - in depth knowledge specific to specialty practice area;
   - broad based clinical knowledge;
   - effective pattern recognition in clinical situations;
   - demonstrated reflective practice;
   - advanced critical appraisal and integration of knowledge;
   - advanced information technology skills.

2. **Advanced Therapeutic Skills**
   The clinical specialist demonstrates advanced, effective, efficient, and innovative therapeutic skills in client care, including:

   - the appropriate preliminary screen;
   - the assessment, which incorporates specificity and sensitivity and efficiency;
   - a physiotherapy diagnosis and an anticipated Prognosis;
   - a comprehensive treatment plan with appropriate treatment objectives;
   - advanced ability in performance or implementation of skill in clinical treatment/Intervention;

   NB. *Demonstration of the appropriate advanced level of clinical skills will be specific to the practice area and identified by the relevant Division*.

   - Recognized skills in developing appropriate relationships with clients that promote professional partnerships that achieve effective interventions and client satisfaction; and

   Clinical specialists may participate in or have a leading role in Case Management and may also practice in diagnostic or screening roles that may include provision of treatment plans to other professionals (e.g. telemedicine, interdisciplinary practice models).

3. **Advanced Clinical Reasoning**
   The clinical specialist utilizes analysis, synthesis, evaluation and judgement to integrate

knowledge, skills, experience, and values, in order to facilitate decision making.

The clinical specialist has advanced proficiency in the following components of physiotherapy intervention planning/evaluation:

- Assessment /Differential physiotherapy diagnosis;
- Critical Thinking/ Critical Appraisal
  - Early generation of hypotheses and subsequent challenge of hypotheses for confirmation;
- Intuition[2], which is based on the accumulation and synthesis of knowledge and professional experience
- Pattern recognition and forward reasoning;
  - Effective weighting of assessment findings;
- Purposeful, directed investigation/interviews;
- Lateral thinking to facilitate problem-solving and/or decision making;
- Insight into the client's situation, background and goals; and
- Recognition of barriers to care, rehabilitation, goals.

4. Research

The clinical specialist effectively uses and contributes to research to advance practice.

The clinical specialist will:

- Use critical appraisal and synthesis of research to advance practice;
- Demonstrate leadership in the application and implementation of research findings to their own practice;
  - Disseminate research both inter- and intra -professionally, to the client and their families, government, the public, and third party payors as appropriate;
  - Participate in and be involved with research activities, which may include but is not limited to, grant proposal writing, critical literature reviews.
  - participation in qualitative or quantitative studies, acting as clinical consultant, developing case reports, development of sound clinical research questions and assisting in the design of a research study; and
- Lead or develop clinical program evaluation and/or continuous quality improvement.

Leadership

The clinical specialist demonstrates commitment to the profession, health care and society by engaging in strategic leadership that promotes best practice.

The clinical specialist:

- Appropriately advocates for the evolution of existing practice standards and the development of new ones;
- Act as a role model for colleagues;
- Acts as a professional consultant with regard to professional practice issues; and
  - Assumes leadership roles within and outside the practice setting, both within and outside the profession.

This may include participating in or leading committees, presentations, participation in

regulatory body, professional association, or facility policies and/or management.

5. Professional Development/Life Long Learning

The clinical specialist regularly engages in activities to expand and evolve their knowledge and skills

This may include:

- Integrating and applying new knowledge and principles into specialist practice;
- Seeking out mentors to advance their own clinical practice skills and/or research participation as appropriate;
- Seeking out and creating innovative opportunities for learning; and
- Participating in activities related to practice and research in the specialty area.

6. Teaching/mentorship

The clinical specialist engages in teaching and mentorship that synthesizes and integrates knowledge and experience to support the advancement of the profession and its value to society.

This may include:

- Teaching/supervising students, provisional ELPs;
- Supporting colleagues at all stages of the practice continuum in developing and achieving professional goals;
- Providing tutorials and formal presentations to students, colleagues and other health professionals; and
- Participation in dialogue with other health care professionals, the public, employers and government.

7. Communication/Collaboration

The clinical specialist demonstrates highly effective communication and interpersonal skills to disseminate knowledge, collaborate with colleagues, clients and the public, and to advocate for the client and the profession.

The clinical specialist is proficient in:

- Active Listening;
- Effective Verbal Communication;
- Effective Written Communication; (Documentation and Reporting)
  Effective use of technology and audiovisual tools;

- Targeted Communication techniques and methods (understands their audience)
- Consultation;
- Networking; and
- Advocacy for quality in patient care for individuals, and in the larger context of effect of illness or disability on function, independence and quality of life.

In addition, the clinical specialist may use their knowledge and understanding of the professional and societal environment to participate in advocacy and effective lobbying for change to health policy at the local, provincial or federal levels and/or in media interviews etc.

The clinical specialist may be called to provide a clinical opinion in a variety of situations. (e.g. *expert witness*)

8. Innovation

The clinical specialist actively seeks and creates opportunities that contribute to the evolution of practice in their chosen specialty.

The clinical specialist is committed to advancing their profession through the quality of care they give their clients. The clinical specialist is action oriented and committed to improvements in the quality of their practice, including increased efficiency.

The clinical specialist may participate in or lead the development or inception of:

- Research questions;
- Measurement development;
- New approaches to assessment;
- New approaches to intervention, cognitive - behavioural;
- Systematic use, analysis and integration of data from outcome measures within practice;
- Program evaluation;
- Quality Assurance;
- New Service delivery models; and
- Policy development.

Denmark

Specialising in musculoskeletal physiotherapy
Background of specialty

Musculoskeletal disorders are affecting a large proportion of the population causing pain and loss of function for short or long periods, sick leave and at worst, disability. This specialty aims to optimise prevention and treatment of musculoskeletal disorders. The effort is based on specific clinical tests and therapies on the basis of ongoing clinical reasoning.
The core area for the specialist in musculoskeletal physiotherapy is the body's biomechanics, which means joint, bone, tendon, muscle, nervous system and connective tissue functions. Treatment within this specialist area is targeted and tailored to the patient's functional problems, living conditions and resources.

The purpose of a specialist competence in musculoskeletal physiotherapy is
that the specialist at expert level can apply and further develop the acquired knowledge and skills, including:

- develop and target physiotherapeutic intervention
- visualise the multiple and varied aspects of the knowledge, development work and documentation related to the prevention and treatment of dysfunctions in the musculoskeletal area
- promote the achievement of further qualifications within the specialty for colleagues and partners
- promote a learning environment within the area, so there will be a basis for teaching, supervision, quality assurance, development and research
- initiate and conduct research in physiotherapy within the specialty
- disseminate knowledge and experience of physiotherapy within the specialty locally, nationally and internationally

Stakeholders
The focus area for the specialist will be directed towards patients / clients of all ages with disorders of the musculoskeletal system due to over- or under-load and trauma. There may be situations where people have a need for rehabilitation in order to optimise their resources. The focus area may also be people at certain risk of developing dysfunction. In that way, the psychotherapeutic health care services are beneficial also for the society and its economy.

The specialist's field of work
Within musculoskeletal physiotherapy there are a number of sub-specialties targeting athletes, patients with dysfunction/pain from the spine or extremities, and patients with gynaecological, obstetric and related pelvic dysfunction/pain.

Collaborators within and outside the health care sector
Specialists in musculoskeletal physiotherapy initiate and participate in interdisciplinary collaboration with relevant professionals in primary and secondary sectors. The specialist may also have collaborators such as people in schools, municipalities, counties, businesses, sports clubs and patient organisations. Cooperative parties may be individuals in various sectors such as social, cultural, environmental and education sectors.
Partners are also lawyers and social workers in agencies that assess the loss associated with,, and compensation for, reduced work from acquired disorders of the musculoskeletal system.

Competence profile

Knowledge is used here as shorthand to refer to different levels of knowledge and deals with both knowledge and skills - theoretical knowledge and practical action. Scientific knowledge, technical know-how, craft skills and practical wisdom or discernment is part of this knowledge. Knowledge includes both explicit and tacit knowledge, the conceptual and the embodied knowledge.

Specialist knowledge acquired
The specialist's professional competence is the body's biomechanics: joints, bones, tendons, muscles, nerves, connective tissue, their functions and their interactions.
The specialist can ensure optimal treatment and rehabilitation for the patient's physical activity levels and functions in relation to the patient's daily activities, as per the International Classification of Function (ICF).

The specialist's knowledge is grounded partly in clinical experience and partly in scientifically based theories in relation to risk factors for musculoskeletal disorders, prevention, habilitation, assessment, treatment and rehabilitation.

The specialist can identify complex and complicated disorders of the musculoskeletal system and can treat them based on well-argued suggestions grounded in clinical reasoning. The clinical reasoning is the theory-based methodological approach to diagnosis and quality assurance, since the method includes integrated evaluation of the diagnostic process and treatment outcome.

The specialist may, using acquired professional and pedagogical competence, include the patient in developing his or her acting skills as part of a rehabilitation process.

The specialist can, by means of extensive knowledge in biomechanics and exercise physiology, optimise

habilitation with clients, who in their profession or sports have specific needs of high physical performance.

The specialist should be able to guarantee and improve the activities, goals and priorities for treatment and prevention of dysfunction in the musculoskeletal system.
The specialist must within the following areas have an extensive knowledge of the existing theories, their related methods and evidence supporting these.

- Pathology, traumatology and injury mechanisms in relation to the musculoskeletal system
- Neuroanatomy and neuro-dynamic conditions
- Pain physiology and pain mechanisms
- Epidemiology in relation to the musculoskeletal system
- Functional anatomy
- Kinesiology
- Biomechanics
- Contraindications
- Exercise Physiology
- Specific examination and therapies theoretical and clinical background and evidence for these.
- Imaging
- Drugs affecting structures of the musculoskeletal system
- Psychosocial factors
- Classification systems (ICF)
- Pedagogy, communication and learning
- Research methodology and theory
- Organisational insight and understanding
- Ethics
- Analysis, classification and treatment of complex musculoskeletal problems. Likewise, the specialist could determine the specific needs in relation to rehabilitation, health promotion, prevention, or optimisation of resources for example in athletes
- Application of clinical reasoning and thus the ability to generate hypotheses of possible diagnoses and differential diagnoses in musculoskeletal disorders, test hypotheses and establish the indication and goal of treatment and the rehabilitation process
- Incollaboration with the patient, initiation of a treatment- and/or rehabilitation process, which fits the patient's resources and context. Make the patient act competently and possibly inform, mentor and teach the patient’s/client's relatives, partners and other resource persons about the patient's skill level and potential
- Analysis of patient-specific motion potential, movement skills and movement behavior, selection and implementation of relevant provocation / unloading tests, manual tests and treatment techniques, performance of biomechanical stress analysis and calculations, provision of qualified ergonomic advice
- Identification of contraindications and differential diagnoses and responsibility for onward referral of the patient, when deemed necessary
- Optimisation of the treatment / rehabilitation process from the given conditions and at all levels compared with ICF
- Application of clinical reasoning to condense knowledge and to use as a tool for clinical skills
- Taking responsibly for one’s actions in relation to interdisciplinary priorities, coordination and cooperation
- Quality assurance in relation to treatment, prevention, habilitation and rehabilitation of disorders of the musculoskeletal system
- Evaluation and revision of clinical procedures
- Reflection on and revision of their own practice and their own attitudes
- Initiation and conduct of research in relation to the thesis

- Identification of priorities when it comes to prevention or health promotion of musculoskeletal disorders
- Contribution to the initiation and completion of projects related to health promotion and prevention of musculoskeletal disorders in different settings and audiences

The specialist must have additional knowledge of other relevant disciplines and interdisciplinary areas

Musculoskeletal disorders have many causal factors. It may be a direct injury (over-/under load or acute trauma), but can also result from a variety of diseases. This is why specialists must have additional knowledge of rheumatology, neurology, orthopedic and neurosurgery, gynaecology, obstetrics, oncology, diabetes and nutrition.

Knowledge of the rheumatoid and orthopedic disorders are essential, but also diseases such as obesity, diabetes and cancer may cause accompanying symptoms in the musculoskeletal system. Psychosocial factors may cause musculoskeletal disorders, increase symptoms and reduce the patient's resources. The specialist will therefore need additional knowledge about psychology and sociology relevant to the specialty, and social legislation.

To diagnose symptoms related to musculoskeletal disorders, paraclinical examinations are often used and this is why knowledge of these are necessary.

Three Special Ladies: Anne Moore, Alison Rushton, Gwen Jull.