“International collaboration” and “integration” were the buzzwords at the 13th triennial Federation Internationale de Medecine Manuelle (FIMM, or International Federation of Manual/Musculoskeletal Medicine) Scientific and Educational Congress hosted in Chicago from July 23-27, 2001, by the Kirksville College of Osteopathic Medicine (KCOM), Kirksville, Mo.

The International Congress Program, “Integrative Manual Medicine,” featured a full day on evidence-based manual medicine and 4 days of state-of-the-art lectures and hands-on workshops. As an added bonus, KCOM and FIMM also offered 3 days of preconference workshops and 2 days of postconference workshops open to all attendees.

FIMM is a physicians-only organization made up of 26 member nations representing over 17,000 allopathic physicians and 1000 US-trained osteopathic physicians. “FIMM assists nations, individually and collectively, to achieve and maintain [the] best medical practices by its promotion of high standards of education and accreditation,” noted FIMM President, Michael Hutson, MD, of Nottingham, United Kingdom.

In 2001, FIMM decided to meet in the United States for the first time since the federation’s inception in 1958. Several hundred attendees from 21 of the 26 member countries participated. Sixty-five international faculty members attended, and more than 100 participants were international physicians. The program was an acknowledged success in keeping with KCOM’s goal of fostering an international agenda for osteopathic medical education and research through collaboration with physicians.

To continue KCOM’s research emphasis, a highly rated and critically acclaimed postconference workshop titled “Tools for Scientific Investigation in Manual Medicine Research: Foundation for International Consensus” was organized by KCOM researcher and assistant vice president of osteopathic research, Brian F Degenhardt, DO.

This workshop featured researchers from several of the colleges of osteopathic medicine, representatives from the American Association of Colleges of Osteopathic Medicine (AACOM), the American Osteopathic Association (AOA) Bureau of Research, the American Academy of Osteopathy Louisa Burns Osteopathic Research Committee, and several members of FIMM’s Scientific Committee. Forum participants grappled with issues unique to manual medicine research including interexaminer reliability, sham manipulative controls, and limitations in the evidence base.

**FIMM’s Scientific Committee report**

Jacob Patijn, MD, of Eindhoven, The Netherlands, outlined the research agenda (available at [http://fimm-online.org/](http://fimm-online.org/)) recommended by the FIMM Scientific Committee, which he chairs. The 12-member FIMM Scientific Committee includes two American representatives: Boyd R Buser, DO, Associate...
Dean of the College of Osteopathic Medicine at the University of New England, Biddeford, Maine; and Robert Ward, DO, of the Michigan State University College of Osteopathic Medicine, East Lansing, Mich.

A number of the US colleges of osteopathic medicine have adopted the interexaminer reliability protocol recommended by the committee.

KCOM researchers, Dr Degenhardt and Karen Snider, DO (recipient of a National Institutes of Health [NIH] bridge grant to promote clinical research development), provided preliminary data and perceptions on their interexaminer studies undertaken to provide quality pilot data for their osteoporosis research grant application to NIH.

“The postcongress workshop addressed many issues that arise when clinical-outcomes research in the field of manual medicine is discussed,” observed AACOM’s Cathleen Kearns. “The FIMM conference [and workshops] provided a wonderful opportunity for manual medicine researchers from several countries to come together to discuss common problems—and to use the wealth of experience in the international manual medicine community to begin to find ways to address the obstacles inherent in conducting clinical-outcomes research in this area of medical practice.”

KCOM: A revitalized research culture

In 1998, KCOM organized and held the “Convocation for the Second Century” to gather input from alumni, faculty, students, and others. Overwhelmingly, the college recognized research as one of its major objectives for the 21st century. KCOM accordingly committed $1 million for its Strategic Research Initiative (SRI). In turn, SRI-funded pilot studies, recruitment and mentoring of clinical research faculty, and protected–research-time policies successfully laid the groundwork for several clinical research grants submitted to NIH. Consequently, KCOM has become the first osteopathic medical school to receive two NIH awards for osteopathic research/methodologic studies.

Building on the revitalized research culture encouraged at KCOM over the past 3 years, KCOM then gathered $11 million in endowments and deferred gifts to launch a functional A.T. Still Research Institute to serve as a national and international resource to advance and disseminate the evidence base for osteopathic manipulative medicine.

Assuming the directorship of the new institute was KCOM’s former chairman of the Osteopathic Manipulative Medicine (OMM) department, Dr Degenhardt. He and other members of the administrative team (John Hear, PhD; Michael L Kuchera, DO; and Robert Theobald, PhD) gathered an impressive group of outside consultants. Several members of KCOM’s interdisciplinary A.T. Still Research Institute plan to collaborate with the newly named Osteopathic Medical Research Center at the University of North Texas Health Science Center at Fort Worth—Texas College of Osteopathic Medicine.

The three most important things: Collaboration, collaboration, collaboration

With a strong belief that US osteopathic physicians can build on studies conducted abroad, Dr Kuchera has forged international partnerships among leading manual medicine instructors and researchers. KCOM international partnerships and programs have been carefully designed to raise educational and research standards and to increase understanding of the American osteopathic medical profession worldwide.

One example illustrating the value of such international partnerships can be seen in the presentation at the FIMM Congress of a series of studies by Stefan Blomberg, MD, PhD, a member of the FIMM Scientific Committee. Dr Blomberg summarized the extensive studies that he conducted with professor Kurt Svärd-Sudd, PhD, and others at Uppsala University, Uppsala, Sweden. He also provided a glimpse into the unpublished results of their current project.

Resulting in a half dozen international papers,* this series of research compared manual medicine treatment (MMT), with or without steroid injections, to the standard existent evidence-based management for randomized subjects with acute or subacute low back pain.

Control subjects followed the “stay active” concept of pain management: staying active, ergonomic improvements

* Downloaded From: http://jaoa.org/pdfaccess.ashx?url=/data/journals/jaoa/931982/ on 11/30/2018
for routine tasks, postural and stabilizing exercises, physical therapy modalities, and medications as commonly prescribed and taken for low back pain.

The Swedish investigators concluded that a pragmatic approach including MMT techniques—with or without steroid injections—provides superior relief for patients with low back pain when compared with standard optimized “stay-active” modes of therapy:

▪ MMT without steroid injections was more successful than the standard orthopedic treatment alone to those who also received muscle stretching.

▪ MMT with steroid injections was superior to MMT alone—which was, in turn, more effective than standard orthopedic care. This result is especially true if the patients experienced lower extremity pain radiating into the legs.

▪ The progress made by patients in the MMT group increased during the follow-up period, implying long-lasting effects.

In a crossover study, Dr Blomberg and his colleagues took half of the patients from the standardized control who had not improved in the 4 months of follow-up (n = 21) and incorporated MMT and steroid injections.

Following these patients over the remainder of the 3-year observation period, the experimental group demonstrated significant, dramatic, and continuous improvement compared with those who were not switched to MMT and steroid care. The control group showed minimal improvement and the total sick-leave use was 88% less in the crossover group than in the controls.

Dr Blomberg was excited about the results because they demonstrated that MMT is an important treatment method for patients with acute, subacute, and chronic low back pain. “The results were reproducible,” Dr Blomberg observed, “and the results were verified in a blinded situation by an independent orthopedic surgeon.” Conference attendees were excited about gaining insights into the inclusion and exclusion criteria, clinical-outcomes instruments used, and other study design features.

**Spread the word**

John B Crosby, JD, Executive Director of the AOA, applauded the congress “for bringing together medical practitioners from all over the world to discuss advances in knowledge related to manual medicine.” In his address to the FIMM leadership and conference attendees, Crosby emphasized, “The AOA strives to spread the word about the power of hands-on care and to ensure that manual medicine is included as an important choice in the integrated model of modern healthcare.”

Crosby also acknowledged the “growing interest in international medical practice and educational initiatives” and the efforts of US-trained osteopathic medical physicians “to contribute freely to the development of integrated models for medicine in other countries.”

**NEW & Noteworthy**

**Stefan Blomberg, PhD, MD, performs osteopathic manipulative treatment on a fellow FIMM attendee.**

Dr Blomberg is a member of the FIMM Scientific Committee. (Photo by Nancy Vitucci)

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