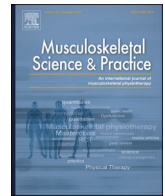




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Reflections on 50 years of IFOMPT

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ABSTRACT

2024 marks the 50th anniversary of the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT). IFOMPT became the first subgroup of World Physiotherapy. IFOMPT aims and works for global promotion of excellence and unity in clinical and academic standards for manual/musculoskeletal physiotherapists. This dissertation reflects on some of IFOMPT's initiatives and achievements as an international organisation in its first 50 years as well as challenges for next 50 years. IFOMPT has achieved in several initiatives. These include the development of an international educational curriculum in manipulative/musculoskeletal physiotherapy which underpins education standards for membership. Educational standards for membership is a relatively unique requirement of a professional organisation.

IFOMPT has achieved in developing several initiatives to disseminate knowledge for best standards of practice for its members and the wider community. The pinnacle is its four yearly international scientific conferences where the latest issues in both research and practice are presented and discussed. IFOMPT has also developed frameworks to guide clinical practice in key areas for safe practice – vascular pathologies of the neck, a clinical reasoning pathway to identify 'red flags', and the use of spinal manipulation in paediatrics. Other resources include on-line lectures, podcasts and research reviews.

IFOMPT has challenges for the future. These include increasing the number of member countries and further establishing its profile and position of leadership in manual/musculoskeletal physiotherapy in the international context, particularly with decision makers in world health.

1. Introduction

2024 marks the 50th anniversary of the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT). IFOMPT was founded in 1974 in Montreal. The foundation was the culmination of the vision and work over more than 10 years by many physiotherapists internationally, but particularly the work of Stanley Paris, Geoffrey Maitland, Freddy Kaltenborn and Gregory Grieve. These physiotherapists are recognised as the Founders of IFOMPT and their vision was conceptualised at their now trademark 1967 meeting at St Thomas's Hospital London (Fig. 1). In 1978, IFOMPT became the first official international specialty group of the World Confederation of Physical Therapists (WCPT), now known as World Physiotherapy. The history of IFOMPT in terms of key dates and events has been mapped and described in other publications (Lamb et al., 2003; Lonnemann and Brismée, 2017). Key features are summarised in the timeline (Fig. 2). The purpose of this 50th anniversary paper is to explore 'behind the scenes'. We reflect on aspects of IFOMPT, in particular, its relatively unique requirements, processes and stages for membership, its initiatives and achievements as an international organisation in its first 50 years and challenges as it enters its next 50 years.

2. Membership

2.1. Educational standards as a criterion of IFOMPT membership

In the foundation meetings leading to the formation of IFOMPT (source: minutes of early IFOMPT meetings), 'credentialing criteria' were established which permitted delegates from attending countries to vote on matters to do with the development of the IFOMPT constitution and other by-laws. These original criteria later transitioned into IFOMPT membership criteria:

- i. The country had to have a formal manual therapy organisation.
- ii. The organisation had to be accepted by their national (physiotherapy) body as representing the manual therapy specific interest in their country.
- iii. Their national body had to be a member of WCPT.
- iv. Membership of the specific interest group had to be by examination.

Thus, educational standards as a membership criterion for IFOMPT was proposed from the beginning (criterion (iv)). This proposal was questioned by some, but it was deemed important at the time to have an

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Fig. 1. The meeting at St Thomas’s Hospital London in 1967 where the formation of IFOMPT was discussed. From left to right, Geoffrey Maitland, Stanley Paris, Freddy Kaltenborn and Gregory Grieve.

organisation with standards of postgraduate education in manipulative therapy. Standards were also deemed necessary to encourage education globally. This would establish the expertise of physiotherapists in manipulative therapy and align their expertise with that of other professions, in particular, the medical manipulators in Europe and the chiropractors in North America. The latter at that time were seeking legislation for the unique right of practice of manipulation. The ethos of the original educational standards document has essentially been maintained through subsequent iterations. They were written not only to state what was the expected theoretical background and practice of a manipulative physiotherapist, but more importantly, to provide guidelines to prospective member countries for curriculum development of

postgraduate courses. As may be expected, there has been considerable development and expansion in subsequent revisions of the IFOMPT Educational Standards consistent with the advancement in knowledge, the evidence-base of manipulative and musculoskeletal physiotherapy and educational theory. The current standards present a contemporary, comprehensive guide to professional and curriculum development for manipulative/musculoskeletal physiotherapy, both for countries developing their programs and for member organisations whose programs undergo mandatory rereview every 6 years.

High standards of practice were the original motivator for mandatory educational requirements for membership and remains the sentiment today. Originally, six countries met the education standards for IFOMPT membership. Some 50 years on, 25 countries are now full members and a further 13 countries have registered their interest in joining and are working to meet the educational requirements.

2.2. Umbrella groups

In addition to meeting the required Educational Standards, the manipulative therapy group seeking membership of IFOMPT must be endorsed by the country’s national physiotherapy association as the sole organisation representing that country, and the country is a member of World Physiotherapy. This requirement has been consistent over IFOMPT’s 50-year history. This poses no problem for many countries. Nevertheless, it was and still is a problem for some countries who have more than one group. It arose originally because various interest groups within a country based their educational programs on different ‘approaches or concepts’ of manipulative therapy, each of which met the educational requirements of IFOMPT. These groups were fiercely defensive of their ‘approach’ and would not entertain amalgamation. On some occasions the views of these groups were at odds with the parent body’s views of education and direction of manipulative/

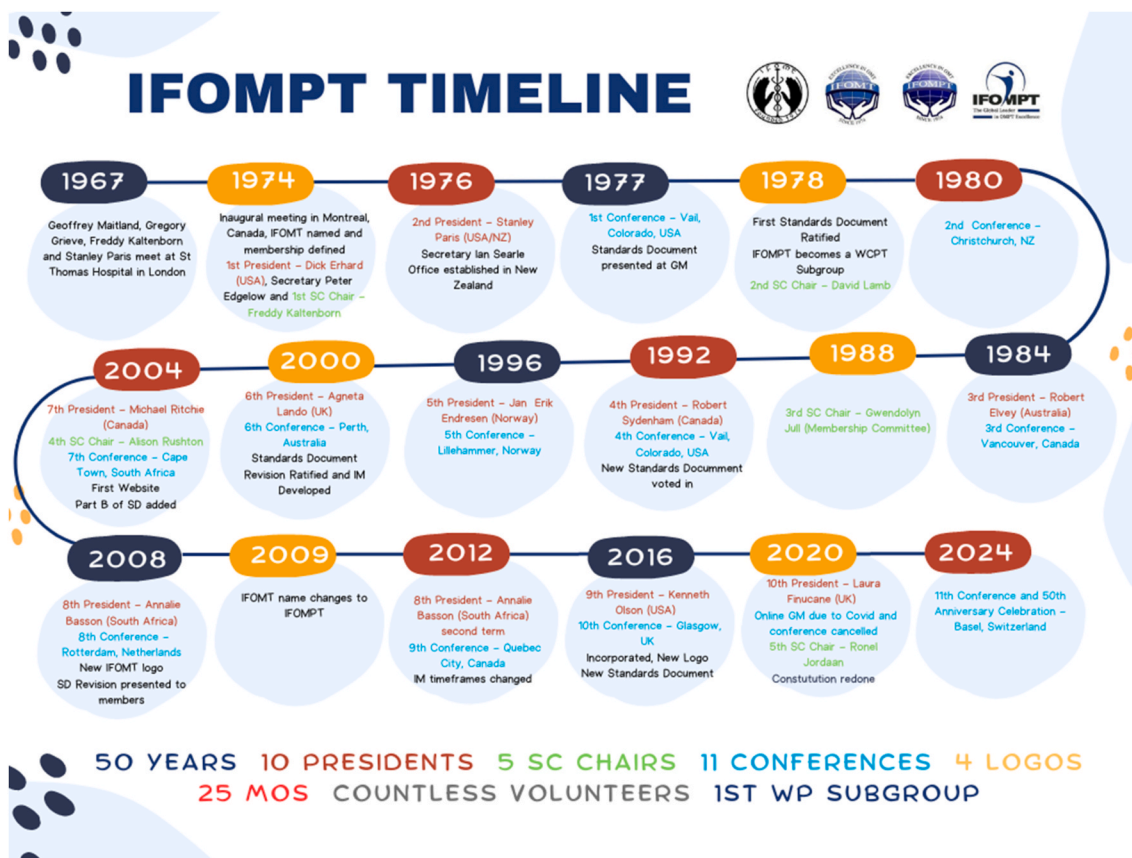


Fig. 2. Timeline of the history of IFOMPT.

musculoskeletal physiotherapy. There were also issues of financial gain, with each group within a given country teaching courses and trying to attain dominance in the field and/or country. The situation was self-destructive as these interest groups could not all be the recognised sub-group of their national physiotherapy bodies. They therefore denied themselves and their countries, membership of IFOMPT. It was a particular problem for the first 10 years which challenged the essence of IFOMPT as a representative international body. It also slowed progress in IFOMPT's aim of promoting and progressing high standards of manipulative and musculoskeletal physiotherapy throughout the world.

In 1984 Mr Robert Elvey, as president of IFOMPT, presented and led the negotiations to realise the concept of an 'umbrella organisation'. An 'umbrella organisation' would allow more than one organisation with recognised educational standards from a country to have representation in IFOMPT, as the umbrella organisation would be the Member Organisation of IFOMPT. This sounds a simple solution to what had been a tumultuous and somewhat 'vicious battle' in several countries. It took a great deal of effort and professionalism on the part of many to achieve acceptance of the umbrella organisation concept. It also required consultation with World Physiotherapy, then WCPT. Changes were required (and made) to their constitution to enable the new description of an IFOMPT member organisation and for IFOMPT to maintain sub-group status in World Physiotherapy. Today, member organisations of IFOMPT are obliged to recognise all manipulative/musculoskeletal therapy groups in a country whose members (i) are members of their national physiotherapy association and (ii) have passed an IFOMPT accredited educational program.

The formation of umbrella organisations provided a solution which is still in use today if there are several manipulative/musculoskeletal therapy groups within a country. On reflection on clinical and academic grounds, there is no basis for one approach to feel superior to another, and no justification for division based on different approaches. The evidence has clearly shown that all manipulative/manual therapy 'approaches' have similar outcomes with respect to pain and disability and thus have common neurophysiological mechanisms. An experienced and skilled physiotherapist will be competent in several approaches and thus be capable of offering truly patient centred care. Physiotherapy prides itself on being an evidence-based profession. Based on mechanistic and clinical evidence, countries seeking membership of IFOMPT should work towards formation of an all-inclusive member organisation in their country, that recognises and embraces diversity in approaches.

2.3. Reciprocal recognition

It is very uncommon for health professions to aspire to a set of educational standards that are truly applied in a worldwide framework and the forefathers of IFOMPT must be commended on this vision. One of the benefits of having a universal educational standard is reciprocal recognition. Graduates of IFOMPT approved education programs can use the title of "Manipulative or Musculoskeletal Physiotherapist", denoting their achievement. Reciprocal recognition means that if they chose to move to another IFOMPT member country and work in the musculoskeletal field, their education and title is recognised by that member organisation. This recognition has not been universally accepted by all IFOMPT member organisations and there has only been reasonable uptake. As of 2015, the member organisations from Austria, Australia, Canada, Denmark, Finland, France, Germany, New Zealand, Sweden, Switzerland, the United Kingdom and USA accept graduates of IFOMPT approved programs. Nevertheless, there are several current and future challenges with respect to universal acceptance of reciprocal recognition. First, reciprocal recognition is often confused with registration to practice. This is a different process, and many countries have stringent requirements and examinations to gain legal practising status, i.e. registration. Reciprocal recognition only applies after a licence to practice is secured. Second, a manipulative/manual therapy qualification from a tertiary institution is linked to physiotherapy treatment fees

and charges in some countries, which governs who can use the title. Third, graduation from an approved IFOMPT program infers specialist status in some countries, but criteria for use of the term specialist are very different around the world. Often, specialist titles/status requires further training and examinations beyond the IFOMPT standards. World Physiotherapy provides guidance on the use of the term specialist. With the advent of other titles such as Advanced Practice Physiotherapists, Extended Scope Physiotherapists in addition to Physiotherapy Specialists, there is clearly more work to be done to determine the level at which reciprocal recognition can become universal across IFOMPT member organisations. Given there has been much written about the effectiveness of advanced practice physiotherapists (Vedanayagam et al., 2021), an aspiration is that many graduates of IFOMPT approved programs seek further education and training to operate at the level of advanced practice physiotherapist or specialist.

2.4. IFOMPT membership process

IFOMPT constantly seeks new member countries to fulfil its quest to promote and progress internationally, high standards of manipulative/musculoskeletal physiotherapy. Member country numbers after this first 50 years are possibly below expectations. Hence it is appropriate to review actions that have been taken or might be taken in the future to gain greater numbers of member countries.

Countries aspiring to become members of IFOMPT usually start the process by joining as a registered interest group (RIG). IFOMPT's constitution requires the RIG to have developed a code of conduct pertinent to the functions of the special interest group, formed a committee of office bearers, gained recognition from the parent physiotherapy body as the group representing manipulative/musculoskeletal physiotherapy in that country, pay the requisite joining fee to IFOMPT and have or are developing a postgraduate course curriculum which meets IFOMPT's educational standards. As mentioned, the number of RIGs and the progression to member organisations has been slower than hoped. It was deemed that this lack of growth may be due to barriers such as; the fee to join being too high (especially for developing countries), the legal costs in some countries to develop the code of conduct (especially where there is more than one group and the umbrella group needs to be formed), and not surprisingly, the need not only to develop a comprehensive curricula to meet IFOMPT standards, but to present the relatively sophisticated academic document in English.

Recognising these barriers, the IFOMPT executive in 2017 formed an advisory group on membership development. The task of this group was to facilitate the pathway to membership by improving the processes to gain member organisation status. The initiatives taken were (i) to clarify the membership processes by creating a series of power point presentations with commentary (see <https://www.ifompt.org/How+to+Join/The+Pathway+to+Membership.html>) and (ii) to appoint a member of the advisory group to the RIG. Their task is to assist the RIG in developing their curriculum based on the IFOMPT standards document. It was considered most ideal if this assistance was offered in the early stages of development. A second task is to undertake an assessment of the curricula and documentation for completeness before it is formally submitted to the Education Standards Committee.

Another key change in the membership process was awarding RIGs Associate Membership status once their curriculum was developed and submitted to IFOMPT and onto the Standards Committee for evaluation. This means that they can engage more fully in IFOMPT activities whilst they are waiting for full membership.

Reflecting on these initiatives, the support and interim level of membership have had positive outcomes which has resulted in some growth in membership. Wider engagement is necessary and towards this end, further initiatives are in process to help RIGs. These include having the documentation in multiple languages as well as provision of clear templates and guidance on how to write competencies and evidence-based curriculum. Another initiative currently being considered is the

potential for having a minimum set of standards that can facilitate early achievement of an associate member status and then staircase in time to the full standards dimensions.

3. International activities and achievements

3.1. IFOMPT conferences

IFOMPT has held an international conference every four years since its inception in 1974, the exception being 2020, a consequence of the Covid 19 pandemic. It is now the premier international conference for manipulative/musculoskeletal physiotherapy and provides the venue for international exchange and connection. Traditionally, as commonly occurs, conferences include business meetings of the Federation.

The first formal and full IFOMPT conference was held in Vail, Colorado, USA in 1977. Conferences have covered a broad scope of theory and practice in the basic, behavioural and clinical sciences by experts in these fields as the proceedings of the first conference in 1977 attest. In addition, many of the early conferences showcased the clinical art. Leading clinicians presented the application of their concepts in live 'on stage' demonstrations with patients, which had its supporters and critics.

Physiotherapy advanced in the underpinning basic, behavioural and clinical sciences with the advent of evidence-based practice. Research into manipulative and musculoskeletal physiotherapy gradually, and within a couple of decades, rapidly increased. Increasing numbers of physiotherapists worldwide were undertaking higher degree studies, not only in coursework but in research. Many physiotherapists are now leading research teams and are international experts. Contemporary IFOMPT conferences showcase this research from around the world. Yet, notably, conferences still retain and emphasise the importance of the clinical art. Preconference courses and 'in conference' symposiums and workshops are always included in the program. The growth and maturity of the IFOMPT is well reflected in its conferences.

3.2. World-leading resources

IFOMPT has traditionally promoted research and best, evidence-based clinical practice via the conference. Other initiatives were undertaken in keeping with the IFOMPT vision to educate and promote safe practice in manipulative/musculoskeletal physiotherapy globally. Two significant resources have been developed under the auspices of IFOMPT as a collaboration of experts in the field. The first is the international framework for examination of the cervical region for potential of vascular pathologies of the neck prior to orthopaedic manual therapy intervention first published in 2014 (Rushton et al., 2014). This framework underwent many iterations based on member organisation feedback. An updated document was published in 2022 - International framework for examination of the cervical region for potential of vascular pathologies of the neck prior to musculoskeletal intervention: International IFOMPT cervical framework (Rushton et al., 2023). Evaluations of its utilisation have also been undertaken (Hutting et al., 2022).

The second resource is the international framework on red flags for potential serious spinal pathology (Finucane et al., 2020). It is again an international consensus document to provide clinicians with a clinical-reasoning pathway to clarify the role of red flags in their clinical decision making. A third resource is in preparation, concerning the use of spinal manipulation in paediatric populations.

Another resource, the Manual Therapy Research Review is a quarterly production created by an international team of members. It is a valued educational resource available on the IFOMPT website. It provides members with the latest research in the field and has proved to be a popular resource. A further initiative and resource is the IFOMPT Webinar Series which links members to world leading expertise.

These international collaborations are professionally responsible and

informative initiatives of IFOMPT. They demonstrate IFOMPT's international leadership and vision, and importantly, utilises the expertise of its members for global benefit.

4. Communication

It is not so long ago that IFOMPT business was conducted by letters and fax machines! Now IFOMPT has a highly functional website which facilitates communication directly to all individual members as well as the population at large. The website contains information on the vision and functions of IFOMPT and links to all the member organisation websites. It contains several resources ranging from membership application to educational lectures and packages. IFOMPT also communicates topical information via contemporary social media platforms.

5. Leadership

IFOMPT has been and will always be an organisation founded on passion and volunteerism. IFOMPT has a paid executive officer, but historically, all other positions and committees are filled by physiotherapists who have a desire to progress manipulative/musculoskeletal physiotherapy. Without the commitment of many members internationally, IFOMPT would not have developed and grown to the status it currently has. In its 50 years, IFOMPT has had 10 presidents (7 males and 3 females) and following the original education consultants, three chairs of the education standards committee.

IFOMPT has benefitted from the leadership and contributions of many people serving on its executive and committees. Many who have held leadership positions in IFOMPT are or were world leaders in the own right in advancing the science and practice of manual/musculoskeletal physiotherapy. Countless members have contributed to committees to lead and operationalise various aspects of IFOMPT business. There is no doubt that many members have benefitted personally and professionally from serving on these committees. IFOMPT has 11 Life Members in recognition of their exceptional service to manipulative/musculoskeletal physiotherapy and the organisation.

6. The next 50 years

IFOMPT is the world body representing manipulative/musculoskeletal physiotherapy and it is the group representing this field of practice within World Physiotherapy. This reflection on 50 years has considered the processes and achievements of IFOMPT over its history. Understanding the history is vital to where IFOMPT is going in the next 50 years. We conclude this reflection by presenting our thoughts about two issues/challenges/opportunities to be faced in the next several years to ensure the further growth, leadership and impact of IFOMPT internationally.

7. Membership requirements

There are currently 38 countries who have either full membership or are currently seeking membership of IFOMPT. This is commendable but in a global context, World Physiotherapy in 2024 has 128 member countries. Manipulative/musculoskeletal practice is fundamental to all fields of physiotherapy. There could be an expectation, that more than 30% of World Physiotherapy member countries would be members or members elect to fulfil IFOMPT's stated aim of 'Worldwide promotion of excellence and unity in clinical and academic standards for manual/musculoskeletal PTs'. Membership of IFOMPT must increase to raise competencies in the field globally to promote best patient care, regardless of where the person lives. This aim aligns with both the WHO's Rehabilitation 2030 Initiative and World Physiotherapy's mission to build a thriving and engaged global physiotherapy profession.

The education standards, appropriately, are of a postgraduate

master's level standard. Reflections upon 50 years of experience and the relatively small number of full members, poses some questions to be discussed going forward if IFOMPT is to increase its impact globally. For example:

- Is the current use of the standards of education as a requirement of membership an encouragement or barrier for prospective member countries? One would hope that a curriculum guide for attainment of standards and the process should be an encouragement. If that is the position, and recognising the need to increase the number of member countries;
- Should the practical assistance that IFOMPT provides to countries developing their programs and seeking IFOMPT membership become the major focus of educational standards committee and its subsidiary committees? It is also noted that the current membership of IFOMPT are countries where physiotherapy education and the profession is well established. Therefore:
- Should IFOMPT be actively outreaching to all member countries of World Physiotherapy to determine if they require or would like assistance in their education in the manipulative/musculoskeletal field to facilitate membership?
- Should educational standards in their current form continue to be a criterion for full or voting membership of IFOMPT? There is certainly an argument for maintaining standards. However, might another model be more inclusive? Consideration could be given to the notion of a membership model that, for example, has an initial minimum set of standards for membership of IFOMPT that can staircase in time to the full standards to 'gold membership'. Discussion is encouraged on alternative membership models which will increase IFOMPT's reach globally for the promotion of excellence in education and delivery of manual/musculoskeletal physiotherapy.

8. The name

In 2022 there was a vote to change the name of IFOMPT from the International Federation of Orthopaedic Manipulative Physical Therapists to International Federation of Orthopaedic Musculoskeletal Physical Therapists. The rationale was that the term musculoskeletal was more recognisable internationally both within, but more importantly, outside the profession to organisations such as the World Health Organisation (WHO). It was also deemed that the term musculoskeletal was

more reflective of the field as it is currently practiced. The interpretation of the term manipulative therapy has changed over time. In current practice in many countries and in the international literature, it refers to low and high velocity passive movement treatment techniques, rather than the more comprehensive practice it had previously represented. The vote of member countries was not to change the term, for reasons of loss of identity of manipulative therapy within physiotherapy. There were also issues of recognition of term manual therapist which denoted higher qualifications and which in some countries is linked to payment. It is foreseen that the debate regarding the best representative name that serves the profession and the community at large will continue into the future.

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References

- Finucane, L.M., Downie, A., Mercer, C., Greenhalgh, S.M., Boissonnault, W.G., Pool-Goudzwaard, A.L., Beneciuk, J.M., Leech, R.L., Selfe, J., 2020. International framework for red flags for potential serious spinal pathologies. *J. Orthop. Sports Phys. Ther.* 50 (7), 350–372. <https://doi.org/10.2519/jospt.2020.9971>.
- Hutting, N., Kranenburg, R., Taylor, A., Wilbrink, W., Kerry, R., Mourad, F., 2022. Implementation of the International IFOMPT Cervical Framework: a survey among educational programmes. *Musculoskeletal Sci. Pract.* 62, 102619 <https://doi.org/10.1016/j.msksp.2022.102619>.
- Lamb, D.W., Kaltneborn, F.M., Paris, S.V., 2003. History of IFOMT. *J. Man. Manip. Ther.* 11 (2), 73–76.
- Lonnemann, M.E., Brismée, J.-M., 2017. Editorial. The history of IFOMPT: paving the way to global leadership in OMPT excellence. *J. Man. Manip. Ther.* 25 (5), 223–226. <https://doi.org/10.1080/10669817.2017.1409329>.
- Rushton, A., Rivett, D., Carlesso, L., Flynn, T., Hing, W., Kerry, R., 2014. International framework for examination of the cervical region for potential of Cervical Arterial Dysfunction prior to Orthopaedic Manual Therapy intervention. *Man. Ther.* 19 (3), 222–228. <https://doi.org/10.1016/j.math.2013.11.005>.
- Rushton, A., Carlesso, L.C., Flynn, T., Hing, W.A., Rubinstein, S.M., Vogel, S., Kerry, R., 2023. International framework for examination of the cervical region for potential of vascular pathologies of the neck prior to musculoskeletal intervention: international IFOMPT Cervical Framework. *J. Orthop. Sports Phys. Ther.* 53 (1), 7–22. <https://doi.org/10.2519/jospt.2022.11147>.
- Vedanayagam, M., Buzak, M., Reid, D., Saywell, N., 2021. Advanced practice physiotherapists are effective in the management of musculoskeletal disorders: a systematic review of systematic reviews. *Physiotherapy* 113, 116–130. <https://doi.org/10.1016/j.physio.2021.08.005>.