



# International Federation of Orthopaedic Manipulative Therapists

## **IFOMT NEWSLETTER – DECEMBER 2003**

It is the time of year for good tidings and well wishes for a healthy, safe and prosperous New Year. In the last six months the world has changed again, with a multitude of terrorist attacks threatening our every day existence. In a climate of uncertainty it is ever more important to hold onto, and further develop the well being of ourselves and those who look to us for support and help. Through its members IFOMT provides high quality, evidence based care for patients around the world.

The main thrust of the activities of the executive committee and the Member Organisations (MO) delegates during the past three years has been to increase the availability of clinical, academic and research information to the profession as a whole and specifically those with an interest in neuro-musculo-skeletal disorders. This has been done through a process of data collection to be published on the still developing, new website to be launched 1<sup>st</sup> January 2004. We have had enormous and specific help with the website from the Canadian MO delegate, Michael Ritchie.

➤ We have, and are still in the process of, collecting lists of people who, by their MOs, are considered to be experts in specific areas of Manual Therapy e.g. clinical teaching, research, academia and educational development. The collective wealth of information that this represents will be available as a resource for any single physiotherapist (or group of), who needs advice or assistance with post-qualifying/post-graduate Manual Therapy educational program development. This will be available on [www.ifomt.org](http://www.ifomt.org) under the banner of RESOURCE CENTRE.

➤ We have collected information on current research projects undertaken by members of the IFOMT MOs. The projects will be listed under body area and there will be contact addresses for direct communication with those in charge of the study. The potential for, dissemination of the “latest” information, discussion and collaboration will be facilitated this way. This will be available on [www.ifomt.org](http://www.ifomt.org) under the banner of RESEARCH

➤ We have collected clinical guidelines developed by the MOs. This will facilitate the process for others, and the references will form a useful source for anyone wanting to find out the evidence available in the various clinical areas. In addition it will highlight the standards of clinical physiotherapy practise to doctors and other health professionals. This will be available on [www.ifomt.org](http://www.ifomt.org) under the banner of PUBLICATIONS.

➤ We have negotiated with Elsevier Science, Publishers, that they will provide a listing of abstracts related to neuro-musculo-skeletal disorders. This list will be updated on a six monthly basis and drawn from the 1500 medical journals published by Elsevier. In addition there will be listing of recent book publications. Elsevier offers a 15% reduction in subscription cost to any individual member of an IFOMT MO. This will be available on [www.ifomt.org](http://www.ifomt.org) under the banner of PUBLICATIONS.

➤ In order to ensure a healthy financial status for IFOMT, we have sought sponsorship for the website. The advertising by various producers of physiotherapy goods will appear on each page of the website. There will be a direct link to each company for immediate access to the products. Further information will be available on [www.ifomt.org](http://www.ifomt.org) under the banner of COMMERCIAL PARTNERS.

Information regarding IFOMT history, constitution, standards document, membership process and future events around the world will also be available on [www.ifomt.org](http://www.ifomt.org)

Our prediction is that all of the above will considerably raise the profile of IFOMT and that it will inspire physiotherapists around the world to explore and develop Manual Therapy for the benefit of their patients.

The setting of standards in education and clinical practise has been the role of IFOMT since its inception. To that effect the executive, in collaboration with the UK MO delegate, Alison Rushton, have written a document of continuous self monitoring for the MOs to use for the evaluation of their educational programs. This document has already been circulated to the MOs. It builds on existing systems presently used in some of the Member Organisations. There will be opportunity to discuss the process in Cape Town. Voting will take place at the General Meeting. If successful, this document will be incorporated into the Standards Document. This method of evaluation will ensure maintenance of Standards, and the incorporation of developments in Manual Therapy.

Manual Therapy is a clinical specialist area. Yet IFOMT does not have a definition of the term specialist nor do we have a definition of the term Orthopaedic Manipulative Therapy (OMT). In order for us to have a common language, the executive has undertaken work in this area. This will be discussed in Cape Town. The potential facilitation of recognition of post-graduate studies spanning many different education systems, would also aid the transfer of specialists across geographic borders. This would further increase the dissemination of information and collaboration, and ultimately improve clinical outcomes.

I hope that you will all take the opportunity to partake in the discussions in Cape Town. It will give you a chance to find out more about the organisation. There will be a President's forum which is open to all. At this forum the executive committee will answer any questions that you may have regarding IFOMT, and we will welcome your vision for the future of Manual Therapy. The General Meeting is also open to all to attend, however only the named MO delegates may vote.

All that remains for me to do is to thank the executive members and the MO delegates, yet again, for the work you all do for IFOMT. The intention with this report was to give a short overview of what we have achieved since November 2000. I think you can all feel very proud of your input. We have really moved forward. Well done and thank you. This thank you particularly includes Vicki Reid, who you all know runs the IFOMT secretariat. Without her facilitation, the above would have been much more difficult.

See you all in Cape Town.

Best wishes for a Peaceful and Happy Christmas and New Year.

***Agneta Lando, President of IFOMT***

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### **SOUTH AFRICAN CONGRESS**

Please keep an eye on the Website: [www.uct.ac.za/depts/pgc/](http://www.uct.ac.za/depts/pgc/) for further information.

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### **DAVID LAMB MEMORIAL RESEARCH AWARD**

Two submissions have been received, with applications closing on 1<sup>st</sup> January. Please forward to the IFOMT office for distribution to the selection panel.

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## MEMBER ORGANISATION REPORTS

### Australia: Delegate - Debra Shirley

MPA have just held the 13th Biennial Conference "Best evidence, Better Care". The conference was a great success with key note speakers including Shirley Sahrman, Richard Deyo, Gwen Jull Paul Hodges, Chris Maher, Mark Laslett and Nick Bogbuk. An innovation of this conference was the inclusion of two profession sessions which were "Pilates must die: balancing outcomes and evidence" and "Cervical Manipulation". These sessions were very popular and provided a forum for members to discuss these topical professional issues in the context of available scientific evidence.

The conference was also held in conjunction with the second meeting of the IFOMT ASIA WEST PACIFIC Education Committee. This meeting was chaired by Trudy Rebeck (Vice President IFOMT), and attended by Duncan Reid (Delegate from NZ) and Debra Shirley (Delegate from Australia) as well as three MPA members. Reports were presented by Duncan Reid and Debra Shirley. In addition there were some issues raised for discussion. Some of these issues included the importance of clinical education, access to assistance for course development to other countries in the region and whether it is IFOMT's role to give these activities some structure. These issues will be raised at the IFOMT meeting in South Africa for further discussion.

### Austria: Delegate - Jutta Bauer

At the beginning of this year the Austrian MO elected a new delegate for the next three years. My name is Jutta Bauer and I am very pleased to work with you all for IFOMT. Andreas Gattermeier, the previous delegate would like to thank you all for the good cooperation.

#### *Austrian International Conferences 2003:*

6-8 November 2003: 2nd international conference "The child in therapy", Congress Center Villach, Austria, for more information please contact: [pressl@avs-sozial.at](mailto:pressl@avs-sozial.at)

#### *Austrian Conferences 2004:*

12-13. March 2004: Conference on "Low Back Pain", Congress Innsbruck, Austria  
For more information please contact: [angelika.kail@physioaustria.at](mailto:angelika.kail@physioaustria.at)

The Austrian homepage for the OEVOMT is: [www.physioaustria.at/manuelle-therapie](http://www.physioaustria.at/manuelle-therapie)  
I do hope to get to know all delegates in Capetown next year - Jutta.

### Belgium

The Belgian Scientific Manual Therapy Association (BWMT) is pleased to announce to you the third edition of her biennial ECT Meeting.

#### **16, 17 & 18 September 2004 , Provinciehuis Antwerp (Belgium)**

Movement Impairments and Stability Disorders in the Lower Quadrant.

"European Course Tour 2004" with Dr. Serge Gracovetsky, Prof. Shirley Sahrman, Sarah Mottram and Sean Gibbons.

Organisation: Belgian Scientific Manual Therapy Association (BWMT).

Contact ECT 2004 Bureau: Avignonlaan 57, B-8310 Brugge Tel. 0032(0)50 370528

Email: [ect@pandora.be](mailto:ect@pandora.be) Fax: 0032(0)26112968 & 0032(0)9 3699382

Website: [www.belgianmedcare.com/bwmt](http://www.belgianmedcare.com/bwmt)

**Canada: Delegate – Michael Ritchie**

The Canadian Academy of Manipulative Therapists (CAMT) – MO for Canada

Over the past year, CAMT has been busy with a variety of issues, often in association with the OPD (Orthopaedic Physiotherapy Division of the Canadian Physiotherapy Association (CPA))

The Annual General Meeting was held in Victoria, British Columbia, on Friday, October 24, 2003. At that meeting, a variety of issues were addressed, and the membership agreed to:

- Accept the proposed changes to the constitution as presented by IFOMT executive.
- Second the nominations of Annalie Basson of South Africa, and Duncan Reid of New Zealand for executive positions to IFOMT.
- Make a formal bid for the 2008 IFOMT Congress, proposed for Quebec City, October 12-17, 2008.
- Support the IFOMT initiative for international monitoring of MO educational programs.
- Continue the support of the IFOMT Resource Centre. Canada has already provided several names in various fields related to the various components of the Resource Centre. A call for further interested individuals was made.
- Support the document describing the MO representative job description that has recently been sent for consideration to MO representatives.

Furthermore, the OPD Education Committee is implementing a required mentorship mechanism for future potential CAMT members. Until now, only specific courses and an examination process was necessary to become a CAMT member, although it is recognized that many candidates have worked under supervision (albeit informally, undocumented) of certified CAMT manipulative therapists. There will be a formalization of this process, to IFOMT standard, with a documented 150 hours of clinical supervision necessary before examination. Examination automatically allows for CAMT membership, provided that the individual is a member of the CPA and OPD.

There has been an application (and subsequent approval) of a parallel education program for acceptance into CAMT. Until 2003, the only individuals who were accepted into CAMT were those who completed an OPD educational program and subsequent examination, or those individuals who were members of an IFOMT Member Organization, as outlined in the IFOMT Constitution. At present, individuals who complete the alternative program, and complete the OPD examination will be eligible for CAMT membership.

CAMT is putting into place a mechanism for monitoring both the new educational program, as well as the OPD educational program. In November 2002 changes were made to the CAMT and OPD constitutions that formed an arms-length relationship between the organizations, allowing for transparency in this assessment process. Also, in November of 2002, CAMT was officially recognized as the IFOMT MO; prior to this, the OPD was recognized as the IFOMT MO. This recognition was given by the executive committees of CPA, OPD, and CAMT, and formal notice was provided to the IFOMT executive.

**Denmark: Delegate - Per Kjaer**

Still the Manual Therapy (MT) concept is developing in Denmark. The changes we made to our course structure several years ago have now lead to a large increase in physiotherapists attending the examinations. More than twenty have passed the part one examination including writing a case report. We find that the supervised work of writing case reports integrates the process of clinical reasoning as well as increases the available and usable knowledge for both the individual therapist, and also for the colleagues when the work is published.

The MT teachers are still busy upgrading themselves. Specialization has now been described by the Danish Physiotherapy Organization and the first specialists have been appointed. Seven of the MT teachers have been appointed specialist in Musculo-Skeletal Physiotherapy. The academic level is at

masters' level. However, within the first year it is possible for a very experienced physiotherapist with academic credentials equivalent to masters' levels to apply for specialist approval. Next step is to get the legal authorization from the health authorities and to negotiate for higher fees and specialist posts within the health care system.

Happy Christmas from Denmark. Per Kjaer

**Germany: Delegate - Lothar Joerger**

We can inform that for the next year we will have a new president of DFAMT: Fiona Morrison from the Maitland group. The international delegate will still be Lothar Joerger.

Politically there is enormous uncertainty in behalf of the transformation of our health care system in general and also for the Physiotherapy profession. For the OMT groups there will be the challenge to bring into discussion the quality and capacities of the small group of specialists. The economic slump on the other hand makes it much more difficult for young colleagues to choose the long and hard way of qualifying in OMT and its getting hard work to run the courses.

**Hong Kong: Delegate – Agnest Chan**

Education program for practicing physiotherapists includes the workshops and courses organized by the Manipulative Therapy Specialty Group, and the Master course in Manipulative Physiotherapy offered by the Hong Kong Polytechnic University.

**New Zealand: Delegate – Duncan Reid**

The NZMPA held a very successful conference in August in Auckland, with 158 delegates attending. Gwen Jull and David Butler were the keynote speakers, and both gave very informative and enlightening presentations. The pre and post conference workshops were well attended, with the critiques from both being very favourable. The Education Committee of NZMPA also met in December to review the teaching programme for 2004. The course structure will allow participants to attain membership of the New Zealand College of Physiotherapy. This is an important step in ensuring that manual therapists improve and maintain their competency in this area. Changes to the registration requirements of physiotherapists in NZ will require that all physiotherapists demonstrate on going competency in the areas they practice to maintain registration.

**Norway: Delegate – Heather Nicol**

The Primary Contact Trial in Norway was concluded in September and the independent evaluation report has been completed and delivered to the Health Authorities, including the Health Department. There has been considerable press coverage of the conclusions. We have also seen the expected negative response from the Norwegian Medical Association and other related medical groups who wish to continue as the only coordinator for patients.

The conclusions of the report:

- The total cost of sick leave in these districts has been reduced by 1-2% compared with the rest of the country.
- Manual Therapists and Chiropractors gave less sick leave than General Practitioners for these patients.
- 90% of patients in the trial would like the new system to continue on a permanent basis.
- 9 of 10 patients stated that they improved their health problem faster by going directly to treatment delivery by a Manual Therapist or Chiropractor, rather than visiting a doctor first.

We are now waiting for Parliament to decide the future of the project.

The second news item is the application for authorization of Manual Therapy to the Health Department. Osteopathy and Naturopathy have also applied for authorization at this time. The Manual Therapy Group has written a 48-page report describing Manual Therapy for this purpose. Unfortunately, this document is only in Norwegian.

The third news item is that the Medical Faculty of the University of Bergen has formally recommended that the Manual Therapy Course at their University becomes a "Clinical Masters Study in Manual Therapy for Physiotherapists". We hope the financial situation of the University will allow this to be realized from 2005.

#### **South Africa: Delegate – Annalie Basson**

Everything is well in line as far as the 2004 congress organisation. Those who haven't registered are missing out!! Please contact Alana James for further information: [ajames@curie.uct.ac.za](mailto:ajames@curie.uct.ac.za) or look at the website <http://web.uct.ac.za/depts/pgc/>

#### **Sweden: Delegate - Johan Liljebäck**

The annual congress will take place the 5<sup>th</sup> – 7<sup>th</sup> February 2004 in Stockholm. Keynote speakers are Jane Greening, PhD., MSc., MCSP., MMACP, non specific arm pain, Prof. Lars Pettersson, cartilage transplantation, Dr. Anders Ekelund, shoulder stabilisation, Dr Göran Yllner, knee stabilisation. There will also be clinical workshops.

We continue our work with the "national" web-site [www.omt.just.nu](http://www.omt.just.nu) and hopefully our visitors will be interested in the international web-side.

Unfortunately we have taken years of steps back in many country councils, which has brought back a system of "where the doctor has to approve physiotherapy rehabilitation or not". This is a question of professionalism and thrust of the physiotherapy profession. Hopefully something good will come out of this discussion that is taking place in Sweden, for the Manual Therapists as a group, but for the moment we just can't see it.

#### **The Netherlands**

Just like most professional organized interest groups, the Dutch Association for Manual Therapy (NVMT) organises its own annual congress. The congress committee of the NVMT would like to take this opportunity to share some of the experience we have had with such an organisation with the readers of this newsletter. We hope that the congress committees of other countries and/or representative organisations can benefit from our experience as we in turn, would like to benefit from the experience of other representative organisations.

In 2001, on its 20<sup>th</sup> anniversary, the NVMT started its current series of annual two-day congresses. Apart from wanting to create a social meeting place for colleagues from all over the country, combined with an opportunity for manufacturers to promote the latest in therapy equipment, we also wanted to introduce and gradually (over a three year period) implement the bio-psychosocial model to our profession and our colleagues in the field as the current "best evidence based" clinical reasoning model.

So we started off introducing and outlining the bio-psychosocial model with the theme: *MANUAL THERAPY: MORE THAN BIOMECHANICS*. We came up with the congress logo (fig. 1) of 5 cogwheels, symbolising:



fig. 1

- the four past different periods the NVMT as an association had gone through, (with a happy new fifth one to come!!),
- the five separate educational institutes combining into one working unit,
- the 5 proposed administrative units the new and professional NVMT should ultimately consist of,
- and the 5 fingers of the hands we use in our profession

We followed it up in 2002 with a congress with the theme: *THE SPINE WITH ALL ITS FACETS*, focussing more on the lumbar spine.

And the next year, in 2003 we followed with: *THE NVMT IS STICKING OUT ITS NECK*. The “sticking out its neck” part was not only to indicate we wanted to focus more on the cervical spine at this congress, but dealt also with the manual therapy association NVMT, re-stating her, across the board, decision in favour of promoting for the bio-psychosocial model.

Over the years we have invited many speakers from all over the world to help us staying up to date with international developments. Researchers and lecturers like:

Mike Adams (UK)  
 Charles Aprill (USA)  
 Stefan De Bock (Belgium)  
 Anthony Delitto (USA)  
 Robert Ferarri (Canada)  
 Louis Gifford (UK)  
 Elly Hengeveld (working out of Switzerland, a Dutch understudy of Geoff Maitland)  
 Jan Hoving ( a Dutch Physio working out of Australia)  
 Mark Jones (Australia)  
 Serge Gracovetsky (Canada)  
 Chris Main (USA)  
 Alf Nachemson (Sweden/ USA)  
 Margaretha Nordin (USA)  
 Michelle Sterling (Australia)  
 John-Paul Vader (Switzerland)  
 Peter Vaes (Belgium)  
 Willy DeWeert (Belgium)

have all contributed to one of the last three congresses.

Since we have up to a thousand colleagues attending a single congress day, we have had to come up with a plan for the logistics of the day. Therefore these congresses were built roughly around the same format (fig. 2): Starting off with a plenary keynote session in which we set out a theoretical framework, the attendees split up into four different parallel sessions in which we explain the practical implications of the theoretical framework. After repeating these sessions so that attendees can sit in on two different sessions, we split up into eight different learnshops to give hands and feet to the theory presented in the parallel

sessions. We use the term learnshop instead of workshop to indicate the lesser extent of hands-on practical setting you would expect from a workshop since we have anything from 50 to 100 colleagues sitting in. We repeat the 8 learnshops, so that attendees can sit in on two different learnshops on one day. Apart from the keynote lecture, we repeat day one on day two so that colleagues can visit both days and never have to hear the same lecture twice.

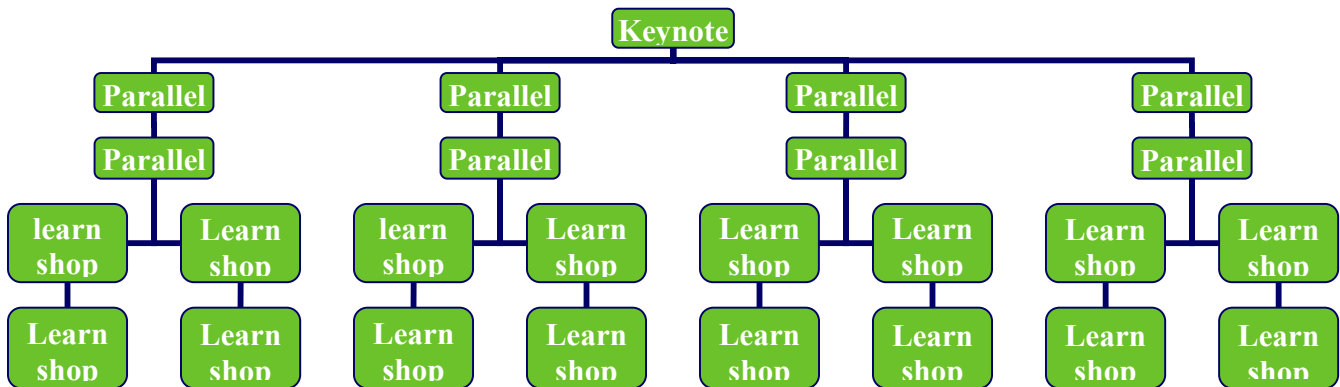


fig. 2

During the upcoming congress on March 12<sup>th</sup> and 13<sup>th</sup> 2004, which will again be held at the congress venue of the “Koningshof” in Veldhoven, we will reflect on where scientific developments have taken us so far. We want to take stock in where we stand right now and try to keep a clear picture of where think we are headed in our profession. In short: we are looking for the State of the Art in 2004.

We will have the aid during these reflections of international speakers such as:

- Prof. Dr. Lieven Danneels (Belgium)
- Louis Gifford (UK)
- emeritus professor Ruth Grant (Australia)
- Ruth Jones (UK)
- Bill Vicenzino (Australia)
- Max Zusman (Australia)

And native speakers such as:

- Dr. Pieter Dijkstra
- Prof. Henk van Mameren
- Drs. Wilco Peul
- Dr. Annelies Pool
- Drs. Raymond Swinkels
- Dr. Arianne Verhagen
- Prof. Dr. Ir. Riekje de Vet

In order to give you an idea of the size of our congress, I have some figures for you: during the next congress we have 21 different speakers who in total will present 34 lectures over 2 days. We will again have an exhibition of 2.250 m<sup>2</sup> where more than 25 different companies will present their products. We expect between 800 and 900 attendees per day.



Finally: the NVMT has appointed a chairman of the congress committee for the next four years, that is until the end of 2008. We aim to professionalize this committee even further so that long-term planning and long-term contracts can be achieved within an evolving committee where no existing knowledge will be lost but only added.

For more information or if you have suggestions for us, please visit our website: [www.nvmt.nl](http://www.nvmt.nl)

Erik Thoomes  
Chairman congress committee NVMT

### **United Kingdom: Delegate: Alison Rushton**

The MACP has been particularly busy in organising its' conferences for 2004/5, and all IFOMT members are very welcome.

### **MACP AGM 2004**

We have been successful in having a proposed programme accepted for CSP Congress 2004 at the International Conference Centre in Birmingham, as one of the Clinical Interest Groups (CIGs) represented there. We have put together an exciting programme centred on the topical issue of: "Evidence based practice in manual therapy". The conference takes place from Friday 8<sup>th</sup> October to Sunday 10<sup>th</sup> October 2004, and it will encompass the AGM. We are unable to confirm timings at this stage as the CSP is in the process of reviewing Congress, and in particular the timing of the CIG sessions. We have however secured a number of excellent speakers / researchers to address different aspects of this topical issue. We are focussing on our established and developing researchers within the UK, and aiming to use this as a forum for disseminating their current work to members and non members. Topics and speakers include:

What is the evidence for manual therapy?	Professor Ann Moore (Greg Grieve Memorial Lecture)
Development of the sub classification of non-specific low back pain	Dr Chris McCarthy
Evidence based management of low back pain	Dr Anne Daykin
The role of lumbar stabilisation in the management of low back pain	Dr Mindy Cairns
The evidence for the use of manual therapy & electrotherapy in the management of LBP	Dr Deidre Hurley
Vertebrobasilar Insufficiency – the debate and the evidence?	Roger Kerry
Consensus approach to the way forward with VBI	Linda Exelby
Ultrasound imaging and measurement of median nerve movement following whiplash injury.	Dr Jane Greening
Deep flexor strength and whiplash	Jill Gamlin
Evidence informed education within the MACP	Alison Rushton

Our keynote speaker is Dr Patricia Dolan who will use her current research and considerable experience within this area to speak on:

“The contribution of the disc to low back pain”

In addition we will have invited research paper presentations from successful applications to the MACP research awards.

*Put the date in your diaries now! Further information on [macp-online.co.uk](http://macp-online.co.uk)*

**Kinetic Control and the MACP**  
**2<sup>nd</sup> International Conference on Movement Dysfunction**  
**“Pain and Performance: Evidence & Effect”**  
**(23<sup>rd</sup> – 25<sup>th</sup> September 2005).**

Following the success of the 1st International Conference on Movement Dysfunction, Kinetic Control and the MACP will be hosting the 2nd International Conference on Movement Dysfunction. This second conference will present a theoretical background of neuromusuloskeletal dysfunction. The conference will give a balanced overview of neurophysiology and biomechanics and its influence on pain and performance. Evidence of dysfunction and effect of intervention will be explored with up to date presentation from key researchers in the field. Clinicians will demonstrate effective management strategies. The aim of this conference will be to present the current available scientific and clinical knowledge on neuromusuloskeletal dysfunction, with a focus on pain and performance, evidence of dysfunction and effect of intervention.

Conference format will include keynote and guest lectures, free paper sessions, practical demonstrations and breakout sessions.

For further details see conference website [www.kcmacp-conference2005.com](http://www.kcmacp-conference2005.com)

**USA: Delegate – Ken Olson**

The American Academy of Orthopedic Manual Physical Therapists (MO USA) is very active in the advocacy of Manual Therapy. This includes efforts at the State and National level to ensure reasonable reimbursement for, and public access to, our services. The Academy credentials numerous clinical Fellowship programs in Manual Therapy and is initiating programs to assist in increasing the teaching of manipulation at the first professional or entry-level.

The Academy held a strategic planning meeting in 2003 and has re-written its Vision and Mission Statements and has incorporated a new set of goals to ensure the continued growth and vitality of manual therapy in the US for many years to come. The new mission is: “The American Academy of Orthopaedic Manual Physical Therapists serves its members by promoting excellence in orthopaedic manual physical therapy practice, education and research, and collaborates with national and international associations.” One of the goals is to develop and update professional and post-professional education and continuing education programming relevant to the practice of orthopedic manual therapy. A further goal is to promote research in orthopedic manual physical therapy and foster the principles of evidence-based practice.

Numerous prominent US Physical Therapists are expected to attend IFOMT 2008 in Cape Town. We look forward to working with the Executive and other Member Organizations to continue to promote manual therapy worldwide.

**RIG REPORTS**

**Report from The Australian Association of Orthopaedic Manipulative Therapists for 2003. (RIG)**  
President - Bill Atkinson.

The AAOMT continues to have a very full education calendar, providing courses at various levels of expertise. Throughout the year we conduct introductory weekend courses, both spinal and peripheral. In conjunction with Charles Sturt University we are running a 3 year Masters Degree in Manipulative Therapy. At the postgraduate level, we have a Clinical and Research Group. Members examine and present recent research and workshops are regularly held to update clinical skills.

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**World Congress on Low Back & Pelvic Pain, 10 – 13 November 2004  
Melbourne, Australia**

For further information please log on to the **Website:** [www.worldcongresslbp.com](http://www.worldcongresslbp.com)

Best wishes to you all for a safe and happy Christmas and a wonderful New Year. I look forward to meeting you in Capetown.

Vicki Reid  
IFOMT Secretariat

## ***McKenzie at IFOMT Conference in South Africa***

***The McKenzie Institute and Spinal Publications New Zealand Ltd  
will have a trade display at the IFOMT Conference in Cape Town  
to offer information on:***

- ***Robin McKenzie's text books and patient self help books***  
*Millions of copies sold in 23 countries, translated into 15 languages*
- ***The Original McKenzie range of Lumbar and Night Rolls***  
*This original range is only available through a limited number of distributors  
worldwide. Validated worldwide and tested by over 1000 clinicians*



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*We are looking for a distributor  
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[jenny@spinalpublications.co.nz](mailto:jenny@spinalpublications.co.nz)  
or come and visit our stand in March in Cape Town.*

***[www.backcare.org.nz](http://www.backcare.org.nz)***