



## What is in a Name? Perhaps your Professional Identity and Practice – A Call to Maintain IFOMPT as the International Federation of Orthopedic Manipulative Physical Therapists

Elaine Lonnemann, Kenneth A. Olson, Gail D. Deyle, Jason L. Silvernail, Haideh Plock, Emilio Puentedura, Paul Mintken, Daniel I. Rhon, Nathan Hutting & Stanley Paris

To cite this article: Elaine Lonnemann, Kenneth A. Olson, Gail D. Deyle, Jason L. Silvernail, Haideh Plock, Emilio Puentedura, Paul Mintken, Daniel I. Rhon, Nathan Hutting & Stanley Paris (2021) What is in a Name? Perhaps your Professional Identity and Practice – A Call to Maintain IFOMPT as the International Federation of Orthopedic Manipulative Physical Therapists, Journal of Manual & Manipulative Therapy, 29:4, 201-202, DOI: [10.1080/10669817.2021.1955518](https://doi.org/10.1080/10669817.2021.1955518)

To link to this article: <https://doi.org/10.1080/10669817.2021.1955518>



Published online: 11 Aug 2021.



Submit your article to this journal [↗](#)



Article views: 1079



View related articles [↗](#)



View Crossmark data [↗](#)

## What is in a Name? Perhaps your Professional Identity and Practice – A Call to Maintain IFOMPT as the International Federation of Orthopedic Manipulative Physical Therapists

Elaine Lonnemann<sup>a</sup>, Kenneth A. Olson<sup>b</sup>, Gail D. Deyle<sup>c</sup>, Jason L. Silvernail<sup>c</sup>, Haideh Plock<sup>d</sup>, Emilio Puentedura<sup>e</sup>, Paul Mintken<sup>e</sup>, Daniel I. Rhon<sup>e</sup>, Nathan Hutting<sup>f</sup> and Stanley Paris<sup>g</sup>

<sup>a</sup>University of St. Augustine for Health Sciences, St. Augustine, FL, USA; <sup>b</sup>Northern Rehab Physical Therapy Specialists, DeKalb, IL, USA; <sup>c</sup>Brooke Army Medical Center, San Antonio, TX, USA; <sup>d</sup>AAOMPT, Delegate Representative to IFOMPT; <sup>e</sup>University of Colorado School of Medicine, Aurora, CO, USA; <sup>f</sup>HAN University of Applied Sciences, Delegate Representative to IFOMPT of the Dutch Association for Manual Therapy (NVMT), Nijmegen, The Netherlands; <sup>g</sup>IFOMPT and AAOMPT, Founder

Would you go to a cardiologist for knee pain? Would you consult an orthopedic physician about chest pain and shortness of breath? These names, cardiologist, and orthopedist, mean something. They define a specialty, define a profession, and even allow us to surmise the training of their practitioners. In addition, these names help identify colleagues for collaboration and innovation in their areas of expertise. A name or identity is a powerful thing. It is a descriptor that allows people to make quick judgments and assumptions about the practitioner.

From its inception in 1974, the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT) has set the standard for global excellence in Orthopaedic Manual Physical Therapy (OMPT) [1]. A recognized specialty beyond musculoskeletal practice, OMPTs use highly specific treatment approaches including manual techniques and therapeutic exercises. We treat the whole person within a biopsychosocial framework based on the best available scientific and clinical evidence. The IFOMPT definition of OMPT reinforces these standards of excellence in practice [2]. The IFOMPT Executive Committee is proposing to change the name of IFOMPT to the 'International Federation of *Musculoskeletal* Physical Therapists' with a vote by the member organizations scheduled for 17 August 2021. 'Musculoskeletal' is a narrow window through which to view progressive OMPT practice. Additionally, the musculoskeletal system is only one of the human systems that OMPTs' address in their practice, and therefore a term poorly suited to describe the extensive scope and potential of current and future OMPT practice.

The recommendation to take 'Orthopaedic Manipulative' out of the name suggests that IFOMPT is moving away from advocacy for a 'hands on' approach to a more limited 'hands off' approach. In modern practice, OMPTs embrace the integration of evidence-

based aspects of physical therapy including the seamless integration of exercise into their clinical approach as highly skilled, manual therapy practitioners. The manual examination including diagnostic and clinical reasoning employed by OMPTs leads to a greater understanding of a broad spectrum of conditions and presentations before any treatment, active or passive, is initiated. Our patients benefit from this advanced competency and recognize our highly specialized skills from the name of orthopaedic manual physical therapists. This 'biopsychosocial framework' is one of the key elements of the IFOMPT definition of OMPT.

Over the past 20 years, eight of the 24 IFOMPT member organizations changed their name from manual/manipulative to musculoskeletal while others embraced the IFOMPT definition of OMPT, continuing to promote the OMPT-affiliated brand of excellence. The rationale for changing the name to 'musculoskeletal' is possibly linked to a perception that manual/manipulative therapy is a passive modality, and therefore low value. However, the IFOMPT definition of OMPT most certainly contradicts this perception. Rhon and Deyle recently expanded on the IFOMPT definition of the OMPT approach as 'a synergistic application of movement-oriented strategies including exercise and manually applied joint and soft tissue mobilizations and manipulations, guided by a clinical reasoning framework that informs dosing and progression of all components.' They argue that 'high-quality manual therapy interventions must have the active participation of the patient to reinforce, use, and perpetuate any changes in symptoms or movement resulting from the hands-on treatment' [3]. Thus, there is plenty of space for OMPT to remain a high-value, low-risk treatment option.

Primary IFOMPT contributions to the professional literature demonstrate that OMPTs are experts at

**CONTACT** Elaine Lonnemann  [elonnemann@usa.edu](mailto:elonnemann@usa.edu)  University of St. Augustine for Health Sciences, 1 University Blvd. St. Augustine FL 32086, St. Augustine, FL, USA

**Disclaimer:** The view(s) expressed herein are those of the author(s) and do not necessarily reflect the official policy or position of Brooke Army Medical Center, the Department of the Army, the Defense Health Agency, the Department of Defense, nor the U.S. Government.

© 2021 Informa UK Limited, trading as Taylor & Francis Group

screening for vascular pathology per the IFOMPT Cervical Framework [4,5] and for serious spinal pathology including the neurological system per the Red Flags framework [6]. IFOMPT supported these clinical frameworks to improve the clinical reasoning, safety and efficacy of the care provided by OMPT specialists. These IFOMPT resources describe roles for OMPTs that extend far beyond simply just treating the ‘musculoskeletal system’.

Perhaps the identity of a profession may change over time, but we challenge the physiotherapists of the world to consider that other professions do not have the same identity crisis. We must strongly question if now is the best time to change our name and specialty areas. Recently, Nicholls [7] reminded us that social change and healthcare practice are advancing quickly and that culture influences practice. During times of change, it is normal and healthy to ask ourselves if our current models and self-concepts are still serving our patients and practitioners. But we need not to change for change’s sake. For example, in the last 15 years there has been a revolution in the science and practical application of pain neuroscience in rehabilitation. Indeed, some years at national and international conferences, the content had more topics related to ‘Pain Science’ than to ‘Manual Therapy.’ Yet we did not consider a name change to Federation of Pain Science Therapists. Instead, we absorbed this new information, assessed, shared it widely, debated it aggressively, and incorporated the evidence into our existing models of care to maximize the benefit for our patients and to modernize care for our practitioners. We do not do ‘manual therapy’ or even ‘musculoskeletal therapy’ – we teach and practice decision-making frameworks that are widely applicable to a variety of human problems of pain and function where OMPTs can positively influence our patients’ health.

We do the future a disservice when in the middle of great change, we spend leadership capital on changing the titles and names instead of keeping focus on preparing our practitioners to successfully navigate the change and maximize their positive impact for patients. Yesterday it was pain science, and today it is musculoskeletal; what name change will some consider tomorrow

to flow with the changing winds of social and health system change? We suggest that keeping our clinical titles and foundation consistent and timeless has great value in helping us navigate times of rapid change.

The current names of International Federation of Orthopaedic Manipulative Physical Therapists and the definition of OMPT have facilitated substantial growth as a highly promising and valuable specialty area of physical therapy. The name defines our specialty, us as professionals, and allows others to surmise our level of training based on OMPT standards. These names also allow for continued growth and evolution in the future to indeed be the ‘global leader in Orthopaedic Manual Physical Therapy excellence’ ... and should therefore, remain unchanged.

## ORCID

Elaine Lonnemann  <http://orcid.org/0000-0002-3778-4270>

## References

- [1] Lonnemann ME, Olson KA, Brismée JM. The history of IFOMPT: paving the way to global leadership in OMPT excellence. *J Man Manip Ther.* 2017;25(5):223–226.
- [2] IFOMPT Constitution. 2020 [cited 2021 Jul 9]. Available from: [www.IFOMPT.org](http://www.IFOMPT.org)
- [3] Rhon DI, Deyle GD. Manual therapy: always a passive treatment? *J Orthop Sports Phys Ther.* 2021;51(7):1–11.
- [4] Rushton A, Rivett D, Carlesso L, et al. International framework for examination of the cervical region for potential of Cervical Arterial Dysfunction prior to Orthopaedic Manual Therapy intervention. *Man Ther.* 2014;19(3):222–228.
- [5] Rushton A, Carlesso LC, Flynn T, et al. International Framework for Examination of the Cervical Region for potential of vascular pathologies of the neck prior to Orthopaedic Manual Therapy Intervention: International IFOMPT Cervical Framework. 2020 Accessed 2021 Jul 9. [www.IFOMPT.org](http://www.IFOMPT.org)
- [6] Finucane L, Downie A, Mercer C, et al. International Framework for Red Flags for potential serious spinal pathology. International Federation of Orthopaedic Manipulative Physical Therapists. *J Orthop Sports Phys Ther.* 2020;50(7):350–372.
- [7] Nicholls D. The active future for the passive therapist. *J Orthop Sports Phys Ther.* 2021;51(7):318–321.