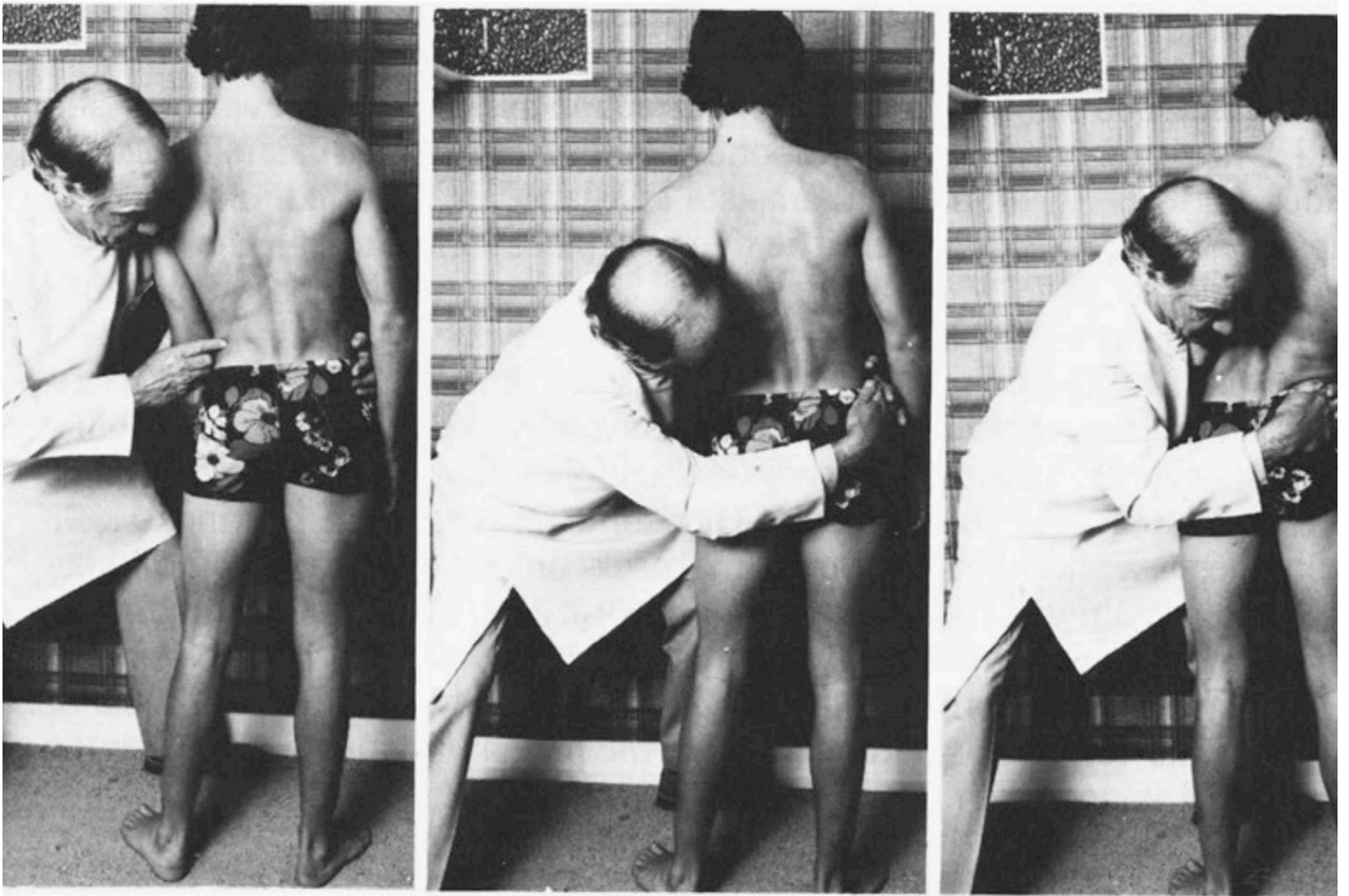




NEW ZEALAND  
MANIPULATIVE  
PHYSIOTHERAPISTS  
ASSOCIATION INC.

40th  
anniversary



# NEW ZEALAND Manipulative Physiotherapy Association

Edited by David Nicholls

date

**2009**

location

**ROTORUA**

On 2 November 1968, 22 physiotherapists met in Taupo for the inaugural meeting of the New Zealand Manipulative Therapists Association. From 28-30 August 2009 members of the NZMPA will meet in Rotorua to celebrate 40 years of the association.

# A welcome from the President

by Fiona O'Connor

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The NZMPA has a long and proud history now spanning 40 years. Since its inception in 1968 it has been an organisation characterized by a membership passionate about OMT, with a desire to educate the membership in the latest techniques, to promote OMT to other health professional groups and the public about its benefits.

Stanley Paris, one of the pioneers of OMT in New Zealand, travelled extensively to study Cyriax and learning from the likes of Kaltenborn, Grieve, and Stottard and then returned to New Zealand to teach these new techniques. Craig Cameron, Robin McKenzie, Brian Mulligan and Michael Monaghan followed on from this and were instrumental in the formation of the New Zealand Manipulative Therapy Association (later to be known as the NZ Manipulative Physiotherapy Association). At the heart of this organization has always been the goal of sharing knowledge, teaching the use of manipulative techniques, and encouraging their use in day-to-day clinical practice.

The development of the Diploma of Manipulative Therapy (DipMT) saw the advent of a formal qualification in OMT with its first graduates in 1973. This qualification was sought after and highly regarded within, and by, those outside the profession. I am sure that all graduates of this programme over the years remember well the feeling of trepidation going into the final practical exam knowing full well what the expectations and standards were. The techniques taught on these courses were an eclectic basket of tools, with no one approach taking precedence over another, continuing the tradition of our organisation of looking at all available knowledge and applying it appropriately to the case at hand. The final Dip MT exams were held in 2003 and it was hoped at that stage that the Universities would take up the baton of providing distance learning options for Post Graduate OMT. Our membership though still required a means by which to gain further OMT skills outside the University system and so the College Accredited Membership Courses (CAMC) were developed using the teaching material to the Dip MT. These courses have proved extremely popular and are consistently fully subscribed. This is thanks in no small part to the calibre of our current senior teaching staff – Michael Monaghan, Duncan Reid and Wayne Hing all of whom are internationally respected lecturers in demand both in New Zealand and overseas. They are supported by a large group of supporting lecturers and assistants many of whom they are mentoring with a view to them taking greater leading roles in the future, continuing on the tradition of our organisation teaching and developing skills amongst our membership as they were by those before them.

2009 has seen us link with Auckland University of Technology (AUT) to allow NZMPA students who have completed the CAM courses to now have this recognized and gain exemption from some parts of the Musculoskeletal paper of the PGD and Masters programmes. This is a significant move forward and benefits our members who can now complete this paper without the significant time out of their clinics that would otherwise be required. There is also now the pathway from our courses to a qualification that has not been there since the ending of the Dip MT.

NZMPA has a long association with the International Federation of Orthopaedic Manual Therapists (IFOMT) with almost continuous representation on the Executive from its inception in 1973-4. From 2006-2009 NZMPA as the New Zealand Member Organisation of IFOMT has undertaken an external assessment of the two OMT programmes (at AUT and Otago) and assessed them against the new IFOMT Standards Document. This was a huge undertaking resulting in a 135 page submission document that the Standards Committee stated was 'evidence of best practice for IFOMT.' With some minor points to be addressed, the submission was successful and our Member Organisation status confirmed. Following on from this process which all member organisations will be or have undertaken, is the issue of reciprocal recognition and NZMPA. The NZMPA is actively engaging in discussions around this process through our IFOMT delegate Wayne Hing.

Where to for the next 40 years? Staying close to our founding aims of providing quality education for our membership, questioning and evaluating efficacy of our techniques, liaising with our international colleagues and promoting the use of OMT in daily practice, as well as having an ethos of self regulation and sharing of knowledge, will see this organisation continue to move forward and remain a leader in manipulative physiotherapy practise in New Zealand and abroad. Our ability to gather knowledge from various sources, to evaluate it and apply it for the betterment of our profession and our clients is one of our greatest strengths.



# A brief history of the NZMPA

by David Nicholls

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The New Zealand Manipulative Therapists Association (NZMTA) has its roots in manipulative practices that stretch back to man's earliest attempts to 'set' joints. From the early writings of Hippocrates (460-355 BC), Appolonius of Cyprus (60-80 AD), and Persian Scholar Abu Ali Ibn Sinna (980-1037 AD); through the Middle Ages and the Renaissance, with European surgeons Guido Guidi (1500-1569) and Ambrose Paré (1510-1590); to practices that emerged in India, China, Africa and the Pacific Islands for bonesetting, realignment of joints and mobilisation of tissues. Today's manipulators, however, draw their inspiration from some of the early pioneers of scientific manipulation; people like Andrew Still - the first osteopath, Edgar and James Cyriax, and James and John Mennell. These frontiersmen provided the inspiration for our own leaders; people like Stanley Paris Jr., Robin McKenzie and Brian Mulligan, to develop their own approaches to manipulation and mobilisation, and take their practices around the world.

The origins of the NZMTA can be traced to the use of manual therapies in the first half of the twentieth century. The rehabilitation of returned servicemen, farm workers, sportsmen and people with scoliosis, fractures, dislocations and for those recovering from surgical joint repair, aroused particular interest of physiotherapists around the world. In 1950, John Mennell visited New Zealand to be followed by one of James Cyriax's physiotherapists - Jennifer Hickling - in 1954. These visits were pivotal in showing a small group of young practitioners that there were techniques to be learnt and practices to be studied overseas. 10 years later, Stanley Paris left New Zealand to travel to Europe to learn Cyriax's methods and those of Alan Stoddard, Gregory Greive and Freddy Kaltenborn in Norway. On his return to New Zealand in 1964, Stanley Paris began teaching these techniques to New Zealand physiotherapists, and the process of formalising a group dedicated to the study of manipulations began.

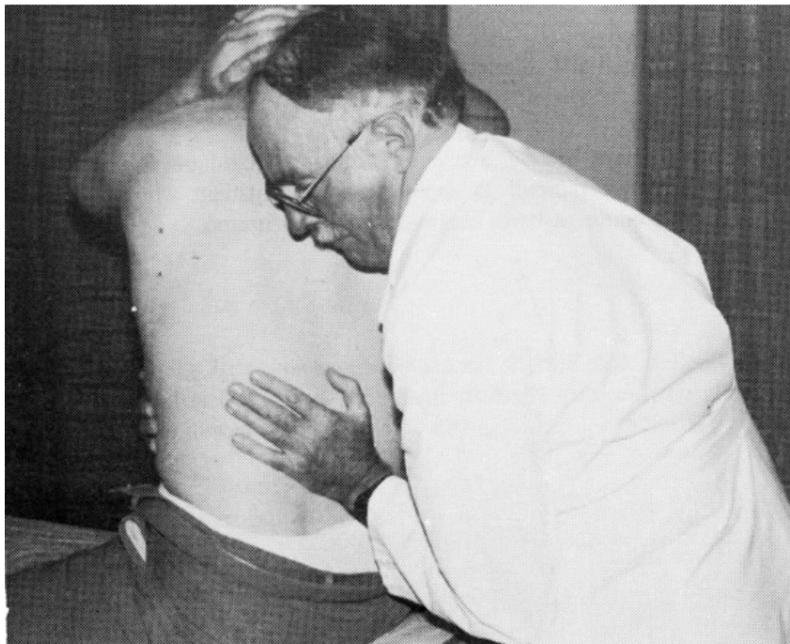
In the period immediately after Paris's return, a group of Wellington private practitioners began meeting to share techniques. This led to Craig Cameron, Rob McKenzie, Brian Mulligan and Michael Monaghan organising the first meeting of 22 manipulative practitioners in November 1968. At the first meeting, the aims and goals of the group were set out as follows:

1. To participate in the formation of an Australasian association of manipulative therapists
2. To foster and promote the use of joint manipulation
3. To interest and encourage the medical profession to avail themselves of the skills of the members of this association
4. To further the education of the association's members in the field of joint manipulation
5. To arrange conferences, courses, demonstrations and to otherwise disseminate knowledge

6. To establish liaison with groups or individuals in other countries who have similar interests

In tracing the history of the NZMTA it is interesting to see how the pursuit of these aims has marked out much of the Association's history.

The early years of the Association were dominated by the need to establish a formal qualification in manipulation. Under the guidance of Brian Mulligan, a two-year long manipulations course was created, with the first graduates (Almao, Buswell, Clague, Drury, Gilberd, Hood, Ingram, Neame, R. McKenzie, Mulligan, Searle, & Sim) completing in 1973. At the same time, the issue of international linkage and standardisation of practice were critically important issues. Because of a French government ban on manipulations in the late 1960s, Freddy Kaltenborn had begun a campaign to form an international association of manipulators to promote their practices, and to ensure the quality of standards among participating nations. Because of New Zealand's strong association with Kaltenborn, it was natural that New Zealand-based practitioners would participate in the first month-long course run by what would become



known as the International Federation of Orthopaedic Manipulative Therapists (IFOMT) in the European summer of 1972. At its first formal meeting, Ian Searle was nominated onto the Executive of the body beginning nearly 40 years of continuous service to the IFOMT Executive from New Zealand members.

Educational visits from Kaltenborn (1969) and James Cyriax (1970), and overseas excursions by Robin McKenzie and Brian Mulligan began to build New Zealand's level of expertise and New Zealand was accepted as one of only six full member of IFOMT at its first seminar in Gran Canaria in 1973. At the meeting - which was run as a month long course - some of the most well known manipulators attended, including Gregory Grieve, Geoff Maitland, Alan Stoddard and Freddy Kaltenborn. IFOMT was instrumental in establishing international standards for manipulative practice, and while New Zealand met the standard of membership, questions of uniformity and quality of practice, protection of speciality, and the continuing education of manipulative therapists were important concerns for the early NZMTA membership.

With IFOMT defining standards for manipulative therapists, the NZMTA could concentrate its attention on its education programme. The cornerstone of which was the Diploma in Manual Therapy (DipMT). In its inception, the diploma was not a recognised higher education qualification, but the NZTMA was able to issue certificates to its graduates. Repeated attempts were made to secure special status for those who had passed the diploma. In the years prior to the formation of the Accident Compensation Commission (ACC), attempts were made to give those with the diploma special status and remuneration within the public health system, whilst at the same time attempting to become the princi-



pal providers of manipulative therapy to those within orthodox health care. As Robin McKenzie argued in his President's Report of 1970; 'We can look forward to the time when the medical profession will turn to members of this Association for assistance in the treatment of all suitable spinal conditions and conditions affecting the extremity joints.'

This concern to promote the quality and capabilities of its members led the NZMTA into a lengthy and costly dispute in 1978 with the Commission of Inquiry into Chiropractic. After numerous attempts by the chiropractic profession in New Zealand to gain official recognition for itself, an official inquiry was launched into the financial support, education and training, and scope of chiropractic. Spearheaded by Don McKenzie, the NZMTA and the New Zealand Private Practitioners Association (NZPPA) organised a concerted campaign to lobby against the claims made by the chiropractic community. Supported by the New Zealand Medical Association, the Commission came out in favour of greater recognition of chiropractic, but demanded higher standards of education, practice and reporting. What became abundantly clear for the NZMTA, however, was that manipulative therapists in New Zealand could not rest on their laurels, and that research would be needed if the Association was to continue to promote the profession.

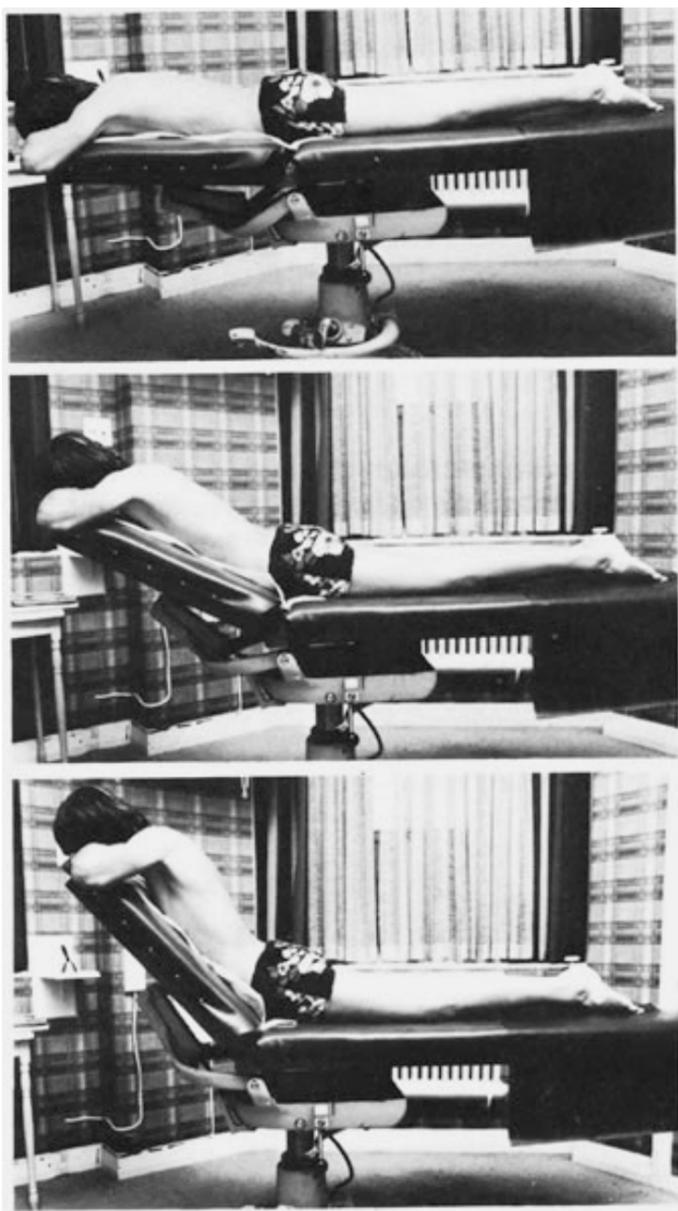
Whilst the DipMT had provided a strong foundation in practice skills (running now over two years with both extensive extremity and spinal manipulation components), the Association had long recognised the need to develop closer links with the two physiotherapy schools - not least because there was a desire to see manipulative therapy teaching enhanced in the undergraduate curriculum. In 1976, for instance, the NZMTA's Executive sought '...to explore all avenues and possibilities of a course to be held in conjunction with the Auckland Technical Institute.' In the same year, the Association offered to 'help' the Dunedin School appoint suitably qualified teacher by 'supplying lists of graduates' from NZMTA course, and asking that 'wherever possible suitable Association teachers make their services available to the school as required, part time.' The desire to influence formal education culminated in the early 1990s with moves to reciprocate between the DipMT and Auckland Institute of Technology's Advanced Diploma in Manual Therapy. Both of these courses, in addition to Otago's postgraduate manipulative programme, met the standards required by IFOMT and there was a palpable sense that some rationalisation in the education marketplace was needed.

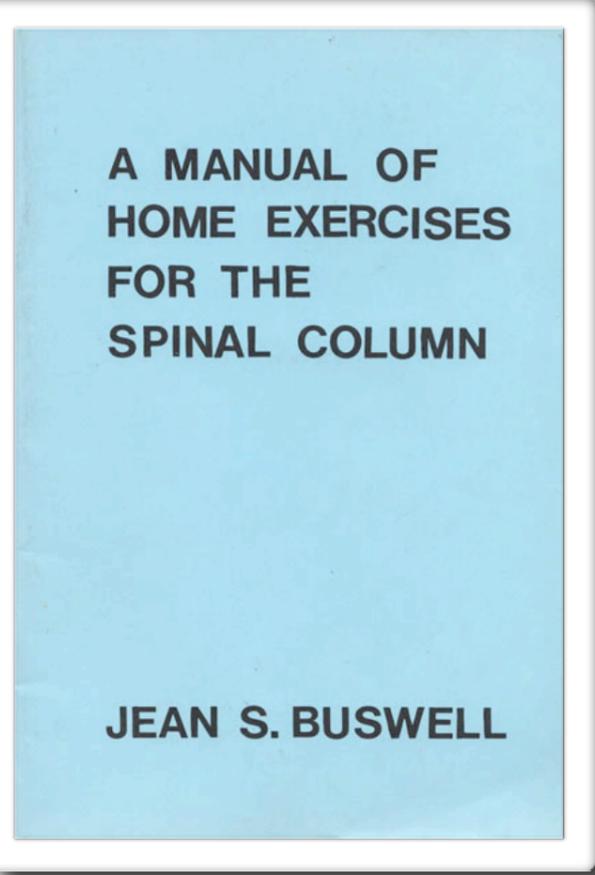
Both universities now met with New Zealand Qualifications Authority (NZQA) approval, and so discussions began to develop a Graduate Diploma in Health Sciences as a collaboration between AIT and NZMTA. Collaboration continued through the 1990s with the DipMT tutors involved in clinical supervision of AIT students, and sharing the teaching load. By the end of the millennium, both schools of physiotherapy had developed Masters pathways for musculoskeletal practitioners, and the need for greater research and evidence-based practice saw the demise of the DipMT in 2003. It left a powerful legacy among practitioners in New Zealand however.

If the NZMTA reached maturity as an organisation with the Chiropractic Inquiry, it established its professional niche with the advent of ACC in 1973. Prior to ACC, physiotherapists in New Zealand worked predominantly in the public health system, and the protection that this gave meant that early NZMTA members' primary concerns were to secure special status for their graduates (including remuneration and special recognition), and a close affiliation with the medical profession. With the advent of ACC, a number of new opportunities emerged, but at the same time a marketplace opened up where there was greater competition from other, less well established professions. Early in the life of the ACC, the NZMTA complained about 'The undue and unnecessary delays from the time a patient injures his back until the time he sees his medical practitioner' and the 'Undue and unnecessary delay in the time the patient is referred for treatment for this condition' They also argued that '...the patient is victimised financially in regards to the payment of fee when he attends for treatment before he can obtain medical certificates.' A concern to ensure patients had ready access to NZMPA

members led the Executive to issue Best Practice Guidelines for an ACC taskforce in 1997 as a way of validating its skills and demonstrating its efficacy.

Throughout its illustrious forty-year history, the NZMPA has nurtured manipulative therapy and supported its therapists in a most professional, proficient manner. It has been supported throughout by dedicated, selfless individuals who have devoted their professional lives, in some cases, to furthering the science and practice of manipulative therapy. Careers of world-renowned practitioners have blossomed under the watchful eye of the membership, and many innovations and ideas have been tested in the pursuit of manipulative excellence. It is fitting that on this 40th anniversary of its founding, we pay tribute to the Association and all it has done for physiotherapy in New Zealand and around the world.



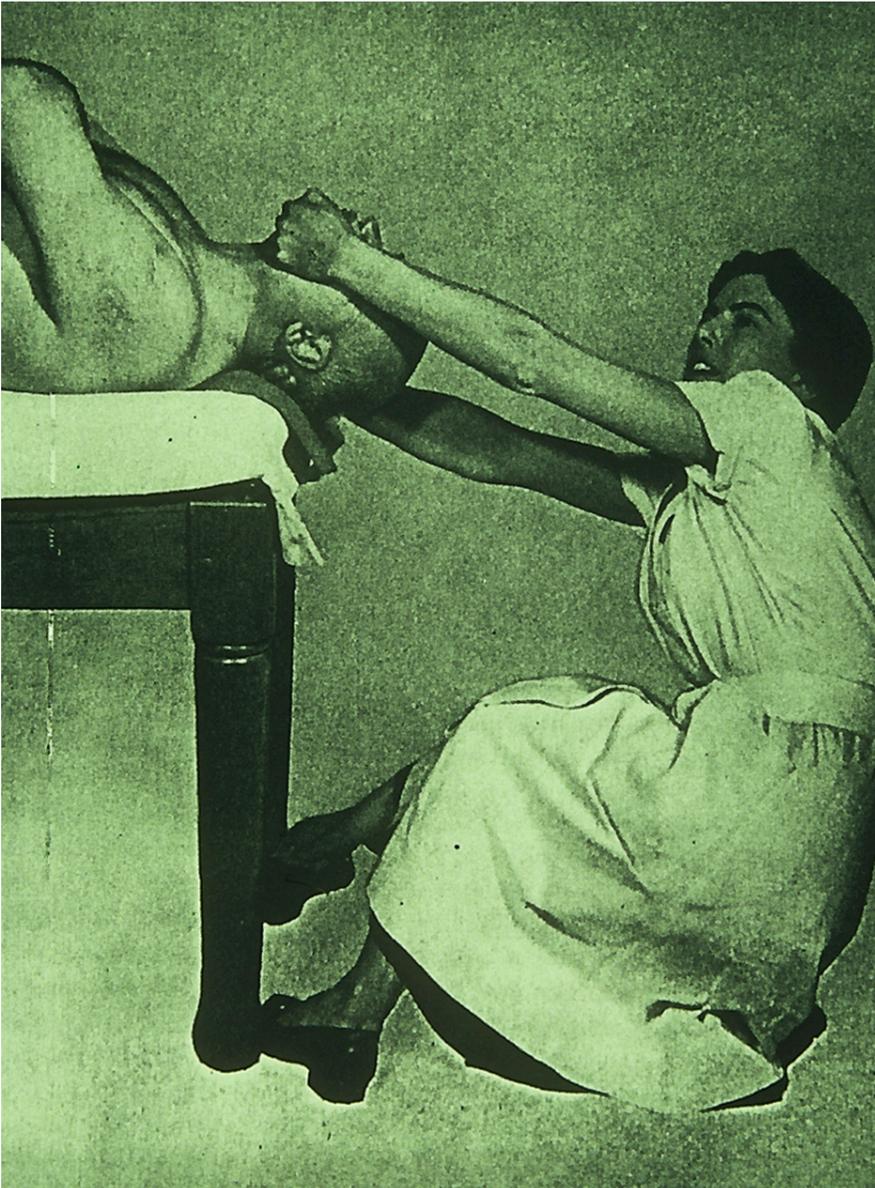


# The early years of the NZMTA

by Ian Searle

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My personal introduction to manual therapy came when our final undergraduate year group were lectured once a week by Dr John Mennel during our six months student placement at Auckland hospital. It was Mennel that introduced the term 'accessory motion in a joint.' Later, I attended a course run by Jennifer Hick-



ling - one of James Cyriax's English physiotherapists - on 'the Role of the Disc.'

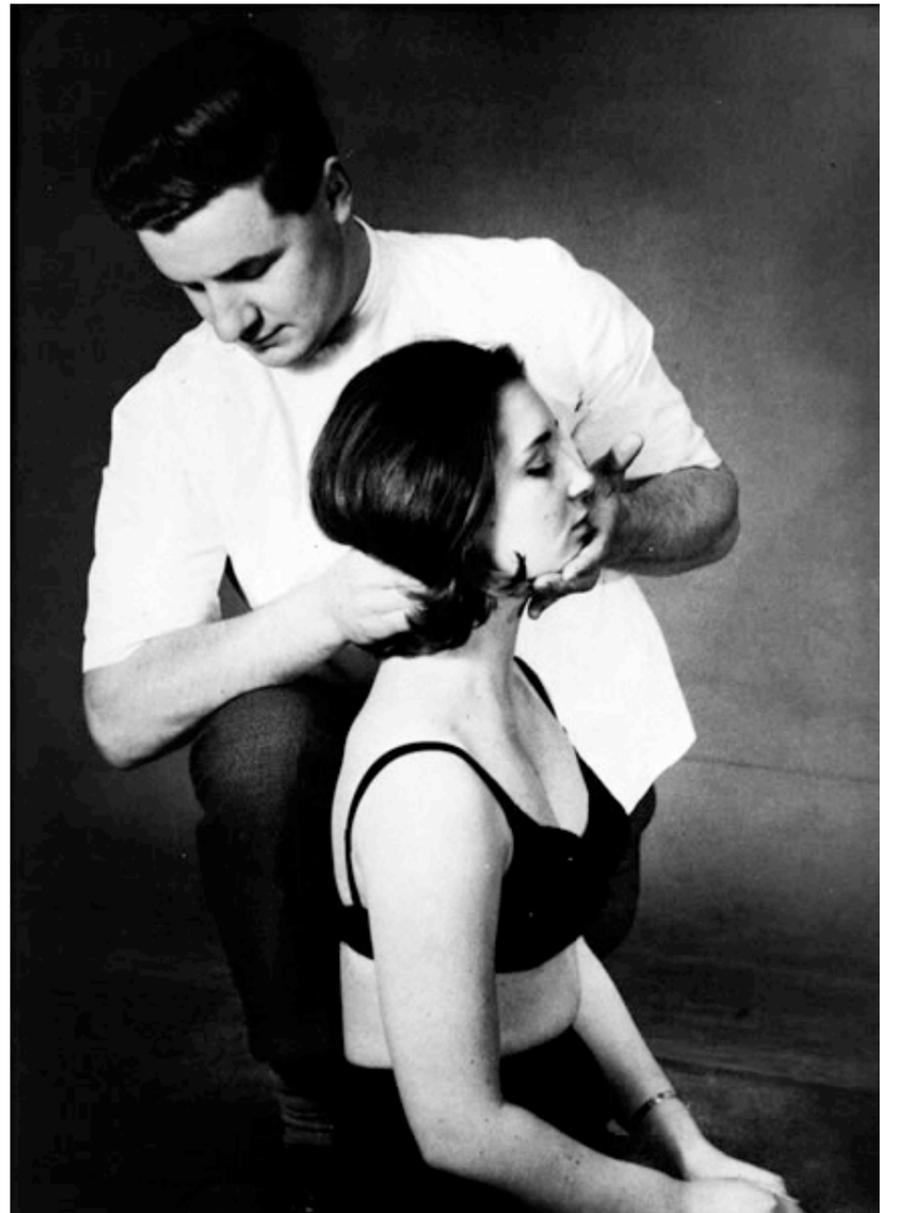
In the mid 1960s, Stanley Paris was awarded a Workers Compensation Board Spinal Research Grant, and subsequently spent two years overseas. On his return, he gave lectures to physiotherapists and began running courses on spinal manipulations learnt from Freddy Kaltenborn, Gregory Greive, Alan Stoddard and others. He introduced the term 'joint play' in his book 'The Spinal Lesion.' The interest that these courses generated contributed to the formation of a Manipulative Group amongst a small number of New Zealand physiotherapists. Initially workshops were held in Wellington, organised by Craig Cameron, Robin McKenzie, Brian Mulligan and Michael Monaghan.

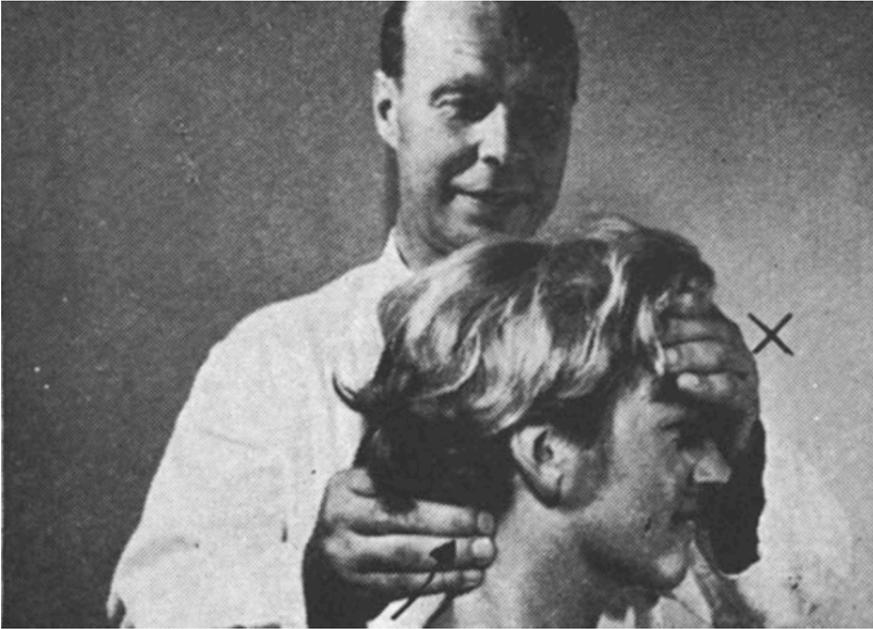
On the 2nd November 1968 NZMTA was officially formed, and immediately we began to organise overseas speakers. One of our first guests was Freddy Kaltenborn, who came in 1969, and upon his advice we invited Dr James Cyriax, who came to New Zealand in 1970. Soon, we sought special interest group status

within the NZSP and recognition for our specialist skills with the Physiotherapy Board.

At the 1970 WCPT Congress in London the concept of an international manipulative therapy body was suggested by Paris, Kaltenborn, Hanner Thouson, Gregory Grieve, Geoff Maitland, Dr Cyriax and our own Rob McKenzie. This became more pressing in 1972 when the French parliament introduced a ban on physiotherapy manipulations influenced by physician Dr Robert Maigne. The Dutch and German parliaments followed which led to enormous concerns for the future of physiotherapy practices in Europe. In order to counter the Maigne influence, Kaltenborn called for an international medical assessment of standards, and set up the 'International Seminar of Manual Medicines,' culminating in a one month course in Spanish Canary Islands in 1973.

Seven New Zealand physiotherapists attended out of the 100 participants. Ace Neame presented Robin McKenzie's theories of 'Extension,' Canadian Dr. H. Fahrns presented ideas on 'Flexion,' Ian Searle presented on 'Hamstring research,' and Laurie Genen on 'Lumbar Mechanics.' Manual techniques were practiced daily in groups around the swimming pool. A medical panel of Dr James Cyriax (London), Professor H. Brodin (Sweden), Dr Hans Frisch (Germany), and Dr A. Stoddard (United Kingdom) conducted examinations. New Zealand standards were approved at this examination, and the Canary Island as-





assessment had a big influence in New Zealand. Dr Ray Dowden, Chairman of the Physiotherapy Board and Assistant Director General of Health, and Dr Garry Wall, Speaker of the House, joined us for five days on their way to London, taking time to view the standards of New Zealand physiotherapy practice. After visiting the courses and examinations both men were enthusiastic for physiotherapy and advocated that physiotherapy provided a medically acceptable alternative to chiropractic.

In the same year as the course in Gran Canaria, the NZMTA gained special interest group status with the NZSP. The NZMTA courses were approved and the Physiotherapy Board gave recognition of the NZMTA examinations as a postgraduate inclusion in the register. The Health Department and Physiotherapy Board appointed medical observers to the NZMTA examinations, and reported favourably. This recognition I am sure led to the educational acceptance and funding of postgraduate studies.

Internationally, IFOMT was formally organised in 1974 at the WCPT meeting in Montreal with New Zealand elected as an Executive Member. In New Zealand the NZMTA examinations continued to be approved and the NZMTA courses were expanded in content and held New Zealand wide. The NZMTA's teaching syllabus and examination procedures were prepared for consideration by the IFOMT standards committee. These were subsequently approved by the committee and IFOMT general assembly in Cambridge, United Kingdom in 1992.

In 1975 a further one month course was held in the Canary Islands. Seven NZ physiotherapists participated. Also this year Freddy Kaltenborn came on a return course visit in Auckland to pick up where his course a few years before had left off - teaching manipulation of the whole spine.

In 1977 New Zealand was well represented at the IFOMT conference in Vail, Colorado. The academic standard of papers was high. And at this meeting, New Zealand was elected to be the host nation for the IFOMT conference in 1980. The WCPT Congress in Tel-Aviv, Israel was held in 1978. At this meeting, IFOMT was approved as the first 'sub group of WCPT,' and I was elected Executive Secretary / Treasurer of IFOMT - a position I held until 1996.

The 1980 IFOMT conference in Christchurch had a wonderful conference committee including Don McKenzie, Mark Laslett,

Ace Neame, Michael Lamont and Pam Legge. Previous conferences focused on academic papers, research results and workshops. Christchurch was to be the first 'clinical conference,' where patients were treated 'live' on stage. The success of the conference was due in large part to the hard work of the conference committee, the co-operation of the Christchurch physiotherapy practitioners in their patient selection, and in the high quality presenters the conference attracted (including Dr Alan Stoddard, Olaf Evjenth, Geoff Maitland, Robin McKenzie, Prof. Janda and Prof. H. Smidt). The conference summary was presented by New Zealander IFOMT President, Stanley Paris. Don McKenzie taped the whole proceedings and Jean Buswell and Margaret Gibson-Smith subsequently transcribed the tapes and edited a volume titled 'The Treatment of Patients.' A spin off from the conference was the then Minister of Health, Mr George Gair, opened the conference and was present for a period. He spoke with the presenters and was impressed. He promised increased Health Department spending to the profession. Thanks to the organisational abilities of Diana McKee and Pauline Cawley from the USA, the conference proved to be a financial success, the profits forming the basis of the NZMPA's Educational Trust.

Over the lifetime of the NZMTA - and later the NZMPA - we have been fortunate to attract many notable visitors, including,

Geoff Maitland, Anne Signal, Dr Lance Twomey, Prof. Barry Wyke, Stanley Paris, Robert Elvey, Gwen Jull, Dr Bill Beresford. We have had the benefit of being able to take from each of these experts that which we feel will be of benefit to our particular patients and not be dominated by one philosophy. We have also been wonderfully served by dedicated members who have over the years developed the constitution, established incorporated body status for the Association, and earned enormous respect from our professional colleagues overseas. This could not have been achieved without the years of strong Executive co-operation.



# The NZMPA from 1988 to 2009

by Duncan Reid

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The late 1980's through to 2003 were a period of significant growth in the DipMT programme. It was also a transitional time for the key tutors of the programme. Prior to 2003 the key weekend tutors were Ace Neame and Brian Mulligan. All courses started with participants having to undertake the four-day McKenzie 1 course.

In the 1980s, Ace and Brian began to teach less, and Roger Main, Steve White and Mark Laslett filled their shoes. Brian put his efforts into developing the Mulligan concept and Ace worked more closely with the McKenzie institute.

As more graduates completed the DipMT programme, Mark Steptoe, myself and Steve Griffin were added to the list of tutors, and in later years Anne Stancliffe (O'Donnell) and Lesley Unka. One of the key tutors who also came on board around that time was Michael Monaghan. Michael had completed his undergraduate physiotherapy training in NZ and then completed his osteopathic training in London. He returned to NZ and was encouraged by Brian Mulligan to bring his approach to the physiotherapy profession. This was a huge influence on the technical competence of the DipMT students in the area of spinal manipulation.

In the late 1980's Brian Mulligan strongly pushed the need for more research to come into the DipMT, and Mark Steptoe and I were given the task of implementing this into the programme. This resulted in a significant revamp of the introductory weekend with students being given instruction in searching library data bases, an increase in the need for up-to-date references in the assignments, and students presenting their assignments at the national conference.

The Education Committee took a lead in ensuring the tutors undertook educational training in adult teaching methods. This created a much more consistent teaching approach and the development of teaching manuals and resources, which are still used in the current programmes. A number of courses were held at the Auckland Teachers College, now AUT University. The Examination Committee who ran the DipMT exams also took significant steps to ensure the exam process was more robust and educationally sound. This saw a greater number of students pass the DipMT as indicated by the increase in graduate numbers from the early 90's to 2003. Michael Monaghan, Alison Skelly, Grant Watson, Jan Polson, Ian Searle and Stancie Williams all played a huge part in this examination process transition.

Under the presidency of Mark Laslett in the early 90's, there was a push to see if the DipMT could be given recognition towards a university qualification. At that time Jean Buswell was teaching the Advanced Diploma in Physiotherapy (Orthopaedic Manipulative Therapy) (ADP) at AIT. On completion of this one-year fulltime diploma course, AIT graduates were eligible to sit the final DipMT exams to allow them to become graduate members of NZMTA. This created the need for a strong link between the Association and AIT. Incidentally, a number of the DipMT tutors (Michael Monaghan, myself, Steve White and Roger Main) were also teaching on the ADP programme. Whilst these discussions were happening, Mark Steptoe, a lecturer at the Otago Polytechnic

School of Physiotherapy was developing NZ's first Post Graduate Diploma in Manipulative Therapy and a potential Masters pathway at Otago University. Sadly, whilst on his way to the Vice Chancellor with the final proposal for the PGDip, Mark was killed in a motor cycle accident in Dunedin. Mark's death was a great loss to the profession and his passing certainly slowed the developments of postgraduate study in Otago.

As the discussion between NZMTA and AIT progressed Pip Wade took over as President. This was the era of strategic planning. Over the next four years a series of meetings were led by Pip to look at the future strategic direction and vision for NZMTA. These meetings paved the way for the current organisation's activities. Amongst these were the name change to the NZ Manipulative Physiotherapists Association in August 1997.

In 1992, Andrea Vujnovich - AIT Head of School Physiotherapy - and Professor Peter McNair, met with Pip Wade (President) and I (as Vice President) to explore the support from NZMTA for a Post Graduate Diploma in Manipulative Therapy at AIT. The discussions were very fruitful and so in 1993 AIT put up the PGDipMT to the New Zealand Qualifications Authority (NZQA). This was approved in 1994. In 1995 AIT developed a Master of Health Science pathway, and this too was approved by NZQA. The relationship with AIT was then further cemented with the NZMPA tutors being made an integral part of the delivery and examination of PGD programme.

Not long after this, Otago Polytechnic School of Physiotherapy moved to Otago University and the PGD and Masters in Manipulative Physiotherapy was developed and approved. NZMTA was again instrumental in these developments and Duncan Reid and Michael Monaghan taught on the initial programmes. Pip Wade was the initial programme leader for the AIT programme and she was subsequently replaced by Wayne Hing. Darren Rivett (later Head of the School of Health Sciences at the University of Newcastle) was appointed to run the Otago programme.

As the University programmes developed, NZMTA made a strategic decision to stop teaching the DipMT. This came about because the discussion on reciprocal recognition with the Universities had stalled and the level of education in the DipMT could not keep pace with the University without a significant increase in funding. Whilst met with some sadness, the ability to further manipulative therapy was seen as stronger via the University programmes than the DipMT. The last official DipMT graduate completed in 2003.

There was still a need to provide education to physiotherapists in OMT, so from 2000 onwards the College Accredited Membership (CAM) courses were developed. These are a series of eight weekends covering the upper and lower quartiles. These programmes are now linked to the AUT postgraduate pathway, and students who have completed the CAM courses can gain exemption from aspects of the AUT musculoskeletal paper. Currently the CAM courses are run regularly in three NZ centres Auckland, Wellington and Christchurch.

## NZMPA Presidents

Mr. Robin McKenzie	1968 - 1972
Mr A. Neame	1973 - 1983
Pam Legge	1984 - 1987
Mark Laslett	1987 - 1988
Phillippa Wade	1989 - 1997
Duncan Reid	1997 - 2001
Wayne Hing	2001 - 2005
Fiona O'Connor	2005 - present



# A reflection on some key events

by Don McKenzie

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## The scene during the 60's.

On 2nd November 1968 when the NZMTA was founded, the NZ manipulation picture was desultory. Evidence of effectiveness was not available. But, patients wanted relief. Fortitude was needed by the 22 founder members of the NZMTA who began to formalize and systematize, via peer review, the work in the field already started by various private practitioners around the country.

The milieu in which the Association began was vastly different from today's professional autonomy. 30 years ago, articles in our journals and presentations at conferences were largely by doctors. Good physiotherapy authors and presenters were hard to find. Credible practitioners willing to voice strong opinions were rare. Training was a technical apprenticeship and university-style education was a far off dream.

Subordination and feelings of inferiority were the norm. It was in this setting that a small group of clinicians began to share their clinical experience based on the teaching of Mennell, Cyriax, Stoddard, Kaltenborn and others. Joint manipulation and mobilization were clearly useful, but the luxury of randomized controlled trials was out of the profession's reach. Competition from lay and non-orthodox practitioners was rife. Intra-professional resistance was high. Nonetheless, the NZMTA flourished because of the standards the organisation set itself, obvious patient need, and the commitment of a small band of instructors and committee members.

It was clear that in order to make its own contribution to healthcare, the physiotherapy profession had to become autonomous. Enlightened practitioners became innovative, believing what their clinical experience was telling them, and educating GPs to leave the treatment to the therapist. A problem-solving rather than a prescriptive approach developed, with a consequent broadening of our scope of practice.

## The Commission of Inquiry into Chiropractic.

Physiotherapy in New Zealand came of age with the Chiropractic Inquiry. The main thrust of our submission was that chiropractic was a general theory of health and disease and as such, did not warrant state subsidy. That point was won hands down, although subsidy for the management of musculoskeletal conditions by Chiropractic manipulation was approved.

The inquiry was important for three other reasons:

First, the NZSP was a full participant in the inquiry, making its own submissions and using expert witnesses independent of the New Zealand Medical Association. (A move that was not popular with the NZMA).

Second, physiotherapists based their representations on the legitimacy of manipulation and the services provided by graduates. The medics were dissuaded from portraying manipulation as quackery unsupported by science. Third, notwithstanding the recommendations of the final report which were biased for political rather than scientific reasons, manipulation has flourished as an accessible treatment in mainstream healthcare, thanks to NZMTA and its training programmes. The inquiry was costly, but ultimately good for the profession. A case for physiotherapy could not have been mounted without the foresight of innovative practitioners a decade before.

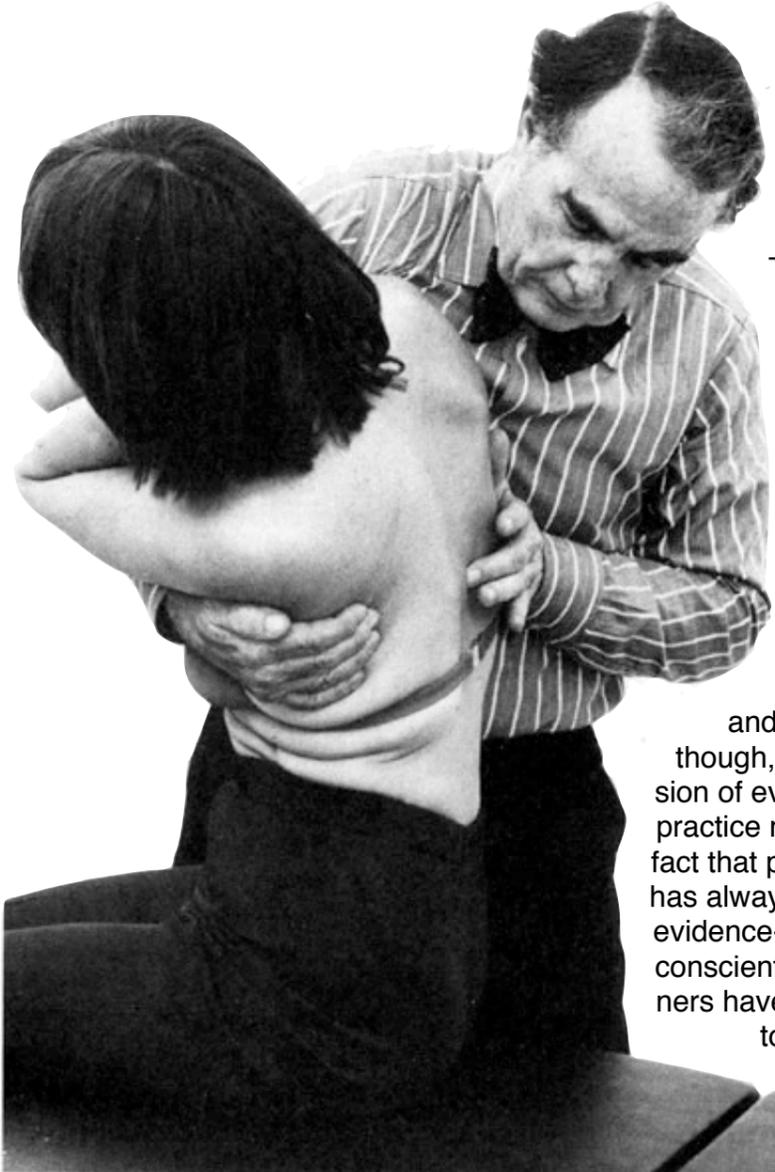
## The Association's Legacy.

In reflecting upon the development of manipulation, Gregory Grieve (Grieve 1998) made three points, which are relevant for us here: First, the knowledge and skill of recent practitioners has been built on the work of those who have gone before. The path has been smoothed by previous generations.

Second, progress has been laid with cross linkages to other disciplines, notably biomechanics. In-depth anatomical studies have taken us far. Maybe further progress lies with the neural, behavioral and social sciences and a more critical understanding of the human condition and responses to the distress of pain, illness and incapacity.

Third, traditional dualistic science has led us to accept a dichotomy based on subjective and objective examination. Is this justified? Physical examination is seen as objective, while patient reports of symptom behavior are regarded as subjective. This artificial black-and-white distinction can give totally objective accounts of the distribution, nature and behavior of symptoms, relative to time, posture and activity, while others cannot. Patient objectivity is entirely possible. On the other hand, therapists can be subjective in their interpretation of movement testing. History taking and the subjective element in examination, is worthless if the therapist is not objective. What appears to be irrefutably scientific and objective can actually be based on supposition of the observer. Inter-observer reliability of segmental palpation studies demonstrate the point.





### Shifting the Paradigm.

Today, we are blessed with article presentations and books from physiotherapy researchers and clinicians who are recording and reporting evidence from clinical practice and the lab. Sadly though, most discussion of evidence-based practice neglects the fact that physiotherapy has always been evidence-based. That is, conscientious practitioners have always tried to integrate individual clinical expertise with the best available external clinical

evidence from systematic reviews. What is new is the quality of evidence sought.

Whilst adhering to the rigors of objective experimentation and thinking, let us not be captured by an institutionalized, 18th century, dualistic, masculine interpretation of science that does not integrate patient values. Nor should we be intimidated by managers, often our own kind who jump the clinical ship, and who are paid to put profit before people. If the goal of clinical education and research is improved practice, then our schools and postgraduate programmes should avoid the trappings of academic snobbery and impenetrable jargon and make good qualitative and quantitative research information available in a clear accessible and inexpensive form. Students should be spared being brainwashed by a culture whose roots lie in a particular scientific method that is quickly becoming out-dated by the need to understand the 'chaos' of human behavior. Single, linear cause and effect relationships are only a part of the complexity that constitutes quality healthcare.

RCTs are the gold standard in health care, but if resources to reach that standard are denied, and if RCT design is not up to sorting out the complexities of human behavior, then clinicians have no option but to seek alternative means for establishing validity. However, the quest for worthwhile and reproducible outcomes for patients must never be abandoned. Interestingly though, the Commission of Inquiry into Chiropractic made its judgements on the basis of what patients said rather than what science demonstrated. If science is the process of discovery, what are we measuring in healthcare that tells us we have made

a discovery, and by whose perspective are those judgements made - patients, professionals, managers, purchasers?

### NZMPA's Basic Values

NZMPA has not changed its basic values since it was founded a generation ago. It was recognized then, as now, that at least five elements are essential for the maintenance of credibility with the public, funders, and ourselves:

First: Self-regulation, by all members agreeing to abide by a set of technique and clinical practice standards.

Second: A thirst for evidence of what works. Sorting out the mumbo jumbo.

Third: A belief that sharing clinical knowledge is in the patient's best interests, and that information and education ought to be readily available to practitioners at all levels.

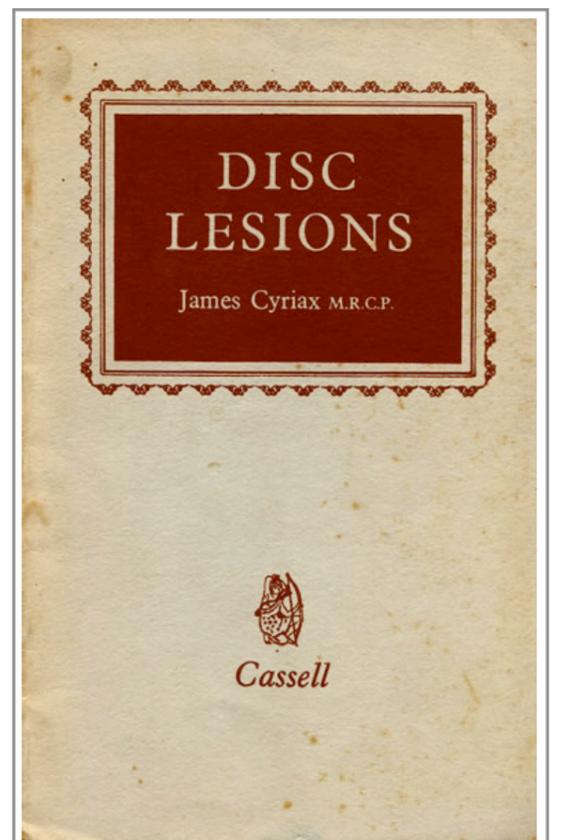
Fourth: A view that hypotheses and assumptions ought to be continually tested from the patient's perspective and findings that stick, integrated into clinical practice.

Fifth: And a preparedness to change old habits and keep in touch with what other practitioners are doing and judging how effective that practice is.

New Zealanders have an eclectic and pragmatic approach to clinical problem solving. We have fair access to clinical material and freedom from the prescriptive dictates of medicine. The self-help approach by patients is an additional feature. We remain unique within the healing arts by having a close and prolonged contact with patients where touch is sanctioned. Let us continue to welcome the complexities and contradictions in our patients and the literature as part of the puzzle of life with which we have the privilege to deal.

### In Conclusion

NZMPA is one of the most significant powerhouses of New Zealand physiotherapy. Many of our profession's internationally acclaimed New Zealand authors and teachers are members of this association. May physiotherapy go on developing the courage and maturity to find its own credible paradigm for discovery, and its own forms of education and communication that are patient-centered and appropriate to a modern profession. Our practice discipline is a cause for celebration rather than feelings of inferiority. We have every reason to be proud of what we do.



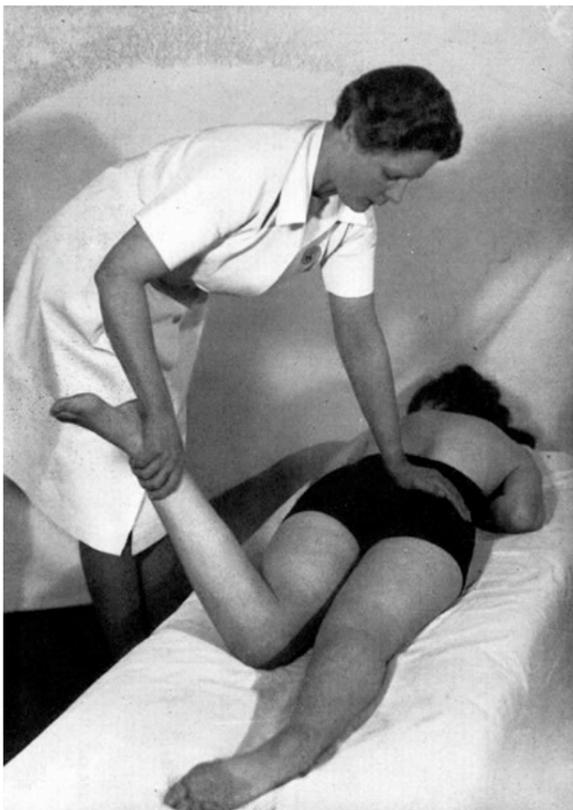
# Memories of NZMTA's first member

by Margaret Almao

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I feel very privileged to have commenced my manual therapy profession amongst some of the great masters of manipulative physiotherapy both locally and internationally. I began private practice on 7<sup>th</sup> July 1969 in Rotorua, where I was the only private practitioner in the town. Keen to improve my knowledge and 'fix all my patients' I joined the private practitioners association with many meetings in Wellington and Taupo, where I met Brian Mulligan and Robin McKenzie. My interest in manual therapy was greatly stimulated by these mentors and I joined the McKenzie Institute and commenced the ABCD Courses. In the same year I was involved in the beginnings of the NZMTA headed by Craig Cameron.

In August 1970 Dr. James Cyriax came to New Zealand, and conducted a four day course in Wellington, which I attended along with other colleagues and doctors. This was a catalyst to all interested in manual therapy and helped spark the beginnings of the NZMTA courses. The first course commenced that same year and was a three year part time course in Wellington. I enrolled and subsequently gained my DipMT certificate in October 1973, being Number one on the register.



In July 1973 I attended the first ISOMT - International Seminar of Orthopaedic Medicine/Manual Therapy - meeting in the Canary Islands. This was instigated by Freddy Kaltenborn with the intent to establish a basic world standard of manual therapy. It was a wonderfully stimulating international experience working with physiotherapists and doctors from many different countries. We attended lectures over a month studying both theory and practice, spinal and extremity manipulation and then underwent an examination. The New Zealand group passed the standard and therefore New Zealand was accepted as a member, with Ian Searle being an accredited teacher of ISOMT. This was a wonderful recognition for New Zealand to have passed the entry to be recognised as manual therapy members on an international scale. The ISOMT laid the founda-

tions for the development of IFOMT which was formally founded in 1974 in Montreal with New Zealand elected as executive member.



The New Zealand group included Ian Searle, Ace Neame, Laurie Geedon, Doug Perry, Malcolm Hood, Dave Coombe and myself, and we were greatly enriched by the many lectures by Dr. James Cyriax, Dr. Alan Stoddard, Freddy Kaltenborn, Olaf Evjenth, Brian Edwards, Dave Lamb and many others. I recall being in awe of James Cyriax when he took Carole Binswanger (USA), my room mate, and myself to dinner. He talked fondly of all his 'girls' (physios) - a real gentleman, and a grand master.

Being typical New Zealanders we all had a yearn to travel, so while we were so far from home we made the most of being overseas. The first weekend I organised a group to go to Morocco visiting Casablanca and Marrakesh. Camel rides, markets and bartering were all new and exciting experiences for us.

Ian organised a trip to Lanzarote - another island in the Canary group - a place with barren volcanic landscape, but they still managed to grow sunken grape vines and vegetables in dry-out pits in the scoria.

Laurie and Doug went off to Tenerife and visited Jean Batten's memorial. Freddy organised a fishing trip to Puerto Rico - east coast of Gran Canary - all great fun, partaking in the freshly caught mackerel and relaxing after a busy month of lectures.

The time went all too quickly, but we made lasting friendships with our international colleagues. From the Canaries, the New Zealand group went on our different tours: Africa, The Mediterranean, Europe and the UK, and then back home to put our newly learnt manual therapy skills into practice.

The NZMTA changed its name in 1997 to NZMPA and has continued to grow in strength from these early days, building on the strong foundation laid by our founders into the excellent association that we all enjoy today.



# NZMPA's Life Members

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Since the NZMPA's inception 40 years ago, titled members of the NZMPA who have made an outstanding and distinguished contribution to musculoskeletal physiotherapy have been made Life Members of the Association by their fellow members. We are delighted to pay tribute here to these NZMPA Life Members.

## **Brian Mulligan**

## **Life Member in 1988**

Brian Mulligan qualified as a physiotherapist in 1954 and gained his Diploma in Manipulative Therapy in 1974. In 1996 he was made an Honorary Fellow of the NZSP for his contribution to physiotherapy. In 1998 he was made a Life Member of The New Zealand College of Physiotherapy. He was made a Life Member of the NZMTA in 1988. In 2003 he was made an Honorary Teaching Fellow of the School of Physiotherapy, University of Otago. In 2004 he was made a fellow of the American Academy of Orthopaedic Manual Therapy. In 2007 The World Confederation for Physical Therapy presented him with an International Service Award for his exceptional contribution to physical therapy.

Brian has been involved in the teaching of manual therapy in New Zealand since 1970 and has been teaching manual therapy internationally since 1972. To meet the huge demand from therapists wishing to learn his new concepts and to ensure high standards he set up an international organisation called the Mulligan Concept Teachers Association' (MCTA) in 1995 to accredit teachers and ensure standards of delivery.

Brian Mulligan has been the author of numerous articles that have appeared in issues of the New Zealand Journal of Physiotherapy and overseas publications. In addition to numerous reprints of his book 'Manual Therapy 'NAGS', 'SNAGS', 'MWMS' etc.' he published 'Self Treatment for the Back, Neck and Limbs' in 2003.

## **Robin McKenzie**

## **Life Member in 1988**

Robin McKenzie graduated from Otago in 1952. Robin was founding President of the NZMTA in 1968. In 1982, Robin was made an Honorary Life Member of the American Physical Therapy Association (APTA), 'in recognition of distinguished and meritorious service to the art and science of physical therapy and to the welfare of mankind.' In 1983, he was elected to membership of the International Society for the Study of the Lumbar Spine. In 1984, he was made a Fellow of the American Back Society, and in 1985 he was awarded an Honorary Fellowship of the NZSP. In 1988, he was made an Honorary Life Member of the New Zealand Manipulative Therapists Association. In 1990, he was made an Honorary Fellow of the Chartered Society of Physiotherapists in the United Kingdom, and in the 1990 Queen's Birthday Hon-

ours, he was made an Officer of the Most Excellent Order of the British Empire. In 1993, he was made an Honorary Doctorate of the Academy of Medical Sciences of Russia. In 1998, he was made an Honorary Life Member of the New Zealand College of Physiotherapy, and in the year 2000 New Year's Honours was made a Companion of New Zealand Order of Merit. In 2004, a random sampling of physical therapists in the Orthopaedic Section of the APTA named him the number one most influential and distinguished physical therapist in the field of orthopaedic physical therapy.

Robin has published in the New Zealand Medical Journal and is a contributor to many Journals and publications on the subject of spinal disorders. He is the author of five books: 'Treat Your Own Back,' 'Treat Your Own Neck,' 'The Lumbar Spine, Mechanical Diagnosis and Therapy,' 'The Cervical and Thoracic Spine, Mechanical Diagnosis and Therapy,' and 'The Human Extremities, Mechanical Diagnosis and Therapy.'

## **Ace Neame Life Member in 1988**

Ace Neame graduated from the Dunedin School in 1960 and was bonded to Tauranga Hospital. Ace established a private practice in Tauranga and was one of the very early exponents of manipulative therapy in New Zealand, having attended one of the first courses in spinal manipulation run by Stan Paris in 1965. He was among the 22 founding members of the NZMTA, Taupo 1968 and one of the seven New Zealand physiotherapists who spent a month on Gran Canaria at the ISOMT meeting in Gran Canaria. At that seminar amid international stars in manual medicine, Ace presented Robin McKenzie's extension approach to the remediation of low back pain.

Ace was among the first set of NZMTA graduates in 1973 and was president of NZMTA from 1973 to 1983. Ace's clear thinking and affability steered MTA through some troubled waters, gaining recognition for the NZMTA diploma with

the Physiotherapy Board and special interest status with the NZSP. Ace went on to assist and lead teaching programmes in New Zealand, North America and Europe, working closely with the McKenzie Institute. Ace has contributed to manipulative therapy as an ambassador, teacher and standard setter.

## **Ian Searle**

## **Life Member in 1990**

Ian Searle graduated from the Dunedin School of Physiotherapy in 1951 and joined the staff at Bay of Plenty Hospital. He obtained his Graduate Diploma in Manipulative Therapy in 1973 and attended the first meeting of IFOMT in Gran Canaria in the same year. In 1973 he also became Secretary of NZMTA and remained in the role until 1990. In 1974 he was elected to the Executive of IFOMT at the organisation's formal inauguration in Montreal, and served as their Executive Secretary and Treasurer until 1996. He took part in every IFOMT congress including taking a leading role in New Zealand's hosting in 1980. From 1973 to 1986 Ian sat on the NZMTA's Examination Committee and in



1983 became a Visiting Examiner on AIT's Advanced Diploma. In 1988, Ian represented the NZSP at WCPT in London. In 1990 Ian was awarded Honorary Life Membership of NZMTA as well as completing two terms as a member of the NZ Physiotherapy Board. In 1991, Ian completed 12 years on Bay of Plenty's Hospital Board. In 1996 Ian was made an Honorary Life Member of NZSP, and in 1996 an Honorary Life Member of IFOMT. He was awarded the Queen's Honour for services to the physiotherapy profession and community services, and also became a Member of the New Zealand Order of Merit in 1997.

**Donald McKenzie** **Life Member in 1997**

Don graduated from the North London School of Physiotherapy in 1963 having won a scholarship to train as a physiotherapist from the Royal New Zealand Foundation of the Blind. Against professional advice, he took the 1965 course in spinal manipulation run by Stan Paris and went on in the seventies to study with Ian Sim, James Cyriax, Freddie Kaltenborn, Geoffrey Maitland and other MTA tutors. He was a founder member of the NZMTA. Don gained his DipMT as graduate 14 in 1974.

Don has always been very active politically, working with Mike Lamont to lead the NZPPA into the new 1972 ACC legislation. Don also authored the NZSP submissions to the Commission of Enquiry into Chiropractic between 1977 and 1980. Don was heavily involved in the organisation of the 1980 IFOMT conference in Christchurch and he represented New Zealand in 1977 at Vail and at the 1988 IFOMT meeting in Cambridge.

Don received an OBE for services to physiotherapy and the blind in 1981, and in 1990 was awarded the NZ 1990 Commemoration Medal. In the 1980's Don gained a Cert Rehabilitation Studies (Massey) and took on Vice Presidency of NZMTA in 1982. He was a trustee of the NZMTA Educational Trust from 1983 to 1997, the year he received his life membership of NZMTA. The work of NZMTA and its professional horizons were carried through to Don's contribution to the formation of the NZ College of Physiotherapy, 1993, Membership of the Physiotherapy Board of New Zealand, 1995 to 2000, and the executive NZ Rehabilitation Association, 1991 to 2001.

**Barbara Hetherington** **Life Member in 2005**

Barbara qualified as a physiotherapist with a Diploma of Physiotherapy from Otago in Otago 1962. She received her Diploma of Manipulative Therapy in 1980, taught on the extremity section of the DipMT before becoming an accredited Mulligan Concept Manual Therapy Teacher in 1995. Barbara was President of the NZPPA from 1983-88, and was involved with the Otago Branch of the NZSP, serving as its President in 1976-7, and on the National Executive of the NZSP from 1986-90. In 1989 Barbara became the NZSP's Vice President and served as President from 1990-92. In addition, Barbara became an Executive Member of IFOMT in 1994, Vice President in 1996, and served as Secretary/Treasurer from 1997-2000. Barbara is the only person to hold concurrent Life Memberships of the NZSP, NZPPA and NZMPA.

One of Barbara's particular professional interests has been in the internationalisation of physiotherapy practice. From 1991-2 she was Vice President Asia/West Pacific Region of WCPT, attending the WCPTs general meetings in 1991 and 1995. From 2001-7 she acted as Secretary to the Asia/West Pacific Region.

She has brought credit upon us through her international standing in manual therapy as an educator and during her past executive roles and maintains her international practice connections with registrations in four countries: New Zealand, Switzerland, the UK and Victoria Australia.

**Stanley Paris** **Life Member in 2009**

Dr. Stanley Paris graduated from Otago in 1958. He studied overseas in 1960 and '61 before returning to Dunedin to enter private practice with his father and was appointed Lecturer in Spinal Treatments at the School of Physiotherapy. Leaving New Zealand for America, Stanley became one to be the founding members of IFOMT and its second president, and received its Founders Award in 1996. He was made Honorary Life Member of IFOMT in 2000. Stanley was founder and President of the Orthopaedic Section, APTA and founder of the Journal of Manual and Manipulative Therapy. He was founder, President and CEO of the University of St. Augustine - America's only proprietary physical therapy school. His two campus based schools are the first and second largest in the nation. Stanley was Past President of the Orthopaedic Section, American Physical Therapy Association, and served on its Board of Directors. In 2002 he was made a Catherine Worthingham Fellow of the American Physical Therapy Association, and in 2006 he received the highest honor in physical therapy in delivering the 37th Mary McMillan Lecture. In 1963 he first published on manipulation in the New Zealand Medical Journal an article entitled 'Specific Spinal Manipulation' and in 1965 he published his text book 'The Spinal Lesion.' Since then, he has published more than 60 articles in medical, osteopathic and physical therapy journals. He has presented his concepts in clinical treatment as well as his findings in anatomical research, which in 1984 gained him his Ph.D. He has also published a series of manuals in manual therapy. Dr. Paris is co-editor of the Journal of Manual and Manipulative Therapy.

**Michael Monaghan** **Life Member in 2009**

Michael Monaghan graduated from the Otago School of Physiotherapy in 1968 and began work in Nelson before going to work with Rob McKenzie in Wellington in 1971. In 1974 Michael completed a Diploma in Osteopathy at the British School of Osteopathy before returning to New Zealand to practice and teach manipulative therapy. In 1976 Michael became a member of the NZMTA and began teaching on the DipMT, and later AIT's Advanced Diploma, employing techniques learnt from physiotherapy and osteopathic medicine. Michael has also taught extensively throughout Australia. In 1977, Michael presented a paper at the Vail Congress of IFOMT on osteopathic medicine, and amongst a number of other papers, produced a manual titled 'Spinal Manipulation' in 2000. In 2003 he co-authored a paper on the manipulation of the cervical spine which was published in manual therapy. Over the last 30 years, Michael has served of various committees of the NZSP's Education Committee and the Standards Committee of IFOMT. Michael is a Life Member of the NZSP.



# The business of NZMPA

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## **The NZMPA Educational Trust**

Since 1980, the NZMTA has supported research into manual therapy through its Education Trust. The initial fund was set up with a \$20,000 donation from the profits of the IFOMT congress in Christchurch in 1980. Since then these funds have grown with judicious management as surplus income over the years from successful conferences run by the Association have been gifted to the Trust. This has enabled the Trustees to stimulate research and support people attending conferences in New Zealand and around the world.

Special thanks go to the Trust's founding members: Mark Laslett, Michael Lamont, Donald McKenzie, Ace Neame and Ian Searle; and to all the members who have contributed their time and energy to the Trust's work: Angela Cadogan, Richard Hopkins, David Kempthorne, Lindsay Jago, Jan Polson, and Duncan Reid, Faye Scown, and Pip Wade.

## **Conferences**

A cornerstone of the NZMPA's work over the last 40 years has been its conference programme. The conference now runs every second year, alternating with the NZSP's biennial conference. The conference has always attracted internationally renowned speakers - including some of the most important names in manual therapy. Recent years are no exception. Since 1990, key note speakers have included David Butler, Steve Edmonston, Bob Elvey, Deborah Falla, Gwen Jull, Bart Koes, Jenny McConnell, Stuart McGill, Ken Niere, Mark Oliver, Peter O'Sullivan, Stanley Paris, Michael Shacklock, Dean Watson, Andre Vleeming, and Guy Zito.

## **Biennial Australasian Manual Therapy Teachers Meeting - BAMPT**

The relationship between NZMPA, the New Zealand schools of physiotherapy, and the Australian university programmes has always been strong. In 1988 the first biennial Australasian Manual Therapy Teachers Meeting (BAMPT) was held in Perth. Programme leaders from the various postgrad programmes in Australasia and NZMPA delegates attended this meeting. Mark Steptoe and Steve White represented NZ. At this meeting the Vertebral Artery Insufficiency (VBI) testing protocol was developed to improve screening and safety in cervical manipulation. This was a world first and has now developed in the Cervical Screening Guidelines developed by the Australian Physiotherapy Association and endorsed by the NZSP. Wayne Hing and Duncan Reid are now part of a world-wide group extending these guidelines in conjunction with IFOMT.

BAMPT meetings have continued to be held every two years and has been hosted in NZ on two occasions. The sharing of curricula and teaching and learning ideas has been invaluable in strengthening the manual therapy programmes in Australasia.

## **International Federation Orthopaedic Manipulative Therapists – IFOMT**

NZMPA members have maintained a strong association with IFOMT since the notion of an international manipulative therapy body was founded by, among others, our own Stanley Paris. New Zealand physiotherapists have played a longstanding role in IFOMT. Ian Searle was the secretary for over 20 years and Barbara Hetherington was Vice President from 1996 until 2000.

Duncan Reid is the current Vice President, having started on the Executive Committee in 2004 and voted on as Vice President in Rotterdam 2008. In 2000 Vicki Reid, current NZMPA Executive Officer, was asked to take over the Secretariat of IFOMT and has continued to hold this role to the present day. Duncan Reid and Wayne Hing presented at the inaugural teachers meeting hosted as part of the 2000 IFOMT congress in Perth, and in June 2008 Duncan Reid re-instigated this meeting as part of the Rotterdam congress. Due to its huge success this will now be a regular event as part of the congress.

A brief history of IFOMT can be found at:

<http://www.ifomt.org/ifomt/about/history>

## **NZMPA Office**

For many years starting in the mid 1980's Diana McKee was the secretary for the NZMTA. She also filled the same role for Ian Searle's private practice in Whakatane. In the early 1990s Diana became unwell and subsequently passed away. When Diana became unwell, the secretariat was taken over for a brief time by Pip Wade, who moved the office from Whakatane to Hamilton. The NZMPA then appointed Jeanette Dyer to the position of Executive Officer. As the work of the office grew Vicki Reid was brought in to help on a temporary basis, and when Jeanette resigned Vicki applied for the role full time. When Vicki and Duncan moved to Auckland in 2000 the office moved with Vicki, and is now located at Brown's Bay. Vicki has been assisted over the years on a part time basis by Jenny Clancy, Val Sutcliffe, Katie Hayward and is currently assisted by Robyn Lane.

A special mention must also be made to Ian Searle who served on the NZMPA Executive Committee over many years as Secretary before it became a paid position.

## **Education Committee**

- Susie Battersby
- Tom Burgi
- Susan Farry
- Steven Griffin
- J. Johns
- Robin McKenzie
- Michael Monaghan
- Brian Mulligan
- Duncan Reid
- Mark Steptoe
- Phillipa Wade
- Steven White

## **Examination / Assignment Committee**

- Maggie Jack
- David Kempthorne
- Graeme Nuttridge
- Jan Polson
- Timothy Ralfe
- Michelle Sintmaartensdyk
- Alison Skelly
- Michael Stewart
- Paula van Wijmen
- Grant Watson



#### Picture credits

- Cover - 'Correction of lateral shift', from McKenzie, R. (1981). *The Lumbar Spine: Mechanical Diagnosis and Therapy*. Spinal Publications, Wellington, p.60.
- Page 1 - Robin McKenzie, NZMPA archive.
- Page 4 - "'SNAGS" for lumbar rotation sitting', from Mulligan, B. (1989). 'Manual Therapy - "NAGS", "SNAGS", "PRP's" etc.' Plane View Services, Wellington, p.39.
- Page 5 - 'Sustained extension', from McKenzie, R. (1981). *The Lumbar Spine: Mechanical Diagnosis and Therapy*. Spinal Publications, Wellington, p.60.
- Page 6 (clockwise from top left) - Treatment tables around pool in Gran Canaria, 1973; Bart Koes (Netherlands), Vicki Reid, Jenny McConnell (Australia), and Pip Wade at 30th Anniversary celebrations, Waipuna Hotel, Auckland, 1999; Jean Buswell text; 'Beanbag Ext Lat Shift' from Ian Searle; Geoffrey Maitland, Stan Paris, Freddy Kaltenborn & Gregory Grieve at IFOMT meeting in Montreal, 1974; Ian Searle by pool in Gran Canaria, 1973.
- Page 7 - Jennifer Hickling performing Cyriax traction, from Ian Searle private collection c.1954; 'Manual Vertical Traction' from Paris, S. (1965). *The Spinal Lesion*. Pegasus Press, Christchurch, Plate 12.
- Page 8 - 'Domnick's traction massage' from Kaltenborn, F. M. (1970). *Mobilisation of the Spinal Column*. Transl. R. McKenzie. New Zealand University Press, Wellington, p.10; Traction mobilisation performed by Alan Stoddard, date unknown. From Ian Searle's private collection.
- Page 10 - 'Jumping for height...' from Hood, M. (1980). *Preparation, performance and patch-up: A guide to fitness training and injury prevention*. Heinemann, Auckland, p.16.
- Page 11 - 'Passive physiological-movement testing (PP-MT) of thoracic side-flexion', from Grieve, G. P. (1979). *Mobilisation of the Spine*. 3rd Edition. Churchill Livingstone, Edinburgh, p.67; Cover of Cyriax, J. (1956). *Disk lesions for general practitioners*. Cassell, London.
- Page 12 - (Left) 'Hip-Joint: Forcing Medial Rotation' from Cyriax, J. (1955). *Textbook of Orthopaedic Medicine: Volume II: Treatment by Manipulation and Massage*. Cassell, London, p.281; Ian Searle demonstrating Robert Martin's 'Gravity Guiding System' from Ian Searle's private collection.
- Page 13 - First edition cover of McKenzie, R. (1980). *Treat Your Own Back*. New Zealand University Press, Wellington; IFOMT (1980). *The Treatment of Patients*, conference proceedings from IFOMT conference in Christchurch, 1980; cover of Hood, M. (1980). *Preparation, performance and patch-up: A guide to fitness training and injury prevention*. Heinemann, Auckland.
- Page 14 - Cover of Sim, I. B. (1971). *Mobilization and Manipulation of the Spine: Basic Techniques*. NZSP, Wellington.
- Page 15 - Don and Rosemary McKenzie and Senna

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#### Acknowledgements

Thanks go to Vicki Reid for working tirelessly to bring together the material referred to in this booklet, to the late Diana McKee for transcribing and preparing many of the Association's minutes, and to Ian Searle who acted tirelessly as both secretary of the NZMTA, but also as Executive Secretary of IFOMT. Grateful thanks also to the contributors to this booklet: Margaret Almao, Don McKenzie, Fiona O'Connor, Duncan Reid and Ian Searle; to Barbara Hetherington for her valuable comments, corrections and suggestions, and to Jo Scrymgeour for allowing us to use some of her notes developed for Scrymgeour, J. (2000). *Moving On: A History of the New Zealand Society of Physiotherapists Inc. 1973-1999*. NZSP, Wellington.

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