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| **In This Issue**  |
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| **Issue: #3** | **March 2011** |  |

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| **Dear Tommy,** Thank you for being part of our community. **ASEP is the specific voice for (historically under-represented) Exercise Physiologists.** Please use this Newsletter as a link to ASEP resources from scientific journals to professional papers, to employment and related opportunities. And be sure to click on "More On Us" at the left for the ASEP-Newsletter's parent web site.Yours in health, -Lonnie Lowery and Jonathan Mike, ASEP-Newsletter Editors  |

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| **Editor's Corner** |  |
| editorial**"On what is your practice based"?**We often here about evidence-based practice, but what exactly constitutes evidence in our (or any) field? This is a critical issue and one that I address in nearly all of my classes during the first week of a given semester. There are many sources of knowledge that lay persons use to form opinions and conclusions: trial and error, tradition, authority, logic, even emotional associations. But each of these sources has problems - from inefficiency to abuse. As scientists and health professionals we must be held to a higher standard. That standard is science. It's a source of knowledge with built-in, systematic error-correcting machinery. Some clinicians feel that experience (time) in the profession grants the same thing but this is a slippery slope. According to Oxford's Center for Evidence-based Medicine, data from the Annals of Internal Medicine (2005) reveal that the preponderance of data actually suggests worse overall outcomes with increased years of clinical practice. Imagine the opinionated coach or trainer or even physician that defensively exclaims "I've done it this way for 20 years!" But is this a defense? Is it possible there's been a better way all this time? This is not meant to be inflammatory or to say that clinical experience is "bad", it's just not the same as controlled, systematic, large scale investigations that are statistically analyzed and result in less subjective conclusions over time. Still - and importantly - evidence-based medicine is not just science. It is composed of an integration of scientific consensus, clinical expertise and patient values. These things together bridge any gaps when it comes to helping other human beings.  With perhaps 1500 new papers appearing in the national Library of Medicine (Medline) per day, it becomes imperative to review the literature in one's area of expertise every two to four weeks, at least in a cursory manner. In this way, one can blend the emerging knowledge with her or his own approach to become a true expert as s/he gains clinical expertise.  Yours in health,Dr. Lonnie LoweryASEP-Newsletter Co-editor  |
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| **Ask the EP** |  |
| **Q: I see so often in the media, online, and in stores the multiplicity of diet books. So, do we really need another diet book?**Those of us that may not have an exercise physiology background, this can be really frustrating. There are literally hundreds of diet books available in today's market.  Yet the gluttony, and obesity is out of control. There is a significant disconnect here. Interestingly enough, these diet books aren't that much different from one another.   The mantra is to eat frequent, protein-based meals, lots of fruits and vegetables, fiber, water, some supplements and to establish a quality exercise program. To demonstrate the ridiculous nature of just how many books are out there,  I have compiled a short list just in the last month of some of them that I've organized by category. These include:Calorie-based: 100 Calorie Diet, 1200 Calorie Diet and the 400 Calorie Fix.Look-a-Like based: Hot Latin Diet, Brazilian Bikini Body Program, Eat Like a Hot Chick Diet, Skinny Bitch DietTime-based: 3 Day Diet, 4 Day Diet and 7 Day Diet, and the 3 Hour DietFood-based: Cabbage Soup Diet, Grapefruit Diet, Egg Diet, Banana Diet, Coconut Diet, Oatmeal DietDessert-based: Chocolate Diet, Cookie DietLocation-based: Cambridge Diet, Mediterranean Diet, Okinawan Diet, Spanish-Mediterranean Diet, Hampton's Diet, Hollywood Diet, Beverly Hills Diet, South Beach DietCelebrity-based: Oprah Diet, Suzanne Sommers DietMeal-based: Big Breakfast DietMacronutrient Ratio-based: 80 10 10 Diet, Zone DietWhen to eat-based: Alternate Day Diet, Every Other Day Diet, Eat Stop EatBody part-based: Flat Belly Diet, The Abs Diet, Hips and Thighs DietType-based: Metabolic Typing Diet, Personality Type Diet, Blood Type Diet, Genotype DietThis does not stop here, as this is just a short partial list.  So, the question was, do we really need another diet book? The answers, options, resources, including scientific literature for quality fat loss already exist.  Perhaps it's a simply matter of actually doing it that is the overall problem.   Jonathan Mike, MS, CSCS, USAW, NSCA-CPTDoctorate StudentASEP Newsletter Co editor   |

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| Thank you for perusing our opinions, facts and opportunities in this edition of the ASEP-Newsletter.  **Sincerely,** Lonnie LoweryAmerican Society of Exercise Physiologists  |

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