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**Making the Most of Transitions**

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The beginning of wisdom is to call things by their right names.

 -- Chinese proverb

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| Every beginning is a consequence. Every beginning ends something.-- Paul Valery, French poet |

his article has three purposes. The first is to help students understand that the exercise science degree is a meaningless waste of time in terms of finding a financially stable job. The second purpose is to help exercise physiologists with the change process and, therefore, understand the difficulties they will face when they start to transition from yesterday’s thinking to the ASEP’s 21st century perspective of exercise physiology. Third, it is intended to provide hope of something better, particularly as a healthcare provider in the world of business.

Whether it is a blank stare or a nasty sabotage that turn a good idea into a mess greater than it has to be, expect both to take place and more! Dealing with chaos is one thing, but making matters worse is the personal stuff that destroys relationships. As William Bridges [1] said, “It isn’t the changes that do you in, it’s the transitions. Change is not the same as transition. *Change* is situational: the new site, the new boss, the new team roles, and the new policy. *Transition* is the psychological process people go through to come to terms with the new situation. Change is external, transition is internal.”

**Transition** is the internal psychological process that exercise physiologists experience with change. Thus, the question in regards to the ASEP organization, “Are exercise physiologists ready to think differently about exercise physiology?” That means, “Are they ready to let go of the exercise science and sports medicine identity?” If they are not willing to think of themselves in terms of the new identity, it will undermine the ASEP efforts to transition into what it must become. Exercise physiologists who support ASEP stopped thinking in terms of sports medicine and started thinking as exercise physiologists. Those who fail to support ASEP have not let go of their connection to other organizations.

As Bridges[1] said, “Transition starts with an ending….”

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| The winners of tomorrow will deal proactively with chaos, will look at the chaos per se as the source of market advantage, not as a problem to be got around.-- Tom Peters, American Writer |

Once exercise physiologists let go of their connection to sports medicine, exercise science, and even physical education, they will then begin the final step of their transition. It is the same as passing through an open door to find that you are in a different space and place but thinking very much as you once did. For many people, it is a sense of being in the middle of where you were and where you are going (i.e., the neutral zone). It is a difficult place to be because you are in the middle of the old reality of sports medicine and the new reality of ASEP.

This is where many exercise physiologists are today. They are still in the neutral zone – undecided and confused. Should I go with ASEP or should I stay with sports medicine? It is the place where change takes place. One learns to make a new beginning by having the backbone to think differently. It is all about becoming a different kind of person? It is where exercise physiologists are ready to unlearn their old ways, to put aside (with some degree of respect) decades of association with something other than who they are.

Transition is necessary to come face to face with ending the connection to the past, thus creating a sense of loss and even the polarization of colleagues. Those who want to move forward find that they are thinking differently from those who want to stay with the old ways. As the level of discord increases, there is always the possibility of undermining friendships and organizations. Status quo becomes more important than ever before. People literally stop thinking and just exist when they fail transition.

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| One of the greatest pains to human nature is the pain of a new idea.-- Walter Bagehot, EnglishPolitical Scientist |

Launching a new beginning is never easy, but it is absolutely necessary. The new beginning of exercise physiology got its start with the founding of the ASEP organization. The purpose behind the new beginning was then and still is ever-important message of professionalism in the exercise physiology profession. The discernible reason behind the purpose for the existence of ASEP is that all students need credible career opportunities after they graduate from college. Naturally, they need excellent teachers, but equally important, they need teachers who care for students beyond dressing and acting the part of a researcher or a college teacher.

There is nothing mystical or wrong about wanting to graduate with a college degree that allows for locating a credible job. Yet, note the wording on the website of a Department of Exercise, Sport and Leisure Studies: “Coursework in exercise science prepares you for the job market or for further schooling in exercise science and/or health related fields such as physical therapy, medicine, and occupational therapy.” Note also the Department’s statement regarding ***“Career Opportunities in Exercise Science.”***  The Department identified 10 “career and job opportunities” and minimal education requirements:

1. **Athletic trainer**. Employers include schools, teams, clinics, and hospitals. (Undergraduate degree, master’s degree from an accredited National Athletic Trainers’ Association program).
2. **Biomechanist.** Employers include product developers/users in research and clinical settings; future growth is expected in industrial settings. (Master’s or doctoral degree).
3. **Cardiopulmonary rehabilitation specialist**. Employers include hospitals and clinics. (Undergraduate degree, often master’s degree, recognized certification).
4. **Exercise physiologist.** Employers include commercial and clinical workplace settings. (Undergraduate degree minimum).
5. **Group exercise instructor.** Employers include commercial and workplace fitness centers. (Some college courses, recognized certification).
6. **Fitness Manager/ Coordinator/ Specialist.** Employers include fitness centers, YMCA's, YWCA's, hospital-based wellness centers, etc.  (Undergraduate degree minimum, often master's degree, recommended ACSM certification).
7. **Personal trainer/strength and conditioning coach**. Personal trainers might be self-employed or work for a fitness facility. Strength and conditioning coaches are employed by universities and professional athletic teams. (Undergraduate degree minimum, recognized certification).
8. **Physical therapist or Occupational therapist.** Employers include hospitals and clinics. (Most physical therapy programs require 3–4 years of physical therapy school after an Undergraduate degree).
9. **Physician/physician’s assistant.** Employers include hospitals and clinics. (Undergraduate degree, 3–5 years of training, plus specialization training).
10. **Pharmaceutical/medical sales.** Employers include pharmaceutical and other medical development companies. (Undergraduate degree minimum).

Now, “after reading between the lines” the majority of the college graduates with an exercise science degree will find him or herself as a group exercise instructor or a personal trainer. That’s it! You can imagine that the annual salary is not very high, and many candidates for Bob’s Gym will not secure credible, financially sound career opportunities unless they go back to college.

What about getting a job as an athletic trainer? The website did identify athletic training as a career opportunity. The short answer is No, not without a “degree” in athletic training. What about getting a job as a biomechanist? No. Honestly, does anyone actually believe that after taking “one course” or, more typically, half a semester of biomechanical concepts, that it is sufficient to land a career opportunity as a biomechanist? No way!

Well, then, exercise science graduates will find a job as a cardiopulmonary rehabilitation specialist, right? The short answer is No, not unless they also have a master’s degree (and, then, more loans in tuition costs). Even if that should happen, many of the rehab positions are part-time without full healthcare benefits. Well, then, there must be exercise physiology positions, right? Please read very carefully the following sentence. *Majoring in exercise science is not a major in exercise physiology.* Exercise science college graduates are not entitled to the professional healthcare degree – Exercise Physiology (regardless of what is believed otherwise).

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| **Insanity** is doing the same thing over and over again, but expecting different results.-- Rita Mae Brown |

Also, forget finding a career in physical therapy, occupational therapy, or physician assistant. The exercise science major is not a physical therapy degree. Each career opportunity falls outside the hopes and dreams of an exercise science major. Unless the exercise science college graduate also has an academic degree in one of the three areas or has completed an application, has been accepted into one of the three degree programs and, then, graduated from the same, forget about the employment. Of course, it is likely the exercise science college graduate understood this point before graduating – right? No.

Students should not have to turn around and, then, find it necessary to apply to yet another academic major, often one in graduate school, to find a credible job. Imagine the value and the power of a college degree that is designed to facilitate the college graduate’s transition into a job with health benefits and a salary that allows for paying off the tuition loans while buying a home and raising a family. Now, that would be a new path to take for students who are interested in health, fitness, rehab, and athletics. That path is exercise physiology. It is a credible healthcare profession supported by its own professional organization.

The **ASEP Exercise Physiologists** have their Code of Ethics [2], Academic Accreditation [3], Board Certification [4], and Standards of Professional Practice [5].

Honestly, enough is enough with the meaningless academic degrees. Students must get involved in the change process. Enough is enough! It is time to harness the winds of change. To not do so is to fail in making the transition and yet, others have done so with considerable success. Decades ago, physical therapy started with the likes of what exercise physiologists were in the 60s and, in many ways, continues today as one of 40 different undergraduate degree titles. It is disturbing to realize the original physical education students are now students of exercise science or human performance or even kinesiology (as a beginning point for one of the dozens of different undergraduate degrees). In other words, it is time to wake and harness the winds of opportunity.

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| **The paradigm shift** starts with recognizing the exercise physiologist’s resistance to altering the traditional thinking of what is exercise physiology.  |

When the dozens of undergraduate degree titles make the transition to come together and become members of collectively engaging one profession – ***Exercise Physiology*** – exercise physiologists in will excel as a healthcare professional. Exercise physiologists will shape the direction of using safely prescribed exercise as medicine in mind-body issues. When the mental transition is complete, exercise physiologists will understand the role of “business” in exercise physiology [6]. The good news is that self-pay fees will only increase in the years to come. Exercise physiologists can ask for and get $75 an hour or more for communicating their knowledge to clients. The power of exercise to heal the mind and body is on the rise in healthcare.

The market of clients is expected to increase as exercise physiologists gain increased control over various business strategies. In particular, they will come to understand the importance of the work of other healthcare professionals who have been at work for years in siphoning-off clients by their role of getting involved in using regular exercise as medicine. The ASEP leadership believes that the power of exercise to heal (as only exercise physiologists understand how to safely and professionally measure and prescribe exercise) will help clients with mind and body problem to get better without stigmatization of some traditional medical care programs.

Yes, there will business expenses such as office space, utilities, phone, internet, advertising, malpractice insurance, marketing, and billing, and dues. These are unavoidable in doing business, but what is important to remember is that exercise physiology is a “new” healthcare profession. During the next 10 to 20 years, the average age for board certified exercise physiologists is likely to be in their early-30s who understand exercise physiology as a profession in healthcare. They understand that their work is as professional and as necessary to the welfare of clients as that of physical therapy.

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| The best thing that can happen to exercise physiologists is if ASEP helps them to rethink their way with the public. They are not fitness instructors or personal trainers. They are healthcare professionals.  |

The paradigm shift in making the most of the transition occurs when exercise physiologists decide to “think as an ASEP exercise physiologist,” which is [7]: “**Exercise Physiologist** is a healthcare professional who either has an academic degree in exercise physiology or who is certified by ASEP to practice exercise physiology [via the Exercise Physiologist Certified exam (EPC)], or who has a doctorate degree with an academic degree or emphasis in exercise physiology from an accredited college or university.” This “shift” also means that exercise physiologists must decide to “think” right about what is exercise physiology.

The ASEP definition of exercise physiology differs from the usual sports medicine definition, that is, “the acute and chronic adaptations to exercise.” This is the research-oriented sports medicine definition. It is self-serving and empowers the PhD exercise physiologist. It does not help the students of exercise physiology. That is why the ASEP leaders developed the first-ever professional definition [7] that states: “**E**x**ercise Physiology** is the identification of psychophysiological mechanisms underlying physical activity, the comprehensive delivery of treatment services concerned with the analysis, improvement, and maintenance of health and fitness, rehabilitation of heart disease and other diseases and/or disabilities, and the professional guidance and counsel of athletes and others interested in athletics, sports training, and human adaptability to acute and chronic exercise.”

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| Buddhists maintain that all efforts at changing the world begin with looking inside and changing ourselves. From the ASEP perspective, it is same with changing exercise physiology. Members of the profession must think, plan, take action and, therefore, change themselves. |

In short, reengineering the concept of exercise physiology from a research model to a healthcare model is at the heart of the transition. Just as the founding of ASEP represents the birth of the new exercise physiology, the past 15 years of exercise science has not only allowed for, but has encouraged the leadership of other organizations to gain more control over exercise physiology services. This is wrong since exercise prescriptions should remain at the core of exercise physiology. To tackle this problem head on, the ASEP consumer driven business model of the future is one that is expected to be profitable for exercise physiologists. Clients can expect professionally specialized, creative, engaging, and safe healthcare services for a fair out of pocket fee.

To build a practice that is unique and profitable means identifying the exercise physiologist’s niche services and expertise. For example, exercise physiology services to children who are overweight or obese or need confidence building by engaging in an exercise program that is designed specifically to build mental power as well as lean muscle tissue and cardiovascular endurance. Exercise physiologists who keep children from growing up fat and at high risk for heart disease and stroke contribute something special to community. Keeping children out of the hospital and happy requires specialized cardiovascular and dietary assessments and/or counseling.

The specialized physiological assessments and counseling, such as intensive opportunities to better understand VO2 max, submaximal respiratory responses, and the hemodynamics at rest for couples and families appeals to men and women who have the desire to live a healthier and happier lifestyle. Life-changing services by board certified exercise physiologists, such as risk factor analysis (including help for musculoskeletal disabilities) and the application of selective and unique exercise programs for individuals with elevated stress, anxiety, and depression. Single-topic analysis and counseling for clients with flexibility concerns, joint pain, and eating disorders. What exercise physiologists offer to the community at large is unique and worth paying for.

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| There is no reason to forget our past associations and how exercise physiologists have learned to do what they do. However, to survive in the market place of healthcare professionals, it is imperative that exercise physiologists are willing to rethink traditional rituals, let go of the past way of thinking, and take the necessary steps to reshape exercise physiology and its healthcare practice. |

At the core of the exercise physiologist’s product-driven practice is ***exercise***. Thinking like an entrepreneur and bringing a business mindset to the practice of exercise physiology will help promote not only the exercise physiologists, but also the profession of exercise physiology. Without a doubt, exercise physiology has a significant role in keeping the client’s brain young and healthy. Increasingly, researchers in psychology and neuroscience agree with exercise physiologists that moderate physical activity can reduce dementia risk by 30 to 40% compared with low to no activity. Physically active people are more likely to have better cognition and memory than inactive, sedentary people [8].

Engaging the body and mind together in the safe execution of regular exercise led by a board certified exercise physiologist is the right medicine of the 21st century. However, like all medicines, “exercise as medicine” must be prescribed safely and properly. Again, that person is a college graduate with a degree in exercise physiology, who sat for the ASEP Board Certification and passed it and, then, understands the importance of the ASEP Code of Ethics and Standards of Professional Practice. Then, given that person’s respect for professionalism, one’s attention is properly focused to empower clients and increase their health and well-being.

No one has to grow older with chronic health conditions like diabetes, obesity, and hypertension. Controlling these risk factors not only helps to avoid suffering from numerous diseases and disabilities, but also slows the process of cognitive aging and dementia. But, the key point is that just as we know omega-3 fatty acids in fish are very important for maintaining heart health, following the exercise physiologists’ prescriptions regarding diet, exercise, and stress management is better than taking the advice of a trainer or an instructor with or without a college degree (who is certainly not an EPC).

In sum, either exercise physiologists (academics, in particular) will help with the ASEP change process and become the architects of their own making or they will continue to be victimized by the failure to change how their think and behavior. The ASEP leaders believe that every exercise physiologist, whether he or she has an undergraduate degree or a doctorate degree, will at some point in the future look at the decades of failing to take responsibility for change and transition. As Charles Darwin said, “It is not the strongest of the species that survive, nor the most intelligent, but the ones most responsive to change.”

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