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**Preventative Health Care**

“Preventative Health Care” is something we hear a lot about these days with the advent of the Affordable Care Act (ACA). I believe this is one of those terms that we seem to think we know what it means, but the reality is that it may mean different things to different people. An analogy to this confusion or lack of understanding is quite prevalent in our field of Exercise Physiology. The following terms are utilized quite a bit in our lay conversations, but when you pin people down on the definition or meaning of these terms they seem at a loss for words: steady-state, ventilation, blood pressure, stress, and adaptation. These are but a few of the terms that find themselves in the company of Preventative Health Care (PHC).

Being a phonetic speller, I am wise to keep a pocket dictionary next to my computer at work. So I decided to break down this phrase into its three words and look them up in my little dictionary. In terms of *preventive,* our good friend Webster defines it as, “to keep from happening” (such as in preventing pathology from happening). Health is defined as “sound physical or mental condition”. It was on the same page as “hayseed” which was defined with one word, “bumpkin”. I found that to be funny so I included it in this newsletter. But I digress. The last word to define is Care: “1. anxiety; 2. watchful attention; 3. supervision”. That is an interesting one in that the three definitions had some definite differences in how one would interpret the word, “Care”.

So, we place these three words associated with the ACA into some form of understanding PHC as the following: to “keep from happening” (some pathology), to establish “sound physical condition” under “watchful attention”. This, in essence is a good description of what Preventative Health Care is, or should be about. This leaves me with two questions. Is this how PHC is realized in the ACA and, if so, whom or what professional entity is providing this “watchful attention”?

I would first like to state that from my experience with the medical profession, the component of PHC as defined above is not how it is being implemented. Preventative health care, to my knowledge, is a spurious term if one relies on Webster and instead falls victim to the medical profession’s itinerary. Prevention, by their account, is early diagnosis. I do not want to minimize the importance of this concept, but by all accounts this is not PHC. Early diagnosis is part of a treatment oriented plan that is the base of the medical profession in the United States. Once diagnosis takes place, treatment through pharmacology seems to be the “answer-de-jour” for patient care. To imply that early diagnostics to a pathological condition is prevention is erroneous. In this instance, nothing is being prevented. Again, early treatment is vital and life-saving in many instances, and I am not minimizing its importance. But it is not prevention.

By definition, prevention means to “keep from happening”. How do we “keep from happening” something that has not happened? Actually, we do it all the time. For example, we prevent head injuries while riding our bikes by wearing a helmet. We prevent being thrown from our vehicles or smashing into the windshield by wearing our seatbelts. These are preventative steps to situations that have not or may not occur. But by taking steps toward realizing that these are possible outcomes to our actions, we can prevent disasters such as head or body injuries, respectively. So, we must ask ourselves: What steps do we take to prevent poor health conditions? We must also ask: Should I identify components to poor health, and whom do I ask for ways in which to effectively prevent these conditions from happening?

One of the questions I ask my students is: What conditions lead to early mortality? More often than not I get answers along the following lines: being overweight, smoking, and poor diet. Absolutely! These three alone are mechanisms toward cardiovascular disease, diabetes, pulmonary disease, cancers of various types and of course, early mortality. In addition to early death, these processes lead to a low functioning lifestyle for years prior to an eventual early death. In establishing high risk conditions associated with the disease process, one at the top of the list is “sedentary lifestyle”. A simple point is this: If you stop moving, you will die early.

Preventative health care is a component of our species well-being that is grounded in movement. Not pharmacology. Movement, i.e., exercise, is more than a process to make you look better. It is a process to make you better. Period. This is the meaning of “Exercise Medicine”. Movement is medicine to prevent the aforementioned pathologies. It is the prescription for preventative health care. Also, because of the complexities and intricacies of the human body, the dose response to preventing some possible pathology is extremely specific and a difficult task to address.

This leads to another aforementioned question in this newsletter. What professional is equipped with the knowledge to write such a specific and complex prescription? The answer is, Exercise Physiologists (EP). An EP that has graduated from an accredited program in Exercise Physiology (i.e., Midwestern State University) has the knowledge base to address preventative health issues and write an appropriate exercise medicine prescription.

Exercise Physiologists are well versed in utilizing Exercise Medicine for prevention of pathologies as well as enhanced day-to-day function. But don’t just take my word for it. Try the following: Ask any Medical Doctor to prescribe an exercise program for you. Then, ask an EP with a Bachelor’s degree to write an exercise program for you. Now, take a moment to compare the two programs.

Let me know your opinion at: frank.wyatt@mwsu.edu. I know the outcome. See you in Oklahoma City on October 16 and 17 for the ASEP Annual Conference!

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