

Professionalization of Exercise Physiologists^{online}

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The Recent ACSM and AACVPR Initiative Regarding Exercise Physiology

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There has been a lot of talk about the ACSM and AACVPR initiative to accredit academic programs, to obtain state regulation, and to even promote clinical exercise physiologists as a profession. I think that it is important to offer some insight into this initiative. This brief article is therefore a summary statement of what I think must be said at this time. It is not an official statement of the American Society of Exercise Physiologists.

My personal belief is that the effort by ACSM is completely reactionary to the hard work that ASEP has done on behalf of ALL exercise physiologists. ACSM and AACVPR are multidisciplinary organizations. ASEP is not! There is no reason for either organization to get involved in what ASEP has already done. ASEP is the professional organization of exercise physiologists. This should no longer be an issue.

What ACSM and AACVPR propose to do is unethical. It is entirely an initiative driven by ego, not for the right reasons. Personally, I believe those behind the ACSM and AACVPR initiative should be held accountable for lack of leadership. They haven't learned the past, and they are not willing to admit failure. This is a very sad day in the history of exercise physiology. They must -- like other professionals -- learn when it is time to step aside.

Professions must stand alone if they are to be successful! The founders of the ASEP organization understood this point when they wrote the bylaws and constitution. They did what others had failed to do. They made exercise physiology into a profession. They understood that professions must have self-governance! Everything they have done reflects on the commitment to all students who are interested in exercise physiology.

Frankly, I'm tired of getting kicked around by colleagues who don't get it. Exercise physiology is no different from physical therapy. Yet, for decades, physical therapists have had their own professional. I tired of both organizations acting like they somehow control exercise physiology. The rules haven't changed. You will not find a single health care profession that is not self-governed by its own professional organization.

ACSM is a multidisciplinary organization that is comprised of many different professions under its umbrella. ASEP is not. Because ACSM does not represent a single profession -- the organization will not be able to seek or obtain governmental regulation for exercise physiologists to practice? ASEP can. The rules of the games are direct and simple. Individual professional organizations govern individual

professions!

By taking on the exercise physiologist issues and concerns that have been, for the most part, operationally corrected by ASEP, the Board of Directors/Trustees of the ACSM and AACPVOR organizations are putting themselves and their membership in an extremely compromised position. Because they choose to break the rules of the game, I believe the initiative is a serious conflict of interest. Decades of existence make no difference and adds nothing to the explanation of what both organizations are doing.

Specifically, the question must be raised: "How can a multidisciplinary organization accredit academic programs and attempt to regulate one small membership category within its vast, diverse organization?" Exercise Physiologists comprise only about 2,100 members or 11% of the ACSM total membership, and exercise physiology is only 1 of 46 occupational membership categories. Listed below are the occupations that currently make up the ACSM membership:

- Anatomist
- Applied Physiologist
- Biochemist
- Biomechanist
- Coach
- Ergonomist
- Exercise Biochemist
- Exercise Physiologist
- Kinesiologist
- Psychologist/Sociologist
- Veterinarian
- Other Science
- Cardiologist
- Chiropractor
- Dentist
- Emergency Medicine
- Family / General Practice
- General Surgeon
- Internist
- Neurologist
- Neurosurgeon
- Obstetrician / Gynecologist
- Ophthalmologist
- Orthopedic Surgeon
- Pediatrician
- Physiatrist
- Podiatrist
- Psychiatrist
- Radiologist
- Other (M.D., D.O., Etc)
- Athletic Trainer
- Kinesiotherapist
- Health Educator
- L.P.N.
- Nutritionist
- Occupational Therapist
- Optometrist

Physical Educator
 Physical Therapist
 Physician's Assistant
 Registered Nurse
 Respiratory Therapist
 Other Health Care
 Professor
 Student
 Health/Fitness

ACSM lists 16 separate Medical Doctor (MD) specialty areas (such as Cardiologist, General Practice, Internist, etc). Membership in these areas account for 4,200 members or 22% of the ACSM membership. In short, why doesn't ACSM try to accredit medical programs and attempt to regulate the scope of practice for MDs? That would make about as much sense as trying to advance the exercise physiologist agenda. It makes absolutely no sense whatsoever for ACSM (or AACVPR) to get involved the work of the ASEP organization.

Exercise physiologists must ask the difficult questions. Why would ACSM want to advance only 1 of its 46 member occupations? Sports medicine is not exercise physiology. It makes multi-diverse organizations like ACSM look remarkably wrong. My personal opinion is that ACSM is threatened by the ASEP organization. This means ACSM is doing what it can to diffuse the serious work of the ASEP leadership that ultimately is a direct threat to its lucrative certifications.

Hence, when all is said and done, it is all about money! Do not believe for a minute that the initiative is not about money. Because I believe this is absolutely the truth, because there is an element of inertia of thinking within ACSM, and because exercise physiologists have had essentially no voice in shaping their future, the ACSM initiative will directly affect you and your future career. I encourage every exercise physiologist in the United States to contact ACSM and ask: "Why is ACSM failing to recognize the right of ASEP to professionalize exercise physiology?"

The ACSM presumption of authority over the profession of exercise physiology is a contradiction. The rules of the game are obvious for the right reasons. Being bigger doesn't mean that ACSM has the right to break the rules and do as it pleases. It is unethical and questionable conduct. And, as President of the American Society of Exercise Physiologists, I believe it is my right and duty to demonstrate a dual allegiance both to the ASEP standards embodied in the ASEP professional society and to all exercise physiologists.

Most obviously, look back through the history of ACSM and try to find what the organization has done at the undergraduate level to advance the professional development of exercise physiology. Following one failed discussion decades ago at the Board level, nothing -- it doesn't exist. The ACSM decision-making has had nothing to do with the promotion of our profession! But, of course, it is not ACSM's job to promote our profession, right. For ACSM to promote the exercise physiology profession is a conflict of interest and a slap in the face to the other 45 occupations that ACSM represents.

Many exercise physiologists are aware of the CMS proposed rule changes regarding "incident to." The changes would mandate that any "physical therapy" services provided incident to physician care be delivered by or under the direct supervision of a physical therapist. The language used to define providers would be taken directly

from the sections of the CMS policy that dictate guidelines for therapy providers in home health services. The item in question is entitled, "CMS 1429 P Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." This is the second time that changes to the guidelines have been proposed over the previous 12 months. The proposal represents a concerted effort to exclude many allied health providers from CMS reimbursement for services. This includes athletic trainers, exercise physiologists, kinesiologists, massage therapists, and recreational therapists; all are specifically mentioned in the proposed changes.

The unavoidable inference is that the proposed rule change would hurt exercise physiologists as healthcare providers. This is exactly why ASEP rallied to fight for exercise physiologists across the country. The ASEP leadership worked with a dozen organizations to form the Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services. As an example, ASEP worked with American Kinesiotherapy Association, National Athletic Trainers' Association, and many other organizations to support a coalition statement that opposed the CMS rule change.

The ACSM and AACVPR organizations were not part of this coalition. They would not support the coalition because it would present a conflict of interest to their membership. What would the physical therapists in ACSM think if ACSM were to support the coalition? Also, of considerable importance, ACSM cannot and will not take such a position for exercise physiologists because it would hurt other members of the ACSM organization.

Similarly, it may come as no surprise that in 2004, a bill was introduced in Indiana (SB 360) primarily to address direct access to physical therapy without a physician referral. But, there was a hidden provision that would have allowed physical therapists to provide fitness and wellness services to asymptomatic individuals in a non-medical setting without a physician referral. Since the fitness industry was unregulated, the bill essentially would have provided regulation by default. Upon passage of the provision, there is the concern that the American Physical Therapy Association would conclude that, by Indiana law, ONLY physical therapists could provide these services.

The Indiana Association of Exercise Physiologists with help from ASEP opposed and fought against the bill. SB 360 was defeated, but not because of the hidden provision. ACSM and AACVPR did not oppose the bill. Again, ACSM could not oppose the bill because it would have been a conflict of interest. It may have also turned the ACSM physical therapists' membership against the organization.

If ACSM and AACVPR would not support the exercise physiologists in these two very important professional issues, do you really believe that ACSM or AACVPR is interested in building the exercise physiology profession? Do you really think that either organization is looking out for the exercise physiologist? Timing is vital in the recent ACSM initiative. It is obviously linked to the hard work of the ASEP organization and the fear that ACSM will lose a few members. This is very unfortunate thinking. Neither organization represents the best interest of exercise physiologists. Both have failed the undergraduate student in securing credible and respectable jobs in the public sector.

It is sometimes difficult to ensure that the ASEP membership and others know

exactly what is going on behind the scenes with legislative issues. However, exercise physiologists need to know that ASEP is aware of the complexity and politicality that exist. Straightforward decisions about what is best for all exercise physiologists are being discussed monthly. They are neither mystifyingly complex nor impossible to resolve. What is certain is this: "Exercise physiologists will not survive without self-governance by its own professional organization. Because this is so important, exercise physiologists must get involved with ASEP.