Doing What Couldn’t Be Done!
Tommy Boone, PhD, MPH, MAM, MBA
Professor of Exercise Physiology
The College of St. Scholastica
Duluth, MN 55811

Somebody said that it couldn’t be done,
   But, he with a chuckle replied
That “maybe it couldn’t,” but he would be one
   Who wouldn’t say so till he’d tried.
So he buckled right in with the trace of a grin
   On his face. If he worried he hid it.
He started to sing as he tackled the thing
   That couldn’t be done, and he did it.

Somebody scoffed: “Oh, you’ll never do that;
   At least no one has done it”;
But he took off his coat and he took off his hat,
   And the first thing we knew, he’d begun it.
With a lift of his chin and a bit of a grin,
   Without any doubting or quiddit,
He started to sing as he tackled the thing
   That couldn’t be done, and he did it.

There are thousands to tell you it cannot be done,
   There are thousands to prophesy failure;
There are thousands to point out to you one by one,
   The dangers that wait to assail you.
But just buckle it in with a bit of a grin,
   Just take off your coat and go to it;
Just start to sing as you tackle the thing
   That “couldn’t be done,” and you’ll do it.

-- Edgar Albert Guest [1]
The Path to Home, 1919

What is a code of ethics? Why is it important? I believe answers to these questions have never been considered important in exercise physiology. Yet, every profession needs its own code of ethics. What about accreditation, a profession-specific certification, and standards of professional practice? The answer is the same. All of these are a necessary
part of a profession, and yet they have not been part of exercise physiology until 1997 [2].

Each has an influence on the others. That is why exercise physiologists must understand the big picture and not just isolated parts of professionalism.

**Key Point.** The future belongs to people who see possibilities before they become obvious.

-- Ted Levitt

**Change Doesn’t Happen Overnight**

Understanding the big picture means finding the time to master the “professionalization process.” But, it is only possible when exercise physiologists stay committed to the change process and the development of exercise physiologists as entrepreneurs [3]. This means that doing whatever is required to clarify why the vision and mission of the *American Society of Exercise Physiologists* (ASEP) is important to staying motivated, connected, and patient. After all, the reality of change is not something that happens overnight. As an example, it was in December 1903, at Kitty Hawk, North Carolina, Wilbur and Orville Wright proved that powered flight was possible. It took more than 30 years before commercial aviation served the general public. The McDonnel Douglas DC-3, introduced in 1935, ushered in the era of commercial air travel.

Whether it is Clarence Birdseye and his quick-freeze machinery [4], Fred Smith and Federal Express [5], or Steve Jobs’ [6] vision for a computer for the rest of us, there were plenty of non-believers who said it couldn’t be done. Those people should read Robert Schuller’s book [7]. He said: “...you can do anything you want to do. You can be anything you want to be. You can go anywhere from where you are -- if you are willing to dream big and work hard.” If you doubt this quote, you should listen to the 30-minute *YouTube* presentation [8] on educator Roscoe C. Brown, Jr. as he shares his personal history of race in...
the United States as seen through the perspective of World War II. Dr. Brown describes incidents of discrimination and social injustice that propelled him into a life of politics.

The Nagsayers

The ASEP leadership is comprised of entrepreneurs with the passion to succeed [9]. They are driven to press on despite what people tell them. Naysayers are everywhere, especially when there is the pressing need to think differently. They will tell you with the greatest of ease that “it can’t be done” and that you are crazy for trying. Imagine, if people had believed the following 1957 statement by the editor in charge of business books for Prentice Hall [10]: “I have traveled the length and breadth of this country and talked with the best people, and I can assure you that data processing is a fad that won't last out the year.” Fortunately, whether it is determination, guts, backbone, passion or instinct, entrepreneurs have persisted with their efforts and they have given us opportunities to think and live differently.

But, as life has it, the nefarious group of naysayers is everywhere. Here are just a few of their comments that make light of new ideas and opportunities [10] and, as is often the case, the naysayers are wrong. The Chairman of IBM, Thomas Watson, said in 1943, “I think there is a world market for maybe five computers.” In 1962, Decca Recording Company rejected the Beatles, “We don’t like their sound, and guitar music is on the way act.” Ken Olson, the President, the Chairman, and the Founder of Digital Equipment Corporation said in 1977 that, “There is no reason anyone would want a computer in their home.” No doubt you get the point.

Those who say that ASEP small and that it should be discontinued aren’t being just thoughtless but hurtful and demeaning. They fail to see the work of the ASEP President and others on behalf of the students. They also fail to see the struggles that so many non-PhD exercise physiologists encountered in order to gain work. Moreover, they aren’t helping at all. What they should be doing is reinforcing the ASEP vision by increasing everyone’s commitment to change as the organization paints the picture of what it wants to create. Exercise physiologists can create their future. It starts with believing in the not so radical ideas as ASEP. After all, the organization is a community of people who care about exercise

One person who is truly passionate about his or her mission can make a difference.

-- Dove of Oneness
physiology as a healthcare profession. This commitment to professionalism is something larger than just one person. It is founded on a sense of purpose and serving the students of exercise physiology.

*The United States of America is a country born of challenge. "They" said that a small group of revolutionaries could never throw off the yoke of the British crown [11].*

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**The Reality of Change**

Understanding change requires exercise physiologists to clarify the things that really matter. Few fitness and sports medicine organizations encourage the professional growth of their people. More often than not, academic exercise physiologists enter the work force as educated and full of energy with the desire to make a difference. By the time they have published a few articles and attended their fifth national meeting, a few are on the fast track to personal promotion and recognition. The rest put their time in, but are primarily interested in doing what is important to them. Often, they have lost their original commitment, sense of purpose, and excitement with which they started their work. The profession gets little of their energy and none of their support.

What they should be doing is managing the influence of other organizations and they work to sustain their political position and power. A beginning point is unearthing the influence of traditional thinking and reaching a balanced inquiry and advocacy for professionalism in exercise physiology. Ultimately, it is the responsibility of all exercise physiologists to hold a shared vision of the future as healthcare professionals. A shared vision that is founded on organizational-specific mission, goals, and objectives will help encourage and inspire others to support the ASEP exercise physiology of tomorrow.

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*All men dream: but not equally. Those who dream by night in the dusty recesses of their minds wake in the day to find that it was vanity: but the dreamers of the day are dangerous men, for they may act their dream with open eyes to make it possible.*

-- T. E. Lawrence

*Seven Pillars of Wisdom*
Small is Not Failure!

When you ask people about what it is like being part of a new organization, what is most striking is the “timeline” that is often considered more important than the actual sum of its parts. People talk about being part of a “big” organization without thinking that it must have experienced challenges and obstacles throughout its development. To plunge right into the heart of the issue, how big must an organization be? If it is not big, then, it must be small. Perhaps, there is no single answer to this point as long as the organization is helping its members. So, when people say that ASEP is too small or that it is not catching on, it is important to go the extra mile anyway. While small is obvious, especially since ASEP was founded just 15 years ago, the idea that it is hurting others is a fundamental shift of mind that is driven by nonsensical thinking. The ASEP leadership cares about the students of exercise physiology. The leaders are providing a genuine value that speaks to correcting credibility and financial issues.

Success is a direction. It is all about sharing a dream of something better. That is why the question of size isn’t relevant. What is relevant is discovering how exercise physiologists can create their reality. It is how occupations become professions. It is how individuals in an identified area of study create or re-create themselves. Hence, through ASEP and new thinking, exercise physiologists are able to something they were never able to do. That doesn’t mean they will be able to collapse time or accelerate the change process beyond its normal course of adaptive learning. As obvious examples, read the changes and the timelines for physical therapy, occupational therapy, and athletic training. Note specifically that it took decades to develop the core values of freedom and responsibility that go along with their increase in professional development and credibility.

Physical Therapy

Physical therapists formed their first professional association in 1921, called the American Women’s Physical Therapeutic Association. By the end of the 1930s, the Association changed its name to the American Physiotherapy Association of which men were also admitted. By 1946, 25 years later, the Association changed its name to the American...
Physical Therapy Association (APTA), hired a full-time staff, and opened its first office in New York City. The TA House of Delegates representing chapter members was established to set APTA policies. The House elected a Board of Directors, previously the Executive Committee, to manage the Association. In addition, Sections were created to promote and develop specific objectives of the profession. The first two Sections were the School and Private Practice sections. Of the 54 physical therapy programs that developed from 1930 to 1950, 35 offered certificates, 18 offered a certificate or a baccalaureate degree, and 1 offered solely a baccalaureate degree.

By 1959, state regulations for the physical therapist existed in 45 states. While this was a positive step toward autonomy, the issue of how to assess competency continued to challenge the profession, resulting in the first national examination in 1954. This was 33 years after the founding of the first physical therapy organization. By the 1960s, physical therapy interventions were more comprehensive and complex, which required advanced problem-solving and analytical skills [12]. In the 1960s, APTA membership reached almost 15,000, and the number of education programs nationwide grew to 52. By 1970, most programs were affiliated with colleges or universities. The number of certificate-granting programs shrank to 15 in 1972 (from 32 in 1950), while the number of baccalaureate level programs increased to 55 in 1972 (from 37 in 1950). Because certificates, baccalaureate degrees, and master's degrees were all possible entry points to the field, program lengths varied from 12 months to 4 years, exclusive of prerequisite course work.

To clearly articulate the comprehensive role of the physical therapist for the first time, APTA published the Guide to Physical Therapist Practice in 1995. The Guide ("Volume I; A Description of Patient Management") was published in the August 1995 issue of Physical Therapy, and Volumes I and II ("Preferred Practice Patterns") were published in November 1997. This is nearly 80 years after founding the original organization of physical therapists. Revisions to the Guide based on APTA-HOD policies were published in the June 1999 and November 1999 issues of Physical Therapy, and a second edition of the Guide was published in January 2001. The Guide reflects the expansion of physical therapy practice and education into health maintenance, fitness, and disease prevention, as well as restoration of function.

The wise does at once what the fool does at last.
-- Baltasar Gracian (1601-1658)
across the life span. While the Council on Postsecondary Accreditation and the United States Commissioner of Education granted recognition to APTA as an accrediting body in 1977, it was not until 1983 that the AMA withdrew, leaving the Commission on Accreditation in Physical Therapy Education (CAPTE) of APTA solely responsible for accrediting all physical therapy programs [13].

**Occupational Therapy**

In 1914, two people began a series of correspondences concerning the founding of an organization for individuals interested in "Occupation Work" as “Occupational Therapy” was originally known until this time. George E. Barton, an architect, contacted Dr. William R. Dunton, Jr. because he was interested in learning about the response of the human body to the therapeutics of occupation [14]. The National Society for the Promotion of Occupational Therapy was founded in 1917. Six people attended the first meeting on March 15, 1917. The organization was incorporated under the laws of the District of Columbia to represent the interests and concerns of occupational therapy practitioners and students and improve the quality of occupational therapy services. In 1921, the name of the Association was changed to the American Occupational Therapy Association (AOTA). In 1923, accreditation of educational programs became a stated function of the American Occupational Therapy Association, and basic educational standards were developed.

In 1931, 14 years later after the professional association was founded, AOTA created the first national registry for qualified occupational therapy practitioners, guaranteeing a singular, credible resource for the profession. This accomplishment followed closely the publication of the first official educational standards for qualified occupational therapy professionals. The leaders of AOTA approached the Council on Medical Education of the American Medical Association (AMA) in 1933 to request cooperation in the development and improvement of educational programs for occupational therapists. The “Essentials of an Acceptable School of Occupational Therapy” were adopted by the AMA House of Delegates in 1935. This action represented the first cooperative accreditation activity by the AMA.

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**Courage is a universal virtue of all those who choose to do the right thing over the expedient thing. It is the common currency of all those who do what they are supposed to do in a time of conflict, crisis, and confusion.**

-- Florence Nightingale (1820-1910)
In 1947, 30 years after the Association was formed, the *Occupational Therapy and Rehabilitation* journal and the first major textbook, *Willard & Spackman's Principles of Occupational Therapy*, were published. In 1958, AOTA assumed responsibility for approval of educational programs for the occupational therapy assistant. The Standards on which accreditation was based were modeled after the Essentials established for baccalaureate programs. In 1964, the AOTA/AMA collaborative relationship in accreditation was officially recognized by the *National Commission on Accrediting* (NCA). The NCA was a private agency serving as a coordinating agency for accrediting activities in higher education. Although it had no legal authority, it had great influence on educational accreditation through the listing of accrediting agencies it recommended to its members. The NCA continued its activities in merger with the *Federation of Regional Accrediting Commissions of Higher Education* since January 1975. The new organization was the *Council on Postsecondary Accreditation* (COPA).

In 1990, AOTA petitioned the Committee on Allied Health Education and Accreditation (CAHEA) to include the accreditation of the occupational therapy assistant programs in the CAHEA system. After approval of the change by the AMA Council on Medical Education, CAHEA petitioned both COPA and the USDE for recognition as the accrediting body for occupational therapy assistant education. On January 1, 1994, the AOTA Accreditation Committee changed its name to the AOTA Accreditation Council for Occupational Therapy Education (ACOTE) and became operational as an accrediting agency independent of CAHEA/AMA. During 1994, ACOTE became listed by the USDE as a nationally recognized accrediting agency for professional programs in the field of occupational therapy. The ACOTE was also granted initial recognition by the Commission on Recognition of Postsecondary Accreditation (CORPA). The CORPA was the nongovernmental recognition agency for accrediting bodies that was formed when COPA dissolved in 1994.

In 2017, both AOTA and the profession will turn 100 years old. This is a time that occupational therapists plan to: (a) address with a celebration where they have come from;
and (b) consider how to advance occupational therapy into the 21st century. The *American Journal of Occupational Therapy* (AJOT) is the official publication of the *American Occupational Therapy Association*. It is published six times per year. It is a peer-reviewed journal that focuses on research practice and health care issues in the field of occupational therapy [15].

**Athletic Training**

The *National Athletic Trainers’ Association* (NATA) was founded in 1950 when the first meeting of the NATA took place in Kansas City. About 200 athletic trainers gathered to discuss the future of their profession. Recognizing the need for professional standards and appropriate professional recognition, the NATA has helped to unify certified athletic trainers across the country by setting a standard for professionalism, education, certification, research and practice settings. Since its inception, the NATA has been a driving force behind the recognition of the athletic training profession. Once housed in Greenville, NC, the NATA is now headquartered in Dallas, TX. From humble beginnings, the association has expanded to encompass a membership of more than 30,000, plus a full-time executive director and staff. The members serve as leaders for the association, which has multiple committees working together to help advance the profession [16].

Athletic training has been recognized by the *American Medical Association* (AMA) as an allied healthcare profession since 1990. The first athletic training curriculum approved by NATA was in 1959 (9 years after NATA was founded). The number of athletic training programs began to grow throughout colleges and universities in the United States. In the early development of the academic major, athletic training was geared more towards prepping the student for teaching at the secondary level with an emphasis on health and physical education. This program was first introduced at the undergraduate level in 1969 to the schools of Mankato State University, Indiana State University, Lamar University, and the University of New Mexico. The NATA produced the NATA Board of Certification (BOC) in 1969 to implement a certification process for an entry-level athletic trainer. It was October
of 1970 (20 years after the founding of NATA) when the first national certification exam took place.

The Board of Certification serves as the national certifying body for athletic training, and its Standards of Professional Practice outline the roles and responsibilities of certified athletic trainers. Although the majority of athletic trainers receive a bachelor’s degree in athletic training before taking the BOC, it is not the only way to receive an education in athletic training. An entry level masters program is a two year program that covers the same material as an undergraduate athletic training degree. There are 26 accredited entry level masters programs in the United States. There are approximately 15 accredited athletic training masters programs. These programs consist of students who are already certified athletic trainers that want to advance their academic and clinical experience.

During the 1970s, the NATA Professional Education Committee formed a list of objectives to define athletic training as a major course of study and to eliminate it as a secondary-level teaching credential. By 1979, there were 23 undergraduate programs and two graduate programs approved by NATA. By 1997, NATA had approved 87 entry-level and 13 graduate athletic training educational programs. By June 1982, there were 9 NATA-approved graduate athletic training education programs [17]. Once athletic training was recognized as an allied health profession, the process of accrediting programs began. The NATA’s Professional Education Committee (PEC) was the first to take on this role of approving athletic training educational programs.

In 1990, AMA recognized athletic training as a healthcare profession. The AMA’s Committee on Allied Health Education and Accreditation (CAHEA) was given the responsibility in 1993 to develop requirements for the programs of entry-level athletic trainers. At this time, all programs had to go through the CAHEA accreditation process. A year later CAHEA was broken up and replaced with the Commission on Accreditation of Allied Health Education Programs (CAAHEP), which then led the accreditation process. In August of 1997, the World Federation of Athletic Training Task Force was created to explore an international system for the athletic training system. In 2003, the Joint Review Committee on Athletic Training (JRC-AT) took over the process and became an independent accrediting agency like
all other allied healthcare professions had done. Three years later JRC-AT officially became
the Committee for Accreditation of Athletic Training Education (CAATE [18], which is fully
in charge of accrediting athletic training programs in the United States.

Final Thoughts
From the examples just presented, it is clear that comparable organizations to ASEP have
required many years and decades for the professionalization to get well underway. So, what
is the optimal rate of growth for ASEP? This, too, is an old story; the tortoise may be slower,
but he wins the race. Perhaps, growing too fast, which is certainly not the case with the early
years of physical therapy, occupational therapy, and athletic training, isn’t all that good.
When viewed this way, the ASEP founders are confident that slow is not necessarily a bad
ting. This is likely the case with ASEP, especially given the complexity of where and how
exercise physiology has evolved. Small and slow are good as long as there is commitment to
a new way of thinking. The fact is that ASEP is a success, given that it is still here after 15
years. Moreover, it is increasingly pegged as the professional organization of exercise
physiologists. Learning how to grow as healthcare professionals is mainly a matter of time
and commitment. Developing any new profession is difficult. But, as the profession starts to
master the basics, it gets easier. This is what makes life interesting, challenging, and often
times very confusing. There are no simple rules for growing and nurturing a profession with
integrity. This is clear with the work of other healthcare professionals. If they are honest
they will tell you the same.

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