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Exercise Physiology: A Profession in Transition

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Failure to take the appropriate risks and make these difficult decisions will inhibit change and your ability to grow.

-- Bill Hogg

ACADEMIC EXERCISE PHYSIOLOGISTS tell their students that exercise physiology is all about finding answers to jumping higher, running faster, and developing bigger muscles. To downplay the importance of athletics is to simply turn a blind eye and a deaf ear to our high school days where we participated in physical education classes. Everyone knows that PE is closely linked with the coaching of sports, particularly basketball, track, and football. Athletics is a big deal not only in the United States but worldwide. Countless numbers of people sit and watch sports either on TV or in stadiums every weekend. Over and over, year in and year out, we talk about athletes and teams. We speak of both often, and we link ourselves to them as though we are part of the sport. But, in actuality, at least as I see it, it is not the same talking about sports as when we are playing sports in much the same way as playing a sports game on the computer is not the same as getting up from the chair and going outside to walk or jog around the block. After all, sitting 8 hrs·d⁻¹ is linked to an increase in blood pressure, high blood sugar, excess body fat around the waist (obesity), and abnormal cholesterol levels (1).

We have to fight for our ability to imagine the world we want.

-- Ruha Benjamin

Hence, is the future of exercise physiology with athletics or healthcare or, perhaps, both? While I tend to think it is both, the main problem for the past several decades is the emphasis on just human performance, that is, athletics. There is also a much

more serious area of study and application in the public sector. That area is the emphasis on healthcare, particularly the application of exercise medicine to prevent and treat chronic diseases and disabilities. I think exercise medicine will become the backbone of the exercise physiology profession. But, interestingly, this point gives rise to another factor within exercise physiology. Are we talking about exercise physiologists in the public sector working on behalf of the health and well-being of children and adults? Or, exercise physiology as it has been recognized within the academic setting? Naturally, in the minds of many academic exercise physiologists, the only exercise physiologist is the doctorate prepared exercise physiologist who is known for his or her research skills and time spent publishing research articles.

Acting with integrity means that exercise physiologists must adhere to the ASEP ethical principles and professional standards.

Of course it is also very possible that the academic person has a doctorate in kinesiology with a minor in exercise physiology and nonetheless calls him- or herself an exercise physiologist. It is amazing that physical education has given birth to so many degree programs designed to both survive academically and to be recognized by a name of something other than just physical education. It is also amazing that so many academic exercise physiologists are working entirely for themselves and too hell with the students or the concept of a profession or why a profession should be important. It is presently (and has been the case

for decades) a sad state of affairs, especially within the context of college teachers who are doing everything to benefit themselves and little to nothing to help their students graduate with a career-driven college degree.

As noted previously, from numerous articles published in the both *PEPonline* (2) and *JPEPonline* (3), anyone who has the desire to be an exercise physiologist should have an academic degree in exercise physiology. This thinking is no different from a nurse with a nursing degree, a physical therapist with a physical therapy degree, or an athletic trainer with an athletic training degree. But, unfortunately, for exercise physiologists, there are at least 10 common but different academic degrees by name from which friends and colleagues use inappropriately to call themselves exercise physiologists. It is the most absolute misfire of thinking straight as anyone has ever witnessed in academia. We now have walked backwards for decades, and so far it appears to have been believed necessary to earn respect from other academics.

Thus, the emphasis on research was embraced decades ago and is today the dwelling place of the college teacher. It has inevitably required the teacher to push teaching to the side to illumine research. Publish a paper in a high impact journal and it is like winning the 100 yard dash or whatever rings your bell. Publish two or more papers per academic year and “you are home free” with an increase in academic status and possibly tenure. Slowly but surely, you can forget about the heavy teaching load. After all, what are graduate students and adjuncts for? Teaching isn’t nearly as

important as publishing research papers and bringing grant money to the academic infrastructure. Such is the how the faculty worship the academic administrators, from department chairs to deans and vice-presidents. They assume that only academic journey of importance is publishing and neither teaching nor service comes close.

Interestingly, the first striking change that stands to impact exercise physiology is the chronic healthcare problems and disabilities in the United States and globally. The problems are real, and there are major consequences to the future consideration of exercise physiology as a healthcare profession versus the continued view of being an athletic-oriented degree program. Hence, the question is this: Is it more important to do another research study (4) to help athletes jump higher than engaging in an exercise medicine education and, yes, a professional education that deal with the healthcare issues of children and adults of every racial and ethnic group?

Exercise physiologists must be unafraid of change and thinking out of the box. To begin the process, given the 21st century direction of healthcare, it is important that exercise physiologists embrace the healthcare system. This is especially true as it relates to the consumers' concerns and expectations of benefiting from exercise medicine. This is why the leadership of the ASEP organization supports the ebook from Bentham Science Publishing: *ASEP's Exercise Medicine Text for Exercise Physiologists* (5). It is written to help exercise physiologists address the reasons why regular exercise is important, and how to help the client or patient engage in regular exercise safely with the expectation of getting healthier. In particular, the ebook will help the ASEP Board Certified Exercise Physiologists keep pace with the healthcare changes and expectations regarding exercise medicine's influence on preventing and treating chronic diseases and disabilities.

Key Point: If exercise is medicine, **Exercise Medicine** as a term or as a title is actually no different from physical activity is therapy (i.e., Physical Therapy)! The problem has always been and still is the exercise physiologists' failure to think beyond yesterday's failed rhetoric. But, fortunately, with the existence of the ASEP organization, the professionalization of exercise physiology as a new healthcare profession is within grasp.

With that in mind, ASEP plans to present the text on its website to help exercise physiologists understand that they are healthcare professionals and they have a very specific responsibility and connection to healthcare. After all, exercise physiologists have the potential for being the new 21st century healthcare entrepreneurial business professionals with their own Exercise Medicine Clinics. It is anticipated that the ebook will help exercise physiologists catch up on many of the transformations happening within the profession. Anyone who needs help in thinking about how to set up an exercise medicine clinic can benefit from reading the book. In addition, book that is published by The Edwin Mellen Press, *The Business of Exercise Physiology* (6), was written to assist exercise physiologists with an interested in building and promoting their own healthcare business.

Being an exercise physiology healthcare professional is more than having a degree or a certification. It is about staying connected, singly and collectively, on multiple levels of professional interaction and application of exercise medicine. Thus, it is important that Board Certified Exercise Physiologists are constantly engaging the ASEP website and the Standards of Professional Practice to meet the healthcare demands (7). Understandably, this means that ASEP exercise physiologists must be visionary and transformational in their thinking and application of exercise medicine concepts and ideas. They must be visible to the healthcare sector.

Also, there is the desire and belief by the ASEP leaders that good judgment, communication skills, and confidence are necessary to diversify the exercise physiologists' practice. This means that all ASEP Board Certified Exercise Physiologists must remain current with their knowledge base and its application of exercise medicine. Not only are they responsible to the ASEP organization and the Board of Certification to keep up with the constantly growing evidence supporting the application of exercise medicine and working with clients and patients, but they must also be versed in the necessity to keep their credentials at the highest levels. This is particularly true as it relates to the development of clinical practice guidelines to new ideas for data collection, and the latest in healthcare policy research to new ways of promoting and expanding the patient's health and well-being.

We become what we think, what we talk about, and what we do. If we think that our work is for the right reasons, if we think that our actions will produce positive results, and if we start living as professionals, we will become our vision.

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