

Highlights

2016 ASEP MEMBERSHIP DRIVE IS STILL ON...

Summer has reduced our rate of new member sign ups, but we want to go into the new academic year with strength. Encourage your colleagues or fellow-students to join ASEP now. Get involved by writing an article or submitting your research to the journals. Even sending some questions or comments to the home office is a great way to let us know what is on your minds.

We had a few great people step up to the call last month! A few new state presidents and some really exciting ideas to expand Exercise Physiology in our educational system, so a big shout out to Laura and Rick!

If you have questions about these or other opportunities, please feel free to contact the national office by sending an email to info@asep.org with your feedback, suggestions, questions or comments!

Recent Inquiry...

Q: "What is the difference between ASEP and ACSM?"

A: ACSM is made up of members from many different professions and doesn't represent Exercise Physiologist governance or professionalization.

B: ASEP is of, for and by EPs. ASEP provides the traditional and accepted format of a professional organization in our society. ASEP accredits academic EP programs and endorses individual members with board certification.



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From the CEO

The Profession of Exercise Physiology.

I read Dr. Boone's PEPOne article and I got a sense of his frustration which sparked some questions of my own. I encourage you to read it now by clicking [this link to the article!](#)

I'm curious. Is a PhD level Exercise Physiologist a professional? Do professors of other degrees consider themselves professionals for their ability to practice their craft, or for their ability to teach it? For example, a doctor who is teaching med school students is already a professional and could practice medicine, so their teaching responsibilities are 'on top' of their professional ability to practice and they might rightly refer to themselves as a professional teacher as well.

In this line of thinking, then, it appears that PhD level Exercise Physiologists who feel their primary job is to research and publish would fall under the "profession" of researcher. Dr. Boone, for nearly 20 years of sole/soul writing, is describing the absence of our "CRAFT". It seems he is describing an apathy in academic EPs to the lack of "professional" jobs for non-PhD EPs because what they "practice" is research.

Obviously, the cart is before the horse! We are perpetuating research and knowledge without the professional practitioners to implement it.

Dr. Boone describes an opportunity for academic EPs to realize this thinking and take steps to change our course by accepting ASEP accreditation and individual Exercise Physiologist Certified (EPC) credentialing as a way to legitimize practitioners under our body of knowledge.

While I agree with Dr. Boone's assessment that academic EPs have the opportunity to make these changes toward professionalization, I'm not sure we can wait around for another 20 years for them to get with the program.

I propose that you undergrad and graduate degree holders in any of the 60+ exercise science/exercise physiology/etc. titles wake up to this reality. You can align yourself with ASEP and present yourself as a professional in the traditional sense of the word. Professionalization will help you to present yourself to the decision makers and system administrators where implementation of systems for you to practice your craft will improve people's health. Don't wait for the PhDs to do this for you! Join ASEP and together we will develop, govern and practice our craft!

As for the PhD EPs out there, your career satisfaction is important to us as well. Is it beyond reality that academic career opportunities would be strengthened if there were structured professional practice in our society? Are current trends toward adjuncts and away from tenure going to reverse without significant change? Is professionalization that change? I believe it is and now is the time to act. We're waiting to hear from all of you!

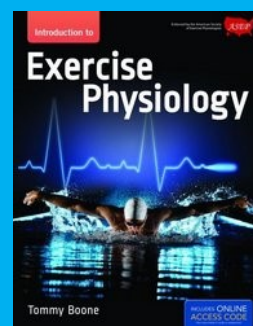
Shane Paulson MA. EPC.
CEO, American Society of Exercise Physiologists

Job Postings

There is a new job posting on [www.asep.org!](http://www.asep.org)

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[PEPonline](#)

When it comes to philosophy and reasoning on what we Exercise Physiologists need to be thinking and doing to establish ourselves as professionals, both in and out of the healthcare arena, nobody has written more than Dr. Tommy Boone!

ASEP invites you to submit your experiences or concepts for publication in the [PEPonline](#) to help us further our professionalization efforts.

Visit the [PEPonline](#) to read through our past issues and then write one yourself and submit it!

Anthropometric Predictors of Abdominal Adiposity in Adolescents

Nilviane Pires Silva Sousa^{1,2,3}, Emanuel Pércles Salvador^{1,2}, Allan Kardec Barros³, Camila Guimarães Polisel⁴, Wellington Roberto Gomes de Carvalho^{1,2}

¹Laboratory of Studies and Research in Epidemiology Physical Activity, Exercise and Sports (LAPAES), Federal University of Maranhão (UFMA), São Luís-MA, Brazil, ²Post-Graduate Program in Adult and Child Health, UFMA, São Luís-MA, Brazil, ³Laboratory For Biological Information Processing (PIB), UFMA, São Luís-MA, Brazil, ⁴Center for Biological Sciences and Health, Federal University of Mato Grosso do Sul (UFMS), Campo Grande-MS, Brazil

ABSTRACT

Sousa NPS, Salvador EP, Barros AK, Polisel CG, Carvalho WRG. Anthropometric Predictors of Abdominal Adiposity in Adolescents. *JEPonline* 2016;19(4):66-76. The aim of this study was to assess the predictive power of anthropometric indices and propose cut-off points for the diagnosis of abdominal adiposity in adolescents. This is a cross-sectional study with a sample of 516 students aged 10 to 19 yrs from 16 public schools of São Luís, Maranhão, Brazil. The following indicators were assessed: weight, height, body mass index (BMI), waist circumference (WC), conicity index (C Index), and weight-to-height ratio (WHtR). Abdominal adiposity was estimated by a cut-off score based on age and sex, and was further used as a reference to the ROC curve analysis. Of the anthropometric indicators assessed, WC and WHtR presented the largest areas under the ROC curve in the prediction of abdominal adiposity in both sexes. Cut-off points of abdominal adiposity for men and women were, respectively, BMI 21.82 kg·m⁻² and 22.30 kg·m⁻², WC 73.20 cm and 72.55 cm, and C index 1.13 and 1.04. WHtR was 0.45 for both sexes. The findings indicate that WHtR, WC, C index, and BMI can be used as high-sensitivity screening methods for assessing abdominal adiposity in adolescents.

August 2016 JEMonline

Nothing Will Change Unless Physicians and Exercise Physiologists Start to Think Differently

Tommy Boone, PhD, MPH, MAM, MBA

Board Certified Exercise Physiologist

ABSTRACT

Boone T. Nothing Will Change Unless Physicians and Exercise Physiologists Start to Think Differently. *JEMonline* 2016;1(4):1-9. The key to better mind-body health is increased physical activity, which is regular exercise. This point is indisputable. Yet, the primary care physicians do not take the necessary time to speak to their patients about the importance of regular exercise. This is a major problem that is driven by similar issues that keep the primary care physicians and other medical practitioners from prescribing exercise medicine to their patients. Just as regular exercise is medicine and just as ASEP is the only exercise physiology organization in the United States, why is it the majority of the physicians and academic exercise physiologists do not support exercise medicine and ASEP, respectively? Physicians are poised in favor of prescribing drugs over strategies to modify lifestyle behaviors while exercise physiologists are inclined to prescribe exercise medicine to apparently healthy individuals as well as to individuals with known chronic disease or ill-health. The goals for such practice are to: (a) promote health and wellness; (b) improve the components of physical fitness; (c) prevent disease and disability (via the identification of risk factors and behaviors that may impede mind-body functioning); (d) assist in restoring health to clients with chronic disease or disability; and (e) rehabilitate clients to their optimal functional level following physical and/or mental illness. Hence, physicians should refer their patients with non-communicable chronic disease to exercise physiologists.

EPC REGISTRY

The American Society of Exercise Physiologists endorses those individuals who have successfully challenged the EPC Board Certification Exam and maintain a current paid member status with the organization.

Even though ASEP had previously listed all EPC individuals on the public website, a growing number of inquiries from employers and credentialing reviewers require us to have up-to-date information on our endorsed EPCs. For this reason, ASEP now requires individuals sustain their membership with ASEP to be listed on the EPC Registry and be endorsed by ASEP.

If you are an Exercise Physiologist and would like to be on the EPC Registry, join ASEP and pursue the EPC online exam...it's simple and quick!

After you activate your membership...

If you have previously passed the EPC exam and recently re-activated your ASEP membership, you may need to contact the national office to ensure your name and EPC # are added back to the EPC Registry. If you don't see your name on the Registry, please send an email to epc@asep.org so we can correct the issue.

Exercise Physiologists practice Exercise Medicine

American Society of Exercise Physiologists

PO Box 515
Osakis, MN 56360

Contact Us

ASEP provides academic EP program accreditation and individual EP board certification as the only exclusive professional organization for Exercise Physiologists in the United States. Our national office is in Minnesota. You may contact the ASEP at the following:

ASEP

P.O. BOX 515
Osakis, MN 56360-0515

(320)491-9662

info@asep.org

Visit us anytime on the web at www.asep.org.

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