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**The Exercise Physiology and Business Degree**

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W

hile there are numerous significant disconnects between academic exercise physiologists and the world of credible career opportunities for the students of exercise physiologists, the lack of business training ranks at the top. Exercise physiology students receive no training in entrepreneurship and business management. Please note this brief article is about the students of the exercise physiology major. Students who are majoring in exercise science are not majoring exercise physiology and they cannot call themselves exercise physiologists when they graduate. This is also true for kinesiology and human performance majors. Why this point is difficult to grasp is largely due to the academic exercise physiologists’ lack of training in professionalism.

The lack of business courses for exercise physiology students as healthcare professionals is not new by any means. But, that has not helped in correcting the problem. Students graduate and, then, they get serious about getting a job. Often times, it is too late to do well at transitioning from college to work. That is why more young adults find themselves out of a job and back home with their parents! Obviously, such an outcome is not what the parents want and, frankly, a good job is important in paying back student loans. The students’ reality is simply this: Their lack of business training to build a healthcare business contributes to the students' failure.

On the other hand, if the young exercise physiology college graduates were well prepared to manage the business aspects of an exercise medicine practice, life would be much better. This point is increasingly important, given today's emphasis on the prevention and treatment of chronic diseases with regular exercise. Imagine, months after graduating with both the knowledge of how to prescribe exercise safely to improve health and prevent disease and the business knowledge to successfully build a healthcare practice, there would be an overwhelming difference in career success and opportunities. For certain, there would be the realization that the students' college education is actually paying off and, thus it was worth both the time and financial investment.

The failure to connect between academic exercise physiologists and the business world of healthcare services is evident both in academia (i.e., required courses) and the popular generic research conferences. A major reason for the disconnect in academia is the fact that academic exercise physiology is all about research, publishing, and presenting data to generic groups of people. Naturally, research about athletic performance and the physiology of the human response to various considerations are both important and necessary. But, there is more to a students' college education and the faculty's emphasis on research. So why don't the academic exercise physiologists require business courses for their students?

Learning how to start and operate a healthcare business is critical to the students' success after college. Hence, the obvious question is, "Why can't the exercise physiology academic curriculum be updated to include several business courses?" Physical therapists have become a champion of treating diseases in their own practice. It is absolutely daunting to study their progress in healthcare. Yet, academic exercise physiologists turn a deaf ear to the PT’s success. Instead, they rely heavily on research publications at the exclusion of entertaining new ideas to promote the profession of exercise physiology.

My point also is that while faculty research is important, it is not critical to the students finding credible employment. This situation is dangerous for the future of exercise physiology. After all, the student's education should be more about what will help ensure career success than how many research papers are published by the faculty. The latter is something that should be between the faculty member and the department and/or academic administration. Teaching a meaningful and career-specific exercise physiology curriculum supported by business courses encourages a 21st century blending and application of both on behalf of exercise physiologists and their clients.

This is so important that it is the sole responsibility of the academic exercise physiologists, the department chairs, and the upper administration. They should be held responsible for initiating change to avoid further adverse effects. Exercise physiology students must be taught how to write a proper business plan for their practice of exercise medicine. They need an understanding of at least the basic financial and business issues, and in fact how much clients are willing to pay and how payment will be made.

I know these ideas are seldom if ever discussed in exercise physiology, but it isn't inconceivable that in the near future there will be the exercise physiology and business degree among the ASEP accredited exercise physiology institutions. Graduates of these programs will have the necessary education for them to be successful as healthcare entrepreneurs. They will have the necessary skills and knowledge to navigate the business aspects of the healthcare industry.

Another important academic adjustment within the doctorate programs, in particular, will be the combined Doctor of Philosophy (PhD) and Master of Business Administration (MBA) program. The integrated dual degree faculty member will be responsible for promoting both exercise physiology and business management. Of course, as a solution, neither approach is likely to take place until academic exercise physiologists come to an understanding that they must support the American Society of Exercise Physiologists (ASEP) to collectively promote professionalism in exercise physiology. Hopefully, this article will serve as a catalyst for new thought and action to support the ASEP vision for all exercise physiologists.

Otherwise, the entrenchment in status quo in addition to being hooked on research will ultimately define academic exercise physiologists as professors who promote all the other healthcare professions (such as physical therapy, nursing, physician assistant, athletic training, and occupational therapist) except exercise physiology. Their attitude about this point is sorely inadequate. The problem with academic exercise physiologists starts with their own education. The whole system is design to elevate the professor's job. The academic-research paradigm ingratiates itself with pats on the back, great job, higher salaries, promotions, and paid for trips to regional and national meetings.

For these reasons and others, it has become clear that the academic exercise physiologists in the United States are not protecting the future well-being of their students. Personally, I think it is morally inexcusable to protect one's own career by advising a senior to complete an application to physical therapy because the professors have done nothing to promote exercise physiology as a healthcare profession. The present-day behavior of exercise physiologists in exercise science or kinesiology departments is appalling. It is simply unbelievable to think that the students are being led by their own professors who refuse to understand the obvious needs of their students. It is beyond comprehension, and yet it is clear that the exercise physiologists' career role is in healthcare.

Students of exercise physiology programs should be educated to think as healthcare professionals. They need very specific information for prescribing exercise medicine in chronic disease. They need an education that will guide them as entrepreneurs in prescribing exercise as therapy to our country's population. But, without the knowledge of how to start an exercise medicine clinic, they are locked on the outside of not being able to help ~300 million Americans who are sick. Think about it. Appropriately 82% of adults have at least one risk factor for heart disease (1).

Regular exercise, which is also referred to as exercise medicine, can increase the quality of life of Americans by preventing or reducing the effects of cardiovascular (heart) disease, depression, type 2 diabetes, hypertension, cancer, high cholesterol, and obesity. Society needs more ASEP Board Certified Exercise Physiologists. Why? Because 65% of American adults are overweight (2), 31% of American adults are obese (2), about 105 million American adults have high cholesterol (defined as 200 mg·dL-1 or higher) (3), about 50 million Americans have hypertension (4), about 23 million Americans had heart disease in 2001 (5), and at least 16 million Americans have diabetes (6). Yet, there is solid evidence that exercise medicine improves survival rates of patients with chronic disease.

As Campbell and Campbell said, "Never before have such large percentages of the population died from diseases of affluence." Also, never before are people beginning to understand the scientific literature and want to change their lives for the better. We now have a deep and broad range of evidence showing that exercise medicine is the key to better health, well-being, and longevity. In addition, research has shown that exercise medicine has a positive influence on mental function.

Academic exercise physiologists can continue to turn a blind eye to supporting the American Society of Exercise Physiologists and the organizations' efforts to promote professionalism, or they can demonstrate the courage to change, embrace ASEP, and support the growth of exercise physiology as a healthcare profession. Of course, the latter is the desired outcome. After all, since exercise medicine can be viewed as either the primary prevention or the treatment of chronic diseases (7).

Frankly, as difficult as it is, especially when the professors do everything to promote themselves versus their students, my recommendation is to never accept being helpless. It is just a matter of time and the majority will come around. Continue believing in yourself and dare to make a difference in the face of indifference. Remember that regular exercise helps in dealing with worrying excessively while reducing stress levels and improving the ASEP outlook.

Changing how college teachers think is as difficult as curing the incurable. But, the persistence of habit and positive thinking helps in dealing with the common issues before most organizations. Obviously, there are many reasons for not updating the exercise physiologists' state of mind, perhaps, the primary reason is indifference. Can exercise physiologists move to the forefront as healthcare professionals with an accredited exercise physiology degree? The big surprise is "yes" and "yes, it is a daunting task”. The lack of training in leadership and professionalism courses at the doctorate level does not help, especially when hired as a college teacher.

In closing, the problem with academic exercise physiologists starts with their education. Unfortunately, the overwhelming emphasis on research at the expense of teaching is bad. The correction to this problem starts with exercise physiologists' recognition of the fact that they are hooked on themselves and their unchanging doctorate programs. Exercise physiologists simply cannot let the status quo go unchallenged and watch our children suffer unnecessarily. It is time to stand up and take control of our profession (8).

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