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**The Doctorate in Exercise Physiology**

Tommy Boone, PhD, MPH, MAM, MBA, FASEP

Board Certified Exercise Physiologist

*The DEP degree credential should set the stage for more opportunities for private practice, new career opportunities, consulting positions, and invited presentations. It should also have a positive effect on clients and patients alike.*

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everal years ago, to encourage some discussion about the need for the Doctorate of Exercise Physiology (DEP) degree in the profession, I explained to three friends why we needed the degree. I received some questions from two, asking me to further explain why I thought it was a good idea. Very simply, my said something like this: The DEP would provide exercise physiologists with a professional identity consistent with that of other healthcare professionals (such as the pharmacist, psychologist, podiatrist, physicians, physical therapist, and chiropractor). In addition, I said that the exercise physiologists’ public image should be consistent with the expectations of the public (i.e., of a professional who is sincere, trustworthy, competent, and educated to make important healthcare decisions).

Given the high percentage of chronic diseases in the United States, the public’s need for (and acceptance of) a credible healthcare professional with an accredited education to prescribed exercise as medicine is consistent with exercise physiology services and status of the ASEP organization. The leaders understand that the responsibility to the public requires a forward looking and advanced education of the students of exercise physiology. Hence, the proposed DEP degree and practice that will be associated with the degree would be both clinical and non-clinical (meaning, clients and patients with disease and those without the presence of the disease, respectively). The DEP degree would also be designed to prepare doctorate prepared exercise physiologists as college teachers who would understand the importance of lifestyle behaviors and research that clarifies the importance of regular exercise as well as the treatment process.

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| *Exercise physiologists already have the ability to provide evaluation and treatment to patients without the need for a physician referral. But, while they are qualified to practice without referral at little to no risk to their patients’ health and safety, it is the responsibility of the physicians to refer their patients to exercise physiologists.* |

From the ASEP’s perspective, the DEP degree would be an extremely helpful step in presenting the Exercise Physiologists’ professional status, obligations, and responsibilities to obtain state licensure. Without question, the role of exercise medicine will be critical in helping the thousands of Americans with chronic diseases and disabilities. Exercise physiologists will be “the” healthcare professionals involved in both the evaluation and management of the exercise medicine prescription. This process will involve writing up the patients’ clinical issues and the recommendations for corrective action as well as the responsibility for educating patients of all ages and gender and their family members.

The DEP is the next logical step in the evolution of the profession of exercise physiology. It is the degree step that is both logical and necessary to link exercise physiologists with the clinical care of patients and the health and well-being of clients. It will help the established healthcare professionals and process to better understand the role of Board Certified Exercise Physiologists in the education and the prescription of the pharmacologic action of exercise. In fact, as an example of this process in action, the “…Cardiovascular Disease Prevention and Rehabilitation division at the University of Michigan Health System has specialized exercise physiologists, who understand the effect exercise has on cardiovascular disease, and use specific forms of exercise to reduce or reverse individual issues” (1).

A key issue for the evolving profession is the designated title for an exercise physiologist. The ASEP leadership believes it should be the “Board Certified Exercise Physiologist” who will help decrease the confusion that arises whether an exercise physiologist has the bachelor’s degree or the master’s degree or the doctorate degree. As all exercise physiologists embrace this thinking, more will pursue the ASEP “Exercise Physiologist Certified” (EPC) credential. Then, it will be easier for the public sector and other healthcare providers to know who they are being treated by and working with, respectively. The EPC is also the “Board Certified Exercise Physiologist”. The decision to refer to the EPC by the title, “Board Certified” was based on the ASEP point of view that both are the same, that is, having passed the EPC exam for exercise physiologists.

As believed by the ASEP leaders, Board Certified Exercise Physiologists are “the” qualified healthcare professionals to address the exercise medicine needs and abilities of clients and patients. They are the “*healthcare professionals*” in providing the exercise consultation during which a medical history is taken along with a detailed exercise profile of current physical activities and exercise habits. They are responsible for cardiorespiratory and metabolic testing that is used as a physiological guideline for prescribing exercise medicine by way of a comprehensive cardiovascular exercise program along with a client- or patient-specific resistance training and flexibility program.

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| *Exercising earlier in life won’t help you later in life unless you continue. Exercise needs to be a lifetime habit, and it’s never too late to start.*  *-- Nicholas DiNubile, MD* |

Depending on the medical history and/or recommendations from the patient’s physician, the patient will begin his or her path down the non-pharmacologic or pill box method of getting better and/or preventing various chronic diseases (2). That path is regular exercise that is prescribed as medicine, recognizing also the fact that an actual medicine (i.e., any drug or remedy, according to the Dorland’s Medical Dictionary) does not have to be a pill). So, in effect, it is important to highlight the point that, while the “Board Certified Exercise Physiologist” is not a medical doctor, he or she is nonetheless engaged in the act of prescribing a medicine (which is exercise). It is a predictable medical procedure with very specific adaptations centrally and peripherally that include physiologic, structural, biochemical, and hormonal changes. Depending on the client and/or patient, the changes will (along with less depression and anxiety) either prevent or treat numerous medical diseases and/or disabilities (3).

**References**

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