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What's in a Name?

C linical Exercise Physiologist. Is this a professional with a unique knowledge base and skill set that is qualified to work with a variety of individuals with chronic diseases or those at risk? <u>Yes</u>. Is this an allied health profession? <u>Yes</u>. Is the term Clinical Exercise Physiologist often misconstrued with the similar term Exercise Physiologist? <u>Yes</u>. Is this an important distinction? Unfortunately, the answer again is, <u>yes</u>.

Why does this matter? To answer this, I must go back to 2014 when I was on the Board of Trustees of the American College of Sports Medicine (ACSM). At the fall board meeting there was a proposal to rename the Health Fitness Specialist to Exercise Physiologist. The *pro* discussion of the change surrounded name recognition while ignoring the historical training of those previously deemed an exercise physiologist. The *con* side of the debate was that it would become confusing to distinguish between an ACSM Certified Exercise Physiologist and a certified Clinical Exercise Physiologist (formerly Clinical Exercise Specialist), both for the general public and those working in health care. With little discussion the motion passed (1). And thus began the confusion and slide down the slippery slope of the melding of two distinct professionals.

For instance, the US Bureau of Labor Statistics only lists the term "Exercise Physiologist" and defines it as: *Exercise physiologists develop fitness and exercise programs that help injured or sick patients recover* (2). And recently, a group calling themselves "Exercise Physiologists for Healthcare Reform," has established an online social media presence promoting ACSM-Exercise Physiologists as desiring to "realize the true potential of practicing exercise as medicine." These two examples are confusing because they do not distinguish between the aforementioned professionals, each with different education, training, and definitions.

The ACSM definitions (emphasis added):

Exercise Physiologist- are fitness professionals with a minimum of a bachelor's degree in exercise science qualified to pursue a career in university, corporate, commercial, hospital, and community settings. ACSM-EPs conduct complete physical assessments, and interpret the results in order to prescribe appropriate, personalized exercise programs.

Clinical Exercise Physiologist- an allied health professional with a minimum of a bachelor's degree in exercise science or equivalent and 1,200 hours of clinical hands-on experience or a master's degree in clinical exercise physiology and 600 hours of hands-on clinical experience. ACSM-CEPs utilize prescribed exercise, basic health behavior interventions and promote physical activity for individuals with chronic diseases or conditions; examples include, but are not limited to, individuals with cardiovascular, pulmonary, metabolic, orthopedic, musculoskeletal, neuromuscular, neoplastic, immunologic, and hematologic diseases. The ACSM-CEP provides primary and secondary prevention strategies designed to improve, maintain, or attenuate declines in fitness and health in populations ranging from children to older adults.

While it is true that there are no state codes or legal requirements for either of these certified individuals to work within a clinical/hospital setting, and there are Exercise Physiologists working in hospital and other clinical settings today, the Clinical Exercise Physiologist acquires a more complete educational, training, and clinical exposure background suited to work with patients who are in various stages of acute and chronic illness. I believe that in the current era of increasing recognition of the favorable benefits of exercise training in almost any disease or condition, CEPs should join the Clinical Exercise Physiology Association (CEPA) as a means to strengthen the one voice that is leading toward a future of public and professional recognition as well as distinction of these professions. This goal can be achieved in conjunction with Exercise Physiologists, who also are eligible to join the CEPA. In the clinical setting Exercise Physiologists (who can and do work independently in the health fitness setting) can fill health fitness roles within hospitals and medical fitness centers working with chronic diseased individuals under the direction of a CEP. If this, or something similar, does not occur then both the names Clinical Exercise Physiologist and Exercise Physiologist will confuse others and potentially impede the CEP profession, just as the CEPA forecasted back in 2014.

REFERENCES

- 1. Club Insider. Health and Fitness Club Industry News. http:// www.clubinsideronline.com/news/suppliers/acsm-announcesname-change-for-exercise-physiologist-certifications/. Updated 2020. Accessed Oct 20, 2020.
- US Bureau of Labor Statistics, US Department of Labor. Occupational Outlook Handbook, Exercise Physiologists. https://www.bls.gov/ooh/healthcare/exercise-physiologists.htm. Updated 2020. Accessed Oct 20, 2020.

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