

Thoughts on Licensure in the Health/Fitness Domain

There is "art" and "creativity" in everything including the practice of medicine and exercise prescription. There is the practitioner's own interpretation and delivery of information, charisma and finesse that is undeniable. Likewise, there is "science" and "math" in "art" as well. Everything is intertwined; nothing is simple.

Nothing can make/force someone to exercise or choose a life filled with physical activity--no amount of evangelizing by an "artful" exercise professional will raise someone up off the couch; and no amount of influence through more education, certifications or pieces of paper, or institutions/governing bodies.

However, transforming a sedentary-centric nation into a movement-centric nation one generation at a time to combat the obesity and metabolic syndrome epidemics (as well as host of other comorbidities brought on by sedentarianism) would be facilitated by providing some supporting structures/frameworks--laying some foundations for success (Weiler, Murray, & Joy, 2013).

A foundational element in transforming the health- and wellness-care system might be some way to guarantee that medical and/or exercise professionals "speak" the same language and have a basic, common, consistent background--licensure.

Organizations such as the Committee on Certification and Registry Boards (CCRB), American College of Sports Medicine (ACSM), and the Committee on Accreditation for the Exercise Sciences (CoAES) have been working towards elevating the exercise field towards higher standards and greater professionalism (Riebe, 2011). These organizations have been monitoring the discussion between several states pushing for state-licensure (Riebe, 2011). The CCRB and the Clinical Exercise Physiology Association have been working on some outlines to guide the discussion on licensure (Riebe, 2011).

No matter the "artfulness" of an exercise practitioner, the consumer deserves to have confidence in knowing the practitioner has established a basic level of competency (evidence-based knowledge, skills, and practical experience) (Paternostro-Bayles, 2010). Graded licensure (similar to those in nursing) would be able to accommodate the range from entry-level exercise professionals to the seasoned professional.

References

Paternostro-Bayles, M. (2010). [ACSM certification. The future of health/fitness and clinical exercise professionals: Where are we headed?](#) *ACSM's Health & Fitness Journal*, 14(2), 40-41.

Riebe, D. (2011). [ACSM Certification. Advancing the Exercise Science Profession.](#) *ACSM's Health & Fitness Journal*, 15(6), 41-42.

Weiler, R., Murray, A., & Joy, E. (2013). [Do all health care professionals have a responsibility to prescribe and promote regular physical activity: Or let us carry on doing nothing.](#) *Current Sports Medicine Reports (American College Of Sports Medicine)*, 12(4), 272-275.