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Professionalization Efforts for CEPs in the US

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The field of clinical exercise physiology strives to advance the scientific and practical application of exercise interventions for the betterment of the health, physical fitness and quality of life of persons at high risk of, or living with, chronic disease (CD). Clinical exercise physiologists (CEPs) are health care professionals trained to work with persons with CD using exercise for therapeutic benefit. Despite the central role CEPs play in delivering exercise interventions across various health care settings, their professional recognition and privileges are limited when compared with those of other allied health care professionals (e.g., nurses, physical therapists). For instance, there is no mechanism by which patients can be referred to receive billable services provided by CEPs as they can with other health care professionals. Recognizing and identifying prominent barriers has fostered exciting and momentous efforts to bolster the profession and facilitate greater levels of autonomy for CEPs within U.S. health care settings.

Former ACSM President Bill Kraus, M.D., assembled in March 2021 a [task force](#) of professional leaders, including those from academia, representatives from the [Clinical Exercise Physiology Association](#) and other key stakeholders to pursue three main goals: (1) promote the formal recognition of CEPs as qualified health care professionals, (2) empower CEPs to deliver exercise and healthy lifestyle counseling and supervision to patients according to their scope of practice and (3) ensure CEPs are able to bill and be reimbursed for services. Although the task force is driving higher-level discussions in the U.S., the movement requires the collective efforts of individuals and academic programs to bring these goals to fruition. The most significant step is for programs to receive accreditation through the [Commission on Accreditation of Allied Health Education Programs](#), ensuring CEPs graduate from programs that adequately prepare them for the field. Many academic programs have taken this important step, benefiting from the COVID-19 accreditation application fee waiver, which extends into the 2022 spring semester.

The path to reimbursement for CEPs' services will be challenging, with hurdles along the way. However, achieving accreditation will certainly be worth the effort, particularly when considering the success Australia has had with their accredited exercise physiologists (AEPs). Australian legislators recognized AEPs' important role in CD prevention and treatment by granting AEPs the ability to provide primary and secondary preventive exercise services with a general practitioner's referral. Early evidence suggests physicians are already embracing the model, with exponential increases in the number of annual referrals to AEPs and indications of enhanced patient care in the reduction of acute CD-related hospitalizations. These early outcomes have also prompted CEPs within the United Kingdom and New Zealand to advocate for recognition as allied health professionals.

In the U.S., the growing burden CD places on individuals and health care systems demands the recognition of CEPs as providers delivering evidence-based strategies to slow and reverse this trend.

The field of CEP must move both programmatically and as a group of individual advocates in order to transform the profession.

About the Authors:



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