1.0 The Role of an Accredited Exercise Physiologist (AEP)

AEPs specialise in clinical exercise interventions for a broad range of pathological populations. These persons may be at risk of developing, or have existing, medical conditions and injuries. The aims of AEP interventions are to prevent or manage acute, sub-acute or chronic disease or injury, and assist in restoring one’s optimal physical function, health or wellness. These interventions are exercise-based and include health and physical activity education, advice and support and lifestyle modification with a strong focus on achieving behavioural change.

AEPs are recognised allied health professionals displaying a diverse range of knowledge and skills, working autonomously across a variety of areas and target pathologies as presented below and included in the Accredited Exercise Physiologist Professional Standards.

**Examples of AEP target pathologies**

- **Cancer** including but not limited to breast cancer, prostate cancer and bowel cancer.
- **Cardiovascular** including but not limited to ischaemic heart disease (IHD) / acute myocardial infarction (AMI), chronic heart failure (CHF), arrhythmias and pacemakers, hypertension, peripheral artery disease (PAD), valve disease.
- **Kidney** including but not limited to Chronic kidney disease (CKD) stages 1-5, common aetiologies - diabetic nephropathy, hypertensive nephropathy, polycystic kidney disease, long-term medication use, infectious kidney disease, acute kidney failure (reversible), end stage kidney disease.
- **Mental Health** including but not limited to Anxiety Disorders, Affective Disorders, Psychotic Disorders and Trauma and Stressors Related Disorders.
- **Metabolic** including but not limited to overweight and obesity, metabolic syndrome, dyslipidaemias (acquired and familial), Type 1 diabetes, Type 2 diabetes, gestational diabetes, sleep apnoea, polycystic ovarian syndrome.
- **Musculoskeletal** including but not limited to osteoarthritis, rheumatoid arthritis, osteoporosis, acute, sub-acute and chronic specific and non-specific musculoskeletal pain / disabilities.
- **Neurological/Neuromuscular** including but not limited to stroke (CVA), Spinal Cord Injury (SCI), Parkinson’s Disease, Cerebral Palsy, Multiple Sclerosis (MS), Dementia, Traumatic Brain Injury (TBI).
- **Respiratory/Pulmonary** including but not limited to asthma, chronic obstructive pulmonary / airways disease, cystic fibrosis.

**Examples of AEP employment areas**

- Public and private hospital settings
- Primary, secondary and tertiary health care
- Within private and multidisciplinary clinics
- Population health
- Workplace health and rehabilitation
- Residential aged care facilities and retirement facilities
- Sporting settings
2.0 Scope of AEP Practice

Professional practice is influenced by many factors including the context in which practice occurs, individual client needs, the practice environment, as well as local, government and industry policies. The scope of practice that ESSA accepts as reasonable for AEPs to be involved in is listed below.

- 2.1 Screening, assessing and applying clinical reasoning to ensure the safety and appropriateness of exercise and physical activity interventions, which includes conducting tests of physiological measures;
- 2.2 Assessing movement capacity in people of all ages and levels of health, well-being or fitness*;
- 2.3 Development of safe, effective individualised exercise interventions;
- 2.4 Provision of health education, advice and support to enhance health and well-being including nutritional advice in line with national nutrition guidelines and information on relevant prescribed medicines;
- 2.5 Provision of exercise intervention and education for those at risk of developing a chronic condition or injury;
- 2.6 Provision of clinical exercise prescription, for those with existing chronic and complex medical conditions and injuries;
- 2.7 Provision of exercise-based rehabilitation and advice for patients following the acute stage of injury, surgical intervention, or during recovery to restore functional capacity and well-being; and
- 2.8 The above tasks may occur at any level of primary, secondary or tertiary health care, and may include employment or volunteer work at an individual, community or population health level through various employers or industries.

3.0 Core Rules, Regulations & Boundaries

AEPs are university qualified allied health professionals who specialise in the delivery of exercise, lifestyle and/or behaviour modification programs for the prevention and management of illness and injury or for apparently healthy populations. They are trained to screen, assess and apply clinical reasoning and scientific reasoning* to ensure safety and appropriateness of exercise-based interventions; and may advance their clinical exercise practice through continuing education, competency development and professional experience. Extending scope of practice through additional study or certification via adjunct therapies may occur, the training and provision of these services however, would be external to ESSA and clinical exercise physiology.

4.0 Code of Professional Conduct & Ethical Practice

AEPs must practice in accordance with the association’s national code of Professional Conduct & Ethical Practice*. They must also respect and honor standards established through legislation and common law.

5.0 Level of Training

AEPs undertake university studies in the area of clinical exercise physiology and are required to meet an extensive accreditation process that includes practicum experience in a range of settings and environments. It is generally accepted that an AEP will not:

a) provide invasive services (except for point of care testing);

b) provide diagnostic tests or procedures*;

c) perform joint manipulation, massage or ultrasound therapies; or

d) prescribe pharmaceutical medicines.
6.0 Continued Practice

To ensure currency of knowledge and experience, AEPs are required to participate in ongoing professional development, and stay abreast of recent research. ESSA’s guidelines for professional development are based on the requirements for national registration for allied health professionals. Yearly professional development requirements to maintain accreditation as an exercise physiologist include:

1. A minimum of 20 approved CPD points per membership year (1 January – 31 December)

2. Hold a current cardiopulmonary resuscitation certificate

3. Hold a current first aid certificate

AEPs are also required to maintain association financial status and professional insurance, renewable on a yearly basis. Continued practice is governed by ESSA’s national reaccreditation, professional development and professional accountability requirements.

Endword

The scope of practice cannot be defined as a simple list of tasks or procedures. Exercise & Sports Science Australia (ESSA) have chosen to use a broad, principle-based scope of practice to define the purpose, values and boundaries of an AEP. By adopting this approach ESSA aims to harness individual competencies, embrace innovative practices and remain sensitive to changes within the health and social care environments.

This approach ensures the scope of AEP practice continues to be relevant in an ever-changing health system and ensures that every Australian can benefit from the services provided by AEPs.

*An AEP may utilise assessment tools and clinical tests that other health professionals use for diagnostic purposes to inform clinical reasoning when designing and monitoring exercise interventions. It is not envisaged that an AEP will use these tools/tests for diagnostic purposes.

References


