

# ACCREDITED EXERCISE PHYSIOLOGIST SCOPE OF PRACTICE

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ESSA endorses a broad scope of practice for Accredited Exercise Physiologists that is flexible, adaptable and embracing of innovative healthcare practices and the practice environment<sup>1</sup>.

## 1.0 The Role of an Accredited Exercise Physiologist (AEP)

ESSA's AEP scope of practice is a foundational document that reflects the minimum combination of knowledge, skills and reasoning to gain accreditation as an exercise physiologist.

AEPs are dual accredited professionals, also holding accreditation as an exercise scientist (AES)<sup>2</sup>.

AEPs are recognised allied health professionals displaying a diverse range of knowledge and skills, working autonomously across a variety of areas and target pathologies that are included in the Accredited Exercise Physiologist Professional Standards<sup>3</sup>.

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 for lifestyle modification with a strong focus on achieving behavioural change.

### Core 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), and 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), and 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, and polycystic ovarian syndrome.
- **Musculoskeletal** including but not limited to osteoarthritis, rheumatoid arthritis, osteoporosis, acute, and sub-acute and chronic specific and non-specific musculoskeletal pain / injuries / 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, and cystic fibrosis.

### Areas of AEP Employment

AEPs can work in a number of settings that include but are not limited to:

- 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
- Practice/allied health management
- Policy advisors
- Research academic



## 2.0 Scope of AEP Practice

Professional practice is influenced by many factors including the context in which practice occurs, individual client needs, and the practice environment, as well as local, government and industry policies. The foundational scope of practice that ESSA accepts as reasonable for AEPs entering the profession 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 in the acute/sub-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<sup>4</sup> to ensure safety and appropriateness of exercise-based interventions; and are expected to advance their practice through continuing education, competency development and professional experience.

ESSA supports practitioners employing the full range of exercise physiology interventions within their individual scope of practice, as outlined in the [ESSA Scope of Practice Policy](#)<sup>5</sup>.

Individuals may expand their scope of practice through appropriate education, training or certification for adjunct therapies, however these services are beyond ESSA's jurisdictional monitoring and clinical exercise physiology practice.

## 4.0 Code of Professional Conduct & Ethical Practice

AEPs must practice in accordance with the [ESSA Code of Professional Conduct & Ethical Practice](#)<sup>6</sup>. They must also respect and adhere to standards established through legislation, regulations and common law.

## 5.0 Level of Training

AEPs undertake a minimum of 4 years equivalent study at an Australian Qualification Framework (AQF) Level 7 or above 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.

## 6.0 Continued Practice

To maintain their accreditation, AEPs have annual requirements for professional practice and professional development.

To ensure currency of knowledge and experience, AEPs are required to participate in ongoing professional development, and stay abreast of recent research for their areas of practice.

Yearly professional development requirements for maintaining accreditation as an exercise physiologist includes:

1. Undertaking a minimum of 20 approved continuing professional development (CPD) points per membership year (1 January – 31 December)
2. Holding a current cardiopulmonary resuscitation certificate
3. Holding 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 approach to define the purpose, values and scope of practice of an AEP. Through this approach, ESSA aims to empower individuals to harness their individual competencies, embrace innovative practices and remain sensitive to changes within the health and social care environments<sup>1</sup>.

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.



## References

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3. Accredited Exercise Physiologist Professional Standards: [www.essa.org.au/wp-content/uploads/2016/12/AEP-Professional-Standards-with-coverpage\\_approved.pdf](http://www.essa.org.au/wp-content/uploads/2016/12/AEP-Professional-Standards-with-coverpage_approved.pdf)
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