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## Deliver Fitness, Not Diagnosis

Lon Kilgore advises fitness professionals to work only within the scope of practice dictated by their education.

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By Lon Kilgore

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*Fitness professionals are only equipped to offer expertise on exercise technique and programming. Diagnosis of injuries and other conditions should be left to those with appropriate training.*

A professional fitness practitioner is hired to improve fitness levels in trainees or to help them make progress toward some other goal, such as losing weight, gaining weight, improving some aspect of performance, etc.

The education and experience needed to deliver this service to healthy populations is fairly straightforward, and

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1 of 4

it can be acquired in about a year of full-time education and field-based experience, or in about three to five years of carefully selected seminars and gym-based work experience.

What is important is that the professional must be capable of delivering sound, fact-based training to improve physical function while at the same time safeguarding the health of the trainees during their time under supervision.

Note that nowhere in the above description of a professional fitness practitioner is there a requirement to be able to diagnose any disease—bacterial, metabolic, nutritional, orthopedic or otherwise. We need to pay attention to this. At no point in a fitness professional's education does he or she receive adequate training in diagnosis of disease or orthopedic dysfunction/abnormality. This is an important distinction in regard to preparing to run a professional fitness business or providing services therein.

It is informative that some sport and exercise groups that are well trained in disease and injuries relative to sport and exercise—National Athletic Trainers' Association Board of Certification (NATA-BOC) athletic trainers, for example—do not diagnose; they assess and evaluate. Physicians diagnose and prescribe.

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As it is estimated that as many as 70 percent of all fitness professionals (1,2) do not have any training or education in fitness delivery or teaching, it is innately obvious they will also not have training in diagnosis of any disease, disease process or orthopedic condition, nor in prescription of corrective exercises, therapeutic diets or over-the-counter pharmaceuticals to effectively treat disease. This means, specifically, that fitness professionals working in commercial fitness facilities should not be providing any diagnostic services other than the diagnosis and correction of poor exercise technique and programming.

We often criticize physicians for prescribing functionless exercise programs to their patients and the general



*While few physicians receive a great deal of education on fitness and training, their expertise is critical to managing health conditions.*

public. We base such criticism on the fact that at best they have received a single lecture on exercise during their multiple-year medical education and supervised practical experiences. They really aren't qualified or trained to make exercise prescriptions because they are not familiar with the literature nor experienced in such a practice.

But many of our peers will do exactly what we criticize physicians for doing by making a diagnosis and creating a prescription without any education or training relative to a disease-related topic. Do you know someone with a biology, art, literature, history, philosophy, business, geology, math or even kinesiology degree who diagnoses pathologies in the gym? Do you know someone with no education or training who does the same? Does having access to Google, WebMD or Wikipedia make a competent diagnostician? No. It does make an informed person, but education and supervised experience in the scientific foundations and processes of medical diagnosis are required for competent and reliable diagnostic practice.

Even if a non-trained individual can perform diagnostic and prescriptive skills competently, should he or she? That's an interesting question, as the American College of Sports Medicine (ACSM, once part of the American Association of Health, Physical Education, Recreation and Dance) has adopted and promulgated the mantra

"exercise is medicine" for decades.

Superficially, this seems to indicate it is within the remit of exercise professionals to consider what they do delivery of medical care. However, while the ACSM does offer a US\$25 Exercise Is Medicine certification (along with several other pricey certifications with "clinical" or some pathology in the name), it is clear within the description of the qualification that it is exercise and fitness that are being delivered by the fitness professional and that other differently trained clinical associates are to be responsible for disease diagnosis and management.

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Caution is required when delivering a gym diagnosis. If fitness professionals make a medical diagnosis and prescribe an intervention to correct a disease or pathology, are they practicing medicine? If the disease or condition persists, have they committed malpractice? If they are diagnosing and prescribing in the manner of a physician, and they are compensated for such, are they committing fraud?

Diagnosis and prescription relative to disease seems to be a tricky area. Luckily for fitness professionals, the definitions and regulations surrounding fitness practice are poorly defined, and regulations, if they exist in the state, region, province or country, are poorly enforced. The idea that "exercise is medicine" is firmly entrenched axiomatically in the psyches of the public and the fitness professional, and the lack of regulation seems to create a sense of empowerment for many of us. That leads us to extend our practices into the realm of providing diagnoses and therapeutic exercise prescriptions.

Technically, if one actually does deliver diagnoses of disease and prescriptions of exercise as medicine and all goes well, no negative consequences will likely arise.



***The phrase "exercise is medicine" can be taken too far by trainers who work outside their education.***

However, if something does go amiss, the concepts surrounding medical malpractice and fraud are well defined and well tested in any court of law. Without adequate training and licensure to do medical diagnosis and clinical prescription, fitness professionals will find courts unlikely to rule in their favor in any case.

It is prudent for fitness professionals to ensure their scope of practice does not intrude into disciplines or professional activities outside those for which they are demonstrably prepared. The best advice is to shape your practice to reflect your expertise and training.

To avoid problems, deal with “healthy” populations and create fitness in clients through intelligent teaching and programming of exercise. Perform pre-participation screenings to identify individuals who may be diseased or have orthopedic problems that may require medical support in areas where you are untrained. And do not be afraid to refer questions and clients to others who are appropriately trained in diagnosing and managing diseases or orthopedic problems.

All fitness professionals should be focused on what their job title implies: making people fit. Adding in activities for which they are not appropriately, adequately or legally prepared dilutes the effectiveness of service to the clients on whom they depend for income.

Delivery of fitness is the crux of our profession and is our most valuable and marketable professional asset. Nowhere is this more evident than in the CrossFit community, where people are beating a path to every new affiliate simply because fitness is delivered. Nothing else is required, and you cannot have a better business model. You get exactly what you pay for.



### About the Author

*Professor Lon Kilgore graduated from Lincoln University with a bachelor of science in biology and earned a Ph.D. in anatomy and physiology from Kansas State University. He has competed in weightlifting to the national level since 1972 and coached his first athletes to national-championship event medals in 1974. He has worked in the trenches, as a coach or scientific consultant, with athletes from rank novices to professionals and the Olympic elite, and as a collegiate strength coach. He has been a certifying instructor for*



**Great trainers know their limitations and seek assistance from other professionals whenever it's needed.**

*USA Weightlifting for more than a decade and a frequent lecturer at events at the U.S. Olympic Training Center. His illustration, authorship, and co-authorship efforts include the best-selling books “Starting Strength” (first and second editions) and “Practical Programming for Strength Training” (first and second editions), recent releases “Anatomy Without a Scalpel” and “FIT,” magazine columns, textbook chapters, and numerous research journal publications. He is presently engaged in the most difficult task of his career: recreating the educational track to becoming a professional fitness practitioner. The second stage of this effort is the creation of a one-year university qualification in fitness practice at the University of the West of Scotland.*

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