**Food For Thought: Strength & Conditioning Within Physical Therapy Education**

Sixteen years ago, during the prestigious 2004 Mary McMillan Lecture, Dr. Marilyn Moffat noted that among robust technological and medical advances, physical therapists have a marked lack of exercise expertise despite the *Guide to Physical Therapist Practice* placing therapeutic exercise first in the hierarchy of interventions used by physical therapists. Several years later, Dr. Moffat spearheaded a 2013 task force appointed by the Board of Directors of the American Council of Academic Physical Therapy (ACAPT) to “review entry-level curricula and determine the current status of program curricula in advanced exercise physiology/science, exercise prescription and nutrition as it relates to exercise and physical activity, with the purpose of developing recommendations for education approaches to address the APTA position statement” at that time. The task force recommended that programs integrate the following categories into curricula:

1. Exercise physiology / nutrition
2. Exercise testing
3. Exercise principles and prescription
4. Fitness theory and practice
5. Health promotion, wellness, and prevention

In the first part of the last century, when physical therapy education was primarily hospital-based, there was a large emphasis in physical education. In the 1970s, as PT education progressed to a more academic setting requiring a Bachelor’s degree, the curricula dedicated to physical education and exercise science decreased and has continued to do so with the subsequent introduction of a Master’s and then a Doctoral degree requirement. To this day, however, physical therapists are purported to be experts in physical activity and exercise prescription, and the APTA has made attempts for the profession to become the leader in the promotion of health and wellness.

Although there has been increased effort to promote the importance of strength and conditioning within the profession as part of the continuum of health and wellness, strength and conditioning and rehabilitation are often seen as separate entities. Traditionally, physical therapy is viewed as the rehabilitation of an individual following an injury, while strength and conditioning focuses on the improvement of performance of the healthy individual. Given the high level of evidence supporting exercise as an effective physical therapy intervention, it seems important that exercise science and strength and conditioning principles have a major focus in all entry-level DPT programs and beyond.

While a strength and conditioning certification is not required to practice, I urge all clinicians to immerse themselves within the strength and conditioning community. In general, the foundational knowledge behind strength training is what drives the physical therapy profession. Fundamentals such as overload principle, specificity, and general strength programming can help supplement therapeutic interventions and organize an appropriate POC. Some of the softer skills of strength and conditioning such as verbal/manual cueing, exercise variability, and session management can also help new grads and experienced clinicians develop their own clinical “tool box”. With the lack of exercise prescription offered by many academic institutions it is important that we as clinicians push the profession forward and educate ourselves in all areas of human movement to better serve our patients.

As clinicians at PTSMC, it is our mission to improve the quality of people’s lives through unmatched experiences, clinical excellence, and lifelong relationships. With the popularization of exercise through means such as Crossfit, Orange Theory, and many others,  it is important to expand our clinical knowledge to be able to relate to all patients at a deeper level and provide those unmatched experiences described in the company’s mission statement. By immersing ourselves in areas of weakness we not only improve our clinical excellence but we create better rapport with our patients and other like minded health professionals. These relationships then lead to improved physical outcomes within the clinic  for our patients and help grow our reputation outside the clinic to make us one of the most trusted providers in the area.

At the end of the day, good strength and conditioning is good physical therapy and good physical therapy is good strength and conditioning! Let’s, as individuals, as a company, and as a profession continue to educate ourselves and continue to strive for the very best to inspire our patients to move well, be strong, and enjoy life!

References:

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