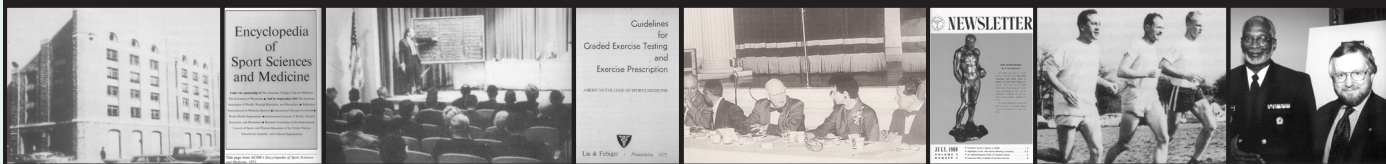


Celebrate

50 Years of Science and Medicine

1954-2004



50 Years of Progress and Service,

by Jack W. Berryman, Ph.D., FACSM



Celebrating 50 Years of Science and Medicine

The American College of Sports Medicine: 50 Years of Progress and Service, 1954–2004

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About Jack W. Berryman

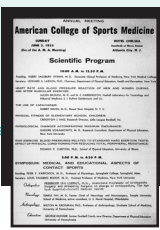
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The American College of Sports Medicine: 50 Years of Progress and Service, 1954–2004

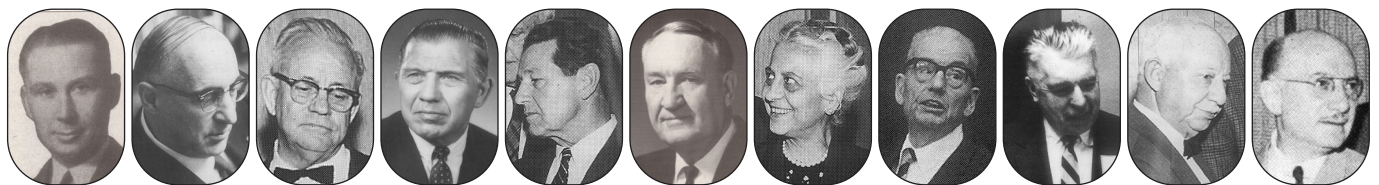
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The Founding

The founding meeting of the “Federation of Sports Medicine” took place in New York City at the Hotel Statler on April 22, 1954, as part of the afternoon program of the American Association for Health, Physical Education, and Recreation (AAHPER). The following year, the American College of Sports Medicine (ACSM) was officially incorporated and 11 individuals were designated as founders. This group was composed of seven men and one woman with careers in physical education, and three physicians. The physical educators were Clifford Brownell, Ph.D., Ernst Jokl, M.D., Peter Karpovich, M.D., Leonard Larson, Ph.D., Grover Mueller, M.S., Neils Neilson, Ph.D., Josephine Rathbone, Ph.D., and Arthur Steinhaus, Ph.D. Although they had training in physical education or were employed in departments of physical education, Jokl, Larson, Karpovich, and Steinhaus were primarily involved in research dealing with the physiology of exercise. The physicians were Louis Bishop, M.D., Albert Hyman, M.D., and Joseph Wolffe, M.D. All three were practicing cardiologists.



Brownell Jokl Karpovich Larson Mueller Neilson Rathbone Steinhaus Bishop Hyman Wolffe

The organizational meeting in 1954 was a result of several interrelated events that occurred throughout the first half of the 20th century. ACSM also came about because of the special vision and work of Wolffe, Mueller, Jokl, Steinhaus, and Hyman, in particular. The other founders were studying various aspects of exercise as early as the 1930s, but they were not as instrumental in coming up with the original idea for an organization like ACSM.

The American College of Sports Med-

icine evolved from the milieu of the early 20th century, which saw an increased interest in exercise and health within the professions of physical education, physiology, and medicine, especially cardiology. Two interrelated activities—the development and measurement of physical fitness and the physical training and rehabilitation of soldiers, along with other types of military research—served as common areas of interest for all three professional groups from World War I onward. Another factor was the growth

of sports medicine on the international scene. The Fédération Internationale de Médecine du Sport (FIMS) was founded in 1928 and served as the world leader in the field of sports medicine.

Two other interdependent groups that contributed to the environment from which ACSM grew were the “team surgeons,” who treated sport-related injuries, and their partners in this enterprise, the “rubbers,” or athletic trainers. The trainers began to organize themselves in the late 1930s and the team



Participants in the Congress of Sports Medicine at the Institute of Occupational Health in Helsinki, 1952. Steinhaus, Jokl, and Wolffe attended.



physicians started a committee associated with the American Medical Association in 1953. These professional groups did not figure directly in the founding or early years of ACSM. However, they were important to the overall world of sports medicine and helped establish the setting from which ACSM evolved.

The title chosen by the founders for this new organization, the American College of Sports Medicine, represented a definition of sports medicine unlike that in other countries. ACSM included as founders and charter members, and eventual members, those without medical degrees, whereas all the members of FIMS were physicians. Sports medicine, as defined by ACSM, was a unique blend of physical education, medicine, and physiology, much as it was in ancient Greece. While countries like Germany developed formal divisions of medicine devoted to sports by the early 1900s, sports medicine in the United States did not become recognized in the same way until the 1950s.

For the founders of ACSM then, their emphasis within sports medicine was unique and much different from that of traditional therapeutic medicine or mainstream physiology. The founders reveled in the idea of studying the healthy as opposed to working with the ill. They also valued research on ultra-healthy individuals, usually high-level athletes, to better understand lower versus higher levels of performance capability. By researching the physiology of exercise, they had a better understanding of what could be accomplished by physical training. In particular, they hoped to discover physical training regimens that would help humans cope with the serious onslaught of diseases of the lungs and heart. Also of particular interest to the founders was the challenge of keeping healthy people healthy and pos-

sibly even improving their physical status or of returning the sick, weak, or injured to a state of normalcy.

It was a combination of these interests and motives that led several of the founders to attempt the formation of centers, federations, or associations to focus on fitness, cardiac rehabilitation, or physical therapy, among others. Rather than continue to emphasize studies of physiological mechanisms and their application to work and the environment, the founders chose to dwell more on the relationship of physical activity to health. After attempts to begin an “American Association of Sports Medicine” in 1952, the founding meeting of the “Federation of Sports Medicine” was eventually held in 1954. The following year, the Federation became the American College of Sports Medicine or, as it was sometimes called in the early years, the American Chapter of FIMS.

The founding was orchestrated by Wolffe, Mueller, and Jokl through the cooperation of AAHPER and its executive secretary, Carl A. Troester. The inaugural meeting, in New York’s Hotel Statler was held Thursday afternoon, April 22, 1954. An article the following day in the *New York Times* provided a synopsis of the meeting and proclaimed it the founding of the “American Federation of Sports Medicine.” Wolffe became president, Karpovich and Neilson were designated as vice presidents, and Mueller became secretary. The following month, the General Assembly of FIMS met in Belgrade for its 10th International Congress and the Executive Committee voted favorably to invite the “American Chapter of FIMS” for membership.

The Formative and Transitional Years, 1955–1963

The new organization was renamed the American College of Sports Medicine in early 1955 and was officially incorporated in the District of Columbia on January 31. Later, the council selected William Hughes, Ph.D., as the first College treasurer and, upon Hyman’s recommendation, voted to officially affiliate with FIMS.

Wolffe provided direction for the Col-

lege at the first Board of Trustees meeting on June 5, 1955, when he suggested that ACSM should study “normals” rather than the sick. He suggested that “virtually all our medical knowledge to date has been gleaned from the sickbed and the autopsy table,” and argued that “our standards of ‘normal’ tend to be shaken when we have occasion to apply them to individuals such as athletes who usually are in a state of prime physical fitness.” Wolffe and members of the College actively participated in the early years of America’s fitness movement and offered valuable assistance to President Dwight D. Eisenhower’s Conference on Physical Fitness. ACSM’s emphasis on fitness was readily apparent in its first informational brochure printed in 1956.

ACSM received national attention in late 1956 and early 1957 with special issues of *The Journal of the American Medical Association (JAMA)* and *Journal-Lancet* devoted to sports medicine. Several papers presented at the College’s Third Annual Convention were published in *JAMA*, and the entire issue of *Journal-Lancet*, edited by Wolffe, was devoted to ACSM and members’ papers. During these early years, the issue of balance among members representing physical education, medicine, and physiology arose frequently. Wolffe and Mueller were the major proponents of equality of numbers and Wolffe especially, claimed that “nothing of lasting worth in the field with which we are concerned can be accomplished without a genuine partnership of labor among physicians, physical educators and other scientifically trained individuals working in related fields.” Intensified interest in expanding the membership occurred in early 1958 and Mueller’s tireless work as secretary

ACSM board members meeting in Valley Forge, PA, 1961. Left to right: Albert Hyman, Elsworth Buskirk, Peter Karpovich, Josephine Rathbone, David B. Dill, and Grover Mueller.



resulted in fewer meetings of the Administrative Council.

Cardiologist Louis Bishop, M.D., became ACSM's second president in 1958, but Joseph Wolffe continued to serve in a leadership capacity over the next two years. His influence on the national and international scene also produced large dividends for the growing but still-nascent organization. Mostly, however, Wolffe's friendship with Bishop and President-elect Hyman, also a prominent cardiologist, coupled with his positive views on the healthful connection between exercise and the heart, served to heighten the College's stature in the field of medicine. ACSM was granted nonprofit status in 1958 and by early 1959 membership had grown to 265. Affiliation with AAHPER was approved in 1960 and as a result ACSM announcements were published in AAHPER publications. This congenial relationship led to a rapid increase in ACSM membership from the ranks of AAHPER and to joint annual meetings.

D. Bruce Dill, Ph.D., a physiologist, became ACSM's fourth president in 1960 and was the first president with a Ph.D. and the first who was not a founder. Wolffe, Bishop, and Hyman were pleased to have Dill leading ACSM since exercise physiology had emerged as the one area of research providing valuable information on the prevention of atherosclerosis and coronary heart disease as well as on rehabilitation following myocardial infarction. Grover Mueller received a unanimous vote as the College's first executive secretary, effective July 1, 1961, and he and his wife Rose continued to serve the College from a small office near their home in Philadelphia. ACSM news was published regularly in the FIMS quarterly, *Journal of Sports Medicine and Physical Fitness*, beginning in 1961, and Leonard Larson was approved as the editor for the College's planned *Encyclopedia of Sports Medicine*. By 1963 and ACSM's 10th Annual Meeting, several milestones had been reached in the realm of publications, growth, regional chapters, meetings, workshops, and international relations. Total membership stood at 639 with 566 men and 73 women in the College.

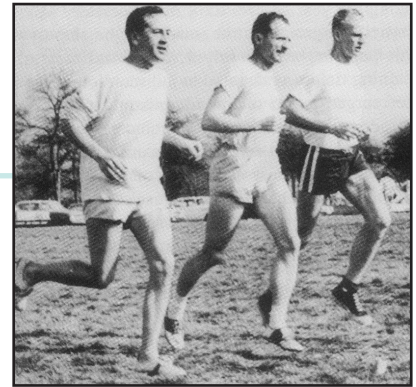
Editor's Note: Although the founders

discussed a Fellow category as early as 1955, the FACSME designation was not in regular use until 1981.

Reorganization, Formalization, and Growth, 1964–1974

Allan Ryan, M.D., FACSME, was the obvious choice for president-elect in 1962–63 and president in 1963–64. He had served as vice president (medicine) for four consecutive years since 1958 and was ACSM's first president to fit the traditional mold of a sports medicine practitioner. Ryan was a practicing physician and worked on a regular basis with the prevention and treatment of sports-related injuries. In early 1964, Ryan was faced with the resignation of Executive Secretary Mueller. He and the Board of Trustees selected Henry Montoye, Ph.D., FACSME, as his replacement and commended Mueller for "his long, faithful, and efficient service." At the same meeting, Ryan announced that Wolffe had been nominated for membership on the Executive Council of FIMS.

Montoye informed the Board that he could only serve in the executive secretary's position through mid-1965, which helped push the Board toward a reorganization of the administrative structure of the College. Central to a proposed reorganization was a full-time executive secretary who would handle all business affairs of ACSM. At the 12th Annual Meeting in 1965, Leonard Larson was asked to inquire about the possibility of locating the College's central office on the University of Wisconsin's campus in Madison and to prepare an organizational chart for the administration of ACSM affairs. Shortly thereafter, Bruno Balke, M.D., joined the faculty at the University of Wisconsin and became ACSM's ninth president. For his tenure as president from 1965 to 1966, Balke identified the reorganization of the central office, the publication of a newsletter, a membership drive, the establishment of the College's own journal, and the formation of a series of postgraduate courses in sports medicine as his primary objectives. Larson succeeded in moving the College's central office to the University of Wisconsin's Camp Randall Stadium and hired Donald Herrmann, FACSME, as a part-time



Warren Guild, Robert Clark, and Bruno Balke jog at ACSM's annual meeting, in Dallas, 1965.

assistant secretary to Balke. Near the conclusion of Balke's term, ACSM's first *Newsletter* was published and the number of members serving on the Board of Trustees was expanded to include 21 Fellows as well as the officers, founders, and three past presidents.

ACSM's permanent location on the University of Wisconsin campus and Herrmann's consistency as an advocate and caretaker in his new role as executive secretary greatly enhanced the College's formalization and expansion during the latter years of the 1960s. With new officers every year, ACSM needed to put down roots and find a replacement for the retired Grover Mueller. Wisconsin's central location, its highly respected faculty with direct links to the College, and Herrmann's organizational ability, energy, and drive were ideal catalysts for this period of ACSM's history, when clear goals and directions needed articulation. These events could not have come at a better time since the College's new leadership suffered a significant blow in 1966 with the unexpected death of Joseph Wolffe. President Warren Guild, M.D., Herrmann, and the staff of the central office rose to the occasion and suggested several changes for ACSM. Notable for the future were membership growth, finances, the newsletter, a College journal, and the understanding that the executive secretary should run the central office and formulate definite proposals to be submitted to the Board for approval. Key to these plans were ad hoc committees for long-range membership plans and central office personnel and equipment.



The College published its first membership directory in 1967 and during the same year Bruno Balke edited *Physiological Aspects of Sports and Physical Fitness: A Selection of Papers Presented at Scientific Meetings of the American College of Sports Medicine*. ACSM's 15th Annual Meeting in 1968 was the first to have exhibitors and at this same meeting, Herrmann reported that membership had grown to 1,147. After several years of planning, the first issue of the College's own journal, *Medicine and Science in Sports (MSS)*, was published in early 1969. With Balke as editor-in-chief, MSS played a crucial role in recognition for ACSM as well as in growth of membership. Leonard Larson led the College in an attempt to increase membership in the late 1960s and was assisted by Charles Tipton, Ph.D., FACSM, chair of the Membership Committee. In his chair's role, Tipton claimed, "in the last five years, the American College of Sports Medicine has 'truly become of age' as it has emerged within the United States as the single most influential organization on matters pertaining to sports medicine." By 1970, total membership stood at 1,636, with 634 members in medicine, 162 in physiology, and 840 in physical education.

As ACSM entered the 1970s, Balke reaffirmed the College's emphasis on, and commitment to, basic science research, and new President John Naughton, M.D., FACSM, called for more regional chapters. The Long Range Planning Committee presented a document composed of 13 recommendations to the Board in late 1970 that played a significant role in the College's

future for years to come. The long-awaited appearance of the *Encyclopedia of Sport Sciences and Medicine* took place in March 1971 and by the 18th Annual Meeting in May, membership had grown to 2,037. Issues of finances and budget dominated Board meetings in 1972 as well as concerns for improving the College's delivery of health services to the general public. Also at issue was ACSM's future at Wisconsin, membership growth, the length of the Annual Meeting, and the perceived overemphasis on research at the expense of practical and applicable information. In late 1972, a subcommittee of the Post Graduate Education Committee concerned with problems in the exercise testing and rehabilitation of cardiac patients, met in Aspen, Colorado, for a workshop. Donald Herrmann tendered his resignation effective July 9, 1973, which led President Howard Knuttgen, Ph.D., FACSM, and the Board of Trustees to prepare a job description for a permanent executive secretary. With the membership at 2,632, and given Knuttgen's focus on public information, the Board realized that emphasis in the future had to be directed to fundraising and the solicitation of financial support outside of the membership.

Gary Jenks became ACSM's first full-time executive secretary on June 1, 1974, and brought considerable experience in business and management to his new position. The Board gave Jenks administrative control over the central office and staff, including the MSS office, its managing editor, and the *ACSM News*. Charles Tipton, the College's 18th president, told the membership it was time to critically assess ACSM's "current and future role in providing leadership on a national scale," and declared the College's diversity its major strength. Tipton's presidency coincided with a time when sports medicine in general, and physical fitness in particular, were enjoying a broader popularity than ever before. An increased awareness of "lifestyle," including proper exercise, weight control, and good nutrition, coupled with a surge of interest and excitement over "aerobics" and jogging, highlighted an environment ready for what ACSM had to offer.

Expansion, Professionalization, and Recognition, 1975–1985

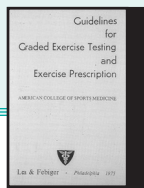
During 1974–75, several new developments took place that helped inaugurate a new era of interest, growth, and visibility for the College. The first position statement, "Prevention of Heat Injuries during Distance Running," was published, *Guidelines for Graded Exercise Testing and Exercise Prescription* became available, and a group of individuals were awarded certificates as ACSM's first program directors. Later in 1975, another group became the first certified as exercise specialists. The Long Range Planning Committee continued to be active and emphasized that the two main objectives of the College were "to emerge as the spokesman for sports medicine and to improve the services to our membership." In addition, the committee gained the Board's approval to rename the designated areas of the three vice presidents as basic and applied science; medicine and health services; and education.

A cooperative working relationship with *The Physician and Sportsmedicine* was established in 1976, largely because of the efforts of former ACSM President Allan J. Ryan, who was the journal's editor-in-chief. Shortly thereafter, certificates for the first exercise technicians were awarded and the College's second position stand, "Weight Loss in Wrestlers," was published. ACSM received national attention for its significant role as an advocate of both the prevention of health losses and the promotion of health gains through its certification programs and for helping to improve the quality of life. In fact, David Costill, Ph.D., FACSM, ACSM's 20th president, believed that the members of the Preventive and Rehabilitative Committee "made perhaps the most significant contribution in the history of the College."

President John Boyer's, M.D., FACSM, major area of emphasis during 1977–78 was improving the quality of life through preventive medicine and he pushed the College to become "an integral part of the national preventive medicine and health enhancement emphasis." With the numbers of joggers, runners, swimmers, and bicyclists reaching

ACSM central office, University of Wisconsin Camp Randall football stadium, 1967.





into the millions and hundreds of employers organizing fitness programs for their employees, ACSM stepped into the national hierarchy of the physical fitness movement as an authority who not only provided the scientific underpinnings for the health value of exercise, but also furnished practical information through continuing education, publications, certifications, position stands, and Annual Meetings. As ACSM entered more into the public domain, membership growth surged. For example, membership rose from 2,900 in 1975 to 3,460 in 1976 and increased by almost 1,000 in 1977 to 4,418. As the fitness movement flourished in the last several years of the 1970s, ACSM realized more growth and recognition than ever before and worked diligently to uphold its position as the leading advocate for exercise, physical fitness, sports, and health.

New Executive Director Thomas Miller was officially appointed on May 1, 1978, and came to the College with extensive experience in both administration and fundraising. He acknowledged ACSM's recent growth, but urged the College leadership to recognize the need "to impose controls on our expansion." Miller explained that "controls take the form of setting objectives, choosing priorities and allocating sufficient resources to achieve our objectives." By midsummer 1978, all four volumes of the "American College of Sports Medicine Series" were available and the College's fourth position statement, "The Recommended Quantity and Quality of Exercise for Developing and Maintaining Fitness in Healthy Adults" had been published. A Strategy Conference on the

Future of ACSM produced a "Statement of Purpose" in September 1978 indicating: "The American College of Sports Medicine is a multidisciplinary professional and scientific society dedicated to the generation and dissemination of knowledge concerning the responses, adaptations, and clinical aspects of the human organism engaged in exercise and competitive sport." This was followed by an Ad Hoc Committee to Organize an ACSM Study Group for Physicians, a "Short and Long Range Objectives Report," a National Center Committee, and a Reorganization Committee.

The ACSM Board of Trustees decided in May 1979 to begin planning for a national center, with a site to be selected at a later date. Charles Tipton was chair of the Ad Hoc National Center Committee and Karl Stoedefalke, Ph.D., FACSM, served as chair of the Ad Hoc National Center Building Committee. Later that year, the College's first opinion statement, "The Participation of the Female Athlete in Long-Distance Running," was published. ACSM's scientific journal, *Medicine and Science in Sports*, became *Medicine & Science in Sports & Exercise*® (MSSE®) in 1980 under new Editor-in-Chief Tipton, and circulation reached more than 10,000. Issues of finances and the national center dominated 1981–82, with the Board eventually deciding to build in Indianapolis.

During the first few years of the 1980s, a surge of interest in sports medicine hit the United States. The public at large as well as the medical profession finally recognized that participation in sports was not just for the exceptional athlete. No organization was affected by this sports medicine boom like ACSM. Particularly because of its interdisciplinary nature, the College attracted professionals from a wide variety of disciplines and grew to an all-time high of 10,700 members in 1983. This growth coincided with the opening of a transition office in Indianapolis and the

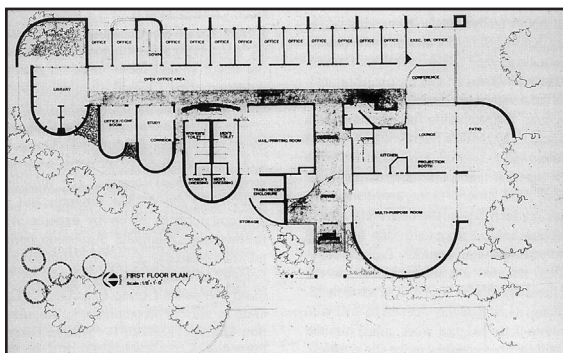
departure of Thomas Miller and Carol Christison, veteran employees who decided to remain in Wisconsin. The College hosted its first Writers' Conference in March 1983, which resulted in some national visibility. By June, John Miller had been selected as the College's new executive director.

Official groundbreaking ceremonies for ACSM's new national center in Indianapolis took place on December 15, 1983, and Mayor William Hudnut referred to the College as "a cornerstone in the amateur sports capitol." In early 1984, the newly created American College of Sports Medicine Foundation, Incorporated, became a registered corporation to be "operated exclusively to benefit, carry out and perform the educational, scientific and charitable purposes of the American College of Sports Medicine." ACSM moved into the new national center in late 1984 and an official opening reception was held on January 11, 1985. John Miller's expertise, hard work, and personality had an important influence on the overall management of ACSM, its staff relations, and the image of the College on both the local and national sports medicine scenes. He hired a professional and competent staff who were members of national associations and societies appropriate for their specialties. In turn, ACSM became a stronger, more respected, and more professional organization. President Carl Gisolfi, Ph.D., FACSM, noted the expansion of the College and "its role in both the scientific and lay communities" in his 1984 *Annual Report*, and announced, "We are rapidly becoming a focal point for public education, making us one of the most frequently utilized resources by the public, the media and the scientific community."

National and International Leadership, 1986–1992

Much of ACSM's new emphasis and direction in the late 1980s and early 1990s originated from the very active Strategic Planning Committee. During 1986–87, the College initiated the popular "Ambassador Program" whereby ACSM Fellows were trained to function as media representatives for the College.

Architect's plan for the first floor of the new National Center in Indianapolis, 1983.





With an increased awareness of the need for more public service, the “ambassadors” worked with the printed lay summaries of position stands and opinion statements to provide guidance on matters of sports medicine and exercise science for the general public. At this same time, ACSM also began to address the specific needs of its physician members. Specific clinical sessions were added to the Annual Meeting program, the first Clinical Conference was held, and plans were begun either to certify sports medicine physicians or to develop guidelines for practice. By 1987, the College’s certification program had grown to include program directors, exercise specialists, and exercise test technologists in the rehabilitative category, and in the preventive category the certification levels were health/fitness director, health/fitness instructor, and exercise leader/aerobics.

ACSM’s 31st president, Peter Raven, Ph.D., FACSM, reaffirmed the College’s commitment to sound clinical and basic science research when he took office in mid-1987, and argued that it was ACSM’s “science image that made it so successful in the public arena.” During Raven’s reign, the College continued its gradual shift from a “largely scholarly institution to an equally prominent service-oriented institution” and by the end of the year a survey by *The Physician and Sportsmedicine* of sports medicine organizations found ACSM to be the largest and best-known. The second Clinical Conference was held in January 1988 and ACSM’s fourth Writers’ Conference was conducted in New York City the same year. The long-awaited *Resource Manual for Guidelines for Exercise Testing and Prescription*, planned to accompany the third edition of *Guidelines for Exercise Testing and Prescription*, was released by Lea and Febiger in May 1988. That same month, the Annual Meeting spanned a full four days for the first time.

Barbara Drinkwater, Ph.D., FACSM, became the first woman to hold the office of president in May 1988 and was particularly cognizant of ACSM’s increased visibility. With this new awareness, Drinkwater directed her attention to ensuring that the College

took responsibility in meeting the needs of a public desirous of factual information on all aspects of exercise science and sports medicine. John Miller resigned from his position as executive director in 1988 and, after a national search, Hubert R. Dagley was hired as the College’s new executive vice president. Also during Drinkwater’s term, key College members participated in the Gatorade Sports Science Institute, the College published its second opinion statement, “Physical Fitness in Children and Youth,” and formal relationships were established with the President’s Council on Physical Fitness and Sports, the Indianapolis 500, and the Year 2000 Health Objectives. Finally, in March 1989, ACSM offered Part 1 of its three-part Team Physician Course developed “to disseminate the information necessary for a physician to comfortably cover a school’s athletic program or an athletic event.”

The College began to assume a proactive role in the dissemination of information to practitioners and the public in the early 1990s. During this time however, Hubert Dagley resigned and the national center staff was faced with the task of managing the affairs of ACSM without leadership. President Lyle Micheli, M.D., FACSM and past President Drinkwater stepped in to assist until a new executive vice president could be hired. In the interim, *MSSE*® began to be published bimonthly and Part 2 of the Team Physician Course was held. James R. Whitehead was hired as the new executive vice president in April 1990 and the national center’s “Media Referral Program,” part of the Public Information Department, reported great success in attracting calls from both the local and national media. A revised position stand on “The Recommended Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory and Muscular Fitness in Healthy Adults” was released in early 1990. While the earlier version had focused more on aerobic exercise, the new one recommended total body strength as an important part of any exercise program.

Whitehead’s leadership at the national center moved ACSM’s professional sta-

Lyle J. Micheli leads a hands-on session at the Team Physician Course, 1991.



tus to new levels of acceptance, support, and productivity. With a strong background in the administration of professional societies and the special expertise of Presidents Neil Oldridge, Ph.D., FACSM, and Brian Sharkey, Ph.D., FACSM, Whitehead influenced the College’s growth in every way. A concerted effort was made toward strategic planning and the ACSM Foundation rose to new heights in the acquisition of external funds to support many ACSM activities. Key here was funding for research for the first time and specific grants for graduate students. The College also continued to strengthen its ties with FIMS during this period. In the area of publications, *MSSE*® became monthly in 1991 and the fourth edition of *Guidelines for Exercise Testing and Prescription* was published. Also in 1991, Part 3 of the Team Physician Course was offered, the Carnegie Science Center distributed lay summaries of ACSM position stands, and the YMCA duplicated and circulated the College’s position papers among its members.

In developments in 1991 and 1992, the Board emphasized the College’s responsibility to disseminate research findings to the membership, professional organizations, and the public at large. During the summer of 1991, ACSM published a new brochure outlining the various certifications available as well as ACSM’s *Guidelines for the Team Physician*. The latter publication included all three parts of the Team Physician Course and covered “the topics a team physician requires to provide optimal care.” Nolan Ryan, 44-year-old Texas Rangers baseball pitcher, was the national spokesperson for ACSM and Advil Forum on Health Education program, “Fit over 40: Your Doctor’s Prescription,” which was launched in June



1991. Later that year, the Public Information Department at the national center announced the availability of a 40-slide set and script giving an overview of the “Healthy People 2000” physical activity objectives. In early 1992, the Board approved the idea of an “ACSM Fit Society” program, media referrals and membership were at all time highs, and Gatorade announced a five-year gift of \$250,000 to the College because ACSM was viewed as “the premier organization in sports medicine and exercise science.” Lastly, two new ACSM publications directed toward serving the public sector were released in March 1992. The *ACSM Fitness Book* and *ACSM’s Health /Fitness Facility Standards and Guidelines* received immediate accolades as useful tools for the average citizen and for the owners and operators of health and fitness clubs. The latter book, as explained in the *Sports Medicine Bulletin (SMB)*, represented “the first effort by an organization to set standards and guidelines for the health and fitness industry.”

The College also continued to emphasize the international component of its membership, which consisted of members and Fellows from more than 60 countries, with the International Scholars Program and the circulation of *MSSE*® worldwide. Public education was further enhanced by the ACSM Youth Clinics in Sports Medicine, Lay Summary brochures, and ACSM Fit Society® membership. In June, “The Female Athlete Triad” conference was held in Washington, D.C. and clinical education was furthered by the publication of a five-tape video series titled *ACSM’S Guidelines for the Team Physician*. With the Team Physician Course, Annual Meeting sessions for clinicians, publishing opportunities in *MSSE*®, continuing medical education credit availability for physicians, and the new review course for the first Certificate of Added Qualification (CAQ) in sports medicine, ACSM was doing more for physicians serving athletes than any other group. In fact, *SMB* reported that “the College was the first organization to assume a prominent role in educating physicians to address issues specific to teams and athletes.”

Enhancing Health and Performance into the 21st Century, 1993–2004

The prognosis for ACSM’s future into the new millennium was established early in 1993 when President Russell Pate, Ph.D., FACSM, proclaimed that “ACSM’s central message is that physical activity, exercise and sport have an enormous potential to promote public health and enhance quality of life.” The College set out to promote this theme in several important ways and one was the institution of ACSM scientific roundtables “to discuss and interpret basic research and its application to improve the health of the nation and the world.” Another occurred in July 1993 when ACSM and the U.S. Centers for Disease Control and Prevention (CDC), in conjunction with the President’s Council on Physical Fitness and Sports, issued a new recommendation for increased physical activity at a news briefing at the National Press Club in Washington, D.C. The recommendation, based largely on the epidemiologic literature, showed the association of physical inactivity with various chronic disease outcomes, particularly coronary heart disease, hypertension, diabetes, and osteoporosis. Executive Vice President Whitehead suggested this event “marked a significant day” in ACSM’s 40-year history and noted that the “released summary statement on the health benefits of moderate physical activity gained massive coverage in consumer and professional media, and underscored to the nation the role that physical activity can play in health maintenance and disease prevention.” The College quickly followed the statement release with its “Exercise Lite” campaign designed to create public awareness of, and community involvement in, moderate physical activity. Bolstering this plea for activity was the data included in the 1993 *MSSE*® article, “Compendium of Physical Activities: Classification of Energy Costs of Human Physical Activities.” These developments also translated into what President Pate called “a period of dramatic and rapid expansion” for the College, as membership reached 14,087. For Pate, ACSM was growing “because American society is increasingly interested in what we do.”

As ACSM began its 40th anniversary

year in 1994 and beyond, public outreach, basic science research, clinical practice, and the public health value of physical activity dominated its mission. In fact, President Timothy White, Ph.D., FACSM, suggested quite succinctly that “the complexity of the causes and consequences of physical activity is a lucid descriptor of our collective mission.” In early 1994, ACSM joined with the American College of Cardiology (ACC) in a consensus conference that presented “Recommendations for Determining Eligibility for Competition in Athletes with Cardiovascular Abnormalities.” The conference proceedings, part of the ACC’s historic Bethesda Conference series, were published in *MSSE*® and the *Journal of the American College of Cardiology*. The College hosted and participated in more scientific roundtables and its first Basic Science Specialty Conference in 1995 and became a member of the Federation of American Societies for Experimental Biology (FASEB). The joint ACSM and CDC recommendation on physical activity and public health gained further notoriety when it was published in *JAMA* that same year. ACSM furthered its commitment to physical activity when it joined with several other organizations and government agencies to form the National Coalition for Promoting Physical Activity in May 1995. ACSM’s Whitehead served as the Coalition’s executive director and the College national center staff helped to support the new group. At about the same time, *Out of Many, One: A History of the American College of Sports Medicine* was published and a new capital campaign, “Building for the Next Millennium,” was begun by the College to raise money for the expansion of the national center facilities on land donated by the city of Indianapolis. In anticipation of what a larger and better equipped national center would mean for the College, Whitehead told the membership that the fundraising campaign “clearly will be our opportunity to write a new chapter in the next phase of ACSM’s history of success.”

Another key component of ACSM’s growth, development, recognition, and impact throughout the 1990s were the strategic partnerships established with appropriate organizations and corpora-



Lawrence A. Golding, U.S. Surgeon General, David Satcher, M.D., Ph.D., and ACSM Executive Vice President, James R. Whitehead, 2001.



tions. For example, in 1996, the ACSM Certification Resource Center was established with Williams & Wilkins Publishers, ACSM joined with the American Medical Society for Sports Medicine (AMSSM) and the American Orthopaedic Society for Sports Medicine (AOSSM) to present the first Advanced Team Physician Course, ACSM began leading the Joint Commission on Sports Medicine and Science, and continued its organizational leadership for the National Coalition for Promoting Physical Activity. Significant too, was ACSM's joint work with the CDC and the publication of *Physical Activity and Health: A Report of the Surgeon General*. ACSM's president, Steven Blair, P.E.D., FACSM, was the senior scientific editor for the publication and many ACSM members authored significant parts of the document. The week after the Surgeon General's Report was released, *JAMA* published a report from the National Institutes of Health Consensus Development Conference on Physical Activity and Cardiovascular Health, also the result of the planning, writing, and reviewing of several ACSM members. The College's commitment to team physicians was furthered with the publication of ACSM's *Handbook for the Team Physician*, ACSM's *Essentials of Sports Medicine*, and ACSM's *Sports Medicine Review*. Annual Meeting attendance grew in proportion to the overall membership growth going from 2,700 attending the 1990 meeting to 4,700 at the 43rd Annual Meeting in Cincinnati in 1996. The College also launched its highly popular home page and Web site and began to rely heavily on the conveniences of electronic mail in conducting ACSM business.

As the health and fitness industry

continued to grow in the late 1990s, ACSM and its certification programs kept pace. By 1999, the College had certified more than 18,000 fitness professionals and averaged almost 2,000 on an annual basis. To better serve this group, a new bimonthly publication, ACSM's *Health & Fitness Journal*[®], was started, and in April 1997, the first ACSM Health & Fitness Summit and Exposition was held in New Orleans. Both were implemented to "bring cutting-edge research to the 'end users' in a clear, concise manner" and to "show how to apply it to what they do every day." The College continued to publish the highly useful and popular *Directory of Graduate Programs* and *Directory of Undergraduate Programs in Sports Medicine and Exercise Science*, produced *Ready, Set, Play! ACSM's Safety Guidelines for Youth Soccer* video, began the regular publication of "Current Comments" for the general public, and established a Registry for Clinical Exercise Physiologists.

By the end of the 1990s, Whitehead was able to say that "ACSM has become an even more prestigious organization with growing influence and stature." Besides the many volunteer members who worked diligently to further ACSM's goals, the dedicated professional staff at the national center, many who had served the College for more than 15 years, were recognized by Whitehead and the ACSM officers for their contributions. Attendance at the Annual Meetings continued to grow, with 5,249 attending the 45th in Orlando in 1998 and 5,377 in Seattle in 1999. One highlight of the 1998 meetings was a colloquium on "Clinical Sports Medicine in the 21st Century—Challenges and Opportunities," with representatives from ACSM, AOSSM, AMSSM, and the American Academy of Orthopaedic Surgeons taking part. The major goals were "to create a consensus statement on the qualifications, duties, and responsibilities of a team physician, to create a plan to disseminate that information to all appropriate audiences, and to create

educational strategies based on this statement." The College's flagship journal, *MSSE*[®], became the top-rated peer-reviewed journal in the sports medicine and exercise science field ranked higher in "impact factor" than any other journal of its type, including the prestigious *Journal of Applied Physiology*. The newly renovated and expanded national center was officially dedicated on March 19, 1999, electronic abstract submissions were approved for the Annual Meeting, and the ACSM Web site was attracting nearly 200,000 visitors every month.

ACSM moved into the 21st century with all of the wisdom and momentum accumulated over the past 46 years. However, the College also entered the new millennium equipped with a Strategic Plan for 2000–2004 and Beyond, and Whitehead's goal of ensuring "synergy among such important features as our excellence, growth, and integrity." The vision statement was based upon seven goals:

- 1) Research and application;
- 2) Professional education and practice;
- 3) Public education, public health, and policy;
- 4) Excellence and innovation;
- 5) Resource and technology;
- 6) Partnership; and
- 7) 21st century leadership.

Activities that furthered these goals during the first four years of the 2000s were many and varied. The Team Physician Consensus Statement was published in the April 2000 issue of *MSSE*[®], certifications became more available on an international basis, the College hosted several specialty conferences, *SMB* made its online debut with the January/February 2001 issue on a bimonthly publications schedule, and *Exercise and Sport Sciences Reviews (ESSR)* became a quarterly publication. The Media Referral Network was working well and the Member-Get-A-Member program added more members to the College roster. Membership rose from 16,225 in 1995 to 18,000 in 2001 and reached an all-time high of 19,618 in 2002. Along with ACSM's growing online presence came the *ACSM Fit Society*[®] Page, posted on the College's Web site expressly for the general public interested in



topics including health, nutrition, exercise tips and techniques, performance issues, and safety.

A renewed focus on scientific leadership began in 2002 as did the realization that more emphasis needed to be placed upon behavioral science as related to physical activity. The Sixth ACSM Health & Fitness Summit & Exposition was held and the Committee on Certification & Registry developed partnerships with faculty and administrators of academic institutions to standardize the curricular knowledge base necessary for certification for health and fitness and clinical science professionals. For physicians, International Team Physician Courses were held and *Current Sports Medicine Reports* began bimonthly publication under the sponsorship of ACSM and Current Science, Inc. The College was in the news on a regular basis and continued to play a significant role in major public health issues such as Healthy People 2010 and the promotion of physical activity among older adults. ACSM's 49th Annual Meeting in 2002 in St. Louis was held in conjunction with the Sixth IOC World Congress of Sport Sciences and further introduced the College, its members, and its work to a larger worldwide audience composed of attendees from more than 60 countries. ACSM's role in the two nationwide trends of increasing national awareness of the health-related benefits of physical activity and increasing the visibility of prominent health- and exercise-related research topics was well established by 2003. And, by the time of the College's

W. Larry Kenney, Ph.D., FACSM, ACSM
President addresses 50th Annual Meeting
attendees, during the awards banquet, 2003.



American College of Sports Medicine

50th Annual Meeting in San Francisco that year, ACSM was well on its way to obtaining by the year 2004 the objective established in 1999, to “achieve and then sustain throughout the 21st century preeminence as the national and international leader in all aspects of exercise science and sports medicine to improve health, performance, fitness, health-care, and well-being of all people.”

Epilogue

ACSM was founded by individuals representing disparate disciplines and has continued to be a model organization for attracting and retaining professionals from a wide spectrum of fields. Over the years, College members and Fellows have worked together in a coordinated effort for the good of the whole organization. In addition, sports medicine itself defies definition as a specific discipline. Instead, it represents a convergence of different fields in a common focus.

The founders and charter members of ACSM were keenly aware that the distinguishing feature of health problems was their association with habits and lifestyle, particularly stress, smoking, poor nutrition, and lack of exercise. They also believed prevention rather than treatment showed more potential for success, and that if prevention were to be effective, it had to begin at a young age. Consequently, ACSM and its membership were at the forefront of a surge in health-related exercise research.

ACSM has been part of an interesting trend in the history of medicine: the popularization of medicine by translating “high-culture” science and technical knowledge into “low-culture” practical advice. This idea of instructing lay people how to treat their injuries and illnesses and, more important in the case of ACSM, teaching them how to preserve themselves from sickness by obeying the “laws of health,” has a long history in Western civilization. In particular, ACSM has excelled in the medical science of exercise and helped transform popular culture's traditional perceptions of health. In addition, the College has participated actively in the debunking of widely held myths relating to sports and exercise. Specifically, ACSM played a significant role in eradicating unsubstan-

tiated claims that women were not capable of competing in sports demanding high levels of speed, strength, and endurance.

As ACSM's membership grew and diversified, medical personnel desirous of preventing and treating sports-related injuries joined the College. This new direction paralleled the emergence of leisure time activities for the average person as well as the increased needs of the high-level athlete. Because of sport's inherent nature, the natural inclination was to investigate optimal techniques for maximum performance and the most efficient training regimens. Along with rigorous training and superior performance, however, came an increased risk of injury. At the same time, physicians began to promote physical activity in a noncompetitive sense. This trend continued as evidence of the health benefits of regular exercise accumulated. As more studies determined the value of exercise in preventing or controlling coronary artery disease, hypertension, and obesity, among others, medical advocacy increased and more people began to run, swim, bicycle, jog, or participate in recreational sports for the fun or perceived health benefits of it.

ACSM's history is a story of organizational adaptability in an age of specialization and subspecialization. The College has had a balanced leadership, has maintained its stability, has continued to grow, and is the recognized authority in the field. ACSM is an example of a well-managed voluntary association with an effective combination of paid staff and volunteers. Accordingly, the College has had a major impact on policy. Similar associations seldom have the organizational ability and unanimity to implement the information and ideas necessary for change. Throughout its history, however, ACSM has been the recognized authority on issues in sports medicine and exercise science through its position stands, opinion statements, certifications, journal, books, newsletter, lecture tours, conferences, media education, clinical programs, and Annual Meetings. More than any other professional association, ACSM has been a pioneer in advocating the importance and necessity of the study of exercise and its many ramifications.

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**ACSM Team Physician,SM
Course, Part I**
February 26-29, 2004
Las Vegas, Nevada

**ACSM's Health & Fitness
Summit & Exposition**
April 14-17, 2004
Orlando, Florida

ACSM's 51st Annual Meeting
June 2-5, 2004
Indianapolis, Indiana



1954 - 2004
**AMERICAN COLLEGE
of SPORTS MEDICINE**



A CHRONOLOGY OF SIGNIFICANT ACSM EVENTS

As described by Jack W. Berryman, Ph.D., FACSMM, ACSM Historian

1950s

April 22, 1954

Founding meeting in New York City during annual meeting of the American Association for Health, Physical Education, and Recreation (AAHPER); originally called the Federation of Sports Medicine. General Assembly of Federation Internationale Medico Sportive (FIMS) votes to invite the "American Chapter of FIMS" and its President, Joseph B. Wolfe, M.D. for membership.



Louis Bishop, M.D., and Joseph B. Wolfe, M.D., ACSM's second and first presidents, 1958.

Photo courtesy of Rutgers University, Bishop Scrapbooks.

1960s

July 1, 1961

Grover W. Mueller, M.S., becomes the first Executive Secretary and establishes first permanent ACSM office at 4840 Pine Street in Philadelphia.



Warren Guilk, M.D., Robert Clark, M.D., jog at ACSM's Annual Meeting, in Dallas, 1965.

July 1, 1965

Henry J. Montoyo resigns as Executive Secretary; Administrative Council. Approves moving the National Office from Ann Arbor to the University of Wisconsin at Madison, and approves the hiring of part-time Assistant Secretary Donald Herrmann for ACSM President Bruno Balke, M.D., a faculty member at Wisconsin.

March, 1969

ACSM publishes its first issue of the College's official journal, *Medicine and Science in Sports*; Bruno Balke, M.D., is editor-in-chief.



ACSM central office, University of Wisconsin Camp Randall football stadium, 1967.

1970s

Spring, 1975

Medicine and Science in Sports publishes College's first Position Statement on "Prevention of Heat Injuries During Distance Running;" also published in *The Physician and Sportsmedicine and Sports Medicine Bulletin*.

June 25-29, 1975

ACSM conducts first Exercise Program Director's Certification Conference at Penn State University; 35 individuals become ACSM's first Certified Program Directors.

April, 1979

ACSM assumes responsibility for the publication of *Exercise and Sport Sciences Reviews*.



Conference on ACSM Exercise Testing and Exercise Prescription Guidelines Implementation, Aspen, CO, 1974.

1980s

December 15, 1983

ACSM conducts official ground-breaking ceremonies for the National Center at 401 West Michigan Street, Indianapolis.

March 19-24, 1989

ACSM conducts Part I of the three-part ACSM Team PhysicianSM Course in Orlando.



National center groundbreaking ceremony, Indianapolis, December 15, 1983. Left to right: Mayor William H. Hudnut III, ACSM President William L. Haskell, Ph.D., FACSMM, and ACSM Executive Director John A. Miller.

1990s

1994-1996

ACSM jointly works with the U.S. Centers for Disease Control and Prevention in the development of *Physical Activity and Health: A Report of the Surgeon General*.

April 17-20, 1997

ACSM holds first ACSM's Health & Fitness Summit & Exposition in New Orleans.



"Bridging the gap between science and practice" at ACSM's first Health & Fitness Summit & Exposition, 1997.

2000s

2001-2004

ACSM influences world health, through its role with the Active Aging Partnership/National Blueprint, NASCAR, Wheaties, Musculoskeletal Partnership, youth initiatives, and obesity initiatives.



W. Larry Kenney, Ph.D., FACSMM, ACSM President, and Executive Vice President James R. Whitehead at the 2003 Board Meeting, held in San Francisco.

June, 2002

49th Annual Meeting in St. Louis held in conjunction with the Sixth IOC World Congress of Sport Sciences.



Lawrence A. Golding, Ph.D., FACSMM, Surgeon General David Satcher, M.D., Ph.D., and ACSM Executive Vice President James R. Whitehead at the 2001 ACSM Health & Fitness Summit & Exposition.

ACSM — Celebrating 50 Years of Science and Medicine



Indianapolis — ACSM's world headquarters.

ACSM Mission:

Advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine.

