

# EIM Emerging Leader



**Name:** Allison (Ally) Bowersock, PhD



**Background:**

BS in Allied Health Sciences & Nutrition/Wellness (double major),  
(Bridgewater College)

MS in Kinesiology with an Exercise Physiology concentration (James Madison University)

PhD in Education, Curriculum and Instruction, cognate in Health Promotion  
(Virginia Tech University)

***What is your current work position and title?***

Director and Assistant Professor of the Health and Exercise Science program at Jefferson College of Health Sciences in Roanoke, VA.

***How and when was your interest in EIM initially sparked?***

While I have intrinsically appreciated the idea that exercise is medicine for many years, my interest in EIM as a research focus was sparked by a conversation with a colleague when I first started teaching and I was just beginning my doctoral studies. My colleague mentioned her physician had recommended blood pressure medication for her after an annual checkup with no discussion of lifestyle habits contributing to or detracting from her current health status. To me, this was shocking - why not FIRST ask about lifestyle behaviors before then resorting to pharmaceutical intervention? I started searching the literature to further determine what physicians are taught in medical school and residency about exercise prescription and health promotion. This search evolved into my dissertation topic and now the foundation of my research program!

***How has EIM impacted you personally and/or professionally to date? What type of EIM related activities have you been involved with to this point in your career?***

Professionally, I have been fortunate to partner with many passionate and caring educators and medical professionals both through my academic institution (Jefferson College of Health Sciences), as well as our parent company, Carilion Clinic, to provide continuing education presentations along the lines of exercise is medicine for a variety of audiences. I have presented several community lectures on the benefits of physical activity for women and older adults, and I have presented exercise prescription talks for groups of residents and physicians at both academic half-day meetings, as well as hospital grand rounds. Recently, I received a dual appointment at the Virginia Tech Carilion School of Medicine, an affiliate of our Carilion Clinic hospital organization, and am currently working on curriculum revisions with a few similarly passionate educators eager to implement exercise prescription knowledge throughout undergraduate and graduate medical education.

***How do you plan on promoting and advancing EIM as an Emerging Leader in the future?***

My hope is that my involvement with the EIM movement not only initiates positive change in my regional community but that it also helps lay a foundation for changes in medical education as well as innovative job opportunities for exercise science and health promotion professionals. First, my work thus far on EIM as a research topic has highlighted the disparity between what physicians are expected to do and what they are taught, therefore changes at one or both “ends” of this paradigm must change in order to bridge-the-gap. Ideally, medical schools will require some form of basic exercise physiology and prescription knowledge and medical offices/organizations will embed the tools needed for providers to make physical activity counseling and prescription both easy and efficient. Part of this vision, for me, would be the transition from the physical activity vital sign (PAVS) to something of a novelty in a handful of organizations to a standard operating procedure in all systems and settings just like checking heart rate and blood pressure.

Secondly, I hope my involvement with the EIM initiative helps community champions identify innovative new career opportunities for exercise and health promotion professionals. It is clear that educating physicians on basic exercise prescription knowledge helps address one element of the “problem”. Perhaps the more urgent aspect of the physical activity counseling dynamic is to employ knowledgeable referral sources for medical providers who are both accessible and capable of spending the extra time to provide further details to patients on adopting healthy lifestyle behaviors. This is already being accomplished in a variety of ways, from educating nurses and care coordinators at medical offices to hiring exercise physiologists, dieticians, and personal trainers under the same roof as referring medical providers. Thus, my hope would be to further advocate the need for such referral sources either through training existing staff or hiring new staff in innovative new roles (i.e. exercise “prescriptionist”) at any facility where individuals and families seek medical care in outpatient settings.

