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

The Founding ................................................................. 1
The Formative and Transitional Years, 1955–1963 .................. 2
Expansion, Professionalization, and Recognition, 1975–1985 .... 4
Epilogue ........................................................................... 9

About Jack W. Berryman

Jack W. Berryman, Ph.D., FACSM, is a professor in the Department of Medical History and Ethics in the School of Medicine at the University of Washington, where his teaching and research cover a wide spectrum of issues related to the history and evolution of sports medicine and exercise science. He has woven many professional interests—history, physical activity, health and sports—into his writings.

A historian of sport and physical culture since 1971, Dr. Berryman is the official historian of the American College of Sports Medicine (ACSM).
The American College of Sports Medicine: 50 Years of Progress and Service, 1954–2004

Jack W. Berryman, Ph.D., FACSM
Department of Medical History and Ethics
University of Washington School of Medicine, Seattle, Washington

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 Wolfe, M.D. All three were practicing cardiologists.

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 Wolfe, 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 Medicine 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 International 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
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 possibly 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 College 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 sick bed 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
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 FACSM designation was not in regular use until 1981.

Reorganization, Formalization, and Growth, 1964–1974

Allan Ryan, M.D., FACSM, 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., FACSM, 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 Don ald Herrmann, FACSM, as a part-time 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 Knuttnen, 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 Knuttnen’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., FACS, 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® 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., FACS, 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.
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 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 status 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 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 Course, 1991. 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.

The prognosis for ACSM’s future into the new millennium was established early in 1993 when President Russell Pate, Ph.D., FACS, 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 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-
Annual Meeting

Medicine Review

4,700 at the 43rd Annual Meeting in
2,700 attending the 1990 meeting to
overall membership growth going from

of Sports Medicine,

publication of

team physicians was furthered with the
members. The College’s commitment to
Health, also the result of the planning,
Physical Activity and Cardiovascular

census Development Conference on

many ACSM members authored signifi-

Blair, P.E.D., FACSM, was the senior sci-

and Health: A Report of the Surgeon

JAMA

publications schedule, and

ACSM's Essentials

were implemented to “bring cutting-

ACSM’s Health & Fitness

video, Guidelines for Youth Soccer

were "to create a consensus statement

ACSM's Fit Society® Page,

educational strategies based on this
statement." The College’s flagship jour-

and 5,377 in Seattle in 1999. One high-

were "to create a consensus statement

ACSMB® became the top-rated peer-

journals 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 Strate-
gic Plan for 2000–2004 and Beyond,
and Whitehead’s goal of ensuring “syn-

ergy 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 Physi-
cian 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 express-
ly for the general public interested in

editions. 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 Med-
icine (AOSSM) to present the first
Advanced Team Physician Course,
ACSM began leading the Joint Commiss-
on Sports Medicine and Science,

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 & Fit-
ness Journal® was started,

and in April 1997, the first ACSM
Health & Fitness Summit and Exposi-
tion was held in New Orleans. Both
were implemented to “bring cutting-

ege 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

and Exercise Science, produced
Ready, Set, Play! ACSM’s Safety
Guidelines for Youth Soccer
video,

begun the regular publication of “Cur-

tions and 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 profes-

ional 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 con-
tributions. 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 high-
light of the 1998 meetings was a collo-
quim 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 respon-
sibilities of a team physician, to create
a plan to disseminate that information to
all appropriate audiences, and to create

As the health and fitness industry

American College of Sports Medicine
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 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, healthcare, and well-being of all people.”

**Epilogue**

ACSM was founded by individuals representing disparate disciplines and has continued to 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 defines discipline 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 unsubstantiated 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.
ACSM Officers
June 2003–June 2004

W. Larry Kenney, Ph.D.
President
Pennsylvania State University
University Park, Pennsylvania

William O. Roberts, M.D.
President-elect
University of Minnesota
Minneapolis, Minnesota

Edward T. Hensley, Ph.D.
Past President
University of Tennessee
Knoxville, Tennessee

Susan J. Hall, Ph.D.
First Vice President
University of Delaware
Newark, Delaware

Richard G. Iskenderian, Ed.D.
Fifth Vice President
Colorado State University
Fort Collins, Colorado

J. Larry Durstine, Ph.D.
Second Vice President
The University of South Carolina
Columbia, South Carolina

Linda S. Pescephalo, Ph.D.
Second Vice President
University of Connecticut
Storrs, Connecticut

William L. Haskell, Ph.D.
Treasurer
Stanford University
Palo Alto, California

James R. Whitehead
Executive Vice President
ACSM National Center
Indianapolis, Indiana

Street Address
401 W. Michigan St.
Indianapolis, IN
46202-5333 USA

Mailing Address
PO. Box 1440
Indianapolis, IN
46206-1440 USA

Telephone (317) 637-9200
Fax (317) 634-7917

Web Site: www.acsm.org
Federal I.D. Number: 22-6300952

ACSM Team Physician, 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

A CHRONOLOGY OF SIGNIFICANT ACSM EVENTS

As described by Jack W. Berryman, Ph.D., FACSM, 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 Internacional de Medicina Deportiva (FIMD) votes to invite the American Chapter of FIMD and its President, Joseph W. Wolff, M.D., for membership.

1960s
July 1, 1961
Grover W. Mouler, M.S., becomes the first Executive Secretary and establishes the first permanent ACSM office at 4661 Pine Street in Philadelphia.

July 1, 1965
Henry J. Montoye 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 Bakeo, 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.

1970s
Spring, 1976

June 25-26, 1976
ACSM conducts first Exercise Program Director’s Certification Conference in 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.

1980s
December 15, 1983
ACSM conducts official groundbreaking 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 Physician Course in Orlando.

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 hosts its first Health & Fitness Summit & Exposition in New Orleans.

2000s
June 2002
ACSM hosts its 49th Annual Meeting in St. Louis held in conjunction with the 9th IOC World Congress of Sport Sciences.

2004
ACSM Mission:
Advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine.

ACSM Officers — Celebrating 60 Years of Science and Medicine