Meet Your Candidate
2022 ACSM Board of Trustees Election

YOUR VOTE MAKES A DIFFERENCE!

To receive voting rights, you must be a current member of ACSM on January 3, 2022.
Cast your vote between February 1-25, 2022.

President-elect Candidate

Irene Davis,
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Tampa, FL

1. Please list your previous service to ACSM.

I have been an active member of the American College of Sports Medicine since 1987. During the past 30 years, I have authored/coauthored over 100 ACSM podium/poster presentations, organized/presented over 20 symposia, and given keynote lectures at three ACSM regional meetings. I have also presented at the Advanced Team Physician’s Meeting. I became a Fellow in 2001, co-chaired the Biomechanics Interest Group (largest ACSM interest) from 2005-08 and then served as chair from 2008-09. During this time, I led an initiative to solicit outside funding from vendors to support student travel and research awards, along with a career award. I have served on the ACSM Program Committee for numerous years, including two terms as the Biomechanics Topic Representative. It has been an extremely rewarding experience to serve on this committee whose product is a strong, well-balanced scientific and clinical program. I have served on the ACSM Board of Trustees and as an ad hoc member on several ACSM committees. I also currently serve on the Strategic Planning, Honors and Awards, and Budget and Finance committees, as well as on the Administrative Council. I have been a reviewer for MSSE throughout my career and am currently an associate editor. Additionally, I was a member of a working group focused on developing an EIM partnership with the American Physical Therapy Association. Lastly, I have been an abstract reviewer, session moderator and a student mentor many times throughout my years with ACSM.

2. What is ACSM’s greatest strength and how would you make that aspect of the organization even stronger?

One of ACSM’s greatest strengths is being a global leader in the science of exercise and its role in overall health and fitness. I believe this is due, in large part, to the interdisciplinary expertise of our membership. We are comprised of both basic and applied scientists, as well as practicing clinicians, educators and certified health and fitness professionals. However, we are unified in being focused on maintaining and enhancing physical performance, fitness, health and quality of life. As the largest and most diverse exercise and sports medicine organization in the world, ACSM has the opportunity to impact global health and fitness in a very significant way. Exercise is a powerful prophylactic of disease and disability. Our signature program, Exercise is Medicine™ (EIM), is an excellent example of ACSM’s global promotion of physical activity. However, I believe we can further increase our national and international reach. I will work to strengthen our national and international partnerships with other organizations focused on physical activity and health. One exciting opportunity is with the newly formed Physical Activity Alliance. This organization’s missions related to education, research and policy overlap with those of ACSM, making it an ideal collaborator. Whenever possible, we will offer our organizational expertise to help support their mission. Finally, I will advocate for federal funding focused on physical activity as a preventative measure against disability, with the goal of providing our members more opportunities to conduct this important research.

3. What is a second area of ACSM that you would like for the College to make additional progress, and how could that best be done?

ACSM’s diverse membership is clearly one of its strengths. However, this diversity can also lead to competing needs for resources to support various programs and agendas. Strategic planning is essential. ACSM made great strides recently in developing a process for prioritizing and advancing strategic initiatives that engages all relevant stakeholders. ACSM has identified seven pillars of the organization (membership/certification, education, integration, stewardship, science/research, medicine, advocacy). Each pillar is critical to ACSM’s overall mission and success. With this important groundwork laid, I would work to ensure that we
4. What would be your first strategic priority as President of ACSM

There is no application of Exercise is Medicine that is more important than the application to our children. We are now seeing the negative effects that inactivity is having on our children, and consequently, our future. Today’s children are more anxious, obese, depressed, on psychotropic drugs... and unfit than ever before.

I believe ACSM is ideally positioned to lead the advocacy of childhood fitness, as fit children lead to fit adults. As president, I would work to bring together our individual efforts within ACSM under one initiative of childhood fitness so that we maximize our resources and unify our strategy. This would include advocating/lobbying, through our government relations liaison and other outside relevant groups, for all states to require recess and physical education in our schools. Additionally, I would work with ongoing programs within and outside of ACSM to promote school activity programs such as walking or biking together to school. I would support campaigns to encourage parents to limit daily screen time for their children. Healthy exercise habits that begin in our youth can have a significant impact on the health and security of our society. The Department of Defense recently declared the poor fitness level of military age males as a national security issue as 75% of those males are unfit to enter the military.

Fifty years ago, with very simple equipment, a coach at La Sierra High School developed a program that wholly transformed the physical fitness of a generation of students. This program spread to 4,000 schools, but eventually faded with the progressive reduction in physical activity at school. We need to bring this type of physical activity back to our children to protect their health and that of our future society.

5. As is true for essentially all organizations, COVID-19 has been an ongoing topic of discussion that has dominated many ACSM leadership meetings over the past two years and something our members contend with on a daily basis in their professional lives. This has been a particular challenge with regard to ACSM’s budget strategies as well as the significant implications for all live and/or in-person ACSM professional and committee meetings. Given the current situation is likely to continue for the foreseeable future, please share your view of appropriate policies and actions by ACSM. For example, what are your opinions on vaccine mandates, testing, mask requirements, social distancing, and decisions about virtual versus in-person meetings; again, this question relates to everything including Committee meetings, Annual Meetings and/or any other education events where members gather. Additionally, what leadership strategies would you employ to help ACSM continue to navigate these ongoing challenges?

COVID-19 has presented a significant challenge to the operations of ACSM. In particular, this has influenced decisions regarding in-person meetings, including our annual meetings, as well as committee meetings. With all that we have learned, we are in a very different place than we were two years ago. We now have more evidence to guide our decisions and policies. There is evidence that masks help, but that N-95 masks are the most effective. We have learned that it is those (both children and adults) with co-morbidities who are at the greatest risk, and in most need of protection. We also know that having COVID confers a natural immunity that in itself, can be protective.

We have learned that, despite our best efforts with vaccines, individuals can still contract and spread the virus. Therefore, the only way to know if someone currently has COVID is through testing. Given the ongoing question of vaccine efficacy, the evidence of increased vaccine risk in some populations, and the recent Supreme Court ruling, I believe individuals should be given the choice of whether to be vaccinated or not. However, while we are in these COVID spike times, I believe we should require testing prior to in-person meetings and require use of N-95 masking for indoor gatherings. As a leader, I would not make these decisions alone. Rather, they would be made by consensus among the leadership team after consideration of all of the needed evidence.

6. ACSM works closely with many other organizations, including associations, companies, philanthropies, and governmental agencies. Indicate those organizations/companies/agents for which you play an advisory, consulting, or leadership role.

I am an active member in the American Society of Biomechanics (ASB), having served on the executive board and as president-elect, president and past president from 2007-2010. I am also an active member of the American Physical Therapy Association (APTA) and have been serving in a work group to develop an EIM partnership with the APTA. I am currently a Fellow in both ASB and APTA.

Thank you for the honor of this nomination, and if elected as your president, I pledge to work diligently to serve ACSM.