Dietary supplements are a growing multi-billion dollar industry and are used for health, performance, and disease prevention reasons. However, due to a lack of FDA regulation, there are concerns with the safety and efficacy of many dietary supplements. Exercise professionals and personal trainers are in a position to educate the public on dietary supplements; however, it is unknown how exercise professionals and personal trainers approach this topic personally and professionally. The purpose of this study is to better understand behaviors and attitudes of personal trainers with respect to dietary supplements.

Dietary supplements are defined by the 1994 Dietary Supplement Health and Education Act (DSHEA) as: “a product (other than tobacco) intended to supplement the diet that bears or contains one or more of the following ingredients: a vitamin, a mineral, an herb or other botanical, an amino acid, a dietary substance for use by man to supplement the diet by increasing the total daily intake, or a concentrate, metabolite, constituent, extract, or combinations of these ingredients” and “are intended for ingestion in pill, capsule, or liquid form, cannot be represented for use as a conventional food or as the sole item of a meal or diet, and must be labeled as a ‘dietary supplement’” (USFDA, 2010).

The first step of this research was to create an instrument by conducting a literature review on supplements in the personal training profession and a review of existing instruments. The instrument included demographics, questions relating to both personal and professional behaviors, and attitudes toward dietary supplements. Once the instrument was created, it was pilot tested on a group of 5 personal trainers and fitness experts, revised, then disseminated to a larger sample. The survey was posted online and shared though social media and personal training forums and websites. Results of the survey were analyzed using SPSS 22.0.

The ages of participants (n=19) ranged from 22 to 60 with M = 34.11 and SD = 10.4 (47.6% female and 42.9% male). The number of years of experience ranged from 8 months to 10 years (M = 5.17 years). The majority had a college education (some college n=2, bachelor’s n=9, master’s n=8). The majority (n=13) had a degree in Exercise Science and 57% said that they had college courses that discussed topics related to dietary supplements (M=13.31 hours of instruction). The majority (84%) had at least one nationally recognized certification (32% had 2 or more). Of the participants, 16 currently take supplements, 2 have taken them in the past, and 1 did not take them at all. Major sources of information were scientific journals (11), internet (9), friend recommendations (8), textbooks (7), and college courses (6). When asked about supplements with their clients, 13 responded that they never or seldom recommend or prescribe supplements. There were 6 who currently sell supplements. The most cited reasons for not recommending supplements were that it is out of their scope of practice and that supplements aren’t necessary.

The majority (n=16) of trainers said they currently take supplements however thirteen said they never or seldom recommend/prescribe to them to clients. Although their personal behavior reflects the use of supplements, they may be more conservative when it comes to recommending them to clients. This could be due to the trainer’s perceived scope of practice, lack of necessity, and fear of legal repercussions.

Trainees were asked what type of supplements they personally consumed and the three top categories included protein, vitamins/minerals, and preworkouts. These categories were also among the top rated in knowledge, safety, and effectiveness. Personal trainers may use personal experience and anecdotal evidence as a way to determine which supplements are most appropriate for themselves and their clients.

Overall, this group of personal trainers was educated and the majority held one or more certifications. There is a need to sample a variety of trainers including those who do not hold certifications or have health-related degrees. The social media posts were on certification specific sites and there was difficulty posting on forums that had a wider audience of personal trainers. Future posts should focus on general personal trainer sites and forums.

The small sample size does not allow for generalizations in this population. This is an ongoing project and this sample should be viewed as preliminary data.

REFERENCES

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