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**Letter from the Editor: Time to Reconnect**

*Linda K. Hall, PhD*

This October 18-21, AACVPR will celebrate its 22nd Annual Meeting. For me, this represents 22 years of a rich history of the organization -- from the first meeting in Texas to the most recent meeting last year in West Virginia. It is interesting and gratifying to see how the thrust of the goals of AACVPR has broadened. We are working in Washington on policy issues, engaging the international community, and creating partnerships with other organizations -- AHA, ACSM, DMAA, ACCP, EACPR, and ATS to name a few. We have grown our membership and the number of sponsors who support our mission.

Those have been an important part of my meeting attendance, added to the ability to learn new techniques, new methodologies, and new pedagogy. Remember that in 1985, stents were not a vocabulary word, but PTCA and bypass were all the rage. Now we have all kinds of stents, closed chest surgeries, and new procedures appearing daily. Your attendance at the Annual Meeting brings new information, new ideas, and new opportunity for personal, professional, and program growth.

None of the above, however, is the number one reason why I send in my registration, buy my airline ticket, reserve a room at a hotel, and buy a banquet ticket. It's the people who come! It's the renewing of acquaintances! It's seeing the grad students I worked with at La Crosse, Pittsburgh, Memphis, and Southern Miss! It's seeing the people I worked with in all of the programs I was involved with and finding out what they are doing, how they have grown, and what they have changed in their lives. Each year brings new excitement for me as I reconnect with professionals and friends who have enriched my life and my work experience.

So, find a goal or an objective for you to achieve at this year’s meeting:

- New ideas and processes for patient management
- New management techniques
- Diet management
- Reimbursement
- People watching, meeting, making new friends
- Building your professional board of directors

Make your reservations, send in your registration, and bring along a lot of business cards. You should meet at least five new professionals with whom you can exchange stories on success and failures.

**Executive Director's Corner: Related by Association**

*Marie Bass, MS, CAE*

Much has been written about relationships; in fact, we've had a number of articles in *AACVPR News & Views* on that topic. Relationships come in all varieties and forms -- our family, our co-workers, our church, and our community. All links between people, organizations, and groups are "related" in some way.

AACVPR is no exception. Over the years, our association has developed and fostered many valuable relationships. Of greatest importance is the relationship it has with its members. The leadership makes sure that our communications and educational content provide value and relevant information to members. AACVPR has made a focused effort to partner with, support, and connect the Affiliate organizations -- they form the “grass roots” of this fine organization. Leaders from the Affiliate organizations will be invited to participate in the Second Affiliate Leadership Forum in Chicago, November 15-16, 2007.

AACVPR partners with other mission-related organizations. Did you ever wonder why you receive a copy of *US Cardiology* or *US Respiratory Care journals*? It is because AACVPR has a relationship with a publisher in the United Kingdom, who allows us to send the journals to our members. Many of our leaders have been highlighted in that international journal. We partner with other organizations and highlight other educational opportunities -- PCNA, American Lung Association, and American Heart Association programs to name just a few. In many cases, we are able to help AACVPR members learn about complimentary or discounted meetings with our partnering organizations. The American Nurses Association Cardiovascular Nursing Review Course, to be presented in Salt Lake City, is one such example. Writing groups of the AACVPR author joint guidelines and publications with the American Heart Association, American College of Cardiology, and a host of others.

AACVPR also has relationships with our corporate partners, who provide us with resources to develop valuable and non-biased educational programming and research. We are grateful to our corporate partners for their support of this fine organization. Watch for future announcements about new member benefits and opportunities.

AACVPR is your resource for the most relevant, cutting-edge information in the field of cardiac and pulmonary rehabilitation. I invite you to take advantage of all that AACVPR has to offer.
AACVPR 22nd Annual Meeting

Join Us in Salt Lake City, October 18-21!
Register by this Friday, September 14th to take advantage of the early registration discount.

Online registration is now open: [http://www.aacvpr.org/2007am_reglive.htm](http://www.aacvpr.org/2007am_reglive.htm)
Reconnect with old friends, meet new associates, and learn about new techniques, health care advances, and products. More than 1,200 cardiovascular and rehabilitation professionals will be in Salt Lake City for the AACVPR 22nd Annual Meeting, October 18–21, 2007...
Shouldn’t YOU be there, too?

New this year: The Program Committee has developed a series of four program “tracks” to help attendees select educational sessions that meet their needs in specific disciplines or career paths. Focus your learning in one of four tracks, or mix and match to better help you choose sessions to meet your particular needs. The AACVPR Program Planning Committee has developed the following series of tracks:

1. Clinical Cardiology/Cardiac Rehabilitation
2. Pulmonary Medicine/Pulmonary Rehabilitation
3. Leadership and Innovation
4. Nutrition and Behavior Change

Keynote Lectures by some of the leaders in the field:
*Rehabilitation Meets Aging: Challenges and Pitfalls:* Thomas M. Gill, MD
*Town Meeting: Reimbursement and Legislative Issues:* Phillip Porte, Legislative Analyst
*The Passion of Leadership:* Henry S. Givray, MBA

Reserve your room now! Space at the conference hotel is limited.

Remember to Submit Your Photos!

The collection of photos that were shown during last year’s Annual Meeting were so well received that we have decided to do something similar for this year’s meeting. Please send photos taken during affiliate society meetings and conferences or photos of staff and patients during exercise, education, or even social events. We will compile all photos submitted, and they will be shown during the course of the Annual Meeting. Please e-mail all photos to Tracy Herrewig at therrewi@affinityhealth.org.

Credentialing Opportunity

_Cardiac/Vascular Nursing Review Course -- October 17, 2007 -- Salt Lake City_
Do you want to climb your hospital’s clinical ladder? Do you need additional credentials to get there? Here’s your opportunity to acknowledge your expertise. Take the ANCC Cardiac/Vascular Review Course for a thorough review to enhance your nursing practice and prepare you for the ANCC Cardiac/Vascular Nursing Certification Exam.

A special opportunity beckons: The Cardiac/Vascular Nursing Review Course will be presented on October 17 in Salt Lake City, the day before the AACVPR Annual Meeting. AACVPR has collaborated with the American Nurses Credentialing Center (ANCC) to provide a review course for nurses interested in becoming certified as a Cardiac/Vascular Nurse (RN,BC). All RNs are eligible, regardless of basic nursing credential (AD, Diploma, BS, BSN, MSN). You do not have to have many, many years of CV nursing before qualifying -- this exam is written for nurses who have just 2 years of experience or more.

This opportunity is open to all nurses working in non-acute cardiac settings (cardiac rehab, cardiac diagnostics, cardiology offices, telemetry units, etc). The purpose of this cardiovascular review course is to help:

- Prepare to take the CV exam and help assess if you’re ready or not.
- Update knowledge of broader aspects of cardiovascular care than your immediate job.
- Collect required CEUs toward clinical ladder, recertification, or other nursing-approved continuing education activities (7.5 contact hours will be awarded).

As a co-host, **AACVPR has arranged a reduced price of $155 plus a 10% discount** for the Cardiac Vascular Review and Resource Manual. [CLICK HERE](http://www.aacvpr.org) to register and click on “Certification and Renewals,” then “Review Preparation Resources.” Participants will receive a program book with about 300 slides. For further information, visit the [Web site](http://www.aacvpr.org) or call Joanne Evans at the ANCC at **301-628-5053**.
**Board of Directors Announcement**

The leadership of the AACVPR is proud to present the 2007-2008 Board of Directors. A summary of each candidate's biographical information, contributions to AACVPR, and a brief personal statement can be viewed by clicking here. The 2007-08 Board of Directors will begin their term immediately following the 22nd Annual Meeting in Salt Lake City, Utah.

**President-Elect:**
Murray Low, Ed.D, FAACVPR, FACSM

**Treasurer:**
G. Curt Meyer, MS, FAACVPR, FACHE

**Directors:**
Randal Thomas, MD, MS, FACP, FAHA
Richard Josephson, MD, MS, FAACVPR
Mark Senn, PhD, FAACVPR
Debra Lund, MS, FAACVPR

**Director-At-Large:**
Leonard. A. Kaminsky, Ph.D., FACSM

Continuing to serve on the AACVPR Board are the following incumbents:

**President:**
Larry Hamm, PhD, FAACVPR

**Immediate Past President:**
Jody Heggestad Hereford, BSN, MS, FAACVPR

**Secretary:**
Terri Merritt-Worden, MS, FAACVPR

**Directors:**
Bryan Finn, MBA, FAACVPR
Chris Garvey, FNP, MSN, MPA, AE-C, FAACVPR

Thank you to all AACVPR members who nominated potential candidates, the Nominating Committee for their recommendation of a fine slate of candidates, and the individuals who will serve on the 2007-08 Board of Directors. We need talented individuals willing to contribute their time and energy to AACVPR leadership, and we are convinced that the slate of candidates will yield a strong and visionary Board of Directors.

**Earn CE Credit Online**

AACVPR is thrilled to introduce a new online functionality so you can earn a complimentary Continuing Education credit in the convenience of your home or office! Please have your membership number handy, as you will be directed to the AACVPR "members only" section of the Web site. When you’ve finished viewing the program, complete the brief evaluation to receive your CE credit. CLICK HERE to view the evaluation. Please contact the National Office at aacvpr@aacvpr.org with your comments and questions.

**Understanding & Preventing Venous Thrombosis**

**Earn 1.0 Continuing Education Credit Online!**

Dr. John Heit, MD, presented Understanding & Preventing Venous Thrombosis at the 2006 Annual Meeting in Charleston, WV. This was the Thursday Luncheon Presentation funded by an unrestricted educational credit from sanofi-aventis, US, Inc. If you attended this session at the Annual Meeting, you have already received credit for this program. Objectives of the presentation include:

- Identifying patients at risk for venous thromboembolism (VTE) and estimating the magnitude of risk.
- Understanding pharmacologic and non-pharmacologic methods for VTE prophylaxis.
- Evaluating patients for symptoms and signs of a new deep vein thrombosis or pulmonary embolism and complications of CTE prophylaxis.

**AACVPR Teleconference: Motivating Cardiac and Pulmonary Patients to Enjoy a Taste for Living**

*Presented by Alisa C. Krizan, MS, RD, LD*

*September 20, 2007*

1-2 pm Eastern Time (12 pm Central, 11 am Mountain, 10 am Pacific)

This teleconference will provide the most current information on the Mediterranean Diet, its key holistic components, and ways to enhance our cardiac and pulmonary patients to enjoy and utilize this healthy, natural diet. This research-based presentation will show that people living in the Mediterranean region are among the healthiest in the world. The research also indicates that these individuals demonstrate low rates of chronic diseases, such as cardiac and pulmonary disease, as well as cancer. Daily recommendations will be made to include, not only a variety of healthy foods, but to include other components of healthy lifestyles, such as physical activity. Consumption of a variety of plant sources, including fruits, vegetables, potatoes, whole grains and breads, beans, nuts, and seeds, will be discussed in detail. The teleconference will
conclude with the “take-away” message focusing on the ease of making simple changes in the cardiac and pulmonary diet to improve the individual’s overall health by utilizing plant based foods and minimizing processed foods. Following the presentation, participants will be able to:

- Identify the Mediterranean Diet as a holistic approach to the perfect diet to promote well-being and prevent disease
- Recognize the key components of this diet to motivate cardiac and pulmonary patients in attaining positive outcomes on health, performance and/or state of mind
- List the functional plant based foods that occur naturally in the Mediterranean diet
- Identify the principal monounsaturated fats included and utilized daily to replace current saturated fat
- Discuss minimally processed and seasonally fresh foods to enhance and provide essential nutrient to the cardiac and pulmonary patients

To register for this program, click HERE.

AACVPR Teleconference CDs Now Available!

**Resistance Training: Rationale, Safety, Contraindications, and Prescriptive Guidelines**
Presented by: Barry Franklin, PhD, FAACVPR
This presentation will focus on the role of resistance training in persons with and without cardiovascular disease, with specific reference to health and fitness benefits, rationale, relevant physiologic considerations, and safety. Participation criteria (i.e., applications in varied patient subsets) and prescriptive guidelines will also be discussed, along with recent provocative data showing that muscular strength is inversely associated with all-cause mortality and the prevalence of metabolic syndrome, independent of cardio-respiratory fitness levels. Download the order form at: http://www.aacvpr.org/june07cdorderform.doc.

**Expanding Your Program: Integrating Disease Management into Traditional Cardiac Rehabilitation Programs**
Presented by: Mark Senn, PhD, FAACVPR
Are you looking for ways to expand your Cardiac Rehab program? This teleconference is presented by Mark Senn, PhD, whose program was honored with the 2006 AACVPR Innovation Award. The presentation is designed to offer practical strategies to integrate a disease management model into a traditional cardiac rehabilitation program. At the conclusion of this presentation, participants will be able to identify the importance of a disease management model and its value to a traditional cardiac rehabilitation program. Attendees will become familiar with a model disease management program and will have the necessary tools to implement such a program within their own facilities. Download the order form at: http://www.aacvpr.org/may07cdorderform.doc.

**PAD: Reducing Risk and Staying in Circulation**
AACVPR is working with Stay in Circulation, the first national public awareness program to help Americans learn about peripheral arterial disease (PAD), including how to reduce their risk and the steps they can take to stay in circulation. AACVPR is getting involved in the campaign through a variety of activities in an effort to help our community take steps to learn about PAD to stay active and healthy. For more information CLICK HERE.

PAD is a serious disease, affecting one in 20 Americans over the age of 50 (more than eight million). It occurs when arteries in the legs become clogged with fatty deposits, or plaque. The build-up causes the arteries to harden, a condition known as atherosclerosis. When the arteries in the legs are hardened and clogged, blood flow to the legs and feet is reduced. PAD is commonly seen in the arteries in the legs, but it can affect other arteries outside the heart, including those that lead to the brain, arms, kidneys, and stomach.

PAD is caused by the same risk factors that lead to heart disease. Those at risk include anyone over the age of 50, especially African Americans; those who smoke or have smoked; and those who have diabetes, high blood pressure, high blood cholesterol, or a personal or family history of vascular disease, heart attack, or stroke. PAD is a common and treatable disease that is on the rise among midlife and older Americans. However, it is still largely unknown, often unrecognized, and regarded by many as an inevitable consequence of aging. Many AACVPR members have PAD patients in our programs.

AACVPR Discussion Forum
All AACVPR members have access to the AACVPR Discussion Forum. The Forum allows you to share information with colleagues in related fields regarding many topics relating to cardiac and pulmonary rehabilitation. Access the forum and login in with your AACVPR member ID and password. Once you are linked to the Discussion forum, click “Join” in the upper right-hand corner of your page. You will receive an e-mail with your specific login information to the forum, which differs from your AACVPR member login information. Contact the National Office (aacvpr@aacvpr.org or 312-321-5146) if you have any questions.
Inside the Industry

AACVPR Responds to CMS Pulmonary Rehabilitation Proposed Decision Memo

Karen Lui, MS, RN, FAACVPR
On June 27, 2007, the Centers for Medicare and Medicaid Services (CMS) published a Proposed Coverage Decision Memo for Pulmonary Rehabilitation. In summary, CMS determined that there is sufficient clinical evidence to justify that these services are “reasonable and necessary,” and there is statutory authority to cover pulmonary rehabilitation in a Comprehensive Outpatient Rehabilitation Facility (CORF) setting.

However, in the next paragraph, CMS proposed that there will NOT be a National Coverage Determination (NCD) at this time as a part B benefit. According to CMS, this is due to the lack of an expressly defined statute for pulmonary rehabilitation services within the Social Security Act and what CMS considered a lack of adequate evidence of the benefit of individual components of pulmonary rehabilitation.

It is clear, from the plethora of public comments received by CMS from patients and pulmonary rehabilitation practitioners, that CMS should reconsider this proposed decision.

On July 27, 2007, a joint response was sent to CMS from the AACVPR and partner organizations ATS, ACCP, and NAMDRC. The response clearly illuminates the failing in CMS’ justification for not issuing an NCD, addressing both the category benefit concern and the level of scientific evidence. Particularly impressive is the attachment that follows the body of the letter. This is a superb summary of the research studies to date, adapted from the ACCP/AACVPR Evidence-based Guidelines of 2007 and categorized by outcomes. Special recognition goes to the AACVPR members who helped craft the response, including Gerilynn Connors, Chris Garvey, June Schulz, and Drs. Neil MacIntyre, Andy Ries, and Linda Nici.

Despite the strong message by many, it is unlikely that CMS will reverse their decision. This serves only to underscore the critical need for legislative action through passage of HR 552 and S.329; it is essential to the continued survival of both pulmonary and cardiac rehabilitation services.

Watch for future updates and alerts from AACVPR. It is critical for each member to get involved and provide us the best opportunity to get S 329 and HR 552 signed into law this year. As always, AACVPR will keep you informed of current information related to reimbursement and advocacy efforts.

Educational Opportunities

Pulmonary Arterial Hypertension: Current Approaches and Future Expectations for Clinicians and Patients

Three Events in Six Cities:
October 6, 2007: Dallas, TX; Miami FL
The Continuing Medical Education (CME) course is designed for health care providers who manage patients with or at risk for PAH and has been approved for AMA PRA Category 1 Credit. Each program will also include Pulmonary Hypertension Association and Scleroderma Foundation educational sessions for patients and families
To pre-register for this program, please visiting the Symposium Web site.
For more information visit the PHA Web site.

ACSM Registered Clinical Exercise Physiologist® Workshop & Exam
November 2-3, 2007-- Henry Ford Hospital -- Detroit, Michigan
The American College of Sports Medicine (ACSM) is offering a workshop for the Registered Clinical Exercise Physiologist® (RCEP) exam. ACSM experts prepare you for the most rigorous and well-respected exam in the clinical industry. The workshop is November 2-3, 2007, at the Henry Ford Hospital in Detroit, MI. Sign-up on the ACSM Web site and select “Register.”

The 2007 RCEP application is available online. Minimum requirements include a master’s degree in Exercise Science, Exercise Physiology or Kinesiology and 600 hours of clinical experience.
For more information, talk to ACSM in person at the AACVPR Annual Meeting in Salt Lake City, e-mail certification@acsm.org, or call 317-637-9200 ext. 151.

AAMA Webinar
October 3, 2007
AACVPR has partnered with AAMA to provide you with another great member benefit. You can register for an AAMA webinar at the member price.

Physician Integration: The Potential of Partnership and the Impact of Proposed CMS Regulations
(October 3, 2007 at 1:00 PM ET, 12:00 PM CT, 11:00 AM MT, 10:00 AM PT)
Presented by: Anthony Long, FACHE, FACCA, CAAMA, MBA, Senior Advisor, HeartWorks, Denver, Colorado and Curt J. Chase, JD, MHA,
Review Physician Integration Strategies and Partnership Models favorable between a hospital and its physicians. Options from medical director agreements to fully integrated specialty hospitals will be presented from a practical as well as legal perspective. Discuss the current and recently proposed CMS regulations that may impact each choice. You will take away strategies for initiating dialogue with your potential partners.

To register for this program, click here: http://webinars.aameda.org/. The discount code is: aamadisc.

**PCNA Cardiovascular Risk Reduction Program**

**Various Dates and Locations**

Once again, AACVPR has partnered with the Preventive Care Nursing Association (PCNA) to provide members with access to great programming relevant to all cardiac and pulmonary rehab professionals. Earn 3 credit hours of continuing education (offered through the American Academy of Nurse Practitioners) at a FREE half-day program examining current guidelines in the prevention and treatment of dyslipidemia, hypertension, and diabetes. These practice guidelines, based on national guidelines published by the American Heart Association, JNC 7, ATP III, and the American Diabetes Association, clearly provide interventions and treatment goals proven to reduce risk in individuals with known CVD and increased risk for CVD. Learn how to utilize these guidelines in your practice and improve outcomes for cardiovascular disease prevention. These half-day programs will take place in various locations and dates around the country. Each attendee will receive a complimentary copy of PCNA’s latest publication, National Guidelines for CVD Risk Reduction: A Pocket Guide. Register for a program near you!

**FDA Medicine Tracker**

AACVPR members may find a new Food and Drug Administration (FDA) free resource helpful for patients. The tool “My Medicine Record” can be used to help patients keep track of the medicines they use and make it easier to share this information with their health care providers. The record can be printed out and filled in by hand, or it can be downloaded, filled in, and stored on a computer. Patients can update the record and take it with them for doctors’ visits or to the pharmacy for review. The record can also be sent to the pharmacy or doctor’s office electronically.

**Disease Management Task Force Update**

**Salt Lake City, Here We Come!**

_Terri Merritt-Worden, MS, FAACVPR, Chairperson_

Ready for Salt Lake City? I am! I am very excited about the many incredible sessions that are related to disease management. I wanted to take this opportunity to whet your appetite and highlight a few sessions to ensure that you don’t miss them.

- William (Bill) Popik, MD, is a past medical executive for Aetna and the current President of the Disease Management Association of American (DMAA) and Chief Medical Officer for LifeMasters, a very successful disease management company. I first heard Bill speak last year at a Disease Management Colloquium, when he was the incoming president of DMAA. His talk was so enlightening that I got “writer’s cramp” from taking so many notes. He will share with us his perspective on what needs to happen in the disease management industry to assist in the huge chronic care dilemma the US is now facing. This will be the third consecutive year that there has been representation from DMAA. Come hear what this visionary has to say.

- Brent James, MD is a Salt Lake City local, currently the Executive Director for Intermountain Healthcare’s Institute for Healthcare Delivery Research and Vice President of Medical Research and Continuing Medical Education. He is also adjunct professor at the University of Utah School of Medicine, Department of Family and Preventive Medicine. His very distinguished career includes receiving a National Committee for Quality Assurance (NCQA) Health Quality Award in 2005 as well as being a member of the Institute of Medicine’s Committee on Quality of Health Care in America that published the seminal paper “Crossing the quality chasm: a new health system for the 21st century”. Brent will be tackling the ever controversial subject of “Pay for Performance”. His talk, entitled “Doing Well by Doing Good: Getting Paid for Excellent Patient Outcomes”, will walk attendees through he evolution of pay for performance and how it might affect out-patient rehabilitation and prevention services.

- Linda Hall, PhD and Jean Einerson, MS will be presenting two innovative programs in their Breakout Session “It’s Not Just Rehab–How to Package, Market, and Contract your Services”. In particular, Linda will discuss a contract a hospital negotiated with Medicaid to provide disease management services within the rehabilitation center.

- Don’t miss the Breakout Session for the 2007 Innovation Award Winner and Programs of Merit session to learn about exceptional disease management initiatives that have been implemented at various rehabilitation programs. And be sure to stop by the Meet the Professor session “Cardiopulmonary Rehabilitation: Where’s the Beef and is it Sustainable” to hear about Sustainable Innovation: the 1 Year follow-up from the 2006 Innovation Award Recipients: Mark Senn, PhD and Drew Winslow, MS.

- Finally listen for information about the Disease Management Registry Pilot Project that is commencing. Information about this exciting project will be shared during multiple sessions.

See you in Utah!
**Pulmonary Rehabilitation for Older Adults**
The ACCP/American Heart Association has just released consensus statement on physical activity and public health in older adults. So what do we tell our older adult patients about physical activity? Moderately intense aerobic activity is important for a minimum of 30 minutes 5 days each week, or vigorous-intensity aerobic activity for a minimum of 20 minutes 3 days each week. Flexibility exercises on at least 2 days each week for at least 10 minutes each day and balance exercises are needed to prevent falls, and muscle strengthening activity is important at least 2 nonconsecutive days each week with a resistance (weight) that allows 10-15 repetitions for each exercise PLUS incorporation of risk management… That sounds like the goals of pulmonary rehabilitation! Read the consensus statement: Med Sci Sports Exerc. 2007;39 (8):1435-1445.

**Asthma Management Guidelines**
In the US, 22 million people suffer from asthma -- of which 6.5 million are children younger than 18 years. Death from asthma exacerbations is estimated at 4,000 per year. To aid us in teaching our asthmatic patients when we are treating them, the National Asthma Education and Prevention Program (NAEPP) has released Updated Guidelines for Asthma Management. The guidelines highlight the importance of asthma control, introduce novel strategies to monitor asthma symptoms, and feature an expanded section on childhood asthma. The new guidelines for asthma management focus on four main areas: measures to evaluate and monitor asthma control, patient education outside the health care provider’s office, control of environmental exposures known to trigger or exacerbate asthma symptoms, and pharmacotherapy. This wonderful document is filled with what Pulmonary Rehab professionals need to know, click here for more information.

**Web Sites to Watch**
Sue Keller, BSN, MS
The long-awaited Unstable Angina/Non-ST-Elevation guidelines were just posted online at the American College of Cardiology’s Web site. Cardiac rehabilitation received a class I recommendation (“Cardiac rehabilitation/secondary prevention programs, when available, are recommended for patients with UA/NSTEMI, particularly those with multiple modifiable risk factors and those moderate to high-risk patients in who supervised or monitored exercise training is warranted”). To read more about cardiac rehabilitation in the guidelines, including a section on physical activity, click here.

If you are looking for a recommendation regarding physical activity for your cardiac rehab’s significant other, turn to the AHA’s Recommendation for Physical Activity and Public Health in Older Adults or the AHA’s Updated Recommendation for Physical Activity and Public Health.


If you have any interesting Web sites to share, contact Sue Keller at sakeller2007@comcast.net.

**JCRP Highlights**
Mark A. Williams, PhD, JCRP Editor-In-Chief
The **CONVENTION ISSUE** is highlighted by an exciting announcement regarding the Scientific Impact Factor status of JCRP, the release of the “AACVPR/ACC/AHA Performance Measures on Cardiac Rehabilitation for Referral to and Delivery of Cardiac Rehabilitation/Secondary Prevention Services”, an editorial highlighting the National Heart Lung and Blood Institute campaign Learn More, Breathe Better, and, of course, the scientific abstracts from both the AACVPR Annual Meeting and the CACR Annual Meeting.

**Invited Review**
- Cardiac Rehabilitation Performance Measurement Sets For Referral to and Delivery of Cardiac Rehabilitation/Secondary Prevention Services. Randal J. Thomas MD, et al (USA)

**CARDIAC REHABILITATION**
- Emotional and Adjustment Issues Faced by Cardiac Patients Seen in Clinical Practice: A Qualitative Survey of Experienced
Clinicians. Rosemary O. Higgins, BBSc (AUSTRAILIA)
• Handgrip Strength in Cardiac Rehabilitation: Normative Values, Interaction with Physical Function, and Response to Training.
Alex Mroszczyk-McDonald, BS, et al (USA)

CARDIOPULMONARY DISEASE PREVENTION


PULMONARY REHABILITATION

• Learn More, Breathe Better. Brian W. Carlin, MD (USA)

American Association of Cardiovascular and Pulmonary Rehabilitation Annual Meeting Scientific Abstracts
Canadian Association of Cardiac Rehabilitation Annual Meeting Scientific Abstracts

Committee News

Certification and Recertification Committee
Bari Caplan-Bolger, Gayla Oakley, Katrina Parker, and June Schultz
The AACVPR 2006-2007 Certification and Recertification application process is now complete. The results were mailed to each of the programs at the end of August. Each year, changes are made in both the application and the process as Certification and Recertification evolves. Programs are reviewed by the national committee in April and again in July. After the April review, additional documentation may be requested from the applicants and they will be reviewed again in July.

Programs are recommended to the Board for Certification or Denial. There will now be an opportunity for a program to enter a provisional status, which enables the applicant to remediate the areas that don’t meet requirements. The committees see this as a wonderful opportunity for programs to make improvements that will allow them to reach the standard of certification or recertification. The Certification/Recertification cycle remains the same, however. If Certification is granted once the program was in provisional status, they remain on the original schedule for Recertification. This year Program Certification received 92 applications and Program Recertification had 416.

New applications for the 2007-2008 year are available on the AACVPR Web site (starting for Certification and October 1 for Recertification). Please read the application carefully, as there are changes made each year in the application.

Certification and Recertification committee members will be presenting a breakout session as well as a workshop session at the AACVPR Annual Meeting in October in Salt Lake. If you are submitting your program for certification or recertification this coming year, we highly recommend that you attend these sessions. Additionally, feel free to contact the committee members at the state or national level when preparing your application. If you receive a request for additional documentation, it is helpful to contact the reviewer to be certain that we answer any questions and help you through the process. These dedicated volunteers are happy to work with you to help you achieve AACVPR program certification or recertification.

Application fees for the 2007-2008 Certification application will be $600 and $700 for Recertification for AACVPR members. Stay tuned throughout the year to AACVPR News & Views for future updates!

Affiliate Society News

Affiliate Leadership Conference: November 15-16

The AACVPR leadership has budgeted to provide a Second Affiliate Leadership meeting in Chicago, November 15 - 16, 2007. Each Affiliate President (or a designee) is invited to participate in a wonderful and informative program to help them succeed in their role as a leader of a volunteer organization. The workshop will be a highly interactive, experienced-based, leadership forum where participants will learn from experts as well as peers. Topics will include leadership training and non-profit board training. Additionally, there will be an interactive session on clarifying and understanding the collaborative relationship between Affiliates and AACVPR. There will be time for networking with other cardiac and pulmonary rehab leaders across the country. The AACVPR Board of Directors has approved funds to support this important meeting. All program materials, one night hotel, and meals will be funded by AACVPR for one individual from each Affiliate. The Affiliate societies will be responsible only for travel to Chicago. On behalf of the AACVPR leadership, we truly hope that Affiliate leaders will be able to join their colleagues for what promises to be an informative and fun experience. Please be sure to reserve the date and to budget funds for your travel to Chicago. If you have any questions, please contact Meredith Bono at mbono@smithbucklin.com.
California to Hold 26th Annual Conference

March 14 – 16, 2008
Redondo Beach, California

The California Society for Cardiac Rehabilitation (CSCR) is dedicated to promoting health and wellness and preventing cardiovascular diseases through the dissemination of education for the benefit of health care professionals, clinical practice and the public at large. The 26th Annual CSCR Conference, “Head to Toe Cardiac Rehabilitation”, emphasizes the complex relationships between all parts of the body, co-morbidities and risk factors for cardiovascular disease. We have included topics regarding gender, generational and racial differences related to cardiovascular, pulmonary disease, exercise prescriptions, and working relationships. The speakers will be exploring several areas of the body, literally from “Head-to-Toe,” as it relates to cardiac rehabilitation.

This innovative program includes state-of-the art presentations by California, national, and international speakers. The entire state conference promises to be educational, inspiring, and valuable to your professional, clinical and academic areas of expertise. It is approved for 20 CEUs, BRN Provider #05369. For information, visit www.cscr.org or www.ichotelsgroup.com/h/d/cp/1/en/cwshome/DPRD-74BU3Y/REDCP/website/

Arkansas Celebrates

Norene Chancellor, ACVPRA President

It was time to celebrate this April as Arkansas Cardiovascular & Pulmonary Rehab Association (ACVPRA) received news that Arkansas was one of a few states to get all Senators and Congressmen to sign on to S 329 & HR 552. At our annual state-wide convention in April, members raised glasses of sparkling grape juice as we toasted to a job well done for the successful state-wide grassroots campaign!

Our state-wide convention in April was entitled Beyond the Diagnosis: Tools for Creating Comprehensive Cardiopulmonary Care. Among the featured presenters was Bonnie Sanderson, RN, PhD, from the University of Alabama – Birmingham, who discussed the newly released Core Components of Cardiac Rehabilitation and their implication for the best care of our patients.

At the request of AACVPR, Arkansas also recently completed another grassroots call campaign in August – sending 866 letters from patients and staff to our 2 senators urging for support to include S 329 in upcoming legislation.

Our focus this year has been to identify, recruit, and be a resource to newly formed programs. Thanks to a grant written by VP Ronda Gaither, ACVPRA awarded our program a $1,000 grant to accomplish this goal. A portion of the grant money was used to host a new program luncheon where we discussed national events, best practices, and new program resources. ACVPRA also paid expenses for President Norene Chancellor and VP Ronda Gaither to attend their 3rd Day on the Hill in March.

Southern Grows Grass Roots

Kathe Briggs, MS, FAACVPR, SACPR President

Five Board members attended the 3rd Annual Day on the Hill in March 2007. Anita Jones, Claudia Wilkey, and Nancy Ursprung visited with legislators from Alabama, while Jana Webb and Jeanne Carlson tagged the legislators from Mississippi. Through the use of our affiliate’s call tree and grassroots contact with state leaders, SACPR saw 4 of the 7 members of the House of Representatives from Alabama and 2 of the 4 from Mississippi co-sign HR552, while 1 of the 2 Senators from Alabama verbally supported S329.

At the SACPR Conference in April at East Alabama Medical Center in Opelika, AL, the current President of the American College of Sports Medicine was the keynote speaker. Larry Durstine, PhD, FACSM, presented Exercise as Medicine and discussed the importance of exercise as a health care strategy. Michael J. Lisenby, MD, discussed diabetes and obesity; Peter Grandjean, PhD, FACSM, discussed exercise and lipids; and Eric Plaisance, PhD, discussed Adiponecin as biomarker of metabolic and cardiovascular disease. Pulmonary topics included ATS Guidelines for Spirometry Interpretation (Debra Eddins Lakin, RRT, MAED), Dyspnea Measures (Steven Dekich, MD), and Pharmacological Agents for Tobacco Dependence. SACPR members shared their expertise on Exercise Prescriptions (Bonnie Sanderson), Secondary Prevention Guidelines (Bonnie Sanderson), and Legislative updates (Anita Jones). Kathe Briggs received the first annual “SACPR Outstanding Service Scholarship Award” for her leadership skills and commitment to the organization.

The SACPR Board is currently working on development of a SACPR Web site, a bylaws revision, and planning for next year’s conference, scheduled for April 12, 2008, in Fairhope, AL.

Texas Association of Cardiovascular and Pulmonary Rehabilitation

Julie Hartman, MS, TACVPR President

The TACVPR held its 17th annual conference in Austin on May 4-5, 2007. We had 140 attendees at the conference who attended 14 different lectures from a variety of speakers, including Joe Piscatella. Attendees also enjoyed visiting the 20 vendor booths and had a great time.
mingling at the Friday night social event. Our next conference will be held in April 25-26th, 2008, in Dallas.

In an effort to increase membership, we have begun the RAP (Recruit-A-Pal) Program. Members receive points for recruiting other cardiac & pulmonary rehabilitation professionals to join TACVPR and attend conferences. We have had a great start to the program and the person who recruits the most people and attains the most points wins a free conference registration to next year’s TACVPR conference.

Texas currently has 32 AACVPR certified cardiac rehabilitation programs and 6 AACVPR certified pulmonary rehabilitation programs. We are expecting more programs to become certified over the next year and continue to place an emphasis on the importance of program certification to all our programs in the state.

2007 Calendar of Events

October 18 - 21
Salt Lake City, Utah
AACVPR 22nd Annual Meeting
For more information: www.aacvpr.org/meeting/
Click here to register:
http://www.aacvpr.org/2007am_reglive.htm

August 23, 2007
The 9th Annual HEARTEAM Cardiopulmonary Rehab Education Day
Bloomington Hospital Wegmiller Auditorium, Bloomington, Indiana
For more information: Christine Morron at (812) 353-3550 or Susie Carter at (812) 353-5230

September 24-28
University of Wisconsin-La Crosse
Starting or Updating a Comprehensive Cardiac Rehabilitation Program
For more information: John Porcari (608) 785-8684 or porcari.john@uwlax.edu or CLICK HERE

October 8-10
University of Wisconsin-La Crosse
Starting or Updating a Comprehensive Pulmonary Rehabilitation Program
For more information: John Porcari (608) 785-8684 or porcari.john@uwlax.edu or CLICK HERE

October 14-16, 2007
5th International Meeting on Intensive Cardiac Care
Tel Aviv, Isreal
For more information: CLICK HERE

Ongoing
Health Coach Training and Certification
Sponsored by Wellcoaches Corporation
For more information: HealthCoach@wellcoach.com or CLICK HERE

Continuing Education Programs on CABG, Heart Failure (three-part series), Best of Sessions 2005, Women & Heart Disease, and the newly released PAD
Offered by the American Heart Association and the American Stroke Association
For more information: CLICK HERE

As a benefit of AACVPR Membership, take advantage of Complimentary Online CE Programs on Chronic Heart Failure: Focus on the Outpatient Setting and Health Benefits of Omega-3 Fatty Acids and Walnuts
Offered by the Preventive Cardiovascular Nurses Association
For more information: CLICK HERE