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Messages from Headquarters

Letter from the Editor: Making Footprints, Taking Action
Linda K. Hall, PhD, FAACVPR

Just this week I received an email, as have all of you, with information and a call to action by the reimbursement section of AACVPR. The call is for action in planning the “Day on the Hill” for 2008, taking place February 28-29. Once again we are working with our Senators and Representatives to secure their support of S.329 and HR 552. The face-to-face meeting with constituents and also the in-hand written letters that you will carry from your patients are valuable “tender” in the persuasion of getting their votes.

“Footprints in the sands of time are not made by sitting down.” So get up and get active. If you can’t go to Washington for the “Day on the Hill,” make sure that someone else does. If you want an exciting, educational, awe-inspiring experience, try to be the one who goes -- even if you have to spend your own money. I have yet to meet a member who went to Washington in the past year who was not overwhelmed with the experience.

“It is not only what we do, but also what we do not do for which we are accountable.” (Moliere) The let-someone-else-do-it attitude and not getting involved allows you the following privileges:

- You have no right to criticize the outcome if you have not been a part of the solution.
- You have no right to take part in the celebration and success if you were not in at the ground level being a part of the building process.
- When your program fails because of lack of coverage, support, and insurance reimbursement, look in the mirror and see who bears some of the responsibility.


Executive Director’s Corner: The Mouse that Roared

Marie Bass, MS, CAE

I’m not sure how many of you are movie buffs, like me. If you are, you may have seen a movie produced in 1959, entitled The Mouse that Roared. In that movie, the world’s smallest country, the Duchy of Grand Fenwick, keeps its economy afloat by exporting vintage wine to America. When the state of California bottles a cheaper version, bankruptcy looms for the tiny Duchy… so it decides to take a stance against the most powerful nation in the world. It’s a great story and provides an inspirational message.

You might ask: Why is Marie writing about a movie, when we have so much work to accomplish? The reason is simple. AACVPR reminds me of that movie. I am not suggesting that AACVPR can be compared to a mouse -- far from it. As a professional medical association, AACVPR is comprised of a large group of dedicated members. Yet, what those members and leaders accomplish is phenomenal!

AACVPR is recognized and respected in so many areas. This year, the JCRP (our peer-reviewed medical journal) has been designated as an ISI index journal. Our AACVPR Certified Programs are recognized by CMS and other funding bodies as programs that meet the standards and guidelines for pulmonary and cardiac rehabilitation care. The AACVPR educational programs are relevant and on target to meet the educational needs of busy rehabilitation professionals. Even this newsletter, AACVPR News & Views, has grown in scope and provides members with relevant content and resources for their everyday practice. When the American Heart Association, The Joint Commission, and other large, well-respected organizations plan writing groups to develop guidelines or quality protocols, they invite AACVPR leaders to sit at that table.

In 2007, we came as close as we have ever come to having our bills in Congress become law. For those of you who work closely on advocacy, you know that is no small feat. Yet, our work is not done -- we continue to push for passage of S. 329 and HR 552. Join the group who will travel to Washington for the 2008 Day on the Hill (February 27-28). If you cannot attend, you CAN contact your Senator or Representative. Once again, AACVPR has made it simple for rehabilitation professionals to make that connection. Visit www.aacvpr.org for easy access to your Congressional Representatives.

AACVPR Day on the Hill 2008


In the AACVPR Reimbursement Update you recently received, you were apprised of the current status of S.329/HR 552, The Pulmonary and Cardiac Rehabilitation Act of 2008. The great news is that our provision is very much alive and gaining support in Congress. The challenge to each one of us is to assure our success by achieving a majority of support, particularly in the U.S. House of Representatives.

During the final push, critical mass for support becomes the important factor. There are 435 members of the House of Representatives. With 146 co-sponsors of HR 552, that means 289 members have NOT supported HR 552 yet! Only 72 more co-sponsors are needed to gain the majority in the House (218). S.329 has 38 co-sponsors, and 13 more co-sponsors are needed for a Senate majority of 51.

Every legislator’s support is important. Has your Representative been asked to support HR 552 yet? Has he or she given you an answer to this request? If not, why not? Your participation at the state affiliate level will make the determination of passage of this legislation. Please check the list below for where your state stands in contributing to this effort. A face-to-face meeting in your Representative’s Washington, D.C. office is the most effective way to be heard. Please consider joining AACVPR for DOTH 2008. Visit www.aacvpr.org/doth2008.htm to register for the 2008 Day on the Hill and for additional information. AACVPR has chosen Apollo as the preferred travel agency for this meeting. To attend, contact Apollo today and receive AACVPR’s specifically negotiated discounts on air and car rates.

State-by-state analysis of combined Senate & House support as of 1-14-08.
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AACVPR 23rd Annual Meeting: September 18-21, 2008

Come Visit Indianapolis!

AACVPR invites you to attend the AACVPR 23rd Annual Meeting, September 18-21, 2008, at the Indianapolis Convention Center in Indianapolis, IN. The AACVPR Annual Meeting is the world's premier educational and networking event for cardiovascular and pulmonary rehabilitation professionals.

AACVPR is dedicated to improving the quality of life for patients with cardiovascular and pulmonary diseases. Our membership of more than 3,000 prominent cardiovascular and pulmonary professionals from across the world works with more than 1.8 million patients a year. AACVPR provides cardiovascular and pulmonary rehab professionals with progressive education. Attending the Annual Meeting will give you the tools you need to continue to improve health outcomes for your patients.

The Program Committee has recruited internationally prominent scientists and clinicians to speak at the plenary and breakouts sessions, attenants can also learn from successful clinicians during small group roundtables. Top commercial representatives are on hand during the Exhibitor Showcase to give you a sneak peek at the latest products and services.

Pre-Meeting Workshops, featured speakers, and a variety of educational sessions are among the many assets of the AACVPR Annual Meeting. All presentations are selected from abstracts submitted to AACVPR and cover a wide range of topics. Courses are offered in the following educational tracks:

- Clinical Cardiology/Cardiac Rehabilitation
- Pulmonary Medicine/Pulmonary Rehabilitation
- Leadership and Innovation
- Nutrition and Behavior Change

Make plans today to reconnect with old friends, meet new associates, and learn about new techniques, health care advances, and products. Registration will open early summer. If you have any questions, please do not hesitate to contact headquarters at 312/321-5146 or aacvpr@aacvpr.org.

More than 1,200 cardiovascular and rehabilitation professionals will be in Indianapolis. Shouldn't YOU be there, too?

Call For Abstracts

2008 AACVPR Annual Meeting September 18-21, 2008
Indianapolis, IN
Submission Deadline: March 27, 2008

Scientific Abstracts will be reviewed by the Research Committee and Clinical Abstracts will be reviewed by the Education Committee. You can expect to receive final notification regarding the status of your submission in May 2008.

If you need assistance in submitting an abstract, please contact AACVPR Headquarters at speakers@aacvpr.org or (312) 673-4765. For more information, visit the AACVPR Web site: http://www.aacvpr.org/meeting/callforabstracts_08.cfm

Member Resources

AACVPR Program Certification: Why Is it Important?

Members and non-members sometimes ask: Why is AACVPR Program Certification important? The response to that is easy -- certification provides an opportunity for program directors/managers to review their processes and compare their programs to current standards and guidelines. There are a number of other great reasons that program managers should consider applying for AACVPR Program Certification, including:

- AACVPR Program Certification is recognized by a growing number of insurance companies and contractors.
- AACVPR Certified Programs are listed on the American Heart Association patient resources Web site.
- Program Certification provides an objective assessment of adherence to updated clinical standards and guidelines.
- It requires a systematic approach to clinical care.
- It promotes a culture of quality patient care in the Cardiac and Pulmonary Rehabilitation facilities.
- It provides patients with a benchmark to compare CR and PR programs for quality care.
It provides CR and PR program leaders with benchmarks and best practice guidelines for quality standards.

If your program is not yet designated as an AACVPR Certified Program, consider applying for program certification. New applications will be available on the AACVPR Web site on September 1, 2008. The deadline for Program Certification applications is December 1, 2008.

If your cardiac or pulmonary program went through original Certification or Recertified in 2005, your AACVPR Recertification application is due February 15, 2008. Access the Recertification application today. Please send two identical binders to:

Attn: Abigail Lynn
Program Recertification
401 N. Michigan Avenue
Suite 2200
Chicago, IL 60611

*New* Medicare Administrative Contractor (MAC) Web Page

Karen Lui, RN, MS, FAACVPR

AACVPR is launching a new Web page to assist members in the continuing transition as CMS moves to the new Medicare Administrative Contractors (MACs). As most of you are aware, CMS is revising its current system of Medicare claims processing, provided by 24 Fiscal Intermediaries (serving hospitals) and 16 Carriers (serving physician practices), to a merged system of 15 regional MACs. Contracts have already been awarded to five of the 15 MAC jurisdictions, with the CMS goal of announcing the remaining 10 MAC awards in 2008.

AACVPR’s Health Policy & Reimbursement committee has put into place a structure (MAC Committees) that includes member-representatives from each of the states included in a particular jurisdiction, including a structure for communication both internally with our members and externally with the contractor. The purpose of these entities is to initiate communication and to stay proactive in our interactions with each of the new contractors. Some of the MAC Committees are already operational, and most are identifying members and the future structure for these regional committees. You will find information on MACs, which MAC jurisdiction your state is within, and who represents your program on your MAC Committee at the new MAC Web page.

This is a great opportunity for AACVPR and state affiliates to jointly and pro-actively participate in local Medicare policy issues and decisions and to strengthen the communication network between programs in your states. Please support your affiliate leaders in this effort to increase our organizations’ visibility and impact on the care of our patients.

Announcing: NEW! AACVPR Program Directors' Conference!

Managing Contemporary Cardiac & Pulmonary Rehabilitation Programs: Strategies for Success

Thursday, June 5, 2007
8:15 AM – 4:15 PM
Chicago, O'Hare Airport Location
Donald Stephens Convention Center, Rosemont, IL
Click here for the registration form

Please make your hotel reservations as soon as possible, as a limited number of rooms are available at an AACVPR discounted rate. Hotel reservations must be made by May 21, 2008. To make your hotel reservation, visit the Crowne Plaza's online reservations Web page at: https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=62145

AACVPR is proud to present this NEW Program Directors' Conference. This program is designed for mid-level managers/directors in established Cardiac and/or Pulmonary Rehab facilities. This intermediate-level program, presented by four nationally-recognized experts in the field, will provide attendees with the most cutting-edge information and best practice recommendations for running successful rehabilitation programs.

Attendees will receive practical, relevant information and tools that can be customized for their individual facilities. Handouts will include sample documents, policies, chart forms, background papers, as well as a take-home checklist to evaluate the status of key items/issues in their individual facilities.

Program Topics
Ensuring Medicare Compliance

Because the majority of patients in most programs are covered by Medicare, program directors need to have the latest information to meet the CMS rules and documentation requirements. Topics include:

- Latest rules/regulations for billing to Medicare
- Required documentation
- Proper coding/billing to maximize your program reimbursement

Presented by Karen Lui, RN, MS, FAACVPR
Legislative Assistant, GRQ Consulting, Washington, D.C.
Applying National Patient Safety Goals
Patient safety is the top priority for external inspectors and hospital administrators. Are you sure that you have the latest information to ensure that your program meets the criteria for National Patient Safety Goals? Topics include:

- Medication reconciliation
- Hand-off communications
- Fall risk assessment

Presented by Pat Comoss, RN, BS, FAACVPR
Consultant, Cardiac & Pulmonary Rehab Nursing Enrichment Consultants Inc.
Harrisburg PA

Measuring Program Quality
Programs must continually measure quality as well as progress toward patient outcomes. This process depends on data collection, analysis, and response. Topics include:

- Outcome measurement
- Goals & benchmarks
- Performance improvement

Presented by Bonnie Sanderson, RN, PhD, FAACVPR
Research Associate Professor, Division of Cardiovascular Disease - University of Alabama at Birmingham, Birmingham AL

Maintaining Vitality and Viability in your Program
Successful cardiac & pulmonary rehab programs must develop the right standards & skills for their own personnel as well as nurture relationships with patients & physicians. Successful programs depend on people – patients, physicians, & rehab providers. Topics include:

- Staff competencies
- Performance measures
- Patient satisfaction

Presented by Jody Hereford, RN, MS, FAACVPR
Principal Consultant, Hereford Consulting Group
Boulder CO

Be sure to register soon. Space is limited!

Updated Fast Facts Pages!
The Pulmonary Fast Facts and Cardiac Fast Facts Web pages have been recently updated to include new position papers and scientific statements that continue to provide evidence regarding the utilization and efficacy of rehabilitation and prevention services. These Web pages were initially created for individuals outside of our organization as a resource to:

1. increase awareness and understanding of the benefits of these services;
2. provide the scientific evidence regarding these services;
3. describe the components of cardiac and pulmonary rehabilitation;
4. describe the standards of a quality program; and
5. connect patients, doctors, and disease management/health plan case managers to AACVPR certified programs.

AACVPR members will find them to be a convenient and efficient place to find the most up-to-date references, as well as easily digested information to share with their “customers” including the patient who needs to see the benefits before they believe they should enroll; the new health plan administrator you are trying to convince to provide coverage for a particular diagnosis; the new cardiology/pulmonary fellows who didn’t receive any formal training about rehabilitation services.

Upcoming AACVPR Teleconferences

February 28th
The Dash Diet (Speaker: Dr. Apple)

March 27th
Oxygen Therapy (Speaker: Trina Limberg)

April 24th
Best Practice Business Presentation (Speakers: Jean Einerson, Joli Studney, Karen Lui)

AACVPR Teleconference CDs Now Available!

Motivating Cardiac and Pulmonary Patients to Enjoy a Taste for Living
Presented by: Alisa C. Krizan, MS, RD, LD
This presentation provides 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. Order at

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

Inside the Industry

The Advocacy Angle
Karen Lui, RN, MS, FAACVPR
With the air becoming more “politically charged” in this election year, the goal for this series of articles will be to help you become increasingly savvy about the political process. Democracy depends on your participation and will respond to your efforts, albeit not as quickly or logically as we would each hope.

We will examine the components that make you an effective advocate, discuss how to communicate with your elected officials, and review how grassroots advocacy works and how it doesn’t work. AACVPR members who have discovered successful (and some not so successful) strategies in being an advocate for a cause will share their stories.

Your legislator doesn’t know if any particular piece of legislation is a priority to his or her constituents unless you say it is a priority. In fact, elected officials depend on you to communicate your interest and to substantively inform them about specific legislation (don’t forget -- you are the expert here). More importantly, your efforts must be in unison with advocates across a large number of districts in order to get what you are working for. Only your legislator cares about your opinion (and vote and campaign contribution), so it is truly a group effort of enough constituents in enough districts to convince their legislators that your cause should be a priority to them. Coordinating with others is the only way enough influence can be exerted on the entire system to secure a victory in Congress.

ALA to Honor AACVPR’s Hilling

The American Lung Association of California will host the second annual “Breath of Fresh Air” luncheon: The Women’s Lung Health Initiative at the San Francisco Hilton on May 13th. The mission of the event is to draw awareness to the dramatic and disproportionate disparities that exist in women’s lung health, as well as adverse environmental impacts. At least 200 “Bay Area movers and shakers” in the medical, corporate, and philanthropic community will be in attendance. The afternoon promises to be both engaging and informative. Dr. Estaban Burchard, Research Physician at UCSF Medical Center, will join Bertice Berry, PhD, renowned sociologist and author, and Mistress of Ceremony Miranda Wilson.

The 2008 American Lung Association of California’s “Breath of Fresh Air” Award will be awarded to AACVPR member Lana Hilling of John Muir Health. The award honors health care professionals who have committed themselves to improving the lives of people living with lung disease and who are making a difference through their personal passion, dedication, and impact of their work in the field. Hilling’s dedication as a champion in the field of pulmonary rehabilitation is unique. She has been the Coordinator of Pulmonary Rehabilitation at John Muir Health for more than 20 years. The program has been a model for Pulmonary Rehabilitation programs for the industry. Hilling has served as a mentor to countless professionals and many more! Please join us in supporting her at this important event.

For additional information about the luncheon, please contact Alicia Sullivan at the American Lung Association of California at asullivan@alac.org or 510- 893-5474.
5th Anniversary for Go Red For Women

What a difference 5 years makes! The American Heart Association is excited to see where the future takes the movement, and YOU are central to our success. Go Red For Women events and activities in communities across the country are planned. But it’s also easier than ever for each of us to help stimulate heart disease awareness on our own, while living a heart-healthier lifestyle. Sign up today at www.goredforwomen.org.

Here are some things you can do to Go Red in your own fashion:

Take the FREE Heart CheckUp: Find out your 10-year personal risk for heart disease. Visit your health care provider on a yearly basis to control your blood pressure, cholesterol, and weight.

Get active: Be sure to get 60–90 minutes of moderately intense activity every day. Sign up for Go Red For Women’s free 12-week physical activity program to help you reduce your risk for heart disease.

Wear Red on Feb 1: Join the millions of Americans who will be wearing red on Feb. 1 2008, to show their support for women and the fight against heart disease.

Organize Wear Red Day at your office: To generate awareness and provide fund-raising opportunities, 12,000 companies over the past 3 years have participated in Wear Red Day events by allowing employees to pay $5 each to wear red and jeans to work.

Shop Go Red: The companies, products, and services in Shop Go Red benefit Go Red For Women by providing awareness, as well as dollars needed to fund research in our battle against heart disease. Who says you can’t do good and look great at the same time?

Educational Opportunities

18th Annual Art and Science of Health Promotion Conference
March 5-8, 2008 – San Diego
The 18th Annual Art and Science of Health Promotion Conference (March 5-8, 2008 in San Diego) will address the theme Maximizing ROI in Health Promotion: Improving Health, Reducing Costs. This annual event, hosted by the American Journal of Health Promotion, brings together professionals from all disciplines of health promotion. The conference features presentations from renowned keynote speakers and the top scientists and practitioners in the field plus numerous peer presentations and networking opportunities. For more information, visit www.HealthPromotionConference.org.

EuroPrevent 2008 Congress
The next annual congress of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR) will take place in Paris, France, May 1-3, 2008. It is organized for the first time by the European Society of Cardiology (ESC), whose mission is to reduce the burden of cardiovascular disease in Europe. EuroPrevent 2008 will bring together international experts in the fields of prevention and health policy, epidemiology and public health, cardiac rehabilitation, exercise physiology, sports cardiology, and basic science, and a special focus will be made on diabetes, hypertension and lipids. It is the only European congress to embrace the whole spectrum of CVD from research through clinical practice to prevention in populations. Find more information about the scientific content of the congress at www.escardio.org/congresses/Europrevent/europrevent2008/scientific

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!
Orthoses for the hyper-inflated pulmonary patient or dyspneic patient is not practical, even though the rigid, constricting braces have come a long way to braces made of softer materials and less constricting. We know that exercise programs will increase patient strength, flexibility, and balance, and decrease fall risk, weight, and fat mass, and improve muscle strength. BUT exercise can also increase bone mineral density. Exercise guidelines for the osteoporotic patient are weight-bearing (i.e., walking, running, and impact exercises) and thoracic-stabilizing exercises. Weight-bearing exercise helps stimulate osteoblasts to form bone, and thoracic stabilization exercises that focus on the back extensors will improve posture and reduce fall risk. The use of assistive devices such as properly fitted walkers with baskets should be considered to assist the patient with their gait and allow the portable oxygen tank to be placed in the basket. Exercises to avoid are those that involve flexion, such as abdominal crunches, lifting heavy weights, and excessive twisting and bending. Exercise outside the pulmonary rehabilitation program may be tai chi, an osteoporosis fitness class, or physical therapy. Calcium and vitamin D are needed in the treatment of osteoporosis. Vitamin D is essential for the absorption of calcium. A nutritionist or the patient’s MD should be advising them on dosage. Kyphoplasty is a minimally invasive spine procedure where bone cement is injected into fractured vertebral bodies, a procedure that has risks but also great benefits.

The bottom line is: we need to be modifying our pulmonary exercise program for the osteoporosis patient and encouraging them to seek out other treatment options. For an extensive article on the “Nonpharmacologic Management of Osteoporosis to Minimize Fracture Risk” see Nat Clin Pract Rheumatol 4(1):20-25, 2008.

JCRP Highlights

Mark A. Williams, PhD, FAACVPR, JCRP Editor-In-Chief
The first issue of the New Year 2008 is highlighted by 2 Featured Reviews entitled “Exercise Training for Cardio Metabolic Adaptation After Stroke” and “Exercise in Pulmonary Hypertension”. The Journal features manuscripts from throughout the world including Israel, Australia, Canada, and the United States.

INVITED REVIEW
Exercise Training for Cardio-Metabolic Adaptation After Stroke, Ivey et al (USA)
Exercise in Pulmonary Hypertension, Lee et al (USA)

CARDIAC REHABILITATION
Left Ventricular Contractility in Response to Upright Isometric Exercise in Heart Transplant Recipients and Normal Men, Sagiv et al (Israel)
The Talk Test as a Marker of Exercise Training Intensity, Foster et al (USA)

Brief Reports
Exercise in Cardiac Rehabilitation Patients with Stable Chronic Heart Failure:
Effects on Thoracic Impedance Cardiography and B-Type Natriuretic Peptide,
Butterfield et al (Australia)

A hypertensive diastolic blood pressure during exercise is associate with dyslipidemia in apparently healthy subjects, Arena et al (USA)

Self-Measured Waist Circumference in Older Heart Failure Patients: A Study of Validity and Reliability using a Myotape®,
Prince et al (Canada)

Case Report
Successful Outpatient Cardiac Rehabilitation in an Adult Patient Post Surgical Repair for Tricuspid Valve Atresia and Hypoplastic Right Ventricle: A Case Study, Lichtman et al (USA)

PSYCHOSOCIAL ASPECTS OF CARDIAC REHABILITRATION
Adverse Baseline Physiological and Psychosocial Profiles of Women Enrolled in a Cardiac Rehabilitation Clinical Trial, Beckie et al (USA)

Brief Report
Pragmatic insights into a nurse-delivered motivational interviewing intervention in the outpatient cardiac rehabilitation setting, Davidson et al (Australia)

PERIPHERAL ARTERIAL DISEASE
Social Cognitive Constructs and the Promotion of Physical Activity in Patients with Peripheral Artery Disease, Rejeski et al (USA)
The Leadership Committee will release the 2008 Fellowship Applications in February!

Are you planning to join the prestigious list of your peers who have exemplified professional excellence in the fields of cardiac or pulmonary rehabilitation? If so, please be on the look out for the release of the 2008 Fellowship Application in February. You can use the 2007 application as a guide, but only a typed, 2008 application will be accepted.

The following requirements are the minimum for consideration of advancement to Fellow status:

- Be an AACVPR Member in good standing for at least 3 consecutive years.
- Attend a minimum of two AACVPR Annual Meetings.
- Demonstrate high standards of professional development and a commitment to the goals and long range activities of the Association.
- Submit evidence of outstanding performance in cardiovascular and/or pulmonary rehabilitation over a period of at least five years relative to 1) clinical practice, 2) research, and/or 3) professional education.
- Receive recommendations in writing from two current Fellows of the Association.
- Receive approval of the Leadership Committee.

Affiliate Society News

Arizona Gears Up for Conference

Carl Cohan, R.N., BAS, ACSM-ES, ASCVPR President

In Arizona we are gaining momentum for our Annual Arizona Society of Cardiovascular and Pulmonary Rehabilitation conference on Saturday May 3rd. We are excited to have Barry Franklin, PhD providing the Keynote for this conference. Dr. Franklin will open the conference with "Medical Management and Coronary Revascularization" and present in the afternoon on "Leadership". As an added bonus we will also have Linda K. Hall, PhD present a motivating talk on career, job, opportunity, and leadership. We are thrilled to now have Dr. Hall residing in our great state.

Programs in our state are also making an effort to focus on outcome reporting in the next year. Several Arizona programs are considering joining the Montana Outcomes Project that was presented at the 2007 Annual Conference in Salt Lake. As a primer for this Mike McNamara, M.S. will be presenting on this project at our Annual Conference May 3rd. Our conference will also feature additional great topics and speakers.

May is a wonderful time to visit Arizona, so if you are ready for a vacation consider starting it off with attendance at our annual conference in Scottsdale, Arizona. There is also a strong possibility that we will be adding a Friday (May 2nd) session to the conference so please check our Web site in the near future for details. For further information on the conference or Arizona affiliate please contact Carl Cohan (928) 771-5794, or go to our Web site www.ascvpr.org.

California Plans for Annual Conference

Terry McKeever, BSN, RN, CSCR President-Elect

The California Society for Cardiac Rehabilitation (CSCR) will offer an innovative state-of-the-art program with presentations by local Californians, as well as national and international speakers. The 26th annual conference, March 14-16 at the Crowne Plaza Redondo Beach & Marina Hotel, promises to be educational, inspiring, and valuable to your professional, clinical, and academic areas of expertise. Toes-to-Nose Cardiac Rehabilitation is our theme that emphasizes the complex relationships between all parts of the body, co-morbidities, and risk factors for cardiovascular disease.

Earn up to 20 CEUs over the conference, which will feature the following presentations:

- C. Noel Bairey-Merz, MD, FACC, FAHA: "Hormones & Hostility: Unique Gender Differences in Stress & Health"
- James Skinner, PhD: "Influence of Genetic Factors on Health & Responses to Exercise & Training"
- John Porcari, PhD, FAACVPR, FACSM: "Exercise Physiology for the Non-Physiologist"
- Steven Pratt, MD: "Chronic Heart Failure Management in the African American Population"
- Aseem Desai, MD, FACC: "Device Therapy for Cardiac Patients, Where are we in 2008?"
- Leo Polosajian, MD, MS: "Catheter Ablations/Arrhythmias"
- Richard Declusin, MD, PhD: "Cardiac Surgery Updates"
- Mary Kay Bader, MSN, RN, CCNS, CCRN, CNRN: "Keeping Cool: Integrating Hypothermia at the Bedside," "Time is Brain: Ischemic Stroke!"
- Becky Captain, MSN, RN, BC, FNP-C: "Current State of Hypertension Management and Renin Inhibition"
- Dekker McKeever, DPM: "Common Vascular Problems of the Foot"
- Sandra Pieschel, RN, CDE: "Glycemic Management," "Updating 'Get with the Guidelines'"
- Gus G. Gialamas, MD: "Recumbent Bike versus Recumbent Elliptical"
- Mitchell Nides, PhD: "Tobacco Dependence, More Than a Habit"
- Khaled Eltawil, MD: "Sleep Apnea"
Tuition for members is $210 for the full conference, which is only $11 per CEU! ($265 for non-members includes membership). Please visit www.cscrcconference.com to register.

Iowa to Celebrate at Annual Conference

Barbara Burmeister, RNBC, BSN, IACPR President
2008 will be a special year for the Iowa Association of Cardiopulmonary Rehabilitation (IACPR). Our great organization will be 20 years old. We have more than 240 active members, 115 Cardiac programs, and 90 Pulmonary programs across our state. The association is planning to celebrate May 1-2 at the annual TriNetwork conference in Des Moines. You are all invited to this regional educational session shared with North Dakota, South Dakota, and Nebraska. There are great speakers, vendors, CEU’s and networking. Iowa is a great place in the spring!

IACPR has programs of all shapes and sizes, from university-based programs to small rural critical access hospital programs. Over the past year, we have been very busy writing, faxing, and calling our legislators and encouraging our patients to do the same. Our members were active participants in the Presidential Caucuses held in January. The organization will be sending three members to Day on the Hill.

We are very proud of our own Candace Steele for receiving the Distinguished Service Award at the AACVPR Annual Meeting in Salt Lake City. Candy is also very involved in our state organization on the Reimbursement committee, Board of Directors, and oversees the IACPR Web site. She is a great leader for our organization, as well as AACVPR.

During 2007, the IACPR held two educational programs over the Iowa Communications Network. These educational sessions are live televised sessions attended by members across the state. Topics included Pulmonary Hypertension, Pacemakers and Defibrillators, and Pulmonary Function Testing. Our educational committee is busy planning our next session for February. These televised events are a great way to communicate across the state without having to travel very far.

Kentucky’s Annual Event in the Works

Jennifer Harris, MS, KCRA President
The Kentucky Cardiopulmonary Rehabilitation Association (KCRA) is busy with plans for the 2008 Annual Conference. This event is scheduled for Thursday, April 24 at Our Lady of Bellefonte Hospital in Ashland, Kentucky. Visit www.kcra-net.com for more information.

Rocky Mountain Call for Abstracts

Robert Scales, Ph.D., New Mexico Vice-President RMCRA
This year the RMCRA is accepting abstract proposals to be presented as a poster at this year’s Annual Meeting.

Presenting a poster at the RMCRA Annual Meeting is an excellent opportunity to share your research, best practices, and highlight your facility to colleagues and leaders in the field of Cardiovascular and Pulmonary Rehabilitation. Abstracts are reviewed by the RMCRA Research and Education Committee. Scientific and clinical posters will be published in the Conference Proceedings and posted on the RMCRA Web site.

Mark your calendars for the RMCRA Annual Meeting in Denver, Colorado, May 2-3, 2008. For more information about the upcoming meeting, please visit the RMCRA Web site in the coming months.

Please contact the RMCRA President, Denise LaRocca at deniselarocca@uch.org with any questions.

We look forward to seeing you in Denver!
April 21-25
Starting or Updating a Comprehensive Cardiac Rehabilitation Program
University of Wisconsin-La Crosse
For more information: John Porcari (608-785-8684 or porcari.john@uwlax.edu) or visit http://www.uwlax.edu/sah/lehp/html/workshops.htm

April 24
Kentucky Cardiopulmonary Rehabilitation Association 2008 Annual Conference
Ashland, KY
For more information: www.kcra-net.com

May 1-3
Annual Congress of the European Association for Cardiovascular Prevention and Rehabilitation (EACPR)
Paris, France
EuroPRevent 2008 will bring together international experts in the fields of prevention and health policy, epidemiology and public health, cardiac rehabilitation, exercise physiology, sports cardiology and basic science and a special focus will be made on diabetes, hypertension and lipids. It is the only European congress to embrace the whole spectrum of CVD from research through clinical practice to prevention in populations.

For more information about the scientific content of the congress, we invite you to consult: http://www.escardio.org/congresses/Europrevent/europrevent2008/scientific

May 3
Arizona Society of Cardiovascular and Pulmonary Rehabilitation (ASCVPR) Annual Conference
Scottsdale, AZ
For more information: www.ascvpr.org

May 13
American Lung Association of California 's Breath of Fresh Air Luncheon
San Francisco, CA
For more information: asullivan@alac.org

June 5
AACVPR Program Directors' Conference: Managing Contemporary Cardiac & Pulmonary Rehabilitation Programs
Rosemont, IL
For more information contact the AACVPR National Office (312) 321-5146 or via email at aacvpr@aacvpr.org.

September 18-21
AACVPR Annual Meeting in Indianapolis, Indiana.
For more information contact the AACVPR National Office (312) 321-5146 or via email at aacvpr@aacvpr.org.

September 22-26
Starting or Updating a Comprehensive Cardiac Rehabilitation Program
University of Wisconsin-La Crosse
For more information: John Porcari (608-785-8684 or porcari.john@uwlax.edu) or visit http://www.uwlax.edu/sah/lehp/html/workshops.htm

October 13-15
Starting or Updating a Comprehensive Cardiac Rehabilitation Program
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Ongoing
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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

AACVPR National Office Contact Information
Please continue to send your questions and comments to AACVPR News & Views via aacvpr@aacvpr.org. Don't hesitate to suggest how AACVPR News & Views can continue to provide you access to information about our profession and AACVPR.

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