Reminder: If you have not renewed your membership for 2009–2010, this will be your last issue of News and Views.

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Messages from Headquarters

From the Editors

"And so, my fellow Americans: Ask not what your country can do for you – ask what you can do for your country"

(John F. Kennedy, 1961)

"And so, my fellow AACVPR Members: Ask not what your Association can do for you – ask what you can do for your Association"
We are all suffering from the effects of the economic downturn in our country. We are all being asked to do more with less. It is during times like this that we may opt for the easy solution by consolidating our efforts to those activities that directly affect our short term bottom line, both personally and professionally. These are not selfish thoughts; rather these are logical reactions to the conditions our nation is faced with.

However, if we are truly convinced that organizations such as AACVPR are involved in actions that help not only our professional futures, but more importantly help our patients, then this is the incorrect course of action. We need to look to the future, when the economy recovers, because it is then that cardiac and pulmonary rehabilitation may be left behind if we do not redouble our efforts now. We can not let the tremendous advancements AACVPR has engineered over the past few years fall by the wayside in the next few years due to non-participation now.

Therefore, now more than ever, is when AACVPR needs its members to step up to the plate in terms of volunteer leadership, membership and conference attendance. Across the country many professional organizations are seeing lower renewal rates among their members and fewer attendees at national conferences, all this coming at a time when reserves are being reduced. Unfortunately, this can only result in a long term deficit in services to our patients. So…

How Can You Help?

- Make sure to renew your membership in AACVPR
- Encourage your colleagues to become members of AACVPR
- Attend the AACVPR 24th Annual Meeting, to be held September 30 to October 3, 2009 in Pittsburgh, PA
- Encourage your colleagues to attend the Annual Meeting
- Volunteer to become an active member of AACVPR
- Encourage your colleagues to volunteer in AACVPR

These actions, which are admittedly not easy during these times, can only have long term positive results. We can not afford to let our vigilance and efforts slip at this time, rather we need to gather our resources and continue to fight the good fight for the advancement of cardiac and pulmonary rehabilitation. In the words of a noted philosopher, consider:

“I always wondered why somebody didn’t do something about that. Then I realized I was somebody.”

(Lily Tomlin)

Jody Hereford, BSN, MS, FAACVPR
Steve Lichtman, EdD, FAACVPR

President’s Message: Don’t Stop Thinking About Tomorrow!!

I am not referring to the music but rather the future direction and needs of our organization. Where do I see AACVPR five years from now? I see us as the driving force behind a growth industry delivering high-quality healthcare services at minimal cost while using relatively low levels of technology. To accomplish what we do best, we will need everyone to work together. I do not believe we can optimally deliver on our mission without a merged national membership of cardiac and pulmonary rehabilitation clinicians. A system of “optional” state and national membership is not in the best interest of our profession. Within the past few years, AACVPR has delivered major achievements including expansion of cardiac rehabilitation eligibility diagnoses and, most recently, passage of national legislation that guarantees pulmonary and cardiac rehabilitation services for all eligible Medicare (CMS) constituents. Not only did our patients benefit from our accomplishments with CMS and in Washington DC, but so did thousands of state society members who did not contribute any personal financial support or labor toward accomplishing what will guarantee their future careers.

The time is long overdue for all state members to become National members. Indeed, AACVPR and the Michigan Society for Cardiovascular and Pulmonary Rehabilitation are about to initiate a trial that will require Michigan State members to become National members when they renew their affiliate society membership. In the upcoming months, we will keep our AACVPR members informed about developments in this new initiative.

The majority of professional healthcare organizations do not split membership by state and national. AACVPR and the state societies must merge and speak with one voice. I am not referring to differences of opinion and individualized needs. Rather, I am addressing all cardiac and pulmonary rehabilitation clinicians who need to unite to best advocate and advance their profession. There are no free rides in life. If you are a professional, then you need to support and be part of the organization that represents you, AACVPR. That is why leaders join professional organizations!

My very best wishes to all of you for a healthy and joyous summer season.

Murray Low, EdD, FAACVPR
AACVPR President 2008 – 2009

Breaking News:

AACVPR Helps Affirm Cardiac Rehabilitation Prolongs Life in Medicare Population

A study published in the current issue of the Journal of the American College of Cardiology¹ shows new evidence that cardiac rehabilitation, an

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¹ The study details are not provided in the text. For more information, please refer to the original source.
under-utilized service, increases survival in a wide range of patients with heart disease. Philip Ades, MD, a past president of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), participated in a Brandeis University–led study that provides new evidence supporting the benefits of cardiac rehabilitation in older patients with heart disease.

Researchers from Brandeis University (Jose Suaya, MD; William Stason, MD; Donald Shepard, MD), the University of Vermont (Philip Ades, MD), and Harvard University (Prof. Sharon Lise–Normand) conducted an analysis of 601,099 Medicare beneficiaries who were hospitalized in 1997 for coronary heart disease, acute myocardial infarction, angioplasty, stent or bypass surgery and followed up through 2002. Their findings demonstrated that cardiac rehabilitation participation after one of these cardiac events was associated with a significant 21–34% increase in five–year survival rates, similar to that found with the use of other preventive therapies including cholesterol–lowering medications and beta blockers. Mortality reductions also extended to those with congestive heart failure. Ironically, despite these significant benefits, only 12% of eligible patients actually used cardiac rehabilitation services.

"This study clearly shows that cardiac rehabilitation works," said Ades. "And although it is a covered benefit under Medicare, we can see that cardiac rehab is still severely underused in this population."

Dr. Suaya, Ades and the other co-authors further commented: "These effects on survival are so convincing that expanded use of cardiac rehabilitation is critical. Cardiac rehabilitation is a low–cost, low–tech intervention that not only raises survival rates but also improves functional capacity, thereby decreasing disability. We should consider implementing quality–of–care performance measures for hospitals and physicians to encourage referral and utilization of cardiac rehabilitation."


*This study was funded by the Centers for Medicare & Medicaid Services.
AACVPR Announces 2009 Student Scholarship Winners!

Congratulations to this year’s AACVPR Student Scholarship winners, Kelly Barnes and Timothy Capp. When considering a candidate for the scholarship, the committee reviews the applicant’s financial needs, grade point average, quality of application and commitment to the AACVPR.

Kelly Barnes is this year’s graduate recipient and is majoring in Clinical Exercise Physiology at Benedictine University. Timothy Capp is this year’s undergraduate recipient and is majoring in Respiratory Therapy at Youngstown State University. Again, let us congratulate our new AACVPR Student Scholarship winners, Kelly and Timothy!
who were on excellent medical/device therapy and whose provider stated that the patient could exercise. The supervised training program was followed by home training with either a treadmill or cycle which was provided by the grant. There were several other facets of the study which included health status assessment, costs, biomarkers and radionuclide substudy. Baseline manuscripts are being prepared. Overall trial results and the health status results were presented at the AHA Sessions November 2008 and are being prepared for publication. Please CLICK HERE for this CD order form.

Sleep Apnea & Its Impact on Cardiopulmonary Patients’ Outcomes & Care

Presented By: Eric J. Olson, MD

The multiple disease mechanisms activated by Obstructive Sleep Apnea (OSA), together with the often severe hypoxemia, are associated with adverse cardiovascular outcomes, including myocardial infarction and stroke. Acute responses to obstructive apneas, with marked increases in adrenergic drive, BP, ventricular afterload, arrhythmias, hypoxemia, and hypercapnia, induce substantial and repetitive nocturnal CV stress. It is suggested that severe OSA may be associated with death during sleep. Chronic Sleep Apnea (CSA) is the sleep breathing disorder commonly linked to heart failure. The risk factor of increasing obesity, in the Western populations, has made OSA a prevalent condition.

This presentation will review the basic terminology of sleep disordered breathing syndromes. The physiologic impact of obstructive sleep apnea (OSA) on, and its relationship to, cardiopulmonary disease will be discussed.

Tips to improve CPAP compliance will be presented. Treatment modalities utilized for both sleep disordered breathing syndromes and obstructive sleep apnea will also be explored. Please CLICK HERE for this CD order form.

Tools for Managing Depression in Outpatient Cardiac Rehabilitation

Presented By: Joel Hughes, PhD

Depression is common in cardiac disease and one of the most frequently encountered psychological difficulties in outpatient cardiac rehabilitation. Depression is associated with poorer outcomes for patients with heart disease, therefore health systems and outpatient cardiac rehabilitation programs are recommended to have a depression management strategy. The strategy should include screening cardiac patients for depression, referral of identified cases for further evaluation and appropriate treatment, and careful case management by cardiac rehabilitation staff. Psychologist Dr. Joel Hughes will discuss management of depression in outpatient cardiac rehabilitation. The discussion will address how depression can affect participation and outcomes in cardiac rehabilitation, the evidence that exercise-based treatments can be effective for depression, and practical steps that staff can take to manage depression in cardiac rehabilitation. Please CLICK HERE for this CD order form.

Inside the Industry

Reimbursement FAQs

Karen Lai, RN, MS, FAACVPR

QUESTION:

How do I contact CMS (Centers for Medicare and Medicaid Services)?

ANSWER:

You will have an easier time contacting God and you’ll get a much quicker and more favorable reply. CMS contracts with regional companies (called MACs or Medicare Administrative Contractors) to interpret national policies and provide the billing and processing services for Medicare. This is to whom your question should be directed. Before you take that step, your AACVPR MAC Committee has been established to serve as the first resource and may very well have the answer to your question. If it is a generic question, it is sometimes better posed (safer) if it comes from a neutral voice, i.e., your MAC committee representative rather than from your individual institution. And there are questions that should be presented to your MAC Medical Director by your MAC Committee in a collaborative, "educational" manner rather than as a question that requires him/her to come up with a definitive answer (the old ‘be careful what you ask for’ rule applies here). You are within your rights to contact your MAC directly, but, again, if you are seeking a particular answer that would seem obvious based on clinical rationale, it is sometimes more productive to approach it in a more strategic way.

QUESTION:

My cardiac/pulmonary rehabilitation program is part of a hospital outpatient department—doesn’t that put our service under Part B? Our program is located across the parking lot from the main hospital—does that make our program “free-standing”?

ANSWER:

These are actually good questions with justifiably confusing answers. We generally think of Medicare Part A as pertaining to any inpatient service. Although cardiac and pulmonary rehab are not in-patient services, each is included under Part A rules as are certain home health care, hospice, and other outpatient hospital services. Part B Medicare services are primarily physician-based services. (Cardiac and pulmonary rehabilitation programs that are housed in and owned by physician practices are under Medicare Part B coverage and payment rules.) Therefore, the correct definition of ‘free-standing’ does not refer to the physical location of the rehab program, but to who drops the bill—hospital (Part A) or physician (Part B).

Introducing a New Column: Spotlight on the Professional Liaison Committee

Marjorie L. King, MD, FACC, FAACVPR, Chair, AACVPR Liaison Committee

This article is the first in a series to highlight the AACVPR Professional Liaison Committee’s (PLC) outreach activities, concentrating specifically how you and your patients can benefit from these relationships. Currently, AACVPR has formal liaison relationships with more than thirty organizations.
The PLC works with other like-minded organizations (such as the American Heart Association, the American Thoracic Association, etc.) on a number of fronts. The PLC works with these organizations to spread the news about cardiovascular and pulmonary rehabilitation to other professional and lay organizations, health care professionals and our potential patient base. Additionally, the PLC works collaboratively with these organizations on special projects and joint ventures related to increasing awareness of cardiac and pulmonary rehabilitation. Following are a few examples of the results of the PLCs interactions with our liaison organizations.

**American Heart Association**

During February, cardiac rehabilitation and AACVPR certification were featured in the American Heart Association’s (AHA) publication, Heart Insight, which is distributed to cardiologists’ waiting rooms for their patients. (Electronic copies are available by clicking [HERE](#). This was a direct result of the relationship between the PLC and the AHA.

**American Thoracic Society**

Another example of the results of PLC efforts is the highlighting of AACVPR on the American Thoracic Society (ATS) "Best of the Web". ATS lists the AACVPR website with five stars – one of only 2 organizations that are rated with five stars. They summarize our website: "The site is valuable to those who are providing pulmonary rehabilitation services. Educational information as well as reimbursement information is available to all. Updates on regulatory and legislative issues are constantly updated and are easily found within this website. Excellent links are provided allowing the user to easily and quickly access very current information available in the field of pulmonary rehabilitation." [CLICK HERE](#) for more information)

**The Sudden Cardiac Arrest Association**

AACVPR recently developed a liaison relationship with the Sudden Cardiac Arrest Association (SCAA). The organization is involved in advocating for public awareness of the risk of sudden cardiac arrest (SCA), and provides patient education, support, and information for communities and medical personnel. SCAA identifies and unites survivors, those at risk of sudden cardiac arrest, as well as others who are interested in being advocates on SCAA issues in their communities and beyond. The membership is dedicated to promoting solutions to prevent sudden cardiac death, including increased awareness, immediate bystander action, public access to defibrillation, cardiovascular disease prevention, and access to preventative therapies. SCAA’s network of chapters, affiliates and volunteers work in their communities to raise awareness about SCA, improve emergency response, and encourage access to preventive treatment for those at risk.

The organization will host a conference October 9–11, 2009 at the Chicago O’Hare Hyatt Regency. As a highlight of their conference the SCAA will be honoring survivors of cardiac arrest at their celebration dinner the first night of the conference. SCAA is asking members of AACVPR to help identify survivors of cardiac arrest to honor at their dinner. If you know of anyone who would be interested please contact SCAA or Valerie Carroll Kramer at valeriekramer@comcast.net. More information can be found on the [SCAA web site](#).

SCAA spotlighted cardiac rehabilitation in their newsletter and "ask the experts" section and has included AACVPR as a link on their web site.

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**Innovative Programs & Best Practices**

*Tracy A. Herrewig, MS, FAACVPR*

A fantastic example of innovative programming/best practice is submitted by Gayla Oakley of Boone County Health Center in Albion, NE. This is an example of how a few (6) dedicated professionals can offer an incredible array of healthcare services. The programs described here are diversified to address the total health needs of its clients with efforts to provide best practice through outcome measures.

**Boone County Health Center**

*Gayla A. Oakley, RN, FAACVPR*

Boone County Health Center is a Critical Access Hospital located in the center of rural Nebraska. The Cardiology Services and Prevention Department provides 28 services including cardiopulmonary rehabilitation, lipid, diabetes, anticoagulation, and weight management. We service a 60-mile radius area, employ 6 full-time staff and provide care for an average of 80-100 clients per day.

A multidisciplinary approach to medical care includes aggressive disease management/ care coordination practices, which educate, monitor, and motivate with tools and techniques, aiding in primary and secondary prevention as well as health maintenance. The development of a clear, concise individualized plan of care addressing problems, goals and intervention, takes all the pieces of the puzzle and makes a complete picture. Continual reassessment and follow up are key to the success of the program. Electronic Medical Records have allowed providers to easily share information keeping the lines of communication open and ultimately benefiting the patient.

The staff is cross-trained for each service, within their scope of practice, to not only optimize staffing, but to also provide better continuity of care to the patients we serve. Each staff member is responsible for selecting an outcome to be studied, the resulting data, and making sure that performance measures are met.

Our newest program is the foot care clinic, providing services to diabetic or peripheral vascular disease clients. A spa chair has been added, staff has been trained and as a marketing tool, we offer providers a free foot soak and massage. While having a “captive” audience, we provided information not only about the foot care clinic but also the diabetes self management program. We have noticed a substantial increase in referrals, not to mention high provider satisfaction!

Stepping outside your usual comfort zone for programming and looking at the whole picture will allow you to see the areas that you can improve or expand for better care coordination practices.
Highlight Your Program!
Are you asking yourself how you could improve your program, your bottom line, your outcomes, or your scope of practice? Then you are asking the right questions. How are you going to sustain and even grow your program in these tough economic times? Do you see your program as a leader in the field of cardiac and/or pulmonary health and rehabilitation? Have you recently diversified your practice? Are your outcomes consistent with or above benchmarks? Do you know of a colleague or program that does exemplify best practice? If so, share your ideas in this column. AACVPR would like to highlight your staff, your program or your affiliate in each issue of News & Views. Submit your ideas to help each member of AACVPR improve his/her practice, program or affiliate. Send your ideas to Tracy Herrewig at therrewi@affinityhealth.org.

Pulmonary Point of View
Gerene S. Bauldoff, PhD, RN

Pulmonary Rehabilitation for Patients with Interstitial Lung Disease
An important paper published in the February 2009 issue of CHEST tested the hypothesis that pulmonary rehabilitation (PR) could improve functional status and dyspnea in interstitial lung disease (ILD). The authors also hypothesized that specific baseline patient variables would predict improvement. Ferreira, Garvey, Connors, et al., conducted a retrospective analysis of patients with a diagnosis of ILD who referred to PR at centers in Daly City, CA, Falls Church, VA and Concord, CA between January 2003 and March 2008. All centers provided similar PR protocols with two to three sessions per week (2-3 hours/session) for more than 6 to 8 weeks. The authors identified 113 patients, with 9 not completing the PR program and 5 with missing data, for a final sample of 99 patients. Diagnoses included idiopathic pulmonary fibrosis (n=50), unspecified ILD (n=42), scleroderma (n=5), nonspecific interstitial pneumonia (n=2), sarcoidosis (n=1) and lymphangioleiomyomatosis (n=1). From pre to post-PR significant improvements were seen in several outcomes of interest. The 6-minute walk distance (6MW) increased an average of 56 meters (p < 0.0001) with 49% increasing the distance by the minimal clinical significant difference of 54 meters. The Borg Dyspnea Score decreased by one unit (p < 0.0001), with 50% of patients reporting this minimal clinical significant difference. The University of California San Diego Shortness of Breath (UCSD SOB) scores were available for 29 (pre-PR) and 27 (post-PR) patients. Of these, the UCSD SOB decreased 8.3 units (p = 0.005) with 59% of patients reaching the minimal clinical significant difference of 5 units. The Center for Epidemiologic Studies–Depression (CES–D) score decreased an average of 2.2 units (p = 0.046). The baseline 6MW was the only significant predictor of change with higher baseline 6MW predicting smaller improvements following PR. However, a specific value to identify when PR may be ineffective could not be identified.

Why is this important?
This is the largest study of PR in ILD to date and the first to attempt to identify potential predictors of response to PR. While PR is widely recognized for its efficacy in COPD, PR for ILD is underutilized due to the lack of knowledge regarding the efficacy of PR in this population. While it is not known if reducing dyspnea and increasing functional performance prolongs survival in ILD, prior research in both COPD and ILD suggest that dyspnea and walk distance are mortality predictors. This study demonstrates that PR should be considered as a standard of care for patients with ILD. This information adds to knowledge regarding the breadth of lung diseases that respond well to PR. It is important for PR professionals to advocate for these patients to promote their referral to, and participation in, PR.

Reference:

JCRP Highlights
Mark A. Williams, PhD, JCRP Editor-In-Chief
JCRP Highlights – July/August 2009

This issue is highlighted by a Featured Review entitled “Assessment of Risk for Coronary Heart Disease in Asymptomatic Individuals”; manuscripts from Sweden, Spain, Canada, the United Kingdom, and the United States; and the scientific abstracts for the forthcoming annual meeting of the AACVPR.

Published Ahead of Print (PAP) VERSION (available by clicking HERE)

- Resistance Exercise Training Improves Heart Function and Physical Fitness in Stable Patients With Heart Failure. Gregory Palevo, PhD, et al (USA)
- Does Stress Reduction Change the Levels of Cortisol Secretion in Patients With Coronary Artery Disease? Mireille Rydén, MSc, et al. (Sweden)
- Home–Based Pulmonary Rehabilitation in Very Severe COPD. Is It Safe and Useful? Alejandro Muñoz Fernández, MD, et al. (Spain)
- Pulmonary Rehabilitation after Acute Exacerbation of Chronic Obstructive Pulmonary Disease in Patients Who Previously Completed a Pulmonary Rehabilitation Program. S. J. Carr, MSc, et al. (Canada)
- Relationship of Resting B-type Natriuretic Peptide Level to Cardiac Work and Total Physical Work Capacity in Heart Failure Patients. Joseph F. Norman, PhD, PT, et al (USA)

PRINT VERSION

INVITED REVIEW

- Assessment of Risk for Coronary Heart Disease in Asymptomatic Individuals. C. Tissa Kappagoda, MBBS, PhD, et al (USA)
CARDIAC REHABILITATION

- Comparison of Baseline Characteristics and Outcomes in Younger and Older Patients Completing Cardiac Rehabilitation. Sanjay Maniar, BS, BA, et al. (USA)
- A Model for Integrating a Mind/Body Approach to Cardiac Rehabilitation: Outcomes and Correlators. Aggie Casey, MS, RN, et al. (USA) CE article
- Patterns and Predictors of Uptake and Adherence to Cardiac Rehabilitation. John Sharp, DclinPsy, et al (UK)

EXERCISE TESTING AND CVD PREVENTION

- Maximal aerobic capacity and the oxygen uptake efficiency slope as predictors of large artery stiffness in apparently healthy subjects. Ross Arena, PhD, PT, et al (USA)

PULMONARY REHABILITATION

- The dose effect of pulmonary rehabilitation on physical activity perceived exertion and quality of life. Salwa E. Hassanein, PhD, RN, et al (USA)

AACVPR ANNUAL MEETING

- American Association of Cardiovascular and Pulmonary Rehabilitation Annual Meeting and Scientific Abstracts

Affiliate Society News

Florida Association of Cardiovascular and Pulmonary Rehabilitation (FACVPR)

Robert Zoeller, PhD, President FACVPR

The Florida Association of Cardiovascular & Pulmonary Rehabilitation is enjoying something of a renaissance. With a newly energized Board, membership has quadrupled to about 130 members. Our second 1–day annual seminar is scheduled for Sunday, August 1st at Florida Hospital in Orlando. Some of the topics include:

- Physical Activity and the Metabolic Syndrome
- MAC and Reimbursement Issues
- Trends in Cardiology
- Principles of Exercise Prescription in Cardiopulmonary Rehabilitation
- Harmonica Therapy for Pulmonary Patients
- Using Therabands in a Clinical Setting

We are also forming a MAC Committee to deal with the changing reimbursement environment. In the future, we hope to be able to offer continuing education via the FACVPR web site.

Massachusetts Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR)

Stephanie DiCenso MS, RCEP, CES, President MACVPR

2009 is an exciting year for the MACVPR! We began the year with a Strategic Planning Retreat. The Executive Committee agreed that efforts this year would focus on Membership, Financial Stability, Program Certification and the Web Site. We are only half–way through, and how productive it has been! We currently have 138 members with several from neighboring states. We have refreshed our membership brochure, completely redesigned our tri–annual newsletter, implemented a formal mentoring program and initiated a brief monthly President’s Email Update to keep members abreast of upcoming events and MAC–related news. We hosted the first New England Cardiac and Pulmonary Rehabilitation Symposium in April at UMASS Memorial Medical Center with featured speaker Karen Lui RN, MS, FAACVPR. Nearly 70 professionals from 5 states attended, and it was truly a tremendous success for our organization! Despite the economic climate, we were able to secure sponsorship, gain new members and maintain financial stability. In May, we held a Program Certification Workshop designed to assist programs applying for AACVPR Certification in the fall of 2009. Again, membership responded favorably. Both the Regional Symposium and the Certification Workshop resulted from a Member Survey designed to assess the needs of the MACVPR membership. We continue to update our web site utilizing software which the organization has purchased; the MACVPR web site is a work in progress! Lastly, plans are underway for our October 27th Fall Program Development Conference featuring Steven Lichtman, EdD, FAACVPR and several area physicians. We are a small organization continuing to make great strides!

North Carolina Cardiopulmonary Rehabilitation Association (NCCRA)

Mary Richard, BSN, RN, BC, President NCCRA

The North Carolina Cardiopulmonary Rehabilitation Association held its 30th annual state symposium on February 27th and 28th in Charlotte, NC. The symposium, "Remembering the Past While Preparing for the Future" was attended by 135 people from across the state as well as 20 vendors, who
showcased their products. The membership not only enjoyed the opportunity to grow professionally through the educational sessions that were conducted from experts in a variety of fields, but also the opportunity to network with other programs in the state.

Regional meetings will be held in the Coastal, Piedmont and Mountain areas of our state this summer and fall to promote communication from the NCCRA Board to its membership as well as to offer educational sessions. The planning for the 31st annual symposium to be held in Charlotte in February 2010 has already started.

**New York State Association for Cardiac & Pulmonary Rehabilitation (NYSACPR)**

*Steven W. Lichtman, EdD, FAACVPR, President NYSACPR*

The major news from the NYSACPR is with regard to our 2009 Annual Conference held at the historic Thayer Hotel in West Point, NY on Saturday, April 18. The conference was preceded by a NYSACPR board meeting on Friday, April 17. Representatives of the states six regions (Central, Long Island, Metro/NYC, Northeast, Southeast and Western) attended.

The conference was sponsored by Cardiac Science, Scott Care and ZOLL/Lifecor as Gold Level Sponsors as well as Kowa Pharmaceuticals as a Silver Level Sponsor. Additionally, patient donations paid for conference bags and gift baskets that were raffled to attendees. This years theme was "A Nation on the Move: Future Advances in Cardiac & Pulmonary Rehabilitation" and the brochures, communications and room decorations represented a patriotic theme respective of our location. The Association trialed a one day conference this year instead of its traditional two day format. The one day design was favored by the vast majority of the attendees.

Presentations included: "Heart Disease and the US Presidency: Lessons for our Patients" by Franklin Zimmerman, MD, FACC; "Pulmonary Rehabilitation: The Year in Review" by Richard Novitch, MD, AAACVPR Scientific Advisory Council; "Electrophysiology" by Howard Tarkin, MD; ‘AACVPR National Update’ and ‘Exercise is Medicine’ by Murray Low, EdD, FAACVPR, President AACVPR; ‘Update on the AACVPR Certification & Data Registry Project’ by Carl King, EdD, FAACVPR, Director, AACVPR National Registry Project and Past President AACVPR; ‘Exhale Airway Stents for Emphysema Trials’ by Patricia A. Jellen, MSN, RNC; and ‘Use of the LifeVest’ by John O’Kane. Additionally, prior to the General Membership Meeting during lunch, humorist Sunny Hersh presented “Heal Yourself, Heal Others, One Laugh at a Time”.

Finally, the NYSACPR would like to welcome Karen Pyle as the new President–Elect, Kristina Croce as the new Secretary, JoAnn Beim as the new Treasurer and Michael Gallucci as the Newsletter Editor. The Board would like to extend its heartfelt thanks to the outgoing Board members in appreciation of their support and time to the organization.

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**Reader Submission Form**

Do you have something interesting for publication? If so, please send all submissions to aacvpr@aacvpr.org and include ‘N & V Reader Submission’ in the subject line. Feel free to send in multiple topics. While not all submissions will be published, we will do our best to include as much reader content as possible. Email us – we’d love to hear from you!

Please CLICK HERE for the News & Views Reader Submission form.

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**2009 Calendar of Events**

*September 30, 2009 – October 3, 2009: 24th AACVPR Annual Meeting*

New Directions for Cardiac and Pulmonary Rehabilitation
Pittsburgh, Pennsylvania
More information and to register online, please visit the [AACVPR web site](#).

*August 4, 2009: “The Beat Goes On” HEARTEAM Cardiopulmonary Rehabilitation Workshop*

Sponsored by the Indiana Society of Cardiovascular & Pulmonary Rehabilitation
Meeting Location: Bloomington Hospital, Wegmiller Auditorium, Bloomington, IN
For Further Information call Debra Rush–Wade (812) 353–3550 or email drush–wade@bloomington.org

*La Crosse Exercise and Health Program Workshops:*

*September 20, 2009: Electrocardiography*
Sponsored by the La Crosse Exercise and Health Program
Meeting Location: University of Wisconsin, La Crosse, WI
For Further Information: Call (608) 785-8683 or visit [www.uwla.edu/sah/lehp/html/workshops.htm](http://www.uwla.edu/sah/lehp/html/workshops.htm)
September 21 – 25, 2009: Comprehensive Cardiac Rehabilitation Workshop
Sponsored by the La Crosse Exercise and Health Program
Meeting Location: University of Wisconsin, La Crosse, WI
For Further Information: Call (608) 785-8683 or visit www.uwlax.edu/sah/lehp/html/workshops.htm

October 12 – 14, 2009: Comprehensive Pulmonary Rehabilitation Workshop
Sponsored by the La Crosse Exercise and Health Program
Meeting Location: University of Wisconsin, La Crosse, WI
For Further Information: Call (608) 785-8683 or visit www.uwlax.edu/sah/lehp/html/workshops.htm

Medical Fitness Association Events:

December 2 – 5, 2009: 15th Annual MFA Medical Fitness and Healthcare Conference: Imagine the Possibilities
in Conjunction with the Athletic Business Conference & Expo
Orange County Convention Center, Orlando, FL
Email: education@medicalfitness.org
www.medicalfitness.org

Ongoing

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

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: www.heartcmeprograms.org

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.

AACVPR Administrative Staff:

Erin Butler, Interim Executive Director
Abigail Lynn, Senior Coordinator
Meredith Bono, Coordinator
Molly Werner, Senior Associate
Leigh Rzepecki, Marketing & Communications
Eric Johnson, Convention Services
Lauren Aguiro, Convention Services
Autumn Williams, Convention Services
Jennifer Shupe, Tradeshow Services
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