

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Clinical Exercise Physiology News and Notes

“Fundamentally , the answers to our challenges in healthcare relies in engaging and empowering the individual.” -Elizabeth Holmes

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Cardiovascular Electrophysiology Training Program
<https://med.utn.edu/epheart>



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CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

From the Office of the President: Shel Levine, PhD.



Did I Mention Membership?

Hello Everyone! If you'll recall, I ended last issue's letter with the three most important words when trying to lead a professional organization: MEMBERSHIP, MEMBERSHIP and MEMBERSHIP! Obviously, to make an organization viable, maintaining a consistent stable of members is essential. To make an organization successful, increasing those members on a steady basis becomes imperative. When looking to promote member growth, there are three areas that must be addressed: 1) retaining current members, 2) recruiting new professional members, and 3) recruiting students as potential future professional members. In addition, assessing why past members chose not to renew their memberships may give us valuable information in possibly bringing them back, while also giving us valuable insight in

retaining current members.

Retaining our current members is a top priority. In discussions with Mary Stauder, our Membership Committee Chair, and other Executive Committee members, we feel it's important to know what benefits are important to professional members to keep their memberships active. Therefore, be on the lookout for a membership survey. We want to hear what you, as valued members, feel is vital to maintaining your professional membership. What is important to you? What would you like to see us do that we're not doing? Our goal is to make your professional membership meaningful to you. In addition, a survey will also be sent to former members who let their memberships lapse. The reasons may help us to prevent attrition of current members; as well as possibly opening the door to bring them back to CEPA.

Recruiting new professional members should not be the sole responsibility of CEPA leadership. Every professional member, has a vested interest in the success of CEPA. Consequently, every member is a stakeholder. Every member should spread the word to friends and colleagues promoting the benefits of CEPA. The new Registry of Certified Clinical Exercise Physiologists is a great tool to encourage new membership.

Finally, the future of CEPA is dependent upon students. The more students we can get involved with CEPA, the more professional members and potential leaders we will have in the future. A task force is being formed to institute a new program for student recruitment. I do not have specifics to report as of now, but I feel the program has potential to really boost our student memberships and provide CEPA with a solid base for the future. Once approved by the Executive Committee, this new program will be promoted to all members and current students.

As always, if any CEPA member has any suggestions or comments, please contact us at cepa@acsm.org to let us know.

Yours in Health and Fitness, Shel, President Clinical Exercise Physiology Association

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Executive Secretary Notes: Wanda Koester, MS



What we have been up to???

Hello!

It's hard to believe fall is already here! This year has gone incredibly fast, but perhaps it's because things have been busy at CEPA. (OK, so maybe you've heard that before. But I can honestly say that I don't remember a time in the history of this organization that we've had so many big projects happening at the same time!) As the Executive Secretary, I am responsible for keeping my finger on the pulse of most of these projects. My level of involvement is different on each of them, but I am lucky to work with an awesome group of people who make my job easier.

We have several groups/committees that are (or have been) meeting weekly or at least monthly to meet a deadline or keep a project moving forward. Many different people have been involved with these projects and I am fortunate to work with each of them! Here's a rundown of some of the bigger things we've been working on for you:

- Work started last fall on the launch of a new website. This came to fruition in mid-May and we've received much positive feedback! Many thanks to Clinton Brawner for leading and continuing his work on this huge task.
- CEPA leadership changed in early June. This was not just for the position of president, but also for the secretary, treasurer, members at large and committee chairs including membership, legislative and publications. I am thrilled to see the energy of these new leaders and the fresh ideas they bring to the table!
- In early June, CEPA celebrated its 10th anniversary. There are several people who helped to launch the organization back in 2008 that are still involved to this day. I am incredibly thankful for their commitment to the organization, their historical perspective and the ideas they continue to generate on how to keep make us better and move us forward. A big thank you is due to Kathleen Cahill (CEPA president 2010-2011) for helping us celebrate this big achievement with a gathering in Minneapolis.
- Since January, we have been working to develop a registry for clinical exercise physiologists. Many thanks to Dennis Kerrigan and his team for the hard work they've been doing. The Registry will launch later this year and will be the first of its kind. You will hear much more about this in the coming months, so please stay tuned.
- CEPA has its first affiliate! The Louisiana Association of Exercise Physiologists signed an agreement with CEPA in April and we continue to work with them to create their own space on our website. We welcome Jim Buxton and Martin Montgomery and their team to CEPA!

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Executive Secretary Notes: Wanda Koester, MS

- For the past 18 months or so, we've been reviewing the CEPA bylaws and getting the document to the point where the pertinent changes can be voted upon. That has now taken place and the document is now being finalized into its newest version. Many thanks to Brian Coyne and Dennis Kerrigan for their work on this very important task.
- Last month, CEPA co-sponsored a meeting with the Massachusetts Association of Clinical Exercise Physiologists in Framingham, Massachusetts. It was also offered via live stream, thanks to our new website platform. The one day conference was a great success and we are already looking to offer this again next year. Thanks and congratulations to Sam Headley and his team on a job well done!

All of this and we also continue to work on JCEP (have you checked out the most recent publication in early September?), student and member advocacy, continuing education through webinars and legislative activity at the state level...it's amazing! And I am blessed to work with an awesome group of people. If you're not familiar with who they are, check out our CEPA leadership page on the website:

https://cepa.clubexpress.com/content.aspx?page_id=22&club_id=324409&module_id=288445.

I want to say a very public THANK YOU to each and every one of them – we wouldn't be here and doing this very important work for you without their commitment and effort. Have ideas on what else we can be doing for you? Email us at cepa@acsm.org.

I look forward to hearing from you!

Wanda

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

The Editor Speaks: Mark A. Patterson, M.Ed, RCEP



CEP's: The Cool Multi-Tool of the Healthcare World

It has been a few weeks into my new role here at work. I am back where I started, performing mostly routine and nuclear imaging exercise and pharmacologic stress tests. A few days a month I still do some rehabilitation consultations like I used to do and some cardiopulmonary exercise testing. Over this time I have been reflecting on my career and what an interesting path it has been. When I was a kid I thought my Swiss Army Knife was cool, then when I started working with the Warren County Iowa Conservation Commission during the summers, I got my first Leatherman, the greatest brand of all multi-tools! Well, over time I did less and less work that required tools and eventually lost my Leatherman, but since I now live in the woods of Western Boulder County in Colorado, it is a nice thing to have handy. Fortunately my son got me a new one recently and I have been putting it to use. Sometimes I feel bad for the tools in my well-organized garage, but that new, shiny multi-tool is too hard to pass up.

All of this got me to thinking. While I am not shiny and new anymore, I am quite the multi-tool here at work.

There is no one else here who was trained specifically in the physiology of exercise and how to use it to help diagnose people with different cardiovascular conditions, how to use it in the rehabilitation from acute disease and how it can help in the primary prevention of different diseases and conditions.

Through all my time in the fitness industry in more private and public settings, I gained skills in maintenance of equipment and have more mechanical knowledge in how to fix or repair things that break down.

My time as a high school coach really helps me understand how to work with people, listen, adapt to new situations and direct people in how to achieve their goals.

My time in the nutrition and supplement world gave me a unique perspective on dietary habits and the benefits and risks of the use of supplements.

My time working with Greg Roskopf in the early stages of his development of Muscle Activation Techniques gave me valuable insight in how muscular imbalances can lead to different types of muscular pain and limitation and some skills which I still use to help alleviate certain kinds of pain. I do really well with tennis elbow.

Recently our team got hit with another change. Expand stress testing operations to a 3rd campus, but wait for it....., without any additional help. We have to take our already-stretched staff and stretch them even a bit further. Another modern day healthcare reality slap in the face. So, what to do? Our current model is to run tests with an RN, NP, PA or CEP, with a tech. The physician then oversees the department, but most of the time is not directly running tests. So, makes sense that they jump in at this point to help run some of the tests, but it still does not solve the entire issue. We do not have any additional techs to help and we will need to run multiple rooms at multiple campuses at the same time.

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

The Editor Speaks: Mark A. Patterson, M.Ed, RCEP

The Cool Multi-Tool of the Healthcare World...Continued

So, who might we turn to? Who is trained in the physiology of exercise, specifically trained to do exercise stress tests, knows how to prep a patient for testing, knows how to interview a patient for symptom and health history, knows how to select proper testing protocols, knows absolute and relative contraindications to performing testing, indications to stop testing, how to go over a summary of the test with a patient, and what the next steps in the plan of care will be???

Hmmmmm, who could that be???

A CEP perhaps???

The more dynamic and fluid we can be, the more we can be recognized as valuable and unique. After 17 years in my current stint here, one of the greatest compliments I have ever received was from a cardiologist who said “many times you know what is wrong with someone before we do”.

This is partially from the fact that I get to see patients from initial diagnosis from their stress testing, seeing them many times before the cardiologist does in a secondary prevention role, but I also have the education, training , experience and some undocumented ESP.

As we look to the future on gaining an increased footprint in healthcare, we must maintain our flexibility and “multi-tool-ness” in order to stand out as an indispensable resource.

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Associate Editor: Andrew Smith MS, RCEP, CCRP, CHC



Let me introduce myself.....

I am joining CEPA as the Associate Editor of the CEPA newsletter. I have an extensive work history in clinical exercise physiology and university-level teaching. I am a Colorado native and live in Greeley, CO with my wife Rebecca. We enjoy hiking, cycling, and getting outside with our golden retriever, Fozzie. I am an alumnus of the University of Northern Colorado where I earned a BA in Kinesiology and an MS in Exercise Physiology. I hold the positions of Lecturer and Undergraduate Exercise Science Internship Director in the School Sport and Exercise Science at the University of Northern Colorado. I am also employed as a Clinical Exercise Physiologist in cardiovascular rehabilitation at North Colorado Medical Center. I am a contributing author for the soon-to-be-released textbook

ACSM's Clinical Exercise Physiology. In conjunction with serving as the Associate Editor of the CEPA newsletter, I will also fulfill the role of CEPA liaison with the Rocky Mountain ACSM chapter. I am committed to advancing the profession by actively contributing to the professional development of emerging and experienced clinical exercise physiologists.



Exercise & Sports Science Australia (ESSA) is a peak professional organisation representing more than 7,700 members. The organisation is committed to establishing, promoting and representing the career paths of tertiary-trained accredited exercise physiologists, exercise scientists and sports scientists.

Member/Partner Learning Opportunities

ESSA has a wide range of learning opportunities various subjects. These are now available to CEPA members at the ESSA member price. \$30 Australia, about \$22 US.

Topics Include: Aged Care, Business, Cancer, Cardiovascular, Chronic Conditions, Chronic Pain, Community, Diabetes, Exercise Prescription, Female Health, Mental Health, Musculoskeletal, Occupational Rehabilitation, Pulmonary, Sports Science.

<https://www.essa.org.au/members-home/professional-development/>

Registration

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CEPA Member Registration Form

SESNZ Member Registration Form

BASES Member Registration Form

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Clinical Exercise Physiology Program Highlight:

Caroline Camisasca, MS, ACSM-EP-C

Scott Eberhardt, MS, ACSM-CEP

Steve Jones, BS, ACSM-CEP, EIM III

InnovAge's Clinical Exercise Program Serving Seniors Continues to Grow

Last winter, CEPA published an article highlighting InnovAge's clinical exercise services (CES) program launched in 2016 by Steven Jones, BS, ACSM-CEP, EIM III. One year later, the program is still going strong and has experienced positive growth. As a brief overview, InnovAge is the largest provider of the Program of All-inclusive Care for the Elderly (PACE) in the U.S., with centers in California, Colorado, New Mexico, Pennsylvania, and Virginia. PACE is an alternative to nursing facilities, providing customized healthcare and social engagement to older adults to help them stay independent. Participants are primarily dually eligible for both Medicare and Medicaid and receive most of their healthcare and the other provided services under one roof at a local PACE center. InnovAge CES is the first PACE entity to champion applied exercise prescription to treat numerous chronic illnesses.

Starting out in one small room with only a handful of participants at InnovAge's PACE center in Denver, Colorado, the CES program now has 400 exercisers at three InnovAge PACE centers. Upon assessment with a primary care physician, chronic diagnoses responsive to physical activity are identified and an order is sent to clinical exercise physiologists for further evaluation. The majority of participants in the program suffer from multiple comorbidities. It is not uncommon to see participants that have a combination of diagnoses such as type 2 diabetes, chronic kidney disease, and chronic heart failure. So, the stratification of risk and precision in formulating the exercise prescription is required to ensure beneficial outcomes.

One of the newest installments in CES is the implementation of a heart rate program to increase the safety and effectiveness of exercise prescriptions set by the exercise physiologists. Following their initial assessments, participants are taken through a submaximal exercise test on the recumbent stepper. Target heart rates are calculated based on the predicted VO₂Max and ACSM guidelines surrounding existing comorbidities. Participants wear heart rate monitors on their wrists while their heart rates are displayed on a television. This allows participants to adjust workloads and speed until they reach their prescribed targets for a given timeframe. This ensures that proper intensities are achieved to attain physiological improvements. Initially, most participants can't reach the intensities recommended by ACSM, so the guidelines are used as a goal.

Across the company, InnovAge's CES has contributed to more than 60 medication adjustments. Type 2 diabetics participating in clinical exercise are seeing a reduction in HgA1C and requiring less medications to manage blood glucose levels, some no longer needing the use of insulin. Participants with hypertension diagnoses are also seeing decreases in dosage and complete discontinuation of hypertensive medication; successes like these prove exercise and CES go well beyond prevention. Additionally, participants are reporting decreased depression, increased quality of life and less dependence on adaptive equipment. Clinical exercise team members are now working with one of InnovAge's wound care physicians to improve venous insufficiency and wound healing. Nursing interns also rotate through the program to offer participants continuing education about chronic illnesses.

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Clinical Exercise Physiology Program Highlight:

InnovAge's Clinical Exercise Program Serving Seniors Continues to Grow

The physiologists who work in the program have experience with exercise prescription for cancer patients, cardiac rehabilitation, and education in exercise psychology and dietetics. These skill sets offer participants access to a wealth of knowledge, which only serves to help them better manage comorbidities and learn how to integrate regular physical activity into their lives.

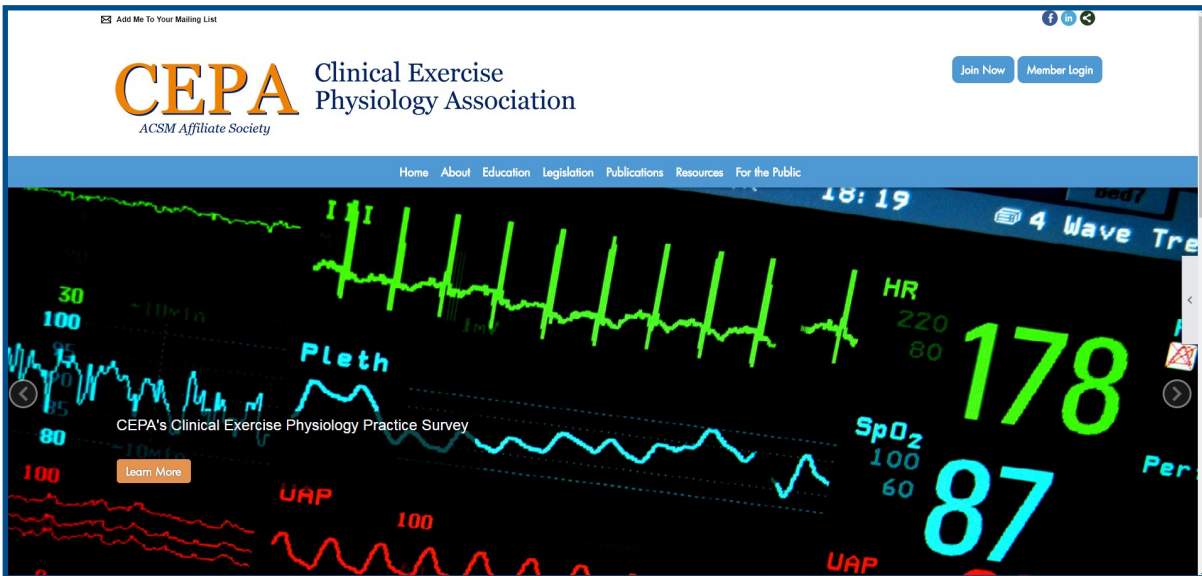
“When I started this program two and a half years ago, I knew it was much-needed for InnovAge; however, I did not realize the depths in which it would affect our participants’ lives and the impact that it would have on our company,” said Jones. “InnovAge is truly leading the way in revolutionizing healthcare for seniors through clinical exercise, empowering them to build the strength and courage to age independently, while mitigating the negative effects of chronic illness.” - Steve Jones

For more information, visit www.MyInnovAge.com.

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CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Website



What's Happening on the Website

- Discussion Forum
- Upcoming Events and Webinars
- Newsfeed
- Social Media
- **Come check it out, get connected, get involved!**

CEPA Clinical Exercise
Physiology Association
ACSM Affiliate Society

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Committee Updates: Continuing Education Committee, Timothy Werner, PhD

The Continuing Education Committee offered a webinar on *Basic Pacing Concepts* on Tuesday, October 16th. Mr. John Boettcher from the University of Texas presented on the basic concepts of pacing including the types and codes of pacemakers/defibrillators, the components that make up a pacing system, basic electrical concepts needed to understand pacing functionality and basic troubleshooting of these systems. He also discussed the magnet function of pacemakers and the basics of remote monitoring. We will be offering one more webinar in December 2018, so please continue to visit our website for more details. Finally, we are always looking for qualified experts to present on their research and field of expertise. If interested, please email your suggestions for future webinars to the Chair of the Continuing Education Committee, Tim Werner (tjwerner@salisbury.edu).



NCBDE

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NCBDE was established in 1986 as an independent organization to promote the interests of diabetes educators and the public at large by granting the Certified Diabetes Educator® (CDE®) certification to qualified health professionals involved in teaching persons with diabetes, through establishment of eligibility requirements and development of an examination. Since it was first awarded in 1986, the CDE® credential has become a standard of excellence for the delivery of quality diabetes education. NCBDE's mission is to define, develop, maintain and protect the certification and credentialing process to promote ongoing quality diabetes education and support.

The purpose of the NCBDE certification program is to promote comprehensive and ongoing quality diabetes education and support by defining, developing, maintaining and protecting the certification and credentialing processes. The CDE® credential demonstrates that the certified health professional possesses distinct and specialized knowledge, thereby promoting quality care for persons with diabetes. Certification is a voluntary process used to assess and validate qualified health professionals' knowledge in diabetes education. It is an evaluative process that demonstrates that rigorous eligibility requirements have been met. Certification is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases and other considerations.

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Committee Updates: Membership Committee, Mary Stauder

Current CEPA membership remains steady, with roughly 400 active members! Building new student members is a key focus of the Membership Committee. The committee is excited to explore providing additional benefits to students and its members to become more interactive with the organization. To support this effort, each committee member is piloting outreach and engagement to local contacts to learn how to best engage with university professors, student advisors, and the students themselves. The committee is also collaborating with other committee chairs to use strategic marketing to support communication to students through the use of emails, surveys, and fliers. Learning how to speak the student's language and best interact with them is a complex goal for the committee. Other areas of interest and focus for the committee include the use of discussion boards and blogs for students to interact with to learn about the various jobs and industries that a clinical exercise physiologist could explore.



Medical Fitness Association

Mission Statement

The Medical Fitness Association is a member-driven, non-profit organization. Our mission is to foster opportunities for the development and operational success of medically integrated fitness centers. Medical Fitness Association provides industry standards, educational programs, benchmarks, outcome measurements, professional development and networking opportunities for the medical fitness industry.

CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

Committee Updates: Advocacy Committee, Kenneth Ecker, PhD

The advocacy committee continues to establish a CEPA presence at ACSM regional chapter meetings by recruiting CEPA regional contacts to represent the organization. In addition, CEPA has helped to provide speakers at several of these regional chapter meetings. If you are involved with ACSM regional chapter meeting planning and would like to see CEPA represented, please contact me. This Fall we have plans to be at the following regional chapter meetings:

Greater New York
Mid-Atlantic
New England
Northland
Southeast

Next year we are planning to be at the Northwest and for the Rocky Mountain Chapter meetings.

Please contact me if you have any questions.
Thanks.

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Journal of Clinical Exercise Physiology

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Clinical Exercise Physiology Association
-and-
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Ever Consider Publishing in the Journal of Clinical Exercise Physiology (JCEP)?

Did you know that JCEP accepts submissions for original research or reviews (general topical literature review, systematic review, meta-analysis)?

And did you know that JCEP is currently read by almost 7,000 clinical exercise professionals?

Submission topics can include, but are not limited to, exercise testing, disease management, risk assessment and prognosis, acute and chronic exercise responses, safety and efficacy, outcomes, and pathology and epidemiology of chronic diseases, physical activity, and behaviors. Lectures at meetings such as the ACSM annual meeting often make great topics that are easily transitioned to a manuscript.

JCEP website.: <http://www.jcep-cepa.org> . At this time you can access the journal from this site. There is also a link directly from the CEPA website. In the near future accessing the JCEP site directly (<http://www.jcep-cepa.org>)

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