

December Historical Perspective: Looking to the Future

Happy Holidays and wishing you all a very Happy and Healthy New Year! This December historical perspective is the FINAL historical perspective newsletter being written to celebrate the 50-year anniversary of the Academy of Cardiovascular and Pulmonary PT. What a year!!!!

As we honor and celebrate all the accomplishments the Academy of Cardiovascular and Pulmonary PT has achieved over the past half century, it's important to recognize the endless effort of all the individuals who have made these past 50 years happen as well as new leaders who will guide and shape us in the future.

This newsletter is dedicated to Looking to the Future! So, we will highlight the responses to the fifth question we asked all of our fabulous Cardiovascular and Pulmonary PTs that we highlighted throughout the year, which was:

“What is the most important issue for the CV&P Academy to address in the future?”

We will revisit the answers from all of our highlighted individuals in this issue. In addition, we wanted to shine the spotlight on 3 very special PTs who ARE the future. Two of our highlighted PTs were awarded Emerging Leader of the Academy of Cardiovascular and Pulmonary PT: Ashley Parrish and Amanda Clifton. Our third highlighted individual is an international PT who has contributed immensely to Cardiovascular and Pulmonary Research and has an impressive collection of PT clinical experience. The future of Cardiovascular and Pulmonary PT is NOT just what our profession accomplishes in America, but what our international peers achieve which is why Magno Formiga is included.

Thank you for reading our newsletters all year! We hope you enjoyed reading them. We also ask that if you have any revisions or additions to the history that we may not have mentioned, please send them to our Executive Director: Ed Mathis at edward@aptacvp.org.

From the January Newsletter:

Bob Huhn: Removal of the required physician being on premises for cardiac rehab. In my work in private practice, I bill cardiac and pulmonary rehab using the CPT code 97110 – I called it monitored therapeutic exercise even though I am not performing all of the component's CMS requires of cardiac and pulmonary rehab. This would be a monumental effort and I am not sure it would be worth it, but it would allow physical therapists who work outside of the hospital to provide CP services.

From the February Newsletter:

Linda Crane (as reported by Meryl Cohen): We know that Linda was spirited, passionate, and often modeled moral courage. She would likely encourage the Academy and our colleagues to advocate for healthful behaviors and against unhealthy

behaviors. On several occasions in the 70's and 80's she tirelessly tried to solicit support in the House of Delegates to help educate the public about the health consequences of smoking. Fast forward to this decade, she would likely be encouraging the APTA to educate the public, especially the youth, about the efficacy and health consequences of vaping and e-cigarettes.

Linda would likely be thrilled with the creation of Clinical Residencies and would support their expansion and growth. The work she did to advance Board Certification as evidence of advanced clinical practice was limited by the lack of CVP PT mentors; Residency helps to fill that void.

Linda was a pioneer in helping to document CVP PT competencies, both entry level and specialty. Continued support, revision, and dissemination of validated competencies for PT school curriculum by the CVP Academy would likely be efforts that Linda Crane would embrace and encourage.

Meryl Cohen: Along with providing a mechanism for CVP PTs to network, it will be important for the CVP Academy to help:

- Support clinicians in staying updated on advances in technology and medical-surgical procedures.
- Advocate for high-quality care that emphasizes the value and outcomes of CVP PT.
- Encourage research that provides practical outcomes for patient care.
- Inspire educators to prepare students for future challenges in CVP practice.

From the March Newsletter:

Cynthia Zada: How to stay connected to one another and the profession at large. The bigger it gets, the harder it gets. Use technology and keep it personal.

Steve Sadowsky: As far as the most important issue – I'd have to defer to folks possessing far more insight and political savvy than me. I would argue that keeping PTs relevant in the cardiac and pulmonary fields is the hard task that must be carried on.

Sandy Cassady: I believe it's important for the Academy to provide more support for research that advances cardiovascular and pulmonary physical therapy education and practice.

Jane Eason: I think that the Academy has grown so much over the past few years and has provided lots of resources for members. Continuing to provide resources is critical for growth of not only members but also the Academy. Continuing to collaborate with other Sections/Academies in APTA is also another great opportunity of growth and puts our area of practice out there for others to see us. In the past, we tended to be very insular, but I am happy to see that this is not the case any longer and that the Academy has taken a more external focus.

From the April Newsletter:

Colleen Kigin:

1. Don't be hesitant to step outside your comfort zone, to take on unusual responsibilities, positions, or research. Stretch beyond where you even envisioned.
2. Be PART OF Innovation—real time monitoring, wearables for our patients that enable them to know status, and us to adopt techniques/care respectively.
3. Get onto research teams that develop these, often led by others outside our profession such as Conor Walsh—be brave, try this new role, part time or full.
4. If we don't jump in, we will be rolled over—by large companies involved in integrating health measures into their devices, or by other professions who think AI can replace us, etc. We must be part of this! It is not meant to replace us—unless we sit back.

Cathy Certo: Keep Cardiopulmonary Content as a cornerstone of PT practice no matter the practice.

Donna Frownfelter: I believe appropriate understanding of what we can do and our billing and reimbursement for our services. We need to stand out with what PT offers and demonstrate that and communicate with those that sent the referrals and show how PT helped. We also need to be good team players and practice interprofessionally for the best outcomes.

Steve Tepper: I have no idea. I do like that SNL started the same year as us! The question is, who will last to 100 years?

Dianne Jewell: Historically, our identity has generally been associated with settings, mostly ICU and acute. We retreated from outpatient when Medicare bundled CR and eventually PR services, pricing us out of the market as participants. The Academy has a central role in breaking through that perspective and instead thinking about how our practice applies across all settings. I'm talking about more than berating our ortho colleagues to take a blood pressure. I believe we should be able to describe this global practice paradigm and develop and deploy resources to empower our colleagues in it.

Ethel Frese: I would like to see the growth of more cardiovascular and pulmonary residencies. The growth of acute care residencies may impact the development of more cardiovascular specialists.

Angela Campbell: Eventually, there will be no shortage of replacement organs, but PT will always be needed to rehab the systems around new organs. I believe CVP PT will also have a growing role in chronic disease management, as humans will always lead flawed lives regarding health behaviors. I believe the Academy's most important issue is to stay at the forefront of research and policy changes, so that we are the recognized experts in maintaining and restoring physical function as it pertains to CVP health.

From the May Newsletter:

Nancy Ciesla: Education!!! Promote Specialization and online and in person conferences, while reminding our fellow physical therapists that a strong cardiopulmonary background is integral to maximizing outcomes of patients with all diagnoses.

Anne Mejia-Downs: I believe we have so much to offer other sections and academies and we should partner with them for presentations and other efforts. For example, we've been expressing the importance of vital signs in our own circle and "preaching to the choir". We might get more traction if we insert ourselves into other circles, demonstrate in their environments how to incorporate taking vitals, and "preach to the uninitiated". I'm imagining that we could perhaps present a business case for taking vitals, develop a vital sign module to be incorporated into musculoskeletal, prosthetics, and every clinical course, publish a paper about the potential public health opportunity for PTs and PTAs to identify and partner with HCPs to manage elevated blood pressure, and reward clinical instructors who model regular vital sign monitoring for their students. Just a dream I'm having, where all PTs and PTAs monitor vital signs as routinely as they wash their hands.

From the June Newsletter:

Pam Bartlo: Advocating for our CVP PT services. Too many areas are losing PTs in CVP care. In my area, none of the hospitals have PTs as the standard of care for Phase I rehab. PT is only called in if the patient has a mobility issue. Many areas around the country don't have PTs as standard practitioners in Phase II rehab. We have also given away A LOT of our pulmonary practice. We need some strong advocates to get these things back. We are the specialists in this area and need to show that to others.

Gary Brooks: I've always stressed the importance of physical activity in health, looking beyond exercise. Can we create environments and societies that encourage greater physical activity in everyday life?

Alvaro Guravich: To show the value of PT and that nobody can do it better than us. We need to be united and raise the bar in PT education.

Morgan Johanson: Increasing pay for PT and decreasing cost of DPT, not losing our practice (i.e., CR and PR), volunteers that will do the work for the Academy/Profession (i.e., completing CPG projects that get started), reimbursement for service.

From the July Newsletter:

Joanne Watchie: I think it is critical that we expand the knowledge of PTs in all areas of practice on the importance of the cardiovascular and pulmonary systems to their goals of promoting optimal function and wellness for clients with any and all diagnoses. This is important in academic settings, clinical settings and through continuing education.

Sue Butler McNamara:

- Stay relevant within the PT profession.

- Make sure that the PT Academic programs keep cardiopulmonary as an essential part of the curricula.
- Ensure that clinical instructors serve as role models with their inclusion of a cardiovascular and pulmonary assessment whether inpatient or outpatient.

Jane Wetzel: The CVP Academy will need clear priorities and support what matters most. What is the impact we want to have and how much does it matter?

Tammy Burlis: One of the most important issues for the Cardiovascular and Pulmonary Academy to address in the future is the integration of innovative technologies and evidence-based practices to enhance patient outcomes and streamline care. Rapid advancements in medical technology, including telemedicine, wearable devices, and personalized medicine, are reshaping how cardiovascular and pulmonary care is delivered. Addressing this issue involves several key components:

1. **Technological Integration:** The Academy should focus on the adoption and effective utilization of new technologies that can improve diagnosis, monitoring, and treatment of cardiopulmonary conditions. This includes promoting the use of telehealth for remote patient monitoring, which can increase access to specialized care and may reduce hospital readmissions.
2. **Evidence-Based Practices:** Staying at the forefront of research and ensuring that clinical practices are grounded in the latest evidence is crucial. The Academy should support ongoing research and the dissemination of findings to clinicians to foster the best practices in patient care.
3. **Education and Training:** As technologies evolve, continuous education and training for healthcare professionals become essential. The Academy should develop and offer educational programs that equip practitioners with the skills to implement new technologies and treatments effectively.
4. **Interprofessional Collaboration:** Enhancing collaboration between different healthcare professionals can improve patient outcomes. The Academy should continue to encourage interprofessional education and practice, fostering teamwork among physical therapists, physicians, nurses, and other healthcare providers.
5. **Regulatory and Policy Advocacy:** Engaging in policy advocacy to influence healthcare regulations that support innovative practices and technologies is critical. The Academy should work to shape policies that facilitate the incorporation of advancements in cardiopulmonary care.

By focusing on these areas, the Academy of Cardiovascular and Pulmonary can lead the way in transforming care delivery, improving patient outcomes, and ensuring that students and practitioners are well-equipped to meet future challenges in the field.

Christiane Perme: There are several pressing issues for the CVP Academy to address in the future, including the rising burden of cardiovascular disease, limited access to

cardiac and pulmonary rehabilitation, the development of best practices, and others. While each of these are important, I am particularly passionate about advancing the practice of physical therapy in the ICU. It is imperative that the CVP Academy prioritizes education and staff development specific to the ICU setting since the complexity of critical illness continues to evolve and physical therapists are expected to be part of the multidisciplinary ICU team. By doing so, we can ensure that physical therapists are adequately prepared to manage complex cardiopulmonary cases across diverse ICU settings. From my perspective, this is the most critical issue the CVP Academy should focus on moving forward, without a doubt...

From the August Newsletter:

Rebecca Crouch: To continue to educate others in health care fields of the importance of PT practice and involvement in the care of CVP patients. There continues to be a large gap in the understanding of the PT's scope of practice with Cardiovascular and Pulmonary patients. The Academy must prioritize the education of other health care providers, but also the public, in the usefulness and necessity of CVP Physical Therapists.

Alex Sciaky: I think the Academy needs to find ways for PTs to effectively communicate and validate their value in providing cardiopulmonary care across all settings. Physical therapists have more to offer patients who are recovering from cardiovascular and pulmonary conditions than most healthcare systems and insurance companies realize. If they were more aware of the value, they would have more evidence to choose PT over other professions to provide CVP care.

Haley Bento: PTs in more of a primary care role. We have made huge strides with the vitals are vitals campaign, but we still have a long way to go in ensuring ALL PTs – not just those in our specialty area- are capable of managing chronic cardiopulmonary conditions and performing appropriate screening of all patients in these body systems. As heart disease prevalence keeps in

From the September Newsletter:

Lawrence Cahalin: I honestly believe that the Academy of CVP PT has been at the forefront of addressing important issues in PT. I believe that the future of CVP PT is strong due to the unfortunate number of CVP risk factors that continue to be present in the US population and subsequent CVP disorders that arise because of them. In view of this, perhaps the most important issue for the Academy of CVP PT to address is prevention and risk factor reduction in high-risk populations. Despite the fact that reimbursement for preventative PT services is poor or non-existent, implementation of PT risk factor reduction and prevention services could be done via health fairs and community wellness programs. Examples of this include university and community driven health fairs and pro-bono clinics like that at the University of Miami and numerous other universities and communities as well as collaboration with other organizations like the YMCA and Jewish Community Centers. Methods to implement and examine the effects of such programs by the Academy of CVP PT may be an important step in this direction with the goal to reduce risk factors and subsequent CVP

disorders starting with children and adolescents and progressing to older adults. Collaboration with the Academy of Pediatric and Gerontologic PT and various universities and communities in which such programs exist may help to facilitate such preventative programs.

Ellen Hillegass: I believe that PTs need to be acknowledged for Advanced Practice and be recognized by CMS and the healthcare community as equal to Advanced Nurse Practitioners and Physician Assistants.

From the October Newsletter:

Paul Ricard: The most important issue I believe is showing the value of a PT exam and intervention for health awareness of and interventions for patients with cardiovascular and pulmonary health conditions regardless of setting. Training all PTs in the classrooms of the importance of and how to examine and perform cardiovascular and pulmonary exams guided interventions is one aspect. Integrating this education with the clinical instructors and supporting the carryover of these practices in the clinical setting is another, and is likely more challenging, aspect.

Chris Wells: Establishing a more visible presence. I believe we can move that strategic plan forward by addressing the following:

How do we educate our healthcare team members, administrators, and the public on the benefits provided by consulting a CCS prepared or well-trained CVP PT in providing advanced assessment and intervention to their clients. Following the model of making a pharmacist and clinical nutritionist key members of the ICU healthcare team. Consider some Academy certificate for a certain level of educational course sponsored or approved by courses—a steppingstone to CCS.

Working with academic partners to assure sufficient cardiovascular and pulmonary content education and affiliations training in CVP education. Linking our academic partners with the Academy to assure that level of education is taught by qualified CVP trained PT.

Restore the clinical relevance of the CCS. I believe the modifications like decreasing direct patient care time to permit clinicians that move into faculty members to maintain their CCS weakens the certification.

Get our journal indexed.

From the November Newsletter:

Ann Fick: Our academy is filled with members who possess deep CVP knowledge and diverse skills (e.g., clinical, research, teaching, leadership, and advocacy). My experience suggests that some of this talent has yet to be nurtured.

We need to create intentional opportunities for mentorship and engagement, so these voices are heard and empowered. Leveraging the strengths of our members will help

the academy continue to evolve and thrive.

Kate Grimes: Integration of CVP system into all aspects of patient care as a forethought, not afterthought, Reimbursement, Research: especially integrated with other disciplines.

Ann Swisher: Healthcare globally is in a crisis, compounded by lifestyle habits that lead to increases in CVP related diseases. There is no shortage of need for experts in our area. However, we need to think beyond the hospital setting to have the greatest impact. Getting involved in raising standards of PT care related to CVP and exercise should happen in all care settings (home care, long-term care, community wellness), not just after a patient has an event. There are many great organizations working on wellness and health promotion who do not know what a CVP PT can bring—reach out to form partnerships in improving the health of society. Make sure that CVP issues are fundamental to new practice models such as Primary Care PT and cash-based practice. Together with partners from other disciplines and members of communities, we can make a big impact for the future.

And now.... Our Highlighted members ...one last time for highlighting members.... 2 who were named Emerging Leaders, Ashley Parrish and Amanda Clifton, one International member who should be identified as an Emerging Clinician/Researcher: Magno Formiga, and an amazing contributor and endearing member of the Legacy Committee all year long, who is an Emerging Active Academy member/future committee chair or board member (?): John Scherry.



Ashley Parrish

Ashley Parrish, PT, DPT, PhD, CRT, CSS is an Associate Professor in the Department of Physical Therapy at UAB. She holds a Bachelor of Science in Respiratory Therapy, Doctor of Physical Therapy, Certification in Applications of Mixed Methods Research and PhD in Health Behavior from UAB. Her area of practice and expertise is in pediatric cardiovascular and pulmonary care, specifically in the intensive care unit setting. She continues to practice clinically in a hospital setting, as well as weekly at STEP (Staging Transition for Every Patient) clinic for young adults with complex medical needs transitioning from pediatric to adult services.

Ashley's research focus is on pediatric outcome measures, disability awareness in medical education, simulation, and cardiovascular and pulmonary rehabilitation. She has served as a co-investigator on NIH-funded studies and led grant-funded initiatives promoting interdisciplinary education and disability advocacy. She has published multiple peer-reviewed manuscripts and contributed to foundational texts including Essentials of Cardiopulmonary Physical Therapy. She has presented over 35 peer-reviewed sessions at national and international conferences, including the Combined Sections Meeting, the annual Cardiovascular and Pulmonary Physical Therapy Conference, the Academy of Pediatric Physical Therapy Annual Conference, and the AAMC SGEA Annual Conference.

Ashley is actively involved in professional service. She has held numerous leadership roles for the APTA Academy of Cardiovascular and Pulmonary, Acute Care, Pediatrics, APTA Alabama, and the Society for Simulation in Healthcare. Currently, she serves of the President for the APTA Academy of Cardiovascular & Pulmonary Physical Therapy. Her contributions have been recognized with multiple awards including the 2021 and 2022 Emerging Leader Award from the APTA, 2022 Academy of Cardiovascular & Pulmonary Physical Therapy Emerging Leader Award, 2022 ACAPT Emerging Educator Award, and 2025 UAB National Alumni Society's Rising Star Award.

When did you first get involved in the Cardiopulmonary Section/Academy of CVP?

I became involved with the Academy immediately after graduating from UAB's DPT program. I ran for a position on the Nominating Committee as a way to get involved and ended up winning the election! Being on the Nominating Committee led to other roles within the Academy including being on task forces and other board positions.

Who were some of your mentors?

If I could list the entire Academy membership by name here, I would. Mentorship is by far the best part of this Academy and what makes it so special. The first time I met Dan Malone, he told me to naturally allow the Section (at the time) to mentor me. That advice stayed with me and the mentorship of the Academy did flow naturally. While many organizations rely on top-down mentorship, everyone mentors each other in our Academy. We all have unique skills and strengths, which is why this Academy continues to flourish. I do want to give a shoutout to John Lowman as my biggest mentor, advocate, and cheerleader. John was my CVP professor in PT school and the one who inspired my career in CVP. I was his first student that became a CCS, and we now work together at UAB. My goal as an educator is to help my students find their passion like John did with me.

How have you practiced cardiopulmonary physical therapy, and what are your proudest achievements?

I currently practice cardiovascular & pulmonary physical therapy in the pediatric acute care setting in addition to my role in academia at UAB. It's a unique and rewarding environment where I get to support some of our most vulnerable patients from birth into

the adulthood transition. Being able to advocate for that area of practice like my idol, Linda Crane, is my proudest achievement. We have a long way to go in terms of research discovery and implementation in this area, but we have some amazing leaders in that space including Casey Vogel and Amanda Clifton!

What advice would you give someone to stay updated in our field, and what has worked for you?

Stay curious and stay connected. Engaging through conferences, committee work, and implementing evidence into practice has worked well for me. One standout resource that I want to highlight is our annual Academy fall conference. Not only do we have high level content presented in multiple domains, but we also have intentional time built in for networking and idea sharing. Our conference planning committee is innovative and deeply committed to the intentionality of the conference. It will be in Pittsburgh next year (Sept 11-13), so make sure you mark it on your calendars!

What is the most important issue for the CVP Academy to address in the future?

My President hat immediately goes to building up our student involvement and membership because they are the future of our Academy. We recently started a student meeting series, created a student rep position (shoutout to Vincent Luna who is our current student rep), and have students getting involved in Academy committees. My clinician/educator hat goes towards two issues: 1) advocating for the value of our specialty as advanced practice providers. 2) closing knowledge gaps. One gap from my perspective is the treatment of individuals with congenital heart defects from both a pediatric and adult lens. Pediatric therapists tend to leave off that cardiac lens and focus more on development. As these individuals transition to adulthood, PTs do not recognize the pediatric based implications like delays in gross motor, fine motor, and cognition.



Amanda Clifton, DPT, PhD, CCS

Dr. Amanda Clifton is a graduate of the University of Miami–Nicklaus Children’s Hospital Pediatric Residency Program and a dual-certified clinical specialist with a focused research background in the pediatric cardiopulmonary population focusing on pediatric sternal precautions and neurodevelopmental care. Dr. Clifton is chair of the Cardiovascular and Pulmonary Special Interest Group within the Academy of Pediatric Physical Therapy and incoming programming chair for the Pediatric Annual Conference. She is currently a PhD student at the University of Miami and the recipient of the PODS

Scot C. Irwin Award, generously supported by the APTA Academy of Cardiovascular & Pulmonary Physical Therapy Human Performance Endowment Fund. She was also honored with the 2023 Emerging Leader Award from the Academy of Cardiovascular & Pulmonary Physical Therapy.

When did you first get involved in the Cardiopulmonary Section/Academy of CVP?

I joined in 2019, but became more active as a member of the Visibility and Awareness Committee and by helping create the Pediatric Cardiovascular and Pulmonary Circle.

Who were some of your mentors?

My primary cardiopulmonary mentors are Dr. Lawrence Cahalin and Dr. Meryl Cohen, but I've been deeply influenced by many colleagues I've learned from and collaborated with, including Deborah Hoekstra, Sabine Gempel, Ashley Parish, Anna Sladkey, LeighAnn Smart and so many others.

How have you practiced cardiopulmonary (what types of settings) and what are your proudest achievements?

I practice primarily in pediatric intensive care units. My proudest moments are using cardiopulmonary knowledge to help critically ill children play and create positive memories with their families. I am also honored to have received the Emerging Leader Award and the PODS I grant from the Cardiopulmonary Section/Academy of CVP.

What advice would you give someone to stay updated in our field, and what has worked for you?

For me, the motivator is simple: I never want a patient's recovery to be limited by my lack of knowledge or failure to act. Knowledge isn't optional—it transforms doubt into direction and turns a routine treatment into a life-changing intervention. What's helped me most is regularly reflecting on my skills and seeking ways to advance them, whether through new certifications, research, or direct mentorship.

What is the most important issue for CVP Academy to address in the future?

Expanding awareness of the importance of CVP care. Everyone has a heart and at least one lung, so this area of practice is fundamental across all therapy settings. Looking forward, I believe we need to continue broadening our role into prevention as well as acute care.



Magno F. Formiga, PT, PhD

Dr. Magno F. Formiga earned his bachelor's degree in Physical Therapy from the State University of Paraíba (Brazil) in 2012 and his PhD in Physical Therapy from the University of Miami - Miller School of Medicine (United States) in 2019. He completed his doctoral studies fully funded through the Latin American Scholarship Program of American Universities (LASPAU), a prestigious program affiliated with Harvard University and the Brazilian Federal Government. He is among the few physical therapists from his country to have received this competitive international scholarship.

Dr. Formiga is currently a tenured full-time professor in the Department of Physical Therapy at the Federal University of Ceará (UFC) in Brazil and a core faculty member in the university's Masters Program in Physical Therapy and Functioning. In addition to his teaching and research responsibilities, he serves as the Coordinator of Clinical Rotations, overseeing the structure and quality of clinical education and experiential training for Physical Therapy students. He also directs a pro bono pulmonary rehabilitation program that provides ongoing care to the local community at the university hospital. His teaching portfolio includes undergraduate and graduate courses in Cardiopulmonary Physical Therapy and Intensive Care.

He is also the Editor-in-Chief of *Fisioterapia & Saúde Funcional* (ISSN 2238-8028), a nationally recognized peer-reviewed journal in Brazil, and serves as the Scientific Coordinator of the Ceará Regional Chapter of the Brazilian Association of Respiratory, Cardiovascular and Intensive Care Physical Therapy. Dr. Formiga's research focuses on clinical and functional outcomes of rehabilitation interventions in individuals with chronic respiratory and cardiovascular diseases.

When did you first get involved in the Cardiopulmonary Section/Academy of CVP?

I first became involved with the then Section during my PhD training at the University of Miami in 2015. That was when I began attending CSM and actively engaging with the Academy's activities. From the very beginning, I made it a point to participate in every possible way—submitting abstracts each year, presenting in multiple oral and poster sessions and even joining fun initiatives such as the Vitals Are Vital campaign, where I won a T-shirt design contest. Although English is not my first language, I always felt genuinely welcomed and supported by colleagues and mentors within the Academy.

After completing my PhD and returning to Brazil, I continued to contribute to the Academy by submitting research and attending CSM each year—marking ten consecutive years of participation. I have also had the privilege of serving as a speaker in educational sessions and collaborating on the Post-Acute COVID-19 Exercise & Rehabilitation (PACER) Project, a remarkable and timely initiative led by the Academy during the pandemic.

Who were some of your mentors?

I have been fortunate to learn from exceptional mentors who shaped both my professional path and personal values. Among them, Dr. Larry Cahalin stands out as the most influential figure in my career. From the very beginning, he believed in my potential. As my PhD advisor, his academic and clinical guidance was phenomenal. Yet his influence went far beyond the professional sphere. Larry also offered unwavering personal support. During a very difficult time of my life in Miami, Larry reminded me of my worth and encouraged me to stay strong and focused. He created independence in me and helped me build confidence as a scientist. His generosity, leadership, and vision for cardiopulmonary physical therapy continue to inspire me every day. I often find myself trying to mirror his example when I mentor my own students.

Dr. Meryl Cohen has also played a meaningful role in my development. From the start, she valued my perspective as a Brazilian physical therapist and made every effort to include me in academic discussions and teaching activities within the legendary cardiopulmonary physical therapy course she coordinated in the University of Miami's DPT program. Today, I continue to collaborate remotely with the University of Miami - Jackson Rehabilitation Hospital Cardiovascular & Pulmonary Physical Therapy Residency Program she helped envision and build.

How have you practiced cardiopulmonary physical therapy, and what are your proudest achievements?

After earning my degree, I specialized in cardiopulmonary physical therapy and worked across different levels of care. My first professional experience was as a physical therapist in an emergency room, where I provided frontline cardiopulmonary care during 24-hour shifts. Unlike in the United States, Brazil does not have respiratory therapists. Physical therapists are responsible not only for physical rehabilitation but also for respiratory management—including ventilator management, weaning and even patient extubation. Beyond acute care, I have also worked extensively in outpatient settings, particularly in pulmonary rehabilitation programs, treating individuals with a wide range of chronic respiratory conditions. Today, I continue to work in pulmonary rehabilitation. As for my proudest achievement, I would say returning to Brazil after completing my PhD was a defining milestone. It was a politically uncertain time, when science and education were under great pressure. Even so, I successfully competed for a highly selective public university position against 35 other candidates—all holding PhDs in cardiopulmonary physical therapy. The process was rigorous and exhaustive, involving a week-long series of competitive examinations: written and oral assessments, a live teaching demonstration, a research proposal defense, and an extensive evaluation of academic records. Finishing first and earning a full-time, tenured professor position remains one of my proudest professional accomplishments.

What is your advice to give someone to keep updated in our field, and what worked for you?

Staying current in our field takes more than simply reading new papers. It requires curiosity and connection. My advice is to read systematically within our specialty while also venturing into adjacent disciplines such as exercise physiology, sleep science, behavioral medicine, neuroscience, and rehabilitation technology. Some of the most innovative ideas emerge precisely at these intersections.

Teaching has also been one of my most powerful learning tools. Few things keep you more current than the responsibility of breaking down complex concepts for others. And, perhaps most importantly, find your professional community. Whether through the Academy, collaborative research networks, or international conferences, surrounding yourself with colleagues who challenge and inspire you is what keeps knowledge dynamic and alive.

What is the most important issue for CVP Academy to address in the future?

In my view, one of the most important challenges for the Academy is to expand its perspective beyond national borders. Cardiopulmonary physical therapy is a global discipline, yet most discussions, educational models, and research priorities often remain centered in high-resource settings. The Academy has the responsibility and the opportunity to lead a more international and inclusive dialogue—one that values diverse contexts and helps build capacity where it is most needed. At the same time, the Academy must remain an active and visible defender of science and evidence-based practice. We are living in a time of increasing misinformation, declining trust in health professionals, and the spread of pseudoscientific narratives that influence public policy and clinical decisions. In moments like these, reaffirming the Academy's commitment to scientific integrity is essential.

Finally, the Academy should continue to champion the evolution of the cardiopulmonary physical therapist's scope of practice in the US. As the field advances, I believe greater autonomy in respiratory care, stronger roles in clinical decision-making, and active participation in interdisciplinary leadership are important steps.



John Scherry, PT, CCS, CSCS

John graduated from the Programs in Physical Therapy at Columbia University in 2001 and began his clinical career at New York-Presbyterian Columbia University Irving Medical Center. After completing various rotations in the academic medical center, he was eventually introduced to the chest PT, pulmonary, thoracic, cardiology, and critical care service lines where he found his calling to be a cardiopulmonary PT. John later

practiced in the phase II cardiac rehab and pulmonary rehab programs at New York-Presbyterian.

John's next endeavor was at The Queen's Medical Center in Honolulu where he worked directly with the thoracic and cardiovascular service line to implement an early mobility program in the CVICU. He was a key member of the development team to launch Queen's phase II cardiac rehab program in 2013. Eventually this program became part of the curriculum in the Cardiovascular Disease Fellowship Program with the University of Hawaii.

In 2019, John joined Beth Israel Deaconess Medical Center in Boston, furthering his practice in critical care during covid-19, pulmonary rehab, and supervised exercise therapy in PAD. It was during this time that John simultaneously served as a tutorial assistant in the Physical Therapy and Rehabilitation Services programs at Boston University and earned his board certification in cardiovascular and pulmonary PT. He has been an original member of BIDMC's Critical Illness and Covid-19 Survivorship Program since 2020 where he has become an expert in long covid. He also collected data and collaborated in publications for the RECOVER and ENERGIZE trials with NIH. John is currently the program manager of cardiac rehabilitation at Newton-Wellesley Hospital | Mass General Brigham.

When did you first get involved in the Cardiopulmonary Section/Academy of CVP?

While I became a member of the Academy in 2004, and I would attend Academy functions at CSM, it wasn't until I attended the Academy's Fall Conference in 2024 that I became an active member. So much of my career has focused on cardiac rehab that I needed to be involved with AACVPR instead of APTA. Since becoming active in the Academy, I have cherished the relationships and networking opportunities I have encountered. If I could go back in time, a younger me would have sought research opportunities and mentors in the Academy. It's given me a sense of family and so many opportunities within our profession.

Who were some of your mentors?

Dr. Kay Burrus at Indiana University. She was my professor in exercise physiology during my undergraduate studies. I still share her stories of elite athletes and human performance in extreme environments with my patients.

Denise Vilotijevic, PT, CCS and Kim Stavrolakes, PT, CCS who I worked with at NYPH. Both are brilliant clinicians, educators, and mentors. They saw skills I was unable to see for myself and fostered my growth as a clinician and ultimately me choosing to pursue my CCS.

Coraleen Valdez, APRN, CNS, Kelli Williams, APRN, CDE, and Terri Jones, RD who I worked with in Honolulu. Learning from providers outside of the PT profession taught me that lifestyle change is just as important as exercise prescription. Their individual clinical specialties also taught me new skills in managing my patients.

Lastly, the cardiology and pulmonary fellows I've worked with at all the institutions in my career. They taught me new clinical skills, how to advocate for our profession, and the value PT adds as a member of the care team. I also learned humbleness from the fellows.

What are your proudest achievements?

My first professional recognition was receiving a Patient Centered Care Grant for improving the patient experience in cardiac rehab at New York-Presbyterian Hospital. Re-opening the cardiac rehab program at Queen's Medical Center after it was closed for nearly 15 years. Also being recognized by the thoracic and cardiovascular surgeons there for outstanding patient care and for PT's contribution to improving patient outcomes.

Achieving my CCS and feeling I had achieved a level of clinical knowledge and strength that I saw in my mentors and idols in the cardiopulmonary PT world. It really did open doors for me.

The moment I realized I was a specialist and clinical leader for individuals with long covid when I was contacted to discuss treatment and protocol by ABC news, international magazines, and other PTs seeking a mentor with the novel diagnosis. This continued when my research group's journal article in the RECOVER trial was accepted for publication in PTJ, and then later being asked to treat patients in the ENERGIZE trial.

What is your advice to someone trying to stay updated in the field, and what worked for you?

Read your journals. Question strength of the article and level of evidence. Let the evidence change your practice!

Attend CE conferences, especially ones outside of PT but in your area of clinical interest. Attend conferences directed towards physicians, nurses, and dietitians to fill knowledge gaps that we don't provide to ourselves as physical therapists.

Attend workshops hosted by vendors. I attended some by Edwards about TAVR, Medtronic and Boston Scientific for pacemakers and defibrillators, and HeartMate for VADs. Sure, the presentation is biased but you learn about, touch, and see the product that gets inserted into your patients.

Meet with the authors at poster presentations at CSM and meet with presenters after their lecture during conferences. The exchange of information while discussing patient cases in your clinical practice may give you a clinical pearl for patient care and might help researchers learn where evidence is lacking in clinical care.

Present at a conference. The wealth of knowledge you gain by preparing your powerpoint is immense.

Attend cardiology or pulmonary rounds at your institution.

What is the most important issue for the CVP Academy to address in the future?

There are two things that keep me up at night. The first is the fiscal unsustainability of our current healthcare model and the second is artificial intelligence.

We need to address reimbursement as a profession and advocate for appropriate payment for our clinical skills. Providing annual merit increases in salary to clinical staff and rising operating costs with economic inflation while our revenue remains unchanged is not a profitable business model.

How do we safely integrate AI with our cardiopulmonary practice? While data helps us identify higher risk patients and software can help us with our clinical documentation, patients are beginning to use on-demand healthcare and virtual chatbots for their symptoms and treatment. Patients have been googling their healthcare for over a decade. They currently download apps to guide their treatment and share what they learn online with their providers. PTs need to be more involved in the development of software their patients use. Who will produce the better patient outcomes? The standard care group, our current care model as PTs, or a group of patients treated by AI? The future is now!

The following people have also been awarded Emerging Leader in the past:

- Deborah Hoekstra Slay (2024)
- Haley Bento (2023)
- Richard Severin (2021)

AND...The Emerging Leader for 2025 has just been named: Jenna Floyd Hightower
Please congratulate her!



The Legacy Committee has had fun meeting bimonthly, reminiscing about CVP physical therapy's history, and planning and writing all of the newsletters. It is time to turn it over to others as our profession writes its future, so we are signing off:

Nancy Ciesla, Meryl Cohen, Anne Mejia-Downs, Ethel Frese, Ellen Hillegass and John Scherry.

By the way...when you meet John Scherry at any conference...give him lots of kudos for tolerating the Legacy Committee (Long Term Members) that met monthly with him and would get sidetracked in "remember when" conversations..... We took a lot of time in our meetings to chat about lots of things outside of the newsletter!!!!