



## **May Historical Perspective: Celebrating 50 Years of the Cardiovascular and Pulmonary Section**

The focus of this month's historical perspective is the Linda Crane Lecture  
We will spotlight a few of the past presenters of this award.

### **History**

Dr. Linda Crane was a dedicated member of the profession of physical therapy from 1970 until she died from breast cancer on March 24, 1999. Dr. Crane's contributions to the Section and the physical therapy profession are recognized with an award which includes an annual lecture. She was one of the first three APTA board certified clinical specialists and was awarded the Lucy Blair Service Award in 1992. She was a professor at four universities: University of Connecticut, University of Alabama at Birmingham, University of New England, and the University of Miami. Dr. Crane's clinical practice focused on pediatric cardiopulmonary physical therapy, and she played an integral part in developing entry level competencies and specialization in cardiovascular and pulmonary physical therapy.

The Linda Crane Award is presented to an individual who has made outstanding and enduring contributions to the practice of physical therapy as exemplified by the professional career of Dr. Linda Crane.

Candidates for the award must:

- be a member of the APTA and the Academy of Cardiovascular and Pulmonary Physical Therapy
- demonstrate excellence/expertise in either clinical practice, academic practice, or research have contributed to the Association through State, Academy, or National involvement.

- affect the quality of cardiovascular and/or pulmonary physical therapy practice

The first lecture was given in 2000 by Meryl Cohen, followed by a standing ovation. The award has been given for 26 years and is a highlight of the Annual Combined Sections Meeting. The other Lecture Awardees, their year, and the title are listed below. If you click on the Awardee or Title, your computer should be directed to their actual written Lecture found in the Cardiopulmonary Journal. In addition, these Awardees and their lectures are also available on the APTACVP website with access to the actual written lecture if you go to the Awards section in the dropdown menu.

#### Linda Crane Memorial Lecture Award: Previous Lectures

2000 Meryl Cohen PT, MS CCS “The Passionate Professional”

2001 Nancy Ciesla PT, MS, CCS “Integrity”

2002 Scott Irwin Pt, DPT, CCS “Caring”

2003 Susan Butler-McNamara PT, MS, CCS “Passing The Torch- Clinical Mentoring”

2004 Donna Frownfelter PT, DPT, MA, CCS, RRT “Excellence and Artistry: Is it a Thing of the Past”

2005 Carol M. Davis PT, EdD, MS, FAPTA “Getting From What Is to What Ought to Be”

2006 Martha R. Hinman PT, EdD “Sources of Inspiration”

2007 Robert R. Huhn PT, MA “Improving the Health of Society, One Individual at a Time”

2008 Ellen Hillegass PT, EdD, CCS, FAACVPR “The Challenge for the Future: Five Steps to Improve Quality, Incorporate Prevention, Maintain Productivity, and Have Fun!”

2009 Mary Massery PT, DPT “The Patient Puzzle: Piecing it Together”

2010 Sherrill H. Hayes PT, PhD: "Striving for Excellence"

2011 Venita Lovelace-Chandler PT, PhD, PCS “Leading Leaders: A Vision for Our Centennial Years”

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2012 Lawrence P. Cahalin PhD, PT, CCS “Professionalism & Core Values in Physical Therapy: Lessons Learned From Linda Crane”

2013 Sandra Cassady PT, PhD “From Silos to Bridges: Preparing Effective Teams for a Better Delivery System”

2014 Dianne V. Jewell PT, DPT, PhD, FAACVPR: "More than "White Hats"-- Making the Case for Physical Therapy's Value Proposition"

2015 Ethel Frese PT, DPT, MHS, CCS “Integrity: At the Heart of Our Profession”

2016 Julie Ann Starr PT, DPT, CCS “The Science of Healing. The Art of Caring. #heartofthematter”

2017 Anne M. Mejia-Downs PT, MPH, PhD “Resilience: Everyone Has It—What Will You Do With Yours”

2018 Sean Collins PT, ScD “Synthesis: Causal Models, Causal Knowledge”

2019 Elizabeth Dean PT, PhD “Health Competencies: The C.R.A.N.E. RX”

2020 Anne K. Swisher PT, PhD, FAPTA “Following Your Heart (and Lungs) as a Path to Professional Development”

2021 Christiane S. Perme PT, CCS “Mastering the Science and Art of Physical Therapy in Critical Care”

2022 Steven Tepper PT, PhD “Heart Stings: Stories of Love, Appreciation and Cycles”

2023 Ann Fick PT, MS, DPT “Advocacy and Service: Opening Your Heart to Make a Vital Impact

2024 Alvaro N. Gurovich PT, PhD, FACSM “From the Swimming Pool to Precision Cardiovascular Physical Therapy: What a Journey!”

2025 Rebecca Crouch: Coming Later in 2025 "Cardiovascular and Pulmonary Physical Therapy: Choosing the Road Less Traveled”

This month we would like to highlight two of our previous Linda Crane Awardees: Nancy Ciesla and Anne Downs.



**Nancy Ciesla, PT, DPT, MS, FAPTA**

In 1965 Nancy Danforth (Ciesla) decided she wanted to become a pediatric physical therapist while working at a children's hospital during high school. After graduating from the University of Connecticut in 1971, she began a career in acute care (with minimal contact with pediatric patients). Her ICU journey began with 23 years at the R. Adams Cowley Shock Trauma Center in Baltimore. With two colleagues (P.Cristina Imle and Nancy Klemic ) she had the opportunity to develop a Trauma PT department which grew from 3 to 15 physical therapists. This would not have been possible without the vision of Dr. Crawford McAslan, the medical support from anesthesiologists Dr Colin Mackenzie and Dr. Bacchio Shin, and a radiologist Dr. Robert Ayella who invited us to review chest radiographs at his daily rounds. We developed competencies, documented how chest physical therapy could prevent therapeutic bronchoscopies in the most critical patients, and taught numerous physical therapists and nurses how to move the most critical patients. Under the guidance of Dr. Mackenzie in 1981 we co- authored "Chest Physiotherapy in the Intensive Care Unit", a book that got a raving review from the New England Journal of Medicine. We developed competencies, got standing orders for the trauma patients, gave 8 annual conferences for physical therapists and lectured throughout the country.

In 1996 Nancy did a year of home health. In was in home health that she came to appreciate her cardiopulmonary background and was able to keep patients out of the hospital while seeing them for airway clearance.

Nancy was hired in 1997 by Dr. Anita Bemis Dougherty as a Supervisor for the cardiac, medical and surgical physical therapy services at Johns Hopkins Hospital. This position gave her the opportunity to supervise and mentor numerous physical therapists, be the center coordinator for clinical education with 20 Universities, perform patient care and become involved in research with Dr. Dale Needham. Nancy stepped down In 2007 and took a half time clinical specialist position to further her education, and in 2009 received a Master of Science Degree from Towson University and transitional Doctorate from Marymount University. She was then hired by Dr. Dale

Needham as a Johns Hopkins University Research Physical Therapist. Nancy continues to work for Rehab Essentials at University of Montana as a capstone advisor for tDPT students.

Throughout her career Nancy gave numerous lectures/courses across the country, taught the pulmonary course at the University of Maryland (15 years) and Shenandoah University, (10 years) and did adjunct teaching at George Washington University, the University of Delaware, and the University of Miami. She published 6 book chapters and over 40 articles in medical journals. Nancy reviewed numerous papers submitted to the Physical Therapy and Cardiovascular and Pulmonary Section/Academy Journals for publication. She was also on the editorial board for the journal "Physical Therapy Case Studies".

Nancy is forever grateful to the members of the Cardiovascular and Pulmonary Journal/Academy, which she joined in 1985 and served on many committees. She was an exam writer for the first Specialist Examination and was one of the cardiopulmonary experts for the first Guide for Physical Therapy Practice.

Nancy was honored to receive the Maryland APTA Kendall Award, Linda Crane Lecture Award, University of Connecticut Outstanding Physical Therapy Professional award and the Catherine Worthingham Fellowship Award.

Words cannot express Nancy's gratitude to everyone that contributed to her over 50 year physical therapy career. Her career developed because she was fortunate to be able to work with so many exceptional people.

**When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?**

*I was invited by Colleen Kigin to attend the board meeting at the February 1982 CSM meeting in San Diego. I had no idea that there was a section of the APTA devoted to my area of interest, Chest PT and Early Mobilization. I was working in a Trauma Center. I can still see the room and all the people that would become my colleagues, Colleen, Donna Frownfelter, Cyndi Zaidi to name a few.*

**Who were some of your mentors?**

*At the University of Connecticut, I had a professor, Vera Kaska, who had trained at Brompton Hospital in London. The Brompton Hospital Guide to Chest Physiotherapy became my bible when I was asked to see patients in outpatient pulmonary rehabilitation at my first job, in 1971 in Bridgeport Connecticut. A year later, when I moved to Maryland, Dr. Crawford McAslan, an anesthesiologist who had trained in Boston, became my mentor. It was his belief in the future of physical therapy in the ICU that taught me that it was safe to turn, perform chest PT and exercise patients on 2 ventilators, turn ventilated ICU patients prone, and take patients off the ventilator and walk them using a manual resuscitator bag.*

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

*I practiced in an outpatient clinic at my first job, working with COPD patients. The next 45 years I worked with trauma, medical and cardiac ICU, and cystic fibrosis patients at the R. Adams Cowley Shock Trauma Center and at Johns Hopkins Hospital. I also had the privilege of working with Dr. Dale Needham doing ICU research, which included ARDS patient's 5-year outcomes.*

*One of my proudest clinical moments was early in my career when a physician asked me to come to the pediatric ICU and treat a critically ill child with asthma, who he was about to intubate. This was before pulse oximeters, and I was petrified. He encouraged me to try chest physical therapy despite the child's critical state. I slowly coaxed the child into the treatment, spent an hour, and got him to cough up copious secretions and tolerate the prone position. The child then sat on the edge of the bed and told his mother he wanted to go home. He was moved out of the ICU and discharged 2 days later. This taught me to use my common sense, rely on the team, treat a patient as long as breath sounds were improving, and that retained secretions alone can cause severe respiratory distress.*

*My proudest achievement is being a co-author of the book "Chest Physiotherapy in the Intensive Care Unit".*

**What is your advice to give someone to keep updated in our field, and what**

**worked for you?**

*What worked for me was collaborating with trauma physicians who listened to my ideas. For example, in the early 70's we devised ways to turn patients prone while mechanically ventilated and in lower extremity traction, and devised a wheelchair traction system. I learned and we demonstrated that chest physical therapy is more effective and safer than therapeutic bronchoscopy for secretion retention. The philosophy was "an imperfect bone alignment is better than a dead patient".*

*I also recommend not being afraid to use the chain of command to improve a patients care.*

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

*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**

Dr. Mejia-Downs received a BS in PT from the University of Colorado, a master's degree in public health from the University of North Carolina, and a PhD in Health Promotion and Wellness from Rocky Mountain University of Health Professions. She is currently an Associate Professor for the hybrid DPT program at College of Saint Mary and has been teaching physical therapy for more than 35 years, including as an adjunct at UNC and Indiana University, and tenure-track at University of Indianapolis.

Dr. Mejia-Downs has practiced in cardiovascular and pulmonary clinical settings and has taught courses in cardiovascular and pulmonary physical therapy, health promotion and wellbeing, psychosocial aspects of health,

pathophysiology, and service learning. She has published multiple peer-reviewed manuscripts and book chapters and delivered numerous national presentations. Her areas of scholarship include health promotion and wellbeing, psychological resilience, cardiovascular and pulmonary conditions, service learning, and scholarship of teaching and learning. She supervises physical therapy students in a pro bono community clinic.

**When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?**

I have been a member of APTA since I was a student, but it was in the early 90s that I joined what was then the Cardiopulmonary Section. I had decided to specialize in Cardiopulmonary PT, and it was wonderful to find like-minded PTs to network with at Combined Sections Meetings. I felt very welcomed and was encouraged to serve in several roles in the Section/Academy including the Program and Nominating Committees, and I served as Chair of the Membership and Public Relations Committees. I remember (not so fondly!) unpacking and repacking the large and unwieldy booth and all the booklets and CDs we had for sale at Combined Sections Meetings.

**Who were some of your mentors?**

There are so many physical therapists in CVP that I have learned from and asked for advice over the years, and I also read quite a few books, from the classic “Rehabilitation of the Cardiovascular Patient” by Dr. Paul Dudley White to the numerous CVP PT textbooks that some of my mentors edited. Whenever I had a question, it was so easy to find someone in the Section/Academy who knew more than I did, and I tried to soak up all the information provided to me. I will credit Ellen Hillegas with her continuous support over the years; she convinced me to sit for the Specialist Exam! I also received mentorship from the CCSs that sat for the exam with me: Donna Frownfelter, Kathy Lee Bishop, and Gary Brooks. Since I started out as an Adjunct Professor with no teaching experience, I asked questions of anyone teaching cardiovascular/pulmonary content as I found my way as an Educator. Thank you to you all!



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

My first foray into the cardiopulmonary realm was when I was asked to set up a Phase II Cardiac Rehab program at Sequoia Hospital in Redwood City, CA. I was honored to develop that role for a PT, since so many programs used exercise physiologists. I loved it so much that I asked to be a part of the already established pulmonary rehab program.

When I moved to NC (for the 1<sup>st</sup> time) in 1987, I joined the Cardiopulm Team at UNC Hospital in Chapel Hill and stayed there for 14 years. While there, I worked with patients with CVP conditions from the OP setting to the Cardiothoracic ICU and mentored many colleagues to join the team. I received my CCS in 1993 and found I was the only one in the state of NC! Along with my PT colleague, Connie Arnold, we helped to develop a Lung Transplant Program, only the 2<sup>nd</sup> in the country. It was quite an accomplishment, and a lot of hard work, to be at the forefront of such an exciting development. It also pushed me to write my 1<sup>st</sup> peer-reviewed manuscript “Physical Therapy in Lung Transplantation”, that still gets cited.

When I moved to Indiana in 2001 to work at Indiana University Health, mostly in acute care and ICU, I found I was once again the only CCS in the state. That soon changed—In my 19 years there, I mentored 2 PTs at Indiana University Health to study for their CCS and they mentored others, and so on. There are 9 CCSs that have “sprung” from IU Health—I’m so proud of them!

Another of my proudest achievements was the Linda Crane Memorial Lectureship Award. I have never experienced such a rush as speaking to the standing room only audience that included my family, friends, colleagues, former students, and people I had never met. I will always cherish that experience.

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

I love to read, so I regularly consumed books and articles, and never missed an issue of the Cardiopulmonary PT Journal. I attended, and later presented at, Combined Sections Meetings every year I could as well as some Annual conferences (remember those?). I loved that I could learn about the latest devices being used in the ICU, explore the overlap between CVP practice and other academies (peds, geriatrics, oncology, women's health), and discover the best practices in teaching CVP in the classroom, all at the same conference. I also attended and presented at many meetings of the American Association of Cardiovascular and Pulmonary Rehabilitation and the North American Cystic Fibrosis Conference as they applied to the populations I was treating. I made so many physio friends from around the world in my roles with the Cystic Fibrosis Foundation.

So, I think if you want to keep up to date, I recommend finding a topic to present at a conference and persuading a colleague to present with you. It is the best way to keep yourself studying and learning. The atmosphere at conferences is so enlightening and empowering. Never stop learning!

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

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