Committees of the CVP Section/Academy

This month's Historical Perspective will discuss committees over the years and also recognize two members, Chris Wells PT, PhD, MS, CCS, FCCM, a longtime member and Chair of the Research Committee, and member of the legislative and fundraising (Dancing) committees; and Paul Ricard PT, MPT, CCS, DPT who joined the Nominating Committee in 2011 and served as the Academy's Vice President from 2012-2018.

Establishing a history is always challenging; we reviewed committee reports published in the Cardiopulmonary Newsletter from 1977 until 1986, after which records were no longer published, and contacted members with a historical perspective of committee activities (Colleen Kigin, Cynthia Zadai, and Newsletter Committee members.) The Journal was first published in 1990, and since it is a more professional publication, it did not include committee information but focused on publishing research, to the advancement of our profession.

Early work of the Section was accomplished in Task Forces and the Committees that supported them. Over the years, some committees remained, others were created, merged or eliminated.

Committees of the Academy

Newsletter Committee (1977-1981)
The Cardiopulmonary Section (now the Academy of Cardiovascular and Pulmonary Physical Therapy) was recognized by the APTA House of Delegates in June 1975, with the Newsletter Committee publishing the first *Quarterly Newsletter* in the Fall of 1977. The primary goal of the *Quarterly* publication was to communicate with Section Members about the current and future state of clinical practice as it developed. Content at that time included Section Committee Reports, abstracts of relevant literature, Book Reviews, Section Program Announcements and reports of Member Activities as well as features and case studies. The Committee Members in 1979 included: Terry Michel, Angela Palange, Judy Hershberg, Cathy Lane, Denise Patrick and Cynthia Zadai, Chairman.

Education and Program Committee (1979), later divided into 2 committees, however there was overlap in their responsibilities.

Education Committee
This committee sponsored Chest Physical Therapy and Cardiac Rehabilitation educational programs, and in 1983 developed regional courses and criteria for research presentations and exhibitors for Combined Sections Meeting. Currently the Education Committee is responsible for planning the Fall conference, Combined Sections Meeting programming, and updating the website with educational offerings.

Program Committee
This committee planned presentations on critical care and cardiopulmonary dysfunction. 1978 was an interesting year when due to the Blizzard of '78, Colleen Kigen and Tom Holtakers took on two entire days of educational programming with all other speakers unable to get to Florida. The Section moved on through time with coordinated presentations on critical care and cardiopulmonary dysfunction as well as cardiac and pulmonary rehabilitation and muscle training.

The Fundraising Committee (1980)
The Fundraising Committee initially worked closely with the Program Committee as the primary mechanism for fundraising was sponsoring Pre-Conference Programs for Combined Sections Meeting focused on cardiopulmonary clinical content. Program content was challenging to create as then cardiopulmonary PT practitioners were fewer in number, yet eager to advance their specialty skills, while general PT practitioners, who had greater numbers, wanted more basic information which was less necessary for advanced practitioners. After several meetings where the same people had to 'miss' the advanced courses to teach the basic courses, advanced courses were prioritized.

To meet fundraising goals, members brainstormed a way to gather a larger attendance, provide a place and activity that would be a 'customer draw' and have fun at the same time. Initially, holding an early morning exercise class was discussed, but later decided that 'evening exercise' would be more fun. Hence, the idea for the 'Cardiopulmonary Dance' was born. It quickly became our most successful Fundraising Program and an integral part of the 'Midwinter Conference' Program (later named the Combined Sections Meeting). Committee Members were Claudia Levenson, Denise Patrick, and Cynthia Zadai, Chair (1982-87).

Public Relations Committee (1980)
Initially, Section members from large metropolitan areas in the country were contacted to disseminate information on courses and workshops to each chapter newsletter. Over the years, t-shirts and other items were developed for sale, starting with "Pump and Thump" logos, buttons, and ribbons. One of the jobs of the PR Chair was to ship the (quite heavy) Cardiovascular & Pulmonary Section booth to the site of the Combined Sections Meeting. This committee was also responsible for annual merit and mentor awards. (*The July Historical Perspective focused on awards.)*

Early pictures taken for the booth

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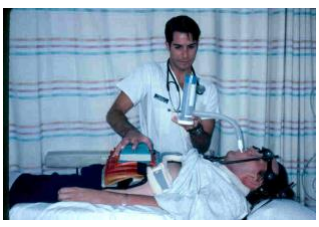

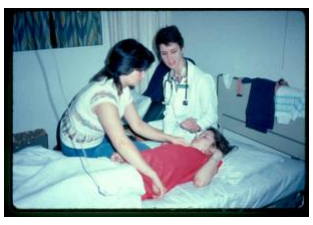

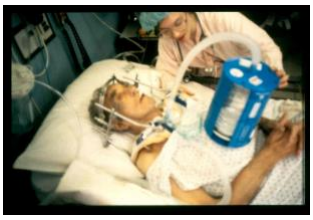
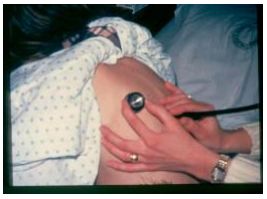

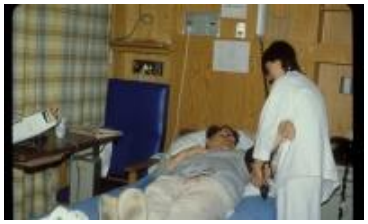

More recently, attendees enjoyed getting their digital pictures taken in a "frame".

Specialization Competency Task Force (77-78). Competency Committee (79-81). CP Specialty Council (82-85)

Some of the most important work defining our profession and describing the clinical content of Cardiovascular and Pulmonary practice was done by Section members as part of the specialization process. The Cardiopulmonary Specialty Council relied heavily on the membership and committee structure of the section to complete all the validation work on the Competencies between 1982 and 1985. Additionally, the Council was integrally related to the process and approval of the APTA American Board of Physical Therapy Specialties to ensure consistency with the other specialty content areas as we validated our specialty content areas across the breadth of PT practice. In 1985 the first specialty exam for the profession was administered by the Cardiopulmonary Specialty Council which included Raymond Blessey (Chair), Pamela Catlin and Cynthia Zadai. (*The February Historical Perspective focused on specialization.)*

Membership and Resource Committee (1979) Membership Committee (1980)

The committee was initially divided into 5 regions, with an initial Section membership of less than 60. The APTA was made aware of the Section's purpose

and function, increasing membership to 305 in 1977, over 600 in 1980, and 715 members by 1983. During this period, the role of the Membership Chair was to send (via snail mail) a welcome letter and a copy of the current Cardiopulmonary Journal to each new member. Membership has continued to increase to 1682 members in 2023 (116 students) and declined most recently in 2025 to 1470 (73 students).

Bylaws Committee (1979)

Throughout the past 50 years Bylaws were written, modified, and continue to be updated with the leadership of the Bylaws Committee Chair.

Research Committee (1979)

This committee was established to promote, foster and develop research in Cardiopulmonary Physical Therapy. The Committee developed a list of research advisors, and in 1979, a presentation and formal statement of research priorities was submitted to the APTA. A liaison with the APTA Research Section was appointed in 1981. Abstracts of relevant articles were submitted to the Newsletter in 1983. Currently this committee is responsible for s
electing platform and poster presentations for Combined Sections Meeting and presenting Research Awards.

Legislative Committee (1979)

In 1979 Cyndi Zadai and Colleen Kigin testified at HCFA on the Medicare Reimbursement for Respiratory Therapy Hearing Committee. They advocated for the physical therapist role as clinicians, including use of the Cardiopulmonary Section definition which included patient mobility. The definition of Chest Physical Therapy, which included patient mobility, was published in 1983. This Committee continued to address legislative issues, and liaisons were established with the following professional groups to establish collegial relations:

1981-1986: Association for Respiratory Therapy
1982-1989: American College of Chest Physicians Allied Health Committee

Nominating Committee

This committee is responsible for finding candidates for all positions of the Academy. Its role has also included successful nomination of Section members for National Awards. Thankfully, paper ballots have been replaced with electronic voting.

Recent Committees

Professional Development Committee

This committee is devoted to developing Clinical Practice Guidelines such as the Oxygen Guidelines, and preparing members to become Certified Cardiovascular and Pulmonary Clinical Specialists.

Visibility and Awareness Committee
This committee is responsible for keeping members engaged through social media such as Linked In, Facebook, and Instagram, and informed about changes via electronic media.

Member Recognition

Chris Wells PT, MS, PHD, CCS, FACCM

Chris Wells began her career as a middle school teacher and athletic trainer but quickly realized that middle school was not for her. So, she began to work for a medical center outside of Philadelphia in a sports and orthopedic outpatient clinic. As the sports rehab program grew it was evident that professional advancement was limited. Chris returned to school to earn her bachelor's degree in physical therapist at Stockton University. She worked in a cardiac rehabilitation center while attending PT school. Her plan was to blend her training in orthopedics, focusing on pediatric PT. Unable to find her ideal pediatric sports physical therapy position, Chris accepted a job at the University of Pittsburgh Medical Center in 1991. It was there that Chris experienced cardiac rehab and the role of PT in the Cardiothoracic ICU. It was the beginning of a new career pathway for Chris Wells.

Chris Wells earned her Advanced Master's in Physical Therapy in 1994. She continued her education, becoming a Cardiovascular and Pulmonary Clinical Specialist in 1998 and completing her Doctoral degree in Philosophy in 2022. Chris is also a Fellow in the American College of Critical Care Medicine. Chris' studies focused on critical care, exercise physiology, and neuromotor function to answer clinical questions that arose from her clinical practice with lung transplant candidates and recipients.

Since 2002, Dr. Wells has been working at the University of Maryland Medical Center (UNMC), where she currently serves as the Evidence Based Practice

(EBP) and Research Coordinator and a CCS in the Department of Rehabilitation Services. In the role of EBP & Research Coordinator, Dr. Wells oversees all EBP, process improvement and research activities for the UMMC Rehabilitation Department. She provides mentorship, project development, research methodology support, to assure quality results and professional end products. As a clinical specialist, she primarily delivers patient care in the intensive care setting, assists with program and staff development as well as clinical competencies. Her area of clinical practice is in the early mobilization and rehabilitation of patients on artificial mechanical circulatory support (ECMO and VAD) support. Dr. Wells also works closely with the heart and lung transplant and VAD programs where she assesses clients as part of the section process for advanced surgical interventions.

Dr. Wells is an Associate Professor, Adjunct, at the University of Maryland, School of Medicine in the Department of Physical Therapy and Rehabilitation Science and an Instructor at the School of Dentistry. Dr. Wells' primary teaching responsibilities are in the areas of cardiopulmonary physiology and pathophysiology, and advanced acute care practice. Beyond her clinical and faculty responsibilities at the University, Dr. Wells remains a professional leader. She is an active member within the Academy of Cardiovascular and Pulmonary Physical Therapy of the American Physical Therapy Association. She has served on the Research Committee since 1995, as the chair for 11 years and Vice President for a term. She serves as the Chair of the Education Committee for the Baltimore Chapter of the Society of Critical Care Medicine. Finally, Dr. Wells' line of funded research is in the rehabilitation and functional outcomes for hospitalized older adults and those who suffer from critical illness.

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

I went to my first CSM in 1993. I was feeling like a tiny island practicing in the cardiothoracic intensive care unit alone, amongst a sea of ortho and neuro focused colleagues. Jane Wetzel and Barb Billek suggested I attend the conference to find "my people" and find I did! Jane invited me to a Cardiopulmonary meeting, but she failed to tell me I would be attending the board meeting, and she was not going to be there. I won't go into too many details but to say I sat between Linda Crane and Joanne Watchie for about 1.5 hours listening intently, before Donna Frownfelter asked who I was. Before I left CSM that year I was on the Legislative Committee with Ellen Hillegass, the Dance Committee with Joanne Watchie, and asked to present a talk for CSM 1994.

2. **Who were some of your mentors?**

Linda Crane was my lifeline as I grew as a therapist at UPMC

Donna Frownfelter guided and encouraged me in Section engagement and gave me great career advice

Mary Massery always and continues to challenge the prospective on the care I delivered

Scott Irwin taught me to look at the objective data and practice with common sense, as it was my true north

Larry Cahalin always made me feel smart and accomplished and has taught me the true definition of mentorship

Steve Tepper showed me the value of evidence mixed with fun

Bartley Griffith and Daniel Herr (MDs) built a trusting collaboration with me to push the boundaries of rehabilitation for the critical ill patients with cardiopulmonary failure

Barb Billek has always been a focus of positivity in myself and for years she has removed barriers for me

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

I have practiced in all settings, except skilled nursing facilities, and have spent the majority of my professional career in the critical care environment focusing on the Cardiothoracic Surgical service line. In particular, my work focuses on patients pre and post Cardiac and Pulmonary transplantation and those needing mechanical circulatory device support. I am most proud of my work around advancing rehabilitation services provided to the forementioned patients improving the quality of their lives and advancing our practice. The years of bedside care has given me great opportunities like writing early guidelines for rehabilitation for LVAD patients for WorldHeart, Inc, working with researchers and physicians to prove it was safe to send LVAD patients home, reporting UMMC experience progressing patients who were supported on ECMO with femoral cannulated configurations, working with the Xenotransplant team at UMMC to explore the potential of xeno-heart transplantation and working with professionals on a vision to develop a community based ECMO device that would allow patients to leave the ICU and hopefully eventually leave the hospital while they wait for lung transplantation.

4. **What is your advice to give someone to keep updated in our field, and what worked for you?**
Be an engaged member of our Academy and the APTA, set up automatic literature searches that come to your inbox that you can review at least monthly,

be a consumer of literature and professional conferences of other healthcare professionals and never stop seeking answers to your clinical questions.

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

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.

Paul Ricard PT, MPT, DPT, CCS

Paul Ricard has worked primarily in acute care.

Paul graduated with a master's in physical therapy from Springfield College in 2003 and earned a transitional DPT from AT Still University in 2005. He first boarded in Cardiovascular and Pulmonary PT in 2007, and was recertified in

2017. Cardiopulmonary PT care has kept him primarily in the acute care setting with some exploration into short- and long-term inpatient rehab, and outpatient settings, including outpatient cardiac and pulmonary rehabilitation. Sharing his passion in the area of cardiopulmonary PT has taken him into university classrooms, to local and national conferences, international patient care and program development, and in the written work of textbooks, research publications, and the IRB.

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

   2003 is when I first joined the then Section. In 2011, I was elected to the Board as the Nomination Committee member and from 2014-2018 I was elected and served as the Academy's Vice President.

2. **Who were some of your mentors?**

   I was told by one of my professors, learn something from everyone; even if it's something not to do. I've had a lot of formal and informal mentors over the years and choosing who to highlight is difficult. Some of my earliest mentors after graduation were the most formative.

   Jon Kelly was a PT who used to practice as part of the chest PT teams in Boston in the1970s. His practice of early mobility in the ICU included mobilizing patients while being intubated, nasotracheal suctioning, manual chest PT, assisted cough were something he was doing since the 1970s and 10 years before several of the sentinel articles on early mobility were published. I tried so hard to emulate his smoothness in which he worked with his patients in such a complex environment. His clinical practice was further championed by a relative new grad also working in the same facility, Konrad Dias. Konrad's energy and passion for the cardiopulmonary patient rubbed off on me. Although his desire to start a clinical residency in cardiopulmonary PT at our facility in 2006/7 was not realized, his mentorship guided my return to school for a transitional DPT and eventually my CCS. Also providing me with clinical mentorship in acute care was Michele West. I knew Michele used to work at a big Boston hospital before coming to the level III hospital I was at, but her clinical practice, guidance, and mentorship helped to form some of my thoughts on what a clinical mentor could be. It was only later that I found out that she was the author of The Acute Care Handbook for PT. While at CSM in 2004, Konrad told me we HAD to go to a lecture entitled, Cardiopulmonary Year in Review. In a packed room, I listened to Larry Cahalin hold the attention of a packed room of clinical practitioners. Through Konrad I was introduced to Sean Collins and Larry and was immediately taken in by the energetic conversations about research, didactic coursework, and clinical practice. Over the years in New England, Sean and Larry mentored me in pedagogy and advanced cardiopulmonary practice, inviting me in to be part of their lectures and labs. We would go

to bars after class to talk more about research and how to integrate this into clinical practice.

The list could go on, but that was where it started.

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

   I've had the opportunity to practice in all settings except home care and have tried to integrate aspects of management of shortness of breath and the cardiovascular and pulmonary system into each. For 8 months, I tried to start a shortness of breath outpatient clinic. My manual chest PT was a lot louder than the manual therapy others were using in the same clinic. I was always completing a complete physical exam on my patients in rehab settings; often finding nothing new but sometimes being able to convey important findings and to have the answer to a common question, 'why does a PT need a stethoscope?'

   The majority of my time, however, has been spent in acute care. I am proud of building 2 cardiopulmonary residencies and an ICU fellowship for the institutions I worked at and with the help and support of the clinical faculty and department administration. In the past decade, I've also had the opportunity to work on early mobility projects that have allowed our clinicians to mobilize patients with femoral IABPs and ECMO cannulations.These projects have led to policy changes at my places of employment, presentations at conferences, universities, to PT's and other clinicians, and clinical discussions with our residents, fellows, attendings, and colleagues across the US which I hope will perpetuate this practice.

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

   My advice to others is to be curious and outgoing even if you're not that way naturally. Talk with the presenters at the end of the lectures you attend at CSM. Walk past as many posters and talk with the authors as you have time for. Say 'yes' to an opportunity when you're first starting out even if you're not sure it's exactly what you want. Read voraciously and talk about it with anyone who will listen.

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

   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.