

CEPA

ACSM Affiliate Society

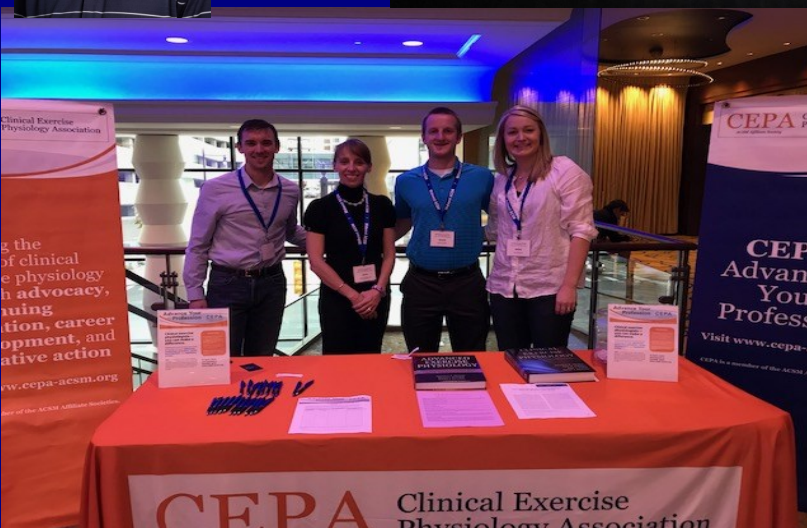
Clinical Exercise Physiology Association

Special 10th Anniversary Edition



10

YEARS



10th Anniversary Time Line!

May 1, 2018 10 Year Anniversary!

Fall 2016: Alliances with ESSA and MFA established

Spring 2016: First online edition of JCEP

March 2012: JCEP launched

Fall 2010: first CEP salary survey

May 2010: first “Day on the Hill”

2010: CEPA’s first appearance on social media

May 25, 2008: first newsletter and website launched

May 20, 2008: first webinar (Cancer and Exercise)

May 1, 2008: launch of CEPA





Clinical Exercise
Physiology Association

ACSM Affiliate Society

**CEPA... ADVANCING THE
PROFESSION OF CLINICAL
EXERCISE PHYSIOLOGY**

Dennis J. Kerrigan, PhD, FACSM

President

Henry Ford Hospital

Detroit, Michigan

Shel Levine, MS

President-Elect

Eastern Michigan University

Ypsilanti, Michigan

S.A.E. Headley, PhD, FACSM

Immediate Past-President

Springfield College

Letter of Thanks to the American College of Sports Medicine

March 28, 2018

On this 10th anniversary of the Clinical Exercise Physiology Association, we would like to say "Thank You" to the American College of Sports Medicine leadership and staff for its unfailing support. What started over a decade ago with a small group of enthusiastic clinical exercise professionals has developed into a recognized national organization with international relationships and its own journal. CEPA would not be here today without support from ACSM. There are far too many people to thank and name individually who have contributed to our success by helping in innumerable ways, but we wish to thank Mr. Jim Whitehead and his entire staff for their continued assistance in our endeavors!

CEPA Leadership

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CEPA Newsletter Editor:

Mark A. Patterson, M.Ed.,
RCEP

CEPA Newsletter is published quarterly and is available for members at the website below. Unless otherwise indicated, information published in CEPA Newsletter is not the official position of the CEPA. The purpose of this publication is to keep members informed about the activities of CEPA and their profession.

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From the President's Desk

Be Courageous

At an early age we learn quickly the principle of negative feedback. When you burn your hand on something, you learn not to touch that particular object again; if you blindly stick your hand into a hole in the ground and get stung by a bee, you tend to not do that anymore (trust me on that one). This type of feedback loop obviously has its advantages, and is probably the reason most of us are still here. However, as adults I believe we can hinder our growth, both intellectually and emotionally, when we become too preoccupied with avoiding negative consequences. This mentality to “stay in our own lanes” reduces the opportunities to learn from exploring the unknown and gaining valuable experiences that can improve our situation.

I have received many thoughtful and concerned e-mails recently about the decision to move forward with one clinical exam (see our last newsletter). One discouraged individual wrote that he already feels underappreciated as a member of his health care team and he did not feel this decision would help him.

Many of us can probably empathize with this e-mail. And while we may be viewed as part of the health team, because we are not the ones performing the lifesaving angioplasty, or the life altering weight loss surgery, our role can feel undervalued at times.

However, when looked at through the prism of our patients, who become stronger, more confident and healthier, the improvements they feel through our guidance are nothing less than extraordinary. Often we keep these patient success stories to ourselves. But, we need to step-out of our comfort zones, engage with our health teams and share our expertise and patient success stories.

Continued on Next Page

Quoteables

“Opportunity is missed by most people because it is dressed in overalls and looks like work.”
- Thomas Edison



Dennis
Kerrigan,
Ph.D.

As an organization we need to continue to strive to do better and find ways to “lift-up” all CEPs. For this reason it is my goal that our new CEPA registry does not become a database to simply inform others about who passed a test, but a tool to promote what clinical exercise physiologists can do for health systems across the country. CEPA has reached 10 years because of innovative leaders who were not afraid to “move out of their lanes” and try new ideas; we need to strive to continue this legacy. In the coming months you will learn more about our registry and how this will be used to promote both you as an individual and us as a profession. For now I can tell you that this registry will be directed by CEPA and it will be found later this year on our brand new website. In the meantime I am very happy to report that our new website will be launching by this summer!

In closing, since this will be my last letter as President, I would like to recognize the contributions from all associated with CEPA, including our past presidents, past and present committee chairs, past and present board members, and all our committed members over the years. I also would like to offer a special thanks to those past presidents who took time out of their busy schedules to write in this 10th anniversary newsletter giving us both an historic perspective of CEPA and direction for what is to come. Lastly, I would like to thank our partners at ACSM, who have given us tremendous support over the years and continue to do so, without this support we would not be where we are.

Warm Regards,

Dennis J Kerrigan, PhD, FACSM, ACSM-CEP

President Clinical Exercise Physiology Association

CEPA at the ACSM Annual Meeting

May 29 - June 2, 2018 Minneapolis, MN



Come See Us at Booth # 823

EXHIBIT HOURS

Wednesday May 30, 2018 1:30 PM - 6:00 PM

Thursday May 31, 2018 9:30 AM - 5:00 PM

Friday June 01, 2018 9:30 AM - 2:00 PM

Executive Secretary Notes

Happy 10th anniversary CEPA!!!

Undoubtedly much will be said in this newsletter about the history of the organization and its efforts over the years. I want to use the space afforded to me to recognize the people behind the organization. CEPA wouldn't be here today without the foresight of several people, including the founders: Dino Costanzo, Brian Coyne, Carol Harnett, Sam Headley, Steven Keteyian, Randi Lite and Murray Low. They saw the need for CEPs to have a unified voice - and gave them one. Some of those founders are still involved today in leadership roles within the organization! Since then, we've grown our own journal (JCEP) thanks to Drs. Clinton Brawner and Jon Ehrman. We have seen more than 60 different people hold key leadership positions within the organization since the beginning (and countless others who have served on committees). I'm sorry I'm not able to list everyone here, but please know that your work is appreciated! The bottom line is this: we owe many thanks to those who have served with CEPA – regardless of the role. We are deeply indebted to the trailblazers who came before us and built this organization into what it is today. Many thanks to all of you - I am excited to see what the next 10 years brings us!

Sincerely,

Wanda Koester, MS, RCEP

CEPA Executive Secretary




**CEPA Team Members
Having a Little Fun
Over the Years!**



The Editor Speaks: “Why We Do It”

Mark A. Patterson, M.Ed., RCEP

Cardiovascular Services / Department of Vascular Therapy—Kaiser Permanente Colorado Region



Why is it that we do what we do? Fame, fortune and glory? Me thinks not. Many of us that have been in the industry for 20+ years got our starts at universities and colleges that had, lets say, less than optimal labs, equipment that had a few repairs done with duct tape and carpet that had mold you could probably carbon date. Those of you fellow Wahoos who graduated in 1997 or before, you know what I am talking about!

Mem Gym lab! A metabolic cart somewhat reminiscent of the WOPR computer from the 1980's movie War Games? The dark and scary hot tub turned hydrostatic weighing tank? Regardless, the equipment worked and those who taught us had a passion that invigorated us to get where we are today.

So, I ask again, why? What is it that moves us to continue to try and hold back the tide of disease, sedentary behavior and obesity that continues to plague our communities? It is the people we help each and every day. The following stand out in my memory and I share them with you below.

MY TOP 3:

#3: Cigarettes: Early in my career with Kaiser Permanente I conducted a routine exercise stress test. This gentleman had been smoking for 30+ years, but fortunately did not have any particular issues from it until he started to get much more short of breath with exerting himself. He came in and lasted about 5 minutes on the treadmill and everything looked OK except for his exercise tolerance. We had a good heart to heart (pun intended) conversation and as he was walking out the door handed me his pack of cigarettes and lighter and told me he had no use for them anymore.

#2: PAD Man: This was actually my very first PAD patient I saw in my new vascular rehabilitation program some years ago. He had pretty typical calf cramping with walking, but was also pretty high risk overall for CAD. In our discussion I made the mistake of only using the words “chest pain” when asking if he was having any cardiac symptoms along with his claudication. Well, I did decide to monitor him with a stress test to screen for ischemia before developing his exercise prescription and it lasted a whole 38 seconds. At that point he was essentially clutching his chest and asking to stop. Lo and behold there was ST segment elevation in multiple leads and the start of some ventricular ectopy. After stopping his test and he was symptom free and awaiting his ride to the hospital, we talked some more about his chest symptoms. He told me that he was not having any pain, but was feeling profound chest tightness when he walked.

The Editor Speaks: “Why We Do It”

Mark A. Patterson, M.Ed., RCEP

Cardiovascular Services / Department of Vascular Therapy—Kaiser Permanente Colorado Region

He had stopped 3 times walking in from the parking garage due to this, but since he was here about his legs, he thought that was more important. The very next day he underwent urgent 4 vessel cardiac bypass surgery.

#1: Death on Everest: This dear patient of mine while in her 50's went on a trekking adventure in Nepal. They were to trek up to Everest base camp and back to take in the beauty of the Himalaya's. Within sight of base camp she developed crushing chest pain, went into cardiac arrest and was revived on the spot, but was flown into Kathmandu and had a stent placed in her left anterior descending artery. I had the pleasure of seeing her 3-4 weeks later for an evaluation for independent exercise as she did not want to go the traditional cardiac rehabilitation route. She was still not feeling quite right and when I hooked her up to do some exercise testing, her ECG was a bit erratic and it seems her heart function was not recovering as quickly as anticipated. This basically set her back a bit physically, but more importantly, emotionally. I worked with her over the next 3 months, seeing her each month and communicating with her about her progress until she felt well enough that she wanted to start hiking again, starting out in Colorado with some of our 14,000 foot peaks. She slowly gained confidence, enough so, that she returned to Nepal 1 year after her cardiac arrest and completed the trek she set out to do the year prior. She is now in the process of writing a book about her experiences and wanted to include me in it as one who helped her on her way back. I of course said yes and look forward to reading it in the near future.

I hope all of you have had similar experiences in your career. I can honestly say, I am glad and very proud of all the choices I made in my career!

CEPA and the Million Hearts Cardiac Rehabilitation Collective

CEPA is an official partner of Million Hearts and a member of the Million Hearts Cardiac Rehab Collaborative, an open forum of organizations and individuals dedicated to increasing cardiac rehabilitation participation from the current 20% rate to 70% over the next 5 years. We see this as a critical initiative that will impact current members and students graduating from clinical exercise physiology programs across the country. We will be working with colleagues from a variety of agencies both governmental and private to contribute to this initiative - AHA, ACC, CMS, and AACVPR are just a few. We will keep you informed regarding these ongoing efforts.



A Very Special Thanks!

Founding Members

Dino G. Costanzo, MA, ACSM-RCEP, FACSM

Brian Coyne, MEd, ACSM-RCEP

Carol Harnett, MS

Sam A. E. Headley, PhD, ACSM-RCEP, FACSM

Steven J. Keteyian, PhD, ACSM-RCEP, FACSM

Randi Lite, MA, ACSM-RCEP

Murray Low, EdD, FACSM

Past Presidents

Sam Headley, PhD, ACSM-RCEP, FACSM (2016-2017)

Brian Coyne, MEd, ACSM-RCEP (2015-2016)

Aaron W. Harding, MS, ACSM-RCEP (2014-2015)

Robert Berry, MS, ACSM-RCEP, FAACVPR (2013-2014)

David Verrill, MS, ACSM-RCEP, FAACVPR (2012-2013)

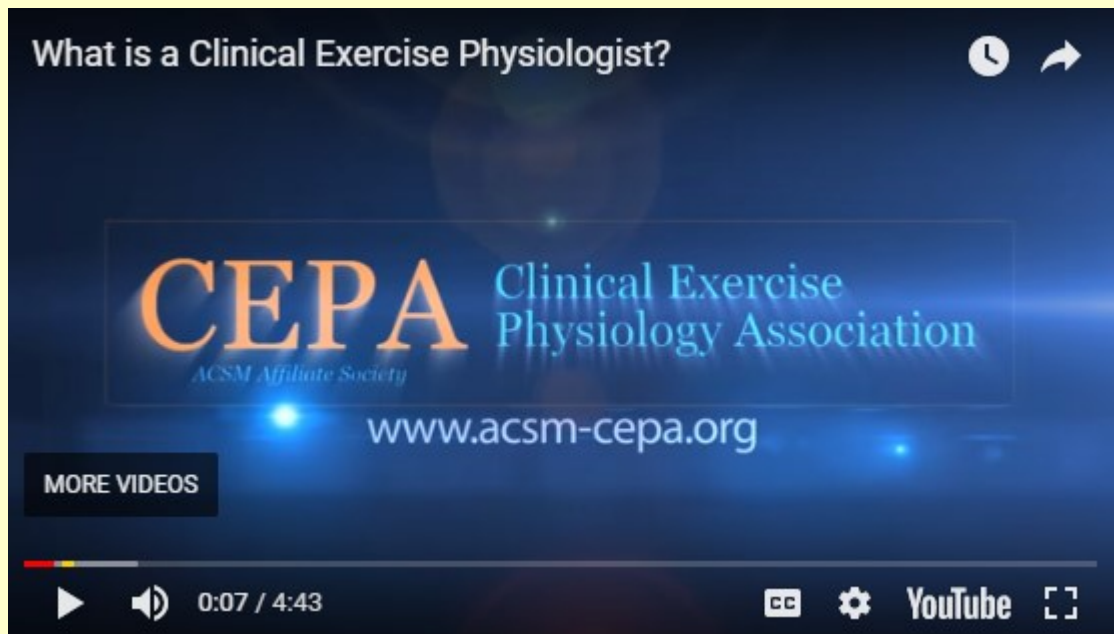
Clinton A. Brawner, PhD, ACSM-RCEP, FACSM (2011-2012)

Kathleen Cahill, MS, ACSM-RCEP (2010-2011)

Dino G. Costanzo, MA, ACSM-RCEP, FACSM (2009-2010)

Randi Lite, MA, ACSM-RCEP (2008-2009)

Remember This?



<https://www.acsm-cepa.org/i4a/pages/index.cfm?pageid=3393>

<https://youtu.be/C2k4xHcYH8Q>

**February 2015: CEPA “What
is a Clinical Exercise
Physiologist Video!”**

President CEPA #1: Randi S. Lite, MA, RCEP, NBC-HWC 2008-2009



At ACSM's Annual Meeting in New Orleans on May 31, 2007, a group of seven clinical exercise physiologists and three ACSM executives met to discuss the formation of ACSM's first affiliate society. I felt so privileged to be invited to this gathering. We brainstormed ideas for an organization that would be devoted to the needs and professional development of the clinical exercise physiologist. That summer of 2007, we surveyed RCEPs, Program Directors, and Exercise Specialists in order to guide our thinking. We did a detailed SWOT analysis, and created a three-year business plan that was approved by the ACSM Board of Directors in November 2007. We spent seven days via email discussing the name for our new organization, debating the merits of terms like “physiologist” vs “physiology”, “association” vs “society”. We decided not to identify as an “American” or “National” organization, in order to open our doors to an international presence. We carefully formulated our mission and goals, which remain relevant today:

The focus of the affiliate is to advance the profession of clinical exercise physiology through advocacy, education, and career development. Currently, there is no national professional society devoted to the CEP. Creation of such an organization will establish a professional structure that can effectively respond to issues that affect the practice of CEPs. A national organization can also proactively forge partnerships and sponsor initiatives that will promote best practices for delivery of care, as well as improve career opportunities for CEPs.

Our hope was to create an organization with a critical mass of members that could elevate the status of CEPs in health care through standardized education, certification, and licensure.

It was an exciting time, and also a heated time. One of the challenges we had was to sculpt a relationship with ACSM that was autonomous, but within the guidelines that were established for affiliate societies. Members of CEPA's first Executive Board passionately debated the merits vs the constraints of being in relationship with ACSM. We negotiated for as much autonomy as we could, while recognizing the generosity of ACSM's support in the affiliate model. We all felt the responsibility of creating an infrastructure that would function well into the future.

Now, ten years later, CEPA is still engaged in its core mission. High quality education remains a key focus, engaging members through the journal, webinars and now regional conferences. I believe this has been a strength of CEPA through the years. It puts professional development, and thus patient care, at the forefront of our collective work.

Advocacy and career development are more complicated. Change happens slowly and takes constant and consistent engagement, cultivation of relationships, and open minds and hearts. Though there has definitely been change in 10 years, we still have a long way to go. I believe that the path forward requires collaboration and compromise amongst all players, to find common ground and open the tent wide enough to establish a large and active constituency. The leadership of CEPA has been dedicated and passionate in this mission. I feel hopeful that the next ten years will bring continued movement toward this goal and I am grateful for all who have given of their time and spirit to build a strong and sustainable CEPA. I personally have gained so much by being involved in CEPA. I challenge every clinical exercise physiologist to find a way to participate and support CEPA in this mission.

I hope that the foundation built in the past 10 years will be a strong base upon which a bright future will stand. Congratulations CEPA!

President CEPA #2: Dino G. Costanzo, MA, RCEP, FACSM 2009-2010



Legislative Committee

**Rob Confessore,
PhD**

Working on updating legislative materials for the website. Goals for year include connecting with publications committee and move CEPA white paper to the forefront again. The committee would like to poll full CEPA membership, Should CEP licensure be the primary objective?

When Dennis reached out to CEPA past-presidents and asked us to share a retrospective commentary of our experiences during our presidency as well as some thoughts, messages and hopes to include in our 10th Anniversary Newsletter, my first reaction was “it’s only been ten years?”

Most often I am amazed about how fast life passes by but for some reason I have a different perspective of time with CEPA. Perhaps it is because the issues clinical exercise physiologists face today seem to be so similar to the issues we faced two and three decades ago – the very issues that inspired us to form CEPA. Gaining professional respect and building our professional community were highest on our list.

There certainly was, and is, substantial evidence to demonstrate what we do as highly valuable and meaningful to improve the lives of individuals with disease. Initially, our principal focus was to define who we were, believing that with effort and leadership, our discipline would evolve. Our decision to organize as an ACSM Affiliate Society proved to be critical to sustaining us during our initial years, providing us with support and resources as well as allowing us great opportunities to partner with ACSM’s CCRB.

We wrestled with selecting the “right” credentials and led a number of promotional campaigns to engage practicing clinical exercise physiologists (sounding familiar?). ACSM introduced us to legislative consultants and helped us conduct Day-on-the-Hill campaigns in Washington with expectations of influencing public policy to support clinical exercise physiologists. We were excited and encouraged early on when our membership numbers reached nearly 500.

Over the years my career has transitioned away from front line caregiver/practitioner to healthcare administrator and I am not in a position to fully appreciate the day-to-day concerns clinical exercise physiologists share, nor the measurable and tangible growth in our profession that has been supported by CEPA - I will defer to our current leaders to articulate that. What I am certain of, however, is that we have outstanding people in our organization and exceptional and passionate leaders to carry on the work of those before them. My hope is that every clinical exercise physiologist understands that it is their minimum responsibility to join and support CEPA to allow our professional community to thrive. Congratulations CEPA and Happy 10 years!

President CEPA #5: Dave Verrill, MA, RCEP, CCEP, CCRP, FAACVPR 2012-2013



Publications Committee

Greg Dwyer, PhD

Webb Smith will be the next leader of the publications committee. The committee is working with the editor to move to electronic indexing. Allen Press is the new publisher. The journal will be housed on its own website as opposed to being housed on CEPA website.

Advocacy Committee

Ken Ecker, PhD

Work to establish connections with regional chapters. Greater New York Chapter and Rocky Mountain Chapter have expressed interest. Texas and Southeast ACSM chapters have expressed interest in a teleconference about future partnerships.

I am very honored to be writing about my involvement in CEPA over these past 10 years, serving as President from 2012 to 2013. I also served in the role of Secretary and Partnership Manager during my tenure on the CEPA Board, and currently serve as a member of the Legislative Committee. When I joined the CEPA Board, one of the major discussion points was to determine if we wanted help from the ACSM to get us get “up and running” using their valuable resources, or to “go it on our own.” Fortunately, the decision was made to have ACSM to help us out along the way. With the tremendous help of ACSM over these past 10 years, CEPA has now become the “gold standard”, nationally recognized organization for the clinical exercise physiologist (CEP).

CEPA continues to offer many valuable resources for the CEP including the Journal of Clinical Exercise Physiology (JCEP), monthly webinars, quarterly newsletters, legislative resources, social networking services, a graduate program directory and student resources, to name but a few of the membership benefits. We now have affiliate members, the Medical Fitness Association and Exercise and Sports Science Australia (ESSA). There is more power in numbers and we have learned much from each of these affiliate members. The cost for CEPA student and professional membership remains “dirt cheap” compared to other organizations for all the membership resources available. CEPA has also been instrumental for helping to promote state licensure for CEPs—an unenviable task given the current political climate and the fact that only one state in the country (Louisiana) requires licensure for CEPs.

The foundation of CEPA was based upon the definition of what a CEP truly is.

This was not an easy definition to develop and in today’s world, this definition continues to evolve. We are at the point in history where we need to have one credentialing examination, as do most other clinical professions. Thus, the decision was recently made to combine the ACSM Clinical Exercise Physiology (CEP) exam with the Registered Clinical Exercise Physiologist (RCEP) exam.

Continued on next page

“Presidential Recollections” Dave Verrill Continued

Currently there is a team of ACSM professionals from both the academic and clinical professions performing this task for this “new” ACSM certification. One of the more controversial aspects of this test merger was who could sit for this new exam. While the RCEP test has traditionally been designed for the master’s candidate, the bachelor’s prepared student can now sit for this new combined test with additional clinical hours in the field. This test, which combines the knowledge and skills of both the CEP and RCEP exams, is slated to come out in late 2018. Interestingly, the phrase “history repeats itself” applies here, as the bachelor’s prepared student could take the RCEP test prior to 2010 with the required qualifications. I write about this in this letter only to present an example of one of the many issues that CEPA has engaged in over the past 10 years. We continue to fight for state licensure and having one credentialing exam will make things easier for us, compared to having two separate but similar certification examinations.

It should not be minimized that we still have a long way to go in our profession for the recognition of the CEP and the jobs that we do so well in cardiopulmonary and cancer rehabilitation, and in the many other areas of health and fitness. We remain underpaid across the country compared to the physical therapist or registered nurse, but we are slowly making headway in this respect. A major goal for the CEP is to be paid for services performed by Medicare/Medicaid as time evolves. Our membership numbers remain stable, with a current membership of about 360 members (membership peaked above 500 members at one point in time). Moreover, the public often times still does not grasp what our job title indicates and what we can actually do. However, with the countless efforts of many CEPA volunteers over these past 10 years, we are far ahead of where we were in 2008—we are now truly a recognized profession.

As my friend and mentor Dr. Larry Durstine at the University of South Carolina once said to the CEPA Board, “for every one step forward, sometimes you have to take two steps backwards.” This has indeed been the case for state licensure efforts across the country and with many other CEPA issues. Nevertheless, CEPA continues to boldly advance our cause with outstanding leadership, excellent evidenced-based resources, and the power to promote the CEP world-wide across the spectrum. Since I became a CEP in 1984, I have seen remarkable advances for the CEP. CEPA has undoubtedly been the greatest contributor toward these positive changes for all of us in the health professions.



President CEPA #7 Aaron Harding, MS, RCEP 2014-2015



Continuing Education Committee

Tim Werner, PhD

Goal is to increase number of webinars, to potentially 12 a year. Increase information on graduate programs in Clinical Exercise Physiology which might include an academic program directory.

Career Resources

Garrett Griffith

Goal is to establish a mentorship structure within CEPA, to allow members to find answers from more experienced members.

The greatest advancement toward standardizing the profession of clinical exercise physiology was the formation of the Clinical Exercise Physiology Association (CEPA) ten years ago. The idea of standardizing and legitimizing our profession has been discussed and debated for as long as every current clinical exercise physiologist (CEP) has been practicing. Not until CEPA launched in May of 2008 did we finally gain traction.

Sure, prior to CEPA, there were milestones along the way such as licensure in Louisiana and the introduction of the RCEP exam. However, after many of these successes the momentum was lost since we were not organized, lacked a follow-up plan and often disagreed on the direction we should take. Especially, because we disagreed on the direction we should take. We, collectively as a profession, have been our own biggest roadblock in advancing the profession.

The formation of our own national organization gave us an identity and the structure to build a profession. I had the great fortune to join the CEPA leadership prior to our launch and have served in many roles within the organization. This inside perspective has allowed me to witness an amazing group of dedicated and passionate people take a struggling profession and begin to give it shape.

The primary focus of my presidency in 2014-2015 was to bring the key stakeholders together at the same table, get on the same page and move together as one voice. One stronger voice. We are just now starting to see this work materialize with the move toward one clinical certification, the start of a CEP registry and the early stages of an ambitious marketing plan to promote and position the CEP prominently within the health care industry.

We still have a long way to go to achieve a critical mass of state licensure and reimbursement for CEP services, but after many decades we have direction and are moving forward. And with a nationwide campaign to increase referrals to cardiac rehabilitation, recent reimbursement for peripheral arterial disease rehabilitation and healthcare moving toward outcomes-based reimbursement, the opportunities for CEPs continue to increase.

I am proud of the progress CEPA has made during our first ten years and am encouraged for the future. I would like to thank the many talented and dedicated people I have worked alongside to advance our profession. The future is in good hands. Congratulations CEPA on the first ten years!

Get to know your CEPA committee members

Chair, Continuing Education Committee : Tim Werner, PhD

My name is Tim Werner and I have been the chair of CEPA's Continuing Education Committee for approximately 4 years. I am currently an Assistant Professor of Exercise Science at Salisbury University in Maryland. I teach both undergraduate and graduate courses in area of clinical exercise physiology, metabolism, weight management and sports nutrition. I also serve as an Evidence Analyst for ACSM (we're people that help decide which manuscripts to include in ACSM's position stances) and a member of NSCA's Grant Committee. I hold certifications in exercise including the Registered Clinical Exercise Physiologist and Certified Clinical Exercise Physiologist from ACSM and the Certified Special Population Specialist and Certified Strength and Conditioning Specialist from NSCA.

I earned my doctorate in Clinical Physiology and Metabolism from Virginia Tech in 2013. I also have two bachelor degrees in Exercise Physiology and Nutritional Science, and a master's degree in Exercise Physiology from Ohio University. My initial exposure to research was in Dr. Fritz Hagerman's Concept 2 rowing laboratory at Ohio University. I've done more VO_2max tests on the rowing ergometry than I care to count. However, this invaluable, nurturing experience with Dr. Hagerman solidified my career trajectory. I moved on to work with Dr. Kevin Davy in his Human Integrative Physiology Lab at Virginia Tech. Our research focused on the influence of lifestyle modifications and anti-hypertensive treatments on arterial stiffness. Towards the end of my training, I chose to forgo the traditional post-doctorate route and found a teaching position at Salisbury University. While I do dabble in 2-3 research studies each year, my primary focus is teaching. My current research focus is on the influence of chronic resistance training and supplementation on arterial stiffness. When I'm not at work, I'm at the local gym training 5-6 days a week (we must practice what we preach!) or at home with my wife and son. It's important to me that we are engaged and stay active, so depending on the season we play soccer, basketball, t-ball, swim, ride bikes, hike, fly fish, and anything else my son invents. And things are about to get more exciting with the arrival of my daughter in June 2018.

CEPA's Continuing Education Committee current members are Paul Chase, Ben Stein, Lisa Colvin, and Pete Grandjean. Our mandate is to develop and deliver six educational webinars to our membership each year. We are also involved with transitioning these webinars into ACSM's ceOnline system for asynchronous learning. We are constantly on the lookout for new webinar topics and presenters. So if you have any good ideas please let me know (tjwerner@salisbury.edu).

In addition to these projects, we are in the process of developing a list and links to all of the accredited Clinical/Applied/Integrative/Exercise Physiology graduate programs for prospective students. This list will be accessible from our webpage. We are also interested in creating a list, based on an internal survey, of all the exercise certifications of our membership. We are interested in knowing the frequencies and distribution of each certification, and which certifications are most recommended for future clinical exercise physiologists. We hope that you will be able to provide feedback when the survey is ready.



Get to know your CEPA committee members

Advocacy Chair: , Ken Ecker PhD.

My name is Ken Ecker, and currently I'm a clinical exercise physiologist and Professor in the Department of Health and Human Performance at the University of Wisconsin, River Falls (UWRF), 2009-Present. My teaching responsibilities involve teaching in the undergraduate and graduate programs in Exercise Science and Clinical Exercise Physiology respectively. In addition to my academic responsibilities, I'm the Director of the Cardiac Rehabilitation Heart Plus Wellness (HPW) program here at UWRF, in collaboration with Hudson Hospital and Clinic, Hudson, WI. The HPW program is a Phase 3 community initiative founded on the principle that everyone has different needs and objectives. The program is staffed by medically trained personnel in a fun and friendly environment. It provides community based adult fitness where participants can achieve a healthier lifestyle for individuals with cardiac disease risk factors.

In conjunction with my position at UW, I'm a fellow member of the American College of Sports Medicine (FACSM), and also a member of the Clinical Exercise Physiology Association (CEPA) for the last 8 years. I'm currently serving as Chair of CEPA's Advocacy Committee, and also as the CEPA representative on the Board of Directors for the Midwest Regional Chapter of the American College of Sports Medicine (MWACSM).

Because the field of clinical exercise physiology has and continues to garner interest at the ACSM Regional Chapter Meetings, the CEPA Advocacy Committee has initiated a campaign targeted at establishing a CEPA presence within each ACSM Regional Chapter. For the last 3 years, CEPA and the MWACSM have successfully co-sponsored the MWACSM Regional Chapter Meetings, and this collaboration has substantially increased attendance at the meetings (from the low 400s to about 600). In addition to the MWACSM, CEPA is currently working with the following ACSM Regional Chapters in formulating a partnership with CEPA akin to the partnership formed with MWACSM:

Greater New York Chapter
Northland Chapter
Northwest Chapter
Rocky Mountain Chapter

Additional ACSM Regional Chapters that have expressed an interest in establishing a CEPA presence at their meetings*:

Central States Chapter
Middle Atlantic Chapter
Southeast Chapter
Southwest Chapter



SYMPOSIUM: Exercise Training for Patients with Hypertrophic Cardiomyopathy: Time for a New Approach

- Benjamin D. Levine, FACSM. Institute for Exercise and Environmental Medicine and University of Texas Southwestern Medical Centre, Dallas, TX.
- Katrin A. Dias. Institute for Exercise and Environmental Medicine and University of Texas Southwestern Medical Centre, Dallas, TX.
- Mark S. Link. University of Texas Southwestern Medical Centre, Dallas, TX.
- Martin S. Maron. Tufts Medical Centre, Boston, MA.
- Sharlene M. Day. University of Michigan School of Medicine, Ann Arbor, MI.

TUTORIAL LECTURE: Sticking Cardiac Rehab! Overcoming Obstacles to Increase Participation in Women

- Kelly Massey. Georgia College, Milledgeville, GA.
- Paula Seffens. University of North Georgia, Oakwood, GA.

SYMPOSIUM: Exercise for Cancer Survivors in the Real World: Translating Research into Practice

- Amy A. Kirkham. University of Alberta, Edmonton, AB, Canada.
- Anna M. Campbell. Edinburgh Napier University, Edinburgh, United Kingdom.
- Joachim Wiskemann. Heidelberg National Center for Tumor Diseases, Heidelberg, Germany.
- Kathryn H. Schmitz, FACSM. Penn State Cancer Institute, Hershey, PA.
- Laurien M. Buffart. VU University Medical Center Amsterdam, Amsterdam, Netherlands.

SYMPOSIUM: Impact of Exercise in Patients with Hematological Cancers

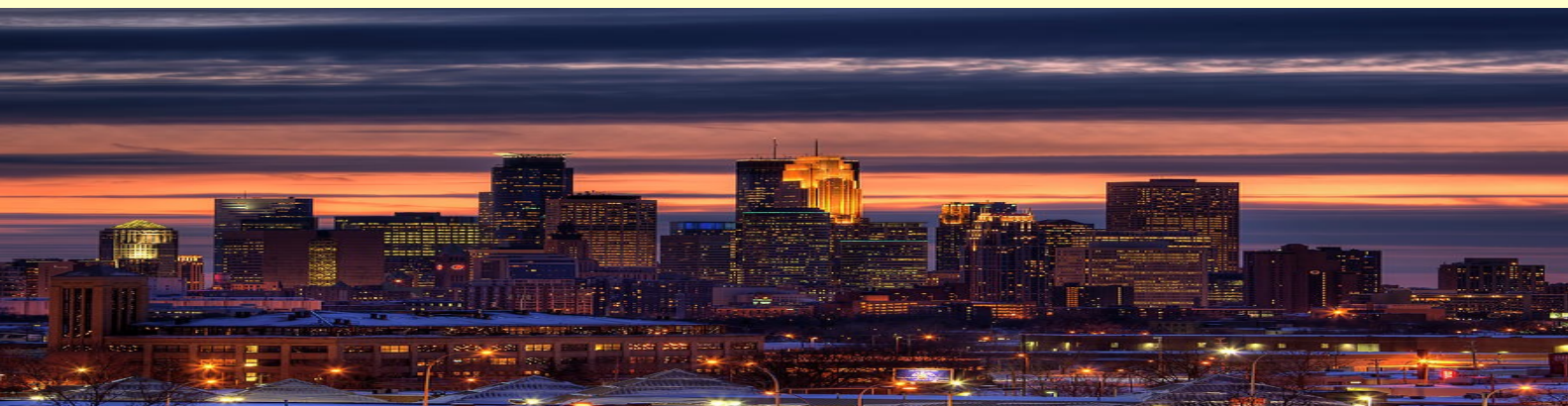
- Claudio Battaglini, FACSM. University of North Carolina, Chapel Hill, NC.
- Eileen Hacker. Indiana University, Indianapolis, IN.
- Joachim Wiskemann. National Center for Tumor Diseases, Heidelberg, Germany.
- Mary Jarden. Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark.
- William Allen Wood. University of North Carolina, Chapel Hill, NC.

TUTORIAL LECTURE: The Role of Exercise in Lung Cancer Patients

- Elisabeth Edvardsen. Oslo University Hospital, Oslo, Norway.
- Joachim Wiskemann. National Center for Tumor Diseases, Heidelberg, Germany.
- Morten Quist. University of Copenhagen, Copenhagen, Denmark.

TUTORIAL LECTURE: Prescribing Exercise for Frail Cancer Survivors: How We Do It?

- Friederike Rosenberger. National Center for Tumor Diseases, Heidelberg University Hospital, Heidelberg, Germany.
- Kerri Winters-Stone, FACSM. Oregon Health & Science University, Portland, OR.



Journal of Clinical Exercise Physiology

The official journal of the
Clinical Exercise Physiology Association
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The Clinical Exercise Physiology Association is pleased to announce that we are now accepting submissions of original research manuscripts for JCEP. We invite studies of interest to the clinical exercise physiologist. These include, but are not limited, to topics related to exercise testing, disease management, risk assessment and prognosis, acute and chronic response to exercise, safety and efficacy, outcomes, and pathology and epidemiology of chronic diseases and behaviors.

JCEP Page: <http://www.acsm-cepa.org/i4a/pages/index.cfm?pageid=3445>

Submission Page: <https://acsm.submittable.com/submit>



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Clinical Exercise Physiology Association

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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.

http://www.medicalfitness.org/?page=Upcoming_Webinars

<http://www.medicalfitness.org/?page=RegionalConferences>

CEPA Clinical Exercise
Physiology Association
ACSM Affiliate Society

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Executive committee members are selected during a membership election each Spring.

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