This month we would like to introduce the membership to the former Presidents of the Academy and hear how they got involved and the changes that they have seen. Presidents are the leaders of the Academy, the representative to others (other sections/academies, the APTA, outside groups) and they sometimes have to make some important decisions that affects the membership (along with their executive board).

Presidents originally were elected to a 2-year term (starting in 1975), but by the early 1980s that was changed to 3-year terms, so some of our Presidents have served two terms which means 6 years!

The following is the list of the Presidents of the Academy of Cardiovascular and Pulmonary PT since the beginning (1975)

1-Scot Irwin
2-Bob Huhn
3-Colleen Kigin
4-Linda Crane
5-Catherine Certo
6-Donna Frownfelter
7-Steve Tepper
8-Dianne Jewell
9-Ethel Frese
10-Dan Malone
11-Angela Campbell
12-Ashley Parish (current)

Presidents do not work alone and often meet with their executive boards regularly. The following are the executive boards that have served since 1975:

Vice Presidents

Bob Huhn
Dave Nielsen
Dave Hoeper
Gail Robinson
Donna Frownfelter
Ellen Hillegass
Gary Brooks
Rebecca Crouch
Paul Ricard
Pam Bartlo
Morgan Johanson (Current)

Secretary

Terry Faye
Marcia Pearl
Carol Dickman
Rhonda Barr
Peg Pashkow
Janet Waldmann
Ana Lotshaw
Marti Garlick
Tammy Burlis
Kristin Lefebvre
Suzanne Greenwalt
Sagan Everett (Current)

Treasurer

Eileen Shepard
Richard Jensen
Robert Habesevich
Claudia Levenson
Alexandra Sciaky
Susan Mihans
Wendy Johnson
Ethel Freese
Ann Fick
Lauren Mellett
Mike Tevald (Current)

The first two presidents were highlighted in the first perspective (January 2025). Linda Crane was highlighted in the second perspective (February). This newsletter is packed with great information from other presidents, highlighting #3 Colleen Kigin, #5 Catherine Certo, #6 Donna Frownfelter, #7 Steve Tepper, #8 Dianne Jewell, #9 Ethel Frese and #11 Angela Campbell. These individuals have provided insight into what was important during their presidency, who ***their*** mentors were, and suggestions for our membership for the future.

Colleen Kigin, PT, DPT, MS, MPA, FAPTA (#3 President)

Colleen M. Kigin, PT, DPT, MS, MPA, FAPTA presently is a consultant focused on innovation. She is a Visiting Clinical Professor for the University of Colorado Physical Therapy Program, University of Colorado School of Medicine and an Adjunct Associate Professor at the MGH Institute of Health Professions. From 1998-2014, she held the positions of Chief of Staff and Program Manager for the Center of Integration of Medicine and Innovative Technology, a 12-institution consortium based in Boston MA, developing innovative solutions to healthcare problems. She subsequently served as a consultant to efforts such as the University of Manchester, Manchester Academic Health Science Centre, UK to develop an innovation culture. In 1994, she joined the newly formed Partners Health Care System in Boston, Massachusetts, coordinating the system's cost reduction efforts through 1998. Dr. Kigin previously served as the Director of Physical Therapy Services at Massachusetts General Hospital (MGH) (1977-1984) and Assistant Professor at the MGH Institute of Health Professions (MGH IHP) (1980-1994). While at MGH she was responsible for the merger of two separate physical therapy departments, the establishment of the first non-physician specialist position, and practice without referral for physical therapy services. She presently serves on the Board of Trustees for the New England Baptist Hospital. Dr Kigin has held numerous positions within the APTA, serving on the Board of Directors from 1988-1997, including Vice President, co-chairing The Physical Summit in 2007 and co-chair of FiRST, the Frontiers in Rehabilitation, Science and Technology Council. She also served as prior chair for the APTA Committee on Clinical Residencies and the American Board of Physical Therapy Specialties. Dr Kigin has been a member of the Cardiovascular and Pulmonary Section, now Academy, since 1977, serving as Program Chair and then President 1980-1982. She testified on Proposal 745, Medicare Reimbursement for the Respiratory Therapy Hearing Committee, in 1979. Dr Kigin is a Catherine Worthingham Fellow and gave the 52nd McMillan Lecture, APTA in 2020, entitled: "Innovation: It's in Our DNA". Dr. Kigin earned a Bachelor of Science in Physical Therapy at the University of Colorado, Master of Science at Boston University, Master in Public Administration from the Harvard Kennedy School of Government and Doctor in Physical Therapy from the MGH IHP.

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

In 1976/77 I heard about the Section, though I missed the initial meetings. I then contacted Scot Irwin and Bob Huhn to say that I would like to get involved. Scot and Bob then asked if I would serve as Program Chair, before I had even attended a meeting! I became Program Chair for the Combined Sections Meeting of 1978, where I enlisted speakers I had practiced with and been mentored by, to come to the Florida meeting, many of them from the Boston/New England area. This included Mica Wasienius Rie, who came to the US from the UK in 1960 to initiate a Chest Physical Therapy Service at the MGH. Ahead of this meeting in Florida, I left Boston early, and ended up on the last flight out of Washington DC as the Blizzard of 1978 crippled the Northeast. I arrived in Florida to learn that all the speakers except Tom Holtakers (Mayo, Minnesota) were unable to get to the meeting. Tom Holtakers and I stayed up late into the night creating overheads to cover all the topics on the agenda and put on two days of program for those in attendance. In these early days of the Section/Academy, we were dedicated to and relied on one another to establish a strong presence in our profession---even as we do today.

Who were your mentors?
Ohh, the number is so large and I am so thankful to each and every one through my career. I will highlight a few below.

I attended the University of Colorado, graduating in 1970. My clinicals included a rotation on the Pulmonary ICU at Colorado General, the University Hospital. This unit was directed by Dr. Tom Petty, who lectured nationally on pulmonary care in the ICU with Louise Nett, RN, RT. It was in this Unit that I learned the clinical application of Chest Physical Therapy, including early ambulation of those intubated. Tom and Louise became lifelong friends and colleagues, and I had the privilege of lecturing with them nationally many years later. I did not immediately work in the acute care arena, starting out in Spinal Cord Rehab in Phoenix AZ. In 1972, I started at the George Washington Medical Center as a staff PT, and when the PT covering the ICU and post op care from the UK, Delphine Evans, returned to the UK, I was assigned to the ICU, with minimal orientation, I might add. Interestingly, this was the second exposure to acute care that provided me with important mentors to further my career, many of these physicians who were providing innovative care in the ICU. At GW I am so thankful to Dr Jack Zimmerman who guided and supported my development as a PT focusing on preventing and treating pulmonary complications. He is also the co-founder of APACHE, still in use today to predict the outcome of ICU care. Once at Massachusetts Hospital after graduate school at Boston University, I was hired to direct the Chest Physical Therapy Service and worked closely with Dr. Henning Pontopiddan, a fore runner in creating Pulmonary ICUs and furthering the development of assistive ventilator care. In collaboration with these leading physicians were numerous ICU nurses who furthered my knowledge of acute respiratory failure. I was expected to be part of the daily rounds by the practitioners, and to participate with input that guided care. I learned so much for this inter-disciplinary approach to care, something I still value today. Of course, numerous physical therapists also provided mentorship, such as those mentioned above, but also the lifelong influence of meeting Cyndi Zadai at the Beth Israel Hospital, Boston, and those involved with the CVP Section, including Scot Irwin, Bob Huhn and Sue Gibson. My career would never have developed as it did without these wonderful mentors.

How have you practiced and what are your proudest moments?
As stated above I gained my expertise in the acute care setting in the ICU at the George Washington University Hospital, where I learned that quality clinical care is delivered through expert teams, but that doing research and publishing were part of the professional responsibility. This carried over to all my subsequent positions, but I will offer a few examples of what might be called proudest moments, but are indeed valued experiences that furthered my skill and career.

1. Being asked to lead rounds in an ICU with physicians and residents, stretching my knowledge and pushing my professional development. I will never forget my first experience doing this.
2. Submitting a proposal to NIH with a physician and nurse to research mucus flow. We were funded and conducted measurements that showed the advancement of mucus flow doing percussion and vibration. One of my biggest professional regrets in not getting our results published. Please learn from my mistake, take such efforts to the end line.
3. Setting up protocols for ambulating ventilator patients in the late 1970s-80s at the Massachusetts General Hospital. Thanks to the entire Chest Physical Therapy Service, and all the ICU clinicians involved.
4. Working with the team of physical therapists at a time when mechanical ventilation and concepts of early ambulation, etc were not as common. One striking example of innovative care was treating a status asthmaticus patient through the night with Kathy Lee Bishop, and Dr Michael Rie, and hearing this patient talk to us later as she recovered---she knew she was critical, and yet also realized after our treatment through the night that she was so much better. The value of moving peripheral plugs in a patient population where some considered Chest Physical Therapy techniques were contraindicated, especially with difficulty ventilating and increased stiffness of the lungs---yet the treatment dramatically moved peripheral plugs, pressures greatly decreased, and she was soon extubated.
5. Testifying with Cyndi Zadai, PT, DPT, FAPTA, regarding Proposal 745 on behalf of the APTA and the Section/Academy, regarding Proposal 745, at The Medicare Reimbursement for Respiratory Therapy Committee Hearing, to protect the term for “chest” or “pulmonary physical therapy” to the profession of physical therapy.
6. One of my proudest moments was when Meryl Cohen, whom I worked with at MGH, took the first CVP exam while I was Chair of ABPTS. This was risky, and trail blazing----I am so proud of Meryl, Linda Crane and Scot Irwin for leading the way by risking taking the exam, but I am equally thankful and proud of what Pam Catlin, Ray Blessey and Cyndi Zadai created to set the example of a truly robust evaluation process to validate those who are specialists. As Cyndi Zadai often says, without Pam Catlin and her influence on building a rigorous process, the value of specialization would be moot.
7. Being brave (or perhaps naïve) enough to accept non-traditional roles as a physical therapist, including Coordinator of Cost Reduction at the newly formed Partners Health Care, and Chief of Staff for a 12-institution translational research center CIMIT. My advice to others is never say “no” to unusual opportunities but pursue if you can---you will not regret it!
8. And finally, as my career moved to a broader look at care and innovation in health care, providing the 52nd McMillan Lecture in Washington DC in 2020, during the tail end of the COVID crisis, showing examples of and urging our profession to continue to innovate.

What are suggestions to keep updated and what worked for you?

1. Go to every rounds/grand rounds/educational session where you work or have access to. Get to know the others on the team, and what each contributes.
2. Voice how you can help, test it out working with the team

3. Attend CSM and connect with your colleagues in person, and virtually. Go to them as you need advice, test your ideas, show your successes. My best friends are spread across the country---I could never ask for more.
4. Attend meetings related to your field that are sponsored outside our profession and get on their program to present. ATS, AHA, etc etc. They are smart enough to offer membership beyond the physician community---it's worth every penny. Maybe someday we will realize the same.
5. Measure, measure, measure----do what I didn't, publish it locally through where you work, state, national, internationally.
6. Becoming more connected as a small but mighty force inside and outside our profession.
7. Become part of our new horizons, help them happen. For example, I was so privileged to be on ABPTS when the CVP Section was the first to submit, get approval and deliver an exam. Without being President after Scot or Bob, I am positive I never would have understood how big our vision needed to be.

What do you identify as the most important issues for the future?

1. Don't be hesitant to step outside your comfort zone, to take on unusual responsibilities, positions, 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 etc. WE MUST BE PART OF THIS, IT IS NOT MEANT TO OR WILL REPLACE US---unless we sit back.

Catherine Certo, PT, MS, ScD, FAPTA, FAACVPR(#5 President)

Dr. Certo has served as chairman of the Physical Therapy Program at Thomas Jefferson University, Associate Dean and Professor and Chairman of the University of Hartford (for 25 plus years), Chairman of the Department of Physical therapy Boston University and Northeastern University. She has held numerous positions in clinical settings. She obtained her Doctor of Science in Cardiovascular Physiology from Boston University, MS from Boston University and Bachelor of Science in PT from Marquette.

When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?
In 1978, I was asked to do a Plenary session on Cardiac Rehabilitation. Right after the session Peggy Clough a CP member came up to me and said you have to join the section, and I did right then.

Who were some of your mentors?
Scott, Ray, and Bob were really getting the Section off the ground, so I suppose they were my first mentors. During my graduate studies I worked part time for 2 cardiologists, Dr Howard Hartley and Alan Herd, both were active in ASCM, so I too was a member of ACSM and had great exposure to mentors in that organization. In addition, I had worked with Colleen co-teaching with her so once she became Academy President I looked to her for mentoring.

How have you practiced cardiopulmonary (what types of settings) and what are your proudest achievements?
I have done acute care Cardiopulmonary in ICU; ran an outpatient Cardiac Rehabilitation Program; ran a community based Cardiac Rehabilitation Program at the Cambridge YMCA. I have also worked for 2 Cardiologists doing cardiac testing /screening for risk factors. Lastly, I have worked in Cardiac Acute care home care.

Proudest Achievements: 2 terms as CP President, CP Academy Award of Merit, Lucy Blair Service Award, Academy representative to the HOD, Catherine Worthingham Fellow, AACVPR Fellow, PT Content Expert on Health Care Policy Federal Cardiac Rehabilitation Guidelines Project, Marquette University Distinguished PT Alumni Award, Marquette University Alumni Merit Award for Distinguished Professional Achievement.

What is your advice to give someone to keep updated in our field, and what worked for you?
Stay as active in the Academy as possible. Join committees and Task forces. Take continuing education courses. Commit to Specialization

What do you consider to be some of the most important issues or results of your presidency?
Continuing to put Specialization as a priority; put on great educational programming, represent the Academy at the House of Delegates, Represent Cardiopulmonary PT to outside Professional Organizations

What is the most important issue for CVP Academy to address in the future?
Keep Cardiopulmonary Content as a cornerstone of PT practice no matter the practice.

Donna Frownfelter, PT DPT CCS RRT FCCP, FAPTA (#6 President)

How did you first get involved in the Academy?
When I first started to go to PT seminars I felt like a lone ranger. Most sessions were about Orthopedics or Neurology. While they were interesting, I was moving towards patients with Cardiovascular and

Pulmonary issues. It seemed few PTs cared about CVP. I started as a nurse's aide and in a few months an Inhalation Therapist (yes that is what they were called) asked me if I would be interested in being an "Inhalation Therapist". I said I am not sure what do you do? He said they gave oxygen, aerosols, and are part of the Cardiac Arrest team. Hmmm, be in the cardiac arrest team, cool! So, …for the next three years I worked in Inhalation Therapy. We had to put oral airways in and attach a properly fitting mask. I was quite taken with CVP patients and thoroughly enjoyed the respiratory nurses, doctors and Inhalation Therapists all working together (we just called it making rounds, discussing patients and working collaboratively). I took the Board Certification and passed and was an official Inhalation Therapist! Then I went to Northwestern University PT Program. I was excited to help patients with CVP issues. I was quite frustrated when we had a lesson and discussion with cases for example patients with Neuromuscular issues and CVP wasn't mentioned. I asked a question, "What does that impairment do to their CVP system?" I would get a look like why you are asking about that? There was a foreign trained PT that taught some breathing exercise and postural drainage. We used the Brompton Hospital paperback. So, when we had the labs, I tried to answer questions other students asked me about CVP and show some other techniques. At the end of the course I was asked to help teach the course the next year and the following year when I was asked to teach the course. So my first year out as a PT I was teaching the CVP course at Northwestern. Lots of good discussions occurred with the faculty and interest in our classes and labs. Yet still no "colleagues".

Soon after, CSM was held and I met a few people who had similar interests from Massachusetts General Hospital. They had a terrific trained foreign therapist who was great at CVP evals and treatments and Colleen Kigin and Cindy Zadai and some others. We were all passionate about CVP; the best was our enthusiastic discussions and excitement about having some comrades in arms. We did this for a couple of years then proposed forming a Cardiopulmonary Section. It was a lot of work but by then we had a few more PTs with us--we were the first Official Section! We had a small section and now are thrilled with our growth and incredible programs and courses that are presented. A few of us were asked to teach CVP in other schools. Often we would have faculty from other schools shadow us for weeks at a time and we helped them develop their courses. What fun that was and we were growing more colleagues!

Who were your Mentors?

We were all co-mentors sharing with each other and learning from and with each other. I could hardly wait til the next CSM meeting! We would often talk about our patients and ask for input from each other. We kept each other updated as new treatments, new surgeries and what PT could do with them developed.

How have you practiced CVP; in what settings, etc?

When I graduated from Northwestern, I was hired in what is now Northwestern University Hospital. It was a large acute care hospital with four Intensive Care Units. There were many opportunities for learning, multidisciplinary educational programs and research being done and shared. We had no time requirements and if a patient needed an hour and a half treatment it was fine as long as we could account for our workday productivity.

I was there for five years and then a Doctor from Northwestern Hospital moved to Rush Medical Center to do more research in Pulmonary exercise and improved breathing. He was upset that the PT Department at Rush didn't do the CVP PT that he had at Northwestern. SOOO, he recruited me to come to Rush and start the CVP PT and to do research with him. We worked so well together, and it was awesome to have more extensive monitoring (gas exchange) walking on the treadmill or bike. The PT department saw what we were doing and had two therapists rotating for a few months and in a little

over a year most had been through the CVP rotation. We were now getting several more patients than we could handle. The decision was made to have a Chest PT Department in Pulmonary Medicine. By the end of the second year, I was having trouble hiring only PTs so I hired RTs and RNs. We would usually do joint exams and evals. We would have time to come together and share some challenging patients and discuss what could be done so we were always learning. During this time DRGs were brought in and changed our billing—no longer what the patients needed but now legislating times and productivity units. It was stressful to not be able to spend the time we needed with patients. We went from being very productive and bringing in a significant amount of money to needing to let therapists go. This was ok but not as much fun and not the same optimal treatments. I worked at Rush for 15 years.

At this point we were moving patients with mechanical ventilation either to Skilled Nursing or to Home with nursing support. Neither felt comfortable so we would go out to teach and support them, provide treatments and whatever else they needed. I found myself enjoying this and wanted to move to this as my 3 kids were getting into a lot of activities, sports and music programs.

I began a business called Committed to Excellence, Inc. I saw patients at home or in a SNF. This worked out well and I had time to plan patients and support the kids 'activities. Then a PT working full time in homecare said why don't you take just a few of the ventilated patients and be a fee for service PT in homecare. She said she was going on vacation and needed to find someone for her patients. So, I tried it. I was below the radar for CVP, but I found I used it with all her patients who were mostly CVA and Ortho with COPD! I was happy just doing patients but at one meeting a PT said, "Are you the Donna Frownfelter that wrote the book on CVP"? I was busted. They asked if I could help develop CVP with their patients and I was offered a Clinical Practice Director Position.

Two years later I was offered a full time Assistant Professor at Finch University, now Rosalind Franklin University. I have been there 27 years and loved teaching CVP. I am in retirement mode and will be very busy hoping to write a book with my daughter Lauren who is a Music Therapist. We are looking at Music Therapy and Physical Therapy for Patients with Neurologic Impairments. We are also doing Medical Improv classes so we will have fun in my retirement. So we are looking to consult and do seminars on both of those areas.

What stood out for you as President of the CVP Section?
It was when we worked with Marilyn Moffat on developing the Guide to PT Practice. It was challenging and I worked with other sections. When this was done Dr Moffat asked me to work on chapters in a book on the CVP Guide to PT Practice. That was a great honor and privilege to work with her.

What is your advice to someone interested in learning more in CVP Practice?
I would encourage the PT to come to the CVP sessions at CSM. Then to hang around and talk and say you want to do more. Ask about their practices and how they grew into them. Find an opportunity to shadow some CVP PTs. Go to continuing ed in CVP, Acute Care and Cardiac and Pulmonary Rehabilitation. Offer to get involved in the CVP section so you can find some personal contacts.

What Issues do you see for the CVP Academy in the future?
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 Interprofessional for the best outcomes.

Steve Tepper, PT, PhD, FAPTA (#7 President)

Dr. Tepper is President of Rehab Essentials, Inc., which powers the DPT, OTD program at University of Montana and enTandem entry-level hybrid programs at Concordia University, Ann Arbor and Universidad Ana G. Méndez, Puerto Rico. He was a "freelance" professor with the Universities of Delaware, George Washington, Maryland, the Ohio State and Virginia Commonwealth University (along with several others). Dr. Tepper received his BS in Physical Therapy and a PhD in Experimental Pathology from the University of Maryland. He taught at University of Maryland for 12 years and then spent 13 years at Shenandoah University where he was a full professor and Director of the entry-level and transitional-DPT programs. His professional highlights include President of the Cardiovascular and Pulmonary Section of the APTA, Task Force Member on Clinical Practice Guidelines III for the APTA, recipient of the Cardiovascular and Pulmonary Sections Linda Crane Merit Award 1999, University of Maryland Alumnus of the Year 2003, Robert C. Bartlett Award for Innovation in Fundraising from the Foundation for Physical Therapy 2005, the APTA's Lucy Blair Service Award recipient, 2013, Charles Magistro Service Award from the Foundation for PT in 2016, became Catherine Worthingham Fellow in 2016, Awarded the Barbara Cossoy Service Award for an individual who has made extraordinary contributions to the University of Delaware's Physical Therapy Program 2019 and received the Spirit of Philanthropy Award from the Foundation for PT Research in 2020. He gave the Linda Crane Memorial Lecture at Combined Sections in San Antonio, Feb 2022. Dr. Tepper plans on donating future proceeds to the Foundation for Physical Therapy Research to benefit the Academy Cardiovascular and Pulmonary Physical Therapy for research and scholarships

When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?
I believe when I was a first year PT student at University of Maryland in 1977.

Who were some of your mentors?
I remember seeing Colleen Kigin's photo, reading the articles and I was hooked on CVP. I loved the objectivity in this practice area. Nancy Ciesla and Chris Imale (my teacher), were right next door at "Shock Trauma" which is now renamed to the R. Adams Cowley, Shock Trauma Center, at University of Maryland and they were so ahead of their time. Scott Irwin, who came to Maryland, and debated with Nannette Wanger, MD, on the role Questions for Cardiopulmonary Section/Academy of CV&P and purpose of PT's in cardiac rehab. Cindy Zadai, who I worked with on the Guide Part 3, which was supporting the Tests and Measures performed by PT's. Ellen Hillegass, who wrote a marvelous textbook, and I had the pleasure of teaching with her in Kenya. Students wondered how many times we had taught together, and we both laughed since it was our first time.

How have you practiced cardiopulmonary (what types of settings) and what are your proudest achievements?
I started a cardiac rehab program at Baltimore City Acute Care Hospital in 1979 (my first-year practicing PT) with Carol Brown, RN and Dr. Thamer, MD. I so enjoyed watching the patients from acute MI, starting rehab and then stress testing them. I started teaching at the University of Maryland in 1980, while

working on my PhD in Experimental Pathology. Upon going to Shenandoah University in 1993, I was able to practice at Winchester Medical Center. Without a doubt, having 2 students by my side as we worked with the acute care patients in the CCU was the best way to assess my teaching and their understanding. Involving students in the actual practice with a patient and other health professionals was the cat's meow. In 2012, I taught with Jen Zanni in Ethiopia, at Black Lion Medical Center (which was featured in the book "Cutting for Stone") where we treated patients with the students with us. Proudest achievements would be teaching countless numbers of students in this area of practice at University of Maryland, Shenandoah University, countless CEU courses, as a "Freelance Professor" at > 20 universities, thousands of students at our ppDPT program at University of Montana, University of South Florida, and Marymount University. And to be able to share my love, gratitude, and appreciation for this profession in my Linda Crane Lecture in San Antonio, Tx, in 2022

What is your advice to give someone to keep updated in our field, and what worked for you?
Keep your eyes and ears open in the clinic, read current literature, attend conferences in PT, AACVPR, AHA…..others.

What do you consider to be some of the most important issues or results of your presidency?
Changing the name of the Cardiopulmonary Section to the Cardiovascular and Pulmonary Section. PT's work with so many patients with vascular disorders, I felt it was essential to include it in our name.

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

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, PT, DPT, PhD, CCS, FAPTA (#8 President

Dianne Jewell is President and CEO of the Sheltering Arms Corporation and Hospitals. She has been a physical therapist for 36 years, having practiced in various settings including acute care, inpatient rehabilitation, skilled nursing, outpatient and community health settings in Richmond, VA. She has also held adjunct teaching affiliations including the Department of Physical Therapy programs at the Tennessee Health Science Center, the University of Vermont, Arcadia University and Mary Baldwin University. Prior to joining Sheltering Arms she focused her efforts on rehabilitation technology as a consultant and then as Director of Clinical Practice, Outcomes and Education at WebPT (Phoenix, AZ). Dr. Jewell completed her BA at Williams College, her MSPT at Boston University and her transitional DPT at VCU. She obtained her PhD in health services research and organization from VCU. She has published

multiple peer-reviewed articles and is the author of Guide to Evidence Based Physical Therapist Practice, 5th edition (Jones and Bartlett Learning 2022)

When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?
Specific to the Section, my first formal involvement was on the Nominating Committee in 2000; however, I served on the CVP Specialty Council from 1996 - 2003 (several of those years I was the chair).

Who were some of your mentors?
Cindy Zadai, Mary Massery, Ellen Hillegass, Donna Frownfelter, Reed Humphrey, Dr. Paul Fairman (pulmonary medicine MCV); Dr. Albert Gueratty (cardiothoracic surgeon MCV); Dr. Jemi Olak (pulmonary surgeon MCV)

How have you practiced cardiopulmonary (what types of settings) and what are your proudest achievements?
Practice Settings: ICU, acute floors, inpatient and outpatient rehabilitation, skilled nursing, and community settings; my proudest achievement was starting the rehabilitation program for heart and lung transplant program at what was then MCV Hospitals (now VCU Health). The program addressed pre- and post-transplant needs for inpatients and outpatients.

What is your advice to give someone to keep updated in our field, and what worked for you?
Start with what you do every day - be curious about the diagnoses you see, the treatment approaches to them, and your role in the recovery journey. Ask searchable questions and look for comprehensive reviews. Don't be surprised if you have to read literature from other disciplines (e.g., physician, nursing, exercise physiology, respiratory therapy, etc.) - it's all transferable or applicable to PT practice in one way or another. Also leverage the information curated by AHA, ALA, AACVPR, etc.

What do you consider to be some of the most important issues or results of your presidency?
Establishing the Academy of CVP PT Human Performance Endowment Fund; getting our initial website off the ground (it has evolved into a much more sophisticated platform now); encouraging succession planning for leadership; encouraging asks for volunteers by breaking the opportunities down into smaller tasks so that all levels of service are invited.

What is the most important issue for CVP Academy to address in the future?
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, PT, DPT, MHS, CCS, FAPTA (#9 President)

Ethel Frese is a Professor Emeritus in the Program in Physical Therapy at St. Louis University Doisy College of Health Sciences. Dr. Frese also served as an adjunct instructor in the Program of Physical Therapy at Washington University School of Medicine, the Department of Physical Therapy at the University of Tennessee Health Sciences Center and St. Louis Community College Physical Therapist Assistant Program. Dr. Frese earned a bachelor's degree in physical therapy from Washington University in 1974, a master's degree in health science from Washington University in 1985, and a Doctor of Physical Therapy degree from Saint Louis University in 2006. Courses that Dr. Frese has taught include: Exercise Physiology, Cardiovascular and Pulmonary Conditions, Therapeutic Exercise, and Topics in Applied Clinical Science. She is a board-certified specialist in Cardiovascular and Pulmonary Physical Therapy, and an experienced clinician in the areas of acute care, rehabilitation, and home health. She served as president of the Cardiovascular and Pulmonary Section of the American Physical Therapy Association for six years. She has served as a member of the Committee of Content Experts for the American Board of Physical Therapy Specialties, and as a member of the Candidacy Review Council for the American Board of Physical Therapy Residency & Fellowship Education. Dr. Frese has published research, as well as numerous poster presentations, on various cardiopulmonary, geriatric, exercise physiology and student mentoring topics. Her research has appeared in the APTA scientific journals Physical Therapy and Cardiopulmonary Physical Therapy. In 2017, she was named a Catherine Worthingham Fellow of the American Physical Therapy Association, one of the highest honors an individual can receive from the APTA. Dr. Frese received the Lucy Blair Service Award from the American Physical Therapy Association in 2019.

When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?
I became a member of the Section in 1993.

Who were some of your mentors?
I began my professional career in St. Louis, MO and there were no cardiopulmonary mentors available in the area at that time. I depended on published information especially the publications by Nanette Wenger MD. I also visited established cardiac rehab programs in Ohio and Wisconsin. I have learned very much from other clinical experts by serving as an item writer for the CCS exam.

How have you practiced cardiopulmonary (what types of settings) and what are your proudest achievements?
I started a cardiac rehab program in 1975 at Saint Louis County Hospital during my first year of practicing after graduation. Dr. Stuart Cohen offered to be the Medical Director, and Carol Colemen PT, who was the Director of the rehab department, was very supportive. Both were wonderful to work with. The hospital included acute care, long-term rehab, and outpatient care so it was a wonderful experience, and

the program thrived. I also started a cardiac and pulmonary rehab program at Saint Louis University Hospital in 1978 that included inpatients and outpatients. I so much enjoyed working with these patients and having the opportunity to monitor them and observe their progress. I started teaching the cardiopulmonary course at Washington University Program in Physical Therapy in 1976, and at Saint Louis University's Department of Physical Therapy in 1978. I also have had the privilege of teaching cardiopulmonary courses at the University of Tennessee Chattanooga, the University of Tennessee Memphis, and the Physical Therapist Assistant Program at Saint Louis Community College. I also have taught numerous cardiopulmonary continuing education courses across the country over many years. My proudest achievements would include increasing the recognition and knowledge of the importance of including cardiovascular and pulmonary topics in physical therapy academic curriculum which was minimal when I was a student. I have also seen the significant growth of the role of physical therapy in the clinical care of patients with cardiopulmonary diagnoses. I have had the privilege of teaching many students and practicing clinicians across the country over the forty-four years that I taught, and I believe that I was able to share my love for physical therapy and my belief in the critical role that we as physical therapists play in improving the quality of life for many patients. As president of the Section I initiated the hiring of an executive director. I also facilitated the development of the committee of four CCS physical therapists in St. Louis who worked together for many years as specialty exam writers and editors. It is a friendship that I cherish.

What is your advice to give someone to keep updated in our field, and what worked for you?
I think it is very important to continue providing clinical care, staying current in literature, attending conferences and to consider becoming an item writer for the CCS exam. I learned so much from others during item writing meetings. I enjoyed surrounding myself with others who were dedicated to advancing our profession.

What do you consider to be some of the most important issues or results of your presidency?

I think hiring an executive director was a very helpful move for the Section. I also think representing the Cardiovascular Section during the House of Delegates enhanced other delegates' knowledge of the Section and the concerns particularly of the smaller sections.

What is the most important issue for CVP Academy to address in the future?
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, PT, DPT, CCS, (President #11)

Angela Campbell when Section was started……Angela Campbell in 2025

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

I have been a member of the Academy since I was a student! More than 30 years! So no, not a founding member - LOL! I loved CVP ever since I had Claire Peel as my CVP professor at Creighton, before she moved on to UAB. While at Creighton, I used the ABPTS directory to find CCS's that I might be able to do a full-time clinical with -- that is when I first got into contact with Annie Downs. I did not do an affiliation with her/UNC at that time, but I would end up working with her a few years later. Annie was the only CCS in North Carolina at that time, and instilled my drive to get my CCS in 2001. I got involved with the Academy formally in 2002 - when I joined SACE for ABPTS to write CCS exam questions and also began service as the (then Section) Federal Affairs Liaison.

2. Who were some of your mentors?

I had many fabulous mentors while in PT school and I drank the APTA Kool-Aid; a few of my classmates unofficially voted that I was most likely to become APTA President (watch out, Kyle!). When I started at UNC Hospitals, I joined the NeuroCardioPulmonary team and never left CVP PT! I worked with many great clinicians there, but Annie Downs is the first one who roped several of us into CVP lab with her, then gave me the opportunity to help teach a few lectures. I was hooked! I presented at a Nebraska APTA state chapter meeting on heart failure with Joe Norman, in the early 2000s and he was a great contact when I was new faculty at Creighton in Omaha, and he was across town at Univ of NE Med Ctr. I attended my first CSM in New Orleans, as a student and have been to more than 25 CSMs - and I always sought out my CVP peeps. I have had so many Academy mentors that I can't name them all - but EVERYONE from CVP has helped me grow professionally in some way. However, I must give a couple shout outs; 1) Dianne Jewell who inspired me to run for president and have been in awe of as she has continued to lead our profession; 2) my Cardio crew of Morgan Johanson, Jenny Sharp, Ashley Parish, with ringleader Ellen Hillegass - I hope everyone has a crew who elevates, pushes and inspires you, as these women do me.

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

At this point, it is more about what have I not done -- CVP PT on the Moon?! I have worked in every setting in some capacity, including school-based. My proudest moments are not 'my' achievements at all, but the achievements of my patients as they reached their own. In particular, the organ transplant recipients at UNC. Being able to work across pre-transplant pre-hab, acute care management to post-transplant rehab has been so rewarding and inspiring. I still communicate with some of them on social media.

4.What do you consider to be some of the most important issues or results of your presidency?

A lot happened in 6 years, but three things stick out. One, COVID-19 and the importance of our CVP role within APTA and the profession. Two, our commitment to research - funding a large Foundation grant and supporting our journal to be Medline indexed. Three, the fantastic collaboration across APTA sections and academies. I truly believe that component involvement (section/academy or chapter) is the pulsing heart of our organization, as people find others with shared passions and build networks most actively. APTA Acute Care President Traci Norris, has been a wonderful colleague whom I consider a great friend.

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

Reading journals is great, but I have always learned most from my Academy peers. In particular, CCS exam item writing (SACE and CCE) and co-presenting at conferences. Building/creating is always the most stimulating to me and I love hearing the great minds of others at work.

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

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.