

March Newsletter: Celebrating 50 Years of Cardiovascular and Pulmonary Section

Spotlight on Publications for the Cardiovascular Section/Academy

The focus of this month's historical perspective is the publications of the CVP Section/Academy. These started with a newsletter and developed into a quarterly journal. We will feature several of the early editors of these publications. Currently, the Cardiopulmonary Physical Therapy Journal (CPTJ), is the official publication of the Academy of Cardiovascular & Pulmonary Physical Therapy, published quarterly, with a Special Issue each January. It is indexed in CINAHL and EBSCO, among others, and is on a path toward PubMed indexing.

History of the Cardiopulmonary Newsletter

The first communication to the members of the newly formed Cardio-Pulmonary Section of the APTA was a newsletter, The Cardiopulmonary Record, published in the Fall of 1975. It announced the vote of approval for the new section and included a message from Scot Irwin, the 1st president. Peggy Wilhoite was the first newsletter editor.

The first "Cardiopulmonary Section Quarterly", was published in May of 1977 with David Hoyer as the Editor. The contents featured a message from the 2nd president, Bob Huhn, followed by four educational articles. Regular features in this and subsequent newsletters included a Clinician's Quiz, abstracts from the "National Combined Section Meeting", committee reports, and PT positions available. The Summer issue of the Quarterly announced that membership had increased to over 300 and included the name and address of each member!

The editor in 1979, Will Lambert, broke the job of Editor into 3 responsibilities (managing, feature, and circulation) recruiting assistance for the new editor positions. In 1980, Cynthia Zadaï took up the mantle of Editor in Chief, managing a team of editors that included Judy Hershberg and Cathy Lane on circulation, Terry Michel on research, and Angela Palange and Denise Patrick on copy, and features. New inclusions were paid advertisements, Letters to the Editor, and Book Reviews. In addition, each newsletter had a theme, for example COPD or CAD. Steve Sadowsky served as Editor of the Quarterly as its publication came to a close, with the assistance of William Temes, Ellen Hillegass, and Wendy Mason.

History of the Journal

In 1990, the Cardiopulmonary Physical Therapy Journal (CPTJ) was ushered in under the Chair at the time, Cathy Certo. The journal has transitioned through several Editors and Associate Editors, gained a website and online submission program, published innovative and inspiring articles, commissioned an international Editorial Board, and transitioned to online publication.

Here is a list of editors of the Journal starting with Volume 1, Issue 1 in 1990:

- William Temes MS, PT (1990 - 1994)

- There were several Guest Editors from 1991- 1993: Nora Donohue, Marjorie Greer, Rhonda Barr, Steven Sadowsky, & Dennis Sobush
- Sandra Cassady PT, PhD (1995 - 2001)
- Jane Eason PT, PhD (2002 – 2008)
- Anne Swisher PT, PhD (2009 – 2016)
- Sean Collins PT, ScD (2017 – 2021)
- Alvaro N Gurovich, PT, PhD, FACSM (2021 - present)

Following are spotlights on Cyndi Zadai, Steve Sadowsky, Sandy Cassady, and Jane Eason



Cynthia Zadai

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

I began my PT career in 1973 as a Chest Physical Therapist at the Beth Israel Hospital, Boston MA. The Chest PT service employed both nurses and PTs and was part of the Anesthesia Department. We focused exclusively on managing surgical/medical in-patients including those in the Emergency Department, the Recovery Room and the ICUs. The PTs in the department were not focused on the APTA. But, I had been a student member of the APTA while in school and continued as a member on graduation.

At that time, I felt ill prepared for the acuity of the patients on my case- load and was eager to learn everything I could about Chest PT. I tried to search the available PT literature to find clinical references beyond my PT school texts on anatomy and physiology. The most closely related information was not in the PT literature, it was in the medical, nursing and respiratory therapy literature. Interdisciplinary clinical practice therefore became the basis for my early learning and prompted me to seek beyond my immediate clinical situation to find colleagues in the PT world. By the late 70's I had gotten to know my Massachusetts Chapter PT colleagues and they encouraged me to attend a national conference. In the late 1970s I found the fledgling CP Section.

Who were some of your mentors?

Dr. Leonard Bushnell, Anesthesiologist, Medical Director of the Chest PT Service and Dr. Hedley-Whyte, Chief of Anesthesia. As an integral part of the Harvard system, Leonard headed our service with a light touch of direction and a heavy expectation that we would create an academically based, quality driven, professional service.

Pat Stockton, PT. Pat was a British PT who temporarily joined our service for a year as an interim Chief. She had practiced for over 20 years and freely shared her knowledge and expertise when I needed it most.

Dr. Shirley Sahrman, PT. She not only pushed me to define Physical Therapy for myself, she defined Physical Therapy for the profession.

Dr. Helen Hislop, PT, who Dreamed for me and pushed me into a defining a Specialization Dream.

How have you practiced cardiovascular/pulmonary PT (what types of settings) and what are your proudest achievements?

I have practiced from the very specialized Inpatient Pulmonary setting through the development of an Outpatient Bronchopulmonary Hygiene Clinic and the growth and development of an Outpatient Pulmonary Rehabilitation Program that eventually included PT Management of patients with Lung Transplant. As science and the service evolved, we were able to participate on interdisciplinary teams that created care programs from the Neonatal Intensive Care Unit to the Home Care Service.

My proudest achievements are those associated with the creation and distribution of the knowledge and skill needed to competently treat and improve the lives of patients with cardiovascular and pulmonary movement related disorders. I truly feel blessed to have had the opportunity to work within the structure and commraderie of the CP Section of the APTA. From the Cardiopulmonary Quarterly, to special editions of the PT Journal, (1981: Respiratory Care), to writing and creating the exam for the Cardiopulmonary Clinical Competencies (1985) and finally the Guide to Physical Therapist Practice (1995). What began as a poorly recognized and seemingly 'peripheral' area of practice became an integral part of the professions' knowledge and skill set.

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

Know your colleagues both locally and broadly. Stay connected and answer 'yes' when asked to serve. I had a hard time deciding who to 'include' in the answer to the 'Mentors' question above. Probably my most constant 'mentors' over 40 plus years of practice were my colleagues. All those original Section founders and participants in the meaningful professional projects are the same people who I remain connected to today. We involved one another, we pushed one another....we sometimes failed together, but mostly we succeeded together. Keeping the focus on the profession and our patients kept it meaningful for the long haul.

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

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



Steve Sadowsky

When did you first get involved in the Cardiopulmonary Section/Academy of CV&P and who were some of your mentors?

I first got involved with what was then the Cardiopulmonary Section, in the mid-70s. If memory serves, Donna Frownfelter organized a small study group in Chicago around 1976. I got on board because I was the only PT doing critical care at Cook County Hospital. Donna touted the benefits of the Section. That's where I met Linda Crane. They kind of showed me how little I knew, so I followed Donna's lead - I became a Respiratory Therapist. In 1980, I decided to get my MS at USC. I worked nights as an RT at Long Beach Memorial Hospital and days as a PT at Rancho Los Amigos Hospital (I had to pay for USC somehow). At Rancho Bill and Marion Schoneberger taught me about cardiac rehab. Those four were my mentors and inspirations. But so many others gave me the benefit of their knowledge and tutelage.

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

Except for a little bit of home health on the side, I have practiced almost exclusively in the critical care arena. I had an 'internship' in the ICU at the University of Illinois as a student, so I was given all the ICUs at CCH in 1976 (due to a political upheaval, I was one of only four PTs in a 2000-bed hospital). I was pushed by a couple docs to go to Northwestern Memorial Hospital to work for Barry Shapiro MD in the Respiratory-Physical Therapy Service. Back then, we worked a full three shifts, so I was the night supervisor. That gave me the opportunity to go to NUs Respiratory Therapy School in the Anesthesia Dept in 1978. As I already mentioned, Donna F and Linda C got me more involved in the Section. After getting my MS and Certificate of Specialization at USC, I moved to Stanford and became involved in the blossoming heart transplantation program. Through Section activities I met Ellen Hillegass, and we wrote a pretty darn good textbook (IMHO). Eventually, I started teaching at Stanford, but the program was closed and I went to UCSF. I am proud to have been involved in the development of the physical therapy specialization process. I hope I made some kind of a positive contribution in that regard. I am also proud to have had a hand in the education of physical therapists in over 38 years of academic and post-professional education. After over 50 years in PT (as a PTA, and then a PT),

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

My advice to anyone wishing to stay up to date, is to never pass up a learning opportunity and never think you have finally learned it all (you never do!).

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

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



Sandy Cassady

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

I developed a strong interest in caring for patients with cardiovascular and pulmonary disease while a student in my physical therapy education program. I joined the APTA and the Cardiopulmonary Section and started attending and presenting at CSM while finishing a master's degree and Ph.D. My first involvement in the Section was with the nominating committee and the research committee. Dating myself here...that was in the late 1980's and early 1990's. Later, I was invited to serve as the journal editor at a time when we combined the newsletter and the journal into a quarterly publication.

Who were some of your mentors?

There were several impressive CVP academics and clinicians I learned from in my early years. The person who was an early mentor and encouraged me to pursue a career in teaching and research was David Nielsen. A story about that is published here in a University of Iowa publication.

<https://hawkeyecaucus.com/hometown-hawkeyes/sandra-cassady>

How have you practiced cardiovascular/pulmonary PT (what types of settings) and what are your proudest achievements?

I practiced for several years in two health care systems working in inpatient and outpatient cardiovascular and pulmonary care before transitioning into higher education where I served as a faculty member and program director. Like many in higher education, my proudest achievements relate to seeing the students I had the privilege of helping educate persist to graduation and the great things they went on to do in their careers. I still follow many of them on social media and love seeing posts about how they have advanced in their careers.

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

To practice evidence-based care, it's important to remain current by reading relevant literature. When I cared for a patient with a condition I was less familiar with, I spent time reading and searching for the best current evidence to guide the care I provided. When I entered the field, hard copy journals and the card catalog is where we started. That has become so much more efficient today!

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

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



Jane Eason

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

I first became involved in the Academy as a doctoral student at the University of Florida. Steve Tepper was chair of the Research Committee and he encouraged me to become a member of that committee to help review abstracts for Combined Sections. That was probably in 1992 or so. I really enjoyed the experience and began attending the Business Meetings at CSM where I met lots of other members which gave me a sense of belonging.

Who were some of your mentors?

I would say that Steve Tepper was my first mentor in the Section/Academy. As I began looking for ways to become more involved, the Journal seemed to be a nice fit for me. This led me to my next mentor in the Academy and that is Sandy Cassady. She kindly helped mentor me in the role of editor. Since she had been a faculty member longer than I, she also became an academic mentor to me and has been a mentor to me throughout my academic career. I am so grateful to both of them!

How have you practiced cardiovascular/pulmonary PT (what types of settings) and what are your proudest achievements?

I have worked in Phase I, II and III Cardiac Rehab programs as well as the ICU. I think my proudest achievement was collaborating with a multidisciplinary group to create, develop and grow a Phase I, II and III Cardiac Rehab Program in Columbia, South Carolina.

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

There are many opportunities to stay up to date. Certainly, reading evidence is very important. The Academy's Journal is a great source of evidence for sure. But certainly, now, we can find evidence related to our practice in so many different journals. Combined Sections is a great place to obtain updated information related to practice as well. These strategies have all been helpful to me.

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

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