ISCVPR

Winter

NEWSLETTER

Welcome to the Winter Edition of the Indiana Society of Cardiovascular and Pulmonary Rehabilitation Newsletter!

As we embrace the winter season, we reflect on the dedication and resilience of our cardiovascular and pulmonary rehabilitation community. This time of year offers an opportunity to recharge, set new goals, and continue our commitment to improving patient care.

In this issue, you'll find updates on upcoming events, educational opportunities, and ways to get more involved in our society.

Thank you for your continued passion and dedication. Together, we're making a difference in the lives of those we serve. Stay warm, stay inspired, and enjoy this edition of the ISCVPR newsletter!

Warm regards,

Darrika D. Van

President 2024-2025

Indiana Society of Cardiovascular and Pulmonary Rehabilitation

THE POWER OF CONNECTION: WHY YOU SHOULD ATTEND THE ANNUAL INDIANA SOCIETY OF CARDIOVASCULAR AND PULMONARY REHABILITATION STATEWIDE MEETING

BY KATRINA RIGGIN MS

Every year, professionals dedicated to improving cardiovascular and pulmonary health come together at the Annual Indiana Society of Cardiovascular and Pulmonary Rehabilitation (ISCVPR) Statewide Meeting. This highly anticipated event provides an opportunity to learn from a variety of expert speakers, exchange ideas with colleagues, and discover the latest advancements in patient care. Whether you are a seasoned professional or new to the field, this meeting offers countless benefits that make attendance a valuable investment in your practice and your patients.

1. Expanding Knowledge with Expert-Led Presentations

The ISCVPR meeting features a diverse lineup of speakers, including physicians, nurses, exercise physiologists, respiratory therapists, and others, who present the latest trends and best practices in cardiac and pulmonary rehabilitation. Topics often include:

- Advances in exercise prescription and patient monitoring
- Innovations in different models of care
- Strategies for improving program adherence and patient outcomes
- Updates on national guidelines and reimbursement policies
- Hearing from experts across disciplines provides fresh perspectives and actionable insights that can be immediately applied in your practice.

2. Networking with Like-Minded Professionals

One of the greatest benefits of attending is the opportunity to connect with peers from across the state. Cardiopulmonary rehab professionals share common challenges and goals, and this meeting provides a space to exchange ideas, discuss best practices, and collaborate on solutions. Whether you're seeking mentorship, looking for innovative program ideas, or simply wanting to share experiences, these connections can have a lasting impact.

3. Enhancing Patient Care with the Latest Research

The field of cardiopulmonary rehab is constantly evolving. Attending this statewide meeting ensures that you stay up to date on evidence-based practices that enhance patient outcomes. Learning about new treatment modalities, emerging technologies, and patient-centered approaches helps rehab professionals refine their programs and deliver the highest level of care.

4. Earning Continuing Education Credits

For many professionals, maintaining certification and licensure requires continuing education credits (CEUs). The ISCVPR meeting provides an opportunity to fulfill these requirements while gaining valuable knowledge. Instead of traveling out of state or attending multiple smaller events, you can earn credits conveniently while engaging in a high-quality educational experience.

5. Finding Inspiration to Innovate and Lead

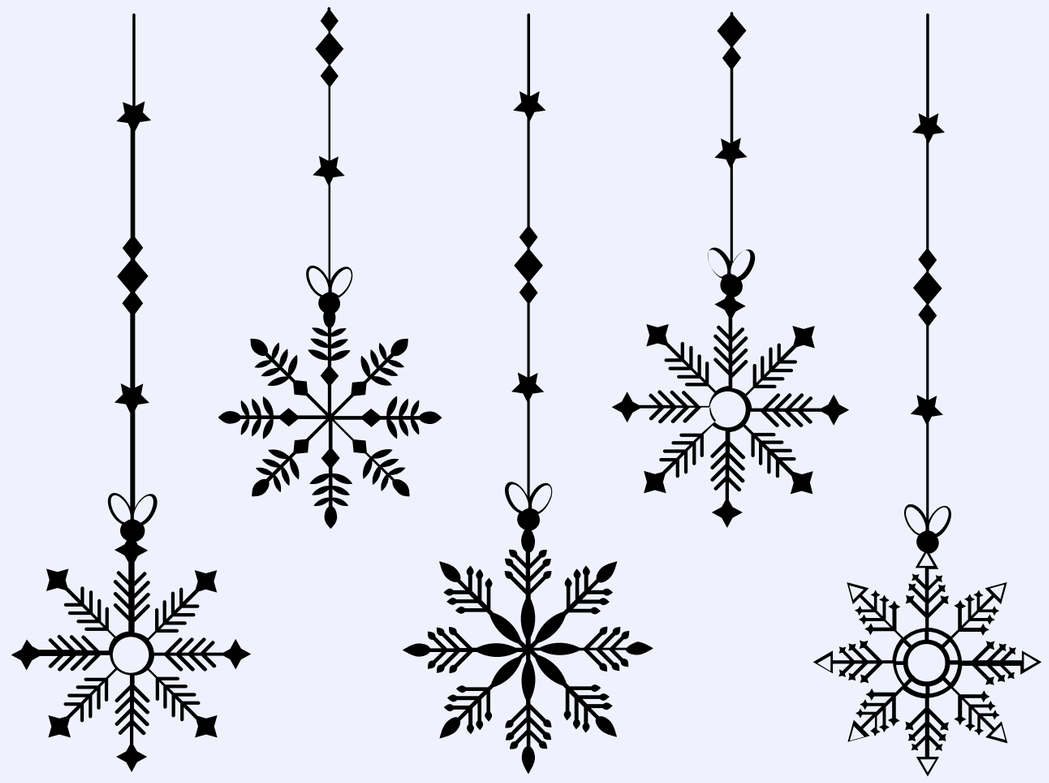
Sometimes, stepping away from the day-to-day routine and immersing yourself in a conference setting can renew your passion for your work. The ISCVPR meeting isn't just about learning, it's about feeling inspired to improve programs, implement new strategies, and advocate for your patients. Many attendees leave with a sense of motivation and fresh ideas to bring back to their teams.

Join Us for a Meaningful Experience

The Annual Indiana Society of Cardiovascular and Pulmonary Rehabilitation Statewide Meeting is more than just a conference—it's an opportunity to grow, connect, and shape the future of cardiopulmonary rehabilitation in Indiana. Whether you're looking to enhance your clinical expertise, expand your professional network, or spark new ideas, this event has something for you.

Don't miss your chance to be part of this impactful experience. Mark your calendar, register today, and get ready to be inspired!

Please join us at Valle Vista Conference Center on Thursday, April 24, 8am-5pm.



Save the Date! 37th ISCVPR Annual Meeting

Mark your calendars for the 37th ISCVPR Annual Meeting, a premier event for cardiovascular and pulmonary rehabilitation professionals! Join us on Thursday, April 24th, from 8:00 AM to 5 PM at the Valle Vista Conference Center in Greenwood, IN.

- 💡 Connect with professionals from across the state
- 💡 Engage with industry vendors
- 💡 Earn valuable CEUs
- 💡 Gain insights from expert-led sessions

This year’s topics include pulmonary hypertension, breathing retraining, and the inpatient model of care. More details will be available on the ISCVPR website.
We look forward to seeing you there!

Do you use the ISCVPR and the AACVPR websites to the fullest extent possible?

DID YOU KNOW...

ISCVPR website has a registry list of all of Indiana's CR and PR programs? So, if you have a patient that is referred and lives over an hour from your program and doesn't want to attend due to this, look in the registry to see if there is a program closer to them.
AACVPR has a blog where you can post your questions about CR/PR and other members can answer. If you are new to the profession, this is a great way to get your questions answered.

RESOURCES

ISCVPR website has links to articles, websites, toolkits, reimbursement updates, and more!
AACVPR website has toolkits, guidelines, articles, education and more!
Check out both websites to see all there is to offer!

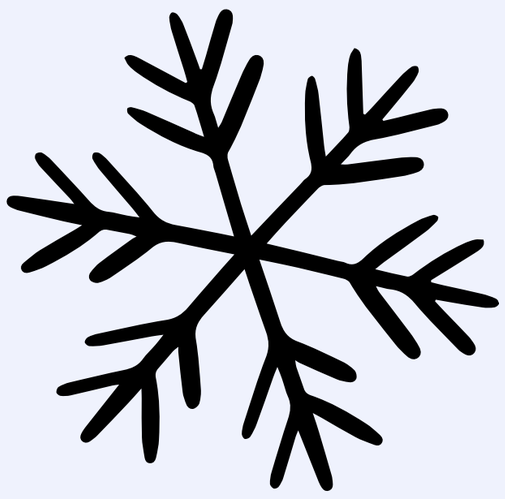
ANNUAL MEETINGS

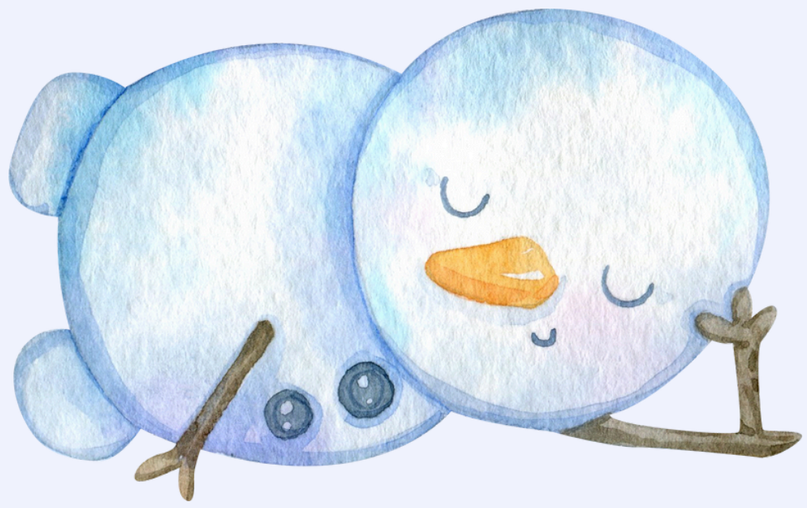
ISCVPR has an annual meeting where professionals from all over the state come together to collaborate and to be educated. The ISCVPR website will announce the date, have a schedule of the meeting and is where you will register to attend. CEU's are available! Stay tuned!
AACVPR also has an annual meeting. Their website will announce the city/state in which the meeting will be held, schedule of speakers, and how to register. If you are unable to attend in person, there is the option of buying the recordings of the annual meeting. CEU's are available for both forms! Next year's meeting will be in West Palm Beach Florida!

EDUCATION

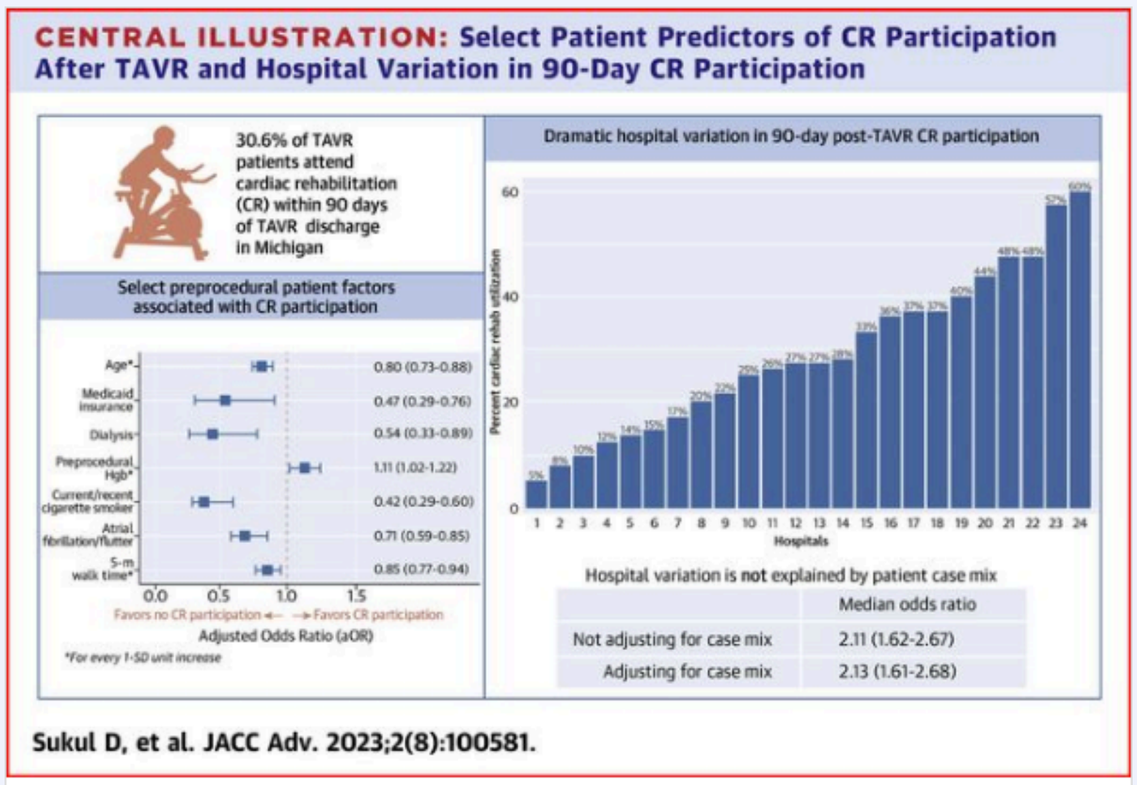
ISCVPR's website has newsletters, documents and articles, and links to educational opportunities. Check it out!
AACVPR has live and recorded education. Some of the education is free to members, while some has a fee. But it is all highly worth it! Some upcoming topics are: 2025 Billing and Coding Workshop for Pulmonary Rehab, 2025 Billing and Coding Workshop for Cardiac Rehab, Leading Without a Title, ECG Webinar (series). Don't miss out on these great resources!

Other great things you'll find... Program certification requirements, FAQ's, Program Registry, Billing/Coding information, JCRP, Toolkits and Templates, Advocacy information, Reimbursement updates, Guidelines and Initiatives, and so much more! Get on the ISCVPR and AACVPR websites and browse today!
https://www.iscvpr.org/
https://www.aacvpr.org/





Cardiac Care Advances, but Rehab lags-WHY?



Less than one-third of patients found to enter cardiac rehab after heart procedure

The vast majority of people who have a minimally invasive heart valve replacement procedure do not participate in recommended cardiac rehabilitation, a Michigan Medicine-led study finds.

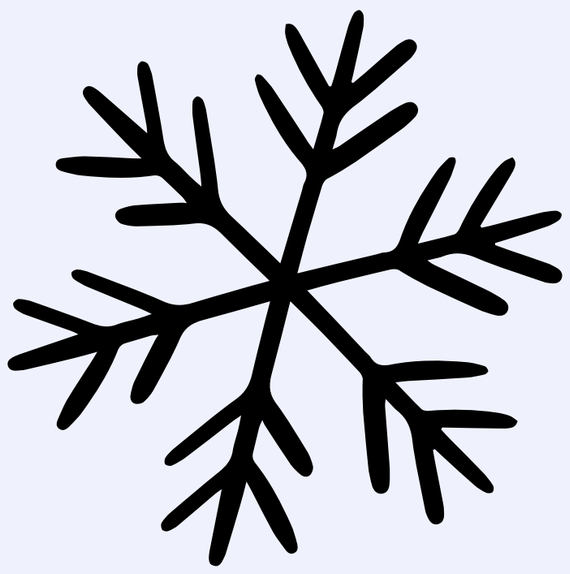
Medical Xpress / Oct 9, 2023

The joys of being an absolute beginner – for life

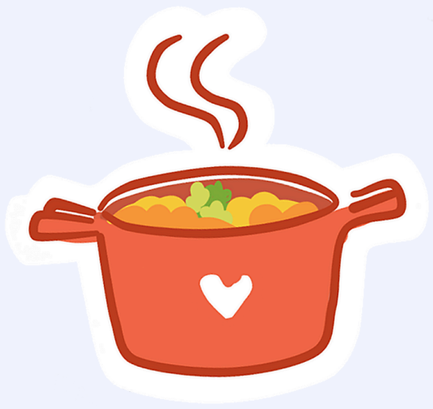
The long read: The phrase ‘adult beginner’ can sound patronising. It implies you are learning something you should have mastered as a child. But learning is not just for the young

The Guardian / Jan 29, 2021

It’s never too late to learn!



Cooking with Connie



For More recipes Subscribe: https://www.youtube.com/@conniewilson6913

Shape Approved Philly Cheese Steak Soup

Ingredients:
1 bell pepper
½ cup chopped onion
5 oz mushrooms
lb shaved steak
Sea Salt and Ground Black Pepper
1 tablespoon Minced Garlic
3 cup beef stock
2 cup greek yogurt
¼ cup whipped cottage cheese
2 teaspoon apple cider vinegar
2 teaspoon arrowroot
3 tsp parsley 4oz goat cheese
4oz manchego cheese
12 oz package of frozen riced cauliflower
1 teaspoon flavor of god everything spicy seasoning.
Direction:
In a soup pan put ¼ cup beef broth then add in the onion, bell pepper, mushrooms and garlic. Saute until veggies start to soften. Add in shaved steak. Season with sea salt and pepper. Stir well and continue to saute for 5 minutes Add in the beef stock, greek yogurt, whipped cottage cheese, apple cider vinegar and stir well. Add in the 12 oz pack of riced cauliflower. Then bring it all to a boil. Remove a small amount of broth to mix with the arrowroot. Mix into the soup and stir well. Reduced to simmer.Add the parsley, goat cheese and manchego cheese. Mix and cook until melted and well incorporated into the soup.

PATIENT ASSESSMENT COMPETENCY

McKool, K RN, MSN, CTTS-M..(Ed.). (2018). Patient assessment. CR Best practice resource: A CCRP study guide. (pp. 9-22). The American Association of Cardiovascular and Pulmonary Rehabilitation. **(Answers in Bold)**

NAME_____ DATE_____

1. It is important that the patient referred for outpatient cardiopulmonary rehab has an appropriate diagnosis for enrollment. Medicare will cover the following diagnoses: (select all correct answers)

a. Acute myocardial infarction (AMI) within the preceding 12 months
b. A new diagnosis of atrial fibrillation with an ejection fraction of 55%
c. Coronary artery bypass (CAPG) surgery
d. Current stable angina pectoris
e. Heart valve repair or replacement
f. Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
g. Heart or heart-lung transplant
h. Stable chronic heart failure with an ejection fraction of 35% or less
i. Stable chronic heart failure with New York Heart Association class II through IV despite optical heart failure therapy for 6 weeks
j. Stable heart failure without hospitalization in the past 6 weeks or a planned cardiovascular procedure within the next 6 months

2. A good patient assessment is needed to identify and plan the individual treatment plan of the cardiac rehabilitation patient. In outpatient cardiac rehabilitation the patient will be assessed: (select all correct answers)

a**. At the initial intake/ orientation visit**
b. Only on an as needed basis
c. At every rehabilitation visit/session
d. As a reassessment every 30 days
e. Only when symptoms warrant
f. During any unexpected medical events
g. As final assessment at discharge/ graduation

3. A comprehensive initial assessment is expected on each new patient entering the cardiac outpatient rehabilitation program. Some essential assessment components include:
(select all correct answers)

a. Event/Medical History
b. Admission interview/Patient history
c. Risk factor profile
d. Cultural influences and spiritual beliefs
e. Financial security assessment
f. Learning considerations
g. Fall risk assessment
h. Functional assessment
i. Medication review and reconciliation
j. Quality of life assessment

4. The ITP (individualized treatment plan) is a standardized plan that directs the plan of care based fully on the patient's diagnosis.
a. TRUE
b. FALSE

5. Plans and Protocols must be in place for common types of medical emergencies. These include:
a. Cardiopulmonary Arrest
b. Tachycardia/Bradycardia
c. Acute Chest Pain
d. Acute Dyspnea
e. Hypertension and Hypotension
f. Hyperglycemia and Hypoglycemia

SELECT the correct protocol

1. A diabetic patient stops exercising while sweating and complaining of being lightheaded **f**
2. A patient collapses and is unresponsive a
3. A patient arrives to exercise with a resting heart rate of 42 **b**
4. A patient sits down and is unable to speak in full sentences as they struggle to breathe **d**
5. A patient becomes lightheaded with a blood pressure of 82/48 **e**
6. A patient states that their chest is hurting, rating it "8" out of "10"**c**
7. A patient complains of a headache with a resting BP 174/88 **e**
8. Prior to exercising a patient's blood glucose is 360mg/dL **f**

6. At the completion of the outpatient cardiac rehabilitation a final assessment will be completed for the purpose of comparing final outcome results to initial assessment results. Which of the assessments below would NOT usually be included?
a. Functional assessment performance such as a six-minute walk test
b. Quality of life assessment such as the Dartmouth
c. Blood Pressure values
d. Repeated EKG
e. Vision assessment
f. Blood Sugar values
g. Diet habits assessment
h. Smoking habits assessment
i. Medication habits
j. Home oxygen evaluation
k. Physical activity habits

Mrs. Amin is referred for outpatient Cardiac Rehab with a diagnosis of chronic heart failure. She is a 62 year old immigrant from Uganda. While reviewing the medical record, the Cardiac Rehabilitation Professional (CRP) obtains the following information. The patient experienced a myocardial infarction 4 years prior after losing her job and husband due to COVID. She was diagnosed with heart failure 3 months ago, and was placed on optimal heart failure medication therapy, was classified as New York Heart Association class II, and had an ultrasound that measured her ejection fraction at 30%. At a recent follow-up appointment with her cardiologist she was ordered to participate in outpatient cardiac rehabilitation. She is documented as 50 pounds over her ideal body weight, has a HgB A1C of 7.5 %, and is documented as smoking as a way of relieving stress. A recent stress test and EKG were normal. Her Lipid profile is now normal after taking a statin for the past year. She is scheduled for an initial assessment orientation in Cardiopulmonary Rehab.

1. Due to her history and the fact that her medical record is very clear and completely accessible, most information should be obtained from the chart and the patient should be asked very few questions to prevent additional stress.
a. True
b. False

2. While doing a physical assessment her vital signs are: HR 90, R 12, BP 147/ 87, SpO2 92%, with her weight 5 pounds higher that her doctor appointment 3 weeks prior. Breath sounds are clear and she does not have lower extremity edema. She is teary while being assessed and has a bruise on her left leg that occurred from a recent fall. Identifiable risk factors to address on the Individualized Treatment Plan (ITP) would include:
a. Hypertension goals
b. Nutrition Plan with weight management goals
c. Tobacco Plan with cessation goals
d. Lipid Management goals
e. Diabetes (Blood Glucose) Management goals
f. Psychosocial Plan with noted quality of life index score
g. Safety and Fall Prevention Plan
h. a,b,c,f,g
i. b,c,e
j. all the above

3. In determining the patient's ITP goals, although information in the medical record can guide needs and goals, a very important part of the information must be obtained through a face-to-face exchange.
a. True
b. False

4. At the initial orientation assessment, the assessment is extensive, and at all future patient encounters a less extensive assessment is done. Circle the 3 reasons listed below:
a. To validate appropriate medical billing
b. Confirm that the patient is stable to proceed with exercise
c. Identify any medical change that could require additional medical evaluation
d. Discover additional needs that should be addressed on the patient's ITP
e. To meet CMS/ Medicare requirements
Rev. 7/2024 SJB

Join Our Board of Directors – Make an Impact in Cardiovascular and Pulmonary Rehabilitation!

Are you passionate about advancing cardiovascular and pulmonary rehabilitation? Do you want to play a key role in shaping the future of our field? The Indiana Society of Cardiovascular and Pulmonary Rehabilitation is looking for dedicated professionals to join our Board of Directors!

As a board member, you'll have the opportunity to:

✅ Contribute to strategic decisions that impact our profession

✅ Network and collaborate with leaders in the field

✅ Advocate for best practices and patient care advancements

✅ Help grow and strengthen our organization

This is your chance to make a difference! If you’re interested in serving or know someone who would be a great fit, we encourage you to apply or nominate a colleague.

For more information or to submit an application, contact **Darrika Van at ddvan2005@gmail.com** . Join us in leading the way for cardiovascular and pulmonary rehabilitation!

Indiana Society of Cardiopulmonary Rehabilitation
Board of Directors – Service Application

The Indiana Society of Cardiopulmonary Rehabilitation is pleased to announce upcoming elections for members of the Board of Directors.

Qualification for the Board of Directors consists of:
¨ Current ISCVPR member for at least one consecutive year
¨ Must be committed to the ISCVPR mission and vision.
¨ Must be willing to commit time to work on behalf of ISCVPR.
¨ Attend Board of Directors meetings quarterly

The ISCVPR nominating committee will review all applications. After the committee approves them, elections by ISCVPR membership will take place 30 days before the annual meeting.

Name Credentials
Email
Employer
Address
City State Zip
Phone Fax
Current Job Responsibilities
Years of ISCVPR Membership AACVPR member __yes ____no
Involvement in ISCVPR:
Why do you want to join the ISCVPR Board of Directors, and what are your professional interests?
What skills, abilities, or attributes can you contribute to the ISCVPR?
What are the two greatest challenges for ISCVPR and Cardiopulmonary Rehabilitation?
What do you recommend as a solution to one of these issues?
What is your vision for ISCVPR?

¨ I hereby attest to meeting the above-stated qualifications for the ISCVPR Board of Directors.
¨ I verify that all information contained within this application is accurate.
Signature (e-signature accepted) Date
Please return to: Darrika Van at ddvan2005@gmail.com