

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

#### Clinical Exercise Physiology News and Notes

*“In my opinion, our healthcare system has failed when a doctor fails to treat an illness that is treatable.” (Maybe it is time to consider sedentary lifestyles as an illness?)*

*-Kevin Alan Lee*

## In This Issue:

### From the Office of the President: Shel Levine, MS, RCEP

Hello everyone! It is an extreme privilege to become the 11<sup>th</sup> President of CEPA. My 10 predecessors are a collective who's who in the field of Clinical Exercise Physiology and it is truly an honor to follow in their footsteps. Currently I am an Associate Professor .....

### Executive Secretary Notes: Wanda Koester, MS, RCEP

If you missed our business meeting in Minneapolis, here's a brief summary of what CEPA has been up to.....

### The Editor Speaks: Mark A. Patterson, M.Ed, RCEP

**EMAIL:** ....due to declining revenues, ....has decided to rebalance staffing to meet current membership level, including repurposing and consolidating FTE.

Yes, yours truly has been “rebalanced”. My current position has been eliminated. Some of you have felt this pain.....

### Other:

- **New Website**
- **JCEP update**
- **Committee Updates**
- **Updated list of Executive Committee Members**



Cardiovascular Electrophysiology Training Program

<https://med.utah.edu/epheart>



MGC DIAGNOSTICS®

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

---

#### From the Office of the President: Shel Levine, MS



##### Meet the New President

Hello everyone! It is an extreme privilege to become the 11<sup>th</sup> President of CEPA. My 10 predecessors are a collective who's who in the field of clinical exercise physiology and it is truly an honor to follow in their footsteps. Currently I am an Associate Professor of Clinical Exercise Physiology and Clinical Coordinator of the Exercise Science Program at Eastern Michigan University. Prior to my

academic career, I worked as a CEP at the Medical College of Ohio (now the University of Toledo Medical Center) and Botsford Hospital (now Beaumont-Farmington Hills). Besides working in cardiac rehabilitation, I developed programs for risk factor reduction, diabetes, COPD, cancer recovery, Parkinson's disease, MS and osteoporosis. Along with my good friend and former CEPA President Mr. Brian Coyne, we have co-authored two clinically-relevant works -- the EKG textbook *Clinical Exercise Electrocardiography* (along with Dr. Lisa Cooper Colvin), as well as the Pharmacology chapter in the upcoming ACSM Clinical Exercise Physiology text edited by Dr. Walt Thompson.

As my first official act, I would like to officially thank Dr. Dennis Kerrigan for leading CEPA for the last year. Dennis was instrumental in bringing several initiatives (the registry for CEP's, collaboration with the Louisiana Society of Exercise Physiologists, launching of the new CEPA website, among others) to fruition. As a professor, one way we measure our success is by the success of our former students. If you haven't guessed, Dennis is a former student of mine. How do you spell success? I am proud to say that his professional career has been nothing short of remarkable – trusted clinician, esteemed researcher and author, and tireless servant to ACSM and CEPA. That's how you spell success. The tables turned this past year, as Dennis served as my mentor in learning how to lead CEPA. Thank you, Dennis, it's my turn to make you proud.

In addition to myself, CEPA has several new leaders for the 2018-2019 year. Dr. Brad Roy, Executive Director of the Kalispell Regional Medical Center in Montana is our new President-Elect. Brad brings several years of invaluable experience as a clinician and administrator. I look forward to his insight and assistance over the next year. Two new Members at-large are Dr. Yuri Feito from Kennesaw State in Georgia; and Ms. Diane Perry, a cardiac rehabilitation specialist from the University of Michigan Health System Department of Cardiology. A vital cog in the success of any professional organization is committee volunteers, especially the chairs. Three of our primary committees will be embracing new-blood as chairpersons. Long time CEPA member and former President Mr. Robert Berry has relinquished his role of Membership Chair. Thank you, Bob, for your years of service and assiduous leadership. Replacing Bob this year is Ms. Mary Stauder, from Canyon Ranch

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

---

**From the Office of the President: Shel Levine, PhD.**

#### **Meet the New President-Continued**

in Tucson, AZ. Dr. Greg Dwyer who has lead the Publications Committee for several years will be stepping down as chair. Thank you, Greg, for your direction and passion. Greg won't be going far, as he will remain on the committee to assist the new Chair, Dr. Webb Smith from the University of Tennessee Health Science Center. Dr. Rob Confessore has stepped down from his role as Chair of the Legislative Committee. Thank you, Rob, for your untiring passion in the support of clinical exercise physiology. Replacing Rob will be co-chairs Dr. Judy Knuth from Washington State University and Dr. Cemal Ozemek from the University of Illinois-Chicago.

The three most important words when trying to lead a professional organization is MEMBERSHIP, MEMBERSHIP, MEMBERSHIP. As leaders of CEPA, not only must we address the needs of current members, but we must pave the way for the future. We must find ways to retain members and recruit new members. In future columns, I will address some of our membership initiatives. I welcome any current member who wishes to share potential ideas for increasing our membership. Feel free to email me directly or through CEPA. Thanks for listening.

Yours in Health and Fitness, Shel

***Shel Levine***

***Associate Professor, Clinical Exercise Physiology  
Clinical Coordinator, Exercise Science Program***

***319-P Porter Bldg.***

***Eastern Michigan University***

***Ypsilanti, MI 48197  
734-487-2818***

***President Clinical Exercise Physiology Association***

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

#### Executive Secretary Notes: Wanda Koester, MS



#### What we have been up to???

If you missed our business meeting in Minneapolis, here's a brief summary of what CEPA has been up to in the past 12 months.

We have:

- Created and launched a new website
- Hired the first employee (Executive Secretary)
- Joined in a new partnership with Exercise & Sport Science Australia (ESSA) to share JCEP as the official journal of both organizations
- Formalized collaboration with the Louisiana Association of Exercise Physiologists (LAEP)
- Revised our Internship Directory
- Started offering webinars online, anytime
- Continued our presence at ACSM and AACVPR regional meetings around the US

We are also:

- Working to host JCEP on its own website to enable broad access for researchers and the public
- Collaborating with AACVPR on a clinical exercise physiology internship project
- Working on co-hosting our first regional conference with the Massachusetts Association of Clinical Exercise Physiologists
- Developing a Registry of clinical exercise physiologists

***Interested in working with us? Email us at [cepa@acsm.org](mailto:cepa@acsm.org) to volunteer!***



### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

#### The Editor Speaks: Mark A. Patterson, M.Ed, RCEP



#### The Winds of Change

**EMAIL:** ....due to declining revenues, .....has decided to rebalance staffing to meet current membership level, including repurposing and consolidating FTE.

Yes, yours truly has been “rebalanced”. My current position has been eliminated. Some of you have felt this pain, I have been around long enough to experience this for a second

time. It hurts, it sucks, it is nausea producing.

Despite winning awards, tons of praise from other organizations, high patient and physician satisfaction, it cannot survive the bean counters.

Welcome to managed health care! So if quality and good patient outcomes were not the problem, then how did it happen? Outside of the typical bureaucratic finger pointing and things like inconsistent physician referrals, I can see 2 clear issues.

**#1:** The yearly swings in our member population. Seems like yearly there are changes to healthcare policy that change who our members/patients get their healthcare from. One year it is Health One, next year it is Kaiser Permanente and then the next it is Aetna. The constant changes to the Affordable Care Act, repealing of the act, fixing of the act, etc, etc has created a situation where organizations cannot possibly predict what revenue they will have and many times the predictions are so off, that millions of dollars are lost.

**#2:** A huge increase in members choosing high deductible health plans. This means, especially in the low utilizers of health care resources, less money going into the healthcare organization to balance those higher utilizers of healthcare. So, revenue is lost.

#### Observations/Life Lessons

#### ***Appointment Time: 90 minutes, one patient:***

This was one of my downfalls, but also one of the reasons why patients loved the service and why was able to garner multiple quality of care awards. While I would not change a thing, it was a glaring issue to those who were watching. The most I could see in office in a day is 4. Then there were 2 telephone visit slots and some built in time for charting, returning calls, answering emails. The problem comes in a couple of ways. One is that if just one patient cancels or no-shows, your finished appointments reduce by nearly 25%, thus your ratio is off considerably. Another is cost per visit. With so few visits, I become a more expensive provider of care, regardless of quality.



### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

---

#### **The Editor Speaks: Mark A. Patterson, M.Ed, RCEP**

##### **The Winds of Change...Continued**

##### ***Relationship with Traditional Program:***

This has been a problem where I work from the start. Well before I was working here, there was a decision to not build and operate our own hospital and thus we contracted out all of our hospital services. The contract also outlined that we could only use a very few specific hospitals. This was also the case for cardiac rehabilitation services. Initially all patients were referred outside of our system, then eventually when our program came into being, it was developed as a case management program and did not include actually seeing patients in a more traditional settings. The only physical contact we had was in the inpatient setting, but we did not even do the inpatient exercise, that was done by the hospital team or physical therapy. Eventually the inpatient part of the program was found to be a bit redundant and was cut out of the program. So at this point, the patient only knows of our services by a voice on the phone and some educational classes done at various primary care clinics. This added even more confusion and many patients felt they were not even in a cardiac rehabilitation program, even though we told them it was the case. Although we were still getting 15-30 patients per educational class, and we offered them at various locations around the metro area, it was decided to cut those back to only 2 locations. One in central Denver area and one in the Northern suburbs and nothing to the South, East or West. Attendance went way down and is now 0-3 people per educational class. We did start a webinar to reach more people, but still the numbers are nowhere close to what they used to be.

In late 2006 the individual consultation and evaluation program that I built got up and running, so we again had an avenue to establish more direct patient care. This flourished up till now.

Maybe I am still a little bit Old School, but rehabilitation to me must have physical contact. A patient must be able to look in your eyes to better understand what you are trying to convey to them. Having that disconnect to me is a serious problem. Now, having said that, there are more ways to connect with people that have some degree of physical-ish connection. A really good example of this is “virtual” rehab where we can take live, Skype-type connections and interact remotely.

Not having a more cohesive relationship with our hospital partners and being creative in how we can share our resources to bring better total care to our patients was a big problem overall.

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

---

#### **The Editor Speaks: Mark A. Patterson, M.Ed, RCEP**

##### **The Winds of Change...Continued**

##### ***Utilizing All Our Resources:***

One of the consistent issues we had was the hiring of Bachelors prepared exercise physiologists to work as cardiac technicians in our cardiology department. When in stress testing lab, their role was to “room” the patient, prepare them for testing, take blood pressures and help ensure patient safety. Either a Masters prepared exercise physiologist or RN would actually run and do initial interpretation of the test.

I will admit that my biggest area of needed improvement came after my initial meeting, testing and development of the exercise prescription. I was not a great cheerleader and having to follow up as a one person department was very difficult. On multiple occasions I advocated to better utilize the bachelors EP's in the department to help me with this. Having them follow up and continue to adjust the exercise prescription as needed for the patients goals. It always fell on deaf ears.

##### ***Persistence and Passion:***

OK. Enough doom and gloom and depressing thoughts of “what could have been”. Here is the silver lining and moral of the story: Over the nearly 17 years I have been here, I have consistently shown passion for what I do, have been persistent in speaking up about how we can do better and have made the patient the center of my efforts. Each year I go to some kind of conference or educational seminar and then come back and share with colleagues, typically put forth 2 proposals a year on how we can improve our care, help deliver educational talks/lectures to our team and our patients and have been involved in community projects.

My reward for these efforts has been an offer to continue with the department here, but in a different capacity. While this is still a plan in the works, every effort is being made to try and continue some of the services I have been providing, although it will look considerably different and will not be able to continue with the consultations and evaluations as they have been for the past 12 years.

It will be another opportunity to look at how a Clinical Exercise Physiologist can provide excellent care to those with chronic diseases and conditions and bring value to the health care landscape. I will embrace this new challenge, and will demonstrate that our knowledge, skills and abilities are vital to the well-being of people that we serve.

**Mark A. Patterson, M.Ed.**

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

**New Website!!!!!!!!!!**



## Check it Out

CEPA launched a new website in May of this year. This was the result of contracting with Club Express to provide website and member management services. We hope you have had a chance to review the new website. We welcome your comments. Among the many features available with this new platform are discussion forums. These are currently located under Resources. While the discussion forums can be viewed by the public, contributing to them is currently limited to CEPA members. Any CEPA member can start a new thread or reply to a thread. You can receive emails when someone posts to a discussion forum. To do this, after logging on, click on "profile" (upper right under your name) then edit your preferences under Forums. There are currently 4 forums to choose from: Exercise Prescription and Programming, Professional, Students and Exercise Testing.

## Medical Fitness Association

### 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.



### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

#### Journal of Clinical Exercise Physiology

#### Changes for the Journal of Clinical Exercise Physiology

While JCEP celebrates its 8<sup>th</sup> year of publishing there are many changes afoot to enhance the journal. The following is a summary of several of these changes which are designed to continue to move the journal forward as the preeminent source of research dissemination and article reviews to keep all Clinical Exercise Physiologists up-to-date and informed about the field.

JCEP has a new website. It is <http://www.jcep-cepa.org>. At this time you can access the journal from this site. There is also a link directly from the CEPA website. In the near future accessing the JCEP site directly (<http://www.jcep-cepa.org>) will not allow full article access. CEPA members can always access all JCEP content by logging into the CEPA website and selecting the direct link.

As you may already know, in 2017 Exercise & Sports Science Australia (ESSA) adopted JCEP as their official journal. This is reflected in the journals masthead shown below. The CEPA is proud of this association and it has increased readership to almost 7,000 per issue.

Journal of Clinical Exercise  
Physiology

The Official Journal of the  
Clinical Exercise Physiology Association  
-and-  
Exercise & Sports Science Australia

At a productive publications committee meeting at the ACSM conference in Minneapolis it was affirmed that JCEP will move forward with two important projects. First, Webb Smith (current Publications committee chair) is leading a project to have JCEP become indexed. Indexation of a journal reflects the quality of a journal. Also indexation is important for prospective authors as it enhances their chances at procuring research funding and tenure. Second, the journal will push forward with expansion plans which have led to an average of four articles per issue in 2018, and on to five in 2019 and six in 2020.

#### Ever Consider Publishing in the Journal of Clinical Exercise Physiology (JCEP)?

Did you know that JCEP accepts submissions for original research or reviews (general topical literature review, systematic review, meta-analysis)?

And did you know that JCEP is currently read by almost 7,000 clinical exercise professionals?

Submission topics can include, but are not limited to, exercise testing, disease management, risk assessment and prognosis, acute and chronic exercise responses, safety and efficacy, outcomes, and pathology and epidemiology of chronic diseases, physical activity, and behaviors. Lectures at meetings such as the ACSM annual meeting often make great topics that are easily transitioned to a manuscript.



### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

#### Committee Updates

##### Continuing Education Committee Update

Timothy Werner, PhD

The Continuing Education Committee is proud to offer several upcoming webinars for our members.

On July 10th Dr. Michael Bruneau Jr. from Drexel University will be presenting on The Role of Genomics in Exercise Science and Health. There is still room available for this webinar and registration has never been easier on our new website!



Our webinar in August 2018 will be hosted by Dr. Linda Pescatello from the University of Connecticut. She will be presenting on The Updated Physical Activity Guidelines from the Department of Health and Human Services.



We also have Mr. John Boettcher from the University of Texas presenting on Cardiac Rhythm Management Devices in October 2018.



We will offer more webinars before the end of 2018, so please continue to visit our website for more details. Finally, we are always on the lookout for hot



##### NCBDE

##### Platinum Level Partner

NCBDE was established in 1986 as an independent organization to promote the interests of diabetes educators and the public at large by granting the Certified Diabetes Educator® (CDE®) certification to qualified health professionals involved in teaching persons with diabetes, through establishment of eligibility requirements and development of an examination. Since it was first awarded in 1986, the CDE® credential has become a standard of excellence for the delivery of quality diabetes education. NCBDE's mission is to define, develop, maintain and protect the certification and credentialing process to promote ongoing quality diabetes education and support.

The purpose of the NCBDE certification program is to promote comprehensive and ongoing quality diabetes education and support by defining, developing, maintaining and protecting the certification and credentialing processes. The CDE® credential demonstrates that the certified health professional possesses distinct and specialized knowledge, thereby promoting quality care for persons with diabetes. Certification is a voluntary process used to assess and validate qualified health professionals' knowledge in diabetes education. It is an evaluative process that demonstrates that rigorous eligibility requirements have been met. Certification is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases and other considerations.



### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

#### Committee Updates

##### Advocacy Committee Update

Kenneth Ecker, PhD, FACSM

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***

##### ***Southeast Chapter***

##### ***Texas Chapter***

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

##### ***Central States Chapter***

##### ***Middle Atlantic Chapter***

For the coming year, The CEPA Advocacy Committee will continue its plan in working and possibly expanding the presence of CEPA in the aforementioned Chapters.



Cardiovascular Electrophysiology Training Program

<https://med.uth.edu/epheart>

#### UT Health

#### Gold Level Partner

Do you want to become more marketable as a Clinical Exercise Physiologist? Consider upgrading your skills at the UT Health EP Heart Training Program. Founded to offer a unique training environment and educational program in the field of cardiac electrophysiology. The Program delivers high quality education through our world class faculty and our relationship with EP Heart Physicians and Memorial Hermann Hospital System in the Texas Medical Center. We prepare students to be competent in both Cardiac Rhythm Management (pacemakers, implantable cardiac defibrillators and heart failure devices) and Electrophysiology procedures (mapping and ablations). This 6-month intensive course consists of didactic lectures, programmer workshops, mapping system workshops, Simbionix Simulator activities and clinical observations. It is also designed to assist students of the program with resume writing, interviewing skills and professionalism, utilizing local industry managers for presentations and to obtain employment in the CRM/EP Industry, hospital or physician practice. <https://med.uth.edu/epheart/>



### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

---

#### Committee Updates

##### Marketing Committee

Michael Bruneau Jr. (Drexel University) Marketing Chair has worked with CEPA's membership and advocacy committees on several initiatives that include but are not limited to the following:

**Social Media:** To facilitate more engagement between CEPA members and followers, the Marketing Committee explored the data analytics features of our current social media platforms (Facebook, Twitter, LinkedIn) with the intent of identifying the days and times when our members and followers tend to engage with CEPA content. Future postings to CEPA's social media outlets will therefore be in better alignment with the days and times identified from our data analytics to provide our members and followers with a richer and more intuitive user experience.

**Advocacy:** In collaboration with the Advocacy Committee, the Marketing Committee contacted each of the ACSM regional chapter presidents and executive directors to gauge the extent to which these chapters would have interest in developing a more intimate CEPA presence within their regional chapter. Many of the regional chapter representatives responded favorably to the idea of having a CEPA presence within their ACSM regional chapter and next step efforts are being discussed and planned with these chapters in preparation for the ACSM regional chapter meetings in the fall.

**Volunteers/Interest Groups:** In alignment with the ongoing collaboration between CEPA's Marketing and Advocacy committees, the committees have compiled a list of interested volunteers who attended recent ACSM Regional Chapter meetings last spring and who are interested in becoming more involved with CEPA's regional advocacy efforts. Efforts are now being made to connect those who expressed interest in becoming more involved with CEPA to either a CEPA subcommittee or as a regional contact representative for the ACSM regional chapter partnerships that are currently being formed.

**CEPA Website Launch:** CEPA recently launched our new website: [acsm-cepa.org/](http://acsm-cepa.org/) with website vendor, ClubExpress. The marketing committee chair served as a member of the website's ad-hoc committee and provided creative input and review for the design and look of the template.

**ACSM Regional Chapters:** The marketing committee sent promotional materials and provided marketing support for ACSM's Texas (March 1-2<sup>nd</sup>), Rocky Mountain (April 6-7<sup>th</sup>), and Greater NY (April 14<sup>th</sup>) spring chapter meetings and TACVPR's Annual Meeting (April 27-28<sup>th</sup>). Similar efforts are now being prepared for ACSM's Northland (October 11-12<sup>th</sup>), Central States (October 18-19<sup>th</sup>), Southwest (October 26-27<sup>th</sup>), Mid-Atlantic (November 2-3<sup>rd</sup>), New England (November 8-9<sup>th</sup>), Midwest (November 9-10<sup>th</sup>), and Greater NY (November 10<sup>th</sup>) fall chapter meetings.

**ACSM Annual Meeting in Minneapolis, MN:** The Marketing Committee sent promotional materials and had CEPA past and present executive committee members man CEPA's booth at the ACSM Annual Meeting in Minneapolis, MN (***see photos next page***). In addition to sending and receiving the promotional materials at ACSM18, the marketing committee developed a 10<sup>th</sup> anniversary slide (*see slide next page*) for display prior to lectures related to clinical exercise physiology. Thank you to everyone who volunteered their time to set up, run, and/or break down the booth at the meeting.

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

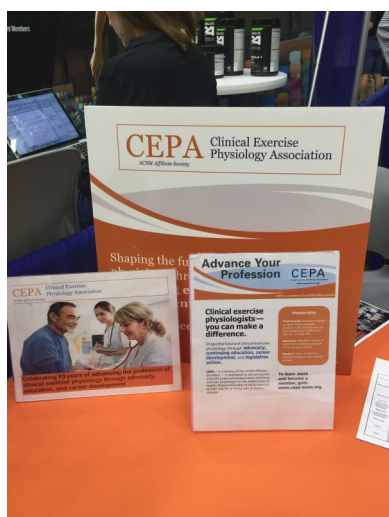
#### Committee Updates

##### Marketing Committee

**CEPA/MACEP Conference:** Sam Headley, past-president of CEPA, and Michael Bruneau Jr. have formed a collaboration with Michael See, director of the Massachusetts Association of Clinical Exercise Physiology (MACEP) to organize a joint conference at the Sheraton Framingham Hotel in Framingham, MA on **September 8<sup>th</sup>, 2018**. The Marketing Committee has worked alongside of Sam to form the program planning committee, identify the target constituencies for conference registration, secure speakers across the domain of clinical exercise physiology, and designed and implemented a targeted marketing plan for those within and beyond the New England region. Online registration is open until **August 31<sup>st</sup>** at: [http://cepa.clubexpress.com/content.aspx?page\\_id=87&club\\_id=324409&item\\_id=834058](http://cepa.clubexpress.com/content.aspx?page_id=87&club_id=324409&item_id=834058).

**Envisioning Opportunities for the Future:** In addition to the abovementioned marketing efforts, the marketing committee intends to expand its social media reach with the addition of Instagram and YouTube accounts with intent of reaching more undergraduate and graduate students and to provide more (audio and visual) content for CEPA members and ACSM clinically certified professionals to consume as additional value in a CEPA membership.

If you have any questions or suggestions for the Marketing Committee or would like to be more involved with CEPA marketing or advocacy initiatives, please contact Michael Bruneau Jr. (Marketing) at [mlb425@drexel.edu](mailto:mlb425@drexel.edu) or Kenneth Ecker (Advocacy) at [kenneth.ecker@uwrf.edu](mailto:kenneth.ecker@uwrf.edu).



#### CEPA Clinical Exercise Physiology Association

ACSM Affiliate Society



**Celebrating 10 years of advancing the profession of clinical exercise physiology through advocacy, education, and career development**



### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

#### Exercise and Sport Science Australia

Exercise & Sports Science Australia (ESSA) is a peak professional organisation representing more than 7,700 members. The organisation is committed to establishing, promoting and representing the career paths of tertiary-trained accredited exercise physiologists, exercise scientists and sports scientists.

#### Member/Partner Learning Opportunities

ESSA has a wide range of learning opportunities various subjects. These are now available to CEPA members at the ESSA member price. \$30 Australia, about \$22 US.

**Topics Include:** Aged Care, Business, Cancer, Cardiovascular, Chronic Conditions, Chronic Pain, Community, Diabetes, Exercise Prescription, Female Health, Mental Health, Musculoskeletal, Occupational Rehabilitation, Pulmonary, Sports Science.

<https://www.essa.org.au/members-home/professional-development/>



#### Registration

[Register Online Now](#)

Or download the [Manual Registration Form](#)

[CEPA Member Registration Form](#)

[SESNZ Member Registration Form](#)

[BASES Member Registration Form](#)



**MGC** DIAGNOSTICS®

#### MGC Diagnostics

#### Silver Level Partner

MGC Diagnostics is a global medical technology company dedicated to cardiorespiratory health solutions. MGC Diagnostics, through its Medical Graphics Corporation and Medisoft SA subsidiaries, develops, manufactures and markets non-invasive diagnostic systems. This portfolio of products provides solutions for disease detection, integrated care, and wellness across the spectrum of cardiorespiratory healthcare. Our product quality, product performance, market reputation, and customer service are unparalleled—delivering measurable value to integrated care and wellness models across the spectrum of cardiorespiratory healthcare.

MGC Diagnostics sells its products worldwide. Whenever possible, we work directly to provide product systems to heart and lung specialists located in hospitals, university-based medical centers, medical clinics, physicians' offices, pharmaceutical companies, medical device manufacturers, and clinical research organizations. Each MGC Diagnostics client receives individual attention that's customized and comprehensive. Our simple approach has endured: Integrate the latest advances that today's technology affords, ensure accuracy through superior design, and then back up each and every product with consistently stellar support. We don't just stand by our product; we stand by our customers.

For more information about MGC Diagnostics, visit [www.mgcdiagnostics.com](http://www.mgcdiagnostics.com).

### CLINICAL EXERCISE PHYSIOLOGY ASSOCIATION

---

#### Executive Committee Members

##### ***President***

Shel Levine, MS, ACSM-CEP  
Eastern Michigan University, MI

##### ***President-Elect***

Brad Roy, PhD, ACSM-CEP, FACSM  
Executive Director: The Summit Medical Fitness Center  
Kalispell, MT

##### ***Immediate Past-President***

Dennis Kerrigan, PhD, ACSM-CEP, FACSM  
Henry Ford Hospital, MI

##### ***Executive Secretary***

Wanda Koester, MS, ACSM-RCEP  
Indiana University Health, Bloomington, IN

##### ***Secretary***

Laura Newsome, PhD, ACSM-CEP  
Radford University, Radford, VA

##### ***Treasurer***

Scott Eberhardt, MS, ACSM-CEP  
InnovAge Clinical Exercise Services , Denver, CO

##### ***Member-At-Large***

Yuri Feito, PhD, ACSM-RCEP, FACSM  
Kennesaw State University, Kennesaw, GA

Diane Perry, MS, ACSM-CEP  
University of Michigan Health System, MI

##### ***Clinical Practitioner Member-At-Large***

Laura Richardson, PhD, ACSM-RCEP  
University of Akron, OH

##### ***Student Representative***

Emily Miele, MS, ACSM-RCEP  
Springfield College, MA

##### ***Ex-officio Representatives***

###### **ACSM:**

Carl Foster, PhD, FACSM  
University of Wisconsin-La Crosse, WI

###### **ACSM CCRB:**

Meir Magal, PhD, ACSM-CEP, FACSM  
North Carolina Wesleyan College, NC

###### **AACVPR Liaison:**

Deb Lund  
Baltimore Washington Medical Center, MD