**NCCRA Exercise Discipline Meeting Minutes**

**March 10, 2017**

Our group email list was updated. It looks like about **65** people attended our discipline meeting!

Discussion began with handouts displaying exercise logs from 5 different hospitals. I had received many requests from various locations to see other exercise logs. Some locations are electronic only and some programs write on logs and transfer over to electronic for the electronic medical record. Everyone’s logs were different yet still all possessed key elements such as vital measurements, workloads, and exercise prescription components. A handout was given that included the logs. If anyone has any questions or would like a copy of that handout you can contact me at Jennifer.Simmons@iredellhealth.org.

Exercise prescription was also a key discussion point. There were many questions regarding how everyone is prescribing the intensity of exercise. Facilities around the state are primarily using three different ways to prescribe exercise. One way was being based on using the talk test and Borg RPE Scale to titrate workloads; another way using target heart rate ranges based on a submaximal stress test and lastly prescribed workloads based on METs and using the RPE scale as a way to titrate workloads. Many rehab programs stated they were trying to avoid the term target heart rate range because their patients would get more fixated on keeping their heart rate within that range rather than improving their MET levels. Some rehab programs do not do any kind of stress testing and some facilities have maximal stress test data on their patients, while some just have sub-maximal stress test data. With CMS now covering PAD for cardiac rehab, discussion was made about protocols used for PAD treatment. The majority agreed that as long as they are walking to claudication, resting, and resuming exercise; any protocol should give positive results. Lastly the group discussed prescribing exercise for LVAD patients and the majority agreed they were utilizing the RPE to titrate workloads while a few programs were exercising their patients to maintain an exercising heart rate below 135 bpm. The key to remember is making sure practice is evidenced based.

Dr. Carl King discussed utilizing interval training with Cardiopulmonary patients. His presentation can be viewed on NCCRA’s website http://nccraonline.org/ and LSI’s website at http://lsi-medical.com/?action=login for those who have a LSI account. He discussed three different types of interval training: low intensity interval training (LIIT), moderate intensity interval training (MIIT) and high intensity interval training (HIIT). The key is to have multiple bouts of exercising time periods at a certain intensity and then rest or recovery time periods at a lower intensity workload. Some prefer a 1 minute exercise time to 1 minute rest while others a 4 minute exercise time and a 4 minute rest. The key is that interval training will move the anabolic threshold to the right, meaning an increase in endurance and VO2 max before the aerobic system has to utilize the anabolic system for energy.

Brian Coyne, Past-President of Clinical Exercise Physiology Association (CEPA), spoke in regards to what CEPA is and how you can get involved. CEPA was started in 2008 to advance the profession of clinical exercise physiology (CEP). It is self-sufficient and self-supported through partnerships and memberships. For information you can email cepa@acsm.org; the web address is [www.acsm-cepa.org](http://www.acsm-cepa.org). CEPA collaborates with EIM, MFA, and AACVPR.

**CEPA Membership**

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|  | **ACSM National Member** | **ACSM Non-Member** |
| **Professional** | $40 | $65 |
| **Associate** | $35 | $55 |
| **Student** | $15 | $15 |

All membership applications and renewals must be submitted online.

Membership includes discounted continuing education credits and webinars as well as a subscription to the Journal of Clinical Exercise Physiology. Career resources such as a job board, salary survey, and internship postings are also available for members to view.

Thank you to all that attended. If anyone has anything else to add or would like to discuss any other topic with the group, please feel free to email Jennifer.Simmons@iredellhealth.org.