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# Pulmonary Rehabilitation

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## MESSAGE FROM THE ASSEMBLY CHAIR

Dear Assembly colleagues,

It is with pleasure that I am enclosing our Winter 2013 newsletter and I thank the many of you who have contributed. Your executive would be pleased to receive further contributions for us to respond to in the Spring issue. These can be as short information articles or in the form of a "Letter to the Rehabilitation Assembly" which we will endeavor to answer.

At the last Board meeting in May, the ATS President (Patrician Finn), made clear the importance of integrating the issue of health equality within the fabric of the organization. Working from a template each assembly was asked to submit its own guiding definition. Linda Nici was kind enough to take the lead on ours, with input from the Executive. Here is what was submitted:



Roger S. Goldstein, MB ChB

### Health Equality Definition

Health Equality is achieving the highest level of health for all people. It entails focused societal efforts to address avoidable health inequalities, especially for those who have experienced socioeconomic or historical injustices. Health Equality includes prevention, education, diagnosis and management of those conditions which may have higher prevalence and poorer health-related outcomes in vulnerable populations. Access to care must be mindful of geographic disparities as well as health system restrictions that may require advocacy to insure equal access to treatment options. The goal is to achieve health equity for all population subgroups respecting their beliefs and preferences within a patient-centered approach.

Specific examples for the Pulmonary Rehabilitation Assembly include addressing financial, social, and cultural barriers to access and effective implementation of pulmonary rehabilitation and developing initiatives to build capacity for pulmonary rehabilitation for all patients with chronic respiratory conditions.

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# COMMENTARY FROM IMMEDIATE PAST CHAIR

Richard L. ZuWallack, MD, Immediate Past Assembly Chair

**For this newsletter we asked our immediate past chair Richard ZuWallack to provide some comments. Always self-effacing and thoughtful as well as a mentor to many of us, Dick was instrumental in the formation of the assembly and remains very involved.**

## **The Evolution of Pulmonary Rehab from a Dinosaur's Perspective, Richard ZuWallack, MD**

Pulmonary rehabilitation as a formal discipline was started by Dr. Thomas Petty in the late 1960's, and was given its name and definition by the American College of Chest Physicians in 1974. Since these early times, our comprehensive intervention has evolved considerably, culminating in the latest 2013 ATS-ERS Statement on Pulmonary Rehabilitation. Having been around longer than most and having witnessed this evolution, I would like to point out two global changes I have perceived over this short but remarkable run.

First, the people doing rehabilitation and those studying it have changed. In the beginning, only pioneers did it. Driven by intuition that a comprehensive, multidisciplinary, patient-centered intervention must be an improvement over standard care, they went ahead and developed pulmonary rehabilitation, initially without much science behind it. Thus, in its formative stages the evolution was driven by clinicians in the field – nurses, physical therapists, respiratory therapists, and physicians – who often did pulmonary rehabilitation as an add-on to their regular professional activities. Much of the science came later. Partly because of substantial changes in the economics of medical care, it has become much more difficult to juggle a medical or nursing practice, run a pulmonary rehabilitation program, and do clinical research, so these pioneers have become a dying breed. Replacing them came younger, highly-educated, professionals with both research- and clinical orientation. Physician qualifications have moved towards the medical sub-specialty of respiratory medicine (pulmonology). In our non-physician colleagues we find excellence at the Masters, Doctoral and Post- Doctoral levels. Scientific contributions come from far and wide. This growth has infused great energy into the discipline of pulmonary rehabilitation. Check out the attendees at the next PRA Assembly business meeting, and you will see this in action.

Second, our focus on outcomes in pulmonary rehabilitation has evolved. Initially, we needed to prove that our intervention worked as a result of which there was a litany of both uncontrolled and randomized studies that provided clear scientific evidence of its benefits. The whole world now believes in it as a prevailing standard of care and even hard-core pulmonologists will include a slide or two on rehab. Moreover, many clinicians considered that pulmonary rehabilitation and exercise training were synonymous, which led to countless studies demonstrating THE best way to do exercise training. Over the past few years, refreshing new research initiatives have been developed. We are now witnessing exciting developments in pulmonary rehabilitation in the non-COPD patient, in the post-exacerbation period, in understanding the determinants and outcomes of physical activity and in promoting self-efficacy through self-management strategies. As these are still in their infancy there are exciting opportunities to build.

Sometimes it's good to be a dinosaur. If you're around long enough you get a chance to meet and interact with smart young professionals dedicated to advancing the field and to witness the fruits of their scientific investigations.

## NEW ATS/ERS STATEMENT

Martijn Spruit, MD

**One of the unique aspects of our assembly is its international membership, a true reflection of the collaborative partnerships that exists in this area. We are the only Assembly with such a large international representation. Of our primary membership (150 members) almost 60% are from outside the US and of our total membership (498) the number is almost 56%. Our assembly committees all reflect this international flavor. As a result of a great deal of work, by many of our assembly members, this year saw the publication of the new ATS/ERS statement on pulmonary rehabilitation. Comments below are from Martijn Spruit, a pivotal member in this process.**

The new ATS/ERS Statement on Pulmonary Rehabilitation was published in the October 2013 issue of the AJRCCM. It took about three years to complete. In June 2010, Task Force members were identified by the leadership of the ATS Pulmonary Rehabilitation Assembly and the ERS Scientific Group 01.02 'Rehabilitation & Chronic Care' during the COPD7 Conference in Birmingham (UK). After obtaining formal ERS and ATS approval of the Task Force (October 2010 and January 2011 respectively), a total of 46 clinical and research experts participated in an ATS/ERS Task Force charged with updating the 2006 Statement. Compared to the previous one the 2013 Task Force included more women members as well as members with a broader educational background, including an occupational therapists, psychologists and methodologists.

The Task Force met during the ATS International Congress 2011 in Denver and during the ERS Annual Congress 2011 in Amsterdam, to present and discuss the latest scientific developments within pulmonary rehabilitation. Task Force members were assigned to one or more sections based on their clinical and scientific expertise. They reviewed scientific advances to be added to the knowledge base. Finally, the co-chairs (**Sally Singh, Chris Garvey, Dick ZuWallack and Martijn Spruit**) read all the sections and together with an ad-hoc writing committee comprised of: the four co-chairs plus **Linda Nici, Carolyn Rochester and Jonathan Raskin**, the final document was developed. This document represents the consensus of the Task Force members.

The new Statement provides an updated definition of pulmonary rehabilitation. It includes new data on the science and application of pulmonary rehabilitation, including its effectiveness in acutely ill individuals with COPD and its application to those with chronic respiratory conditions other than COPD. The role of pulmonary rehabilitation as part of chronic disease management is highlighted in the Statement as well as the importance of health behavior change in optimizing and maintaining benefits.

*Reference: An Official American Thoracic Society/European Respiratory Society Statement: Key Concepts and Advances in Pulmonary Rehabilitation. Spruit MA, Singh SJ, Garvey C, Zuwallack R, Nici L, Rochester C, Hill K, Holland AE, Lareau SC, Man WD, Pitta F, Sewell L, Raskin J, Bourbeau J, Crouch R, Franssen FM, Casaburi R, Vercoulen JH, Vogiatzis I, Gosselink R, Clini EM, Effing TW, Maltais F, van der Palen J, Troosters T, Janssen DJ, Collins E, Garcia-Aymerich J, Brooks D, Fahy BF, Puhan MA, Hoogendoorn M, Garrod R, Schols AM, Carlin B, Benzo R, Meek P, Morgan M, Rutten-van Mölken MP, Ries AL, Make B, Goldstein RS, Dowson CA, Brozek JL, Donner CF, Wouters EF; ATS/ERS Task Force on Pulmonary Rehabilitation. *Am J Respir Crit Care Med*. 2013 Oct 15;188(8):e13-64. doi: 10.1164/rccm.201309-1634ST.*

# PLANNING COMMITTEE FOR YEAR 2014

Rebecca Crouch, PT, DPT, CCS

Two new and three renewal projects were submitted to the Pulmonary Rehabilitation Assembly planning committee for FY2014. Of those submitted, one of the new and all three of the renewal project concepts and financials were approved by the ATS project committee. The approved projects include:

## New

-ATS-ERS Official Policy Statement on Pulmonary Rehabilitation: **Dr. Carolyn Rochester**

## Renewal

-Idiopathic Pulmonary Fibrosis-Evidence Based ATS-ERS-JRS-ALAT Guidelines for Diagnosis and Clinical Management-A living document with periodic updates: **Dr. Ganesh Paghu**

-Update of the ATS “6-Minute Walk Test” Statement: **Dr. Anne Holland**

-Update of the ATS/ERS Official Statement on “Skeletal Muscle Dysfunction in COPD”: **Dr. Francois Maltais**

# ATS 2014 PROGRAM COMMITTEE

Carly Rochester, MD and Anne Holland, PhD

Planning of sessions for presentation at the 2014 ATS Meeting in San Diego is well underway. The PR Assembly will be well-represented at the meeting, with the following sessions accepted for presentation;

	Session Title	Session Time	
Postgraduate Courses			
Friday , May 16, 2014			
PG9	FIELD AND LABORATORY EXERCISE TESTING FOR PATIENTS WITH PULMONARY DISEASE Matthew Bartels MD and Anne Holland, PhD (Co-chairs)	8:00 AM	4:00 PM
Scientific Symposium			
Sunday, May 18, 2014			
A9	THE UPDATED ATS/ERS STATEMENT ON SKELETAL MUSCLE DYSFUNCTION IN COPD Francois Maltais and Richard Casaburi, (Co-chairs)	8:15 AM	10:45 AM
Tuesday, May 20, 2014			
C91	SCIENTIFIC ADVANCES IN EARLY REHABILITATION FOR OUR SICKEST PATIENTS (Jointly sponsored between PR and Critical Care Assemblies)	8:15 AM	10:45 AM
Wednesday, May 21, 2014			
D88	TELE-TECHNOLOGY IN THE MANAGEMENT OF COPD Roger Goldstein and Sally Singh (Co-Chairs)	2:00 PM	4:30 PM
Clinical Year in Review			
Monday May 19th, 2014			
B1	REHABILITATION AND EXERCISE Anne Holland (speaker)	8:15 AM	10:45 AM



	Session Title	Session Time	
Meet The Professor Seminars			
Tuesday, May 20, 2014			
MP611	OPTIMIZING THE EFFECTIVENESS OF EXERCISE TRAINING IN PULMONARY REHABILITATION	12:00 PM	1:00 PM
Sunrise Seminars			
MONDAY, MAY 19, 2014			
SS114	CHANGING BEHAVIOR OF COPD PATIENTS: USING ACTION PLANS AND PHYSICAL ACTIVITY PROGRAMS  Tanja Effing and Job van der Palen (speakers)	7:00 AM	8:00AM
TUESDAY, MAY 20, 2014			
SS216	HOW TO MANAGE FEAR OF DEATH BY TALKING ABOUT DYING  Daisy Janssen (speaker)	7:00 AM	8:00AM
	LIVING AT ALTITUDE AND AIR TRAVEL WITH COPD: IS IT SAFE? (COMBINED PR AND CLINICAL PROBLEMS)  Xavier Soler (speaker)		

Overall we did well, with an additional sunrise session donated by another assembly. We anticipate that it will be a great program this year and encourage our members to attend and to send abstracts whenever possible.

# PULMONARY REHABILITATION ASSEMBLY LIAISON

Linda Nici, MD

The Pulmonary Rehabilitation Assembly (PRA) Executive Committee includes a liaison position, which helps to facilitate a close working relationship between the PRA and the ATS leadership and staff. Both the Assembly Chair and the Liaison sit on the ATS Board of Directors and as such, provide a strong voice for the PRA with regards to educational efforts, programming at the international conference, assembly projects, and concerns that may be specific to our membership

## WEB COMMITTEE

Frits Franssen, MD

**This year saw the revitalization of our web committee under the very able leadership of Frits Franssen. A variety of initiatives are underway, as described below.**

Based on the number of activities and short-term priorities, it was decided to form a web committee for the PR Assembly, instead of relying on a single web editor. This committee was formed after last ATS and consists of **Frits Franssen (chair), Roger Goldstein, Martijn Spruit, Roberto Benzo, Laura Desveaux and Brian Tiep**. During the first teleconference of the committee, all aspects of the website were discussed and ideas for new initiatives were raised.

The first priority of the committee was to start a regular Journal Club. The first edition of the Journal Club was held on October 21<sup>st</sup> and the topic was “**non-linear exercise training in COPD**”. The paper by Klijn et al (AJRCCM 2013) was presented online by Francois Maltais (Quebec Canada). The authors of the paper and Richard Casaburi joined the Webinar as discussion panelists from the Netherlands and California respectively. There were many registrants for the event and 47 logged in to the webinar. The second edition of the Journal Club was held on November 20<sup>th</sup> and the topic was “**single leg exercise training in COPD**”. The paper by Dolmage et al (Chest 2008) was presented on line by Rachael Evans (Leicester UK). The authors of the paper joined from Toronto as well as panelists Jeff Mador (Buffalo) and William Sheel (Vancouver). We have announced additional events for February and March 2014.

The web committee is working with the ATS staff to update the content of the PR website, focusing on the section on QOL instruments as well as the toolkit for PR reimbursement. Current activities include redesigning the layout and menus of the site and the formation of a photo gallery of the members of the PR Assembly. Future ideas being discussed include CME accredited cases, best practice videos as well as a forum and social media activities



## ATS PATIENT EDUCATION

Sue Lareau, RN

**Sue Lareau (former chair of the PRA) has served as Associate Web Editor for Patient Education (AWEP) for the past 5 years. Her role has been to increase the portfolio of patient-related material by editing and updating the more than 50 currently available documents.**

ATS offers a series of educational pamphlets on its website, (<http://patients.thoracic.org/information-series/index.php>) covering a variety of pulmonary-related topics as well as periodic publication in the AJRCCM.

Now available at the back of the AJRCCM (volume 188, pages 5-6) is the new document on Pulmonary Rehabilitation Patient Information ([http://patients.thoracic.org/information-series/en/resources/ATS\\_Patient\\_Ed\\_Pulmonary\\_Rehab\\_d.pdf](http://patients.thoracic.org/information-series/en/resources/ATS_Patient_Ed_Pulmonary_Rehab_d.pdf)), written by **Sue Lareau** and **Bonnie Fahy** and reviewed by **Dick ZuWallack** and **Linda Nici**.

These ATS patient documents are designed to be brief (2 pages) and are directed toward educating our patients. Topics in this series range from describing conditions such as COPD, Hermansky Pudlak Syndrome and Coccidioidomycosis to treatment of sleep related disorders etc. ATS members and the public are welcome to print as many of these documents as they wish. For bulk quantities, colored copies can be obtained from ATS for a minimum charge by contacting Judy Corn ([JCorn@thoracic.org](mailto:JCorn@thoracic.org)).

The Patient and Family Education Committee (Chaired by Kathy Lindell), is working to expand the patient offerings beyond the printed page by developing podcasts and other forms of media for patients. Sue and Kathy are eager to expand patient offerings. We welcome anyone from the PRA with suggestions for topics and interest in developing new documents. Please contact Sue at [Suzanne.Lareau@ucdenver.edu](mailto:Suzanne.Lareau@ucdenver.edu).

## ANNALS OF THE AMERICAN THORACIC SOCIETY (EDITOR)

John Hansen-Flaschen, MD

**There is a great deal of interest by physicians and non-physician respiratory specialists in the newest respiratory journal of the ATS. Given the quality of the other two journals (red and blue) this journal is likely to achieve excellence in addressing the gap in publishing opportunities for studies with clinical application across a broad spectrum of clinical, teaching and public health activities. There may be many studies in Pulmonary Rehabilitation that would take advantage of this new journal for communicating their message. We asked the editor John Hansen-Flaschen to provide comments for our Assembly Winter Newsletter.**

The Annals of the American Thoracic Society (AnnalsATS), formerly PATS, delivers up-to-date and authoritative coverage of adult and pediatric pulmonary medicine, respiratory sleep medicine and adult medical critical care. The scope of the journal encompasses content that is applicable to clinical practice, the formative and continuing education of clinical specialists, and the clinical advancement of public health.

The journal features methodologically rigorous Original Research articles and Brief Communications that address questions relevant to patient care and health care delivery. Additional highlighted contents include Focused Reviews that update readers on the epidemiology, classification, and management of clinical problems, and the safe, efficacious application of procedures. Perspectives provide contemporary or historical overviews of topics relating to health care delivery, dissemination of knowledge, public health, clinical ethics, professionalism, and health care policy. Opinions and Ideas articles offer informed opinions on controversial or unsettled questions of interest to clinicians. Under the heading Case Conferences, AnnalsATS publishes clinical vignettes that illuminate knowledge of current clinical practice. On the Receiving End articles provide an opportunity for patients and family members to communicate based on narratives of personal experience in health care. ATS Reports provides selected Committees and Assemblies to publish informative articles of interest to clinicians. Other sections address global lung health, practice management, and medical education within the specialty scope of the journal.

The editors employ a rigorous peer-review and quality control process to evaluate, select, and edit manuscripts for adherence to ATS standards of scientific inquiry and integrity. AnnalsATS conforms to ATS policies regarding the full disclosure of financial associations that might influence published content.

Our assembly continues to thrive as seen by our many activities. Please encourage colleagues to join. Changing assemblies can be accomplished by sending your request to <http://thoracic.org/membership/index.php>. If you live outside of the US, membership fees are considerably less e.g. \$40 for full membership. See <http://www.thoracic.org/membership/categories-and-fees.php> for an outline of fees and categories. The strength and clinical messages of Pulmonary Rehabilitation are best seen in the abstracts and presentations at the Spring ATS international conference in San Diego (May 16-21).

Roger Goldstein, Assembly Chair