Practicum

on

Exercise

in

Children

for

Exercise

<u>sponsors</u>









Driven to Discover®





Physicians/physiologists &

T echnologists/therapists

A 2-day course on pediatric CPX testing Aug 26-27, 2023. Minneapolis MN Register at https://www.naspem.org/

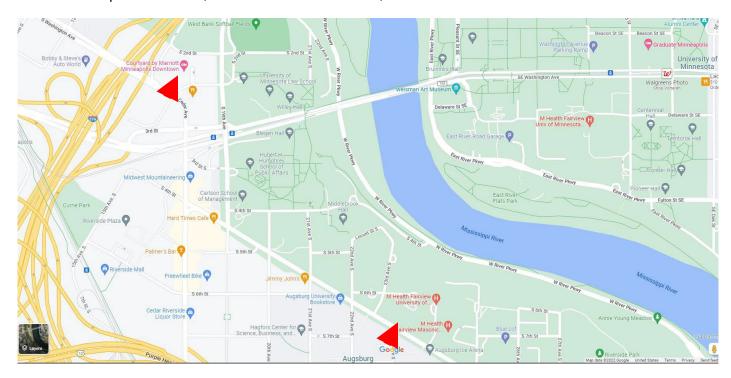
| Day 1  |          | Time     | Day 2  |                          |
|--|----------|----------|--|--------------------------|
| Topic  | Speaker  |          | Topic  | Speaker                  |
| Registration   |          | 0830     | Cardiac Response to Exercise Powell  |                          |
| Introduction & Welcome   | Pianosi  | 0850     |  |                          |
| Pathway for O2:<br>review of physiology  | Cooper   | 0900     | Ventilatory Resp to Exercise   | Pianosi                  |
| Children are not small adults:<br>Child specific physiological<br>responses to CPET.   | Aizik    | 0930     | Formulate & Conduct your<br>Rehab Program  | Gauthier                 |
| How to interpret key variables from maximal test   | Gauthier | 1000     | EILO & Dysfunctional<br>Breathing  | Olin                     |
| Nutrition break  |          | 1030     | Nutrition break*   |                          |
| ECG: how to read it – what's important & what's not  | Powell   | 1100     | Upper Airway: Live display CLE projected onto bigscreen  | Olin                     |
| <b>Spirometry:</b> essentials of interpretation  | Olin     | 1130     | Deconditioning & Obesity: impact on CPET   | Cooper/Aizik             |
| Dynamic responses to exercise & use of constant work rate test   | Pianosi  | 1200     | Live demo ramp protocol max test with flow-volume loops  | Buerkle                  |
| LUNCH  |          | 1230     | LUNCH  |                          |
| Understanding Your<br>Metabolic Cart   | Drumsta  | 1330     | Sex, Gender, & CPET: Testing Implications/ recommendations   | M Joyner                 |
| Normal values  | Pianosi  | 1400     | Case Revues: split into 2 groups: 1 remains in room to discuss real clinical cases from Fac or submitted by participants; while 1 group goes to exercise lab |                          |
| Allometric normalization:<br>Tower of Babel?   | Cooper   | 1430     | Panel Discussion Open Forum<br>Q&A Pianosi, Powell Co-chairs   | Olin, Cooper<br>Gauthier |
| Nutrition break  |          | 1500     | Nutrition break  |                          |
| split into 2 groups: 1 remains in room to discuss real clinical cases; while 1 group goes to exercise lab to witness open circuit acetylene cardiac output |          | 1530 – ? | Open duration but anticipate Closing Remarks & Audience Survey c. 1600 hr  Happy Hour/Departures   |                          |
|  |          |          | парру пош/Вера   | tui CS                   |

Conference room can seat 35 around big table or it has folding barrier that can create 2 rooms each holding ~15 around table (each with AV). Exercise lab nearby can accommodate up to ~15 at once for live demo \*bike, scope, tower, set up during coffee break

## Latest Draft:

- 1. We really need core faculty to stay both days. People will come not only for PPTx but to chat with you.
- 2. 1 sponsor will set up table in hallway of Wilf Center.
- 3. CME via UTN with help of Dawn Coe
- 4. Course notes, cases, & PPTx available of NASPEM website for members only
- CORE

- 5. Biannual rotate sites. Stand-alone
- 6. Showcase new technology/approach each meeting. For example, I can display our open circuit C<sub>2</sub>H<sub>2</sub> cardiac output that will enable measurement right to peak work
- 7. Promote CPX to make it more lucrative lobby insurers/gov't. Take page from sleep docs!
- 8. Certificate?
- 9. Hotel to hospital. 20 minute, 1-mile. 2 Shuttle runs in AM, 2 in PM



## **Course Objectives:**

- 1. Become more familiar with various approaches to cardiopulmonary exercise testing in pediatrics
  - a. Ergometer options
  - b. Protocol choices
  - c. Maximal vs sub-maximal vs supra-maximal
- 2. Understand how one measures & interprets gas exchange during exercise
- 3. Learn clinically significant changes in spirometry & ECG during/after exercise
- 4. Gain appreciation of testing methods for exercise-induced laryngeal obstruction
- 5. Acquire insight into testing unique pediatric populations with diverse diseases