

Destin, FL
Session Note Handouts
June 11-14, 2024

SkinBonesCME.com

DAY ONE – Tuesday, June 11

Dermatology

Gina Mangin, MPAS, PA-C

2.0 APRN Credits

6.5 AMA PRA Category 1 Credits<sup>TM</sup>

6.5 ANCC Contact hours

#### Connect the Dots: What Is That Spot?

their "spots." But what are all the spots that can develop on the skin? Can you name that spot? During this session, attendees will be shown the most frequent benign lesions and "spots" seen during a routine skin exam. Treatments, procedures, and techniques to remove the "spots" will also be reviewed and discussed.	

### Bippity Bop Get Me Ready for My Zoom! (Rx=0.50)

looking at themselves. This session will review the most common rashes and complaints a dermatologist will see on patients' faces. But, most importantly, the treatments used to clear their faces will be detailed to have our patients "zoom" ready. Now, let's not forget the number one thing our patients notice wrinkles. We will discuss the treatment of neurotoxins that help keep our patients looking youthful and refreshed. Conditions such as acne, rosacea, perioral dermatitis, Seborrheic dermatitis, pityriasis alba, and lupus will be discussed. The number one cosmetic procedure, injection of neurotoxins, will also be detailed.	

### The Three S's of Dermatology: Skin Cancer, Sunshine, and Sunscreen (Rx=0.50)

I live in Florida, the sunshine state, and the majority of Floridians love the sun. But what can the sun causeskin cancer! The diagnosis and management of actinic keratoses, SCC, BCC, and melanoma will be reviewed, discussing surgical and topical options for patients. A summary of the effects of UV radiation on the skin will be discussed, along with a deeper dive into sunscreen. Is sunscreen safe? The questionable myths about sunscreen use and applications will be answered and outlined.	

#### Tinea or Not? (Rx=0.50)

Participants will be shown pictures of two rashes, one a tinea and the other a non-tinea rash. I will review the clinical presentation of cutaneous tinea infections and the common rashes mistaken for tinea. Common Tinea infections reviewed; Tinea Corporis, Tinea Manun, Tinea Faciei, Tinea Versicolor, Tinea Unguium, Intertrigo, Tinea Capitis, Tinea Crusis, and Tinea Incognito. Treatment options for tinea will be reviewed and detailed.	
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#### What Is That Itch? (Rx=0.50) The first question we ask a patient with a rash is if it itches. The next question our patient asks

is, what is causing that itch? This session will review the common dermatological that commonly cause itch and drive our patients madly insane with that itch. The rashes includes Lichen Planus, Scabies, Dermatitis Herpetiformis, Atopic Dermati Pemphigoid, Urticaria, ID reaction, Stasis Dermatitis, Prurigo Nodularis, and Tran Acantholytic Dermatosis.	conditions presentation of tis, Bullous

DAY TWO – Wednesday, June 12
Orthopedics
Zack Lerner, DNP, ARN
2.0 APRN Credits
6.5 AMA PRA Category 1 Credits<sup>TM</sup>
6.5 ANCC Contact hours

### Feeling Alright: Pain Management of Orthopedic Patients' Part 1 (Rx=0.25)

This is the first of a 2-part lecture focusing on the evaluation of patients suffering from pain related to orthopedic conditions. We will review basic and focused exams as well as what imaging and labs to order and when it is appropriate; highlight common associated diagnoses, discuss a variety of appropriate treatment options ranging from manual therapy to pharmaceutical and interventional therapy and review some cases of what you might see in a clinical setting. The goal of both parts 1 and 2 will be to obtain some level of provider comfort in specialty and non-specialty settings when dealing with patients suffering from orthopedic pain.	

### Feeling Alright: Pain Management of Orthopedic Patients' Part 2 (Rx=1.0)

This lecture will build on part one of this two-part lecture. We will focus more on pharmacological treatments and highlight the importance of the PDMP, knowledge of opioid equivalency, and safer non-opioid treatment options for patients suffering from both post-operative and chronic pain. We will also discuss the hot topics of a variety of different opioid alternatives including the risks of serotonin syndrome and how these can all apply to treating
patients with orthopedic pain.

### Practice Makes Better: Case Studies in Orthopedics (Rx=0.25)

They say practice makes perfect, but, in this case, we are just working on getting better at clinical evaluation and decision-making for patients with orthopedic problems. Therefore, we will review a selection of cases to help increase the comfort level of orthopedic presentations that are both common and rare. The cases will range from entry-level to difficult and hopefully get your thoughts flowing and your problem-solving going. Ultimately this should help providers evaluate and break down a case to help patients obtain better clinical outcomes.

#### "Back" to Basics: Managing Back Pain in the Orthopedic Patient (Rx=0.25)

While back pain can sometimes be a nerve-racking chief complaint, we see on the chart; it does not have to be. This lecture will discuss risk factors, causes, examination, and identification of common orthopedic back presentations ranging from mild to emergent. We will also discuss appropriate diagnostic testing and labs as well as a variety of appropriate treatment options. The goal of this lecture is to help give providers a better comfort level so that they can bring more comfort to patients presenting with low back pain.

# On the Road Again: Recognition and Management of Common Orthopedic Injuries of the Foot and Ankle (Rx=0.25)

to get around. This lecture will cover common orthopedic injuries of the foot and ankle. We will review the sometimes difficult and confusing foot and ankle anatomy, discuss a variety of injuries that often present to primary or urgent care, and formulate an understanding of basic treatment plans that will hopefully get our patients back "on the road again."	_

DAY THREE – Thursday, June 13
Cardiology & Emergency Medicine
Sarah Schettle, PA-C, MS, MBA
0.50 APRN Credits
6.5 AMA PRA Category 1 Credits<sup>TM</sup>
6.5 ANCC Contact hours

#### "Take On Me": A Cardiology Primer

This session will provide an overview of cardiology basics to refresh and bring to mind important concepts to help distinguish between "normal" and "abnormal" and understand basic anatomy and physiology concepts in cardiology.	,

#### "Beat It": Understanding Arrhythmias

This session will review the appearance of common arrhythmias and concerning arrhythmias, identify key aspects to look for to distinguish between arrhythmias, and discuss intervention strategies to consider.

#### "Under Pressure": How to Manage Hypertension (Rx=0.25)

recommendations for hypertension, and discuss monitoring recommendations such as labs to be obtained as medications are titrated.

#### "Every Little Thing She Does is Magic": Cardiac Murmurs Demystified

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#### "Billie Jean Is Not My Cardiologist": How to Manage the Heart Failure Patient (Rx=0.25)

This session will delve into the different types of cardiomyopathies, different stages of heart failure, interventions to consider, and management strategies for the heart failure patient.				

# DAY FOUR – Friday, June 14 Women's Health Nancy Berman, MSN, ANP-BC, NCMP, FAANP 1.25 APRN Credits 6.5 AMA PRA Category 1 Credits<sup>TM</sup> 6.5 ANCC Contact hours

# Treasure the Bones: Osteoporosis and Fracture Prevention Strategies in Men and Women: Part 1 (Rx=0.50)

This session will introduce a comprehensive approach to the identification of women and men a risk for fracture based on bone densitometry and their 10-year fracture risk using the FRAX calculation. There will be a discussion on who should be screened and then interpretation of results of the bone density and FRAX calculation. There will be discussion of the approach to patients based on whether they are at high or very high risk for fracture. In session part 1, there will be a discussion of the initial workup of patients, non-pharmacologic therapy, and initial therapy of the osteoporotic patient at high risk for fracture with pharmacologic therapy. Treatment of patients at high risk due to therapy such as aromatase inhibitors and androgen deprivation therapy will be discussed. Case studies will be presented for managing osteoporotic patients at high risk for fracture.

# Treasure the Bones: Osteoporosis and Fracture Prevention Strategies in Men and Women: Part 2 (Rx=0.25)

This session will review the approach to patients who are at very high risk for fracture based on their bone density or FRAX calculation. This will include discussion of sequencing of pharmacologic therapy with bone building anabolic agents followed by maintenance with anti-resorptive agents. Current controversies will be discussed including long-term use of bisphosphonates, adverse events including osteonecrosis of the jaw (ONJ) and atypical subtrocanteric femur fractures and drug holidays. Concerns about discontinuation of rank ligand inhibitors and the risk for a rapid increase in vertebral fractures will be discussed. Case studies will be presented for managing osteoporotic patients at very high risk for fracture.			

# Menopause Magic: Learn Tricks for the Management of Women at Midlife and Beyond (Rx=0.50)

This session will provide the attendee with an overview of the menopause transition into the post-menopause with an emphasis on symptom management. There will be an update on guidelines for hormone therapy including issues of long-term use and use after the age of 65. The concept of a window of opportunity for treating women early in the post menopause with less cardiovascular risk than older women will be discussed There will be discussion of FDA approved hormonal and non-hormonal therapy and dietary supplement options for the treatment of hot flashes. There will be a discussion of the identification and treatment of the genito-urinary syndrome of menopause (GSM). Case studies will be utilized to provide clinical management decision-making.

# Capture Current Cervical Cancer Prevention Guidelines: New Screening and Risk-Based Management

Cervical cancer prevention has changed significantly in recent years with less frequent screening and the addition of HPV testing as a stand-alone test along with the option for the Pap and HPV test together as cotesting. This session will review the appropriate use of Pap testing, the rationale for HPV testing along with the Pap (co-testing) in women 30 and older and the use of HPV testing as a primary screen (stand-alone test) in women 25 and older by two of the FDA approved HPV tests. There will be a discussion of the new American Cancer Society Guidelines for screening and a review of the new 2019 ASCCP Risk-Based Management Consensus Guidelines for management of abnormal screening and subsequent follow-up with case studies. These guidelines are a shift from results-based to risk-based management relative to the risk of an existing CIN 3 (pre-cancer).

# Alphabet Soup: AUB and PALM COEIN for Systematic Diagnosis and Management of Abnormal Uterine Bleeding

Abnormal uterine bleeding (AUB) presents due to both structural and non-structural reasons and AUB is a symptom and not a diagnosis. This session will review a systematic approach to the identification and classification of AUB, leading to a diagnosis using the Palm-Coein classification system. This system allows the clinician to assess structural diagnoses including polyps, adenomyosis, leiomyoma, and malignancy. Non-structural diagnoses include coagulopathy, ovulatory dysfunction, endometrial, iatrogenic, and not yet classified. There will be a review of the appropriate workup and the subsequent options for management of AUB, including both medical and surgical interventions. This will include symptom management and use of newer GnRh antagonists for heavy menstrual bleeding due to fibroids. These agents expand the options for management by the NP and PA in practice before referral to gynecology for possible surgical options including myomectomy, endometrial ablation, and hysterectomy.