

Myrtle Beach, SC Session Note Handouts June 24-27, 2024

SkinBonesCME.com

DAY ONE – Monday, June 24

Dermatology

Kara Roman, MMS, PA-C

1.50 APRN Credits

6.5 AMA PRA Category 1 CreditsTM

6.5 ANCC Contact hours

Dermspeak Jeopardy-Style: Review the Lingo of Lesions and Rashes This fast-paced game show version of visual diagnosis will help set the stage for a day of

reviewing dermatologic conditions. By reviewing lesion morphology and distribution patterns, participants will be able to sharpen their skills and gain confidence in making these important diagnoses. Case presentations will stimulate discussion along with hundreds of interesting dermatologic images to assist in disease recognition. Don't miss this opportunity to refine your ability to quickly and confidently diagnose dermatologic disease and have some fun as you staryour day.		

Tackling Topical Therapies and Routine Skin Care (Rx=0.50)

"If it is wet, dry it; if it is dry, wet it; and if you don't know what to do, put a steroid on it." Dermatologic pharmacology is not so simple. Many topical medications are utilized in primary care to manage conditions ranging from xerosis to contact dermatitis to cutaneous infections. The proper preparation, amount, and duration of therapy should be considered to be used most effectively. This presentation will help the primary care provider make sense of the various commonly prescribed topical medications, including topical corticosteroids, anti-infective agents, emollients, and several new agents that have recently become available. Medication dosing and safety will be addressed, as well as pearls and practical pointers for the most effective use of these products. Learn the what, when, and how of dermatologic pharmacology. This session will conclude with practical tips for taking care of the skin, from cleansing to moisturizing and skin cancer prevention.

Bites, Stings, and Other Itchy Things (Rx=0.50)

productyou get a rash, and it itches. When an allergen is responsible for triggering the importance, an allergic skin condition is a result. Allergy-mediated skin manifestations can be superficial, like contact dermatitis or urticaria, or can lead to more systemic reactions, such a poxic epidermal necrolysis or anaphylaxis. Participants in this session will review the common kin findings in several allergic and pruritic conditions and the diagnostic testing and management strategies that will improve the skin's look and potentially save lives.	

An Update on Skin and Soft Tissue Infections (Rx=0.50)

When microbes invade, infection ensues. The epidemiology and clinical presentations of common skin infections, including tinea (capitis, corporis, pedis, cruris, unguium), HPV, molluscum, cellulitis, and abscesses, will be reviewed in this session. The differential diagnosis and methods for confirming diagnosis based on clinical presentation will be discussed and recommended treatment options for each type of infection will be specified.		
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Inside Out – Dermatologic Manifestations of Systemic Disease

There are many clues that rashes and lesions can give us to rheumatologic, renal, endocrine, and ven malignant conditions. Our job is to recognize the signs that make us dig deeper for the iagnosis. Cases and images will ensure you feel confident that you will not miss these important ternal medicine manifestations. This session will confirm the saying, "It's more than skin eep."	

DAY TWO – Tuesday, June 25
Orthopedics
Gerald Weniger, PhD, ATC, PA-C
0.25 APRN Credits
6.5 AMA PRA Category 1 CreditsTM
6.5 ANCC Contact hours

Knock Their Socks Off: Foot & Ankle Pathologies You May Be Missing

Most clinicians are likely familiar with the evaluation and treatment of common conditions like planter fasciitis, lateral ankle sprains, and Achilles tendinitis. But what about more obscure foot and ankle pathologies? This presentation will review less common musculoskeletal conditions of the foot and ankle such as Morton's neuroma, Lisfranc injuries Achilles tendon rupture, and syndesmosis (high ankle) sprains. Often neglected principles for treating inflammation will also be covered.

All Hands-on Deck: Atypical Hand, Wrist, & Finger Injuries

Most clinicians are familiar with the evaluation and treatment of common hand and wrist conditions like carpal tunnel syndrome, wrist sprains, and trigger finger. But what about more obscure pathologies? This presentation will review less common musculoskeletal conditions of the hand and wrist such as Keinbock's disease, mallet finger, jersey finger, skier's thumb, UCL tears, and more.	
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A Shoulder to Lean On: Simplifying Evaluation of Common Shoulder Problems

Many clinicians are comfortable with evaluation of musculoskeletal conditions of the hand, wrist, foot, or ankle. But for some reason, evaluation of shoulder pain is often more daunting. SLAP tears? Hawkins-Kennedy test? Bankart tears? O'Brien's test? This presentation will help you make sense of all the orthopedic acronyms and eponyms so that you can more confidently evaluate a patient with shoulder pain. Useful special tests will be explained and demonstrated.

Everything You 'Kneed' to Know: Making Physical Exam of the Knee More Clear Evaluation of the knee has changed and evolved over the years. Do you perform a Lachman's

test or anterior drawer? Is McMurray's test still clinically useful? What is a Thessaly test? This presentation will discuss these special tests and more, while making sense of a musculoskeletal exam of the knee. Special attention will be directed towards acute and degenerative meniscus tears, and when referral to orthopedics is prudent.		

Not the Standard of Care: ED Case Studies in Medical Malpractice (Rx=0.25)

accepted norms of medical practice and causes injury to the patient. This presentation will review several real-life case study scenarios in orthopedics and emergency medicine. Compartment syndrome? Pulmonary embolus? Oh my! Avoid future pitfalls and potential malpractice claims by learning valuable lessons from prior mistakes		

DAY TWO – Tuesday, June 25
Pain Management/Pharmacology Update
Jeremy Adler, DMSc, PA-C

1.25 APRN Credits

6.5 AMA PRA Category 1 CreditsTM

6.5 ANCC Contact hours

Chronic Pain Conditions - A Deeper Dive Into the Usual Suspects (Rx=0.25)

Millions of American experience chronic pain, and over 4% of the population reports having high-impact chronic pain. Chronic pain is a common complaint and has considerable comorbidities, sequelae, and costs. This session will review some of the more common chronic pain conditions, including a review of symptoms, signs, and supportive diagnostic information. Some conditions to be covered include chronic low back pain, neck pain, joint pain, and neuropathies. Attendees will enhance their confidence in diagnosis, which, with a patient-specific treatment plan, will improve treatment outcomes.	
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Pain Pathophysiology Part 1 – Bridging the Mechanism of Action of Non-opioid Medications (Rx=0.25)

Vithout a single therapeutic option achieving complete efficacy and safety for those aperiencing chronic pain, clinicians are presented with a significant diversity of pharmacologic potions to consider. Treatment guidelines have consistently put forward strong recommendations between the analysis properties of non-opioid medications, but how does one decide between calcium channel modulator, a serotonin-norepinephrine reuptake inhibitor, or a non-steroidal atti-inflammatory? Attendees of this session will explore the basic neuroanatomy and mysiology of nociception, focusing on the mechanism of action of non-opioid medications. By properties of action to a patient's underlying pain condition, a more attional approach will occur in selecting non-opioid medications.	

Pain Pathophysiology Part 2 – Bridging the Mechanism of Action of Opioid Medications (Rx=0.25)

With the isolation of a specific opiate from opium in 1805, the foundation of modern opioid pharmaceuticals was set. Globally, opioids remain important medications, with their position secured on the World Health Organization's list of essential medicines. Since their initial discovery, a number of opioids have been formulated. The obvious question is, "Are all opioids the same?" This session will review the underlying neuroanatomy and physiology specific to opioids. Building upon the mechanism of action of opioids, specific effects of pharmacogenetics metabolism-based drug interactions, and opioid receptor binding actions will be uncovered. Individual opioids, especially synthetic opioids, will challenge the concept that all opioids are equivalent.

Aberrant Behaviors and Patient Monitoring (Rx=0.50)

Despite advances in non-pharmacologic treatments and non-opioid medications for patients with chronic pain, many patients have inadequately managed pain and may be appropriate candidates for opioid therapy. For these patients, careful monitoring is essential and clinical guidelines support using tools such as urine drug monitoring and prescription drug monitoring program data. Like every medical test, these tools have specificities and sensitivities that may yield results that are either consistent or inconsistent with the clinical impressions. This session will examine the various laboratory technologies of drug monitoring, including screening and definitive testing. Connections will be drawn between the laboratory results and unexpected and expected findings from individual opioids, including the impact of pharmacogenetics, drug interactions, and manufacturing impurities. Other monitoring tools, including prescription drug monitoring programs, will be discussed. Finally, attendees will have the opportunity to apply the content to a review of actual case studies of patient aberrant behaviors. Some circumstances are what they seem, and some are not.

Innovations in Interventional Pain Management

Although pharmacologic treatments remain a common component of managing pain, significant advances in interventional pain management have reached a point where patients may successfully reduce medications or may not require them at all. This session will review some of the longstanding approaches, such as epidural steroids and radiofrequency neurotomies, but also increase awareness of understanding of interventional treatment options for joint pain of the knee, hip, and shoulder as well as advances in minimally invasive pain, reliving surgical treatments within the scope of pain management. Attendees will also be introduced to the innovative advances in neuromodulation and targeted intrathecal drug delivery.	of

DAY THREE – Wednesday, June 26
Cardiology & Emergency Medicine
Zach Hartsell, DHA, PA-C
1.0 APRN Credits
6.5 AMA PRA Category 1 CreditsTM
6.5 ANCC Contact hours

Chest Pain Evaluation: Red Herring or the Real Deal? (Rx=0.50)

definitive diagnosis elusive in most cases. However, who gets to be sent home? Who requires admission? This presentation addresses those questions by reviewing the challenges in delineating cardiac vs. non-cardiac chest pain. A heavy emphasis will be placed on risk stratification methodologies for patients with suspected cardiac chest pain and an evidence-base approach to the initial evaluation. Finally, this presentation will review optimal testing strategies for cardiac and non-cardiac etiologies of chest pain, including current controversies and guidelines.

Chest Pain Evaluation: Red Herring or the Real Deal? (cont'd)

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Thinking Beyond COVID: Pulmonary Cases From the Wards

This presentation will provide an overview of different types of respiratory cases in hospit clinics. Topics will range from common to complex and include an overview of mechanis pathophysiology, diagnostic considerations, and up-to-date treatment protocols. Emphasis placed on respiratory failure, oxygen supplementation techniques, indications/contraindication using NIPPV, COPD, and infectious etiologies. Finally, this presentation will provide overview of acute respiratory distress syndrome, focusing on diagnostic criteria and a review evidence-based treatment guidelines.	ms, s will be ations an

Acute and Chronic Kidney Disease: Seeking Better Outcomes (Rx=0.50)

With kidney disease on the rise, the patient presenting to the emergency department with different types of kidney injury (acute and chronic) will continue to increase. This case-based presentation will allow participants to confidently assess and classify patients with suspected kidney injury, identify the most common precipitants of acute kidney injury, differentiate between acute and chronic disease, and understand the first-line therapy for the treatment of acute kidney injury. Indications for urgent dialysis will also be reviewed.	
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Syncope: What You Don't Know Can Harm You

mechanisms that commonly lead to syncope. With a focus on initial evaluation and management this presentation will review the guidelines and risk stratification tools available to aid in diagnosis. Finally, this presentation will provide an evidence-based approach to disposition and follow-up.

DAY THREE– Wednesday, June 26 Diabetes

Christine Kessler, MN, CNS, ACNP, ANP-BC, BC-ADM, FAANP

2.0 APRN Credits

6.5 AMA PRA Category 1 Credits[™]
6.5 ANCC Contact hours

It's More Than Numbers on a Glucometer: Current Priorities of Diabetes Management

In this session, we will address the new paradigm in approaching diabetes, in terms of diagnosis setting appropriate glycemic targets, and intervention priorities: It's a shift from a glucose-centric approach to a more personalized, morbidity (CVD) mitigation-centric approach. The talk will also provide tips on diabetes assessment & diagnoses, identification of various types of diabetes (e.g. LADA), overview of DM-related micro- & macrovascular complications, preserving beta-cell function, exploration of adiposity & insulin resistance, and how to evaluate blood glucose readings.

Making a Good Start: Addressing Pre-Diabetes Meaningfully (Rx=0.25)

This session will focus on the most common presentation of diabetes in primary care —"Prediabetes." Diagnostic biomarkers for this disease will be addressed along with how to work-up treat, and follow up with these patients. Meaningful ways to delay the progression of this disease and prevent beta-cell failure will be discussed.

Practical Approaches to Using Current, Non-insulin Pharmacotherapy for T2dm (Rx=0.50)

his session, we will compare and contrast available, non-insulin, diabetes medications, oritize their use based on underlying cardiovascular status/risk, glycemic status, traindications, cost etc. Case studies will be used to illustrate appropriate initiation and gression of pharmacotherapy.	

Moving Past Your Comfort Zone: Insulin, DM Technology and More (Rx=0.75) This page of basel & holys insulin in the patient with T2DM & T1DM.

& contrast the pharmacokinetics among the available insulins. Case studies will be used to determine how to initiate and titrate insulin. How to best analyze glycemic data from finger sticks and CGM will be addressed as well as a brief discussion of various modes of insulin delivery systems.	

Managing Metabolic Madness: Diabetes, Adiposity and Cardiometabolic Disease (Rx=0.50)

During this session, we will explore the synergy between members of the terrible triad contributing to metabolic mayhem: (T2 diabetes, dysfunctional fat mass and cardiometabolic disease) and address relevant pathophysiology, assessment, and intervention priorities. Weight loss strategies will be explored with regard to how they improve glycemic control and reduce cardiovascular disease risk.

DAY FOUR – Thursday, June 27 Women's Health Aleece Fosnight, PA-C, CSC-S, CSE, NCMP, IF 0.50 APRN Credits 6.5 AMA PRA Category 1 CreditsTM 6.5 ANCC Contact hours

Fast Facts - Updates for Prevention and Screenings

Confused about what you should do and when? This session will bring concise guidelines and top need-to-know points on prevention screenings for cervical cancer, breast cancer, colon cancer, STIs, mental health, sleep, intimate partner violence, osteoporosis, contraception, and more! Plus - we will cover vital screenings for special populations, including gender non-conforming, trans-identified, and queer folx.	

All "V" Things: Vulva, Vestibule, and Vagina

pelvic exam to performing quick and efficient assessments, participants can apply guiding principles to real-life case examples. In this session, audience members will leave with a "V" manual for diagnosing and treating abnormal discharge, pelvic pain, dryness, itch, and skin changes.	
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Hot and Heavy Topics

Are you a true patient advocate? During this presentation, we will tackle tough conversations around medical providers' implicit and explicit bias - fatphobia, transphobia, ageism, racism, sexism, ability, and slut-shaming. These behaviors perpetuate systemic discrimination and lead to patient barriers in healthcare. Apart from awareness, this session will discuss examples of actions that medical providers can take immediately to mitigate the effects of implicit bias.

SEX - Inclusive Encounters

sexuality is essential for empowering patients to voice their needs and smash societal sexual shame. During this session, we will discuss the essentials of taking a sexual history, PrEP counseling, what is sex, what are the types of sex people are having, and biopsychosocial influences to the sexual response cycle. And we can't forget discussions around optimizing sexual function for desire, arousal, and orgasm.	
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The Menopause Playbook

Ready to arm your patients with play-by-play strategies to take on menopause? With the number of menopausal women reaching 1.1 billion worldwide by 2025, medical providers must be prepared to have conversations supporting individuals in perimenopause and beyond. This metamorphosis leads to more than just hot flashes. So, let's talk about the real symptoms that deserve real conversations. In this session, we will also explore hormonal supportive therapy, non-hormonal medications, and alternative modalities for taking a holistic approach to reframing the menopausal transition.