

Pensacola Beach, FL Session Note Handouts September 10-13, 2024

SkinBonesCME.com

DAY ONE – Tuesday, September 10

Dermatology

Gina Mangin, MPAS, PA-C

1.5 APRN Credits

5.5 AMA PRA Category 1 CreditsTM

5.5 ANCC Contact hours

Connect the Dots: What Is That Spot?

Melanoma awareness has increased over the last 10-15 years, and patients are paying attention to 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 Boppity Boo 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 hel 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.		

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.

What Is That Itch? (Rx=0.50)

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

DAY TWO – Wednesday, September 11 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.

A Shoulder to Lean On: Simplifying Evaluation of Common Shoulder Problems

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) Medical malpractice is any act by a clinician during treatment of a patient that deviates from

DAY TWO – Wednesday, September 11 Diabetes

Debbie Hinnen, APN, BC-ADM, CDCES, FAAN, FADCES

2.0 APRN Credits

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

The Mirage: Sometimes It's Not What We Think: T1 V T2 V Lada (Rx=0.25)

While diagnostic criteria is well known, determining T1 v LADA v T2DM are not always clear. Screening and staging for T1D has taken on greater importance now that it may be prevented or delayed. Referral for Tzield treatment is now more important than ever for providers and clinicians. Insulin management for Stage 3 and insulinopenic T2DM will be reviewed.

Staying out of Death Valley: Cardio, Kidney, Metabolic Diseases (Rx=0.25)

staying out of Death Valley of complications of diabetes is our ultimate goal. Cardo, Kidney metabolic (CKM) diseases are interrelated and must be prevented, screened for and or treated. Data reviewing the medication benefits beyond glucocentric, will be reviewed. Management and referral for micro and macrovascular complications will be discussed.				

The Oasis: Miracle Medications (Rx=1.0)

The oasis in the desert is the advent of "Miracle" medications that treat diabetes, slow and/or prevent renal, cardiovascular, OSA, NAFLD and potentially other related areas. A deep dive into these medications, MOA, adverse events, prescribing, titrating will be discussed with case reviews to enhance critical thinking.		

Sunscreen Isn't Enough: Therapeutic Adjustments Through Empowerment, Education and New Technologies (Rx=0.50)

Sunscreen Isn't Enough will highlight other important strategies to improve outcomes. Patient engagement and empowerment with use of new technology to enhance pattern management and therapeutic adjustments will be reviewed. Continuous glucose sensors, pumps and hypoglycemia treatments are all game changers. People with diabetes (PWD) are driving uptake in these areas.	

The Long Tall Drink of Water: Resources to Provide Sustenance

decades of practice. Patient handouts, web sites, apps and formulary look up tools will help provide sustenance for the busy practitioner.

DAY THREE – Thursday, September 12 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?

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) (Rx=0.50)

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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 hospitals an clinics. Topics will range from common to complex and include an overview of mechanisms, pathophysiology, diagnostic considerations, and up-to-date treatment protocols. Emphasis will be placed on respiratory failure, oxygen supplementation techniques, indications/contraindications for using NIPPV, COPD, and infectious etiologies. Finally, this presentation will provide an overview of acute respiratory distress syndrome, focusing on diagnostic criteria and a review of evidence-based treatment guidelines.	

Acute and Chronic Kidney Disease: Seeking Better Outcomes (Rx=0.50) With kidney disease on the rise, the patient presenting to the consumer of the consumer o

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

This presentation will review the common cause of syncope and the pathophysiologic 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– Thursday, September 12
Pain Management/Pharmacology Update
Jeremy Adler, DMSc, PA-C, DFAAPA
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)

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.

Pain Pathophysiology Part 1 – Bridging the Mechanism of Action of Non-opioid Medications (Rx=0.25)

Without a single therapeutic option achieving complete efficacy and safety for those experiencing chronic pain, clinicians are presented with a significant diversity of pharmacolog options to consider. Treatment guidelines have consistently put forward strong recommendation to leverage the analgesic properties of non-opioid medications, but how does one decide between calcium channel modulator, a serotonin-norepinephrine reuptake inhibitor, or a non-steroidal anti-inflammatory? Attendees of this session will explore the basic neuroanatomy and physiology of nociception, focusing on the mechanism of action of non-opioid medications. By connecting the pharmacologic site of action to a patient's underlying pain condition, a more rational 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.	

DAY FOUR – Friday, September 13 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.

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.

The Menopause Playbook (Rx=0.50)

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.