

Orlando, FL Session Note Handouts October 21-24, 2024

SkinBonesCME.com

DAY ONE – Monday, October 21

Dermatology

Gina Mangin, MPAS, PA-C

2.0 APRN Credits

6.5 AMA PRA Category 1 CreditsTM

6.5 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 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)

Test your skills in identifying ringworm on the skin. This is a case-based presentation. 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 rashes includes Lichen Planus, Scabies, Dermatitis Herpetiformis, Atopic Dermatitis, Bullous Pemphigoid, Urticaria, ID reaction, Stasis Dermatitis, Prurigo Nodularis, and Transient	ı of
Acantholytic Dermatosis.	

DAY TWO – Tuesday, October 22 Orthopedics

Christopher Hemmer, DNP, ANP-BC, ONP-C, FAANP

O APRN Credits

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

I Am Not Spineless This session will focus on an all-too-common problem, low back pain. A short introduction to

the anatomy will take us into the commonly seen complaints in urgent care and PCP offices. Next, we will review and understand red flags and pathologic reflexes that would alert the clinician for a prompt referral. A brief review of the treatment options will also be discussed. Video clips, X-ray, MRI, and CT imaging will be used to help demonstrate pathology. This presentation will help remove some of the fear and uncertainty of low back pain.	
	_
	_

The Pain in My Neck Is Not From the In-Laws

This session will focus on non-traumatic neck pain and cervical radiculopathy. The participants will learn various exam techniques through video and a strong understanding of the neurologic anatomy associated with neck complaints. Specialized testing for cervical myelopathy will be addressed as well as a physical exam for the non-trauma neck pain patient. A brief review of the treatment modalities and radiographic findings will also be demonstrated. This presentation will assist the clinician in understanding urgent from routine pathology.

These "Joints" Are Legal in All 50 States: Evaluation and Presentation for Shoulder, Hip, and Knee in Primary Care

A comprehensive review of each joint's anatomy and explore various provocative testing techniques used for the assessment of these presentations. We will start with a detailed overview of the anatomy of the knee, hip, and shoulder joints, highlighting their key structures and common issues. Following this, we will demonstrate and discuss several provocative tests that are crucial for diagnosing joint-related problems. This session will include video demonstration to illustrate the correct application of these tests and facilitate a deeper understanding through interactive discussions. By the end of this session, you will be equipped with valuable skills to assess joint pain and injuries effectively.

CXR for the PCP...Do You See What I See?

Chest X-ray (CXR) is the most ordered radiologic diagnostic, yet it can be one of the most complex to understand. CXR combines organs, bones, soft tissue and comprises innumerable pathology of the cardiac, pulmonary, and gastric systems, to name a few. This presentation will break down CXR interpretation by first reviewing what is expected. Then, multiple diagramed studies will be used, and typical findings related to asthma, COPD, cardiomegaly, infiltrates, Covid, CHF, & pneumothorax. Finally, case studies will be used to enhance the learning process

At Least It Is Only Fractured and Not Broken

This session will be a "smorgasbord" of radiologic case studies. Numerous cases from a local emergency department will be reviewed, covering the common and not-so-common osseous diagnosis and treatment options. Topics will also include commonly diagnosed fractures, dislocations, and soft tissue abnormalities diagnosed with plain radiographs. This will be a fun participant interaction presentation.	

DAY TWO – Tuesday, October 22

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)

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 pharmacologic 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 a 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.	is en
	_
	_
	_

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 pharmacogenetic 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 THREE – Wednesday, October 23
Cardiology & Emergency Medicine
Sarah Schettle, PA-C, MS, MBA
0.50 APRN Credits
6.5 AMA PRA Category 1 CreditsTM
6.5 ANCC Contact hours

"Take On Me": A Cardiology Primer

important concepts to anatomy and physiolo	help distinguish	n between "no	rmal" and "ab	normal" and ur	nderstand basic

"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

This session will guide the attendee through identifying murmurs through auscultation, determining murmur severity, and determining when interventions should be considered.		

"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 THREE– Wednesday, October 23 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)

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)

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 FOUR – Thursday, October 24 Women's Health Nancy Berman, MSN, ANP-BC, NCMP, FAANP 1.25 APRN Credits 6.5 AMA PRA Category 1 CreditsTM 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. Th 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-urinar 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).
un existing envis (pre euneer).

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.