

Las Vegas, NV Session Note Handouts November 12-15, 2024

SkinBonesCME.com

DAY ONE – Tuesday, November 12 Dermatology Kristin Rygg, PA-C 1.5 APRN Credits 6.5 AMA PRA Category 1 CreditsTM 6.5 ANCC Contact hours

I'll Take Spots for 400 This session will look at common and not-so-common skin spots to help aid you in their

diagnosis, treatment and refer to dermatology as warranted. This lecture will focus on identifying and treating benign lesions, including hemangiomas, SKs, LPLKs, Molluscum, Warts, Nevi, acrochordons, café o lait, and blue nevi.	

It's Not Just a Base Tan

What are the long-term consequences of baby oil, tanning beds, and a lack of SPF? You guessed itskin cancer! It's the most common cancer in the US, and statistics show that 1 in 5 will develop skin cancer in their lifetime. This session will look at the most common skin cancers, and a few must not miss diagnoses. We'll review actinic keratosis, BCC/SCC, Melanoma, Extramammary Paget disease, and CTCL.	
	_

Red and Bumpy and Dry Oh My! (Rx=0.50)

what's on their face? What to do when it's not just ache. This session will cover the diagnosis and treatment of frequently seen facial conditions, including ache, rosacea, cysts, and facial dermatosis. In addition, pityriasis alba, perioral, lid, lip, and seborrheic dermatitis will also be reviewed.

But, Is It Contagious? (Rx=0.50)

session will look at common skin conditions patients present with and frequently wonder if they are contagious. Pityriasis Rosea, Condyloma, Zoster, Herpes, Hidradenitis Suppurativa, and plan dermatitis will be reviewed.		

Let's Make a Rash Decision (Rx=0.50)

It's Friday at five, and your patient is red and itchy. What do you do? When, what, and where do you put that steroid? This session will look at the diagnosis and treatment of several common rashes and skin conditions to help relieve your patient and get you to happy hour on time. This session will include irritant and allergic contact dermatitis, eczema, psoriasis, tinea infection, scabies, drug eruptions, and life-threatening rashes. We will also review the basics of steroid use including what, when, and where to use it.

DAY TWO – Wednesday, November 13 Orthopedics Laurel Short, DNP, FNP-C, AQH 0.50 APRN Credits 6.5 AMA PRA Category 1 CreditsTM 6.5 ANCC Contact hours

Mastering Your Musculoskeletal Exam culoskeletal (MSK) problems are in the top reasons for primary care visits. Over half of

chronic medical conditions in the United States are related to MSK diagnoses. These conditions are a leading cause of disability, resulting in both individual and societal burden. Achieving confidence with your head-to-toe musculoskeletal exam is the first step in diagnosing and managing MSK issues. This interactive session will provide a solid foundation for optimizing orthopedic care in the primary care setting. Emphasis will be placed on practical options for multimodal pain management in your busy practice setting.

Key Strategies for Pharmacologic Migraine Management (Rx=0.50)

Did you know migraine is one of the top 10 causes of disability worldwide? It is often the disability from migraine attacks that compromises quality of life, this condition both a pai problem and a life problem. This presentation will use a case-based approach to illustrate clinicians can best utilize the current pharmacologic options for acute and preventive migratement. Attendees will gain confidence with the current diagnostic criteria for episodic chronic migraine understand mechanisms of action for newer migraine-specific CGRP and medications.	n how raine and

Relative Energy Deficiency in Sport

RED-S refers to Relative Energy Deficiency in Sport, and despite the term being developed nearly a decade ago there is significant unawareness of the condition among providers. Previously called the Female Athlete Triad, it is characterized by low energy availability due to calorie deficit. The condition was developed in 2014 by the International Olympic Committee and can affect both males and females, including elite and recreational athletes. It can lead to irreversible damage, impairing almost every system in the body if left untreated. RED-S often goes unrecognized until drastic injury or mental collapse occurs. This session will review the definition, how to recognize early signs and symptoms, and multimodal treatment strategies to keep athletes of all ages healthy and nourished.

The Three Common Mistakes in Spine Assessment

Is it a shoulder issue or neck problem? It is pain related to the lumbar spine or hip? These are common challenging scenarios for the primary care provider. There are many etiologies for neck and back pain, and often symptoms resolve with conservative measures. This session will focus on history and exam findings that allow for accurate diagnosis of neck and low back pain. Teaching approaches include exam demonstration, when to consider diagnostic testing, and comprehensive treatment plans. Discussion will include use of both pharmacologic and non-pharmacologic modalities.

DAY TWO – Wednesday, November 13 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

This presentation will share resources found to be successful for clinicians and educators over decades of practice. Patient handouts, web sites, apps and formulary look up tools will help provide sustenance for the busy practitioner.

DAY THREE – Thursday, November 14 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-based 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)

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-based 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.

Thinking Beyond COVID: Pulmonary Cases From the Wards

This presentation will provide an overview of different types of respiratory cases in hospitals are 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 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.	be

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

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, November 14
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.

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

Atthough 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 FOUR – Friday, November 15 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 at 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-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).
an existing envis (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.