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Clinical logbook for Simon Downes
Family Medicine,
Clinica Sagrado Corazon, Mission, Tx

Chief attending: Pablo D. Olmedo, MD

Duration: Oct 12th to Dec 4th, 2020

Student details:

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(Signatures attached)

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Clinica Sagrado Corazon is a small clinic in Mission, Texas, the next town over from McAllen. There are an average of 50-60 pts/day, with 5 clinical examination rooms, and other areas for labs, and COVID testing (which is also done in pts cars when they pull up to the clinic).

Dr. Olmedo is also a hospitalist in the McAllen/Edinburg hospital system. In addition to his daily clinic, he is on call every other week, responsible for admitting pts and providing care plans for a variety of illnesses.

He kindly shared his hospital cases with us, including imaging and care plans to help us understand what happens to pts that are much more serious than what we see in his clinic. COVID patients were quite commonly presenting.

Often, he referred pts in his clinic directly to the ER, or to other specialists. It was interesting to see the progress of patients as they moved through the

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system, especially when we were able to catch serious cases – through labs or clinical interviews, before it was too late.

Dr. Olmedo is very hardworking, and an excellent instructor for medical students, often providing teaching points during the day.

Clinical procedures performed/observed

One of the most important features of family medicine clinics is the opportunity to catch /monitor medical conditions before they become serious.

Many times, pts presented with what seemed to be minor complaints only to see after measuring their blood pressure, that there were other issues going on closely related to having undetected high blood pressure.

Dr. Olmedo said ‘**Trust but VERIFY**’, meaning that sometimes, pts will tell you their blood pressure, or it is measured incorrectly by staff and we need to verify their blood pressure because it is so important.

Clinical procedure #1

Name of the procedure: Blood pressure measurement

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Principle of the procedure:

Blood pressure is part of a routine medical examination, necessary to confirm that the heart is pumping well, and abnormally high blood pressure is not causing related problems in the body.

Indication(s) for the procedure:

If a patient has a previous history of hypertension, or occasional high blood pressure readings, they should be routinely screened.

Certainly, if a pt is taking hypertensive medications, there should be follow up to screen for adverse effects.

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Another reason to screen for BP is if a pt is considering beginning a new activity, such as a new sport or jogging. Cardiovascular risk is a big reason. One often sees it said, 'Check with your physician before starting this exercise'!

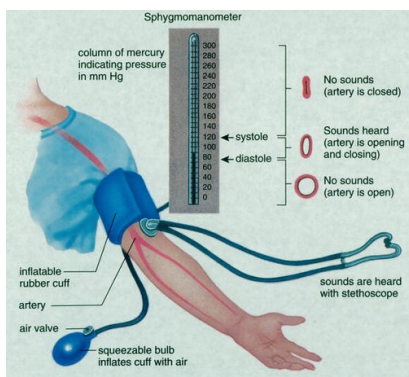
In my own experience during the rotation, I was surprised by how such a simple procedure can reveal so much about a patient. Dr. Olmedo was always very exact in his technique, something I would like to take with me in my own practice.

Associated risk(s) with the procedure:

There are no associated risks for having your blood pressure taken. However, patients are often nervous when the provider measures their BP, and therefore, readings may be inaccurate.

Method:

While feeling/listening for the brachial pulse (over the brachial artery) with the bell or diaphragm of your stethoscope, the provider will inflate the arm cuff to 130mm/hg, then let it fall slowly listening for the first sound which is the systolic number, then the next sound which is the diastolic number. Normal BP is systolic less than 120, diastolic less than 80.



Expected outcome/ advantage/ interpretation:

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The most important reason for regular BP check-ups is to avoid injury to blood vessels – which could lead to other problems such as heart failure, heart attacks or strokes. High blood pressure can also cause problems with kidneys.

Low blood pressure can cause dizziness or falls, and if there is not enough circulating blood, there will be less delivery of important oxygen and nutrients to tissues, especially the heart and lungs.

Clinical procedure #2

I observed the nurses draw blood on several occasions. They were skilled at finding difficult veins and making the patients feel relaxed.

Name of the procedure: Blood drawing for laboratory investigations

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**Principle of the procedure:**

It is necessary to draw blood to conduct investigations, either routine or directed under specific criteria. The results may reveal levels of immunity, disease processes, and the content of your blood.

Associated risk(s) with the procedure:

There are few associated risks with drawing blood. However, the pt may experience pain, or there could be excessive bleeding, or bruising.

Method:

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I have seen various method for drawing blood, and different practitioner suggest various ways to find a good vein. However, the general procedure is:

1. Find a good site to puncture the vein
2. Prepare the equipment next to the pt., or have an assistant ready to hand you what is needed (e.g., pass the tubes for blood)
3. Put a tourniquet on the pt's arm
4. Collect the sample in the correct containers – often color coated
5. While the tube of blood is filling, remove the tourniquet
6. Remove the catheter, and place a cotton swab/bandage on the pt.
7. Label the samples
8. Send the samples to the lab

Expected outcome/ advantage/ interpretation:

The laboratory will return the results that will help the provider to make a diagnosis or to determine treatment. In Dr. Olmedo's clinic, there was a small lab in the back. In addition to regular labs, they could also do COVID testing (including antibody testing).

Seminars presented/attended

There were no separate seminars. However, Dr. Olmedo did present pt case studies for as a group where he would take us through a patient case. Some examples included COVID pt cases - showing the progression and treatment.

Other activities*

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Example images

As mentioned above, Dr. Olmedo's clinic has a laboratory in the back. The medical assistants allowed us to observe the lab procedures, for example urinalysis or basic blood sample analysis. COVID tests were often done, and the assistants wore appropriate PPE.

The back of the clinic had a special area for COVID testing in the early days of the pandemic. However, now most of the new tests are done in patient's cars while they wait.

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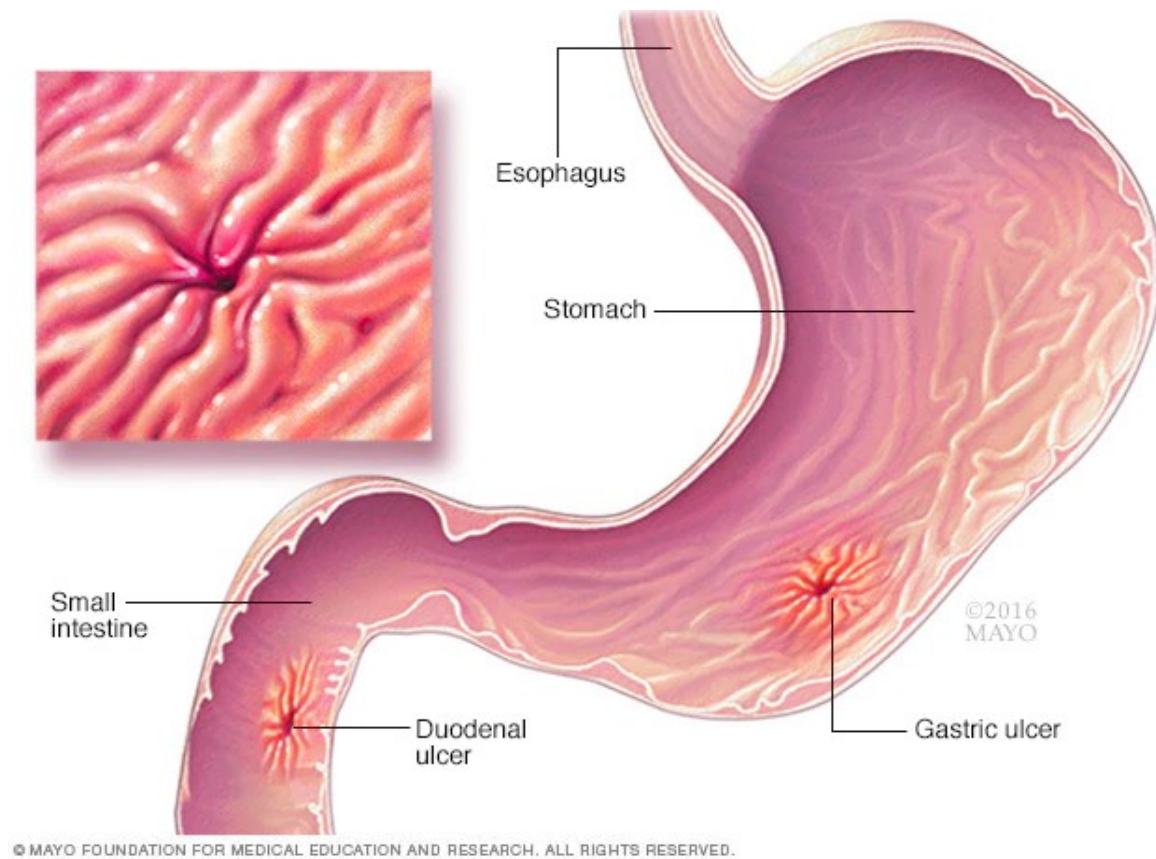
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Case history #1: H Pylori infection



(Example image)

A pt with possible H pylori infection may present with belly pain or bloating, appetite changes (or easily feeling full), chronic indigestion, nausea/vomiting

Patient details

Age: 36

Sex: F

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Date: 10-29-2020

Chief complaint(S): Stomach pain, anxiety

History of present illness (HPI):

36 YO female presents with stomach pain radiating to the left and right for 3 months exacerbated by stress. While she exercises regularly and has a good diet, she requests medication to help her handle the stress. She is requesting a pelvic US for evaluation of lower ABD pain.

Past history:

Pt has history of uncontrolled anxiety for two years

Family history:

Mother, father no related history of present illness.

Personal and social history:

Pt. lives with husband and two children

Review of systems:

NEURO –no dizziness or Hx of neuro Dx, HEENT – No allergies, no glasses, no throat pain, RESP - No wheezing, CV – no hx chest pain or orthopnea, no PND, atypical chest pain, GI- no report of abnormalities, MSK – WNL, GU – general malaise, nauseated, Endo – normal function, not diabetic, HEME/IMM– not anemic

Physical examination

General survey:

Pt. looked pale, and endorsed stomach pain, tender to palpation.

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Vital signs:

T: 97.7, BP: 119/75, P: 73, RR: 17, Pain: 6/10

Skin:

Clear skin on face, no scars, bruises, rash or edema

Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, pharynx WNL, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged, no pain with turning

Back:

No discoloration or scars

Thorax and lung:

Lungs – clear, no wheezing, no crackles, rales, no rhonchi

Cardiovascular system:

S1 & S2 WNL, RRR, No rubs, gallops, or murmurs while sitting or supine. No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses nl and equal B/L

Abdomen:

Slightly obese, slightly distended and tender. BS + in all quads. No bruits noted. No rebound tenderness. Liver WNL no hepatosplenomegaly, No Rovsing sign. Negative murphy sign. No CVA tenderness.

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Extremities:

No ulcers, not erythematous.

Nervous system:

A&Ox3 (no pain), CNs 2-7, 9-12 intact B/L. Sensation to light touch, vibration and proprioception intact in hands only, right foot, left foot no neuropathy. Motor 5/5 in all muscle groups, DTRs 2/4 and symmetric in all extremities B/L.

Differential diagnoses:

Peptic ulcer disease, chronic gastritis, acute gastritis, gastric cancer, GERD stress-induced gastritis

Provisional diagnosis:

Stomach pain due to H pylori

Investigations and result:

Labs show positive for H pylori, WBC 10.6 and BLO Positive.

Final diagnosis:

1. Helicobacter pylori infection (primary) 2. Dyspepsia 3. Stress reaction

Treatment and follow-up:

H pylori infection / Anxiety-

Start Amoxicillin Capsule, 500mg, 2 capsules, Orally, every 12 hrs, 10 days, 40 capsule, Refills 0 Start Clarithromycin Tablet, 500mg, 1 tablet, orally, every 12 hrs, 10 days, 20 tablets, Refills 0 Start Hydroxyzine Pamoate Capsule, 25mg, 1

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capsule as needed, Orally, every 12 hrs, PRN anxiety, 30 days, 60 capsules,
Refills 2

Dyspepsia Refill Protonix tablet delayed release, 40 mg, 1 tablet, orally, BID,
10 days, 20 tablets, Refills 2

Final outcome:

The pt was sent home with recommendation to follow up in two weeks

Review of case:

Anxiety is a common presentation, but this pt also had outside labs showing
H pylori infection which much more serious than stress-related gastritis.

1. Correct protocol:

ACG Clinical Guideline: Treatment of Helicobacter pylori Infection

[https://journals.lww.com/ajg/Fulltext/2017/02000/
ACG_Clinical_Guideline_Treatment_of_Helicobacter.12.aspx](https://journals.lww.com/ajg/Fulltext/2017/02000/ACG_Clinical_Guideline_Treatment_of_Helicobacter.12.aspx)

AFP: H pylori Infection: ACG Updates Treatment Recommendations

<https://www.aafp.org/afp/2018/0115/p135.html>

2. Relevant research articles:

Development of Helicobacter pylori treatment: How do we manage antimicrobial resistance?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6487377/>

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Case history #2: Anxiety and depression due to work stress



Many pts in Dr.Olmedo's clinic presented with stress/anxiety for which he prescribed Hydroxyzine. This patient differently and therefore received a different medication.

(example image)

Patient details

Age: 34

Sex: F

Marital status: S

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Date: 11-12-20

Chief complaint(S):

Loss of appetite X 2 weeks due to stress and anxiety at work

History of present illness (HPI):

34 yo female presents with loss of appetite for two weeks due to stress at her new job.

Past history:

Fatty liver and gallstones

Family history:

Mother has DM2, father alcohol dependence

Personal and social history:

Single, does not drink, no tobacco, no marijuana

Review of systems:

NEURO – endorses some dizziness (at work), HEENT – Throat is clear, no infections, RESP – breathes with ease, not SOB, CV – no MI, no orthopnea, no PND, denies chest pain, GI- LLQ tenderness, MSK – no pain or abnormalities, no leg swelling, no numbness in toes, GU – BPH, Endo – WNL, HEME/IMM– no coagulopathies

Physical examination

General survey:

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Alert and oriented x 3, no difficulty communicating, normal body habitus

Vital signs:

T: 97.4, BP: 118/69, P: 67, RR: 16, O2: Pain: 0/10

Skin:

Supple, no scars, no bruises, no rashes, no edema

Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, no pharynx soreness, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged

Back:

Denies any pain, no deformities

Thorax and lung:

Lungs – clear to auscultation, no crackles, rales, no rhonchi

Cardiovascular system:

S1 & S2 WNL, RRR, No rubs, gallops, or murmurs while sitting or supine. No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses nl and equal B/L

Abdomen:

Soft, non-distended. BS + in all quads. No bruits noted. No tenderness or masses, No rebound tenderness. Liver WNL no hepatosplenomegaly, No

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Rovsing/Psoas/Obturator sign noted. Negative murphy sign. No CVA tenderness.

Extremities:

No cyanosis clubbing or edema

Nervous system:

A&Ox3, CNs 2-7, 9-12 intact B/L. Sensation to light touch, vibration and proprioception intact in all extremities B/L. Motor 5/5 in all muscle groups, DTRs 2/4 and symmetric in all extremities B/L, Babinski normal.

Differential diagnoses:

Adjustment disorder, MDD, substance abuse, hyperthyroidism

Provisional diagnosis:

Anxiety due to work stress

Investigations and result:

The clinical interview focused on ruling out major depression, suicidal ideations and asking her about her situation at work.

Final diagnosis:

Anxiety

Final outcome /Treatment:

Start Zoloft (Sertraline) Tablet, 25 mg, 1 tablet, orally, once a day, 30 days, 30 tablets, refills 3, follow up 6 weeks

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Review of case:

Anxiety cases are worrisome because statistics show many suicide pts have visited their GP around 1 month prior to committing suicide. In this case, however, a connection between her new job and her anxiety seemed clear, which seemed to explain her change in appetite. If she follows up in 6 weeks, we can assess her progress with the medication.

1. Correct protocol:

Treatment of anxiety disorders

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5573566/>

Clinical Practice Guidelines for the Management of Generalised Anxiety Disorder (GAD) and Panic Disorder (PD)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5310105/>

2. Relevant research articles:

Current Diagnosis and Treatment of Anxiety Disorders

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3628173/>

Exercise in the treatment of clinical anxiety in general practice – a systematic review and meta-analysis

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3313-5>

Case history #3: Cough and congestion

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Although a very common presentation, a cough with congestion could mean any number of things so it is important to rule out the worst things such as COVID or serious URI and treat the patient.

Patient details

Age: 45

Sex: M

Date: 11-18-2020

Chief complaint(S):

C/O cough and stuffy nose for 3 days.

History of present illness (HPI):

45 yo male with PmHx of HTN, anxiety and dyslipidemia presents with non-productive cough and stuffy nose for 3 days, worse at night, not relieved by Nyquil, Dayquil. On a previous visit he received Afrin but did not like it, R/Q another medication. He denies sore throat, fever, HA, N/V/D, or COVID 19 exposure. Wife was also with URI Sx, and is now doing well.

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Family history:

Unknown

Personal and social history:

Living with wife.

Review of systems:

NEURO – responsive to voice, but not commands, HEENT – no nodules, pain erythema, RESP – no lung abnormalities, CV – no Hx of chest pain, GI- G-tube (now with temporary foley catheter), MSK – no pain or abnormalities, B/Lleg swelling, no numbness in toes, GU – Catheter placed, Endo – UNKOWN, HEME/IMM– no coagulopathies

Physical examination:

General survey:

Pt appears congested and is coughing. He is wearing a mask.

Vital signs:

T: 97.3, BP: 120/81, P: 73, RR: 16, Pain: 0

Skin:

No bruises, no rash cyanosis, edema B/L legs

Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, pharynx WNL, no nasal discharge

Neck:

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Supple, JVD neg, no bruits, LN and thyroid not enlarged

Back:

WNL, no masses

Thorax and lung:

Lungs – sounds congested, no asthma, no rales, no rhonchi

Cardiovascular system:

S1 & S2 WNL, RRR, No rubs, gallops, or murmurs while sitting or supine. No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses nl and equal B/L

Abdomen:

Soft, non distended. BS + in all quads. No bruits noted. No tenderness or masses on light and deep palpation in all 4 quads. No rebound tenderness. Tympanic in all 4 quads. Liver WNL no hepatosplenomegaly, No Rovsing/Psoas/Obturator sign noted. Negative murphy sign. No CVA tenderness.

Extremities:

No Edema, no erythema, masses

Nervous system:

CNs 5-12 intact. B/L. vibration and proprioception intact in all extremities B/L. Motor 5/5 in all muscle groups, DTRs responsive B/L, Babinski normal.

Others:

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No other labs were taken

Differential diagnoses:

COPD, GERD, Asthma

Investigations and result:

No further investigations undertaken.

Final diagnosis:

URI with cough and congestion (primary)

Treatment and follow-up:

Start Zyrtec allergy tablet, 10mg, 1 tablet, orally, once a day, 30 days, 30 tablets, refills 3

Start Fluticasone propionate suspension, 50mg,/act, 1 spray in each nostril, nasally, once a day, 30 days, 1 bottle, refills 3

Start Benzonatate capsule, 200mg, 1 capsule, orally, three times a day, PRN, 6 days, 30 caplets, refills 0

Start Keflex capsule, 500mg, 1 capsule, orally, every 8hrs, 7 days, 21 capsule, refills 0

Final outcome:

Pts was send home with follow up in 2 weeks if needed.

Review of case:

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As said above, it was not uncommon to see pts presenting with cough and congestion. However, it is very important not to overlook a possibly serious issue. Therefore, the clinical interview must be used carefully to try to determine the cause, or to rule out disease.

1. Correct protocol:

Management of cough in adults

<https://breathe.ersjournals.com/content/7/2/122>

Guidelines for Treating Adults with Acute Cough

<https://www.aafp.org/afp/2007/0215/p476.html>

2. Relevant research articles:

Recommendations for the management of cough in adults

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080754/>

Cough: neurophysiology, methods of research, pharmacological therapy and phonoaudiology

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4435438/>

Case history #4: Conjunctivitis

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Patient details

Age: 35

Sex: F

Marital status: M

Date: 12-02-20

Chief complaint(S):

Left eye redness for one week

History of present illness (HPI):

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35 yo female presents with L eye redness for one week. She has used eye medication received from her brother with no effect. She works in air conditioning installation. She takes seizure medications and had a mini stroke 2 yrs ago. Denies vision changes, HA, CP, SOB, DOE, palpitations, or Edema. She relates Hx of HTN, and no treatment for some time.

Past history:

Seizures, HTN (and no treatment for some time), mini stroke 2 years ago

Family history:

Both parents alive and healthy

Personal and social history:

Married with no children, no tobacco, no drugs, no alcohol

Review of systems:

NEURO –not dizzy, normal mentation, HEENT – no neck problems or hoarseness, RESP – lungs clear CV – WNL, no PND, chest pain radiating to shoulder, GI- WNL, MSK – no weakness in legs, GU – WNL, Endo – denies abnormalities, HEME/IMM– no coagulopathies

Physical examination

General survey:

Her eye was very red with blood in it, swollen.

Vital signs:

T: 97.1, BP: 163/100, P: 76, RR: 16, Pain: 5/10

Skin:

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No dryness, no scars, no marks on arms or legs, no bruises, rash or edema

Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, pharynx WNL, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged

Back:

WNL, no scoliosis, no masses

Thorax and lung:

Lungs – clear, no wheezing on expiration, no crackles, rales, or rhonchi

Cardiovascular system:

S1 & S2 WNL, no thrills, No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses wnl and equal B/L

Abdomen:

Soft, non-distended. BS + in all quads. No bruits noted. No tenderness or masses on light and deep palpation in all 4 quads. No rebound tenderness. Tympanic in all 4 quads. Liver WNL no hepatosplenomegaly, No Rovsing/Psoas/Obturator sign noted. Negative murphy sign. No CVA tenderness.

Extremities:

No cyanosis clubbing or edema, no marks from needles or erythema

Nervous system:

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A&Ox3, CNs 2-7, 9-12 intact B/L. Sensation to light touch, vibration and proprioception intact in all extremities B/L, Motor 5/5 in all muscle groups, DTRs 2/4 and symmetric in all extremities B/L, Babinski normal.

Others:

n/a

Differential diagnoses:

Viral conjunctivitis, Iritis, Keratitis, acute-closure glaucoma

Provisional diagnosis:

Bacterial conjunctivitis

Investigations and result:

Eye exam during the interview

Final diagnosis:

Bacterial conjunctivitis of BOTH eyes, essential HTN

Treatment and follow-up:

Start Maxitrol suspension, 3.5-10000-0.1, 1 drop into affected eye, ophthalmic, 4 times a day, 7 days, 1 bottle, refills 0

Amlodipine besylate tablet, 10mg, 1 tablet, orally, 1/day, 30 days, 30 tablets, refills 1

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Final outcome:

The patient was sent home with medical therapy. Follow up in 4 weeks.

Review of case:

The patient's eye was very red and bloody. I remember wondering why it had taken so long for her to come in. In addition, her blood pressure was very high but was not taking medication. Some patients do not have insurance, or the means to pay for medication. They often wait until the last minute before coming into the doctor, after trying home remedies, or using friend's left over medications.

1. Correct protocol:

Conjunctivitis (bacterial)

<https://www.college-optometrists.org/guidance/clinical-management-guidelines/conjunctivitis-bacterial-.html>

MSF: Conjunctivitis

<https://medicalguidelines.msf.org/viewport/CG/english/conjunctivitis-16689724.html>

2. Relevant research article:

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Evidence-based treatment of acute infective conjunctivitis

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2776793/>

Case history #5: Thumb trauma



(sample image)

Minor trauma to limbs is a common presentation in the family clinic.

Patient details

Age: 55

Sex: M

Date: 10-29-20

Chief complaint(S): Left thumb wound/injury

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History of present illness (HPI):

55 yo male came in with a wound on the thumb proximal to the base of the nail acquired yesterday afternoon after accidentally hitting it with a hammer. He applied Neosporin and another wound seal to the injury and a bandage. The wound is currently purple but he denies pain, redness, or swelling beyond the area of the wound.

Personal and social history:

Pt lives alone. Social drinking, no drugs or smokes 1 pack/day

Review of systems:

NEURO – no mental abnormalities, no dizziness or bumps on head, HEENT – no sore throat, no nodules, RESP no history of asthma or breathing diff / trauma, CV – orthopnea, sleeps with no difficulties, no chest pain, GI- WNL, MSK – no numbness or difficulty with gait, GU – WNL, Endo – no reported abnormalities, HEME/IMM– no coagulation or bleeding problems

Physical examination:

General survey:

Pt is alert and talkative. Left thumb is purple.

Vital signs:

T: 97.4, BP: 127/75, P: 61, RR: 16, Pain: 3/10

Skin:

no scars, bruises, or edema

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Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, pharynx WNL, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged

Back:

WNL, no scars or masses. No scoliosis

Thorax and lung:

Lungs – clear, no wheezing, crackles, rales, or rhonchi

Cardiovascular system:

S1 & S2 WNL, RRR, No rubs, gallops, or murmurs while sitting or supine. No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses nl and equal B/L

Abdomen:

Soft, non-sensitive, BS + in all quads. No bruits noted. No tenderness or masses on light and deep palpation in all 4 quads. No rebound tenderness. Tympanic in all 4 quads. Liver WNL no hepatosplenomegaly, No Rovsing/Psoas/Obturator sign noted. Negative murphy sign. No CVA tenderness.

Extremities:

No cyanosis clubbing or edema. Left thumb is purple and erythematous around the trauma.

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Nervous system:

A&Ox3 (no communication difficulties), CNs 2-7, 9-12 intact B/L. Sensation to light touch, vibration and proprioception intact in all extremities B/L. Motor 5/5 in all muscle groups (no difficulty with gait), DTRs 2/4 and symmetric in all extremities B/L, No numbness or tingling in his fingers as a result of the trauma. Babinski normal.

Differential diagnosis:

Self-inflicted trauma, nail infection

Final diagnosis:

Contusion of left thumb with damage to nail

Treatment and follow-up:

Start Keflex capsule, 500mg, 1 capsule, orally, every 8hrs, 7days, 21 capsules, refills 0

Start Ibuprofen tablet, 800mg, 1 tablet with food or milk as needed, orally, TID, PRN/fever, 7 days 30 tablets, refills 0

Final outcome:

Pt. went home with the medications.

Review of case:

This patient was not successful in treating the wound with home medications. This is the role of the family physician- to support the care of patients and to provide education on the road toward their recovery.

1. Correct protocol:

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Approach to traumatic hand injuries for primary care physicians

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3681444/>

Laceration Repair: A Practical Approach

<https://www.aafp.org/afp/2017/0515/p628.html>

Acute Finger Injuries: Part I. Tendons and Ligaments

<https://www.aafp.org/afp/2006/0301/p810.html>

2. Relevant research articles:

Hand Trauma Care in the United States: A Literature Review

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5073352/>

Date	Activity / ED topic	Details & Cases
Week 10/12 – 10/16	Discussion Topics	Example cases
10/12	Orientation and start	40 yo F heavy menses
	DM RA	37 yo m arthritic
	HTN	45 yo F CERD anxiety
	Dysmenorrhea	46 yo m back pain
	COVID protocols	45 yo M prostate check
Week 10/19 – 10/23	Discussion Topics	Example cases
	Vaccines	17 yo F Flu shot WCF
	GI Sv	12 yo R acid reflux
	E/II in McAllen system	66 yo M DOE
	Indigent care	40 yo F cough congest
	Laboratory blood work	53 yo F dizziness

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Week 10/26 – 10/30	Discussion Topics	Example cases
	DE elbow	41 yo F sciatic pain
	Car side COVID testing	42 yo male COVID flu
	WCE needed protocols	12 yo F fever HA
	Devcho-Social check	10 yo M T back pain
	Chronic pain med	46 yo M back shoulder
Week 11/2 – 11/6	Discussion Topics	Example cases
	R/O asthma COVID	21 yo F congestion HA
	OR/CVN guidelines	20 yo F dysmenorrhea
	Insurance coverage	56 yo F colonoscopy E/H
	Outsourced lab	10 yo F IIS results
	What diff types of skin	10 yo R scabies
Week 11/9 – 11/13	Discussion Topics	Example cases
	Lifestyle factors	70 yo F anxiety HTN
	NSAIDS Dht therapy	21 yo F muscle pain
	Cause diet psych	22 yo F constipation
	What to look for -	22 yo F urinalysis
	E/H neurology see	68 yo M check up DM
Week 11/17 – 11/20	Discussion Topics	Example cases
	R/O strep infection	10 yo F sore throat
	WCE vaccines	2 yo Girl cough fever
	Pediatrics guidelines	6 mo b WCE
	Knee exam	48 yo F R/L knee pain
	ROM exam reflexes	56 yo F fall leg pain
Week 11/23 – 11/27	Discussion Topics	Example cases
		58 yo F shaking anxiety
	Types of anemia	62 yo M anemia med

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	How labs are	61 vo F hematology labs
	Ear lavage technique	0 vo m HA ear pain
	Referral to specialists	56 vo F asthma
Week 11/20 – 12/04	Discussion Topics	Example cases
	Free samples for nts	10 vo F CFBD allergies
	Free clinics/drugs in	15 vo M cardiomegaly
	Psychiatric drugs	16 vo m with
	E/unt protocol	00 vo F with dementia

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