July 22, 2021

MED PEDS CLINIC

| Newsletter Volume 3, Number 1 |

Clinical Pharmacist

Please introduce yourself to our new clinical pharmacist Stephanie Wienkers! She is working full-time and ready for referrals.

Anticoagulation, complex diabetes, hypertension management to name just a few areas of her expertise.

Appointment Request

Thank you all for your quick adoption of the new scheduling process. Please use this if you want the front desk to schedule a patient (typically if patient is not at clinic). By means of reminding:

Next Day: secure chat "Pena PC Front Desk" group or call 20213

1-2 Week F/U: Telephone encounter -> route to "P Southwest Prim Care Front Desk" -> urgent priority -> in note state in your note who the patient should see and telephone visit or office visit.

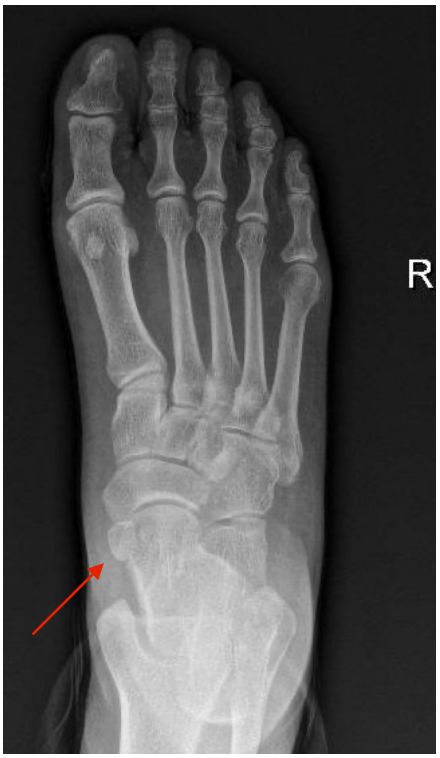
2-4 Week F/U: Same as above

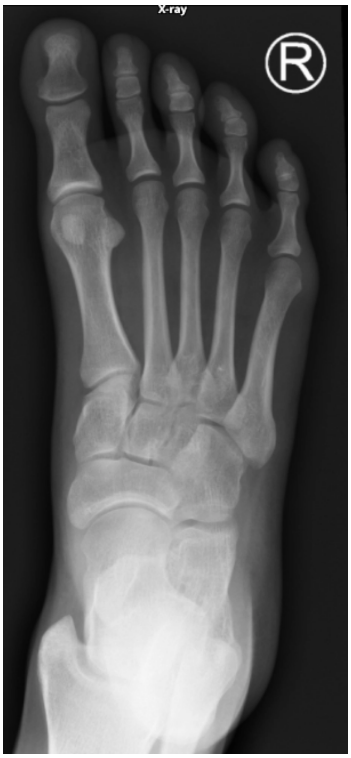
Primary Care Image Challenge: A Pain in the Foot

Amy Beeson, MD

Case Report:

A 65yo F presented to Peña clinic with 6 months of severe, progressive pain of her right foot. She described pain as localized to the medial aspect of the midfoot and worse with prolonged periods of standing or after getting up from a period of rest. She recalled no injury and reported no warmth, swelling or redness of the foot. Medical history was notable for pre-DM, osteoporosis and subclinical hyperthyroidism. Exam revealed point tenderness over the medial midfoot. A 3-view foot x-ray was ordered (patient image left, normal example right)





Clinic Resources

We are excited to announce two amazing new initiatives at Peña clinic:

1) Healthy Lifestyles Clinic - all ages, Wednesday afternoons. It is run by an APP, dietician, and behavioral health. All Telehealth for now. Can schedule at front or with MA
2) Pap clinic - every Friday morning, run by an APP

Confidential Meds and Confidential AVS

A new Epic update allows for confidential meds to be prescribed and not show up on AVS or MyChart. See attachment to this newsletter

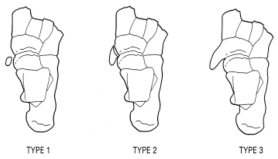
You Want Continuity?

You all have same day appointments every session. These will open up to the appointment line within 24 hours of the session. Before then, these are saved and only to be used within our clinic. Please use these for your own continuity or for continuity within your resident triage team

Xray Shows....

Accessory navicular ossicle

Accessory navicular bones are common in the general population (4-21%) and are most often asymptomatic. There are several types of accessory navicular bones, including tiny sesamoid ossicles (type I), accessory bones that fuse to form a prominent navicular (type III), and this intermediate type (type II), which is most commonly symptomatic. Symptomatic cases are often associated with pes planus. Symptoms are theorized to arise due to chronic shearing stress on overlaying soft tissues, including the posterior tibialis tendon, and untreated, can lead to inflammatory chondro-osseous changes and bony degeneration. Symptoms are often provoked by weight-bearing and walking, as in this case.



What's Your Differential for Midfoot Pain?

The differential diagnosis for midfoot pain is broad and should also include peroneal or posterior tibial tendinopathy, fifth metatarsal injury, navicular fracture (e.g. avulsion or stress fracture), calcaneonavicular rupture, Lisfranc injuries, cuboid subluxation, Charcot arthropathy, gout, malignancy, and of course, plantar fasciitis. Importantly, an x-ray alone is insufficient to attribute pain to an accessory navicular ossicle. Bilateral comparison as well as ultrasound (to localize site of pain) and MRI (to evaluate for soft tissue or bone marrow edema) can be helpful to connect bony findings and symptoms.

Diagnosis and management of pain associated with accessory navicular ossicle

Treatment is typically conservative, consisting of NSAIDs, immobilization, and/or physical therapy. Surgical intervention is uncommon for this condition, though bone excision or arthrodesis may be considered in severe cases. This patient was referred to podiatry, where she was treated for coexisting plantar fasciitis and advised to wear well-fitting shoes.

References:

Mosel, L.D., Kat, E. and Voyvodic, F. (2004), Imaging of the symptomatic type II accessory navicular bone. Australasian Radiology, 48: 267-271. https://doi.org/10.1111/j.1440-1673.2004.01286.x

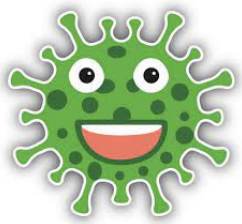
Need something to cheer up that peds patient before you auscultate? Is your VA patient asking for a joke in exchange for his lasix? Then keep reading for the most terrible mix of corny dad doc-themed jokes out there!

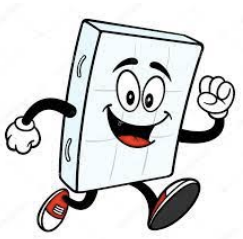
Why didn't Elsa see a doctor for her sore throat and cough?
A cold never bothered her, anyway.

Why did Dracula go to the doctor?
He couldn't stop coffin!

Doctor: "Nurse, how is that little girl doing who swallowed 10 quarters last night?"
Nurse: "No change yet."

Did you hear the one about the germ?
Never mind; I don't want to spread it around.



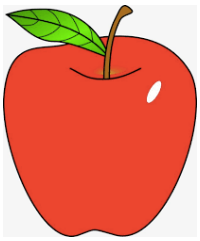


Why did the mattress go to the doctor?
It had spring fever.

Why did the bucket go to the doctor?
He had a pail face.

Where do sick boats go to get healthy?
To the dock!

How did the doctor cure the invisible man?
He took him to the ICU.



Does an apple a day keep the doctor away?
Only if you aim it well enough.

Why did the cookie go to the hospital?
He was feeling really crumby.