



Skin, Bones, Hearts & Private Parts

Nashville, TN

Session Note Handouts

August 25-28, 2025

SkinBonesCME.com

DAY ONE – Monday, August 25

Dermatology

Victoria Lazareth, MA, MSN, NP-C, DCNP

2.5 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

Let Them Eat Cake! - Basic Science, Infections, Infestations & Bites (Rx=0.50)

This approach, inspired by Marie Antoinette, will allow you to easily assimilate cutaneous Anatomy and Physiology to understand how the skin works –and what happens when it doesn’t! This knowledge will fine-tune your differential diagnoses and improve your management of cutaneous lesions and eruptions. You will also enhance your confidence in addressing the germs, critters and puncture wounds which can invade the skin.

[illegible]

Facing the Music -Adnexal Diseases (Rx=0.50)

This expression originated from theatre, where performers had to literally face the music, the orchestra, and overcome stage fright. Patients with Acne and Rosacea are forced to Face the Music daily, as are those with diseases of the Hair and Nails. Additionally, patients with Cysts and Hidradenitis struggle with pain and scarring. Learn about the new guidelines and drugs which will allow your patients to look and feel their best! This session will also discuss the quiet part out loud by incorporating cultural sensitivity into your interactions with Sexual-Gender Diverse patients, up to date approaches to STDs, and enhanced safety in pregnancy.

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How do you determine if the blotchy red rash on the hands of a newlywed just back from Margaritaville is from contact with sunscreen, limes, or his new wedding band? How can you tell if a rash is localized to the skin or a Cutaneous Manifestation of underlying Systemic Disease? What are the new guidelines to help patients who suffer with Atopic Dermatitis, The Itch that Rashes? How can you help your patients with Psoriasis gain control over this complex disease which affects them both inside and out? Sherlock Holmes, the infamous 19th century sleuth, was a master of observation and deductive reasoning. We can learn from his investigative skills and apply them to our assessment of skin rashes and how to manage them.

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Better Living through Chemistry! - Dermatologic Therapies (Rx=1.0)

Do you have patients taking Biologics and JAK inhibitors prescribed by Dermatology, Rheumatology, or Gastroenterology but have been afraid to ask how they work? Do you have patients taking drugs prescribed by their Oncologist or Transplant surgeon which manage one disease only to increase the risk for others? This session will allow you to earn Pharma CMEs in keeping with clinical context so you can associate appropriate treatments for various skin diseases and increase your familiarity with new drugs. And Yes!! There ARE Dermatology Emergencies! We will review various rashes, potential toxicities and appropriate management of Drug Reactions which can erupt from even common medications.

[illegible]

What the Coppertone Girl Didn't Know! - Neoplasms

Being able to identify harmless spots on the skin will not only allow you to provide reassurance to your patients when evaluating Benign Lesions but will also bring your attention to growths which have abnormal features. As the numbers of all types of Skin Cancers continue to increase, it is increasingly important for non-Dermatology providers to be able to identify suspicious lesions. This session will also provide you with multiple examples of worrisome, pigmented lesions which will increase your familiarity with atypical Moles. Early detection can absolutely reduce the morbidity and mortality of Melanoma!

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DAY TWO – Tuesday, August 26

Orthopedics

Travis Randolph, PA-C

0.75 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

Introductions to the Basics of Musculoskeletal Imaging: What Am I Even Looking At?

What better way to start a day in Orthopaedics than a deep dive into Musculoskeletal imaging. Do you find yourself worried about ordering the correct images or the right test? Do you have trouble interpreting the x-ray/ MRI/ CT images that you ordered? Don't rely completely on the radiologist's interpretation. This presentation will examine the basics of Musculoskeletal Imaging. We'll discuss indications for ordering appropriate images, when to order x-ray vs CT vs MRI, and how to interpret those images for associated fractures or sprains. The majority of Orthopaedic related injuries require some form of diagnostic imaging. Join me for this session on Musculoskeletal imaging to increase your confidence with interpreting radiology studies and finally find out just what you are looking at.

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Fracture Description and Management using X-ray Vision: Is it Broken or Fractured? (Rx=0.25)

Ever wish you had x-ray vision to see the 206 bones that make up the skeletal system? Let's take a look below the surface of the skin to answer every patient's burning question: Is it broken or fractured? Hopefully, you already know how to answer that question. This presentation will review some common x-ray findings and breakdown methods to describe fractures. When making a patient referral to Orthopaedics, the correct fracture description can often help in determining whether the fracture can be treated with or without surgical intervention. We'll also discuss the appropriate management of commonly seen fractures such as those involving the foot, ankle, shoulder, wrist, and hand. This presentation will cover different medical conditions that may delay bone healing in fractures, differences between acute fractures and stress related injuries, and the nuances of growth plate injuries in pediatric patients. Join me for this session on Orthopaedic fractures, and we'll develop a treatment plan to get all 206 bones back in alignment.

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Orthopaedic Injuries Below the Belt: It's Going TIBIA OK! (Rx=0.25)

Let's start with lower extremity injuries. This presentation will start at the foot, work upwards through the ankle, knee and hip, and finish at the lumbar spine. Maybe your patient is an avid runner with knee pain, an elderly patient with hip pain, or someone that took an awkward step at the bottom of the stairs resulting in ankle pain. We'll cover the most commonly seen injuries involving these lower extremity joints, discuss physical exam findings with corresponding radiology results and review appropriate management strategies. This presentation will provide a breakdown of treatment options including non-operative treatment (i.e. medications, injections, physical therapy) and indications for surgical treatment. Join me for this session on lower extremity injuries, and you can begin to reassure your patients: It's going TIBIA OK!

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Orthopaedic Injuries Above the Waist: They Aren't All Humerus! (Rx=0.25)

Time to move above the waist and talk about upper extremity injuries. This presentation will start at the hand, work upwards through the wrist, elbow and shoulder, and finish at the cervical spine. Maybe your patient is a carpenter with wrist pain, a pitcher with elbow pain, or someone who fell off a ladder resulting in shoulder pain. We'll cover the most commonly seen injuries involving these upper extremity joints, discuss physical exam findings with corresponding radiology results and review appropriate management strategies. This presentation will provide a breakdown of treatment options including non-operative treatment (i.e. medications, injections, physical therapy) and indications for surgical treatment. Join me for this session on upper extremity injuries, and you can have your patients back to laughing in no time.

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The hallmark of the musculoskeletal assessment: knowing your anatomical landmarks and using special tests to narrow down your differential diagnosis. It's nearly impossible to know every special test mentioned in text. During this presentation, I'll walk you through my Orthopaedic physical examination, and we'll break down some key physical exam findings that will help you determine when further advanced imaging may be warranted. Is it neck or shoulder pain? Is it back or hip pain? This presentation will provide you with tips and pearls to streamline your musculoskeletal assessment and be confident in your diagnosis. Feel free to leave your stethoscope at home for this session. This hands-on session will allow you to practice any Orthopaedic special test that causes you anxiety. Join me for this Orthopaedic physical exam session, and we'll look to perfect your musculoskeletal assessment. Don't make me twist your arm!

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DAY THREE – Wednesday, August 27

Cardiology & Obesity

Angie Golden, DNP, FNP-C, FAANP, FOMA

1.50 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

In this presentation, we will utilize case studies and review the explanation of how obesity is at the root of 236 obesity-associated disorders. Pathophysiology of the disease of obesity and its consequences, with an explanation of treatment that targets obesity and the complications, will also be discussed.

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Cardiometabolic Treatment for Obesity (Rx=0.25)

An overview of the intersection of obesity, T2DM, and hypertension pathophysiology will set the stage for understanding how traditional and novel anti-obesity therapies impact these diseases and the cardiac implications.

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Managing Obesity in Primary Care: Yes, It Can Be Done (Rx=0.25)

Most primary care providers ask, “How can I add another disease to be treated to my already very busy schedule, especially one that is impacting so many of my patients?” This presentation will demonstrate through a case study how to integrate the treatment of obesity into primary care using evidence-based guideline treatment.

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Treating Obesity Inside and Outside the Labels (Rx=0.50)

Today's reality for pharmacology treatment of obesity on-label provides limited choices, including choices limited by cost. Experienced clinicians treating obesity recognize the value of on-label prescribing when available and appropriate but also look to off-label use of medications for obesity treatment. This presentation will briefly review current FDA-approved medicines approved for the long-term treatment of the chronic disease of obesity. The discussion will then move to the long-term use of FDA-approved short-term medications and medications known to support weight loss but do not have FDA approval for that purpose. Case studies will be utilized to demonstrate these situations.

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Treatment of Complicated Patients with Obesity (Rx=0.50)

Obesity is the most common chronic disease in the United States and is at the root of over 236 complications, including 14 obesity-related cancers. In this presentation, case studies and a review of treatment plans will be demonstrated in patients with multiple chronic diseases.

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DAY FOUR – Thursday, August 28

Women's Health

Nisha McKenzie, PA-C, CSC, MSCP, IF

2.75 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

Ready to arm your patients with the options, the data around risks and benefits and help them break down the myths surrounding hormonal contraception? We'll discuss different types of pills and the hormones in them and then move on to long-acting reversible contraceptives (LARCs) - IUDs and Etonogestrel Implant. We'll review insertion techniques and pain control options for a trauma informed approach to IUD insertion. We'll also discuss difficult insertions and removals, as well as who can use LARCs and at what points, including appropriate use of contraceptives in gender diverse folx.

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Let's Talk PCOS and Endometriosis!

(Rx=0.25)

PCOS is one of the most common endocrine/metabolic disorders in females. Approximately 10% of reproductive aged females have PCOS, and approximately 10% of reproductive aged females have endometriosis. Yet both of these disorders are widely misunderstood, under-diagnosed, and under-treated. We'll examine the impact of these disorders on your patients, and dive into the different phenotypes and why both are often a missed diagnosis. Then we'll move on to options for treatment, including hormonal, non-hormonal, and holistic measures for improvement in symptoms.

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Low Libido - Yeah, You Can Treat That!

Time for sex ed for grown-ups! Let's examine the role and function of the female sexual response cycle, how it's different from, but not the defunct version of, male sexuality. And how to appropriately counsel our patients when they ask us how to improve their low libido, or their pain with sex. We'll discuss options for creating a safe and empowering space for your patients to ask their burning questions and for you to feel confident in your answers! And the best part, we'll do all of this with science! No more shame in sexuality. This is general medicine, and we can create a comfort and confidence in this facet of medicine for you. We'll review mechanisms of arousal and orgasm, and the pharmacologic and non-pharmacologic interventions you can utilize in practice.

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Menopause Madness: Breaking It Down!

(Rx=1.0)

One hormone at a time. How many patients have asked you to check their hormones, because "something just isn't right" or "I keep gaining weight"? We're going to break it all down - hormones, perimenopause, menopause, The Women's Health Initiative (WHI), the up-to-date data on hormone risks and benefits so you can answer those seemingly unanswerable questions. The WHI still plagues both prescribers and patients with its longstanding effects on perceptions of hormones, so let's clarify what the data showed and what that means for your patients.

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BV accounts for 40-50% of all cases of vaginitis, with yeast following closely behind. Yet little is known or understood about these infections when they become recurrent. How does our vaginal microbiome play into this? Do probiotics help? What can we as providers do to help our patients who suffer with these recurrences? Leave today with increased understanding of diagnosis and treatment guidelines.

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