# Skin, Bones, Hearts & Private Parts

Las Vegas, NV

Session Note Handouts

November 10-13, 2026

SkinBonesCME.com

DAY ONE – Tuesday, November 10

Cardiology/Emergency Medicine

Jennifer Carlquist, PA-C, FMACP, ER-CAQ

1.00 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

# Basic 12 Leads Demystified

This lecture systematically reviews how to approach a 12 lead EKG and find contiguous leads, reciprocal changes, and bundle branch blocks.

# Critical Cardiology Cases

This lecture covers cardiology complaints like PE and how to spot one on the EKG. We will also review a case scenario where a 39-year-old female had a sudden coronary artery dissection, the clues that solved the case, and how to tell the difference between ischemia and lvh on the EKG.

# Cardiac Pharmacology Review: What's New in the Medicine Cabinet and Non-Cardiac Chest Pain (Rx=0.75)

This session will be a good pharmacologic review of hypertension but will also review the newer agents in the lipid and heart failure space and when to reach for them.

# Heart Failure Guidelines and Cases (Rx=0.25)

This session will discuss the new heart failure drugs and when to reach for them. We will also cover the latest heart failure criteria and classifications/stages.

# Sneaky Cases of ACS: New STEMI Equivalents You Must Know to Stay Safe

We will explore the new stemi equivalents that will be read as non-specific st segment changes but need to go to the cath lab. We will identify subtle ischemia that does not meet stemi criteria but does need urgent angiography. Actual EKGs will be reviewed.

DAY TWO – Wednesday, November 11

Orthopedics

Vanessa Smith, PA-C

0 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

# The Foot and Ankle: Understanding the Body's Foundation

Foot and ankle injuries occur during sports, missteps, workplace accidents, and simple daily activities such as walking on uneven ground. Because these structures bear weight, missed diagnoses can have lasting consequences on mobility and work capacity. This session focuses on evaluating ankle sprains, fractures, Achilles injuries, plantar heel pain, and midfoot pathology. Learners will review common mechanisms of injury and how bruising, swelling, and gait changes inform diagnosis. Evidence-based imaging rules and immobilization strategies will be emphasized. Hands-on exam practice will reinforce palpation landmarks and functional testing. Participants will leave better equipped to identify red flags and initiate appropriate early management.

# The Hip, The Knee and The Arthritis Toolbox: Making Sense of Lower Extremity Pain

Lower extremity pain is a frequent challenge in primary care and often reflects a complex interplay of injury, overuse, gait abnormalities, and degenerative joint disease. This session provides a structured approach to evaluating hip and knee pain through focused anatomy review, gait assessment, and targeted physical examination. The session introduces the concept of an "Arthritis Toolbox"—a practical framework for non-surgical management that clinicians can apply before considering referral. Emphasis will be placed on selecting appropriate initial interventions based on exam findings, symptom patterns, and functional limitations. Case-based discussion and hands-on exam practice will reinforce clinical reasoning and treatment sequencing. Learners will leave with greater confidence managing lower extremity pain and knowing when escalation of care is appropriate.

# The Elbow, The Shoulder, and Peripheral Compressive Neuropathies: Untangling the Web of Upper Extremity Complaints

“My arm hurts” can mean so many different things. This session will focus on the key points of taking a history and high-yield physical exam components that will enable you to make the diagnosis with confidence. This combined session helps clinicians distinguish between musculoskeletal pathology and peripheral compressive neuropathies. Attendees will learn how to evaluate lateral and medial epicondylitis, radial head injuries, rotator cuff pathology, and shoulder instability without relying on excessive imaging. There have been major updates regarding diagnosing common nerve conditions such as carpal tunnel syndrome. The session emphasizes efficient exam techniques that localize pathology quickly. Management strategies appropriate for primary care—including bracing, activity modification, and physical therapy referral—will be discussed. The result is clearer clinical decision-making and more appropriate referrals.

# Small Structures, Big Consequences: Mastering the Hand Exam

Hands are injured every day—by slammed doors, kitchen knives, sports collisions, workplace machinery, and seemingly minor falls. In this session, learners will develop a systematic approach to the hand exam that prioritizes precision and early recognition of high-risk injuries. Emphasis will be placed on identifying tendon, ligament, and fracture patterns that are commonly missed in primary care settings. Participants will learn how subtle exam findings can dramatically alter management and referral urgency. Practical guidance will be provided on splinting, initial treatment, and patient counseling. Through case-based discussion and partner practice, attendees will gain confidence in evaluating hand injuries accurately and efficiently. The goal is simple: prevent missed diagnoses that lead to permanent dysfunction.

# FOOSH Happens: Making Sense of Wrist Pain

A fall on an outstretched hand is one of the most common mechanisms of injury across all age groups, yet wrist injuries remain among the most frequently misdiagnosed. This session breaks down wrist pain into manageable clinical patterns using anatomy, mechanism, and exam findings. Participants will learn how to differentiate benign sprains from injuries that require immobilization or urgent referral. Special attention will be given to scaphoid fractures, TFCC injuries, and overuse syndromes seen in athletes and workers alike. Imaging decision-making and appropriate splint selection will be reviewed. Hands-on practice will reinforce key exam maneuvers that improve diagnostic confidence. Learners will leave with a clear, reproducible approach to wrist pain after trauma or overuse.

DAY THREE – Thursday, November 12

Endocrinology

Ashlyn Smith, MMS, PA-C, DFAAPA

2.00 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

# Advancing Lipid Management: Non-Statin Therapies in Primary Care Practice (Rx=0.25)

This interactive case-based CME program is designed for clinicians who seek to enhance and optimize their knowledge and clinical skills in identifying, risk-stratifying, and managing hyperlipidemia to reduce atherosclerotic cardiovascular disease (ASCVD) risk. The program combines didactic evidence, clinical pearls, and real-world case presentations to explore lipid pathophysiology, primary and secondary preventions, lifestyle intervention, and both statin and non-statin therapy options. Emphasis will be placed on individual risk assessment, shared medical decision-making, and practical tools for implementing treatment plans in diverse patient populations. Clinicians will gain the knowledge and confidence in implementing guideline-directed and evidence-based treatment plans that include both statin and non-statin lipid-lowering therapies.

# Fracture Facts: Real World Osteoporosis Cases (Rx=0.25)

A fragility fracture occurs every three seconds worldwide. However, appropriate identification and treatment of osteoporosis post-fracture rarely occur with approximately 80% of individuals falling into this gap of care following a fragility fracture. Barriers and misconceptions exist in caring for this “silent” condition that carries high morbidity and mortality rates. This program will aid the clinician in navigating through the variety of guidelines and essential clinical pearls to appropriately identify at-risk individuals, educate patients on lifestyle interventions, and select the optimal agent based on individualized risk assessment and shared medical decision-making to include antiresorptive and anabolic agents, drug holidays, and transitioning between agents.

# Beyond Fatty Liver: Primary Care Strategies for MASLD and MASH (Rx=0.50)

Metabolic dysfunction-associated steatotic liver disease (MASLD), previously known as NAFLD, is now the most common chronic liver disease worldwide and a rising cause of cirrhosis and liver-related mortality. Primary care providers are at the forefront of identifying patients at risk. Yet recognition, staging, and management remain inconsistent. This dynamic session will equip clinicians with the tools to understand the new terminology and diagnostic criteria for MASLD and metabolic dysfunction-associated steatohepatitis (MASH) and incorporate simple, evidence-based risk stratification strategies (including FIB-4 and non-invasive fibrosis assessments) into routine practice. Clinicians will navigate the application of lifestyle and pharmacologic interventions to slow progression and reduce metabolic risk, while recognizing when to refer to hepatology. By the end of the session, participants will feel confident screening, counseling, and coordinating care for patients with MASLD/MASH in the primary care setting.

# Type 1 Diabetes: Early Detection, Staging, and Evolving Strategies for Primary Care (Rx=0.50)

Type 1 diabetes (T1D) is increasingly recognized as a staged autoimmune disease with opportunities for earlier detection and intervention. This program equips primary care providers with practical knowledge to identify at-risk patients, apply staging criteria, recognize early warning signs, and understand emerging therapies such as disease-modifying immunotherapy. Patients will leave with actionable strategies and resources to improve screening, referral, and long-term outcomes in patients with or at risk for T1D.

# Hyperthyroidism in Primary Care: From Recognition to Individualized Treatment Decisions (Rx=0.50)

Hyperthyroidism presents unique diagnostic and management challenges in the primary care setting. This CME session will guide clinicians through recognizing the signs and symptoms of hyperthyroidism, categorizing common causes, and applying appropriate screening and diagnostic strategies to facilitate accurate diagnosis through judicious testing strategies. Participants will also analyze treatment options tailored to underlying etiology while incorporating shared medical decision-making to optimize patient outcomes. Throughout this dynamic case-based program, we will incorporate clinical pearls and common mistakes in identifying, diagnosing, treating, and monitoring thyroid disease.

DAY FOUR– Friday, November 13

Women's Health

Jessica Bell PA-C, MSCP, IF

1.50 APRN Credits

6.5 AMA PRA Category 1 Credits™

6.5 ANCC Contact hours

# Pelvic Infection Detective Training (Rx=0.50)

Evaluating and treating pelvic infections can feel like detective work. First, you need to know where to look. Review anatomy in detail and how to expand your differential. When laboratory testing is required, what to order, how to evaluate, treat, and create a follow-up plan that gets actual results. Know when to refer and how to find resources in your community and nationally.

# Whole Person Contraceptive Counseling (Rx=0.25)

Contraceptive counseling can be an art when you understand the mechanism of action. How do they work in the body? What are the potential side effects? Systemic vs. local acting, tips and tricks for placement, contraindications considered & anesthetic options discussed. How to address the impact social media has on the conversation.

# Treat All Bladder Symptoms with Confidence! (Rx=0.25)

Urinary symptoms are significant for patients; in fact, the number one comorbidity is depression. Overactive bladder, incontinence, recurrent UTI, and bladder pain ALL impact quality of life. Learn how to evaluate comprehensively, treat holistically, and refer when necessary.

# Perimenopause & Menopause Master Class (Rx=0.25)

Perimenopause occurs earlier than you think, and the roller coaster is real; your patients need you to know this. Hormone decline is the primary driver of symptoms; this impacts quality of life and contributes to health conditions like heart disease, osteoporosis, and mood changes. There are treatment options, and this is within your scope of practice. See the results for yourself. This is your Menopause Grand Rounds.

# Sexual Health for All Genders (Rx=0.25)

When addressing sexual health concerns, the biopsychosocial approach is essential. It is crucial to consider the self, but it is also vital to consider partners on the journey. Biologically, we consider hormones, medications, pain, and the psychosocial aspect, which includes the intersection of society, culture, and relationships. Let's also consider men's health, including testosterone decline, erectile dysfunction, and Peyronie's.