UH Weekly Calendar VA

1/8: Research Round Table Code Sim
1/9: NR in 5051 EKGs
1/10: MGR: EBM at the Bedside by Dr. Kinnear!
1/11: AHD: Hem/Onc Emergencies
        Weesner: Endocarditis
1/12: NR in 5051 Heme

Please welcome Amanda to the UC IM Family!

Amanda Kramer has joined the Internal Medicine Residency office as the new Program Coordinator.

She can be reached in the office at 558-0701 or via email, Amanda.Kramer@uc.edu.

Anonymous Feedback
Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: http://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback
ITE Roundup w/Javy: Managing trochanteric bursitis

The trochanteric bursa overlies the lateral prominence of the greater trochanter of the femur, is superficial to the hip abductor muscles and deep to the iliotibial band. Trochanteric bursitis is inflammation of the bursa that commonly occurs after repetitive trauma of the iliotibial band tracking over trochanteric bursa. Trochanteric bursitis often occurs in runners and is associated with training on banked surfaces. Other risk factors include obesity, leg-length abnormalities, rheumatoid arthritis, and osteoarthritis.

Trochanteric bursitis often presents as lateral hip pain. The differential diagnosis for lateral hip pain includes iliotibial (IT) band thickening/syndrome, tears of the gluteus medius and minimus muscle attachment, and greater trochanteric pain syndrome (which includes bursitis). For trochanteric bursitis, physical examination will elucidate pain with palpation over the greater trochanter. Diagnostic imaging are not typically necessary to make the diagnosis. However, plain radiographs will likely be normal and an MRI will show increased T2 signaling, due to inflammation, at the site of the bursa.

First-line initial treatment is conservative with non-operative interventions including NSAID’s, physical therapy and stretching exercises, and corticosteroid injections. After failure of conservative management, operative trochanteric bursectomy is performed. A 2011 systematic review of treatment modalities of trochanteric bursitis noted that traditional non-operative modalities worked for most patients and that surgery was effective for refractory cases. Notably, studies from the 1970-80’s reported that corticosteroid injection with or without other conservative modalities had cure rates up to 90%. This review found that for most patients, a single corticosteroid injection provides a tangible improvement in symptoms and decrease in pain from a moderate to a low level; however, not to the degree reported in the 1970-80’s.

The 2nd Annual SWO Internal Medicine Update & Review Course will take place over the 1st and 2nd weekends of February, 2018 in Cincinnati.

Participants can attend the full course or selected topics. **The first 10 residents who sign up can attend for FREE!**

Please contact Jillian Nolte for more information, to register, or with any questions at 513-558-2595, or jillian.nolte@uc.edu

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**Free Board Review**
A 69yo F w/Hx of DM2 and HTN presents to clinic for “painless ankle rash” for 8mo as shown. She notes occasional discharge and LE edema. Pulses intact. What is the likely Dx and your treatment plan?

Congrats to Max Cruz for being the quickest to identify trochanteric bursitis (aka greater trochanteric pain syndrome) and the correct treatment! Check out Javy’s corner on page 2 to learn more!
New Ohio Opioid Prescribing Guidelines

Finding Meaning in Medicine is an initiative initially created at the Institute for the Study of Health and Illness “to help physicians nationwide build authentic and supportive community” through monthly meetings “using a simple and powerful storytelling approach to uncover and deepen a sense of professional satisfaction in daily work.” Come to our first meeting of the year—Dr. Brody will be our host!

Weekend To-Do!

Friday: KOI/Federated Auto Parts Cavalcade of Customs, 3-10 p.m. Friday, 10 a.m.-10 p.m. Saturday, 10 a.m.-6 p.m. Sunday, Duke Energy Convention Center, 525 Elm St., Downtown. Custom car, classic car and hot rod show. More than 500 show cars on display. Keep an eye out for Dr. Held. $17. autorama.com/attend/cincinnati.

Southern Accents: A Tribute to Tom Petty, 8 p.m., Bogart’s, 2621 Vine St., Corryville. $18, $13. 513-872-8801; bogarts.com.

Saturday: Elvis Tribute Artist Spectacular, 8-11 p.m., Aronoff Center for the Arts, 650 Walnut St., Downtown. Concert celebrating music of Elvis era by era. $19. 513-621-2787; cincinnatiarts.org.

Sir Andrew Davis Celebrates CSO’s History, 8 p.m. Saturday, 2 p.m. Sunday, Music Hall, 1241 Elm St., Over-the-Rhine. Beethoven’s Piano Concerto No. 3 is book-ended by Bach’s sacred cantata chorale Sleepers Wake. 513-381-3300; cincinnatisymphony.org.

Cincinnati Cyclones Hockey, 7:30 p.m., U.S. Bank Arena, 100 Broadway, Downtown. Throwback Night. 800-745-3000; cycloneshockey.com.

Sunday: Cincinnati Wedding Showcase, 11 a.m.-4 p.m., Sharonville Convention Center, 11355 Chester Road. Over 30,000 square feet of imaginative exhibits from over 100 of industry’s top wedding professionals. $15, $10. 513-608-2455; cincinnatiweddingshowcase.com/.

UC Men’s Basketball, 6 p.m., BB&T Arena, 500 Nunn Drive, Northern Kentucky University, Highland Heights. vs. SMU. 513-556-5191; www.gobearcats.com.

SHOUT OUTS!!!

• To Matt Lambert for helping out at an interview dinner at the last minute and making sure the printer cartridge was ordered for the lounge!
• To Nedhi Patel for attempting to keep the flu at bay in the resident lounge!
• To all of those on jeopardy, especially Felix, Eunhee, Alan, Gene, Jeff, and Matt Doers. The chiefs and your colleagues greatly appreciate you stepping in with such a positive attitude during the flupocalypse!
• To Parm Mavi and Rachel John — “They were a huge help to me, their patients and the rest of the department as we were able to clear the lobby of 14 by 7pm with their assistance. We look forward to working with them for the remainder of their rotations!” - from a grateful R4 in B pod!
• To Brian May for returning to clinic outside of his scheduled hours to urgently see a patient— from a grateful Rheum fellow!
• To Jillian Nolte for quickly coming over to the stepdown to fulfill a dying patient’s wish to have documents notarized. Much love ❤