



"Everything in excess is opposed to nature"

--Hippocrates

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2 DESCRIPTION

Ambulatory Medicine (Fourth Year Rotation): 2 block rotation (8 weeks): During your 8 week rotation you are expected to meet and exceed the following requirements and challenge yourself, to be proactive learners and ask questions. This rotation is different from the 3rd year Family Medicine rotation in that each student is expected to assume an expanded level of clinical responsibility for evaluation and management consistent with an acting intern. Students should also assume a larger responsibility in performing common in office procedures performed by family physicians. During this rotation there will be an emphasis on prevention of illness and caring for the patient in the context of family and community. When applicable, students are encouraged to participate in the care of hospitalized patients, those in skilled nursing or rehab facilities, and home visits. Students are also expected to take on a larger patient volume in the



ambulatory and hospital settings. Students are expected to participate in morning report, noon conferences and other available educational offerings. If there is a problem with one of the questions or links, please email me directly, travis.smith@lecom.edu.

3 REQUIREMENTS

- Complete all reading requirements while on your respective Ambulatory Medicine Rotation including text book and online readings.
 - Students are encouraged to supplement required readings with additional readings based on your specific rotation exposures.
 - 10 hours per week of outside clinical reading.
- Complete the Weekly Online Questions in the coursework section
- Complete the online End of Rotation Quiz (Worth 20% of your final grade)
- Students MUST adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.
- Extended absences from the clerkship are not permitted. Any absence from the clerkship must be pre-approved by the regional campus dean prior to the beginning of the clerkship.

4 MATERIALS: REQUIRED AND SUPPLEMENTAL

- Essentials of Family Medicine (Sloane) **(Required)**
- American Osteopathic Association. (2011). *Foundations for Osteopathic Medicine*. Philadelphia: Chila, Anthony G. Lippincott Williams and Wilkins. **(Required)**
- Savarese, Robert G.; Capobianco, John D.; Cox, James J. Jr. (2003). *OMT Review; A Comprehensive Review in Osteopathic Medicine*. S.I: Savarese **(Required)**
- DiGiovanna, Eileen L.; Schiowitz, Stanley; Dowling, Dennis J. (Eds.). (2005). *An Osteopathic Approach to Diagnosis and Treatment* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.
- Family Medicine Principles and Practice Sixth Edition (Supplemental) 6th Ed. (2003) (Supplemental: Free text via Stat Ref)
- Family Medicine: Blueprints (Supplemental)
- CURRENT Diagnosis & Treatment in Family Medicine: 4th Edition (Supplemental)
- Other Web Resources
 - dynamed.ebscohost.com
 - www.essentialevidenceplus.com- An evidence-based, point-of-care clinical decision support system that gives you access to over 13,000 topics, guidelines, abstracts, and summaries
 - www.uspreventiveservicestaskforce.org
 - [fmCASES](#)- Virtual patient cases
 - [OMM iOS app](#)- DO OMT app

5 EVALUATION: (EFFECTIVE JUNE 2017)

- 80% based on rotation evaluation
- 20% based on completion of the end of rotation quiz (50 questions) and completion of the weekly quizzes (the weekly quiz grades will not factor into your end of rotation quiz grade).
- The end of rotation exam is due on the last Sunday of your rotation by 10PM eastern and will not be accepted late!
 - If you fail to complete the exam or fail turn it in on time (even 1 minute late), you are still required to take the make-up exam (while still receiving a 0% towards your grade)
 - If you then fail the makeup exam (<70%) or fail to take it completely by the end of your next rotation then you will be required to repeat the entire rotation during your elective month.

6 GOALS AND OBJECTIVES

The Ambulatory Medicine Clerkship provides rotations designed to enable students to establish competencies in the comprehensive approach to the practice of family medicine by focusing on lasting and caring relationships with patients and their families. Students are expected to assume an expanded level of clinical responsibility in the evaluation and management of patients from their third year Family Medicine rotation. Students are expected to take on a larger patient load as well as performing more procedures that are commonly performed by family physicians. The goals, objectives, and reading assignments will overlap and be a continuum of the Family Medicine Rotation from the third year. The following objectives should clearly outline expectations for each student by the end of their 8 week Ambulatory Medicine Clerkship. Please review them carefully.

6.1 MEDICAL KNOWLEDGE

Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- List the most common acute, chronic and psychological diagnoses that present to the family physician including their main presenting symptoms and physical examination findings
- Describe the importance of commonly used laboratory modalities in family practice
- Realize the effects (therapeutic and adverse) of commonly used medications, prescribed and over-the-counter, used for frequently seen diagnoses in family practice
- Demonstrate the importance of longitudinal care including growth and development assessments, health screenings and management of commonly seen chronic problems
- Demonstrate an understanding of health promotion and disease prevention
- Generate a list of initial diagnostic hypotheses (differential diagnosis) from the clinical database, which takes account of the key points of the medical history, physical examination, as well as psychosocial, family, and community factors.

6.2 PATIENT CARE

Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- Interview a patient or patient's surrogate, using appropriate interpersonal skills and maintaining professional demeanor, and obtain a comprehensive medical history which includes chief complaint, history of present illness, past medical history, family environment, psychosocial factors, and any applicable cultural issues.
- Perform a systematic and technically correct physical examination on patients of various ages using appropriate interpersonal skills and professional demeanor emphasizing normal and abnormal findings on HEENT, heart, lungs, abdomen, skin, and musculoskeletal.
- Perform any of the following including but not limited to reading growth charts, injections, rapid strep tests/throat culture, urinalysis, writing prescriptions, x-ray interpretation, laceration repair, sutures or staple removal, pap smear, KOH/skin, bimanual exam, gram stain/interpretations, referral, and foreign body removal. Be able to present a case of a patient encounter to a practitioner
- Demonstrate an ability to develop rapport with patients through effective listening skills, empathy, sensitivity and respect for the patient
- Recognize the importance of total patient management including preventive care, patient education, episodic illness care and chronic illness care
- Recognize the impact of the disease process on the patient relative to family and other interpersonal relationships

6.3 INTERPERSONAL AND COMMUNICATION SKILLS

Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

- Communicate effectively with patients by explaining to a patient or patient's surrogate, in a manner that the patient or surrogate can understand the assessment of the patient's illness, the purpose of any diagnostic testing, what the patient can expect to experience during the diagnostic testing, treatment options available, and treatment recommendations.

- List and demonstrate the principles of the art of interviewing
- Present oneself in a professional manner to patients and their families
- Demonstrate body language that places the patient at ease
- Relate discussions and explanations in a manner that the patient can correctly interpret
- Utilize touch when appropriate and within the boundaries of an appropriate doctor-patient relationship
- Listen to what the patient is saying
- Maintain confidentiality at all times

6.4 PRACTICE-BASED LEARNING AND IMPROVEMENT

Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

- Be cognizant of, and apply, evidence-based medicine as it pertains to outpatient/family practice
- Collect and analyze patterns of medical practice and compare/contrast the individual patterns within the practice with established clinical guidelines and norms.
- Select appropriate cost effective diagnostic tests that can be used to refute or confirm the initial diagnostic hypotheses, and which are acceptable to the patient in terms of cost, comfort and safety.

6.5 SYSTEMS-BASED PRACTICE

Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

- Integrate the importance of appropriate referral systems and their use in a family medicine practice
- Identify health care issues involved in managed care with associated formulary, preventive care and referral pattern issues

6.6 PROFESSIONALISM

Professionalism should imbue all aspects of your performance. Medicine as a whole will continue to evolve and change but this aspect of your character will stick with you forever. Each student should understand and be able to demonstrate these professional objectives:

- Treat all patients, staff, and colleagues with respect.
- Displaying good manners
- A commitment to caring for all patients regardless of their medical diagnoses or social factors.
- Displaying sensitivity to cultural differences
- Avoiding confrontations
- Demonstrate a positive attitude towards learning by showing intellectual curiosity, initiative, honesty, integrity, and dedication.
- Showing discernment while avoiding deception when communicating with patients and their families
- Effectively communicates empathy
- Puts patients' needs above own (altruism)
- Showing intellectual curiosity
- Accepting responsibility for your patients
- Being prepared and on-time
- Being dependable
- Reliable attendance and participation
- Strive for excellence
- Not passing others' work off as your own
- Actively seek to broaden education and experience beyond clerkship requirements
- Avoid complaining
- Give feedback (including filling out course and teaching evaluations in a timely manner)
- Convey humility

6.7 CLINICAL TOPICS OBJECTIVES:

Each student must be able to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving the following topics:

- **General Medical:** Perform routine well visits, recommendations for screening, vaccinations, and preventive care, as well as health care delivery concerns.
- **Required Screenings:** Please be familiar with the following screening recommendations from the AAFP (embedded links): [Abdominal Aortic Aneurysm](#), [Alcohol Misuse](#), [Breast Cancer](#), [Cancer Screening Controversies](#), [Cervical Cancer](#), [Colorectal Cancer](#), [Dental Caries](#), [Depression](#), [Diabetes Mellitus](#), [Fall Risk](#), [Folic Acid Supplementation](#), [Immunizations](#), [Intimate Partner Violence](#), [High Blood Pressure](#), [Lipid Disorders](#), [Children/Adolescents](#), [Lung Cancer](#), [Obesity](#), [Oral Cancer](#), [Osteoporosis](#), [Prostate Cancer](#), [Sexually Transmitted Infection](#), [Skin Cancer](#), [Statin Use](#), [Tobacco Cessation](#).
- **Cardiovascular System Disorders:** Atherosclerosis, hypertension, arrhythmias, heart failure, valvular heart disease/murmurs, coronary artery disease, myocardial infarction, venous thromboembolism, and common pediatric cardiac conditions
- **Endocrine System Disorders:** Diabetes, thyroid disorders, osteoporosis, dyslipidemia, obesity, metabolic syndrome, electrolyte imbalance, infertility, hypogonadism, adrenal disease, and pituitary disease
- **Gastrointestinal System Disorders:** Abdominal pain, gallbladder disease, liver disease, pancreatitis, ulcer disease, gastrointestinal bleeding, gastroesophageal reflux disease, dysphagia, hernias, diarrhea, constipation, inflammatory bowel disease, anorectal conditions, nutritional considerations, and poisonings/ingestions
- **Genitourinary/Gynecologic/Reproductive System Disorders:** Sexuality and developmental stages, men's health issues, incontinence, common renal disorders, vulvovaginal disorders, vaginal discharge, urinary tract infections, sexually transmitted infections, abnormal vaginal bleeding/menstrual-related conditions, pelvic pain & masses, contraceptive management, common breast conditions, and pregnancy-related care
- **Hematology/Oncology & Immune System Disorders:** Common forms of anemia, bleeding disorders, hypercoagulability disorders, blood dyscrasias, malignancies, immune deficiencies, autoimmune disorders, and common allergies
- **Integumentary Disorders:** Common rashes, common skin cancers (benign and malignant), skin infections, nail disorders, bites/infestations, and dermatologic manifestations of systemic disease
- **Musculoskeletal Disorders:** Sprains/strains/fractures, bursitis, somatic dysfunction, viscerosomatic relationships, osteopathic manipulative treatment, arthritis, chronic neck/back pain, overuse syndromes, ligament injuries,
- **Neurology System Disorders:** Neuropathies, dementia, chronic pain, insomnia, headache, stroke/TIA, dizziness, tremors, and seizures
- **Psychiatry Disorders:** Substance abuse, addiction, developmental and pediatric behavioral issues, anxiety, depression, schizophrenia, bipolar disorder.
- **Renal Disorders:** Chronic Kidney Disease, end stage renal disease, nephropathies, hypertension.
- **Respiratory System Disorders:** Common eye and ear complaints, respiratory infections, asthma, chronic obstructive pulmonary disease, pulmonary embolism, spontaneous pneumothorax, cough, and shortness of breath

6.8 OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

Each student must be familiar with the following OMM learning objectives pertaining to the patient presenting with **Rhinosinusitis, HEENT applications, and Cervicogenic Headache.**

- *The OMM objectives for this Ambulatory Medicine rotation are taken from two chapters from the text;*
 - *American Osteopathic Association, and Anthony Chila. Foundations of Osteopathic Medicine, 3rd ed. Baltimore, MD: Lippincott Williams & Wilkins Chapter 67: Rhinosinusitis.*
 - *Foundations of Osteopathic Medicine, 3rd ed., pp. 990-998 and DiGiovanna, Eileen L.; Schiowitz, Stanley; Dowling, Dennis J. (Eds.). (2005). An Osteopathic Approach to Diagnosis and Treatment (3rd ed.). Philadelphia: Lippincott Williams & Wilkins. Chapter 111: HEENT Applications. pp. 607-617.*
 - How to effectively evaluate, diagnose, and apply OMT in the treatment of adult patients with following common HEENT problems:
 - Dizziness and Vertigo
 - Eustachian tube dysfunction
 - Headaches
 - Hearing Loss
 - Hyperacusis
 - Otitis Media

- Pharyngitis
- Sinusitis
- TMJ Dysfunction
- Achieve a thorough understanding of osteopathic cranial motion, cranial dysfunction, temporomandibular dysfunction, drainage patterns of the paranasal sinuses, lymphatic channels, venous system, sympathetic, and parasympathetic innervation to the head and neck.
- Identify the major elements of the upper respiratory anatomy and physiology to include the following structures:
 - Cranial nerves
 - Ear: Inner ear and outer
 - Lymph nodes of HEENT
 - Nose
 - Related sympathetic and parasympathetic innervation and lymphatic drainage
 - Sinuses
 - Soft tissue of face and neck
 - Temporo-mandibular Joint
 - Temporal Bone
 - Throat and neck
- Be familiar with the effects of unopposed sympathetic stimulation to the nasal mucosa.
- Be able to apply the five pathophysiologic models for musculoskeletal medicine for the patient with rhinosinusitis:
 - **Biomechanical model**
 - **Respiratory-circulatory model**
 - **Neurological model**
 - **Metabolic-energy model**
 - **Behavior model**
- Describe the anatomy and physiology of middle ear including the drainage of various factors that can result in ear pain as well as the role of the structural exam in the differential diagnosis of ear pain.
- Demonstrate how non-otic structures that cause ear pain, how the structural issues that can impede middle ear drainage, and demonstrate how dysfunction of the above structures can be diagnosed and treated.
- Be familiar with following OMT treatment objections for patients with otitis media:
 - Improve lymphatic drainage from the inner ear
 - Decrease inner ear effusion
 - Improve function of the Eustachian tube
 - Improve cranial and temporal bone motion
 - Decrease pain
- Be familiar with the OMT treatment goals of improving venous and lymphatic drainage of the head and neck for patients presenting with rhinosinusitis.
- Be familiar with the following six key diagnostic techniques used in the osteopathic structural diagnosis of the patient as it relates to common ENT problems:
 - Cervical and thoracic arthro-dial/skeletal diagnosis of related sympathetic innervation
 - Craniosacral motion, primary respiratory mechanism, sphenobasilar synchondrosis (SBS), OA, AA, and sacral arthro-dial/skeletal examination to diagnose related parasympathetic areas
 - OA, AA and sacral soft tissue examination to diagnose related parasympathetic areas: acute viscerosomatic
 - Soft tissue diagnosis of cervical and thoracic regions of the related sympathetic innervation: acute viscerosomatic
 - Thoracic spine, rib cage, thoracic inlet, diaphragm, c-spine (phrenic nerve) examination in relation to the lymphatic function
 - TMJ examination assessing symmetry, musculature, and craniosacral motion
- Understand the main purposes of OMT to the HEENT in accomplishing the following:
 - Improving blood supply to the skin, head, and neck
 - Improving circulation to and from the reticuloendothelial system
 - Increasing venous and lymphatic drainage from the affected area to decrease congestion and inflammation

- Normalizing autonomic and somatic nerve function
 - Reducing reflex disturbances
 - Relieving muscle spasm and improves breathing
 - Relieving pain
- Understand the integrated treatment approach of patients with rhinosinusitis and be familiar with its treatment algorithm.
- Being familiar with the following key OMT techniques that are utilized in the treatment of common HEENT problems:
 - Bulb decompression
 - Condylar decompression
 - Counterstrain techniques to the sinuses
 - Craniosacral treatments
 - Direct/Indirect Pressure to the sinuses (Milking)
 - Direct/indirect techniques to cervical, thoracic and rib cage to correct any specific arthrodiasthesis/skeletal somatic dysfunction
 - Effleurage to face and neck
 - Fascial release: cervical, cervical thoracic junction, thoracic inlet
 - Gallbreath technique
 - Lift technique
 - Lymphatic pump techniques
 - Muncie Technique
 - Muscle energy, and counterstrain techniques to the jaw as well as cranial treatment
 - Soft tissue: knead, stretch, inhibition
 - Sphenopalatine ganglion release
 - V spread
 - Vault hold
 - Venous sinus technique
- The following objectives are taken from **Chapter 60: Cervicogenic Headache. *Foundations of Osteopathic Medicine*, pp. 939-945.** And **Chapter 111: HEENT Applications. *An Osteopathic Approach to Diagnosis and Treatment* (3rd Ed). pp. 606-607.**
 - How to effectively evaluate, diagnose, demonstrate a constructive clinical approach, and apply OMT in the treatment of the patient with the following:
 - Cervicogenic headache (CGH)
 - Tension Headache (3 types)
 - Migraine Headache
 - Cluster Headache
 - Occipital Neuralgia
 - Provide a differential diagnosis of headaches, and utilize clues in the patient's history to narrow your differential.
 - Provide a differential diagnosis of the more serious and life threatening causes of headaches.
 - Provide the clinical definition, pathophysiology, and typical presentation of cervicogenic headaches.
 - Describe the basic presenting history for headaches, including prominent red flags, variant headache types and their different causes and triggers (tension, migraine, and cluster), and non-cranial etiologies. In addition, each student should be able to obtain the following information:
 - Headache, onset, frequency, location, duration, and severity
 - Associated symptoms
 - Trigger factors (smoking, caffeine, hormones)
 - Previous, medical, surgical, and dental history
 - Prior headache therapy
 - Perform an adequate physical exam, general osteopathic screening exam of the musculoskeletal system followed by a regional and segmental exam in the evaluation of the patient presenting with a headache, demonstrating the following:
 - Evaluation of cranial nerves and brief screening neurological testing for symptoms suggesting:
 - Intracranial mass
 - Peripheral nerve impingement with radiculopathy
 - Spinal cord impingement from a herniated disc

- Evaluation for trigger points
- Evaluation for C-spine contributions
- Evaluation using diagnostic techniques in the structural diagnosis of the following:
 - Thoracic soft tissue diagnosis of the related sympathetic areas: acute viscerosomatic
 - Thoracic skeletal/arthrodial diagnosis of the related sympathetic areas
 - Fascial assessment of the cervical secondary chain ganglia
 - OA soft tissue diagnosis of the related parasympathetic areas: acute viscerosomatic
 - OA skeletal/arthrodial diagnosis of the related parasympathetic areas
 - OA and AA somatic dysfunction
 - Cervical somatic dysfunction
- Be familiar with the recommended laboratory and radiological findings seen in patients presenting with headaches.
- Define, describe, and apply the five pathophysiologic models for musculoskeletal medicine for each of the above different types of headaches:
 - **Biomechanical model**
 - **Respiratory-circulatory model**
 - **Neurological model**
 - **Metabolic-energy model**
 - **Behavior model**
- Understand that somatic dysfunction plays a large role in many conditions of the head and neck and has been shown to contribute to the different types of headaches.
- After a thorough evaluation and diagnosis, these goals should help each student perform, with necessary modifications, key OMT techniques in treating the following dysfunctions:
 - Upper thoracic dysfunction and balance the sympathetic autonomic tone perpetuating the pain through alteration of the blood vessels of the head.
 - Dysfunctional cervical mechanics and soft tissue tension causing the pain.
 - Cranial dysfunctions including temporal bone motion and side bending/rotation patterns that cause headaches and can affect the trigeminal neurovascular system.
 - Somatic dysfunctions of the OA, AA, C2/C3, levator scapulae, and trapezius
 - Dysfunctional facial muscles from bruxism, teeth grinding, or jaw clenching
- Be familiar with the multifaceted management of the patient with cervicogenic headaches which entails the combination of the following:
 - Osteopathic Manipulative Medicine
 - Medications
 - Injections
 - Cervical zygapophyseal joint
 - Medial branch blockade for facet disease
 - Epidurals for DJD and nerve root compression
 - Occipital and cervical nerve blockade
 - Trigger Point or Botulism Injection
 - Surgery
 - Discectomy
 - Fusion
- Effectively apply OMT and osteopathic concepts in a patient with headaches to pain sensitive structures of the following regions:
 - Skin
 - Muscles of the head and neck
 - Great venous sinuses and tributaries
 - Portions of the dura mater at the base of the brain
 - Dural arteries, intracranial arteries, and cervical arteries
 - Trigeminal (V), abducens (VI), facial (VII) nerves
 - Sympathetic and parasympathetic innervation and lymphatics
- List all the commonly accepted contraindications to OMT techniques utilized in the treatment of headache and cervical spine disorders:

- Acute fracture of the cervical vertebrae
- Acute trauma to the head and neck without established diagnosis
- Certain primary muscle or joint diseases
- Congenital anomalies such as Down Syndrome and those with rheumatological disease of the spine (AA joint hypermobility and laxity of the odontoid ligament) will require caution
- Metabolic or neoplastic bone disease in the cervical spine
- Patient refusal of treatment
- Vertebral or carotid artery dissection
- Effectively encourage stress management, smoking cessation, health screening, and increased exercise in an attempt to enhance all wellbeing and reduce future risk of illness.
- List and perform the following OMT techniques utilized in the treatment of headache:
 - Condylar decompression
 - Counterstrain
 - FPR
 - HVLA
 - Indirect: rib techniques
 - Lymphatic pump techniques
 - Myofascial release: cervical spine secondary chain ganglia
 - Redome diaphragm
 - Release thoracic inlets
 - Rib raising
 - Soft tissue: knead, stretch, paraspinal inhibition

7 REQUIRED READING

During your clinical rotations these should help improve your knowledge base of common conditions. Each section is broken down into **4 sections** with associated reading articles for each of the two rotations. There is also an associated reading assignment along with objectives from an OMM text. If there is a problem with an article link or question, please email and let me know, travis.smith@lecom.edu

Required Screenings: Please be familiar with the following screening recommendations from the AAFP: [Abdominal Aortic Aneurysm](#), [Alcohol Misuse](#), [Breast Cancer](#), [Cancer Screening Controversies](#), [Cervical Cancer](#), [Colorectal Cancer](#), [Dental Caries](#), [Depression](#), [Diabetes Mellitus](#), [Fall Risk](#), [Folic Acid Supplementation](#), [Immunizations](#), [Intimate Partner Violence](#), [High Blood Pressure](#), [Lipid Disorders Children/Adolescents](#), [Lung Cancer](#), [Obesity](#), [Oral Cancer](#), [Osteoporosis](#), [Prostate Cancer](#), [Sexually Transmitted Infection](#), [Skin Cancer](#), [Statin Use](#), [Tobacco Cessation](#).

7.1 AMBULATORY MEDICINE ROTATION 1 REQUIRED READING:

Read the following chapters (with attached objectives) from the selected text below in addition to the following articles on your 1st Ambulatory Medicine Rotation during your 4th year

7.1.1 Week 1 Readings:

1. [Edema: Diagnosis and Management: AAFP](#)
2. [Chest Pain: Outpatient Diagnosis of Acute Chest Pain: AAFP](#)
3. [Palpitations: An Outpatient Approach: AAFP](#)
4. [Hypertension: In the Clinic](#)
5. [Noninvasive Cardiac Imaging: AAFP](#)
6. [Stable Ischemic Heart Disease: In the Clinic](#)
7. [Chronic Cough: Evaluation and Treatment: AAFP](#)
8. [Pneumonia: Community Acquired: In the Clinic](#)
9. [Shortness of Breath: Causes and Evaluation of Chronic Dyspnea: AAFP](#)
10. [Syncope Evaluation and Differential: AAFP](#)

7.1.2 Week 2 Readings:

1. [Nausea and Vomiting Evaluation: AAFP](#)
2. [Irritable Bowel Syndrome: In The Clinic](#)
3. [Gastroesophageal Reflux Disease: In the Clinic](#)
4. [Diverticulitis: Diagnosis and Management: AAFP](#)
5. [Diarrhea in Adults: AAFP](#)
6. [Celiac disease: In the Clinic](#)
7. [Colorectal Screening: In the Clinic](#)
8. [Evaluation of Abnormal LFTs: NEJM](#)
9. [Iron Deficiency Anemia: Evaluation and Management: AAFP](#)
10. [Evaluation of Macrocytosis: AAFP](#)
11. [Nonalcoholic Fatty Liver Disease: AAFP](#)
12. [Hepatitis C: Diagnosis and Management: AAFP](#)

7.1.3 Week 3 Readings:

1. [Diabetes Type II: In the Clinic](#)
2. [Breast Cancer Screening: In the Clinic](#)
3. [Contraception: In the Clinic](#)
4. [Menopause: In the Clinic](#)
5. [Perimenopause: In the Clinic](#)
6. [Polycystic Ovarian Syndrome: In the Clinic](#)
7. [Common Breast Problems: AAFP](#)
8. [Hematuria: Assessment of Asymptomatic Microscopic Hematuria in Adults: AAFP](#)
9. [Nephrolithiasis: In the Clinic](#)
10. [Drug-Induced Nephrotoxicity: AAFP](#)

7.1.4 Week 4 Readings:

1. [Acute Sinusitis: In the Clinic](#)
2. [Allergic Rhinitis: In the Clinic](#)
 - American Osteopathic Association, and Anthony Chila. **Chapter 67: Rhinosinusitis.** *Foundations of Osteopathic Medicine, 3rd ed.* Baltimore, MD: Lippincott Williams & Wilkins, 2011, **pp. 990-998.**
 - DiGiovanna, Eileen L.; Schiowitz, Stanley; Dowling, Dennis J. (Eds.). (2005). **Chapter 111: HEENT Applications.** *An Osteopathic Approach to Diagnosis and Treatment* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins. **pp. 606-617.**
3. [Otitis Media and Externa: FM Practice and Principles](#)
4. [Herpes Zoster: In the Clinic](#)
5. [Influenza: In the Clinic](#)
6. [Epstein-Barr Virus/Infectious Mononucleosis: FM Practice and Principles](#)
7. [Chronic Fatigue Syndrome: Diagnosis and Treatment: AAFP](#)
8. [Travel Medicine: In the Clinic](#)
9. [Lymphadenopathy and Malignancy: AAFP](#)
10. [Chronic Nonmalignant Pain in Primary Care: AAFP](#)

7.2 AMBULATORY MEDICINE ROTATION 2 REQUIRED READING:

Read these articles on your 2nd Ambulatory Medicine Rotation during your 4th year

7.2.1 Week 1 Readings:

1. [Ankle Sprains: An Update: AAFP](#)
2. [Carpal Tunnel Syndrome: In the Clinic](#)
3. [Foot and Ankle Tendinopathies AAFP](#)
4. [Plantar Fasciitis: In the Clinic](#)
5. [Rotator Cuff Disease: In the Clinic](#)
6. [Atopic Dermatitis \(Eczema\): In the Clinic](#)
7. [Acne: Diagnosis and Treatment: AAFP](#)

8. [Cellulitis and Soft Tissue Infection: In the Clinic](#)
9. [Psoriasis: In the Clinic](#)
10. [Urticaria: Evaluation and Treatment: AAFP](#)

7.2.2 Week 2 Readings:

1. [Restless Legs Syndrome: In the Clinic](#)
2. [Concussion: In the Clinic](#)
3. [Dizziness: A Diagnostic Approach: AAFP](#)
4. [Vertigo: Initial Evaluation of Vertigo: AAFP](#)
5. [Parkinson Disease: In the Clinic](#)
6. [Behavior Disorders of Dementia Recognition and Treatment: AAFP](#)
7. [Gait and Balance Disorders in Older Adults: AAFP](#)
8. [Delirium: In the Clinic](#)
9. [Eating Disorders: In the Clinic](#)
10. [Generalized Anxiety Disorder: In the Clinic](#)
11. [Headache: Approach to Acute Headache in Adults: AAFP](#)
 - a. American Osteopathic Association, and Anthony Chila. Chapter 60: Cervicogenic Headache. Foundations of Osteopathic Medicine, 3rd ed, pp. 939-945.

7.2.3 Week 3 Readings:

1. [Common Problems of the Elderly: FM Principles and Practice](#)
2. [Functional Decline in Older Adults: AAFP](#)
3. [Driving Risk in Patients with Dementia: AAN Updates Guidelines: AAFP](#)
4. [Older Adult Drivers with Cognitive Impairment: AAFP](#)
5. [Constipation: Management of Constipation in Older Adults: AAFP](#)
6. [Hearing Loss in Older Adults: AAFP](#)
7. [Sleep Disorders: Management of Common Sleep Disorders: AAFP](#)
8. [Vision Loss in Older Persons: AAFP](#)
9. [Pressure Ulcers Prevention, Evaluation, and Management: AAFP](#)
10. [Diagnosis and Management of Red Eye: AAFP](#)

7.2.4 Week 4 Readings:

1. [Osteoporosis: In the Clinic](#)
2. [Cancer Screening in Older Patients: AAFP](#)
3. [Common Oral Conditions in Older Persons: AAFP](#)
4. [The Geriatric Assessment: AAFP](#)
5. [The Role of the Family Physician in the Referral and Management of Hospice Patients: AAFP](#)
6. [Unintentional Weight Loss in Older Adults: AAFP](#)
7. [Prevention of Falls in Community-Dwelling Older Adults: AAFP](#)
8. [Urinary Incontinence in Women: Clinical Management: AAFP](#)
9. [Prostate Cancer: In the Clinic](#)
10. [Benign prostatic hyperplasia: CCJM](#)

8 SUPPLEMENTAL LEARNING RESOURCES

In addition to the required textbooks and readings there is a plethora of step-by-step demonstrations of 122 OMT procedures online through a free educational resource for all osteopathic medical residents and students. This site was developed by the ACOFP's Subcommittee on OMM/OPP Publications & Educational Resources. To access the videos, simply click on the link below, accept the licensing agreement and then select the videos you would like to see, sorting by anatomic area to be treated, type of OMT, or chapter in the ACOFP publication [*Somatic Dysfunction in Osteopathic Family Medicine*](#).

- [Access the OMT Procedures Videos Online](#)

Dr. John Weston, DO C-NMM/OMM guides you through common cases seen in the both outpatient, acute care settings, and Step II PE. Clinical pearls and pitfalls are reviewed during the evaluation, management and osteopathic approaches to such cases. The link to the Google Drive can be [found here](#). Below is list of the topics covered:

1. The 5 Keys to Success
2. This is Typing Test
3. The Six Squares of Success
4. Before Going into the Room
5. Greeting the Patient
6. Sanitizing Hands
7. Draping
8. How to Ask
9. The Two Minute Warning
10. Case Distractors Overview
11. Case Distractor-Tobacco
12. Case Distractor-Alcohol
13. Case distractor-Grief
14. Case Distractor-Fear of Dying
15. Distractors-Elevated BP and BMI
16. Heart and Lung Exam
17. CN2-12 exam
18. Cervical Nerve Root Testing
19. MSK-OMT Universals
20. Differential-Low Back Pain
21. Evaluation of Low Back Pain
22. OMT for Piriformis
23. OMT for Piriformis II
24. OMT for Psoas
25. OMT Quadratus Lumborum
26. Evaluation of Elbow Pain
27. OMT for Lateral Epicondylalgia
28. Jaw Pain Evaluation
29. Jaw Pain Treatment
30. Shoulder evaluation
31. Spencer for Shoulder
32. OMT for Bicipital Tendinitis

9 FAMILY MEDICINE JOURNALS

- [American Family Physician](#)
- [Annals of Family Medicine](#)
- [Archives of Family Medicine](#) (not in publication)
- [Australian Family Physician](#)
- [Family Practice](#)
- [Family Medicine Journal](#)
- [Family Practice Management](#)
- [Journal of the American Osteopathic Association](#)
- [The D.O. Magazine](#)
- [Osteopathic Medicine and Primary Care](#)