

San Francisco ACR 2015: Highlights from a first-time, AHP attendee



GO BIG OR GO HOME

With over 16,000 participants, more than 1000 speakers and moderators, participants from countries all over the world, over 30 workshops, and 3285 abstracts, this was the largest, most organized conference I have ever attended. The ACR 2015 mobile app was invaluable to assist with planning attendance at the conference, and provided maps, daily news, and access to Session Select. Session Select, a platform that houses copies of slides and recordings of the sessions has this author's vote for the most useful "registration perk" ever. It provides one year access to recorded sessions for any registrant, which can be downloaded, and given the volume of sessions available, this will be invaluable in the months to come.

APPLYING RESEARCH AND CLINICAL EFFICIENCY TOOLS INTO AN AHP'S DAILY PRACTICE

1) From: "Coming to a Joint Near You: Chikungunya"

When screening for Chikungunya (CHIKV), consider:

- a. CHIKV is a global disorder now, it is no longer only in warm climates
- b. Presents with acute onset of "EXPLOSIVE" clinical illness and, usually, resolution is acute too
- c. 9% of patients will become RF positive
- d. 1/3 of patients will suffer up to 1 year with symptoms

2) "Clinical Anatomy and Physical Exam: Essential Tools in Lower Extremity Regional Pain Syndrome"

Learned how to do a quick and thorough anatomy examination of the muscles surrounding the hips, knees, and ankles/feet so that common musculoskeletal issues can be differentiated from more serious conditions and treated accordingly.

- a. Using Foucher's sign when assessing for Baker's Cysts
- b. Assessing for Iliotibial band pain in the lateral knee (100% of ironman athletes studied had IT band tendinopathy)
- c. Assessing for intermetatarsal bursitis with presentation of forefoot pain

3) From: "Fatty Liver and the Rheumatology Patient"

Remember that Non-alcoholic fatty liver disease (NAFLD) is present in 1/5 of the world's population

- a. Add to patient counselling:
 - i. Minor lifestyle changes can make a big difference in patients with NAFLD including:
 - ii. Walking 30 minutes per day
 - iii. Avoiding all sugary drinks

iv. Decreasing processed carbohydrates and sugars

4) From: “Physical Examination Skills for Improved Detection of Synovitis and Cervical Thoracolumbar Disorders”

Use Dr. Keystone’s 3 and 4 finger techniques (two thumbs and index finger(s)) to detect synovitis in the MCPs. Not only are the effusions easier to find, but this exam complements the traditional joint exam, is quick and easy to perform, and helps to detect small MCP effusions.

5) From: “What You Know About Your Patients Feet Could Make You a Superhero”

1) Remind patients with arthritis to:

- a. get their feet measure each time they buy new shoes
- b. One shoe size is only 1/3”- that is one effusion!
- c. Socks can be just as important as shoes and orthotics as they are the interface between these appliances and the foot.
- d. avoid cotton socks as they absorb moisture and increase shearing forces
- e. cut toenails straight across to avoid ingrown toenails

6) From: “MDHAQ/RAPID3 and RHEUMDOC: Quantitative, standard, scientific summaries of patient history and physical exam, toward better clinical decisions and outcomes.”

- a. Use patient questionnaires ahead of visits- they provide a road map for the visit and save time.
- b. Use MDHAQ, not HAQ- the latter is no longer relevant.
- c. Patient questionnaires such as the MDHAQ are as reproducible in RA as joint counts, x-ray scores and lab tests as they use the same assessor each time (the patient!)
- d. RA questionnaires are the most significant predictor of severe RA outcomes
- e. Usefulness of high patient questionnaire scores may be questionable in patients with chronic pain syndromes or fibromyalgia.

7) From: “Environmental Factors in Rheumatic Disease”

- a. 1st degree relatives of patients with RA overestimate their risk of developing RA
- b. Avoid pesticides!
 - i. Any exposure to residential pesticides increases the risk of developing RA and SLE- odds ratio of 1.6 for infrequent pesticide use, and 2.3 for frequent pesticide use

ADVOCACY/RESOURCES

The exhibitors hall at ACR 2015 was an oasis of literature, well informed colleagues, and resources. One of the most useful aspects of the exhibitors hall was the “advocacy corner” where not-for-profit organizations shared their resources, their work with consumers, and their successes and challenges. A few of my favourite resources and advocacy groups include:

- **National Institute of Arthritis and Musculoskeletal and Skin Diseases:**
 - “Questions & Answers about... Knee Problems”:

- 42 page educational booklet designed for patients, answering questions about common knee conditions and includes good sections on “How can people prevent knee problems” and “What types of exercise are best for people with knee problems?”
 - Free download: http://www.niams.nih.gov/Health_Info/Knee_Problems/
 - “Handout on Health: Back pain”:
 - 30 page educational booklet designed for patients with a focus on mechanical back pain and includes thorough sections on risk factors, causes, prevention, non-surgical treatment etc.
 - Free download: http://www.niams.nih.gov/Health_Info/Back_Pain/#3
- **Vasculitis Foundation:**
 - “Granulomatosis with Polyangiitis and Microscopic Polyangiitis: Your questions, expert answers”
 - Free 79 page education book designed for patients with GPA or MPA with great sections on understanding these conditions, diagnosis, treatment, and detailed answers to frequently asked questions.
 - Available for free- call to order at 1.816.436.8211 or 1.800.277.9474
 - Excellent website with educational articles on coping with vasculitis such as: “Successfully manage your vasculitis”, and “Five tools to cope with invisible illness”
 - <http://www.vasculitisfoundation.org/education/education-articles/>
- **Gout & Uric Acid Education Society**
 - Not-for-profit website housing many useful resources such as:
 - a gout “Video library” available for streaming online:
 - <http://gouteducation.org/patient/education/video-library/>
 - Downloadable patient Education Kit:
 - <http://gouteducation.org/gout-education-kits/for-patients/#>
 - Additional resources such as helpful websites, “Comorbidities brochure series”, and “Gout in the news”:
 - <http://gouteducation.org/patient/education/additional-resources/>
- **Sjogren’s Syndrome Foundation**
 - Not-for-profit website providing consumers and health care providers with the tools to manage Sjogren’s.
 - The site has an extensive list of downloadable resources on “Coping with Sjogren’s” such as “Airline Travel tips, and “Dental Tips”, in addition to basic pamphlets about the Sjogren’s.
 - <https://www.sjogrens.org/home/about-sjogrens/brochures-and-fact-sheets>

THANK YOU!

A big thank you to the ORA, and the sponsors of the ORADE scholarship for providing me with this wonderful opportunity. As an ACPAC therapist in Northern Ontario, I have few educational opportunities and the ones that are available typically are expensive and require significant travel. Although I’ve worked in rheumatology for 14 years, I had never had the opportunity to attend ACR due to its cost. You’ve provided me with the opportunity of a lifetime- thank you!

Jocelyne Murdoch, OT Reg.(Ont.)