

# THE CASE FOR CURIOUS CLINICIANS

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MAY 20, 2022

# DISCLOSURES

- No Conflicts of Interest to Disclose

*Hi Goodbye*

# Is there a Doctor in the house?



DOCTORS PREPARE TO WELCOME VISITORS  
... There will be plenty of fun as well as scientific learning for those who attend the fourth annual meeting of the Ogden Surgical society to be held here at the Hotel Ben Lomond and Orpheum theatre May 25, 26 and 27.

The Surgical society held its first national meeting four years ago and since that time it has become one of the most outstanding surgical meetings in the intermountain west. Eminent physicians and their wives from various parts of the nation will attend this event.



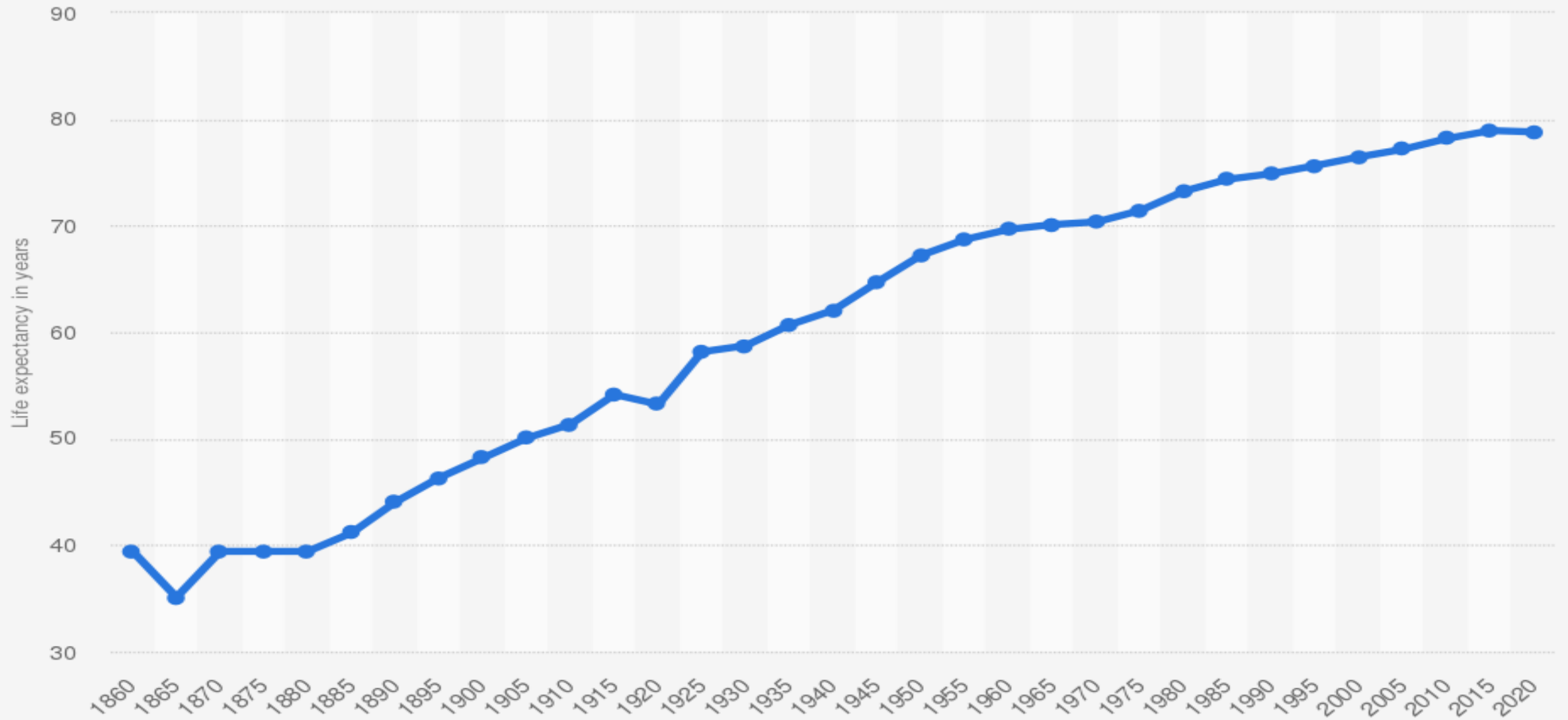


# THE GREAT DIVIDE 1912

*"...for the first time in human history, a random patient with a random disease consulting a doctor chosen at random stands a better than 50/50 chance of benefitting from the encounter."*

- Dr. Lawrence Henderson

# Life expectancy (from birth) in the United States, from 1860 to 2020\*



## Sources

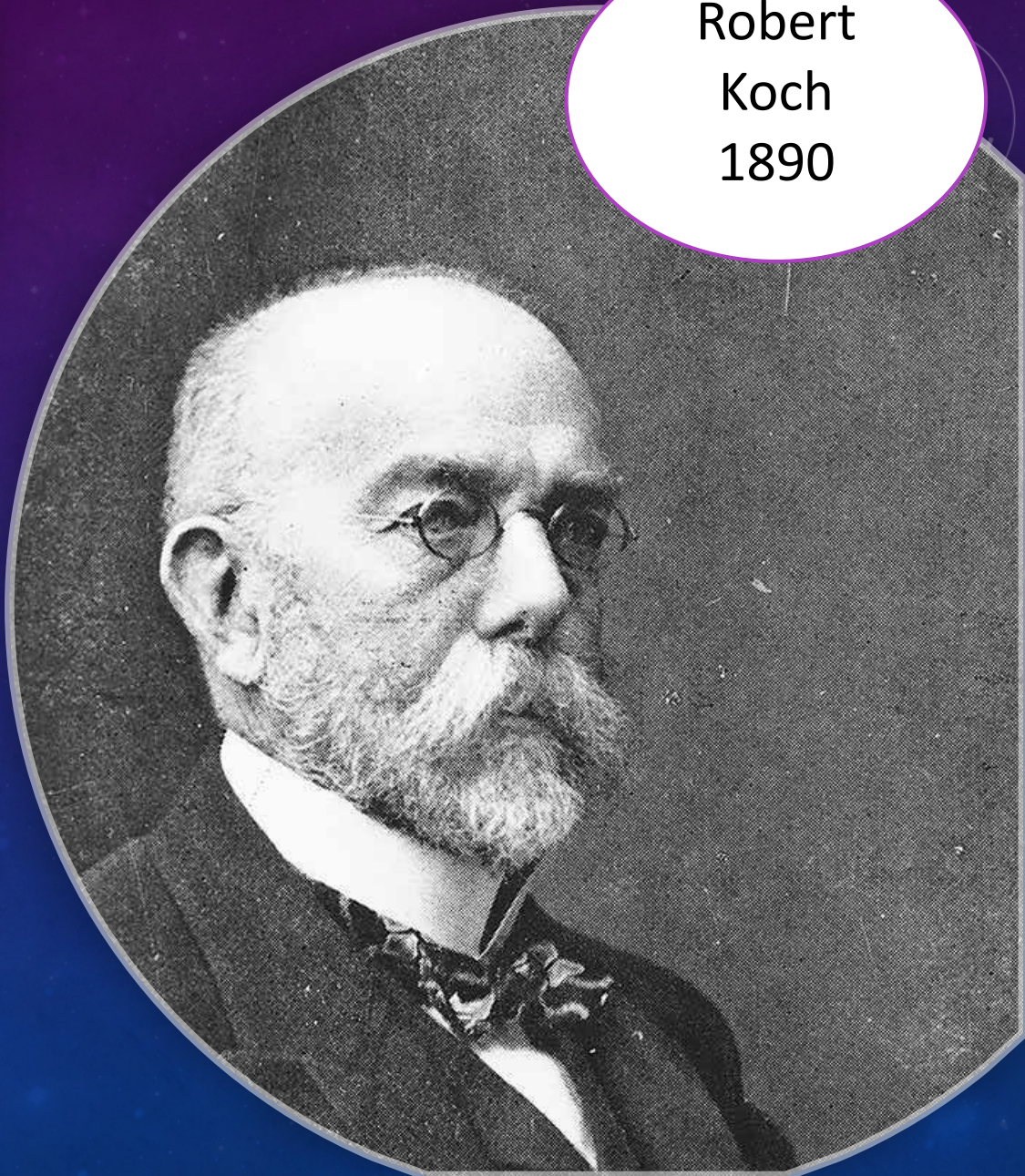
UN DESA; Gapminder  
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## Additional Information:

United States; 1860 to 2020



Robert  
Koch  
1890



# DR WILLEM KOLFF



Source: OSMS and Univ of Utah Archives



CLEVELAND CLINIC  
LERNER COLLEGE OF  
MEDICINE  
CLASS OF 2013





# DR FAITH FITZGERALD

Dean, UC Davis School of Medicine

Fitzgerald FT. Curiosity. *Ann Intern Med.*  
1999;130(1):70-72.



Desperate to prove no patient is boring she asked the patient a bunch of questions before asking how long the patient had lived in San Francisco,

“Years and years,” she said.

Was she here for the earthquake?  
No, she came after.

Where did she come from? Ireland.

When did she come? 1912.

Had she ever been to a hospital before? Once.



How did that happen? Well, she had broken her arm.

How had she broken her arm? A trunk fell on it.

A trunk? Yes.

What kind of trunk? A steamer trunk.

How did that happen? The boat lurched.

The boat? The boat that was carrying her to America.



Why did the boat lurch? It hit the iceberg.

Oh! What was the name of the boat?  
The Titanic.





## Top 10 Medical Innovations

At Cleveland Clinic, a shared passion for the delivery of superior care and an embedded culture of innovation foster continuous healthcare improvement dialogue amongst our clinicians and researchers. As such, our experts always have their finger on the pulse of new technologies slated to change the face of healthcare. The Top 10 Medical Innovations program was launched to share their insight with the broader healthcare community, and year after year, our professionals continue to successfully predict device, technology, theme, and therapy advances. With the Top 10, we inform and inspire professionals from all domains to advance practices for the benefit of patients everywhere.

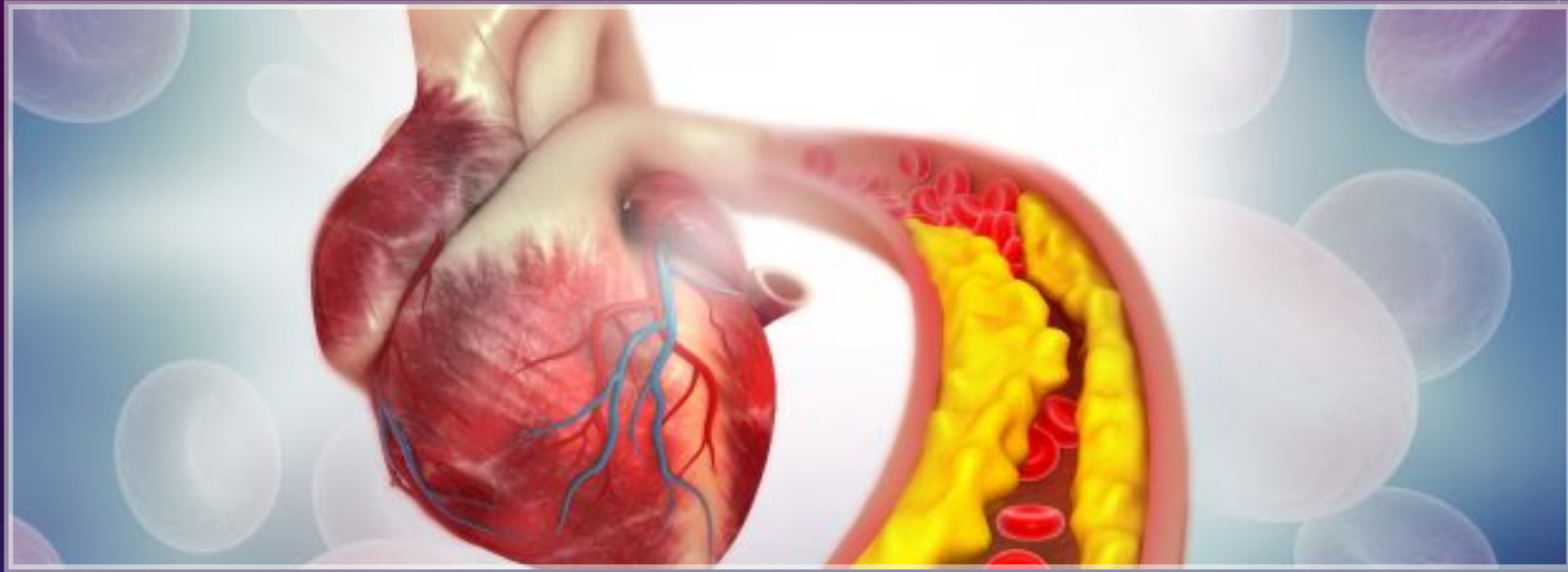
[View the Top 10 Medical Innovations for 2022.](#)



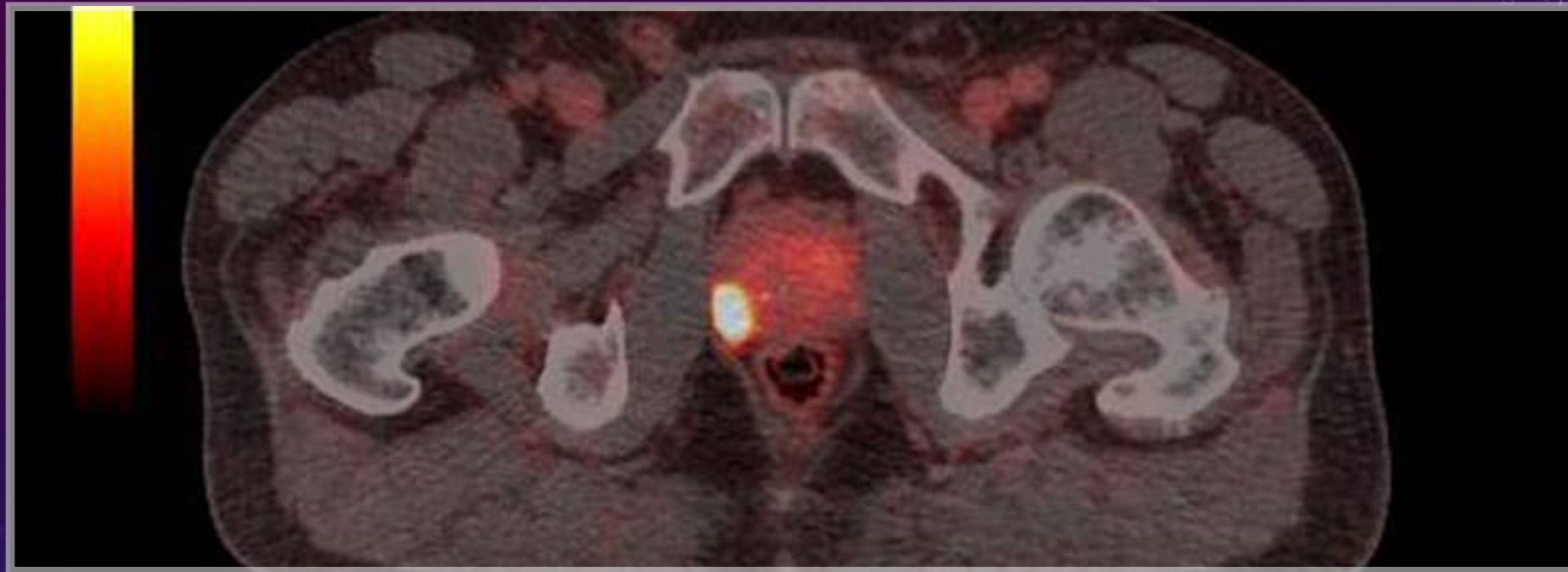


## NEXT GENERATION MRNA VACCINOLOGY





INCLISIRAN FOR LDL REDUCTION



PSMA TARGETED PET FOR PROSTATE CANCER DETECTION



## IV INFUSION FOR POSTPARTUM DEPRESSION



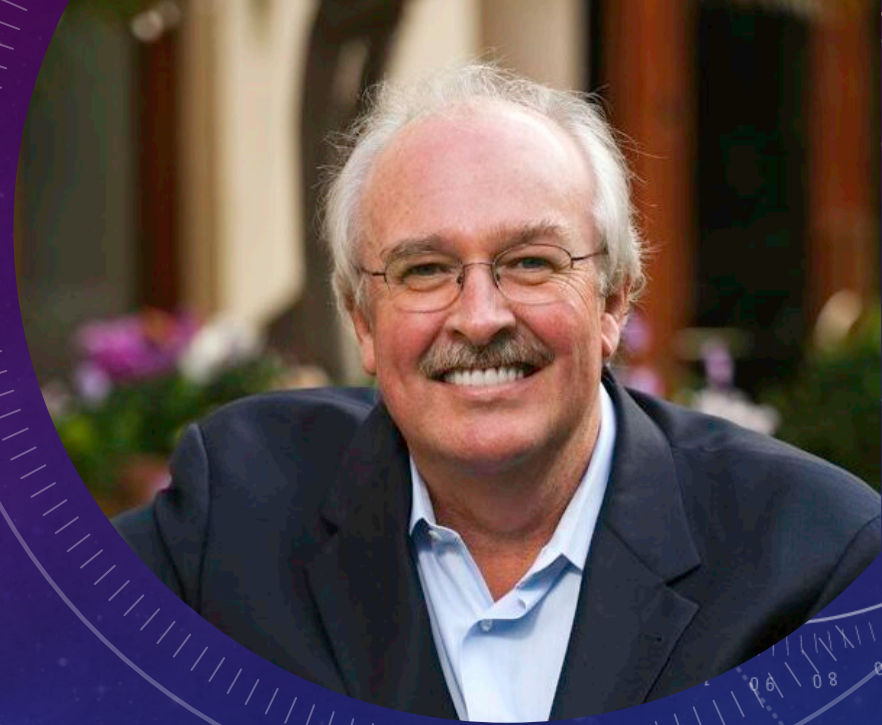
## AI ASSISTED SCRIBES



## PREDICTIVE ANALYTICS FOR HYPERTENSION

## IAN MORRISON

*“In Glasgow, where I was born, death seemed **imminent**. In Canada, where I trained, it was thought **inevitable**. In California, where I live now, it’s considered **optional**”*





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Heroes

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Davis Hospital and  
Medical Center



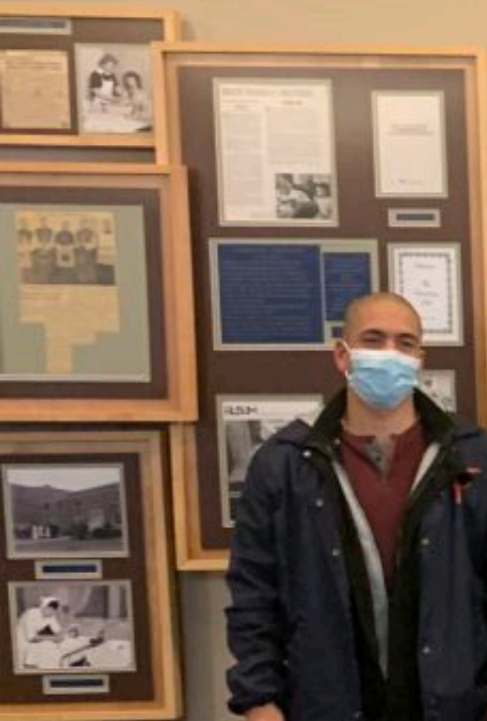


 North Entrance

Donate Care

Together, we commit  
to provide  
*healing, hope,  
and comfort*  
to all we serve.

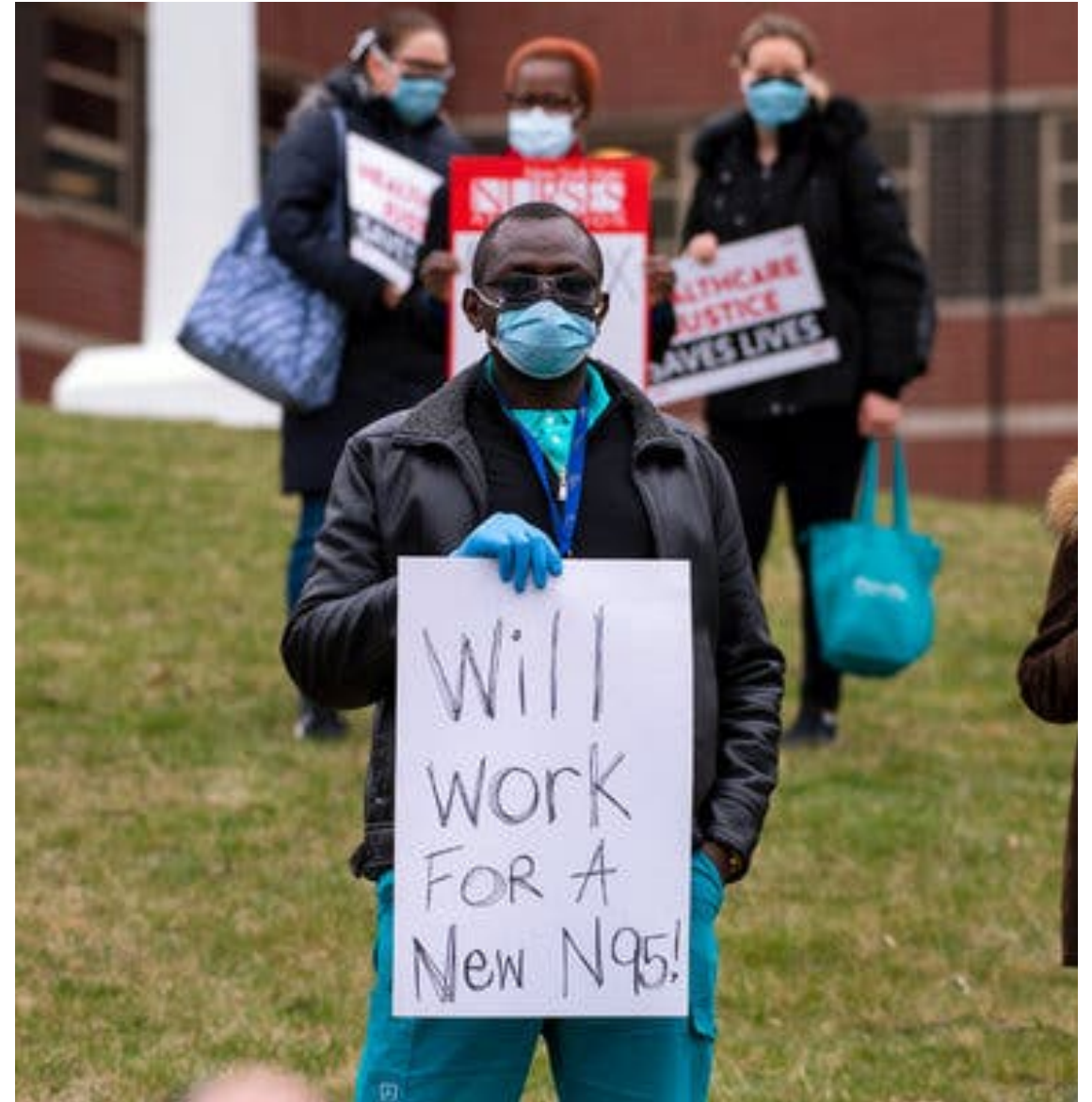
Providing Better Ca





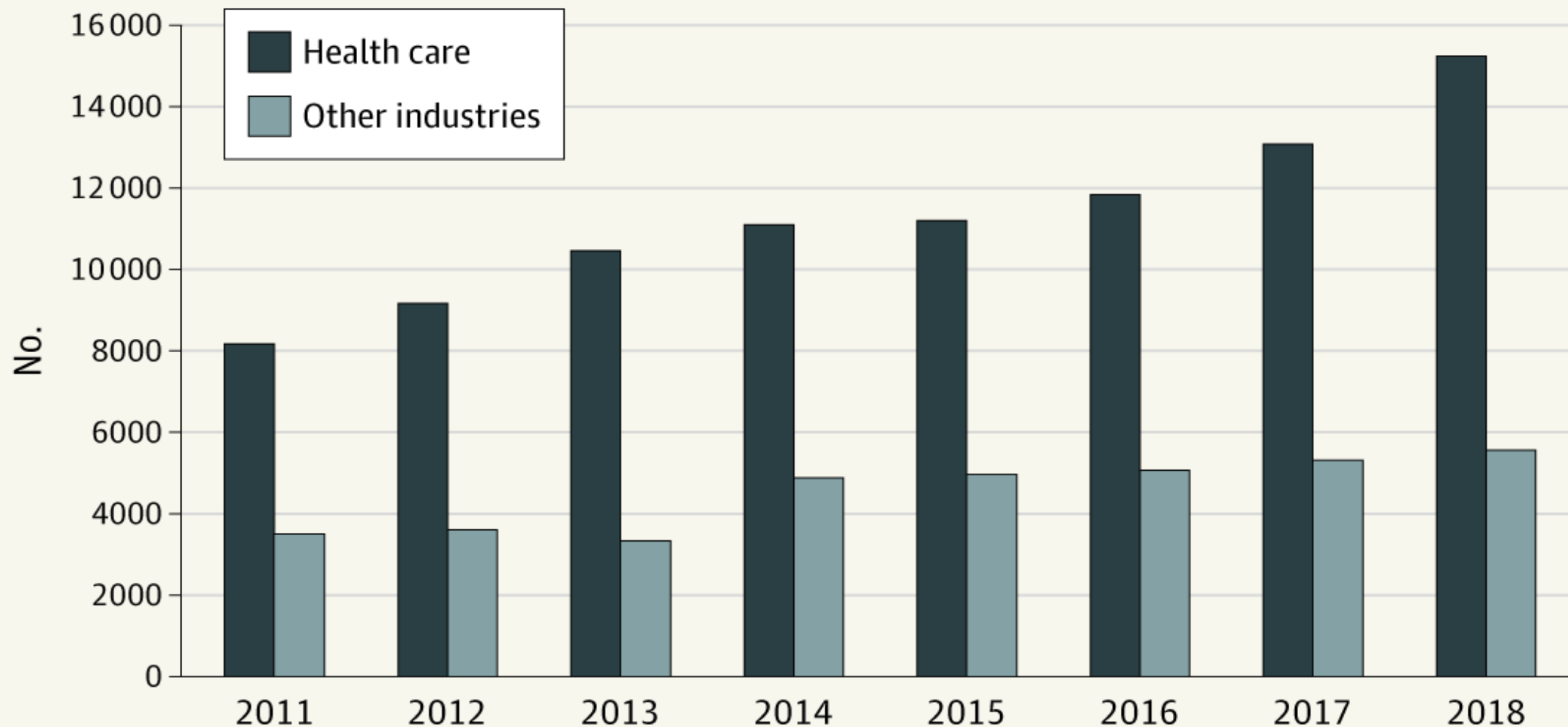






# Growing Impact of Health Care Workplace Violence

## Nonfatal Workplace Violence Injuries and Illnesses With Days Away From Work, 2011-2018



### Navigating Attacks Against Health Care Workers in the COVID-19 Era

Howard Larkin

JAMA. 2021;325(18):1822-1824. doi:10.1001/jama.2021.2701

Source: US Bureau of Labor Statistics, April 2020









# THE CHALLENGE

Every workday try to do **at least one** of the following:



Participate in your local or national medical societies



Come up with and answer a clinical question triggered by a patient encounter



Call or discuss a difficult case with a colleague, or medical provider in another specialty



Try a small project in your practice to improve the value for your patients or your own satisfaction

**Twenty-one year old male football defensive lineman with right dorsal midfoot pain**  
 Marlin Dale, MD<sup>1</sup> Stephen Schamann, MD<sup>1</sup>  
 One Hospital Center

**Case History**

The patient first develops vague right midfoot pain during spring football practice, treated conservatively by the training staff with a walking boot, which resolved over the summer. When the pain recurred during pre-season practice, a podiatrist found only tenderness in the talo-navicular and 3<sup>rd</sup> and 4<sup>th</sup> tarsal-metatarsal joints. Plain films negative. He was diagnosed with capsulitis and received corticosteroid injections into both joints, relieving his pain. One week later he came to the sports medicine clinic after feeling a painful pop in the midfoot while pushing off. His exam was nonspecific with tenderness diffusely over the dorsal midfoot. Radiographs were again negative. He was treated with ibuprofen and ice. Prior to the season's first game one week later, he received another steroid injection by a team physician. He was able to play without pain, but it recurred following the game. He presented to the sports clinic 5 days later, ambulating, but again complaining of continual pain across the dorsal midfoot.

**Physical Exam**

- |  |  |
|--|--|
| <p><b>Negative findings</b></p> <ul style="list-style-type: none"> <li>• Full range of motion</li> <li>• No swelling, bruising</li> <li>• Negative anterior drawer and lateral tilt of the ankle</li> <li>• Neurovascular exam unremarkable</li> </ul> | <p><b>Positive findings</b></p> <ul style="list-style-type: none"> <li>• Tenderness to palpation at the dorsal talo-navicular joint</li> <li>• Pain with passive midfoot supination, resisted plantar flexion and axial load to the 1<sup>st</sup> metatarsal</li> </ul> |
|--|--|

**Differential Diagnosis**

- Lateral ligament sprain
- Capsulitis of the talo-navicular joint
- Tendinopathy
- Tarsal or metatarsal stress fracture
- Pes planus with chronic midfoot sprain

**Imaging**



X-ray. No fracture noted. The series suggested pes planus (not shown).



CT: Complete vertical fracture involving the lateral one-third of the navicular with about 4 mm of separation. Of note, the MRI showed associated osseous edema with adjacent bone bruising in the mid- and lateral cuneiform (not shown).

**Final Diagnosis and Treatment**

- Complete tarsal-navicular fracture, likely preceded by occult stress fracture.

Referral to orthopedic surgery. He underwent open reduction with internal fixation of the tarsal-navicular bone requiring bone graft harvested from the right calcaneus. The surgeon stated that the fracture site exhibited evidence of chronic callous and sclerotic bony changes of long-standing duration.

**Outcome and Return to Play**

He was casted for 6 weeks, then placed in a non-weight-bearing boot for 3 months. Range-of-motion physical therapy started at 2 months post-operatively. He was bearing weight at 3 months and gradually increased activity. He is scheduled for follow-up with the surgeon just before Spring football practices start in April 2015.

Although the patient is healing and progressing well, a return to his previous level of football ability remains highly questionable.

**Discussion**

- Arriving at an anatomically specific diagnosis of a foot or ankle injury is essential for proper decision making.
- Advanced imaging is often required to make an accurate diagnosis of such injuries.
- Corticosteroid injections of the foot and ankle, although commonly done, should be strongly discouraged in the absence of a specific diagnosis.



Handwritten text in Devanagari script, likely describing anatomical details of the shoulder and arm region.

Handwritten text in Devanagari script, likely describing anatomical details of the neck and upper chest region.



Handwritten text in Devanagari script, possibly a label or a small note.

Handwritten text in Devanagari script, likely describing anatomical details of the hand and forearm region.

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