

Scholarly Links

Oral Presentations:

An Uncommon Cause of Carpal Tunnels Syndrome: A Depp Palmar Lipoma - *Lead Author: Oluwatobi Lasisi, PGY-4, Additional Authors: Anna Crutchfield, MD & Timothy Yu, MD*

BACKGROUND: Carpal tunnel syndrome (CTS) is one of the most common peripheral neuropathies of the upper extremities and it is typically idiopathic. Space occupying lesions such as lipomas are rare causes of CTS. We present a 69-year-old female with CTS caused by lipoma in the hand Case report: A 69-year-old female complained of right-hand paresthesia in the first three fingers over the past six months. She reported concurrent enlarging mass of similar duration. She denied any trauma or fall. Swelling improves slightly with massage but nothing else seems to help. She is right-hand-dominant, and the mass is affecting her ability to work as a lawyer. On physical examination there was a soft, palpable mass at the first webspace of the right hand and a positive Tinel's sign at the carpal tunnel. She was prescribed gabapentin for pain and encouraged to keep hand straight at night. MRI showed a large lobulated fat-containing structure with scattered thin linear internal septations, centered in the deep first web space between the thenar muscles, with smaller components extending more proximally along the volar and dorsal aspect of the first carpometacarpal joint. She underwent surgical excision of the lipoma by an orthopedic hand surgeon. On postoperative follow up, she recovered full hand function with normal grip strength and range of motion and resolution of paresthesia Conclusion: This case highlights a rare structural cause of CTS, a lipoma, which should be considered in the differential diagnosis of CTS, especially in the settings of a palpable mass.

Video: <https://youtu.be/Ci1xUMbcoSo>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Oluwatobi-Lasisi-Slides.pdf>

Understanding Patient Needs and Language Preferences for Whole Health Focused Care –
Lead Auothors: Tyler Hyun & Rebecca Eshtiaghpour, MS1 & MS2 Respectively, Additional Authors: Rebecca Etz, Conor Duffy, Martha Gonzalez, & Sarah Reves

Context: Health is dependent on mental, physical, spiritual, and social factors. However, the U.S. healthcare system treats these separately, leading to fragmented care that overlooks what patients value most. Objective: To understand patient needs and language preferences to provide more complete, holistic primary care. Design/Analysis: A voluntary, anonymous 7-9 minute online survey of U.S- based primary care patients. Codes were developed using grounded theory, applied in a template-based approach, with coding frequencies identified using descriptive statistics. Population: Diverse convenience sample of 1,579 U.S. primary care patients over age 18, seen in primary care within 12 months. Instrument: Study focused on two open-ended questions: "When you decide to talk to someone (in healthcare) about your health or how you are feeling, what motivates you to seek help?" and "Think about a time when someone (in healthcare or not) asked about how you were doing in a way that made you feel like they really cared. What was it that made you feel that way?" Results: Among motivators for seeking help, notable themes included relationships with the care team (7%), inability to solve issues

alone (7%), and severity (6%). In describing feeling genuinely cared for, notable themes included empathy (31%), engagement (24%), personal questions (11%), remembering their history (4%), and personal relationships (4%). Conclusion: Kindness, trust, and emotional involvement from clinicians are motivating factors for care seeking and help patients feel known beyond their chart. Clinicians can demonstrate connection by asking personal questions and avoiding scripted interactions.

Video: <https://youtu.be/gaR4IZZvjIE>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Rebecca-Eshtiaghpour-Tyler-Hyan-slides.pptx.pdf>

Association Between Patient-Centered Communication and Clinical Quality Measures: A Pilot Study – *Lead Author: Garrett Davies, MD, PGY-3, Additional Authors: Jessica Morris, Tom Nelson, Kimi Vo, Dinesh Lal, & William "Bill" Kerns*

Background: Patient-centered communication (PCC) is a core component of primary care and is known to improve clinical outcomes. Objectives: To evaluate whether certain questions from Press Ganey can be a surrogate quality measure by attempting to associate those questions with selected quality measures. The aim would be to assess if these questions on the Press Ganey data can be used as a surrogate for quality care. Methods: A post-hoc analysis was conducted using PG data from an 11 clinician family medicine practice and EMR data. Three questions were selected for PCC: Concern the provider showed for your questions or worries; Explanations the provider gave you about your problem/condition; and Provider's efforts to include you in decisions about your care. A1c control, colorectal cancer (CRC) screening adherence, and blood pressure QM were assessed. A spearman correlation was used to analyze data by provider, by question, and by quality measure. Results: Statistical significance was not achieved, however, there was a positive trend between PG and A1c control ($\rho = 0.336$, $p = 0.162$). Conclusions: Findings do not support an association between Press Ganey patient-centered communication questions and the quality metrics examined. However, there is a trend towards significance for A1c control in our family medicine setting. Limitations include small sample size and lack of adjustment for potential confounders. Further research with larger samples and multivariate analysis is warranted to clarify these relationships.

Video: <https://youtu.be/m7u1W4d1XXI>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Garret-Davies-Slides.pdf>

Primary Care Provider Experiences with Orthorexia Nervosa – *Lead Author: Allison Marcotte, MS2*

Background: Orthorexia nervosa (ON) is a form of disordered eating characterized by an obsession with eating a diet that one considers to be clean or pure. While not currently recognized in the DSM, emerging research continues to shed light on its harmful consequences, such as nutritional imbalances and psychological distress. Primary care providers have a vital role in the recognition, diagnosis, and treatment of patients with disordered eating, including ON. The purpose of this project is to better

understand the experiences that primary care providers have in caring for patients with eating disorders, including orthorexia nervosa. Methods: Primary care providers were interviewed about their prior training on eating disorders, comfort diagnosing and treating eating disorders, and their understanding of orthorexia nervosa. A thematic analysis was implemented to determine themes amongst their answers. Results: Our results reveal inadequacy of training on eating disorders in primary care, emphasis on weight in diagnosing eating disorders, discomfort with orthorexia nervosa, and the importance of primary care in the diagnosis of eating disorders, while a multidisciplinary team is key to treatment. Discussion: Primary care providers play a vital role in the care of patients with eating disorders, including orthorexia nervosa. To better support them in this role, improved training on eating disorders, including orthorexia nervosa, is needed.

Video: <https://youtu.be/Lv5WX0vGEWM>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Allison-Marcotte-Slides.pdf>

The Protective and Therapeutic Potential of Nature in Relation to Adverse Childhood Experiences – *Lead Author: Eleanor Dalsass, MS2, Additional Authors: Jennifer Gilbert, Dr. Alexander Krist, Robert Argabright III, & Carolyn Schuyler*

Context: While nature therapy has been integrated into some international health care systems, including those in Japan and the UK, its evidence base in the United States for the prevention and treatment of pediatric social, emotional, and behavioral problems—such as those commonly occurring in children with adverse childhood experiences (ACEs)—is less well understood. Objectives: We sought to (1) conduct systematic reviews to identify nature-based therapy as a psychosocial intervention for the prevention and treatment of ACEs, (2) analyze data from a community in Virginia that has implemented nature-based therapy, and (3) propose an approach for communities to assess and measure nature connectedness. Study Design: Mixed-methods Setting or Dataset: Population: PubMed, the American Academy of Pediatrics, MDPI, and Sage Journals were used to identify systematic reviews. Qualitative interviews were conducted with the founder of Bellemeade Park in Richmond, VA, and the co-founder of Wildrock, a nature play and discovery center in Charlottesville, VA. Additional data sources included The Trust for Public Land's ParkScore® index of park systems in the 100 most populous U.S. cities and the Child Opportunity Index (COI). Results: Psychosocial interventions such as cognitive behavioral therapy (CBT), play therapy, art therapy, animal-assisted therapy, and support groups are among the most common and well-studied treatments used with children who have experienced ACEs. The prevalence of ACEs is higher among Hispanic and Black populations than among White populations. Hispanic and Black populations are also more likely to experience barriers to accessing parks and green spaces. Conclusion: There are not only racial disparities among young people at the highest risk of experiencing ACEs, but also disparities in access to parks and green spaces among the populations who would benefit most from nature therapy. Contact with nature can support better health outcomes by enhancing children's self-esteem, self-efficacy, creativity, and emotional regulation. Future research is needed to evaluate the feasibility and effectiveness of nature-based therapy and to better understand and address racialized barriers to access.

Video: <https://youtu.be/ocENRrelrjl>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Eleanor-Dalsass-Slides.pptx.pdf>

Identifying and De-Labeling Inappropriate Penicillin Allergies at a Primary Care Clinic: A Student-Driven Feasibility Study – *Lead Author: Robert Christian Busch Jr., MS2, Additional Authors: Zein Daher MD, John E. Snellings MD, Gordon W. Theisz MD*

BACKGROUND: Penicillin is a commonly reported allergy, though many cases are inaccurate. Mislabeling arises from misattributed symptoms, overreliance on family history, or non-IgE reactions; true IgE-mediated allergies also wane over time. Inaccurate labeling contributes to poor antibiotic stewardship and adverse health outcomes. This study evaluated the feasibility of a student led penicillin allergy de-labeling initiative in a primary care setting. **METHODS:** Patients with documented penicillin allergies at EVMS Ghent Family Medicine clinic were approached. Consenting patients completed a standardized allergy questionnaire administered by a medical student, including the PEN-FAST tool to assess IgE-mediated reaction risk. Patients with a PEN-FAST score of 0 were deemed very low-risk (<1%) and eligible for immediate de-labeling if previous reactions were mild, cutaneous, >5 years prior, and untreated. Scores of 1–2 (<5% risk) were considered low-risk and eligible for future direct oral challenge (DOC) with amoxicillin. **RESULTS:** Of 62 patients approached, 54 consented (87.1%). Very low-risk PEN-FAST scores were the most common (n=20, 37%), followed by low-risk (n=18, 33%). Among those qualifying for DOC, 11 (61%) expressed interest. PEN-FAST score did not predict willingness to take penicillin ($p=0.241$) but was a significant predictor for DOC willingness; each 1-point increase reduced odds of participation by 34% (OR=0.66, 95% CI: 0.43–0.99, $p=0.048$). **CONCLUSION:** A student-led de-labeling initiative in primary care is feasible, with 57.4% of participants either safely de-labeled or willing to undergo DOC. PEN-FAST stratifies clinical risk and predicts DOC openness, highlighting the potential for broader implementation of medical student-led allergy de-labeling programs.

Video: <https://youtu.be/9SFxWSFvSsk>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Christian-Busch-Jr.-SLides.pdf>

A Case of Rapidly Recurrent Adhesive Capsulitis Significantly Improved with Suprascapular Nerve Block – *Lead Author: Ramyar Sigarchy, MD MPH, PGY-4, Additional Author: Timothy J. Yu, MD CAQSM DipABLM RMSK*

Background: Suprascapular nerve block is gaining support as an alternative to glenohumeral joint injection for the treatment of shoulder adhesive capsulitis. **Case description:** A 48-year-old female presented to the sports medicine clinic for recurrent right shoulder pain and limited range of motion (ROM) with associated neck pain after one episode of exercise following recent resolution of adhesive capsulitis resolved with hydrodilatation and formal physical therapy (PT). Symptoms were not relieved with home treatments of warm compresses, infrared light, or ibuprofen. On exam, all passive and active ROM of the right shoulder were limited with pain greatest at the end ranges of motion, supraspinatus tendon tenderness, and no scapular dyskinesia. The patient received a landmark based subacromial corticosteroid injection and an ultrasound guided suprascapular nerve block injection with a

combination of local anesthetic and corticosteroid. The patient declined formal PT, opting for home PT exercises she previously learned. A 2 month follow up appointment demonstrated significant improvement in ROM and pain approaching normal. Discussion: This case of rapidly recurrent shoulder adhesive capsulitis after recent initial resolution following hydrodilatation and PT was successfully treated with a combination of subacromial corticosteroid injection, suprascapular nerve block, and home PT exercises. This supports the growing literature demonstrating the effectiveness of suprascapular nerve block as a treatment option for shoulder adhesive capsulitis and suggests that it may be a good first line treatment for recurrent cases.

Video: <https://youtu.be/UCjd04IFzY>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Ramyar-Sigarchy-Slides.pdf>

“From the Top Rope”, A Case Report of Isolated PCL Tear – Authors: Justin Luy , MS3, Kyler Wilson, MD (PGY3), Timothy Yu MD, FAAFP, CAQSM, DipABLM, RMSK

Introduction: Isolated PCL injuries are much less common than ACL injuries and commonly seen in high impact traumas. Given this, there is substantial benefit for broad-spectrum family physicians in discussing non-traditional mechanisms/presentations of this diagnosis and reviewing management including return-to-play for patients. Case Description/Methods: A 21 yo male presented with nagging pain and instability after a knee injury 2 months prior. The patient is a tag-team professional wrestler and fell on the edge of the ring on his left knee during a match. He experienced a “pop” during the match and later developed pain and swelling. At the initial presentation, he had no imaging nor was he taking however he was doing self-directed rehabilitation with only mild to moderate improvement in symptoms. The initial exam showed quadriceps atrophy and posterior sag with approximately 7-8 mm of translocation on posterior drawer testing consistent with a moderate to severe PCL injury. A subsequent MRI revealed a grade 2 PCL tear. Patient performed 2 months of conservative management with physical therapy and oral anti-inflammatories. His pain/functional testing improved with a posterior sag of 1-2 mm on repeat exams. Interestingly, the patient continued to wrestle during treatment. Discussion: This case demonstrates the efficacy of non-operative treatment of PCL injuries. PCL injuries like this are reasonable pathologies to see in an outpatient family physician’s office. Several cohort studies advocate for non-operative management of Grade 1-2 injuries with translocation under 12 mm. Interestingly, this patient improved without gradual return to play.

Video: https://youtu.be/pX_QIRU-v5E

PDF: <https://vafp.org/wp-content/uploads/2025/10/Kyler-Wilson-Justin-Luy-Slides.pdf>

Poster Presentations:

Digital Circulation: A Content Analysis of Peripheral Arterial Disease Information on TikTok – Lead Author: Karishma Setia, MS4, Additional Authors: Taneesha Sardana BS & Michael F. Amendola MD MEHP FSVS FACS

Introduction: TikTok, a social media platform, has over 150 million users in the United States. A common assessment of online educational materials utilized the DISCERN framework.^{2,3,4} We assess the quality of peripheral arterial disease (PAD) content presented on TikTok. Methods TikTok was search for “Vascular PAD”, “Intermittent Claudication”, “Peripheral Artery Disease”, and “Acute Limb Ischemia” in March 2025. 50 videos under each phrase were analyzed for DISCERN score, creator, likes, comments, shares, views, and run time. The total DISCERN score is out of 80 with the classification defined as follows: excellent (63-80), good (51-62), fair (39-50), poor (27-38), and very poor (16-26). Fisher's exact†, student's t-test*, and ANOVA** were used. Results: 200 videos were examined, of which 81 (4.1%) were created by physicians. 157 (78.5%) of videos were rated poor or worse. Physicians were more likely to have videos with higher DISCERN scores than non-physician creators (p<0.001). Physicians had a higher mean DISCERN score than non-physicians across the assessment (Figure 1). Videos with higher DISCERN scores had lower views (p=0.037). Videos with lower DISCERN scores had shorter run times (Table 1). Conclusions: While many PAD-related TikTok videos are of lower quality, those created by physicians tend to be more reliable and complete. Videos with lower reliability scores often receive more views leading to potentially perpetuating misinformation regarding PAD. PAD content on TikTok is not currently credible, leaving an opportunity for future physician led improvements.

Video: <https://youtu.be/RB410H0SR1Q>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Setia-Karishma-Slides.pdf>

Global Vision, Local Impact: A New International Medical School's Approach to Early Health Care Exposure – *Lead Author: Tiffany Phan, MS3, Additional Author: Irvin Pamah, Aylene Sosa, & Najae Simmons*

Purpose: Quality of healthcare is grossly imbalanced across developing countries, challenging socioeconomic development. Early exposure to medical education improves student health knowledge and increases access to preventive care. Aligned with the Global Consensus for Social Accountability of Medical Schools, we present a student-led program promoting early interest in health careers and education about prevalent conditions such as hypertension, diabetes, renal disease, and atherosclerosis. Methods: The “Be a Med Student for a Day” program was organized by medical students from Western Atlantic University School of Medicine (WAUSM) across 6 high schools in Freeport, Bahamas. The sessions introduced health education through interactive sessions, including an emergency medicine simulation, physical exams, a clinical case, and a student panel with Bahamian and international medical students. Results: The pilot session drew 15 students from 2 schools. The overwhelmingly positive feedback increased interest in the program, with participation more than doubling in the second session. Students discussed the impact of chronic illnesses in their communities, sparking collaborative learning. National and local media covered the initiative, boosting visibility and demand for expansion. Conclusion: Early exposure to health education encourages interest in medical careers and empowers informed health behaviors. The “Be a Med Student for a Day” initiative engaged multiple Bahamian high schools with immersive learning experiences rooted in real medical education. This highly regarded program offers youth a pathway to explore healthcare professions while addressing critical health issues in the Bahamian population, a model which could be implemented globally.

Video: <https://youtu.be/R8-UEwDUuho>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Tiffany-Phan-Slides.pdf>

Impacts of Medicaid Cuts on Primary Care – *Lead Author: Brooke Bishop, MS2, Additional Authors: Dr. Rebecca S. Etz, Sarah Reves (NP), Martha Gonzalez, Connor Duffy, & Susan Nguyen (MS2)*

Background: Prior to the passage of recent federal legislation reducing Medicaid funding, we sought to understand how such cuts might affect primary care. We captured frontline perspectives to inform preparedness and advocacy before consequences were fully realized. Methods: A brief, web-based survey was administered June 5-12, 2025, to primary care clinicians across the United States. Of 383 responses, 379 were included in analysis. The survey assessed projected impacts on specialty care access, financial viability, burnout, and administrative burden. Respondent demographics were representative of national primary care. Findings informed a Request for Information submitted to the U.S. Senate HELP Committee. Results: The majority of clinicians opposed Medicaid cuts, with nearly one in four reporting their practice would be at risk of closure under the proposed legislation. Anticipated effects included diminished access to specialty care, increased strain on federally qualified health centers, and greater administrative burden from tracking requirements. Respondents also predicted worsening burnout, financial stress, and provider wellbeing. Conclusions: These findings foreshadow the outcomes now unfolding in Virginia, where Augusta Medical Group recently announced the permanent closure of three rural clinics in the Shenandoah Valley, citing direct impacts of the new legislation. Such closures illustrate risks our survey identified: threatened practice viability, limited specialty care access, and increased strain on rural health systems. Findings and Clinician responses recommended emergency medication access programs, maintained retroactive billing, and federal protections against trigger laws to offer actionable strategies to help mitigate the effects of Medicaid funding reductions.

Video: <https://youtu.be/6PcwkoZoCZY>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Brooke-Bishop-Slides.pdf>

Bridging Gaps in Maternal Opioid Use Treatment: Community-Level Associations with Infant Mortality – *Lead Author: Zainab Siddiqui, MS2, Additional Authors: Jacqueline Britz & Tyler Burton*

Rates of opioid use disorder (OUD) have been rising among pregnant individuals, contributing to an increased risk of sudden unexpected infant death. While the individual-level benefits of medication for opioid use disorder (MOUD), such as methadone and buprenorphine, are well established, their influence on rates of sudden unexpected infant death at the community-level is less understood. Using data from the Virginia All-Payer claims database (2020-2021), including data on prescriptions for MOUD among pregnant and postpartum women and sudden unexpected infant death rates, we examined associations between MOUD use and infant outcomes. Additionally, a community needs assessment survey was sent out to healthcare workers and community organizations across Virginia in 2023. This analysis focused on 3 of the survey questions relating to gaps and barriers in the OUD treatment system.

Counties with the highest sudden unexpected infant death in 2021 had very low MOUD utilization in the preceding year, and community-level rate of fatal opioid overdose decreased as rate of MOUD increased. Survey respondents consistently identified lack of long-term housing, unreliable transportation, and fear of legal repercussions as the primary obstacles preventing pregnant women from receiving OUD treatment. While data indicate correlation and not causality, maternal engagement with MOUD may serve as a positive indicator of improved infant outcomes. A holistic, community-centered approach that addresses systemic barriers holds the potential to reduce disparities in opioid use care and ultimately lower infant mortality in high-risk counties.

Video: <https://youtu.be/LoPo8swL710>

PDF: <https://vafp.org/wp-content/uploads/2025/11/Zainab-Siddiqi-Poster.pdf>

Lessons Learned from a Family Medicine Resident–Led Rapid Response Team: A System-Based Reflection – *Lead Author: Tala Khalefa, MD, PGY-2, Additional Author: Alexa Caffio-Learner, MD, PGY-3*

Rapid response teams (RRTs) in hospitals improve the physician response time in urgent situations and provide team-based perspectives on clinically deteriorating patients. In a community hospital in Portsmouth, VA, the RRT is led by family medicine residents; the team includes members from nursing leadership, critical care nursing, respiratory therapy, and during code blues, members from the ICU. Rapid responses have helped to incorporate components of emergency medicine training into inpatient hospital rotations, allowing residents to develop the necessary skills to stabilize critical patients. One particular RRT experience exemplified the opportunity for learning about team dynamics, medical management of tachyarrhythmias, ACLS algorithms, and bedside ultrasound. The patient was originally admitted for heart failure exacerbation, then developed an intermittent wide complex tachycardia that led to multiple RRT calls. The third such call started as A-fib with RVR with mild hypoxia but quickly deteriorated into a cardiac arrest. The addition of POCUS during the Code revealed cardiac tamponade. This allowed an ICU fellow to perform emergent pericardiocentesis, and the team subsequently achieved ROSC. The case also involved the unique phenomenon of CPR-induced consciousness (CPRIC), an important occurrence for medical teams to be able to recognize to prevent delays in patient care. This project highlights the lessons taken away from this experience and proposes the addition of POCUS as a readily available tool to improve patient outcomes.

Video: <https://youtu.be/e57EAhsew6M>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Tala-Khalefa-Slides.pdf>

What Cause My Meningitis? – *Lead Author: Amanda Herbert, MD, PGY-3*

Introduction: Meningitis is the inflammation of the meninges—the protective membranes surrounding the brain and spinal cord, composed of the dura mater, arachnoid mater, and pia mater. Symptoms include fever, headache, neck stiffness, photophobia, nausea, vomiting, and altered mental status. Types include bacterial, tuberculosis, viral, fungal, and aseptic. This case explores a diagnosis of aseptic

meningitis. Case Description: A 45-year-old male with metastatic renal cell carcinoma (lung and brain), status post left craniotomy, and type 2 diabetes presented with neck pain, headache, fever (100.8°F), nosebleeds, and swelling at the surgical site. He was on prednisone (post-op swelling), Bactrim (PCP prophylaxis), Keytruda (immunotherapy), and Inlyta (chemotherapy). Lumbar puncture revealed meningitis. Empiric antibiotics and IV Acyclovir (due to HSV history) were ineffective. Neurosurgery advised tapering prednisone, but symptoms worsened. Infectious disease noted symptom correlation with steroid reduction and suspected aseptic meningitis, likely due to Bactrim. After discontinuing Bactrim and restarting high-dose steroids, the patient improved. Discussion: This case highlights aseptic meningitis as a rare but important diagnosis. Potential causes include metastatic cancer, viral infections, and medications like Bactrim and immunosuppressive medications. Viral etiology was ruled out via lumbar puncture. The patient had multiple risk factors, but Bactrim was the most recent medication introduced, making it the likely cause. Prompt recognition and steroid treatment led to clinical improvement.

Video: <https://youtu.be/cNebdZyjiec>

PDF: <https://vafp.org/wp-content/uploads/2025/11/Amanda-Herbert-Slides.pdf>

A Scoping Review: A Look at Building Resilience in our Military Healthcare Teams – Lead

Authors: Lana Sumner-Borema, MS2 & Chanel Vuong, MS2

Context: For US military healthcare providers (MHP), resilience and resilience building is key. Understanding if resiliency can be measured or influenced may help to determine if individuals who choose military healthcare are to be prepared prior to joining, or if their resiliency can be increased in military healthcare settings. Objective: To synthesize the current research on MHP and resiliency, and to determine the current methods used to measure and influence resiliency in this population. Study Design and Analysis: A research study was conducted by distinct search strings in PubMed, EBSCO CINAHL, and Web of Science, yielding an initial 77 results. Research was examined for relevance to resilience of US MHP, and independently coded by two researchers. The total number of articles that met criteria for the final review is 16. Population Studied: The studies included in this research included US MHP across branches - physicians, nurses, medics, and mental health providers. Intervention/Instrument: Study results were coded and themes were discovered regarding how resilience and resilience building are approached from an individual as well as programmatic standpoint. Outcome Measures: Articles sharing each theme pertaining to resilience, resilience building, and its factors of influence were quantified, and articles comprising each theme were noted. The different quantitative scales used to measure resilience were recorded. Results: The most cited factor in resilience building was the use of social support, spirituality, and physical exercise as coping mechanisms. Our findings showed limited research in public medical databases and no universal definition of resilience. Equally, it demonstrated limited consensus on the most appropriate scale to measure resilience.

Video: <https://youtu.be/aQwFmhORAGY>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Vuong-Sumner-Borema-Slides.pdf>

Relationship Between Complex Regional Pain Syndrome and Neuromuscular Pathology – Lead

Author: Zachary Nylund, MS4, Additional Authors: Sally Abilmona, DO & Timothy Yu, MD

Background: Complex regional pain syndrome (CRPS) is characterized by pain disproportionate to any preceding injury or trauma, often with abnormal sensory, motor, and autonomic findings (1). CRPS type 2 develops after nerve injury and is often more painful and refractory to treatment (2). We present a case of acute CRPS type 2 refractory to inpatient opioid therapy, with both imaging and clinical findings suggestive of Baxter neuropathy. Case Presentation: A 39 year old female with longstanding CRPS following ankle surgery presented with acute left foot pain resembling previous flares, requiring inpatient IV pain management. Prior interventions included dorsal root ganglion stimulator, spinal cord stimulator, intrathecal pain pump, epidural injections, sympathetic nerve blocks, and medication therapy without significant benefit. Exam demonstrated hyperesthesia, allodynia, and restricted motion. MRI of the ankle revealed intrinsic foot muscle atrophy concerning for Baxter neuropathy and tarsal tunnel syndrome. Laboratory studies showed vitamin D and B12 deficiency with elevated inflammatory markers. She had minimal improvement during hospitalization with steroids and IV opioid treatment, likely related to chronic opioid use (3). After discharge, she reported improvement in pain with outpatient ultrasound-guided Baxter nerve injection and vitamin repletion. Discussion: This case illustrates the complexity of CRPS type 2, where overlapping neuromuscular pathology, such as Baxter neuropathy, and vitamin deficiency may contribute to symptomatology. Given MRI and clinical findings of nerve entrapment, targeted interventions like peripheral nerve corticosteroid injection may be beneficial when standard approaches fail. This presentation suggests potential benefit in individualizing CRPS Type 2 treatment toward underlying peripheral neuropathies.

Video: <https://youtu.be/q98VFA43KJo>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Zachary-Nylund-Slides.pdf>

Diagnosis, Distrust, and the Physician–Patient Relationship in Hypermobile Ehlers-Danlos Syndrome – Lead Author: Adele Matter, MS3

This research explores how patients with hypermobile Ehlers-Danlos Syndrome (hEDS) describe their interactions with healthcare providers, based on a qualitative analysis of narratives from online communities. These accounts reveal a consistent expectation of disbelief, frequent dismissal of symptoms, and a need to "manage" medical encounters strategically. The tension between patients' need for diagnostic validation and physicians' focus on treatment contributes to breakdowns in trust. Importantly, patients identify good care not by cures—often unavailable—but by clinicians who listen, validate, and engage collaboratively. In chronic, poorly understood conditions like hEDS, the therapeutic relationship itself can be the most meaningful intervention. The goal of this work is to provide insights from an environment seldom accessible to physicians (patient-focused forum) to improve our ability to serve patients struggling with chronic, challenging to treat, conditions.

Video: <https://youtu.be/5BguCiNnMVw>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Adele-Matter-Slides.pdf>

Heel Pain Evolution: A Case of Plantar Fasciitis Advancing to Achilles Enthesopathy – Lead

Author: Tom Givens, DO, PGY-2, Additional Author: Aubrey Massmann, DO

The patient is a 53 year old female who works as an elementary school teacher and enjoys long walks. She has a medical history of congenital hip dysplasia, sunlight sensitivity, irritable bowel syndrome, ischemic colitis, hypertension, myalgias, tension headaches, joint hypermobility, chronically elevated C-reactive protein and a family history of psoriasis in her father and sister. She initially presented to sports medicine clinic with bilateral medial plantar foot pain that improved as the day progressed. She had no injuries but had been walking a lot recently to lose weight. She was diagnosed with plantar fasciitis and underwent treatment with NSAIDs, osteopathic manipulative treatment (OMT), dextrose prolotherapy injections, eccentric stretching exercises, and night splinting with partial improvement of symptoms. She followed up and her bilateral medial plantar pain improved, although she had some worsening posterior heel pain. She noticed it particularly when driving and standing for prolonged periods of time. On clinical exam, she had diminished range of motion and pain with plantarflexion as well as bilateral insertional Achilles tenderness. She also had 3/5 strength in plantarflexion bilaterally. Ultrasound of the Achilles tendons showed calcifications, erosions, enthesophytes, and hyperemia. She was referred to rheumatology where autoimmune work up was largely unremarkable, although she had elevated inflammatory markers. The presumed diagnosis for her was Achilles enthesopathy from psoriatic arthritis. She was initially started on methotrexate without symptom improvement. She was then started on Humira (adalimumab) with mild improvement, had a site reaction to Enbrel (Etanercept), and is clinically stabilized on Cimzia (Certolizumab).

Video: <https://youtu.be/An4v-p700Qk>

PDF: <https://vafp.org/wp-content/uploads/2025/10/Tom-Givensn-Slides.pdf>