Scholarly Links

Oral Presentations:

Longitudinal weight loss outcomes among patients participating in a family medicine-lead weight loss clinic – *Lead Author: Charles Adams, DO, PGY-3 Additional Authors: Sowmya Dhanwada, MD, Jared Dunlap, MD, Rachel Kelliher-Sanders, DO, Ryota Kuwahara, DO, Himabindu Gampa, DO.*

Background: Obesity is a chronic disease associated with cardiometabolic morbidity. Bodyweight loss of 5%–10% has been shown to improve glycemic measures and obesity-related complications; however, sustained weight loss remains challenging. Although introduction of various pharmacologic agents has expanded treatment options, real-world longitudinal outcomes from structured, family medicine-led weight-management clinics remain sparsely characterized. Objective: Assess the effectiveness of a family medicine operated weight loss clinic Methods: We conducted a retrospective chart review of patients enrolled in our residency weight loss clinic between July 2023-2026. Inclusion criteria were age ≥18 years and at least 1 year of enrollment. Data obtained from the electronic medical record included baseline and follow up weight, waist circumference, body mass index (BMI), and weight-loss medication use. The primary outcome was the percent total body-weight change. Secondary outcomes included the proportions achieving ≥5% and ≥10% total body-weight loss, the percent total waist circumference and BMI changes additionally stratifying by weight loss method. Obtained statistics were analyzed using one tailed t test and ANOVA. Results: 82 patients were included in the study; mean baseline weight 255.01lb, waist circumference 47.44, and BMI 40.81. Mean total body-weight change was -15.48 %. Clinically meaningful weight loss of ≥5% was achieved by 89.02% (a<0.01) patients, and ≥10% weight loss was achieved by 62.20% (a<0.01) patients. Conclusion: Participation in family medicine-lead weight loss clinic was associated with clinically meaningful weight loss. These findings support intensive structured obesity care in family medicine and may inform future approaches to longitudinal weight-management services. 82 patients were included in the study; mean baseline weight 255.01lb, waist circumference 47.44, and BMI 40.81. Mean total body-weight change was -15.48 %. Clinically meaningful weight loss of ≥5% was achieved by 89.02% (a<0.01) patients, and ≥10% weight loss was achieved by 62.20% (a<0.01) patients. Participation in family medicine-lead weight loss clinic was associated with clinically meaningful weight loss. These findings support intensive structured obesity care in family medicine and may inform future approaches to longitudinal weight-management services.

Video: https://youtu.be/SUDcKRIVSEs
PDF: https://vafp.org/wp-content/uploads/2026/10/oral-1-2026.pdf

Reducing Corticosteroid Exposure in COPD Exacerbations A Critical Review of Eosinophil-Guided Treatment – *Lead Author: Pranayruchit Karanam, MS-1 Additional Authors: Mayank Ghosh, Christopher Baldasano, Nathaniel Emmett Jenkins, Blake Robinson*

Background: Oral corticosteroids improve recovery from COPD exacerbations, but response varies. We examined whether blood eosinophil counts can guide treatment and reduce corticosteroid exposure compared with routine prescribing. Methods: PubMed and reference searches informed this critical narrative review. We examined treatment failure, symptom recovery, corticosteroid exposure, and adverse events, considering outpatient and hospital populations separately. Study design and confidence intervals informed interpretation. Systematic reviews and clinical guidance provided context. Results: In STARR2, 144 exacerbations in 93 participants were analyzed. Treatment failure within 30 days occurred in 19% with eosinophil-guided treatment versus 32% with routine prednisolone (RR 0.60, 95% CI 0.33 to 1.04). The confidence interval excluded the trial's threshold for an unacceptable increase in treatment failure but did not establish a reduction. A randomization software error during STARR2 reduced statistical power,

prompting conversion from superiority to noninferiority before data lock. An earlier trial of 109 participants withheld prednisolone in 49% of exacerbations assigned to the biomarker strategy. Both outpatient trials used treatment courses lasting 14 days. In CORTICO-COP, 318 hospitalized patients received a median of two rather than five days of corticosteroids. Treatment failure within 30 days occurred in 26% of each group (difference 0.6 percentage points, 95% CI -9.0 to 10.3). Conclusion: Eosinophil-guided treatment reduced corticosteroid exposure in the studied populations. Further outpatient trials should establish whether this reduction preserves recovery compared with five days of routine treatment before broader adoption in primary care.

Video: https://youtu.be/eLInBsHf8pM
PDF: https://vafp.org/wp-content/uploads/2026/10/Oral-2-Slides-PDF.pdf

Selecting Sumatriptan Formulations for Acute Migraine in Adults – *Lead Author: Mayank Ghosh, MS-2 Additional Authors: Pranayruchit Karanam, Christopher Baldasano, Nathaniel Emmett Jenkins, Blake Robinson, Love Krishna*

Background: Acute migraine can cause disabling headache, nausea, vomiting, and impaired daily activity. Although sumatriptan effectively treats attacks, formulations may differ in relief onset, sustained response, and disability. We reviewed their implications for prescribing. Methods: This narrative review examined randomized comparisons of oral, intranasal, and subcutaneous sumatriptan, Cochrane reviews, and guidance from the 2024 International Headache Society and 2025 American College of Physicians. Searches through 10 October 2026 evaluated early relief, two-hour pain freedom, sustained response, disability, and adverse events. Results: Cochrane evidence identified subcutaneous dosing as the fastest-acting route. In COMPASS, 185 adults treated 1,531 attacks with breath-powered nasal powder (22 mg) and oral sumatriptan (100mg). Powder improved the primary 30-minute pain-intensity measure (adjusted difference 3.39; 95% CI 1.76–5.01; P<.001) and reduced early disability. Two-hour pain freedom after moderate/severe attacks was 55.6% versus 51.9% (P=.30). Sustained pain freedom starting at two hours did not differ significantly. A subsequent COMPASS analysis found higher one-to-24-hour sustained pain freedom with powder (33.3% versus 27.9%; P<.05). Abnormal taste and nasal discomfort were more common but usually mild. Conclusions: Formulation choice can affect early relief and disability even when two-hour pain freedom is not significantly different. Sustained pain freedom favored powder over 1–24 hours; the 2–24-hour comparison was nonsignificant. Intranasal or subcutaneous formulations warrant consideration when rapid relief is needed or vomiting limits tablet use; follow-up should separately evaluate recurrence, function, and tolerability.

Video: https://youtu.be/LqeRVKsGv0Q
PDF: https://vafp.org/wp-content/uploads/2026/10/Oral-3-2026.pdf

Closing the Gap: Improving the SDOH Screening-to-Referral Workflow in a Family Medicine Residency Clinic – *Lead Author: Lillian Ingles, OMS-2 Additional Authors: Dominique Crews, CHW, & Lauri Maitland, DO, MPH*

Background: Social determinants of health (SDOH) profoundly influence health outcomes, yet identifying patients' social needs does not ensure connection to resources. Although the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) screening tool was used in a family medicine residency clinic, the absence of a standardized workflow resulted in inconsistent referrals to the community health worker (CHW). Methods: This quality improvement project aimed to increase referrals for patients with positive SDOH screens by implementing a standardized screening-to-referral workflow guided by the Plan-Do-Study-Act model. An initial workflow assessment identified gaps in staff communication and referral processes. The revised workflow incorporated PRAPARE screening during rooming, with positive screens automatically generating electronic medical record referrals to the CHW. The CHW contacted patients in person or by telephone to clarify needs and connect them with community resources. A weekly

half-day pilot in July 2026 preceded clinic-wide implementation in August. Results: The July pilot generated 22 positive screens and CHW referrals. Referral volume increased from 21 in the pre-implementation quarter (April–June) to 61 in the intervention quarter (July–September), representing a 190.5% increase. All 61 intervention-quarter referrals were completed, with identified social needs addressed through community resources. Conclusions: Implementing a standardized SDOH screening-to-referral workflow was associated with a substantial increase in referrals and completed CHW follow-up. These findings suggest that integrating automated referrals into existing clinical workflows can improve the connection between identified social needs and community resources. Further evaluation will assess long-term sustainability and patient health outcomes.

Video: https://youtu.be/wG8y3tL5MJs
PDF: https://vafp.org/wp-content/uploads/2026/10/Oral-4-2026-PDF.pdf

Growth and Gaps in Virginia Opioid Abatement Funded Jail-Based MOUD – *Lead Author: Susannah Gale, MS-2 Additional Authors: E. Marshall Brooks, PhD, Marie Shoen, MSPH, Tyler Burton, MPH, Jong Hyung Lee PhD, MS, Jacqueline Britz, MD, MSPH*

Background: People with opioid use disorder incarcerated in or recently released from jails are at high risk of opioid mortality. Opioid settlement funds present a significant opportunity to expand access to medications for opioid use disorder (MOUD) within these populations. The Virginia Opioid Abatement Authority (OAA) is an independent body responsible for distributing opioid settlement funds towards efforts to address the opioid epidemic; however, localities independently decide how to administer these funds. Objective Identify and map OAA-funded jail-based MOUD programs, calculate the amount of OAA funding provided to these programs, and describe opportunities to scale up MOUD within jails. Study Design Using the VA Board of Local Regional Jails directory we identified all jails in Virginia. Using 2025 and 2026 OAA grant summaries and recommendations we identified the proportion of jails requesting funding for MOUD programs and the geographic distribution of these programs. Results We identified 9 programs serving 13 jails (~17% of VA jails) receiving OAA funding for MOUD programs in FY27, up from 7 programs serving 7 jails (~9% of VA jails) in FY26. We identified several regions of high need that currently have not applied for jail-based funding. Conclusions Our findings show an increase in communities applying for OAA funding to support jail-based MOUD programs, and identification of priority regions for possible future funding. More research is needed to identify contextual factors shaping funding decisions within localities and barriers and facilitators to MOUD uptake in jail-based settings.
Video: https://youtu.be/K9pq1jFwcXs
PDF: https://vafp.org/wp-content/uploads/2026/10/oral-6.pdf

Efficacy of CBT-I, Mindfulness-Based Interventions, and Pharmacotherapy for Chronic Insomnia – *Lead Author: Shivana Ramphall, MD, PGY-3 Additional Author: Kiran Suhail, DO*

Background: Chronic insomnia is one of the most common sleep disorders and is defined as a chronic difficulty in initiating or maintaining sleep with daytime impairment. Although pharmacotherapy is widely used, long-term outcomes are not optimal, leading to increasing interest in non-pharmacologic alternatives. This systematic review compared the efficacy of cognitive-behavioral therapy for insomnia (CBT-I), mindfulness-based interventions (MBIs), and pharmacotherapy in improving sleep parameters in adults with chronic insomnia. A comprehensive search of PubMed, PsycINFO, ScienceDirect, and MEDLINE Complete was conducted. Seventeen eligible articles, including randomized controlled trials, meta-analyses, and cohort studies published within the last decade, were identified. Sleep onset latency (SOL), total sleep time (TST), sleep efficiency (SE), and wake after sleep onset (WASO) data were extracted and analyzed. CBT-I consistently demonstrated the most durable improvements across sleep outcomes, including reductions in sleep onset latency and wake after sleep onset, as well as improvements in total sleep time and sleep efficiency. Pharmacologic therapies produced faster but shorter-term benefits, whereas MBIs produced moderate benefits. In summary, CBT-I remains the gold standard of treatment, with mindfulness approaches

serving as useful adjuncts and pharmacotherapy remaining a reasonable option for acute management.
Video: https://youtu.be/-2WiACGV7ew
PDF: https://vafp.org/wp-content/uploads/2026/10/Oral-7-slides-2026.pdf

Development of a Primary Care Assessment Instrument for Menstrual Product–Associated Dermatitis: A Work in Progress – *Lead Author: Isabelle Tchoungang, MS-2*

Background: Menstrual product-associated dermatitis (MPAD), defined here as irritant, allergic, frictional, or occlusive vulvar reactions associated with external menstrual products, is documented mainly in case reports and small series. Population prevalence remains uncertain, and survey estimates rely largely on study-specific, unvalidated questionnaires. Existing vulvar symptom and quality-of-life instruments do not assess the relationship between symptoms and menstrual-product exposure. To our knowledge, no validated instrument does. Objective: To develop MPAD-E, a brief patient-reported instrument that identifies symptoms temporally associated with external menstrual-product use and prompts further assessment. It is not intended to diagnose allergic or irritant contact dermatitis. Planned methods: Using COSMIN-informed methods, development will include a structured literature review; conceptual framework addressing exposure, symptoms, timing/recurrence, functional impact, and safety triage; item generation; expert and patient content review; cognitive interviews; and pilot testing in a medical-school sample. Subsequent clinic-based psychometric evaluation will assess structural validity, internal consistency of supported subscales, reliability, construct validity, and associations with clinician examination findings. Anticipated results: We hypothesize that final items will demonstrate adequate content validity, that supported subscales will show acceptable reliability, and that symptoms and functional-impact scores will be higher among respondents reporting longer continuous product wear or a history of eczema. Status: A preliminary literature review and candidate item bank exist. Faculty sponsorship is secured, expert recruitment is underway, and IRB submission is forthcoming. Relevance: MPAD-E could give family physicians a standardized method for identifying possible menstrual-product associations and guiding examination, counseling, or referral.

Video: https://youtu.be/2EK9aHcDOSw
PDF: https://vafp.org/wp-content/uploads/2026/10/Oral-17-2026-PDF.pdf

Every Visit Counts: Improving Well-Child Care Attendance in Children Under Two – *Lead Author: Kameron Williams, MS-2*

Background: Well-child visits are essential for the early detection of chronic illnesses, monitoring growth and development, and administering recommended vaccinations. The American Academy of Pediatrics recommends 15 preventive care visits during the first 24 months of life, highlighting the necessity of consistent care during this critical developmental period. Objective: This quality improvement project aimed to evaluate existing workflows for identifying and addressing unattended well-child visits among children 24 months and younger at Lynchburg Family Medicine Residency Clinic. Methods: A retrospective review of well-child visits for children 24 months and younger was conducted over a three-month period. Due to limitations in electronic medical record (EMR) reporting capabilities, data were manually collected to determine the number of scheduled, attended, and missed appointments. Existing procedures for addressing missed visits were also evaluated. Findings: The project identified gaps in EMR data collection and inconsistencies in procedures for contacting families following missed appointments. These findings highlighted the importance of effective communication among physicians, clinical staff, and administrative personnel in maintaining continuity of care. Conclusion: This project demonstrated the need for a standardized approach to addressing missed well-child visits. Future efforts will focus on developing an efficient follow-up workflow to facilitate timely communication with families and appointment rescheduling. The overarching goal is to improve continuity of care and ensure this vulnerable pediatric population receives essential preventive healthcare services.

Video: https://youtu.be/H_icGHRTBDY
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-18.pdf

Lactation Success: Development of a Standardized Prenatal Breastfeeding Education Pathway in a Family Medicine Clinic – *Lead Author: Charis Massaquoi, OMS-2*

Background: Prenatal breastfeeding education provides opportunities to address feeding intentions and anticipated challenges before delivery. However, gaps in nurse–physician communication and the absence of a standardized education pathway complicated counseling, documentation, and breast pump coordination in a high-volume family medicine clinic. Objective: To develop a standardized prenatal breastfeeding education workflow and identify patient education materials written at a sixth-grade reading level. Methods: The existing prenatal workflow was reviewed to identify opportunities to integrate breastfeeding education into routine care. A proposed pathway incorporated breastfeeding history and intentions into the enrollment questionnaire, gestational-age-appropriate educational materials at prenatal visits, nursing assessments, and physician follow-up counseling. Sample electronic medical record documentation phrases were developed for selected prenatal visits. Findings: The project produced a proposed multidisciplinary workflow and sample documentation templates. Identified implementation barriers included communication gaps, the resource-intensive development of educational materials and processes, and limited protected time for staff collaboration. Staff training, electronic integration of enrollment information, dedicated educational materials, and standardized breast pump ordering were identified as priorities for further development. Implementation effectiveness and patient outcomes have not yet been measured. Conclusion: This project establishes a framework for integrating breastfeeding education into routine prenatal care. Future work will focus on implementation and measurable outcomes to evaluate counseling consistency, educational material delivery, and patient preparedness for breastfeeding.

Video: https://youtu.be/U46F6zkPbo0
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-19-2026.pdf

A 37-Year-Old Female with Recurrent Dizziness, Hypoglycemic Episodes, Hypotension, and Headaches: A Diagnostic Challenge of Adrenal Insufficiency Mimicking POTS – *Lead Author: Shraddha Lohani, MD, MPH, PGY-3*

Background: Adrenal insufficiency is a potentially life-threatening endocrine disorder that may present with nonspecific symptoms and mimic conditions such as postural orthostatic tachycardia syndrome (POTS). This case highlights the critical role of primary care in recognizing subtle patterns through longitudinal patient relationships, detailed history-taking, and attentive listening. Case Presentation: A 37-year-old woman presented with recurrent dizziness, headaches, symptomatic hypotension, and episodes of documented hypoglycemia. Her symptoms initially resembled POTS and could have been attributed to autonomic dysfunction. However, persistent symptoms despite supportive measures prompted a broader diagnostic evaluation. Through careful review of the patient's longitudinal history, attention to recurrent and interconnected symptoms, and consideration of an endocrine etiology, adrenal insufficiency was suspected and subsequently confirmed through appropriate laboratory evaluation. Initiation of appropriate glucocorticoid replacement resulted in clinical improvement. Discussion: This case demonstrates how complex endocrine disorders may initially present through common, nonspecific complaints. Adrenal insufficiency can cause orthostatic hypotension, dizziness, weakness, headache, and hypoglycemia, creating significant overlap with POTS and other disorders of autonomic function. Primary care physicians are uniquely positioned to identify these patterns because of their ongoing relationships with patients and familiarity with changes in symptoms over time. Detailed history-taking, careful review of seemingly unrelated complaints, and, importantly, listening to the patient's concerns can provide the clues necessary to pursue potentially life-saving diagnoses. Conclusion: This case emphasizes that longitudinal primary care

is an important component of diagnostic medicine. Knowing the patient over time, listening carefully, and recognizing patterns across multiple visits can help uncover complex endocrine disease. Maintaining a broad differential diagnosis in patients with persistent POTS-like symptoms, hypotension, and unexplained hypoglycemia may facilitate earlier diagnosis and treatment of adrenal insufficiency, potentially preventing life-threatening adrenal crisis.

Video: https://youtu.be/pgLHIrx7ZjY
PDF: https://vafp.org/wp-content/uploads/2026/10/Oral-20-Slides-2026-PDF.pdf

Poster Presentations:

Not So Fast: It's More Than a Neuroma – *Lead Author: Jamison Maxwell, MD, PGY-4*

Background: 63-year-old female with history of Morton neuroma removal of the second interspace in 2014 presented with 2 weeks of sharp, dorsal foot pain without inciting injury. Pain was diffuse on exam, worst over the third metatarsal head, but also with a positive metatarsal squeeze test. X-ray revealed no fractures, but fracture was still suspected clinically due to her point tenderness. Point of care ultrasound was performed that appeared to show a cortical abnormality, consistent with a stress fracture of the third metatarsal head. But, since her squeeze test was also positive, a recurrent Morton neuroma could not be ruled out. Diagnostic lidocaine injection was performed at the second interspace over her previous neuroma site which only partially alleviated her pain. She was placed in a post-operative shoe and MRI of the foot was performed. MRI of the foot confirmed the finding of a stress fracture, but also with evidence of a recurrent Morton neuroma. Pain gradually improved with the offloading from the post-operative shoe and is now nearing her baseline. In a patient with non-traumatic recurrent foot pain, anchoring could assume a recurrent Morton neuroma due to her positive squeeze test, but her clinical exam did not fully match that picture. A clinician should explore further imaging modalities such as ultrasound or MRI when suspecting a fracture despite negative x-rays. Ultrasound of lower extremity stress fractures has a high specificity and lower sensitivity, so when a fracture is suspected on ultrasound, MRI should be ordered to confirm the suspicion.

Video: https://youtu.be/dUjR4mEZrrw
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-8-2026.pdf

Not your average knee swelling – *Lead Author: Kayla Thomas, MD, PGY-5 Additional Authors: Timothy Yu, MD & Vishwas Patel, DO.*

Knee swelling is a common symptom seen in primary care clinics. Knee swelling could be divided into intra-articular etiologies versus extra-articular etiologies. The purpose of this case was to share an uncommon extra-articular cause of knee swelling. A 68-year-old male presented to the clinic after a fall on his knees. On exam, there was obvious unilateral knee swelling and a knee effusion present. Differentials at that time included osteoarthritis, meniscal tear, and ligamentous injury. An ultrasound was used to evaluate the size of the effusion. Ultrasound surprisingly revealed a large anechoic collection underneath the dermis, in addition to a moderate sized knee joint effusion. This separation of the dermis and hypodermal skin layers is referred to as an internal degloving injury (Morel-Lavallee Lesion). This was caused by the shearing forces from his fall, leading to disruption of blood vessels and bleeding underneath the skin to occur. This is an uncommon but serious condition, that could lead to infection and/or skin necrosis if left untreated. These injuries are often missed up to 16-33% of the time, especially in the setting on increased body mass and polytrauma. The most common areas affected by internal degloving injuries include the hip, followed by thigh, pelvis and knee. He was treated by performing ultrasound guided drainage of dermis-hypodermis space. Then, intralesional doxycycline was injected to act as a sclerotherapy agent, followed by compression therapy. He was monitored every 2 weeks to ensure closure of the skin, which was achieved after 4 weeks.

Video: https://youtu.be/GctpvkUK50M
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-9-2026.pdf

More Than Meets the Eye: POCUS Diagnosis of Retinal Detachment – *Lead Author: Neil Huckstep, MD, PGY-4*

Chemical ocular exposures typically injure the ocular surface and carry a favorable prognosis. Retinal detachment, by contrast, is a vision-threatening emergency that is easily missed on limited bedside examination. We present a patient whose chief complaint of sunscreen in the eye masked an acute retinal detachment diagnosed with point-of-care ocular ultrasound (POCUS). A 61-year-old female presented with 6 days of painless, left-eye vision loss beginning after sunscreen entered the eye. She reported cloudy vision, a curtain-like shadow, and new floaters, without pain or swelling. Home irrigation gave no relief. Vital signs were normal. Examination showed markedly decreased left visual acuity. Because dilated funduscopy was unavailable, bedside POCUS over the closed lid demonstrated a bright, echogenic membrane in the posterior chamber consistent with retinal detachment. The physician coordinated same-day retina evaluation, and the patient underwent surgical repair that evening. Retinal detachment is time sensitive. The likelihood of preserving vision falls as the time to surgical repair lengthens. The benign sounding complaint of "sunscreen in the eye" risked anchoring toward an ocular surface diagnosis and delaying referral. Because dilated funduscopy is rarely feasible in a family medicine office, the diagnosis can be missed on clinical grounds alone. Bedside POCUS shortened the path to definitive care by confirming detachment in minutes and expedited definitive care. Accuracy is operator-dependent, and a negative scan does not exclude detachment in a high-risk patient. Ocular POCUS would be a beneficial tool to a family doctor in an austere environment or in this case, urgent care. Family physicians should look beyond a benign-sounding exposure and elicit red flag visual symptoms. When floaters, a visual-field curtain, and acuity loss are present, office-based POCUS can rapidly support the diagnosis of retinal detachment and accelerate the emergent referral needed to preserve vision.

Video: https://youtu.be/RModD2KxlPo
PDF: https://vafp.org/wp-content/uploads/2026/10/poster-10-2026.pdf

Challenges in Artificial Intelligence Implementation in Primary Care: A Narrative Review – *Lead Author: Iara Ribeiro Nunes, Additional Authors: Victor Campeão Francisco, Luana Schicarelli, Maria Clara Schmidt Gonçalves Loncarovich Gomes, Nathalya Shimura, Manuela dos Santos Bueno*
INTRODUCTION: Artificial intelligence (AI) may support diagnosis and clinical decision-making in primary care; however, its implementation faces technological, professional, and organizational barriers. Gaps remain regarding the main challenges to its effective integration into clinical practice. OBJECTIVE: To identify the main challenges related to AI implementation in primary care. METHODS: A narrative literature review was conducted using PubMed with the terms “artificial intelligence”, “primary care”, AND “clinical decision making”. Full-text studies published between 2024 and 2026 addressing AI implementation or application in primary care were included. Sixty studies were selected and qualitatively analyzed. RESULTS: The analysis identified three main dimensions of challenges to AI implementation in primary care: technological, professional, and organizational. Key barriers included adaptation to the clinical context and resource-related issues; professional acceptance, and perceived usefulness; and integration into clinical workflows. CONCLUSIONS: The identified challenges may be explained by the need to integrate AI systems into complex and well-established primary care workflows. Trust and acceptance also depend on perceived reliability, clinical usefulness, and preservation of professional autonomy. Organizational barriers, including infrastructure and costs, may further limit adoption. Therefore, effective AI implementation depends not only on technological performance, but also on its integration with healthcare professionals. LIMITATIONS: The literature seeks to analyze the applications, efficacy, and ethical-operational impacts of AI in primary care. However, theoretical and retrospective studies predominate, characterized by high costs, risks of algorithmic, infrastructure limitations, and a scarcity of validation in real-world clinical settings.

Video: https://youtu.be/ZzjKLzakRds
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster11-2026-1.pdf

Pain Management in Primary Care: Opportunities to Reduce Healthcare Utilization – *Lead Author: Abhinaya (Sai) Garlapati, MD, PGY-2*

Background: Chronic pain affects nearly 25% of US adults, promoting challenges in both the outpatient and hospital setting. Primary care physicians can coordinate longitudinal, multimodal pain management; however, fragmented care, limited specialist access, and opioid-related stigma often contribute to inadequate treatment and recurrent healthcare utilization. Case: A 49-year-old woman with end-stage renal disease (ESRD), heart failure with preserved ejection fraction (HFpEF), epilepsy, prior cerebrovascular accident and cardiac arrest, hypertension, and cocaine use disorder repeatedly presented to the emergency department (ED) for pain, falls, and missed hemodialysis. Despite frequent encounters, she attended few outpatient visits over six months. Prescription drug monitoring revealed over 20 opioid prescriptions, primarily short oxycodone courses. Comorbidities, including ESRD, limited analgesic options such as NSAIDs. Fragmented care and inadequate pain regimens resulted in recurrent ED visits, hospitalizations for IV medication, and over 50 trauma CT scans in the past year. Discussion: This case highlights the consequences of fragmented pain management in medically complex patients. Limited primary care follow-up, inconsistent analgesia, and poor care coordination may contribute to recurrent hospital utilization and avoidable radiation exposure from redundant imaging. Substance use stigma may undermine therapeutic relationships and delay appropriate evaluation of underlying pain. Conclusion: Multidisciplinary, pain management led by primary care is essential to reducing avoidable healthcare utilization. Individualized multimodal analgesia, medication reconciliation, and collaboration among primary care, pain specialists, nephrology, and social work may reduce harm and improve quality of life (QoL). Recommending primary care follow-up without adequate coordination may widen care gaps and contribute to hospitalization.

Video: https://youtu.be/9PF_Ww759ws
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-12.pdf

Anterior Cutaneous Nerve Entrapment: an Overlooked Cause of Chronic Abdominal Wall Pain – Lead Author: Sydnée Goyer, MD, PGY- 2 Additional Authors: Timothy Yu MD, FAAFP, CAQSM, DipABLM, RMSK

Introduction: Abdominal pain poses diagnostic difficulty when distinguishing between intrabdominal versus musculoskeletal pain, often resulting in extensive work up for intrabdominal causes of pain. Anterior cutaneous nerve entrapment syndrome is an often-overlooked cause of chronic abdominal wall pain. Case presentation: A 19 year-old male collegiate baseball player presented for evaluation of left sided abdominal pain for 1 month after thorough negative work up for intra-abdominal cause with gastroenterology. The patient's pain was recurrent, sharp, and positional in nature. On examination, the patient had positive Carnett's sign, raising suspicion for muscular or nerve pain within the abdominal wall. An ultrasound guided corticosteroid injection of the left rectus abdominis anterior cutaneous nerve was performed with immediate improvement in pain by 90%, supporting the diagnosis of anterior cutaneous nerve entrapment syndrome. The patient was instructed to continue abdominal wall directed physical therapy with a gradual return to sports participation. At a 1-month follow-up appointment, the patient had improvement in pain and had returned to full pitching. Discussion: This case illustrates the diagnostic challenge that chronic abdominal pain poses, often resulting in extensive work up to rule out intra-abdominal pathology. In patients with chronic abdominal pain with otherwise negative work up, anterior cutaneous nerve entrapment syndrome should be considered and ultrasound guided corticosteroid injection can provide diagnostic and therapeutic results.

Video: https://youtu.be/aXjFzr6kFAY
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-13-2026.pdf

Enhancing Access to Primary Care Through Patient Portal Education: A Quality Improvement Project – *Lead Author: Neola Satish, MD, PGY-3 & Jacob Whitley, MD, PGY-3*

Background: Patients who encounter barriers to communicating with clinics may be at increased risk of missed care and poor follow-up. Electronic patient portals offer tools that can improve access to care; however, many patients experience difficulty activating and navigating the platform. Objective: Improve patient access to care by increasing utilization of patient portals through patient education. Methods: A quality improvement initiative was conducted at a family medicine residency clinic. Interventions included the development of an instructional patient portal video demonstrating common functionalities. The video was made available through QR codes displayed throughout the clinic and in new patient paperwork. Outcome measures included portal activation rate, self-scheduling rate, and patient no-show rate. Rates from the six months preceding the intervention were compared with rates from the post-intervention period. Results: Following implementation, activation rates increased from 71.3% to 73.9%, representing a statistically significant improvement (absolute increase 2.6%; p=0.012). Self-scheduling rates increased from 19.2% to 22.9% (absolute increase 3.6%; p=0.064), demonstrating a clinically meaningful upward trend. No-show rates decreased from 11.2% to 10.4% (absolute reduction 0.8%; p=0.20). Overall, the intervention was associated with improved patient engagement and enhanced access to care through increased utilization of MyChart. Conclusions: A multifaceted approach significantly increased portal activation rates and demonstrated favorable trends in self-scheduling and no-show rates. These findings suggest that targeted education may improve patient engagement with electronic health tools and enhance access to primary care. This intervention is low-cost, scalable, and easily adaptable to other primary care settings.

Video: https://youtu.be/cvMGAH4af2A
Poster PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-15-Poster-2026-PDF.pdf
Slides PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-15-Slides-2026-PDF.pdf

A Case Study on Common Fibular Focal Neuropathy and the Role of Ultrasound Guided Injections – *Lead Author: Sarah Gore, MD, PGY-1*

Background: Common fibular (peroneal) neuropathy is a mononeuropathy often caused by injury or compression of the nerve. Symptoms include pain, tingling, burning and sensory loss over the lateral lower leg and dorsal foot, as well as weakness of ankle dorsiflexion and foot eversion. We present a case of exertional left lower leg pain with ultrasound imaging and injection hydrodissection that are suggestive of common fibular nerve neuropathy. Case Presentation: An 81-year-old male with history of prior right-sided lumbar laminectomy presents with left lateral lower leg pain that radiates to the ankle. Prior interventions included physical therapy, dry needling, as well as prior epidural injections. Exam only reveals localized tenderness to the left lateral lower leg with no tenderness of the left distal lower leg or ankle. Prior testing included an unremarkable EMG and a vascular duplex that ruled out claudication. Laboratory studies showed normal TSH, Vitamin B12, CBC and CMP with no positive inflammatory markers. An ultrasound guided injection with hydrodissection was performed at the common peroneal nerve. The patient reported no immediate numbness and with ambulation his pain had ~90% improvement in office. Discussion: This case demonstrates the progression of symptoms throughout the development of common fibular nerve neuropathy where pain and sensory changes are common initial symptoms, which later progresses to overt motor weakness and eventually often footdrop. It also demonstrates an example of lower extremity double crush syndrome which is not well studied and provides an emphasis for the importance of further research.

Video: https://youtu.be/DMFS8Y091fM
PDF: https://vafp.org/wp-content/uploads/2026/10/Poster-16-2026-1.pdf