

## **GOALS AND OBJECTIVES FOR RHEUMATOLOGY**

### **Rheumatology**

#### Overview:

Musculoskeletal complaints are the second most common complaints of patients visiting the offices of primary care physicians. Rheumatic disease is the leading chronic disease in the elderly. The economic cost of musculoskeletal conditions alone approximates 1% of the gross national product.

Rheumatology and nonoperative (office orthopedics) deal with the prevention, diagnosis, and management of crystalline diseases, systemic rheumatic diseases, spondyloarthropathies, vasculitis, inflammatory muscle disease, osteoporosis, osteoarthritis, recreational and sports injury, and soft-tissue diseases and trauma. The goal of rheumatology is early diagnosis and treatment of these conditions to prevent disability and death.

The general internist needs to have competency in the initial diagnosis and management of acute arthritis and musculoskeletal disorders and in the long-term care of systemic disorders. He or she must also be proficient in monitoring the effects of anti-inflammatory, immunosuppressive, and cytotoxic drugs.

### **Clinical Training and Education in Rheumatology**

Residents in internal medicine, under the supervision of rheumatology fellows and faculty specialists, participate in the care of both outpatients and inpatients with Rheumatologic disease. Residents train as consultants in Rheumatologic medicine. Residents participate in the Rheumatology service's didactic and clinical conferences and one month is devoted each year to core didactic instruction in Rheumatologic diseases.

#### Common Clinical Presentations:

- Joint pain and/or swelling (acute or chronic, monoarticular or polyarticular)
- Muscle aches (localized or diffuse)
- Musculoskeletal weakness
- Nonarticular signs and symptoms of rheumatologic disease, e.g., Raynaud's phenomenon and skin rash
- Regional pain of the neck, shoulder, lower back, hip, knee, hands, or wrists
- Traumatic joint

#### Procedure Skills:

- Therapeutic injection of corticosteroid and arthrocentesis for the knee joint
- Therapeutic injection of corticosteroid to the periarticular structures (bursal) of the shoulder, knee, elbow, and foot
- Arthrocentesis of other joints (optional)

#### Primary Interpretation of Tests:

- Analysis of synovial fluid
- Plain bone radiographs of joints and spine

## ORGAN AND SYSTEM COMPETENCIES IN INTERNAL MEDICINE

### Clinical Training and Education in Rheumatology (Cont'd):

#### Ordering and Understanding Tests:

- Anti-DNA, anti-Sm, anti-RNP, and anti-SS-A antibodies
- Antineutrophil cytoplasmic antibody (ANCA)
- Complement level
- Erythrocyte sedimentation rate
- Fluorescent antinuclear antibody (ANA)
- Rheumatoid factor
- Synovial analysis for crystals

#### Clinical Conditions:

*Crystal-induced synovitis*

*Degenerative joint disease*

*Fibromyalgia*

*Inflammatory myopathy*

*Occupational/sports-related overuse syndromes*

- Achilles tendinitis
- Iliotibial band
- Lateral epicondylitis
- Plantar fasciitis
- Rotator cuff tendinitis
- Trochanteric bursitis

*Osteomyelitis*

*Osteoporosis and complications*

*Polymyalgia rheumatica*

*Regional pain syndromes*

- Acute or chronic bursitis (hip, shoulder, knee)
- Acute or chronic tendinitis (shoulder, elbow, wrist)
- Back, neck pain
- Foot pain

*Rheumatoid arthritis*

*Scleroderma*

## ORGAN AND SYSTEM COMPETENCIES IN INTERNAL MEDICINE

### Clinical Training and Education in Rheumatology (Cont'd):

#### *Septic arthritis*

- Gonococcal
- Nongonococcal

#### *Seronegative spondyloarthritis*

#### *Systemic lupus erythematosus*

#### *Vasculitis*

- Temporal (granulomatous)
- Polyarteritis and hypersensitivity angiitis