PCM-1 Case Study and Evidence Based Medicine Resources Assignment
Spring 2013

Review the following case study to answer the corresponding questions using each of the resources indicated for every question. For each question include:

1. Short answers to the 5 questions regarding the case study.
2. Write a few sentences considering the pros/cons for each of the resources in answering the questions.
3. When you are asked to do a PubMed search, attach your search strategy to your completed assignment (Click on Advanced and print the page)
4. Include your name and small group # on your assignment

You will need to turn in a hard copy of your completed assignment (with your name and small group #) at the end of class on April 23, 2013, SSOM 190, 1:30-3pm.

Questions? Email hsl@luc.edu or call (708) 216-9192 and ask to speak to a reference librarian.
**Case Study**

Mr. X is a 55 year old diabetic male, currently employed by a landscaping firm who presents with back pain. Mr. X has spent 10 years working as a farm laborer in rural northern Indiana. Four years ago he was in an automobile accident. At that time he underwent a 3-level lumbar fusion for an L-2 burst fracture, but the pain never completely resolved and is worse on some days than others. Mr. X had been seeing his regular physician for his condition, but the physician recently retired. He is coming to your clinic for an initial visit because he is out of the non-steroidal anti-inflammatory agent he takes for pain and because he has noted some new numbness on the outside of his left thigh for the past couple of weeks. Past medical history is significant for type II diabetes diagnosed 8 years ago which has been reasonably well-controlled with Metformin. He currently drives a truck for landscaping and yard care services. He knows of no stroke or heart disease in his family history.

After his physical exam, you diagnose Mr. X with Meralgia parasthetica, probably aggravated by wearing a tight belt and obesity. The numbness is unlikely to be caused by lumbar disc disease or spinal nerve root impingement. You reassure him that this will likely resolve with weight loss and the avoidance of constructive garments and belts. You also diagnose left sacroilitis with paraspinal muscle spasm, and refill his Naproxen Sodium on a regular schedule and begin hydrocodone/acetaminophen for breakthrough pain, particularly at night. Degenerative disease of the lumbar spine is most likely the cause of the patient's chronic pain. You plan on obtaining X-rays today and consider an MRI if symptoms worsen or become more suggestive of disc disease or spinal stenosis. You suggest an exercise program and possibly physical therapy after the S-I joint inflammation subsides. You also plan on reviewing the evidence for the use of glucosamine and chondroitin for osteoarthritis prior to the next visit.

1. **MD Consult and AccessMedicine**
   - What is Meralgia Paresthetica and how is it treated?

2. **DynaMed and UpToDate**
   - What are some possible differential diagnoses of chronic low back pain?

3. **OvidMD and UpToDate**
   - According to a national guideline, when should you use diagnostic imaging for low back pain?

4. **MD Consult and Google**
   - Find an x-ray image of degenerative disk disease.

5. **Google and PubMed @ Loyola**
   - Find a randomized control trial that compares the use of both glucosamine and chondroitin for osteoarthritis against a placebo.
About the resources

Find the resources on the Library homepage (http://library.luhs.org)

- http://library.luhs.org/hslibrary/resources_for/medical_students.htm [AccessMedicine, Dynamed, MD Consult, PubMed @ Loyola]
- Quick Links [AccessMedicine, Dynamed, MD Consult, PubMed @ Loyola, UpToDate, E-resources tab/ databases [OvidMD, Google Scholar]

**AccessMedicine**
This online medical library connects you to the background information needed by medical students and residents. Especially good are the *Current Diagnosis and Treatment* textbook series that contain the most current information on a wide range of diseases, disorders and conditions and provide references to critical articles. Medical students will appreciate the Quick Answers tool that provides succinct differential diagnosis and treatment information, and access to the Lange Educational Library that offers basic sciences titles including physiology, pathophysiology, biochemistry, microbiology and anatomy.

**Dynamed**
Created for physicians, this clinical reference tool supports clinical decision-making with the best evidence that is available when and where you need it.

**Google**
Use through the Library to connect to our licensed full text articles

**MD Consult**
Over 60 authoritative texts connect you to the current editions for 32 medical specialty titles. Students can easily access the current edition of Robbins Pathologic Basis of Disease by clicking the "open generic account' icon and select the books tab at the top of the page.

**OvidMD**
This is a meta-site, and has a number of different limits available such as practice guidelines. It was designed from a clinical, evidence–based perspective to ensure results are meaningful to a practicing physician. Efficient and easy–to–use, OvidMD's search is powered by sophisticated technology developed by the experts at Ovid.

**PubMed@Loyola**
Search research and patient care questions via the National Library of Medicine's premiere search system for biomedical literature with access to our licensed resources.

**UpToDate**
This is a clinical resource designed to assist with diagnosis and treatment. Information is presented in the form of topic reviews, each one addressing a particular clinical issue; those on treatment or management topics include recommendations. Topic reviews contain links to other related topics and are fully illustrated and referenced.