**Rheumatology Rotation Curriculum:**

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|  | **Osteoarithritis:** * Know the differential diagnosis of monoarthritis and the diagnostic approach.
* Understand the roles of each therapeutic measures including the non pharmacological, pharmacological, intra-articular injections and surgical methods.

**Crystal arthropathies*** Understand hyperuricemia and the clinical phases of gout.
* Know the risk factors for hyperuricemia and gout and gouty flares including coexisting diseases and dietary risk factors.
* How to treat acute gout in patients with normal renal function and in patients with chronic kidney disease. What are the indications for urate-lowering therapy, when to initiate urate lowering therapy after an acute flare, and the three classes of drugs used for urate lowering therapy and their side effects.
* What are the prophylactic methods for an acute gout flare when initiating urate-lowering therapy.
* know the clinical manifestation and the synovial fluid analysis features of calcium pyrophosphate crystals, and how to control symptoms and manage the any underlying metabolic disorder.

**Infectious arthritis :*** Know the risk factors, clinical features and the laboratory Studies, synovial fluid analysis and Imaging that make the diagnosis of infectious arthritis.
* know the Common causes of infectious arthritis, including; Gram Positive, Non gonococcal and gonococcal Gram-Negative Organisms, lyme, mycobacterial and viruses ( Parvovirus B19 ).
* Identify the two distinct clinical presentations of Disseminated gonococcal infection and the needed diagnostic work up.
* Learn the need for Prompt orthopedic consultation for patients with suspected prosthetic joint infection.
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|  | **Rheumatoid arthritis*** what are the known genetic and environmental risks for rheumatoid arthritis.
* What are the Diagnostic Criteria for the Diagnosis of RA according to the 2010 American College of Rheumatology. (A-D scoring system)
* What are the first-line non-biologic DMARD therapies for the treatment of RA, the first-line biologic therapies for RA and know the side effects of each of these drugs.
* Know the several extra-articular manifestations of rheumatoid arthritis.

**Spondyloarthritis / SeronegativeArthropathies*** know the four major types of spondyloarthropathies and the clinical syndromes that should make an internist suspect a diagnosis of seronegatives pondyloarthropathy.
* Know the HLA type and the clincopathologic lesion that links all of the seronegativearthropathies. Then Compare the features of the 4 major spondyloarthropathies including prevalence, male vs. female, mean age at diagnosis, positivity for HLA-B27, and extra-articular features.
* Know the most sensitive diagnostic test to evaluate for sacroileitis.
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|  | **SLE*** Know the several symptoms and exam findings (by organ system) that should prompt clinicians to consider a diagnosis of lupus.
* Know the ACR Classification Criteria for SLE.

Know the appropriate laboratory evaluation for SLE and the sensitivity and specificity of anti-ds DNA antibodies and anti-Smith antibodies.* What are the medications used to treat lupus (by organ system) and their common side effects.
* Know the tests that are appropriate to repeat to follow disease activity in lupus

**Systemic vasculitis*** Understand the differential diagnosis of vasculitis by dividing the disease into the categories of small vessel, medium vessel, and large vessel. Know the pathophysiology of each type (immune complex mediated, ANCA positive, or T-cell mediated with granuloma formation).
* What are the clinical features that wound prompt an internist to look for a diagnosis of vasculitis. (Since each type of vasculitis is different, know the stereotypic clinical presentation of each type.)
* What are the laboratory tests that should be obtained to evaluate for the diagnosis of vasculitis. What type of tissue biopsy has the highest yield for the diagnosis of small vessel vasculitis?
* What are the treatments for Small, Medium, and Large vessel vasculitis.
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|  | **Scleroderma / Systemic sclerosis*** Know the clinical features of diffuse systemic sclerosis and limited systemic sclerosis by organ systems. Including the early findings that should prompt a clinician to consider the diagnosis.
* What is the appropriate evaluation of patients with Raynaud’s phenomenon including nail fold capillaroscopy to identify patients with secondary Raynaud’s disease.
* Understand the role of antibody testing in the diagnosis of systemic sclerosis.
* What are the treatment modalities of patients with Raynaud’s disease with ischemic digital ulcers, pulmonary arterial hypertension, GI manifestations, and scleroderma renal crisis. What drug is contraindicated in patients with systemic sclerosis due to its risk for scleroderma renal crisis?

**Inflammatory myopathies*** Understand the pathophysiology of polymyositis, dermatomyositis, and inclusion body myositis.
* Know the common clincal presentations of inflammatory myopathies, Dermatomyositis associated skin lesions, and the cardiopulmonary and GI involvements.
* Know the need for Age-appropriate cancer screening with consideration of additional testing for ovarian cancer is recommended for patients with dermatomyositis or polymyositis.
* Know the diagnostic workup and the treatment options.

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|  | During this rotation, a resident is expected to: * Appropriately orders tests to start with to screen for rheumatologic disease, and interprets the results autoantibodies and rheumatoid factor, and joint imaging.
* Demonstrates familiarity with common diagnostic & therapeutic procedures used in Rheumatology.
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