

## 2013 EM Reading List

The primary goal of LLSA is to promote continuous learning by diplomates. ABEM facilitates this learning by identifying an annual set of LLSA readings to guide diplomates in self-study of recent EM literature. Readings are intended to address issues of relevance to current clinical practice at the time they are posted. ABEM recognizes that EM is an ever-evolving science and that new knowledge becomes available on a continual basis.

LLSA readings are designed as study tools and should be read critically. They are not intended to be all-inclusive and are not meant to define the standard of care for the clinical practice of EM. ABEM does not endorse a specific research finding or treatment modality--including off label use of medications--by virtue of its being the subject of a selected LLSA reading. Likewise, ABEM is mindful of the potential for real or perceived conflicts of interest in professional literature and makes a conscious effort to account for this in its LLSA reading selections.

One criterion for choosing articles is that they be easily available from a variety of sources, such as common Emergency Medicine texts, libraries, and Internet websites. In addition, some publishers allow access to the articles directly from the ABEM public website, ABEM MOC Online, or both by clicking on the underlined listings.

- The Massachusetts Medical Society has provided full access to most readings selected for LLSA from the *New England Journal of Medicine*
- Wiley-Blackwell has provided Adobe Acrobat files to ABEM diplomates logged onto ABEM MOC Online for readings from *Academic Emergency Medicine* selected for LLSA. Some publishers provide direct access to their website, possibly charging a fee or requiring login information to view the article
- Occasionally, as is the case for many book chapters, the publisher will not provide direct access or does not have Internet access to the article

Accessibility and fees are at the discretion of the publisher, and are not related to ABEM in any way. ABEM sincerely appreciates the contributions of those publishers that have made the articles easily accessible to ABEM diplomates. All questions regarding fees or login information required to access the readings should be directed to the publisher or organization that published the article.

### **Selections from Immune System Disorders, Musculoskeletal Disorders (Nontraumatic), and Thoracic-Respiratory Disorders**

#### ***Content Area 9. Immune System Disorders***

Fishman JA. Infection in solid-organ transplant recipients. *N Engl J Med*. 2007;357(25):2601-2614.

Takhar SS, Hendey GW. Orthopedic illnesses in patients with HIV. *Emerg Med Clin N Am*. 2010;28(2):335-342.

#### ***Content Area 11. Musculoskeletal Disorders (Nontraumatic)***

Butalia S, Palda VA, Sargeant RJ, Detsky AS, Mourad O. Does this patient with diabetes have osteomyelitis of the lower extremity? *JAMA*. 2008;299(7):806-813.

Fraze BW, Fee C, Lambert L. [How common is MRSA in adult septic arthritis?](#) *Ann Emerg Med.* 2009;54(5):695-700.

#### **Content Area 16. Thoracic-Respiratory Disorders**

Cornia PB, Hersh AL, Lipsky BA, Newman TB, Gonzales R. Does this coughing adolescent or adult patient have pertussis? *JAMA.* 2010;304(8):890-896.

Fesmire FM, Brown MD, Espinosa JA, et al; for American College of Emergency Physicians Clinical Policies Subcommittee on Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department With Suspected Pulmonary Embolism; and American College of Emergency Physicians Clinical Policies Committee. [Critical issues in the evaluation and management of adult patients presenting to the emergency department with suspected pulmonary embolism.](#) *Ann Emerg Med.* 2011;57(6):628-652.

## **Selections from the Remainder of the Listing of Conditions and Components**

*The Model of the Clinical Practice of Emergency Medicine*

#### **Content Area 1. Signs, Symptoms and Presentations**

Samaras N, Chevalley T, Samaras D, Gold G. [Older patients in the emergency department: a review.](#) *Ann Emerg Med.* 2010;56(3):261-269.

#### **Content Area 3. Cardiovascular Disorders**

Rokos IC, French WJ, Mattu A, et al. [Appropriate cardiac cath lab activation: optimizing electrocardiogram interpretation and clinical decision-making for acute ST-elevation myocardial infarction.](#) *Am Heart J.* 2010;160(6):995-1003.

Bobrow BJ, Spaite DW, Berg RA, et al. Chest compression-only CPR by lay rescuers and survival from out-of-hospital cardiac arrest. *JAMA.* 2010;304(13):1447-1454.

#### **Content Area 12. Nervous System Disorders**

Morgenstern LB, Hemphill JC III, Anderson C, et al. [Guidelines for the management of spontaneous intracerebral hemorrhage: a guideline for healthcare professionals from the American Heart Association/American Stroke Association.](#) *Stroke.* 2010;41(9):2108-2129.

#### **Content Area 18. Traumatic Disorders**

Wolf SJ, Bebartha VS, Bonnett CJ, Pons PT, Cantrill SV. Blast injuries. *Lancet.* 2009;374:405-415.

#### **Appendix 1. Procedures and Skills Integral to the Practice of Emergency Medicine**

Manthous CA. Avoiding circulatory complications during endotracheal intubation and initiation of positive pressure ventilation. *J Emerg Med.* 2010;38(5):622-631.