Access Medicine

碩睿資訊 教育訓練部門

2024

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補充資源

背景介紹

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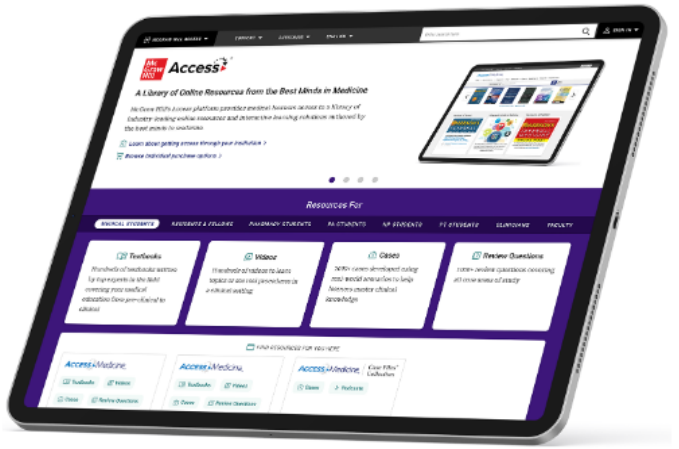

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Access sites feature a full scope of content types and resources, while collections are smaller sets of specialized content

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Accessartmed	AccessMedicina	AccessPhysiotherapy
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AccessCardiology	AccessNeurology	AccessWorldMed
AccessDermatologyDxRx	AccessObGyn	

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FA Davis Physiotherapy	OMMBID (Medical Genetics)
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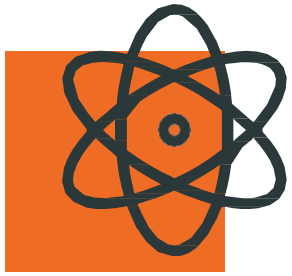

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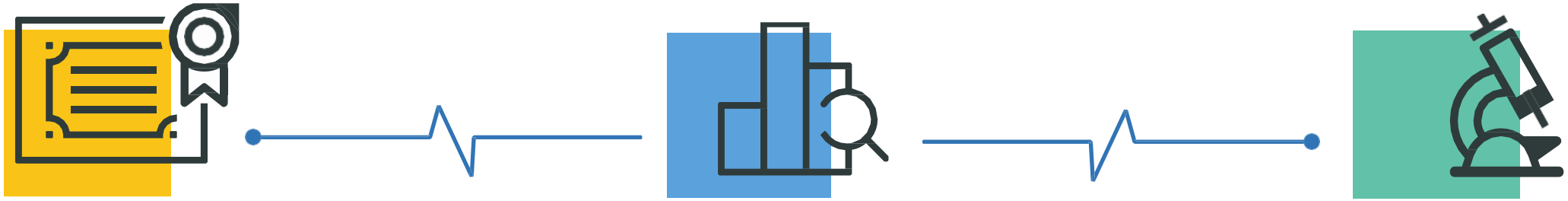

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& clinical training

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& decision trees

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to enhance decision-making
at the point of care

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以響應式網頁技術製作，
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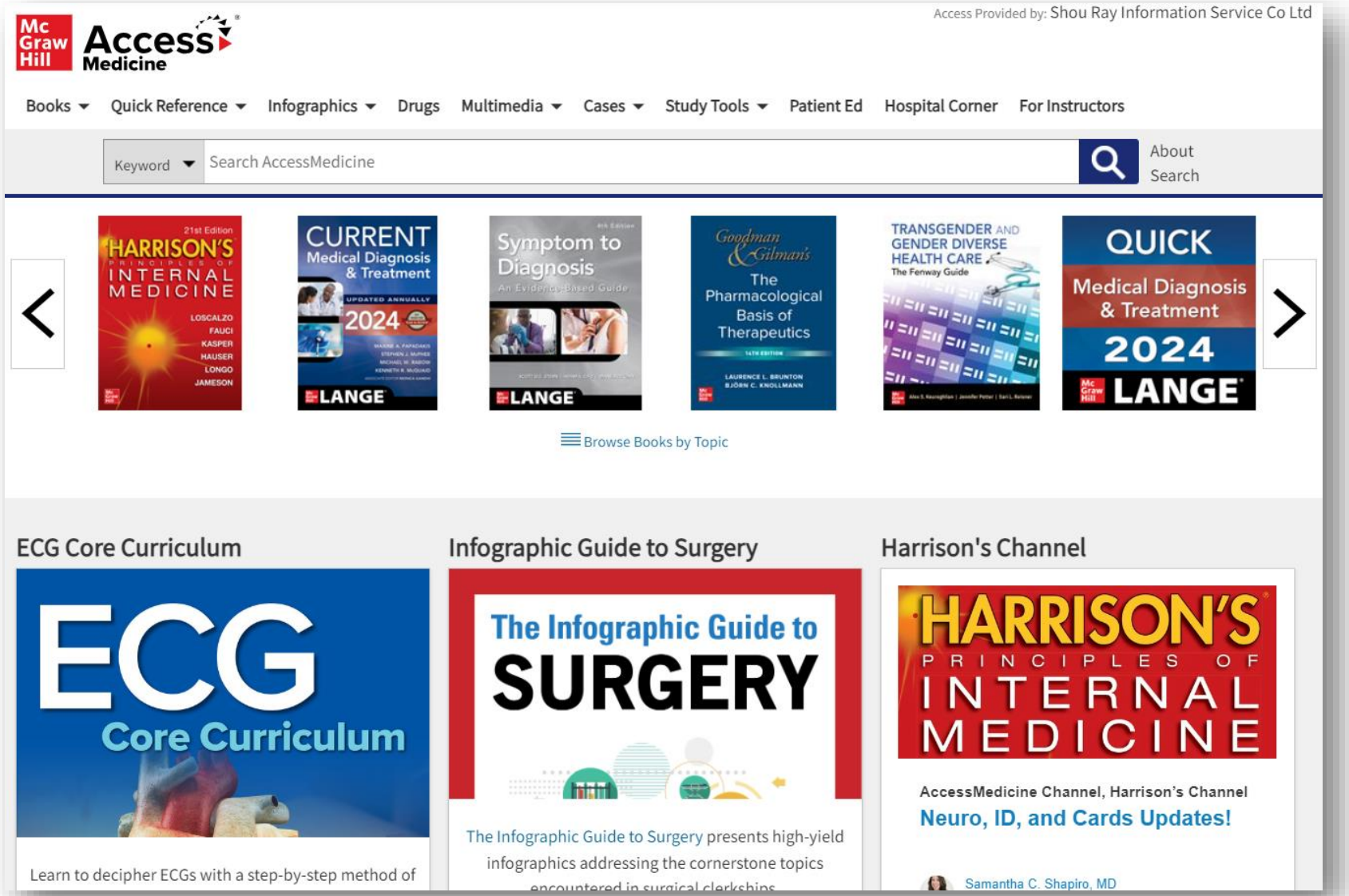

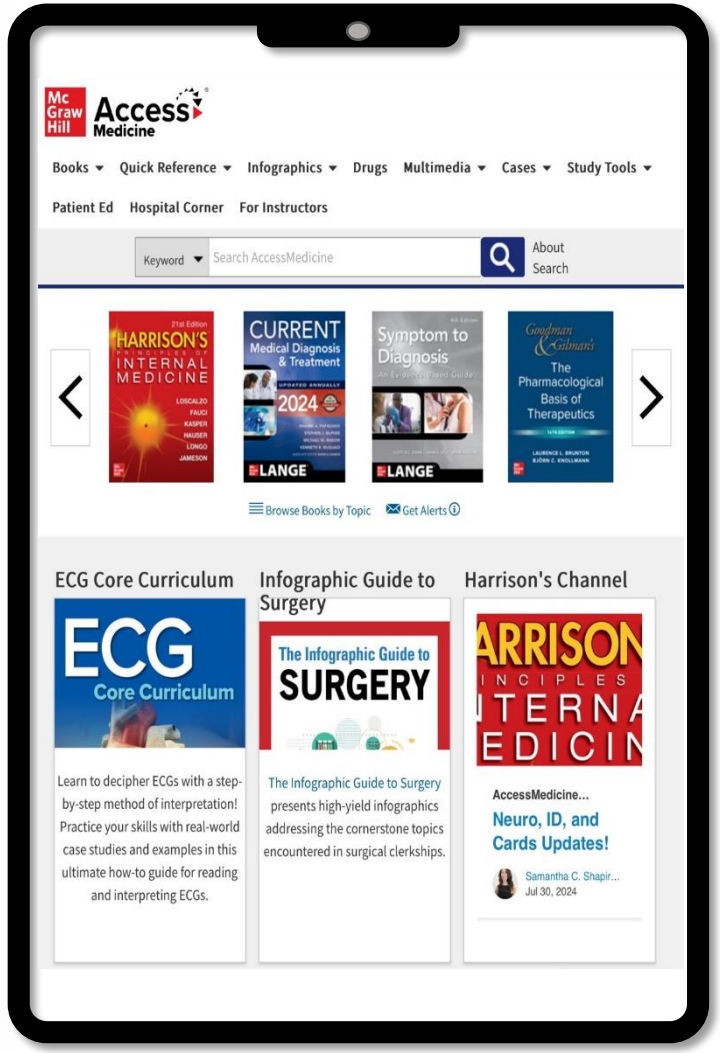

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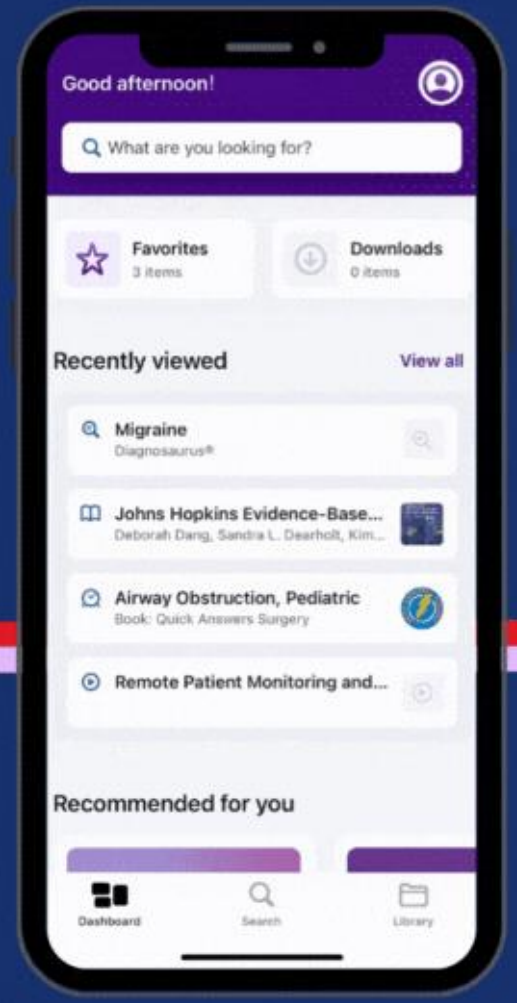


Books

Books

Library

依照不同科別主題分類書籍

Books

Library

- Anesthesiology
- Basic Science
- Behavioral Medicine
- Business of Healthcare
- Cardiology
- Critical Care Medicine
- Dermatology
- Diversity and Inclusion
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- Genetics
- Geriatric Medicine
- Health Systems, Quality, Safety, & Policy
- Hematology/Oncology
- Infectious Disease

Textbooks

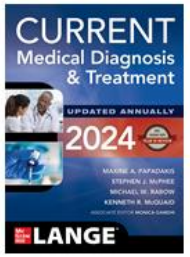
Tools

- View an exportable list of resources
- View archived textbooks

Grid | List

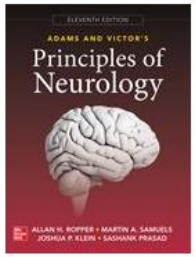
Harrison's Principles of Internal Medicine, 21e

Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson



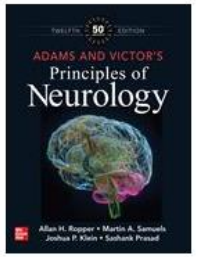
Current Medical Diagnosis & Treatment 2024

Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow, Kenneth R. McQuaid, Monica Gandhi



Adams and Victor's Principles of Neurology, 11e

Allan H. Ropper, Martin A. Samuels, Joshua P. Klein, Sashank Prasad



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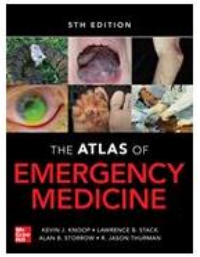

The Atlas of Emergency Medicine, 5e

Kevin J. Knoop, Lawrence B. Stack, Alan B. Storrow, R. Jason Thurman

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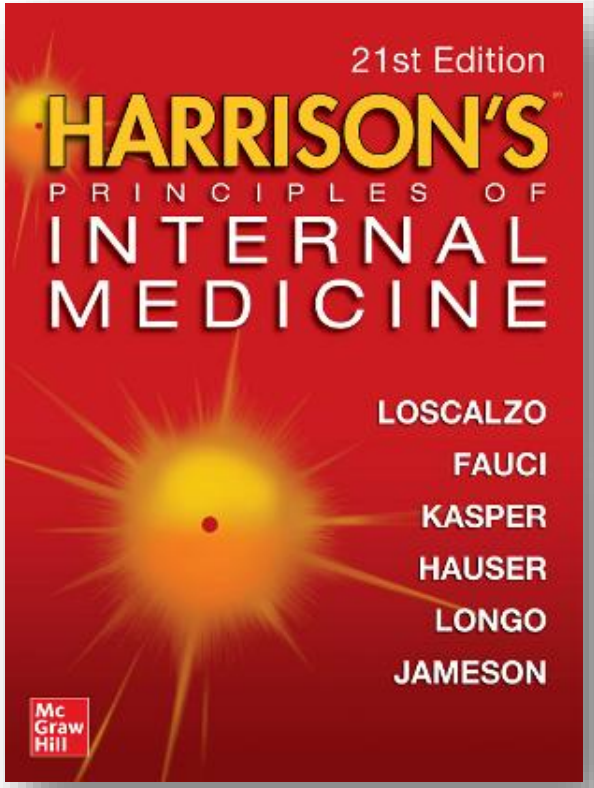
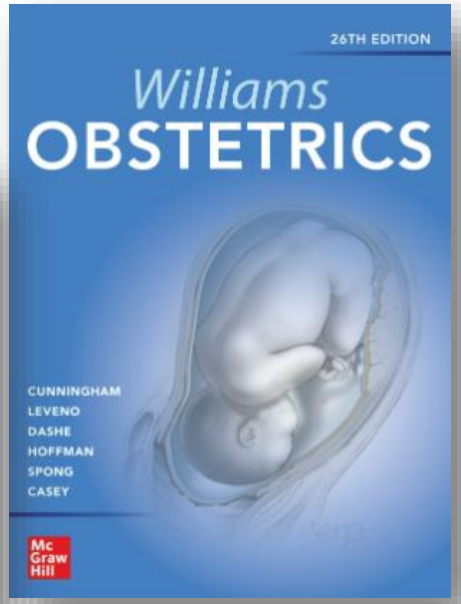
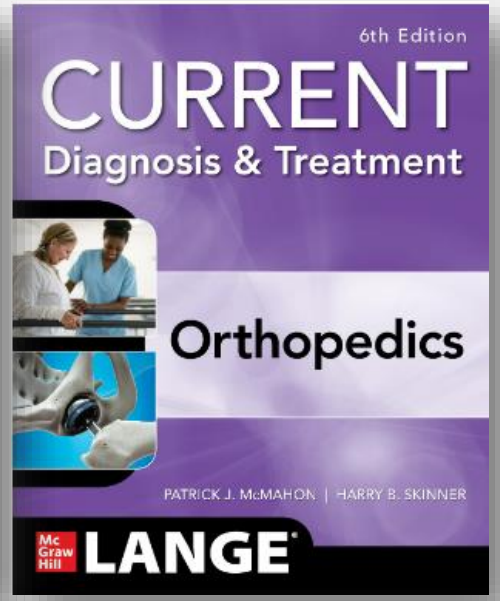
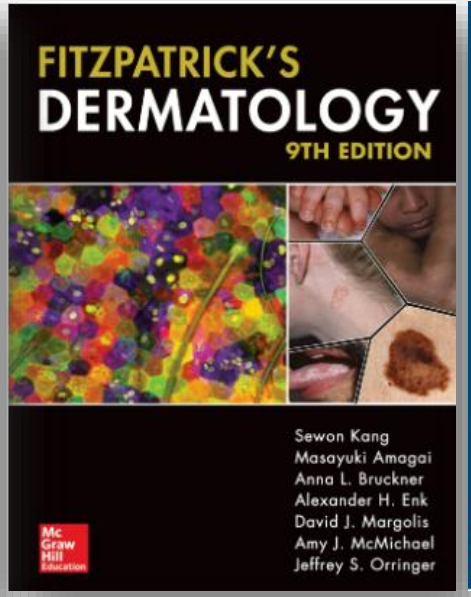
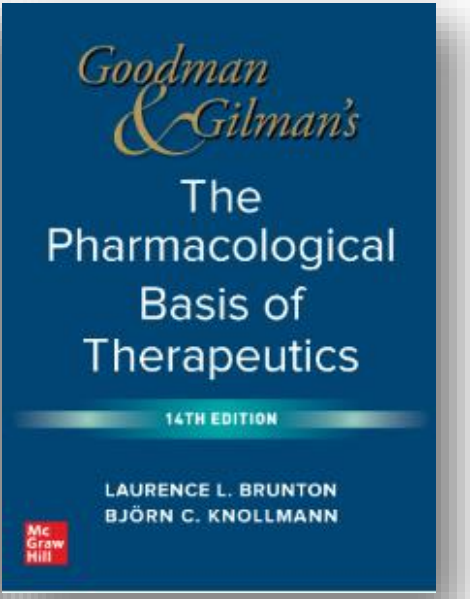


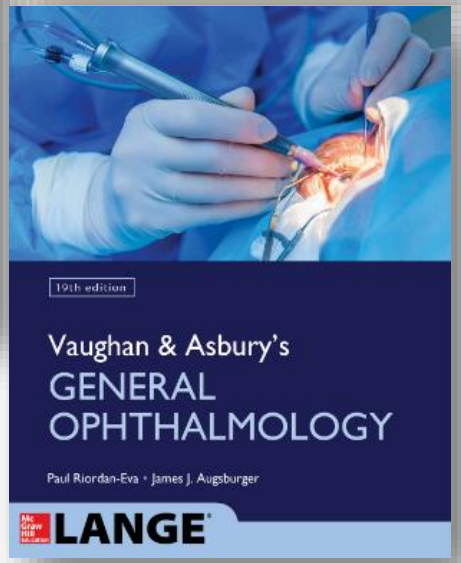
醫師高等考試
各科指定用書

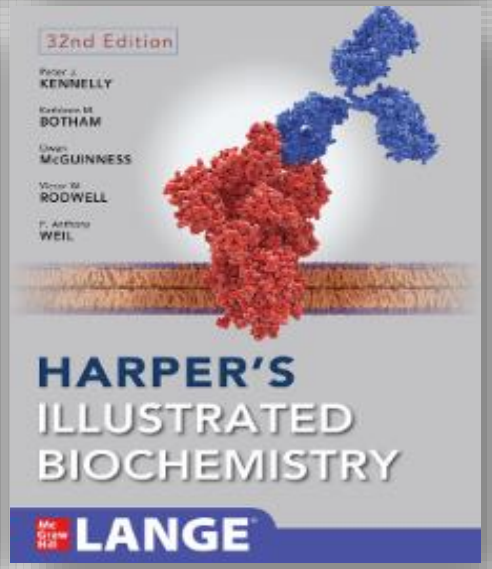


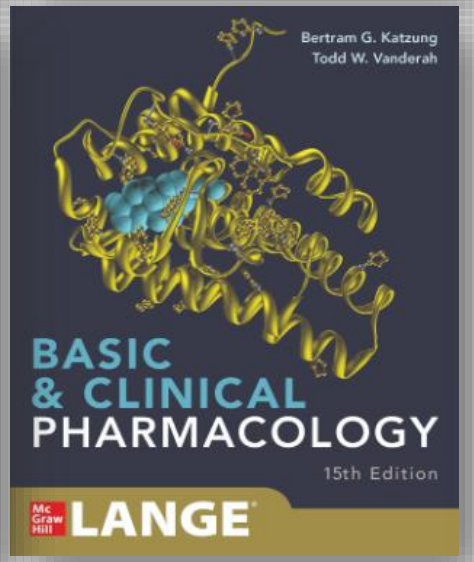


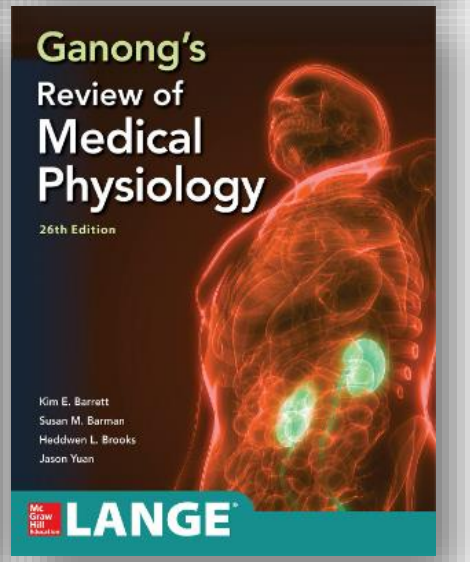






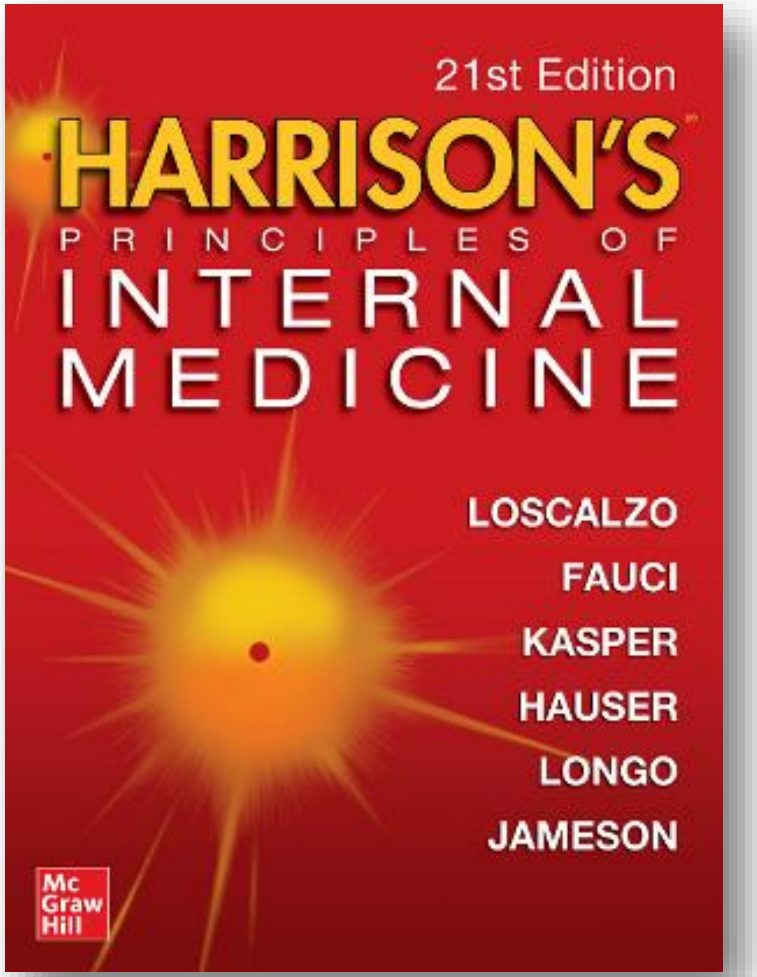






Books

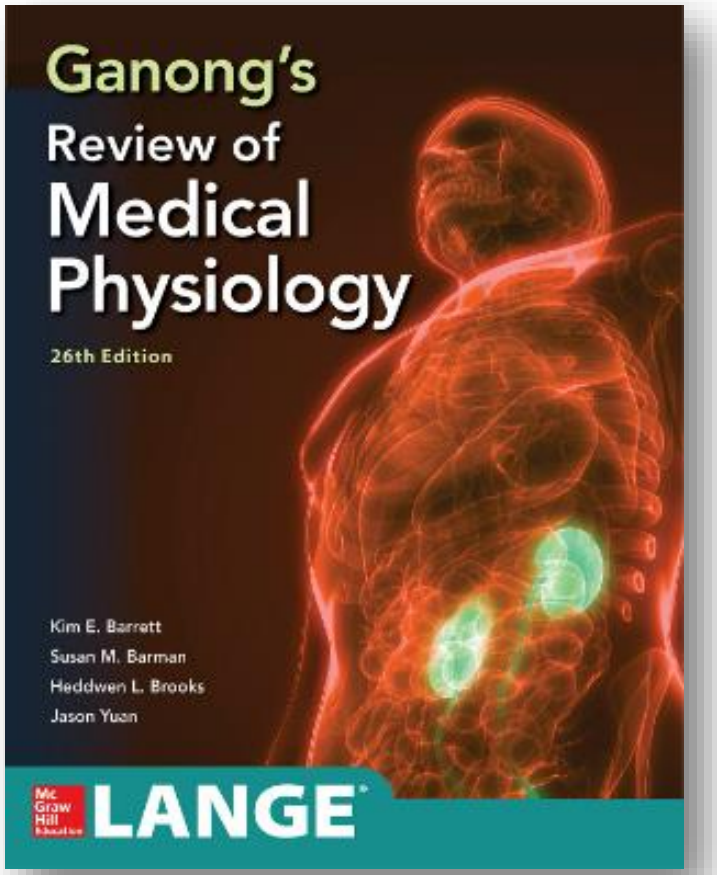
經典書籍



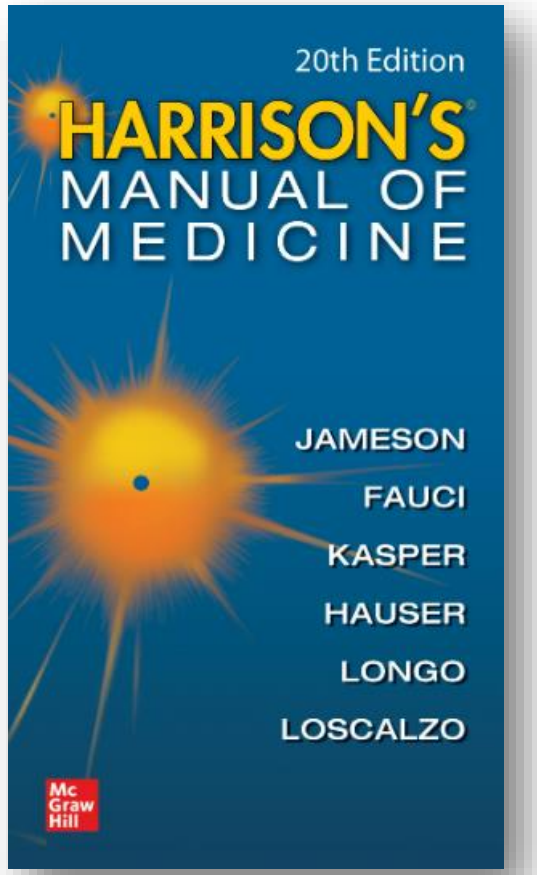
- 內科學經典教科書。自20世紀50年代問世以來，每4年再版一次，目前最新版為2022年出版的第二十一版。由於該書的權威性以及對培養醫師的重大作用，先後被譯成法文、德文、西班牙文、日文、中文等多種文字。
- 該書全面闡述了人體各系統相關疾病的定義、病因、流行病學、發病機制、病理特點、臨床表現、診斷與鑒別診斷、治療、預防和預後等問題，是醫師全面深入掌握內科醫學知識最權威的參考書籍。
- Access Medicine 中的電子版內容豐富程度及更新速度遠遠大於印刷本。

Books

經典書籍



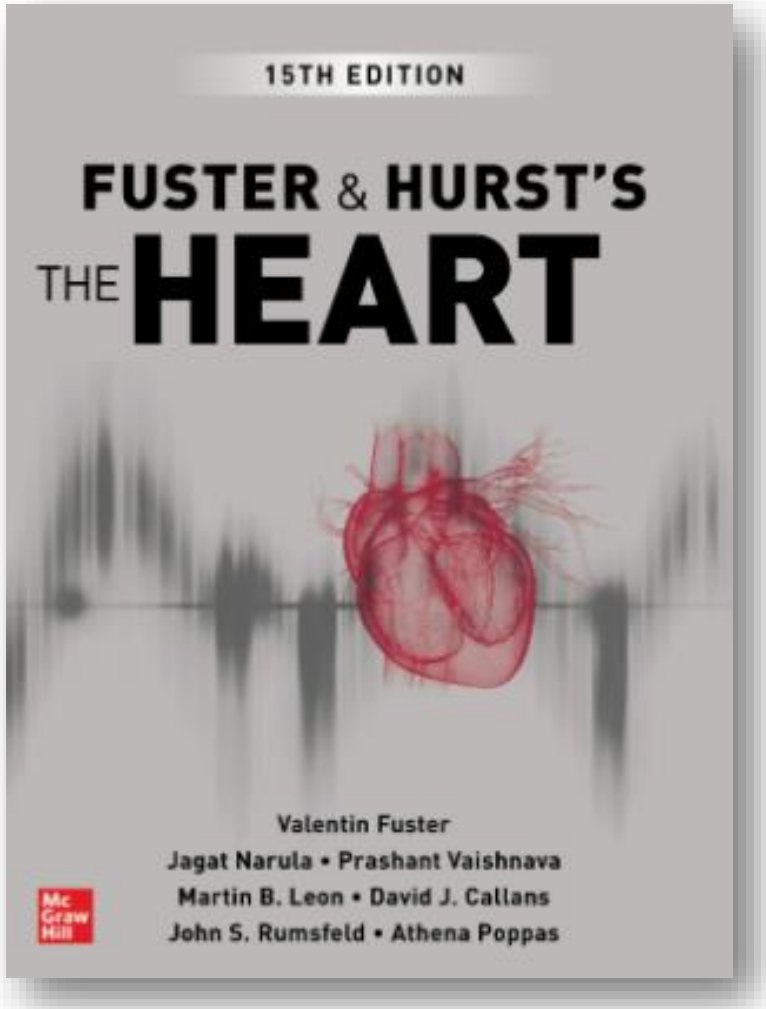
職能治療師高等考試
解剖學與生理學



物理治療師高等考試
內外科概論

Books

經典書籍



- 該書為經典的心血管疾病診治手冊，由幾代權威心血管病專家鼎力合作編寫和修訂，深受歐美國家心血管病醫師的歡迎。自20世紀60年代首次出版以來，已經更新至第15版。
- 該書系統性的介紹了50餘種心血管疾病的發病機制、病理生理學、臨床診斷、鑑別診斷、治療方法、預防和預後等問題。內容豐富詳實，極具權威性和科學實用性，是心臟科醫師和醫學院學生非常珍貴的經典參考讀物。

Books

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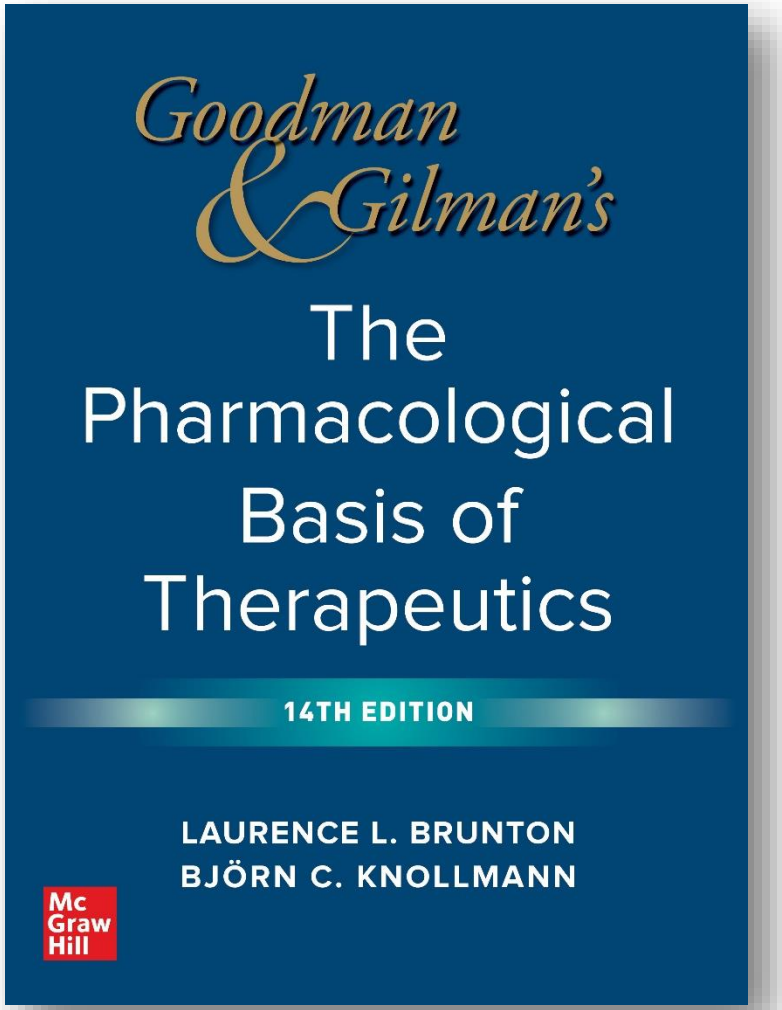
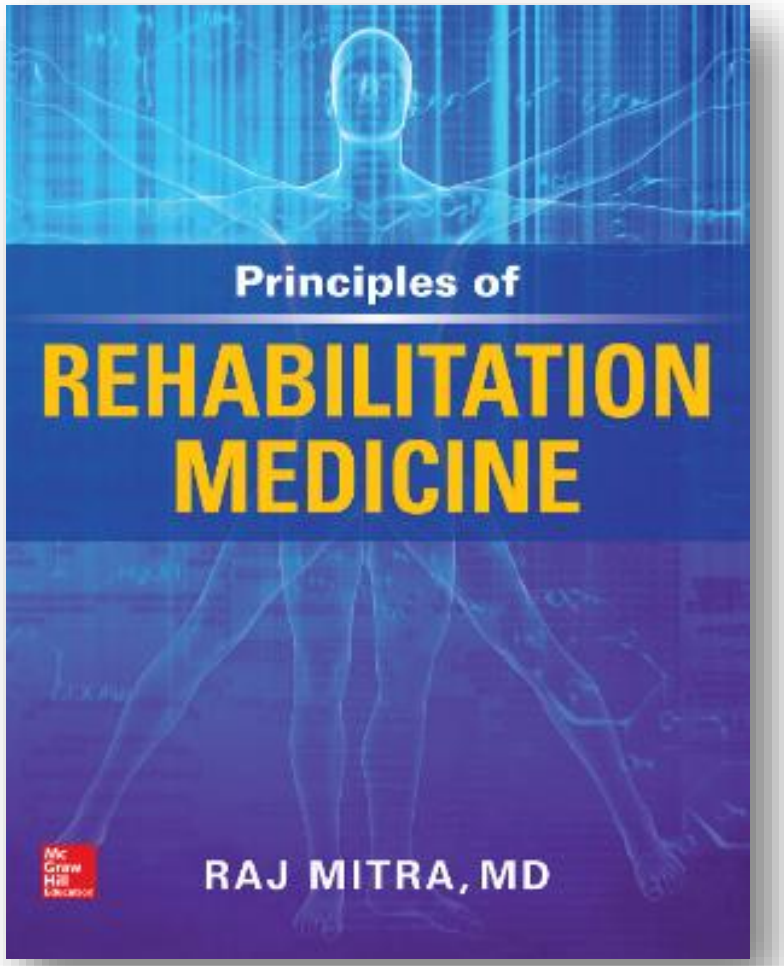


- 該書享有“藍色聖經”（ Blue Bible ）的盛譽，之所以經典，是由於其創始人A. Goodman和L. Gilman在首版就制訂的及多次再版奠定的編寫原則—基礎與臨床、特別是將藥理學（藥效學和藥動學）與藥物治療學緊密結合，並將現代醫學的進展與闡明藥物的作用與應用相聯繫所致。
- 分別對藥理研究和治療原理，擬神經遞質和作用於受體的藥物、毒副作用等進行了全面系統的總結，詳細地介紹了藥理學研究的現狀和最新理論，並利用圖表或示意圖讓您一目了然。各章還對藥理學研究的未來進行了展望，並有專門的章節介紹基因研究和毒理學研究的現狀。
- 臺灣俗稱**藥理學聖經**，多列為醫藥相關學系指定參考教科書，亦為國考指定用書。

Books

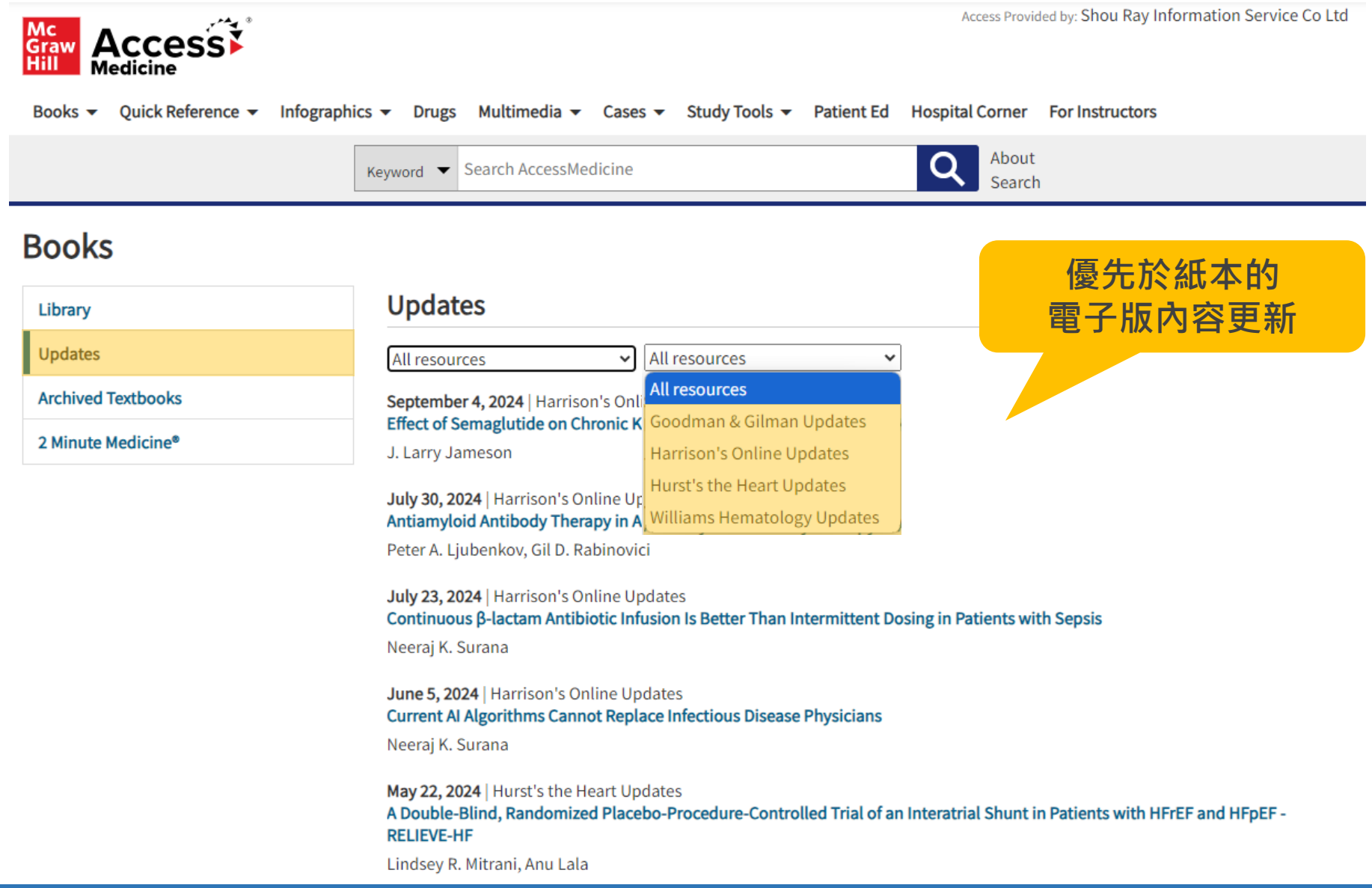
特色書籍



- Principles of Rehabilitation Medicine 旨在成為復健醫學專業方面全面且權威的回顧。
- 本書各章節對傳統的康復主題進行了完整的回顧，例如腦損傷、脊髓損傷、中風、疼痛管理和電診斷醫學。另一部分專門用於肌肉骨骼醫學、兒科復健和運動。擴展的第一部分回顧了基本康復評估所必需的基礎知識。章節反映了該領域的前沿主題，例如再生醫學、退伍軍人復健、多發性創傷患者的復健等。
- 各章節由復健領域公認的領導者撰寫，重點關注在病理生理學、診斷和復健管理。

Books

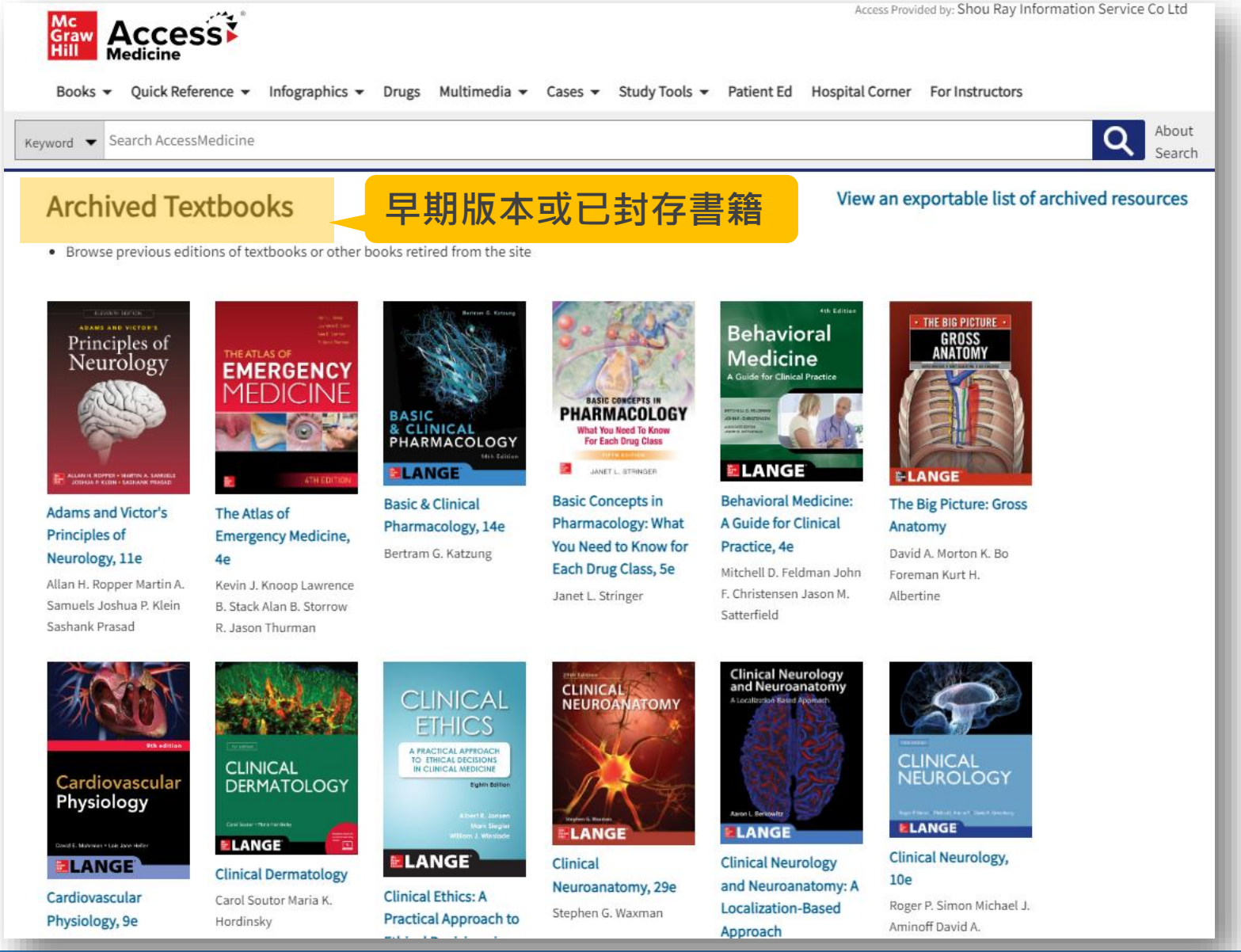
Updates



優先於紙本的
電子版內容更新

Books

Archived Textbooks



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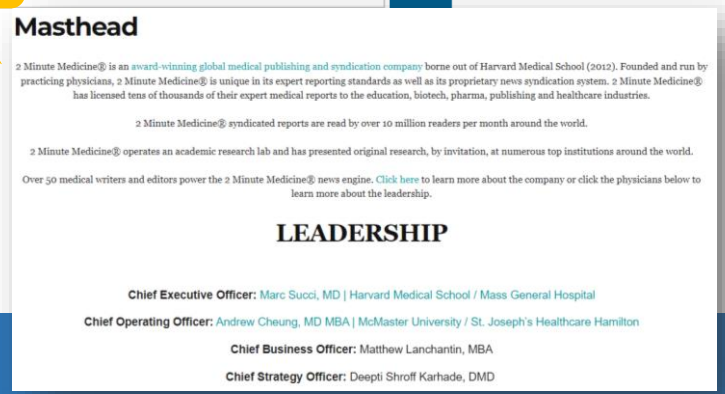
Daniel Goldshtein, Sze Wah Samuel Chan

September 10, 2024
Individuals with disorders of consciousness can perform cognitive tasks
Nhat Hung (Benjamin) Lam, Kiera Liblik



Masthead

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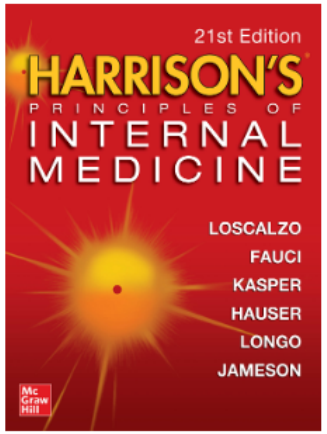

Harrison's Principles of Internal Medicine, 21e

Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson

Go to Review Questions | Go to Cases

本書檢索

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- + Part 1: The Profession of Medicine
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- + Part 3: Pharmacology
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- + Part 5: Infectious Diseases
- + Part 6: Disorders of the Cardiovascular System
- + Part 7: Disorders of the Respiratory System

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FEATURES

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Textbook Updates

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Effect of Semaglutide on Chronic Kidney Disease
J. Larry Jameson

07/30/2024
Antiamyloid Antibody Therapy in Alzheimer's Disease
Peter A. Ljubenkov, Gil D. Rabinovici

07/23/2024
Continuous β-lactam Antibiotic Infusion Is Better Than Intermittent Dosing in Patients with Sepsis
Neeraj K. Surana

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Multimedia

VIDEO 241-08: The heart in long and short axis. 11 secs

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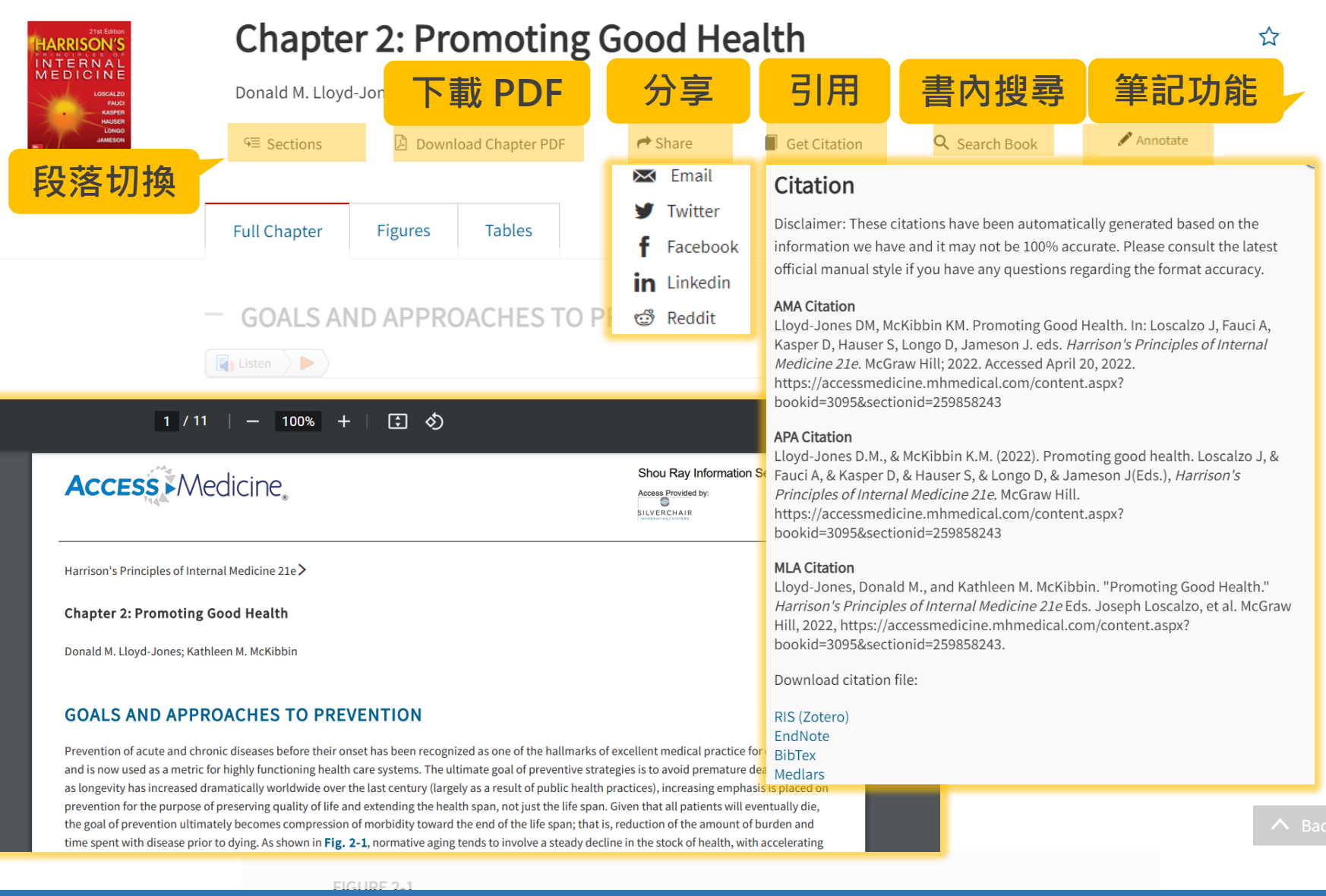
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Donald M. Lloyd-Jones; Kathleen M. McKibbin
GOALS AND APPROACHES TO PREVENTION
Prevention of acute and chronic diseases before their onset has been recognized as one of the hallmarks of excellent medical practice for
and is now used as a metric for highly functioning health care systems. The ultimate goal of preventive strategies is to avoid premature dea
as longevity has increased dramatically worldwide over the last century (largely as a result of public health practices), increasing emphasis is placed on
prevention for the purpose of preserving quality of life and extending the health span, not just the life span. Given that all patients will eventually die,
the goal of prevention ultimately becomes compression of morbidity toward the end of the life span; that is, reduction of the amount of burden and
time spent with disease prior to dying. As shown in Fig. 2-1, normative aging tends to involve a steady decline in the stock of health, with accelerating
1
2
FIGURE 2-1

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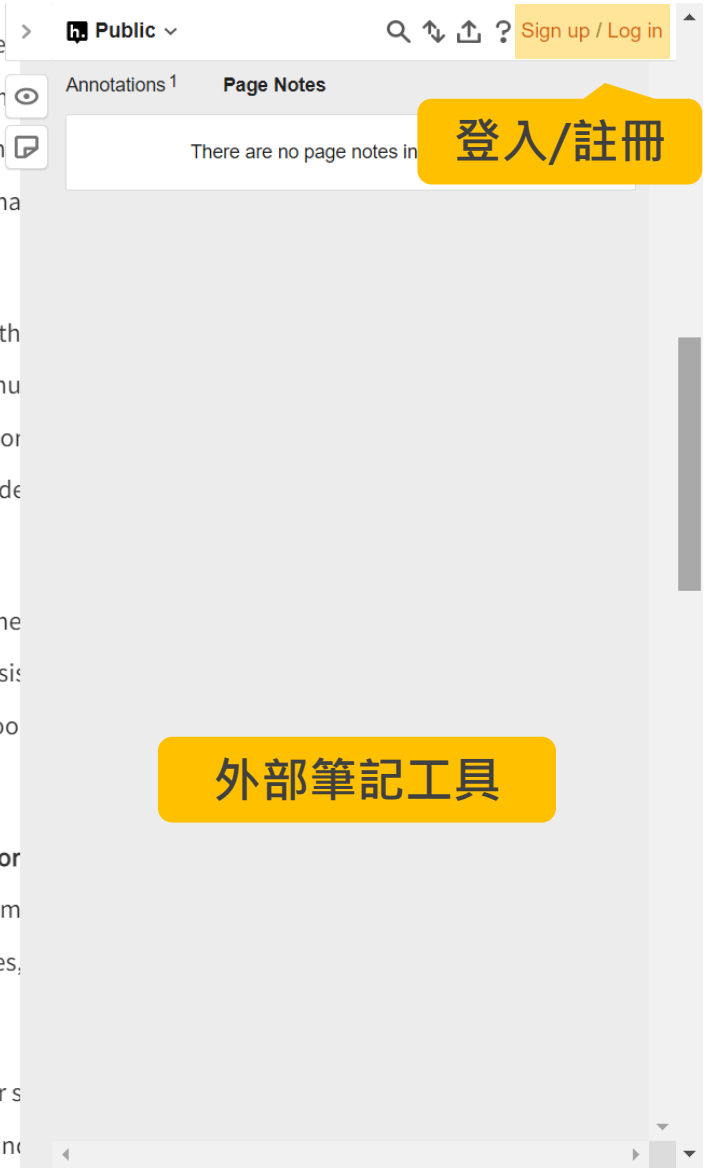
Therapeutic and toxic effects of drugs result from their interactions with mole
drugs act by associating with specific macromolecules in ways that alter the n
or biophysical activities. This idea, more than a century old, is embodied in th
component of a cell or organism that interacts with a drug and initiates the cha
drug's observed effects.

Receptors have become the central focus of investigation of drug effects and th
(pharmacodynamics). The receptor concept, extended to endocrinology, immu
biology, has proved essential for explaining many aspects of biologic regulatio
been isolated and characterized in detail, thus opening the way to precise unde
basis of drug action.

The receptor concept has important practical consequences for the developme
at therapeutic decisions in clinical practice. These consequences form the basis
actions and clinical uses of drugs described in almost every chapter of this boo
summarized as follows:

1. **Receptors largely determine the quantitative relations between dose or**
pharmacologic effects. The receptor's affinity for binding a drug determ
drug required to form a significant number of drug-receptor complexes,
receptors may limit the maximal effect a drug may produce.

2. **Receptors are responsible for selectivity of drug action.** The molecular s
charge of a drug determine whether—and with what affinity—it will bin



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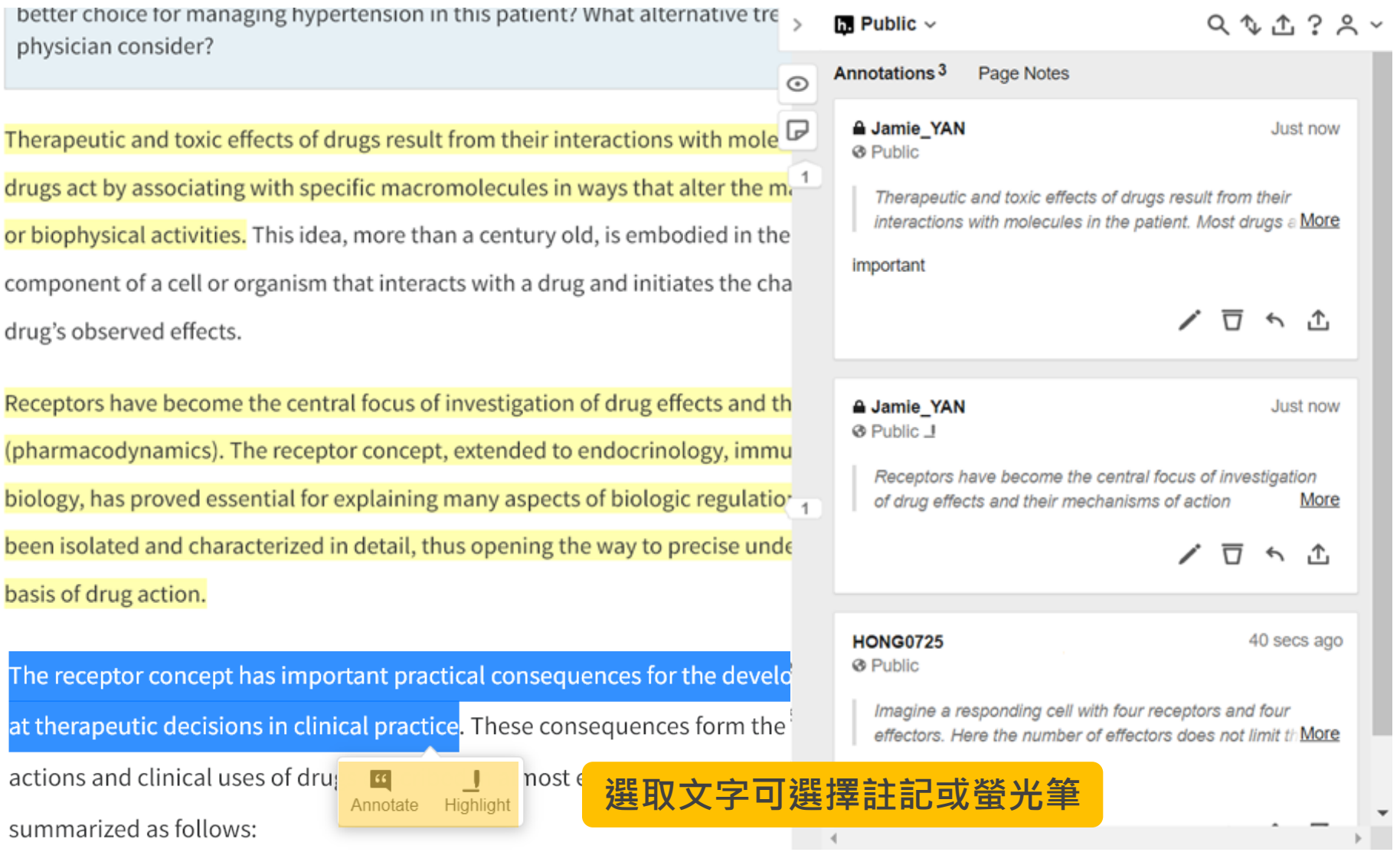

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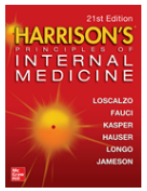

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FIGURE 2-1

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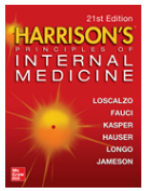

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FIGURE 2-1

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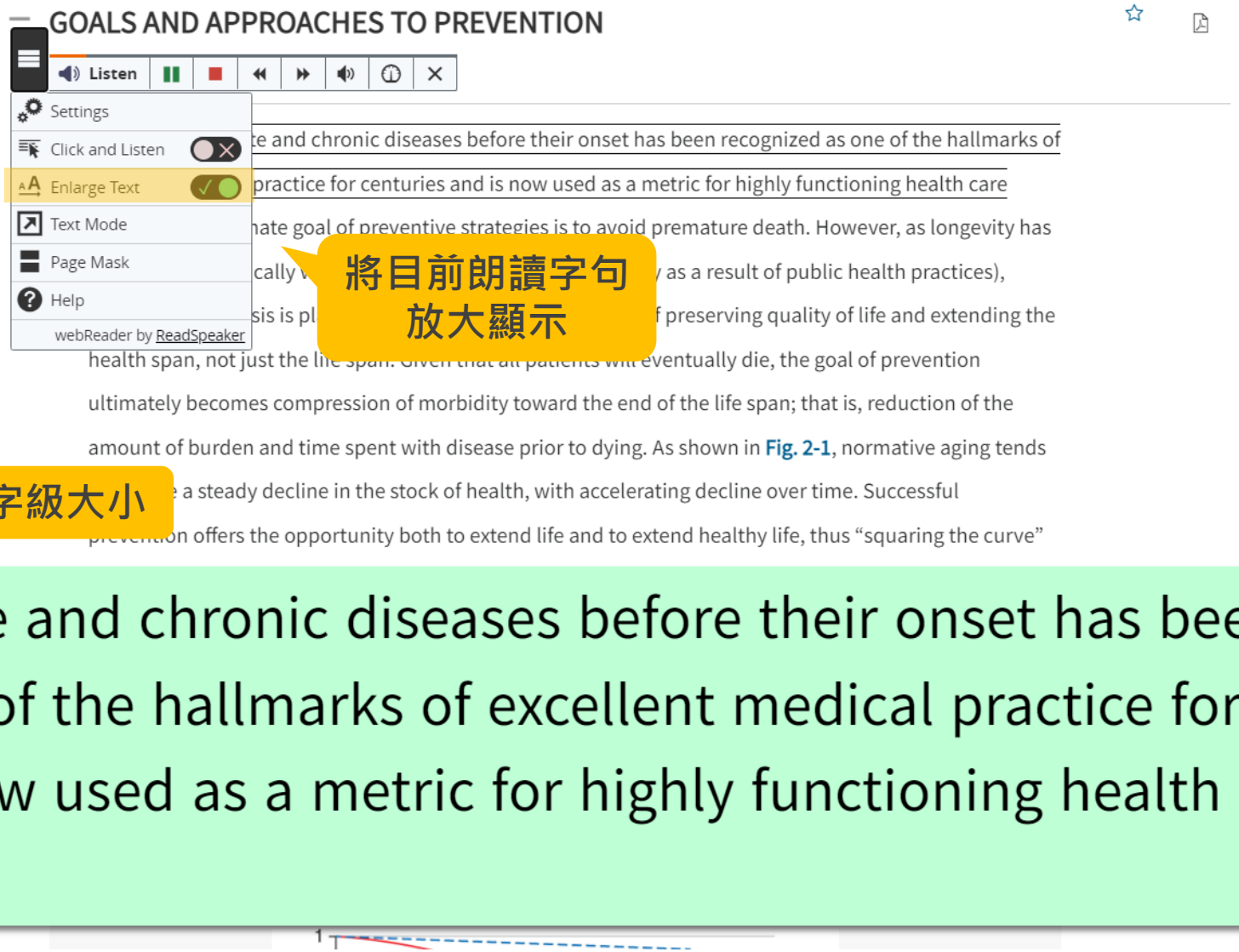

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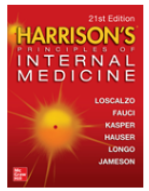

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FIGURE 2-1

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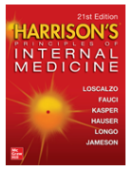

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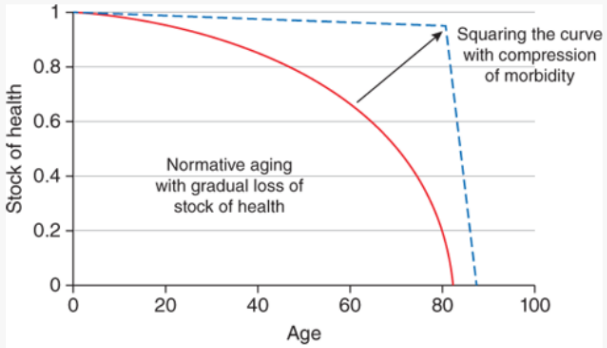
FIGURE 2-1

Loss of health with aging. Representation of normative aging with loss of the full stock of health with which individuals are born (indicating gain of morbidity), contrasted with a squared curve with greater longevity and fuller stock of health (less morbidity) until shortly before death. The "squared curve" represents the likely ideal situation for most patients.



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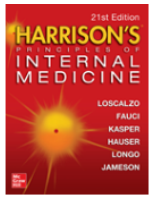

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TABLE 2-1

Guidelines and Key Recomme
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Harrison's Principles of Internal Medicine 21e > Promoting Good Health

Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson

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TABLE 2-1

Guidelines and Key Recommendations from the *Dietary Guidelines for Americans*, 2020–2025

GUIDELINES	KEY RECOMMENDATIONS
1. Follow a healthy dietary pattern at every life stage. For the first 6 months of life, infants should exclusively be fed human milk, or iron-fortified formula if human milk is unavailable. From 6 to 12 months, infants should be introduced to a variety of complementary nutrient-dense foods. From 12 months to older adulthood, the dietary pattern should meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease. **2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.** The Dietary Guidelines provide a framework of several dietary patterns intended to be customized to individual needs and preferences, as well as the foodways of the diverse cultures in the United States. **3. Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.** Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium. A healthy dietary pattern consists of nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits. **4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.** At every life stage, meeting food group recommendations, even with nutrient-dense choices, fulfills most of a person's daily calorie needs and sodium limits, with little room for extra added sugars, saturated fat, or sodium, or for alcoholic beverages.	**The Dietary Guidelines' Key Recommendations for healthy eating patterns should be applied in their entirety, given the interconnected relationship that each dietary component can have with others. They are also intended as a framework to accommodate personal preferences, cultural traditions, and budgetary considerations.** **Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits to achieve a healthy weight and reduce the risk of chronic disease.** **The core elements that make up a healthy dietary pattern include:** • Vegetables of all types—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables • Fruits, especially whole fruit • Grains, at least half of which are whole grain • Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives • Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products • Oils, including vegetable oils and oils in food, such as seafood and nuts **A healthy eating pattern limits:** • Added sugars—Less than 10% of calories per day starting at age 2. Avoid foods and beverages with added sugars for those younger than age 2.

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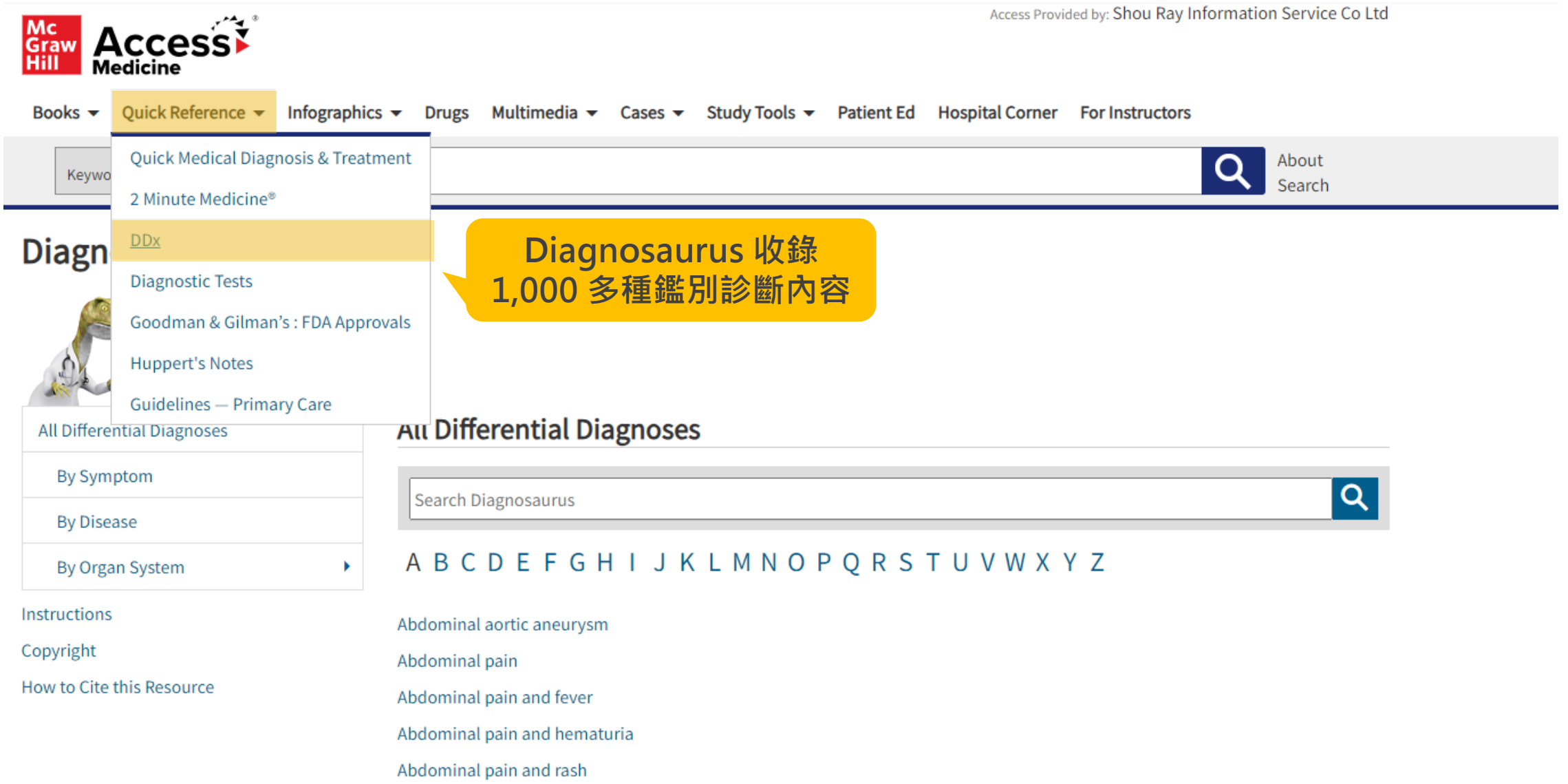

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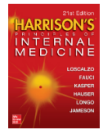

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Acute Appendicitis and Peritonitis

Book: Harrison's Principles of Internal Medicine 21e

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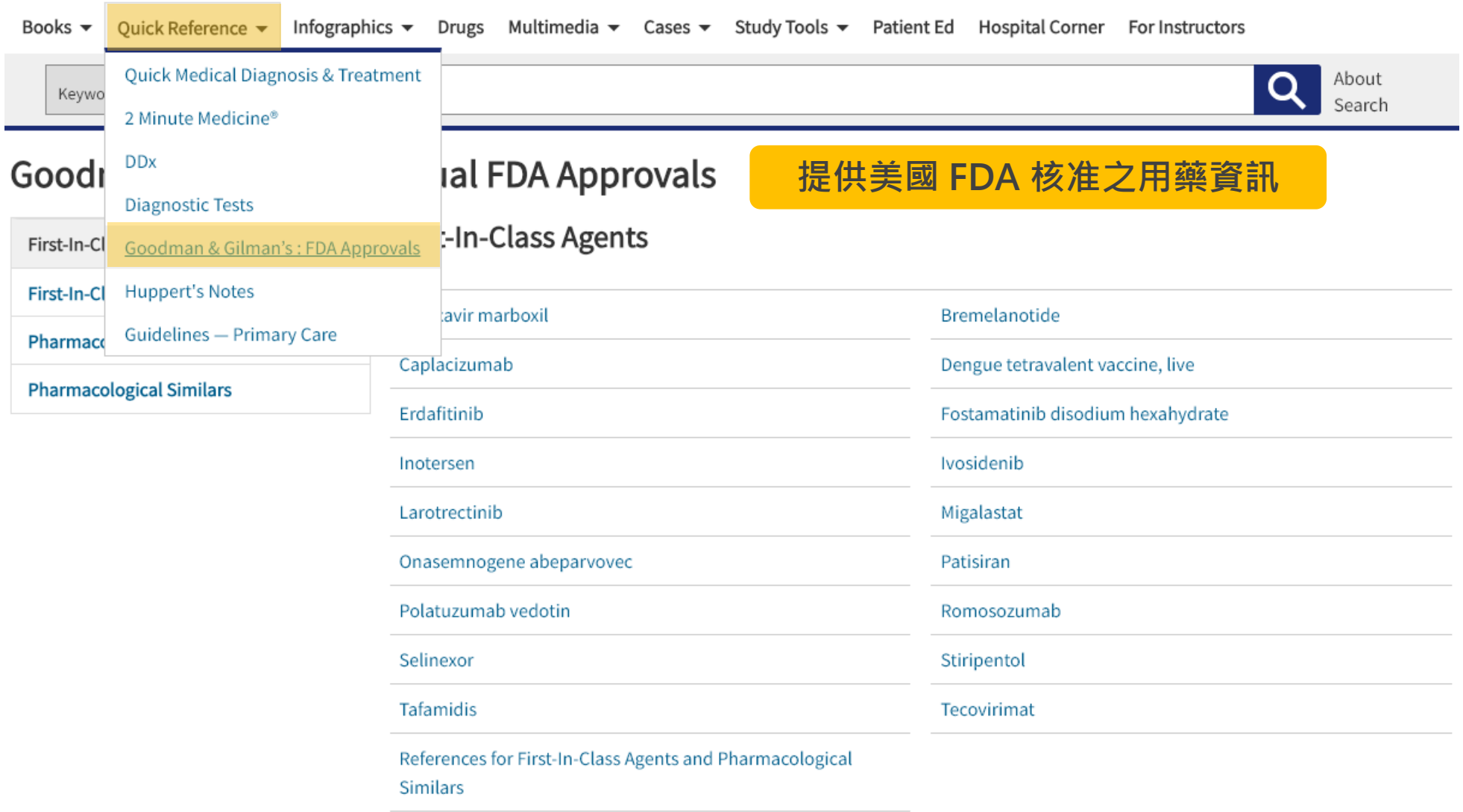

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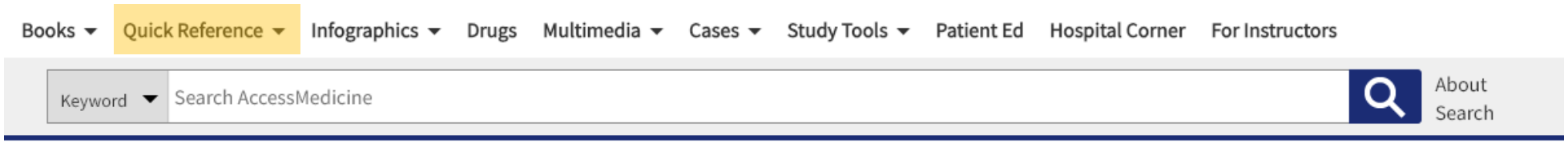

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First-In-Class Agents

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Caplacizumab	Dengue tetravalent vaccine, live
Erdafitinib	Fostamatinib disodium hexahydrate
Inotersen	Ivosidenib
Larotrectinib	Migalastat
Onasemnogene abeparvovec	Patisiran
Polatuzumab vedotin	Romosozumab
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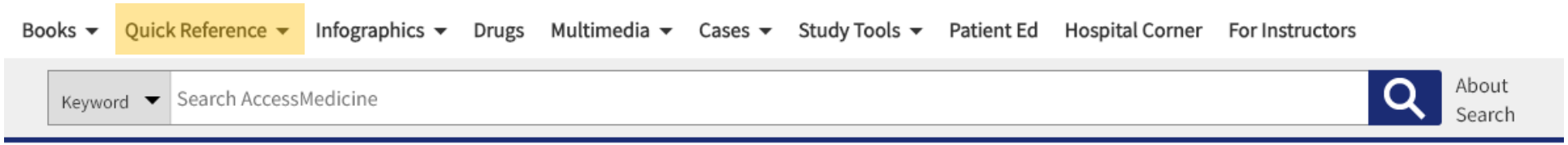

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Coagulation factor Xa (recombinant), inactivated-zhzo	Emapalumab-lzsg
Erenumab-aooe	Fremanezumab-vfrm
Galcanezumab-gnlm	Ibalizumab-uiyk
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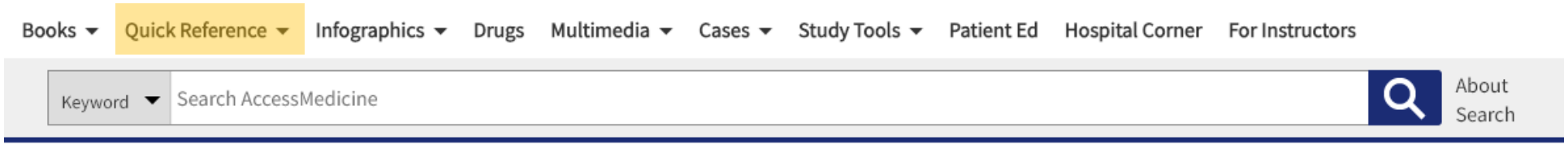

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Pharmacological Similar Biologics

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- Cemiplimab-rwlc
- Elapegademase-lvlr
- Epoetin alfa-epbx
- Filgrastim-aafi
- Immune globulin intravenous (human)-ifas
- Moxetumomab pasudotox-tdfk
- Pegfilgrastim-cbqv
- Pegfilgrastim-jmdb
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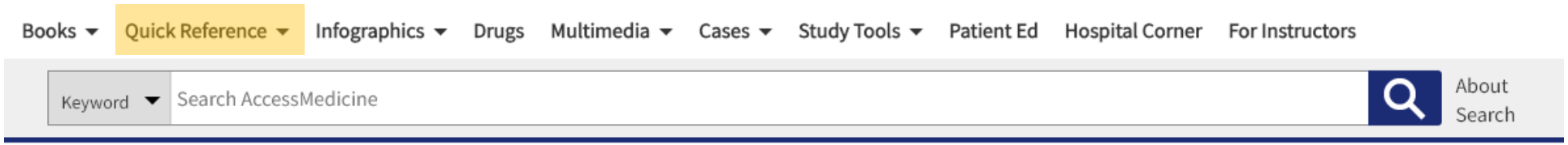

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Apalutamide	Avatrombopag
Baricitinib	Benzhydrocodone
Bevacizumab-bvzr	Bictegravir
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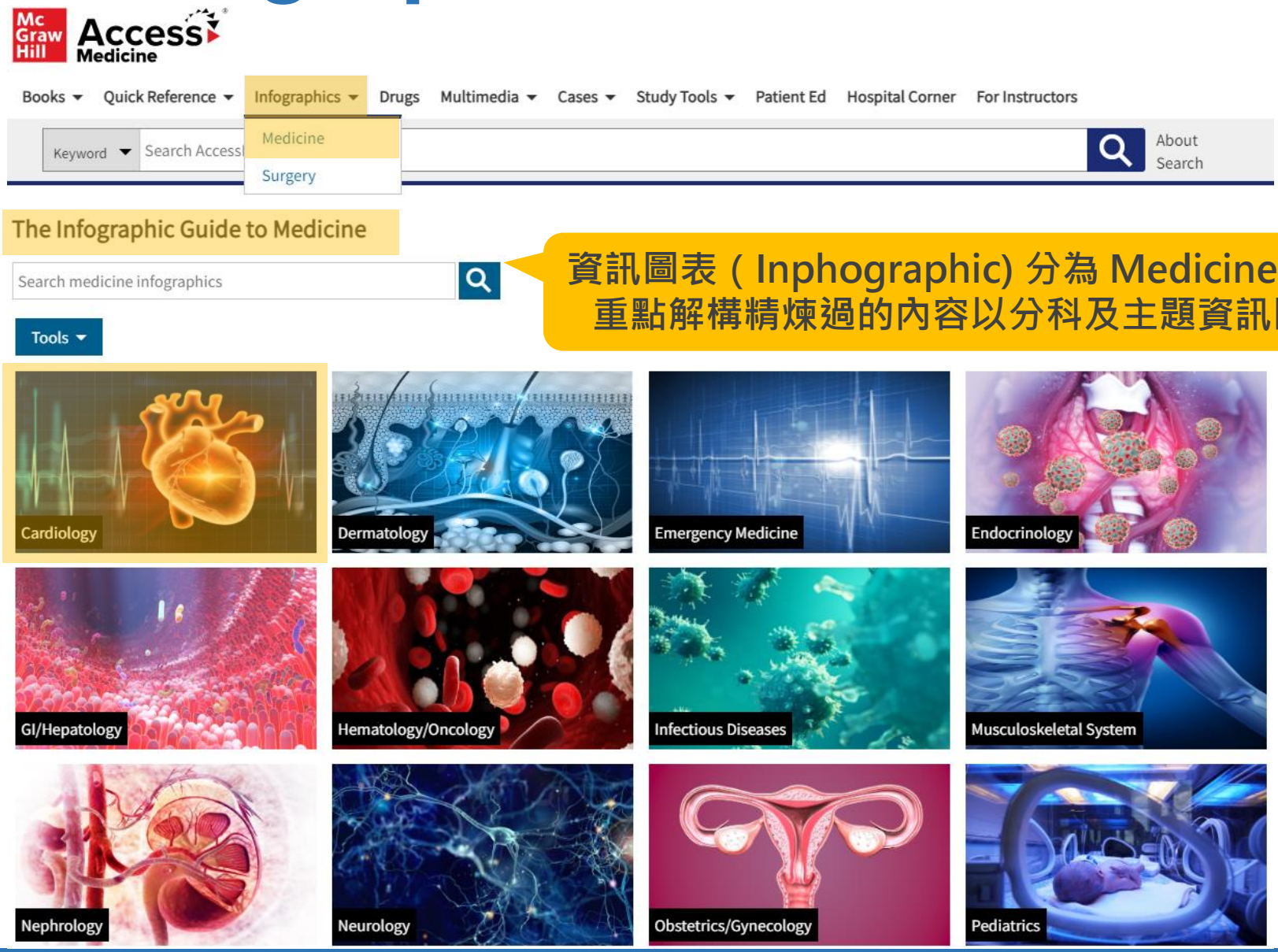

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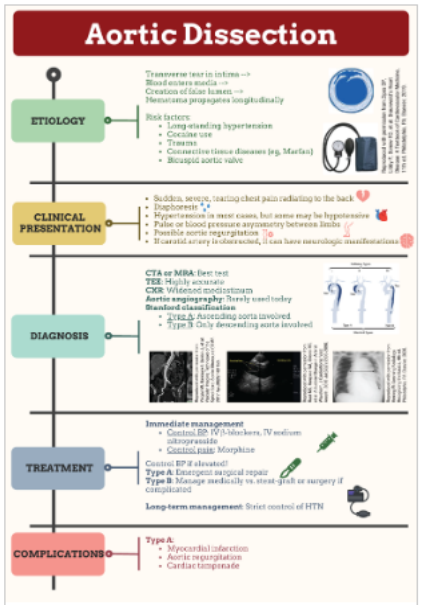

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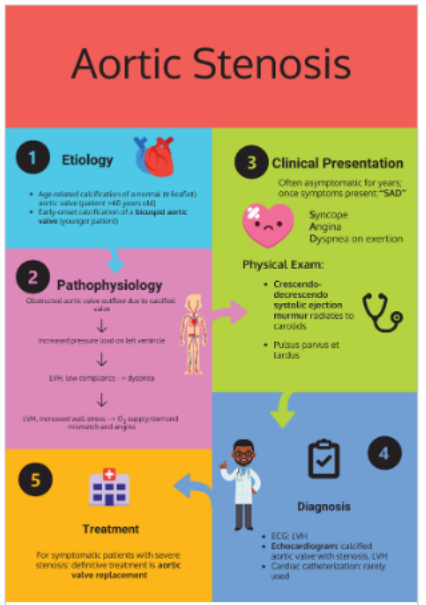
Aortic Regurgitation



Aortic Stenosis

Infographic

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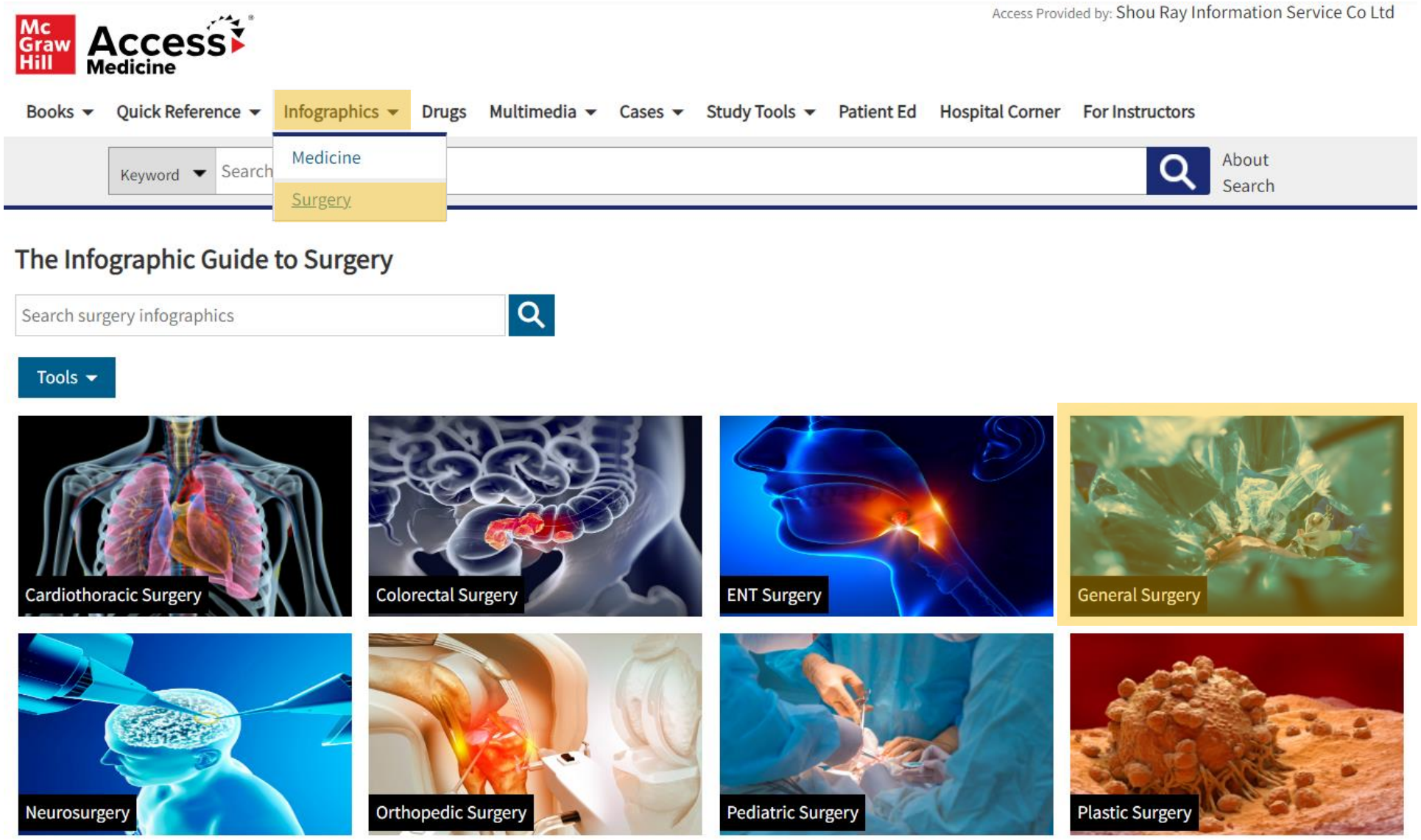

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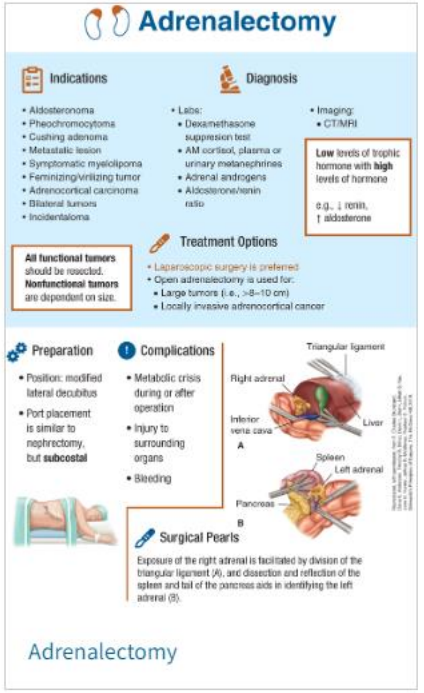
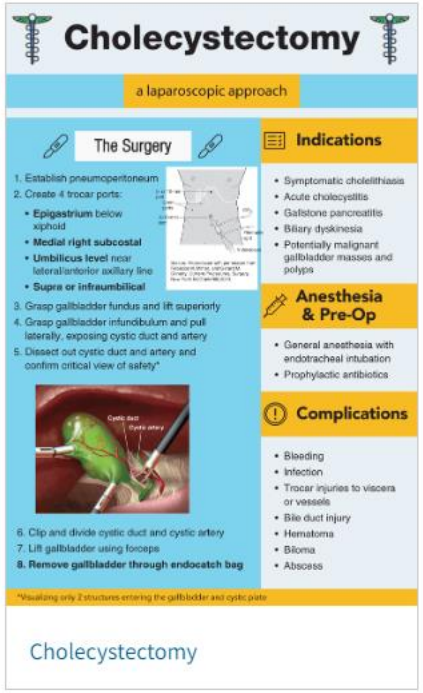


Adrenalectomy

Appendectomy



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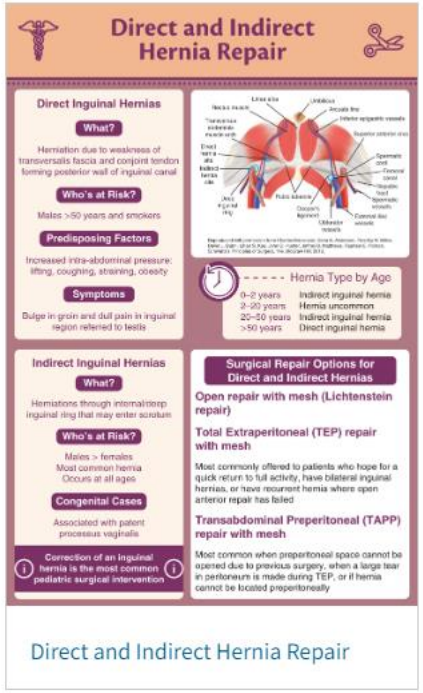
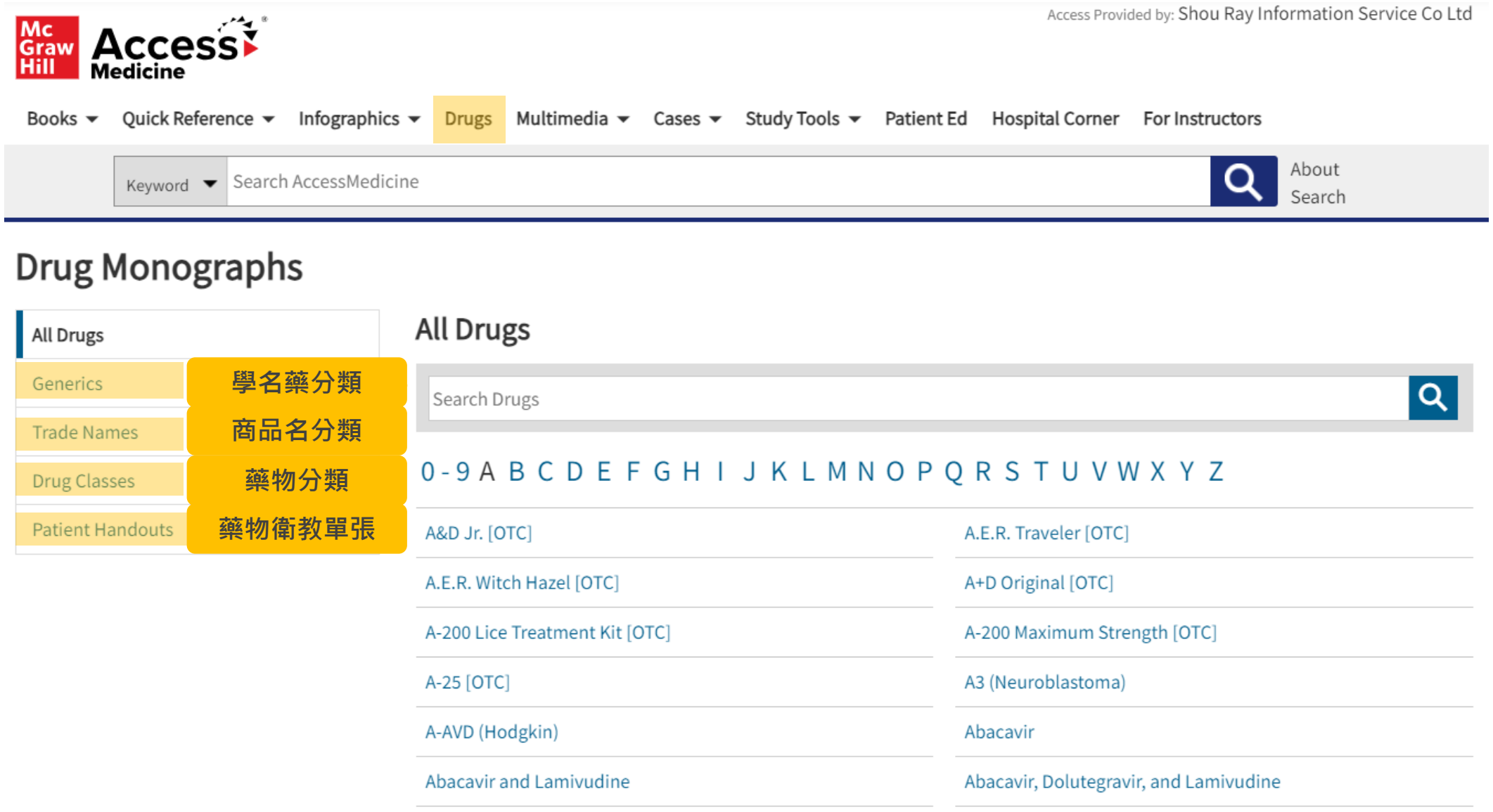


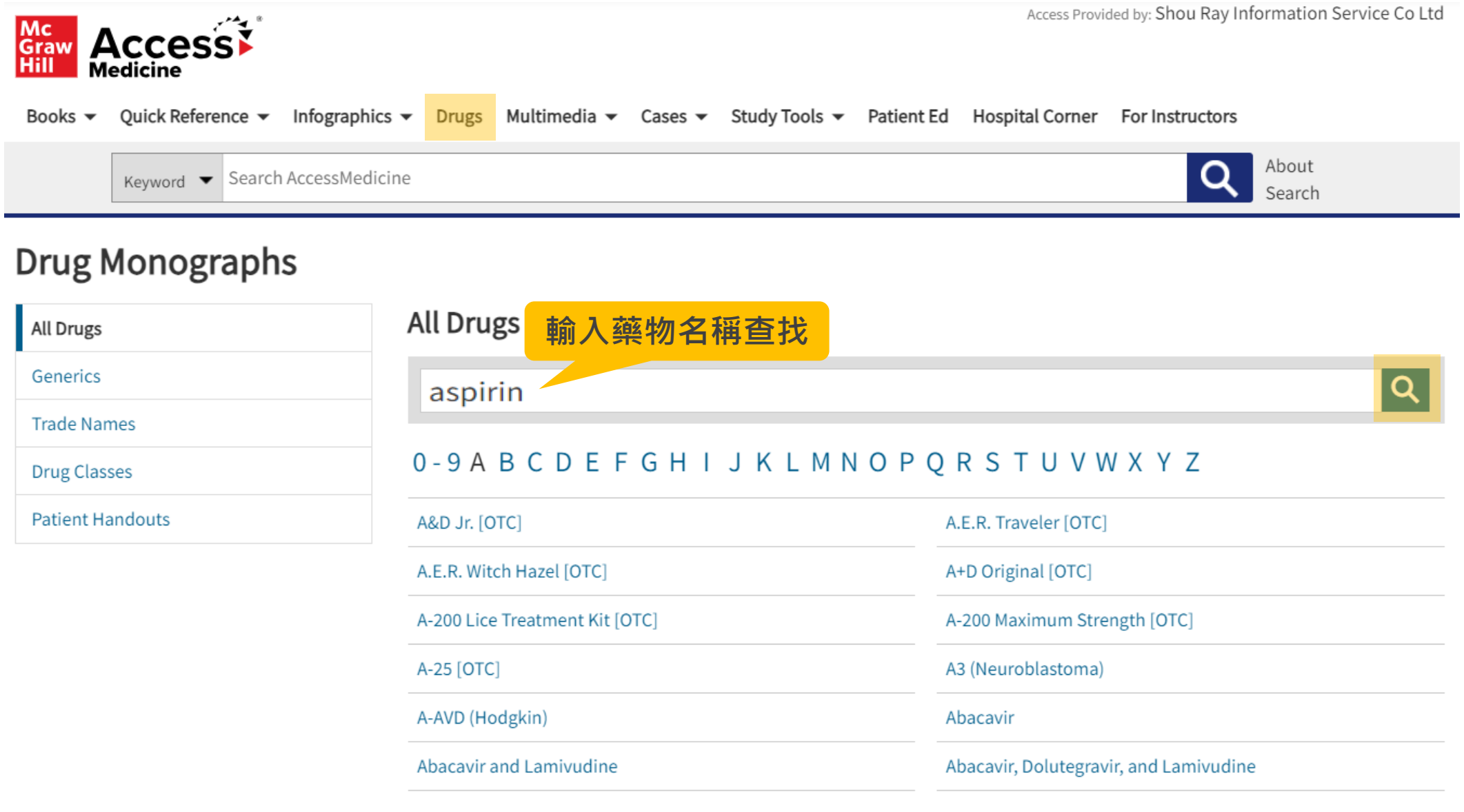
Direct and Indirect Hernia Repair

Drugs

Drug Monographs (1/2)



Drug Monographs (2/2)



Drugs

Drug Monographs-藥物資訊頁面

Drug Monographs

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- Generics
- Trade Names
- Drug Classes
- Patient Handouts

All Drugs >

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Aspirin

Basics
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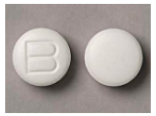
Contraindications
Warnings/Precautions
Pregnancy & Lactation
Adverse Reactions
Interactions
Dosing
Administration
Storage & Compatibility
Monitoring
Patient Education
Additional Information
Pricing
References

Images	Description
 Formulation Details	Bufferin [GLAXO CONSUMER HEALTHCARE L.P.] 325 mg
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Name
Aspirin

Pronunciation

(AS pir in)

Brand Names: US

- Ascriptin Maximum Strength [OTC]
- Ascriptin Regular Strength [OTC]

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- 用藥須知
- 劑量
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Drug Monographs- Patient Handouts

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Patient Handoutscurrent location > A

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Aspirin

Print Section

Name
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Pronunciation

(AS pir in)

Brand Names: U.S.

- Ascriptin Maximum Strength [OTC]
- Ascriptin Regular Strength [OTC]
- Aspercin [OTC]
- Aspergum [OTC]
- Aspir-low [OTC]
- Aspirtab [OTC]
- Bayer Aspirin Extra Strength [OTC]
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- Bufferin [OTC]
- Buffinol [OTC]

藥物衛教單張

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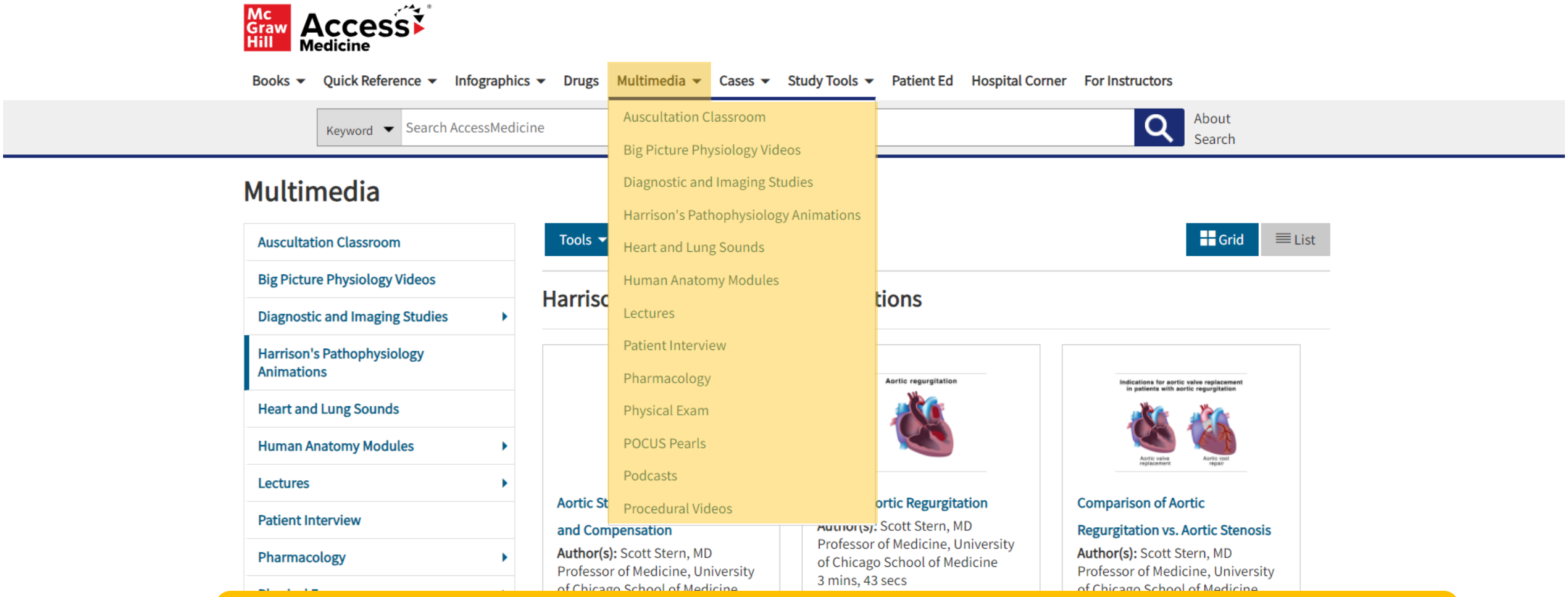

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Multimedia

Auscultation Classroom	聽診教室
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Diagnostic and Imaging Studies	診斷和影像學研究
Harrison's Pathophysiology Animations	Harrison's 病理生理學動畫
Heart and Lung Sounds	心肺音檔
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Tools

Harrison's Pathophysiology

Aortic Stenosis Pathophysiology and Compensation

Author(s): Scott Stern, MD
Professor of Medicine, University of Chicago School of Medicine
4 mins

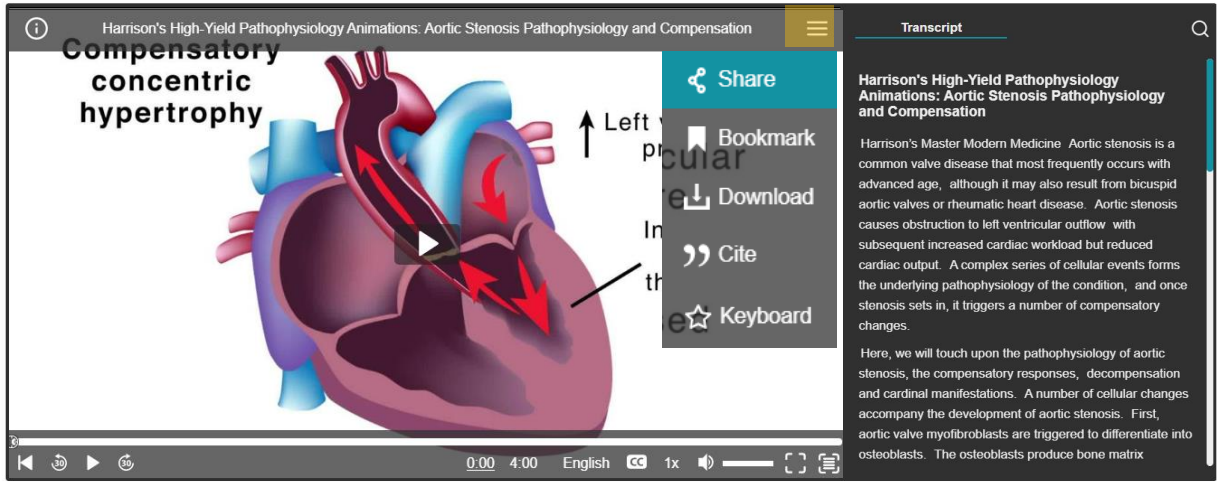
of Chicago School of Medicine
3 mins, 43 secs

Professor of Medicine, University of Chicago School of Medicine
7 mins, 38 secs

主動脈瓣狹窄
病理生理學和代償

4 mins

Author(s) Scott Stern, MD
Professor of Medicine, University of Chicago School of Medicine



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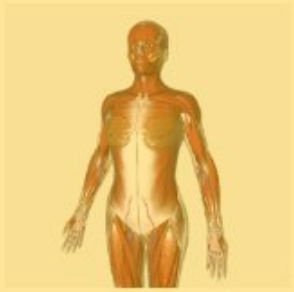
Tools

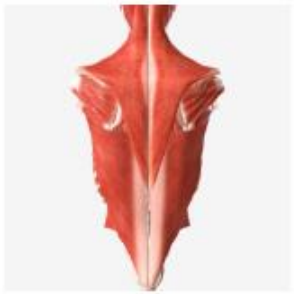
Human Anatomy Modules



Complete Human Anatomy Modules

Focused Anatomy Modules

Human Anatomy Tours



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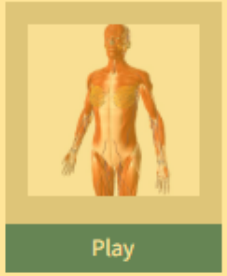
Tools

Human Anatomy Modules

> Complete Human Anatomy Modules

These interactive modules allow for visualization of the human body in an interactive, 3D format where both male and female anatomy modules can be viewed. Choose a module and then utilize the options on the lower right-side of the screen to learn more about human anatomy.



Play

Female Complete Anatomy

特有女性模組

Play

Male Complete Anatomy

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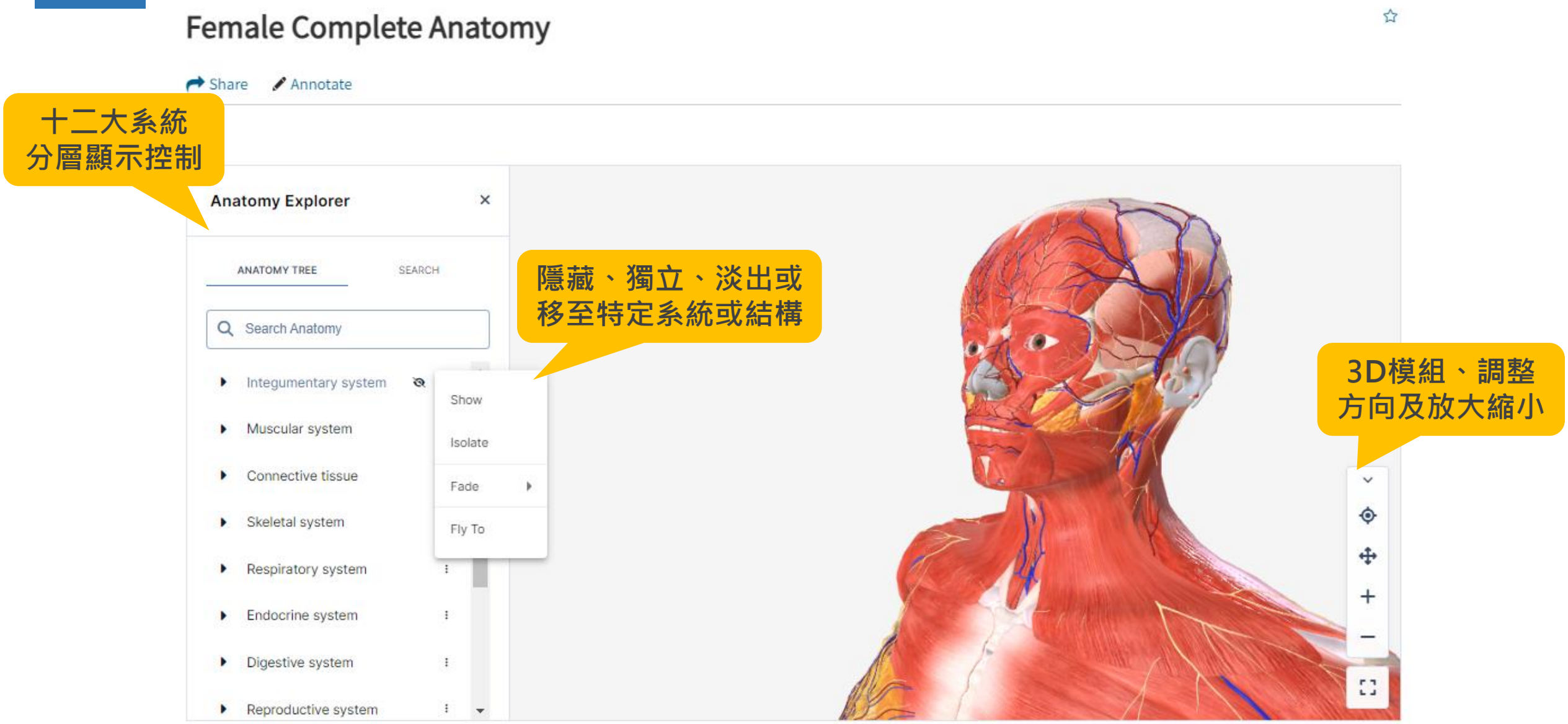

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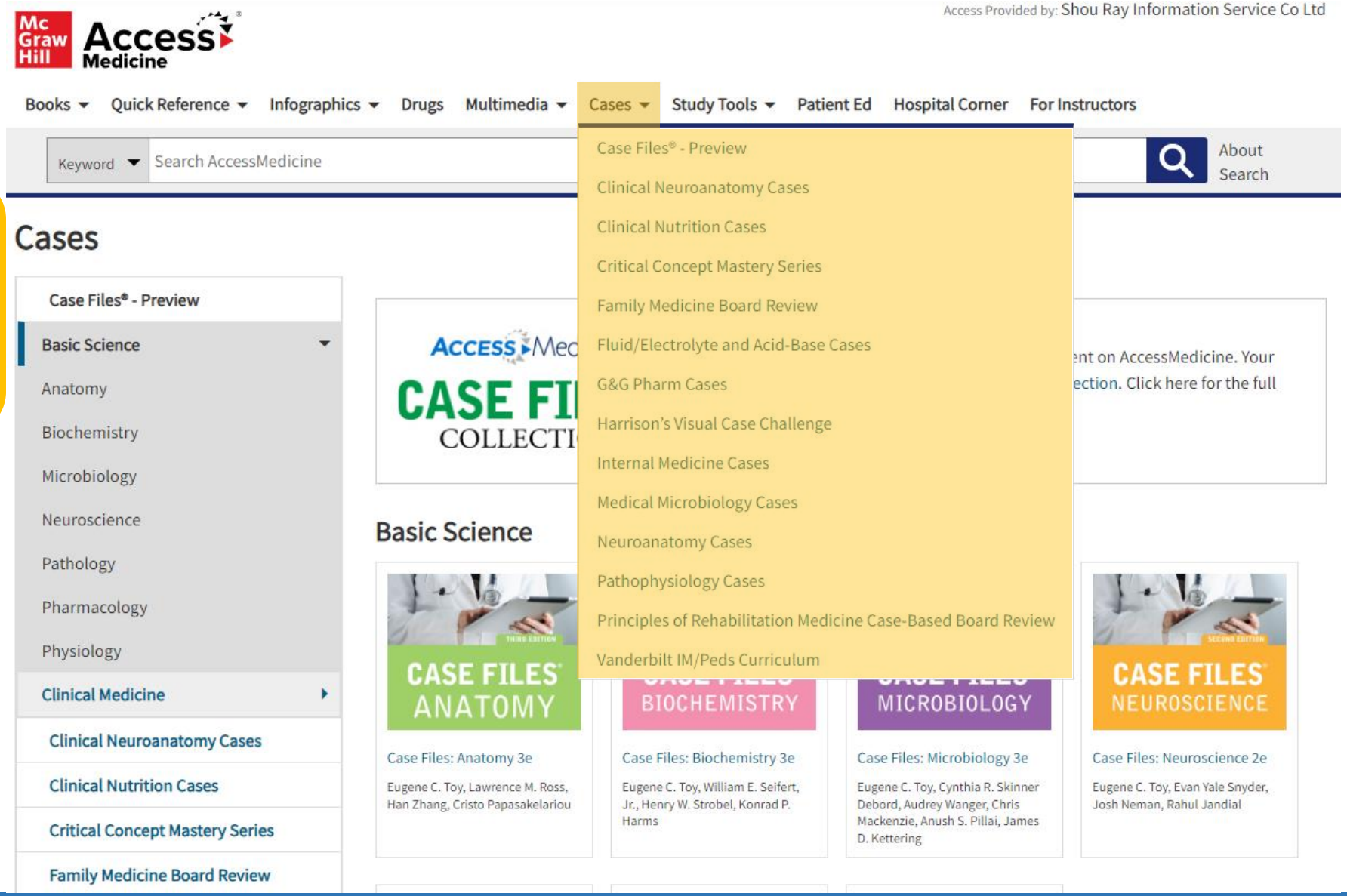

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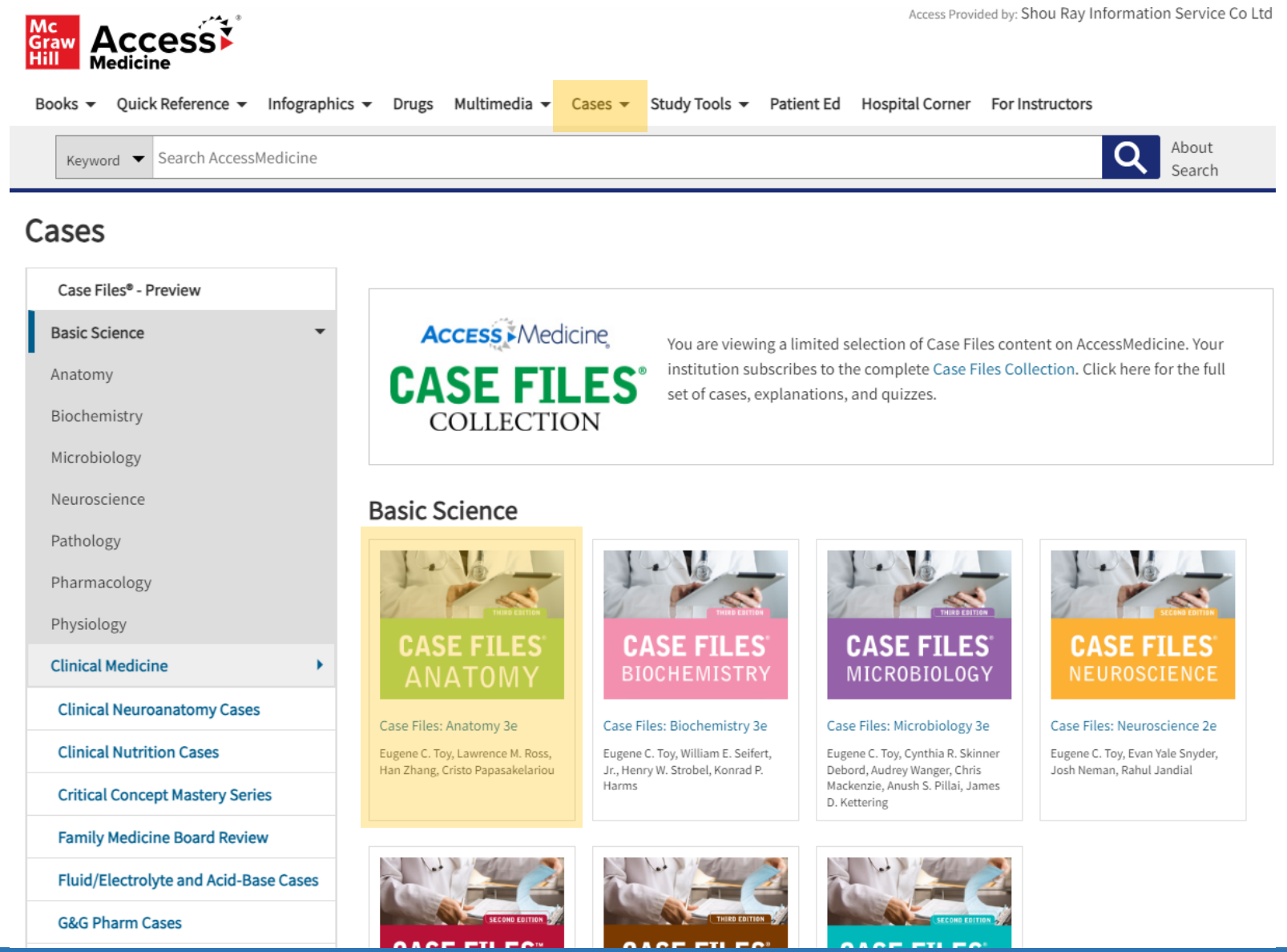

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Author(s): Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

- Brachial Plexus Injury
- Cirrhosis
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- Deep Venous Thrombosis
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Case Files (3/9)

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書籍資訊

Coronary Artery Disease

Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

Case | Approach | Anatomy Pearls | References | Comprehension Questions

Listen

臨床案例描述

A 59-year-old man complains of tight chest pressure and shortness of breath after lifting several boxes in his garage approximately 2 h ago. He perceives that his heart is skipping beats. His medical history is significant for hypertension and cigarette smoking. On examination, his heart rate is 55 beats/min and regular, and his lungs are clear to auscultation. An electrocardiogram shows bradycardia with an increased PR interval and ST-segment elevation in multiple leads including the anterior leads, V1 and V2.

Questions

What is the most likely diagnosis?

What anatomical structures are most likely affected?

Save Answers | Show Answers

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Cases

Case Files (4/9)

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Questions

What is the most likely diagnosis?

Myocardial infarction

What anatomical structures are most likely affected?

Right coronary artery and left anterior descending artery

儲存作答結果

Save Answers | Show Answers

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Questions (5/9)

情境總結及問題解答

Questions

What is the most likely diagnosis?

Myocardial infarction

What anatomical structures are most likely affected?

Right coronary artery and left anterior descending artery

Answer to Case 16: Coronary Artery Disease

Summary: A 59-year-old hypertensive male smoker has a 2-h history of tight chest pressure, shortness of breath, and palpitations after exertion. His heart rate is 55 beats/min and regular. The electrocardiogram (ECG) shows bradycardia, first-degree heart block, and ST-segment elevation in leads V1 and V2.

- **Most likely diagnosis:** Myocardial infarction
- **Anatomical structures likely affected:** Right coronary artery and left anterior descending artery

Clinical Correlation

This patient's 2-h history of worsening chest pain, dyspnea, and palpitations after physical exertion is classic for a myocardial infarction. The pain of angina due to the myocardial ischemia is typically deep, visceral, and squeezing in nature, like an "elephant stepping on the chest." It frequently radiates to the neck or left arm. This patient's risk factors include hypertension and tobacco use. The ECG (ST-segment elevation) is highly suspicious for myocardial infarction. Leads V1 and V2 are used to evaluate the anterior portion of the heart, which is supplied by the left anterior descending artery. Bradycardia and first-degree heart block (increased PR interval) indicate right coronary artery disease.

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學習途徑

Listen

學習目標

Objectives

1. Be able to describe the course and areas of the heart supplied by the right and left coronary arteries, respectively
2. Be able to describe the venous drainage of the heart
3. Be able to describe the arterial supply and venous drainage of the pericardial sac

名詞定義

Definitions

ANGINA: Chest pain classically described as pressure or squeezing indicative of coronary artery insufficiency and cardiac ischemia

ISCHEMIA: Inadequate blood supply and oxygen delivery to tissue

PALPITATIONS: Pulsations of the heart perceptible by a patient that are usually irregular and increased in force

BRADYCARDIA: Heart rate no higher than 60 beats/min

Discussion

The **heart** receives its **arterial blood supply** from the **first branches of the ascending aorta,** the **right and left coronary arteries.** The right and left arteries arise from the aorta at the aortic sinuses, the pockets formed by the right and left cusps of the aortic valve, respectively. Each artery will supply portions of the atria and ventricles.

Cases

Anatomy Pearls (7/9)

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案例重點

- In a balanced coronary circulation as described above, the conduction system nodes of the heart (SA and AV nodes) are typically supplied by the RCA.
- In a balanced coronary circulation, the anastomoses between branches of the RCA and LCA occur at the posterior coronary and posterior interventricular grooves.
- Most cardiac veins drain into the coronary sinus, which opens into the right atrium adjacent to the opening of the IVC.

Next: References

Cases

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參考文獻

Gilroy AM, MacPherson BR, Ross LM. *Atlas of Anatomy*, 2nd ed. New York, NY: Thieme Medical Publishers; 2012:96–97.

Moore KL, Dalley AF, Agur AMR. *Clinically Oriented Anatomy*, 7th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2014:144–148, 154–157.

Netter FH. *Atlas of Human Anatomy*, 6th ed. Philadelphia, PA: Saunders; 2014: plates 215–216.

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Cases

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理解測驗題

Questions

Question 1 of 4

16.1 As a cardiologist, you are concerned about blockage of the artery to the SA node in a patient. This artery typically arises from which of the following?

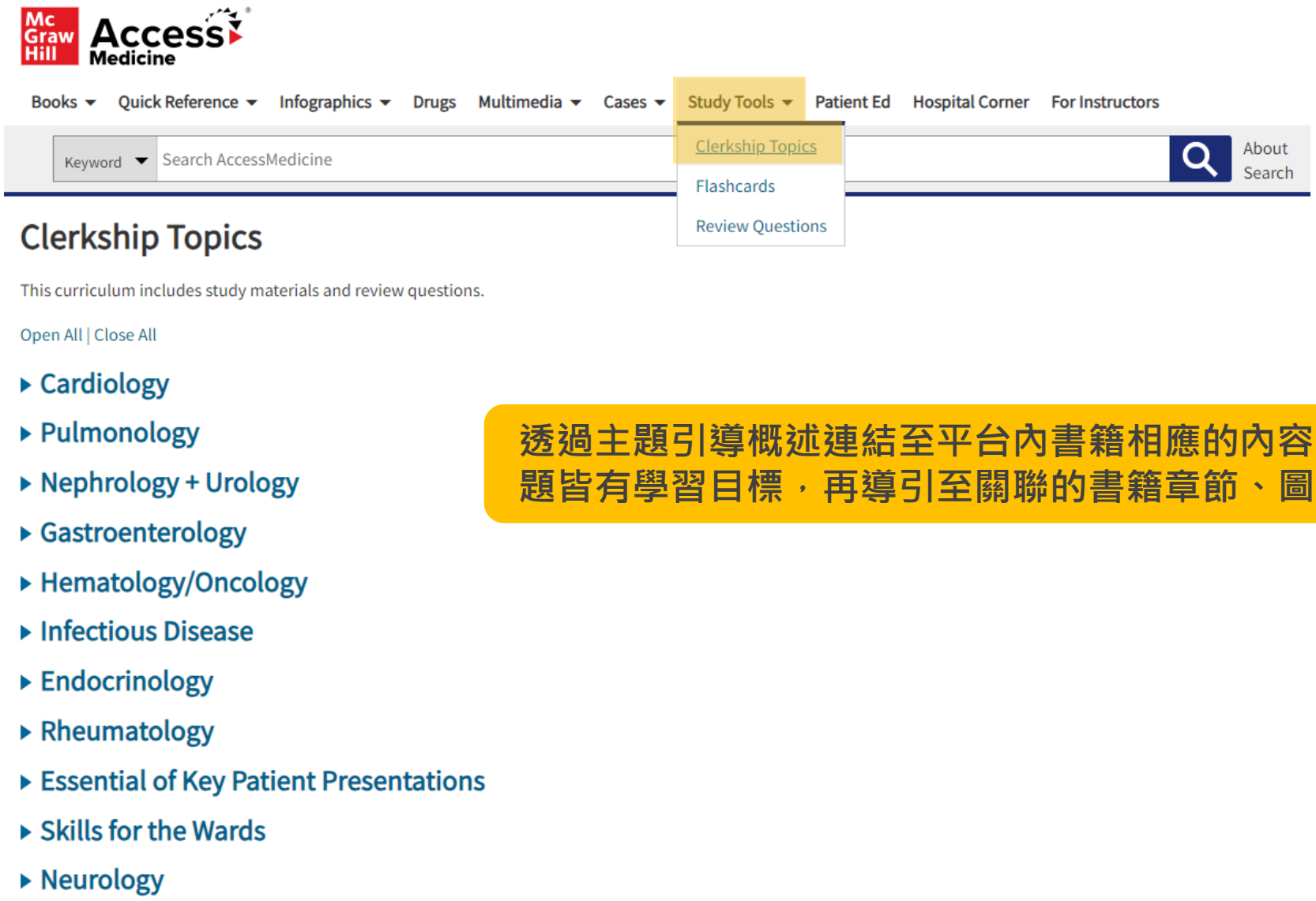
- A RCA
- B Right marginal artery
- C Posterior interventricular artery
- D Anterior interventricular artery
- E Circumflex artery

Submit & View Answer | Submit & View Next Question

Study Tools

Study Tools

Clerkship Topics (1/2)



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Study Tools

Clerkship Topics (2/2)

針對各科及病房技能等主題分類，可系統性的掌握見習醫師在各個主題的學習目標，並搭配各教科書內主題章節、案例與進行自我評量

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Clerkship Topics

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- Cardiology
- Pulmonology
  - Acute Respiratory Distress Syndrome
  - Chronic Obstructive Pulmonary Disease and Asth
  - Cystic Fibrosis (CF) and Bronchiectasis
  - Pneumonia
  - Interstitial Lung Disease
  - Pleural Disease
  - Pneumothorax
  - Pulmonary Thromboembolism
  - Ward Skills in Pulmonology
- Nephrology + Urology
- Gastroenterology
- Hematology/Oncology
- Infectious Disease
- Endocrinology

Clerkship Topics > Pulmonology

Interstitial Lung Disease

AUTHOR: Joseph Mort

LEARNING OBJECTIVES:

1. Recognize common presentations of interstitial lung disease (ILD).
2. List the various types of ILD.
3. Identify environmental and occupational risk factors associated with specific subtypes of ILD.
4. Describe the characteristic PFT pattern associated with ILD.
5. Describe the classic radiographic and histologic findings in ILD.

SECTION	AccessMedicine > Huppert's Notes: Pathophysiology and Clinical Pearls for Internal Medicine > RESTRICTIVE LUNG DISEASES > Overview of Interstitial Lung Disease (ILD) (↓DLCO)
CHAPTER	AccessMedicine > Current Medical Diagnosis & Treatment 2024 > Interstitial Lung Disease (Diffuse Parenchymal Lung Disease)
CASE FILE	AccessMedicine > Pathophysiology of Disease Cases > Case 50 > Interstitial Pulmonary Fibrosis

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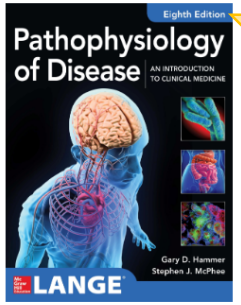

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Notice

Pulmonary Disease > Interstitial Pulmonary Fibrosis

Authors: Gary Hammer, MD, PhD; Stephen J. McPhee, MD; Yeong Kwok, MD

Case | Questions

Listen

A 68-year-old man presents to the clinic with a complaint of shortness of breath. He states that he has become progressively more short of breath over the last 2 months, such that he is now short of breath with walking one block. In addition, he has noted a nonproductive cough. He denies fever, chills, night sweats, chest pain, orthopnea, and paroxysmal nocturnal dyspnea. He has noted no lower extremity edema. The medical history is unremarkable. Physical examination reveals a respiratory rate of 19/min and fine, dry inspiratory crackles heard throughout both lung fields. Digital clubbing is present. A diagnosis of idiopathic pulmonary fibrosis is made.

Next: Questions

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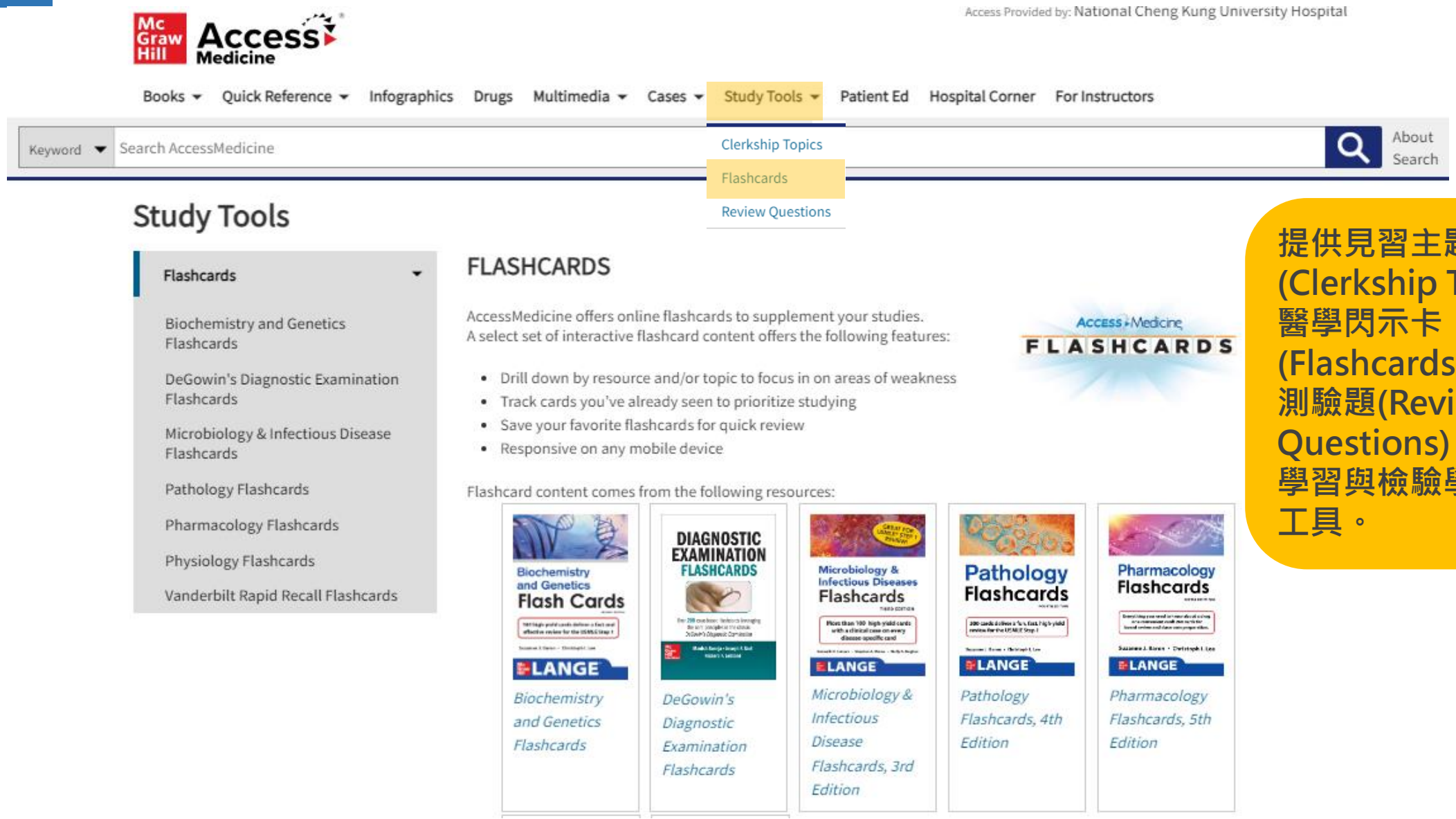
Flashcards (1/5)



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Study Tools

Flashcards (2/5)

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  - DeGowin's Diagnostic Examination Flashcards
  - Microbiology & Infectious Disease Flashcards
  - Pathology Flashcards
  - Pharmacology Flashcards
  - Physiology Flashcards
  - Vanderbilt Rapid Recall Flashcards

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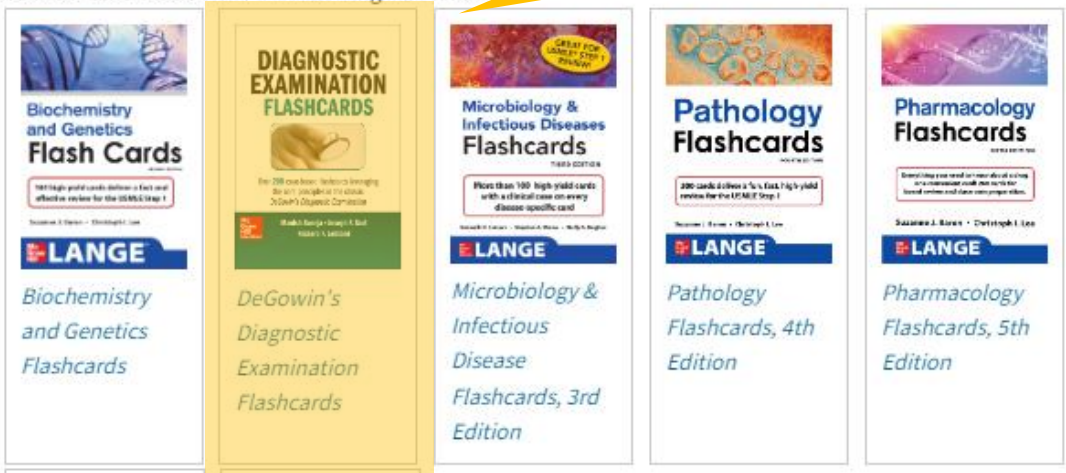

Study Tools

Flashcards (3/5)

Flashcards

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Physiology Flashcards

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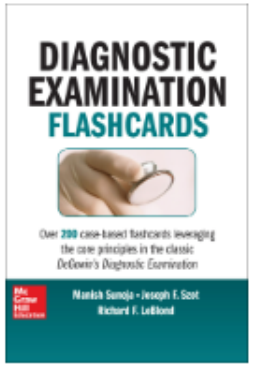

Preface

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DeGowin's Diagnostic Examination Flashcards

Author(s): Manish Suneja, Richard F. LeBlond, Joseph F. Szot

Medical teaching and texts are generally disease-oriented, but medical practice is focused on individual patients who often do not present with a clear diagnosis. The clinician's goal in performing a history and physical examination is to generate diagnostic hypotheses. This was true for Hippocrates and Osler and remains true today. The goal of *DeGowin's Diagnostic Examination Flashcards* is to encourage a thoughtful, systematic approach to diagnosis based on the history and physical examination. Each flashcard highlights a fundamental diagnostic principle elaborated in the 10th edition of *DeGowin's Diagnostic Examination.* Taken together, the flashcards demonstrate how to apply many of these ...

Read more

Vital Signs, Anthropometric Data, and Pain

Nonregional Systems and Diseases

The Skin and Nails

The Head and Neck

The Chest: Chest Wall, Pulmonary, and Cardiovascular Systems; The Breasts

選擇單元項目

Study Tools

Flashcards (4/5)

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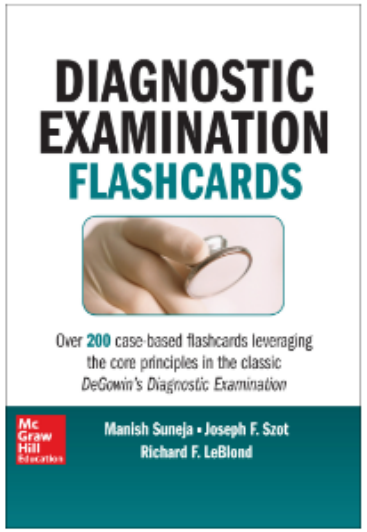

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The Head and Neck - Card 01

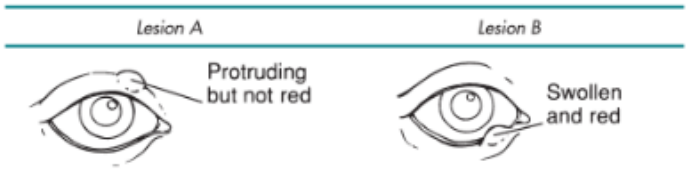
Card Front | Card Back

Listen

翻面

THE HEAD AND NECK

CARD 1



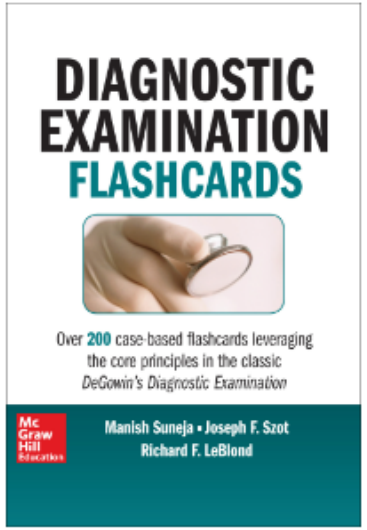
QUESTIONS:

1. What is lesion A?
2. What is lesion B?
3. What is dacryocystitis and how do you differentiate it from a hordeolum?

Study Tools

Flashcards (5/5)

Home > All Flashcards > DeGowin's Diagnostic Examination Flashcards



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下一張

The Head and Neck - Card 01

Card Front | Card Back

Listen

ANSWERS:

1. Internal hordeolum is the acute inflammation of the meibomian (tarsal) gland. A granuloma of the gland is called a chalazion or meibomian cyst.
2. External hordeolum or sty. This is caused when a sebaceous gland of an eyelash hair follicle becomes inflamed forming a pustule at the lid margin.
3. Dacryocystitis is nasolacrimal duct obstruction leading to inflammation and infection. Patients present with pain and *epiphora* (an overflow of tears on to the cheeks). There will be tenderness, swelling, and erythema beside the nose near the medial canthus. The swelling is anterior to the eyelid distinguishing it from a hordeolum.

CLINICAL PEARL. Dacryoadenitis is the obstruction of the lacrimal duct and produces acute inflammation of the lacrimal gland. It is important that this is distinguished from orbital cellulitis or a hordeolum of the upper lid.

Study Tools

Review Questions (1/7)

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Study Tools

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Review Questions

Generate multiple-choice quizzes from the resources below.

Basic Sciences

Clinical Practice & Board Review

Study Tools

Review Questions (2/7)

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Review Questions

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Basic Sciences

Clinical Practice & Board Review

Study Tools

Review Questions (3/7)

Study Tools

- Flashcards
- Review Questions
- Basic Sciences
- Clinical Practice & Board Review

Clinical Practice & Board Review

Generate multiple-choice quizzes from the resources below.

Clinical Laboratory Methods: Atlas of Commonly Performed Tests
60 Questions

Current Diagnosis & Treatment: Surgery, 15e
230 Questions

Ganong's Medical Physiology Examination & Board Review
419 Questions

Ganong's Medical Physiology Examination & Board Review, 2nd Edition
426 Questions

Graber and Wilbur's Family Medicine Examination & Board Review, 5e
200 Questions

Harrison's® Review Questions
1281 Questions

Katzung & Trevor's Pharmacology: Examination & Board Review, 13e
813 Questions

Study Tools

Review Questions (4/7)

Study Tools

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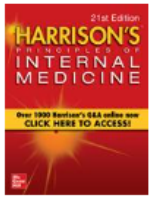
- Clinical Practice & Board Review



Harrison's® Review Questions

Charles M. Wiener, Laura C. Cappelli, Brian T. Garibaldi, Catherine H. Marshall, Brian Houston, Sara C. Keller

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Go to Book | Go to Cases

NOTE: Please note that we have updated the title from "Harrison's Principles of Internal Medicine Self-Assessment and Board Review, 20e" to "Harrison's Review Questions". The title has been updated to reflect that questions will be added and updated on a regular basis.

A quiz may not include more than 250 questions. Quizzes cannot be saved mid-progress.

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10 of **1281** available

Start Random Quiz

全書隨機選題測驗

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Generate a custom quiz by selecting a number of questions from the available topics below, and clicking "Start Custom Quiz" when ready.

Start Custom Quiz

Cardinal Manifestations of Disease

0 of **156** available **QUESTIONS**

Oncology and Hematology

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Infectious Diseases

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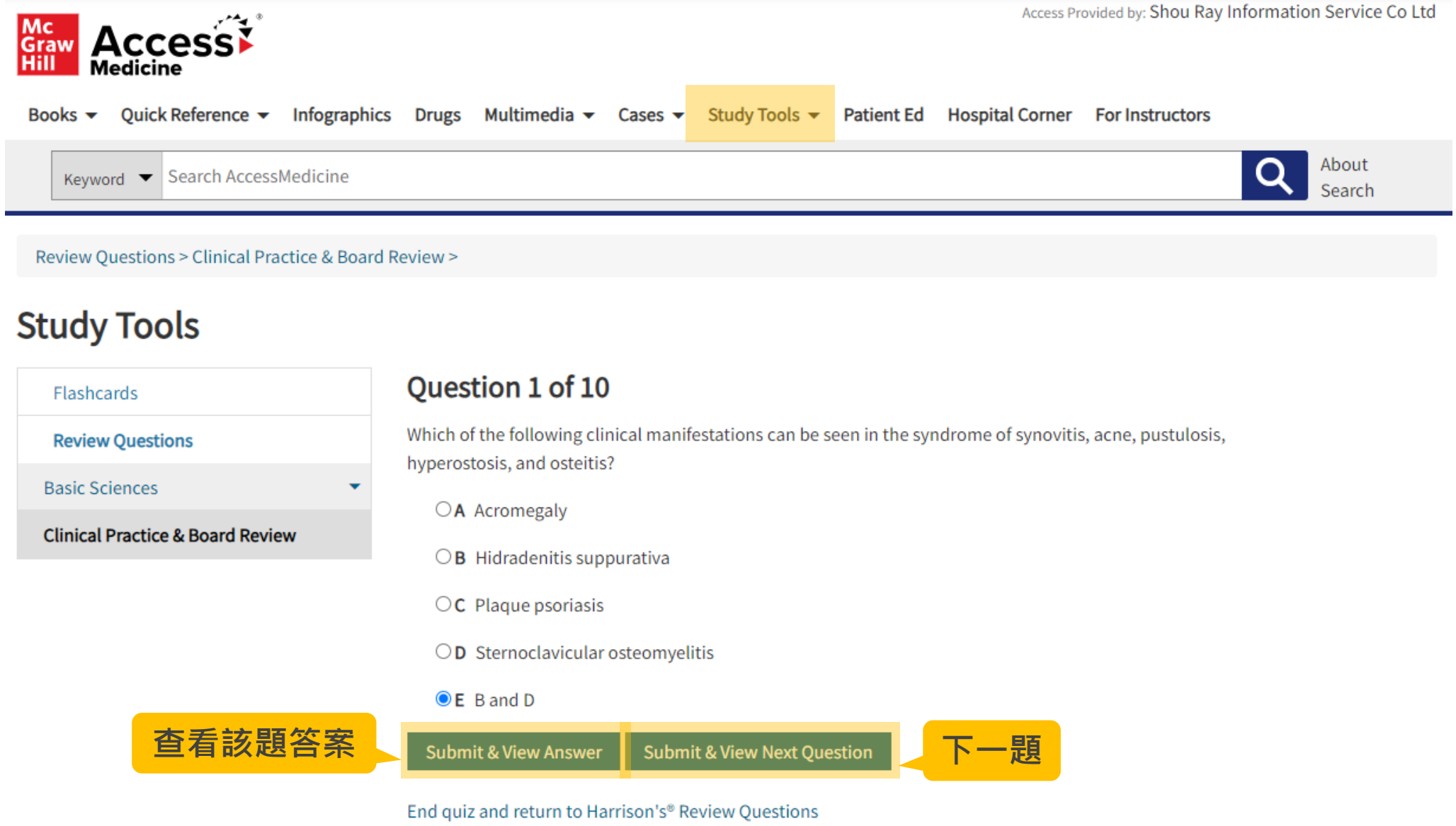

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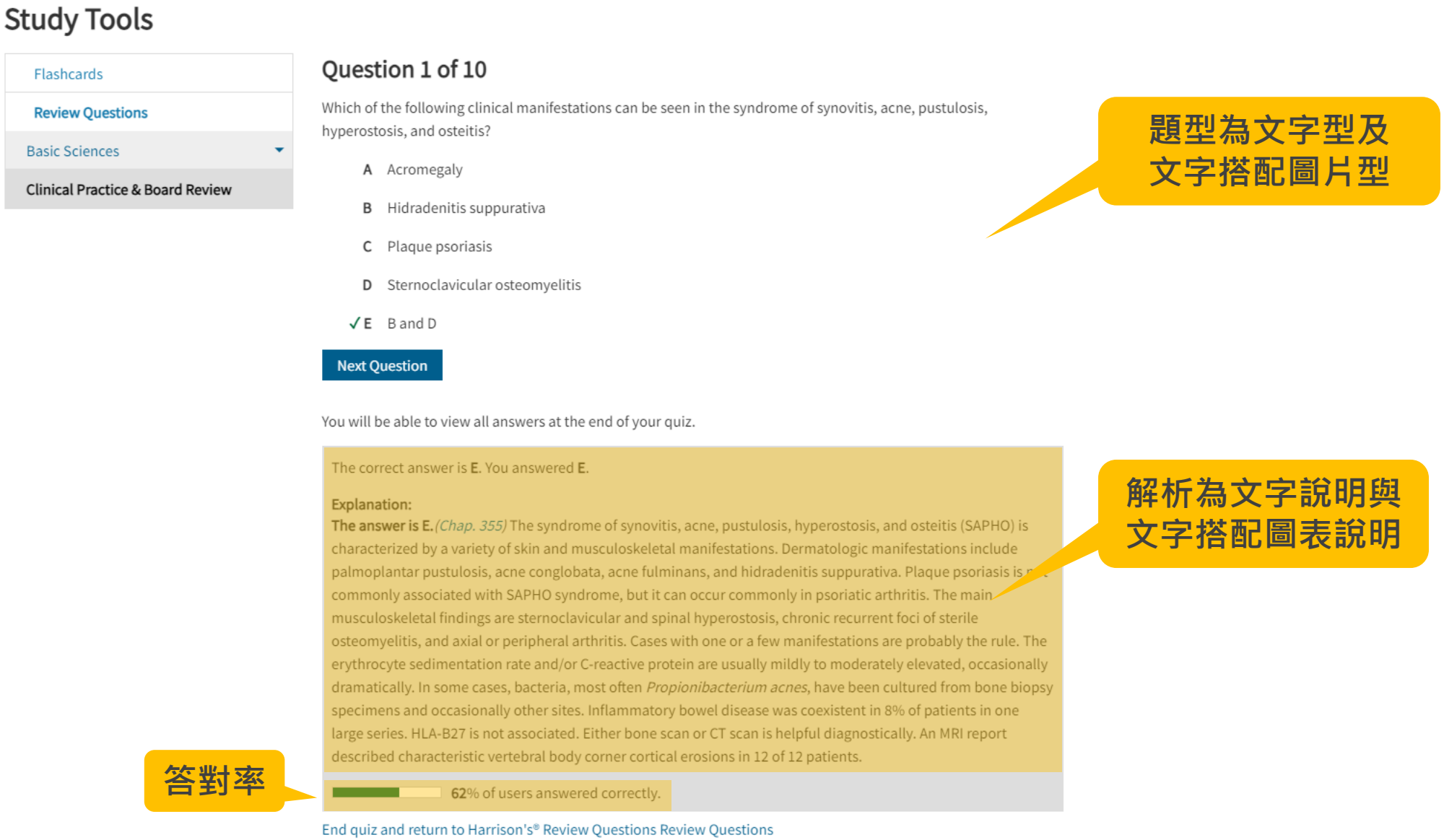
Review Questions (6/7)



Study Tools

Review Questions (7/7)

individual, there is a higher prevalence of cardiovascular disease than with T2DM or glucose tolerance alone.

56% of users answered correctly.

Source: Harrison's® Review Questions

Question 10: Correct

Which of the following accurately matches the direction of change experienced in respective pituitary hormone from opioid use?

A Prolactin: decrease

B Luteinizing hormone: increase

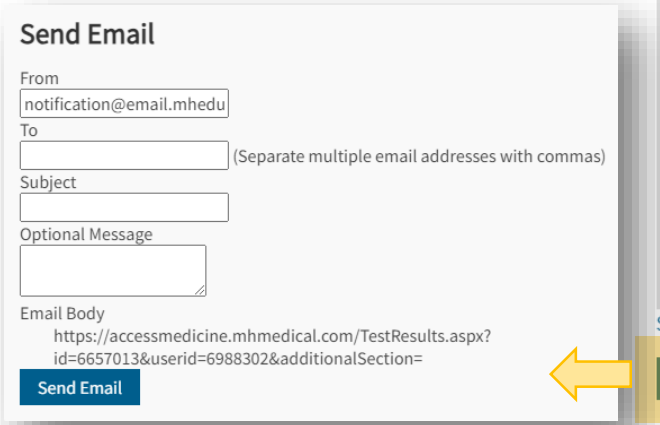
C Thyrotropin: increase

✓ D Growth hormone: increase

E Corticotropin-releasing factor: increase

完成答題後，將會讓測試者觀看總分並提供：

- E-mail 測試結果
- 重新檢視作答結果
- 重新作答
- 列印測試結果



The correct answer is **D**. You answered **D**.

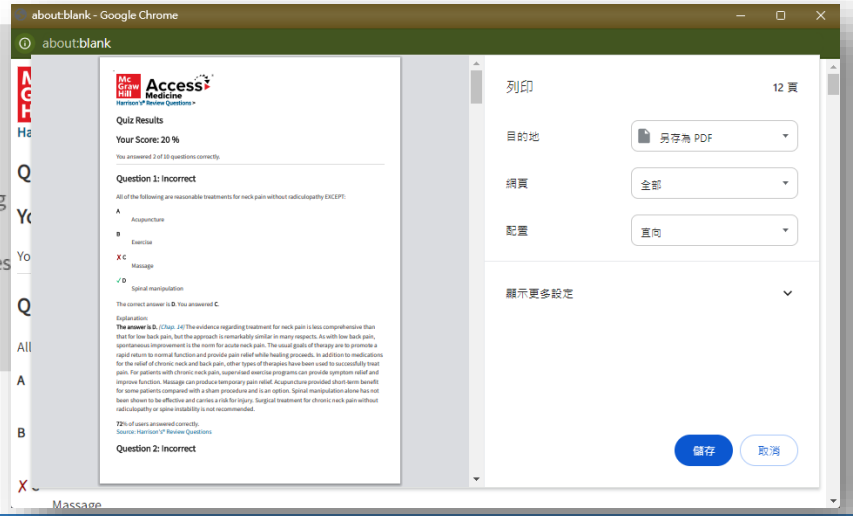
Explanation:

The answer is D. *(Chap. 446)* Besides the brain effects of opioids on sedation and euphoria and the combined brain and peripheral nervous system effects on analgesia, a wide range of other organs can be affected. The release of several pituitary hormones is inhibited, including corticotropin-releasing factor (CRF) and luteinizing hormone, which reduces levels of cortisol and sex hormones and can lead to impaired stress responses and reduced libido. An increase in prolactin also contributes to the reduced sex drive in males. Two other hormones affected are thyrotropin, which is reduced, and growth hormone, which is increased.

26% of users answered correctly.

Source: Harrison's® Review Questions

Email Results | Return to Top of Results | Retake | Print Results



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Patient Ed

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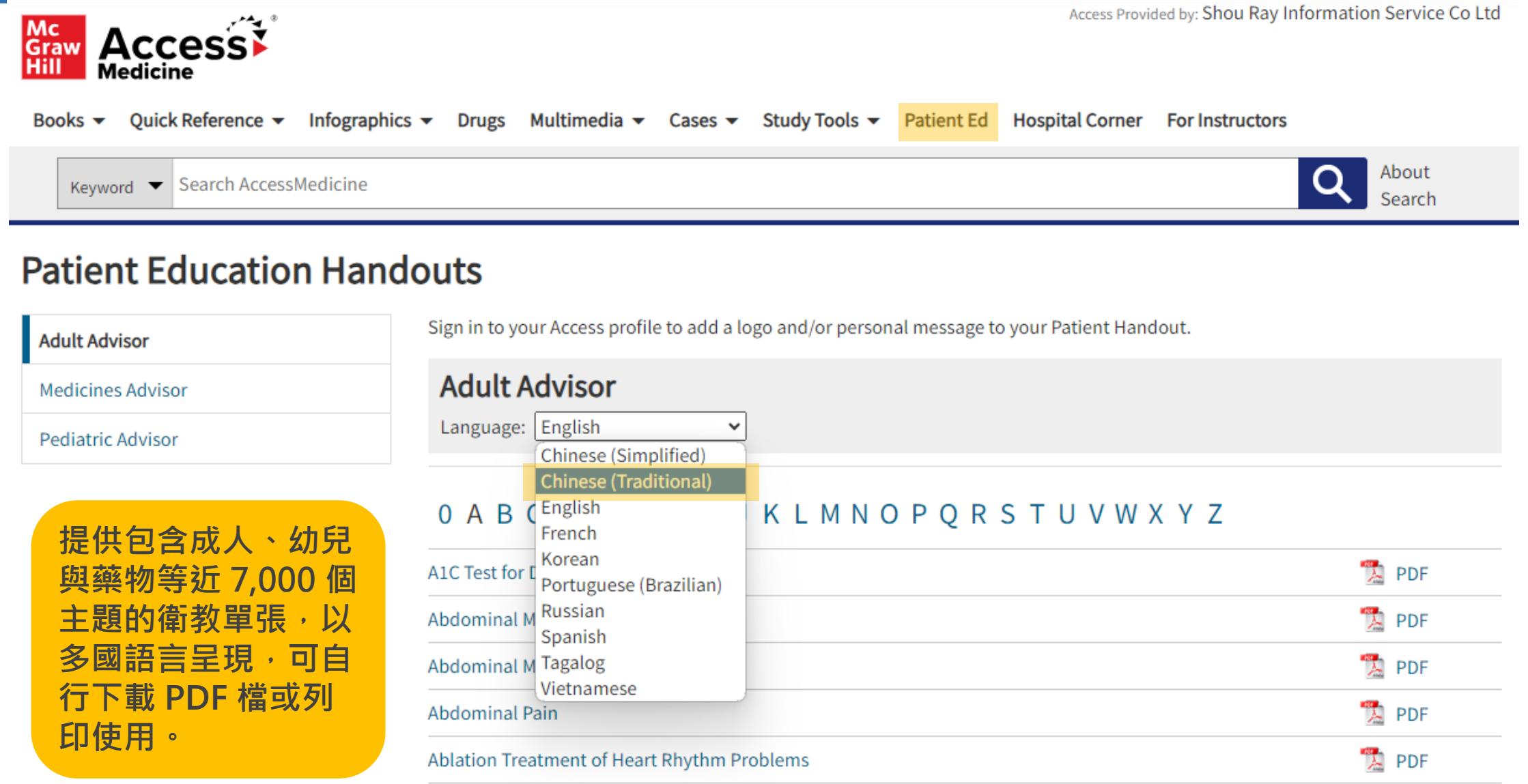

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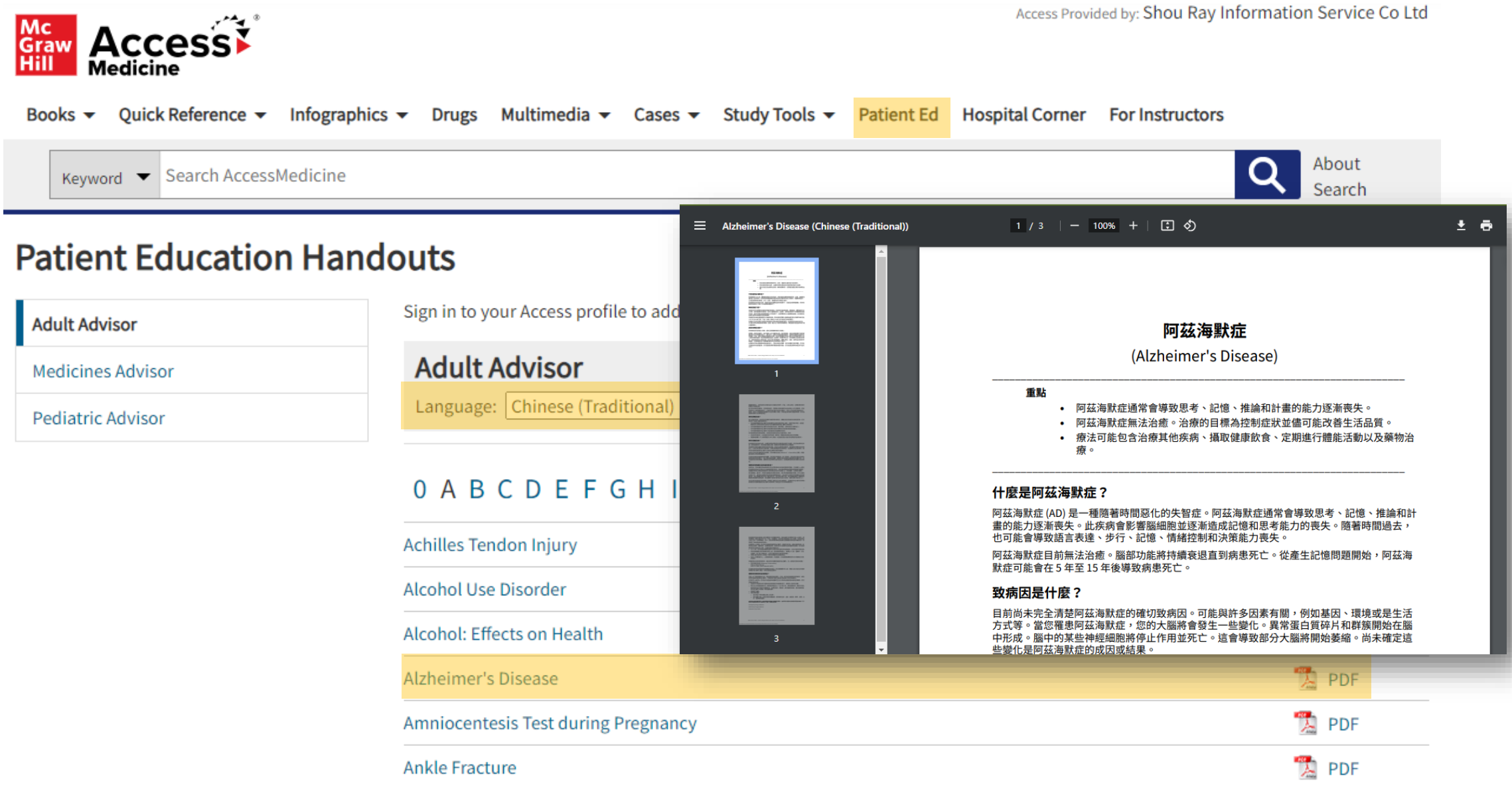

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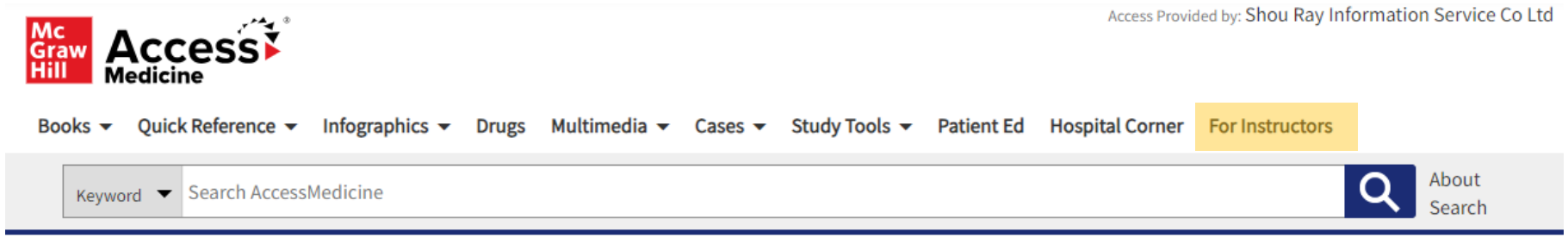

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The Big Picture: Gross Anatomy, 2e **PowerPoints (below)**
The Big Picture Physiology: Medical Course & Step 1 Review, 2e **PowerPoints (below)**
Essentials of Modern Neuroscience **PowerPoints (below)**

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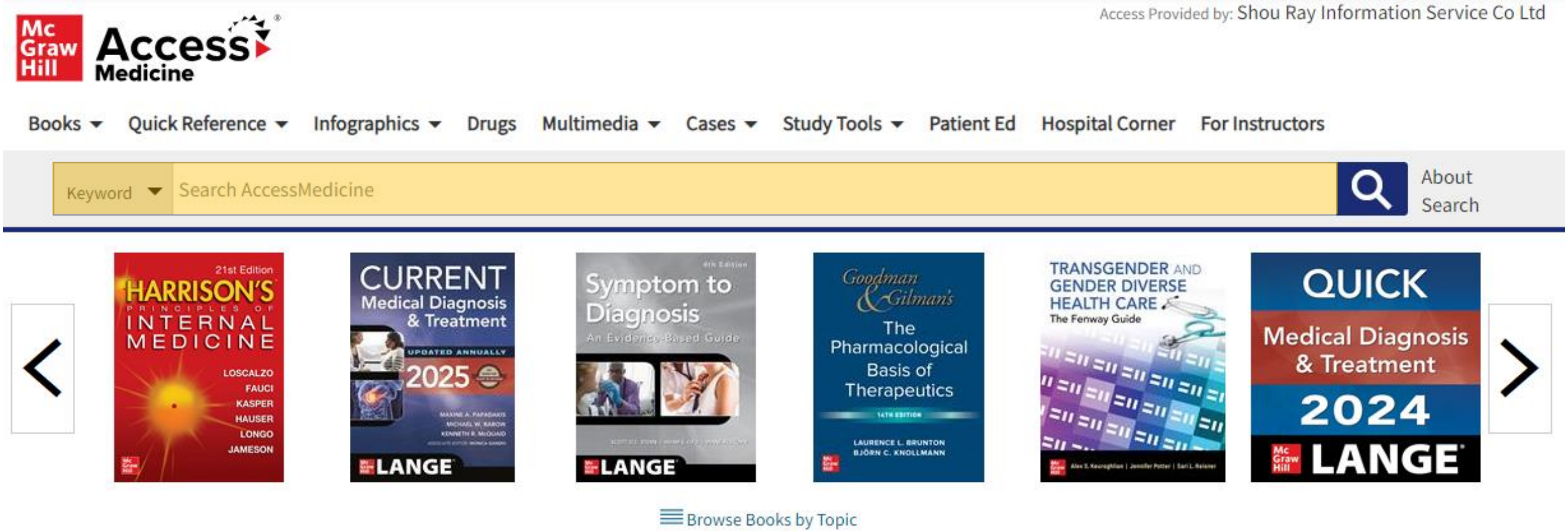

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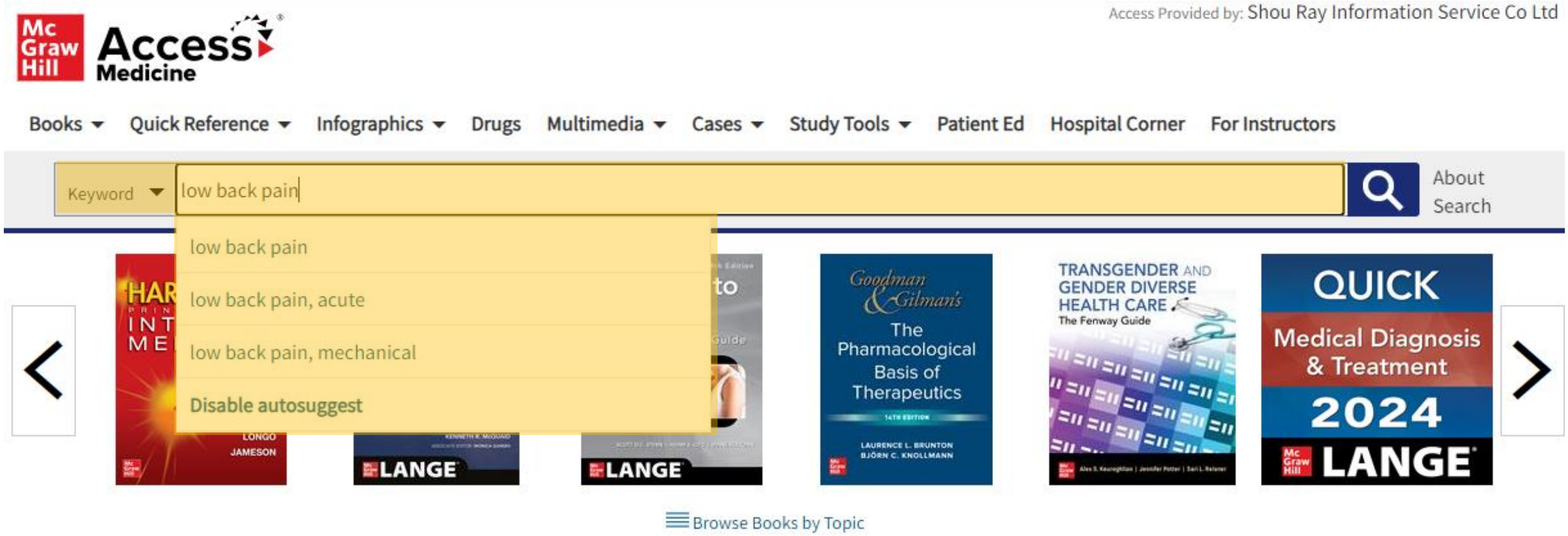

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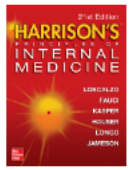

BOOK CHAPTER

Back and Neck Pain > CHRONIC LOW BACK PAIN WITHOUT RADICULOPATHY

Book: Harrison's Principles of Internal Medicine, 21e

...CHRONIC LOW BACK PAIN WITHOUT RADICULOPATHY...

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QUICK REFERENCE RESOURCES

Low Back Pain

Book: Quick Medical Diagnosis & Treatment 2024

PATIENT EDUCATION

Low Back Pain during Pregnancy

Patient Education Type: Adult Advisor: English

QUICK REFERENCE RESOURCES

Therapeutic aquatic exercise is superior at improving disability and severity of low back pain compared to physical therapy

January 18, 2022

QUICK REFERENCE RESOURCES

Low back pain

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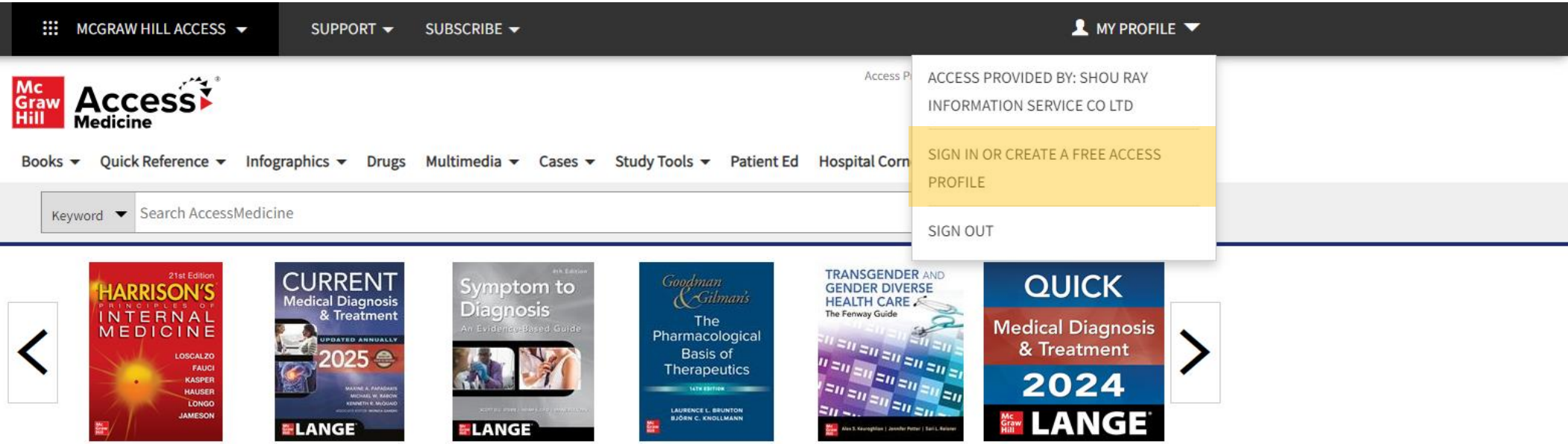

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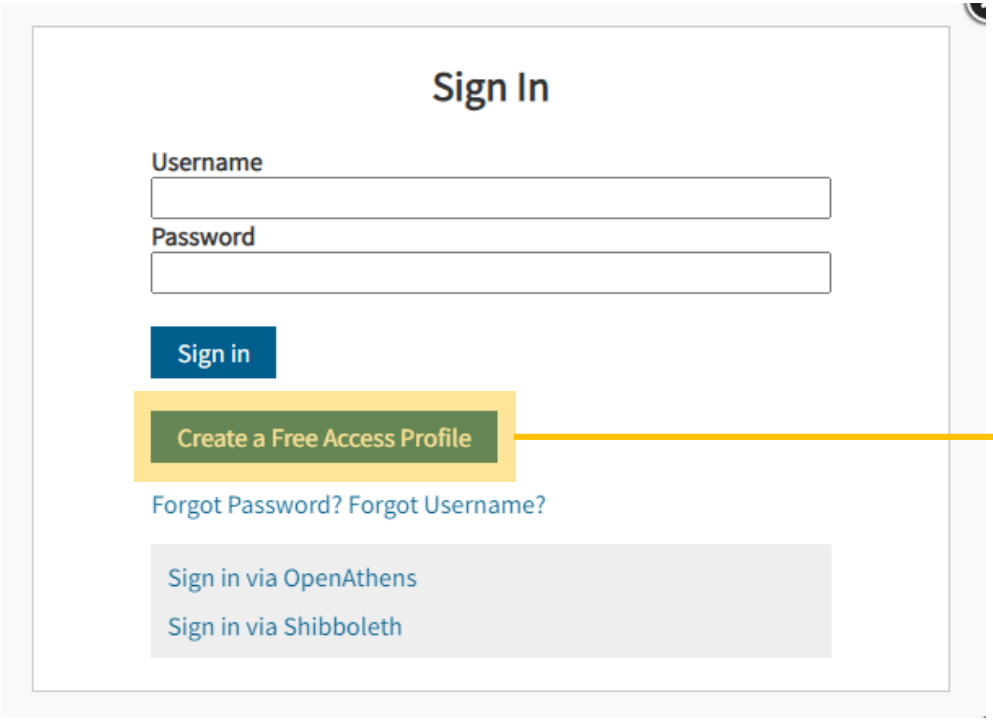

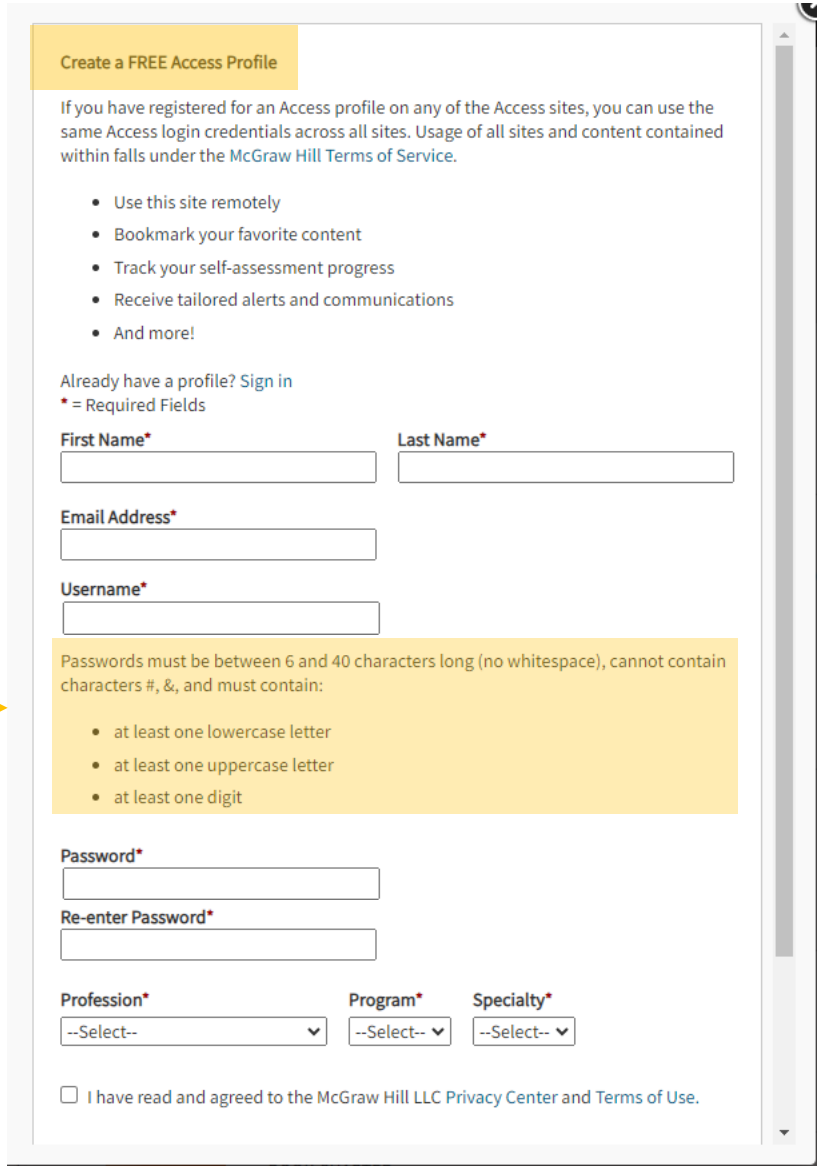

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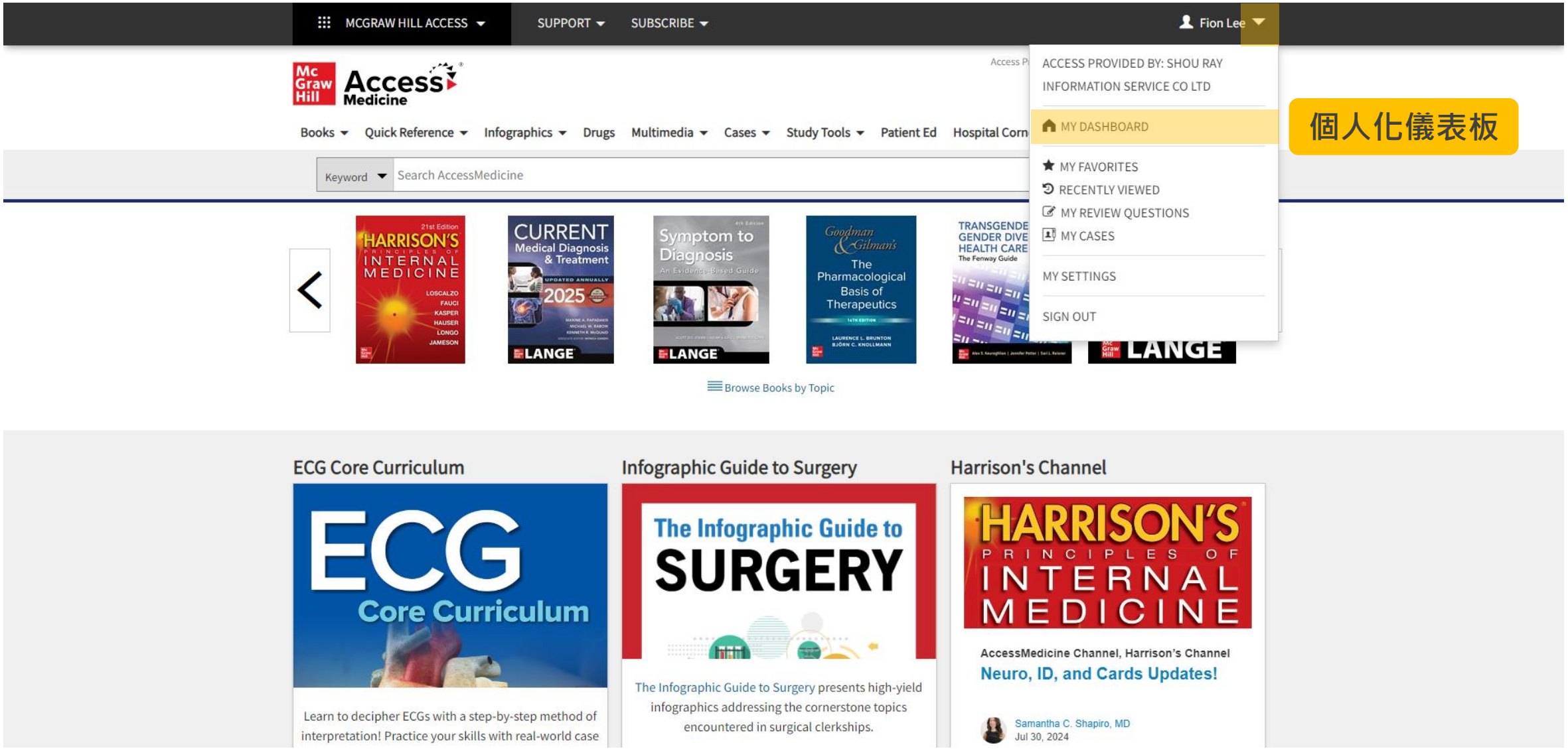

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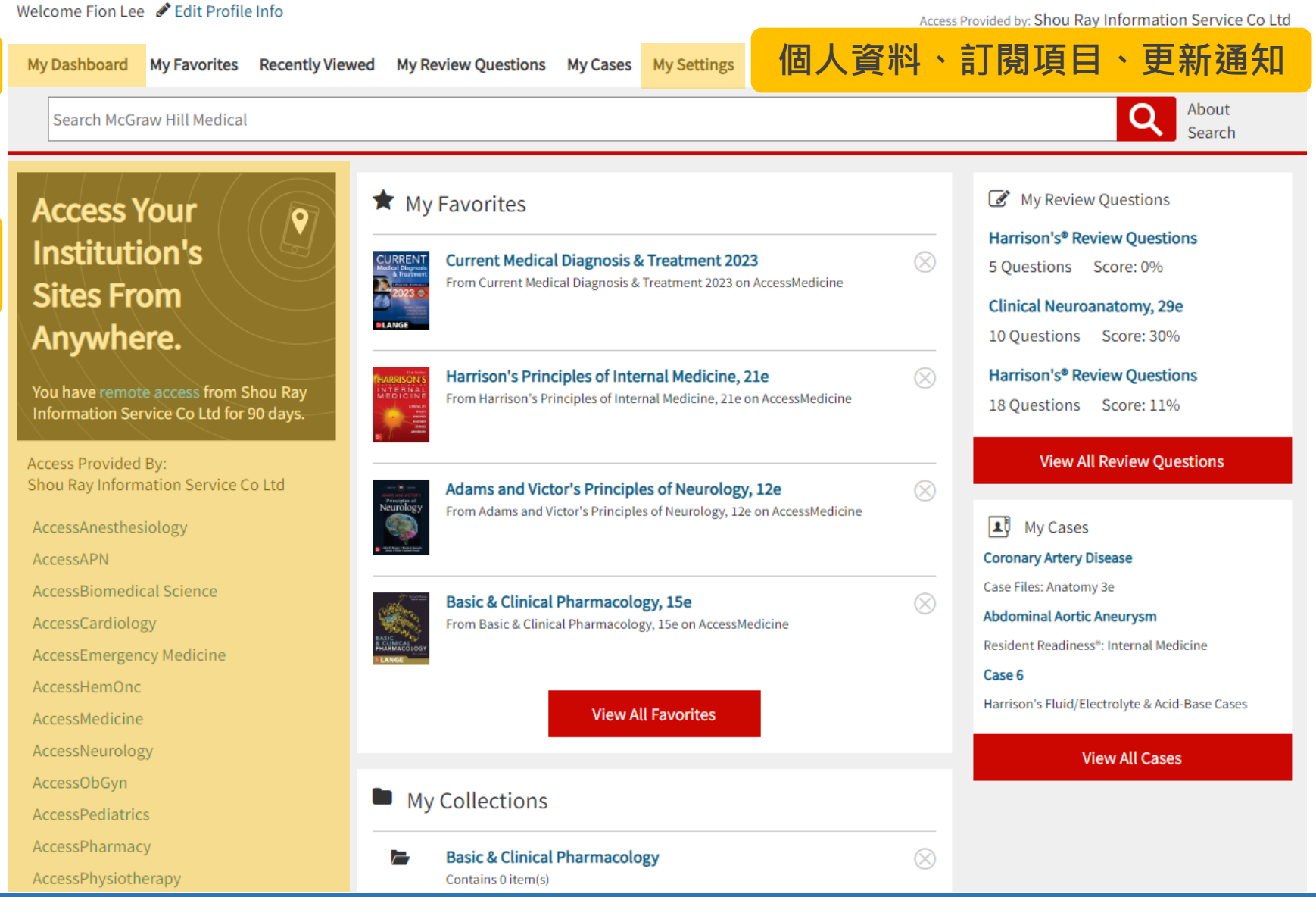

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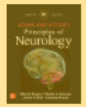

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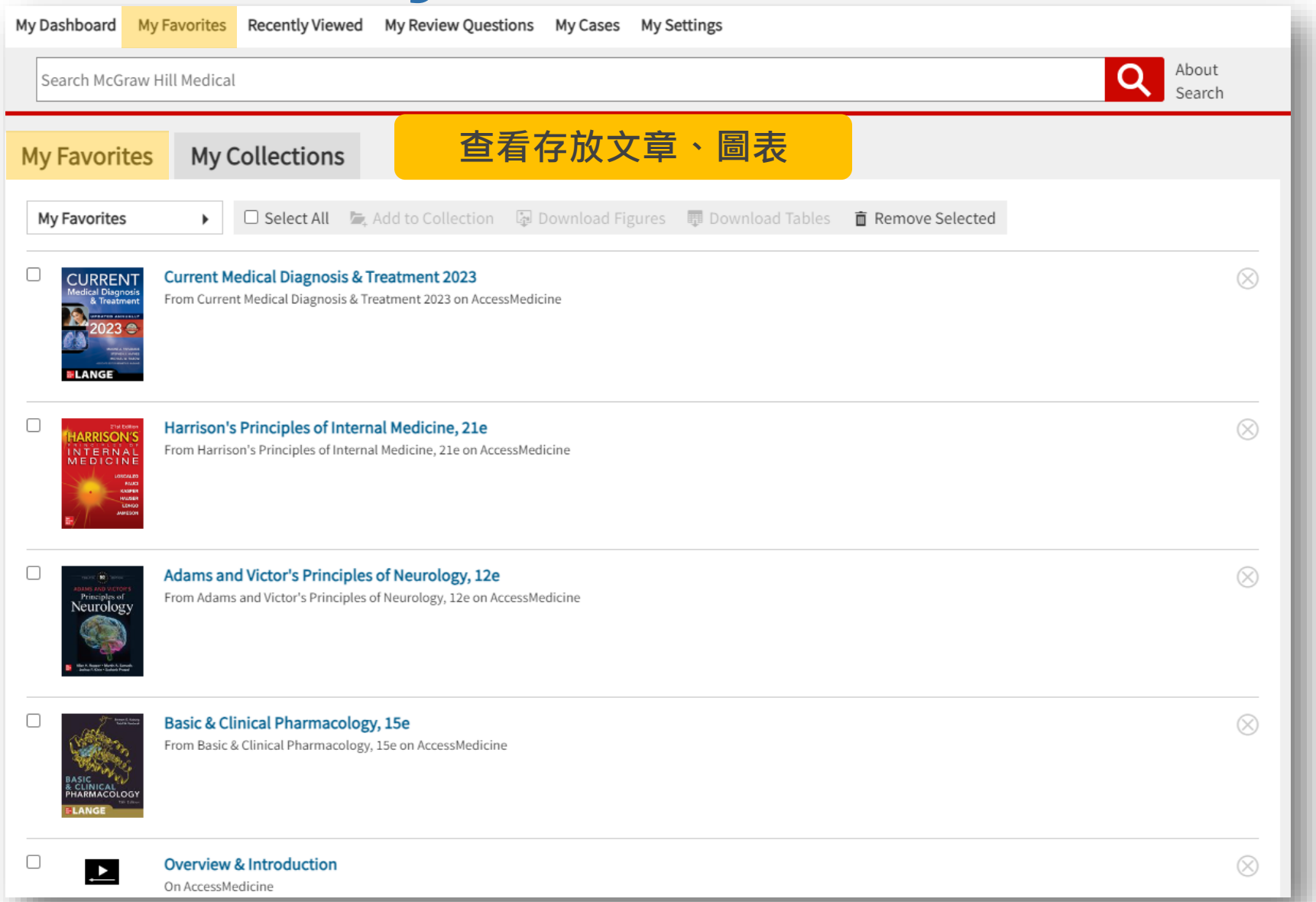

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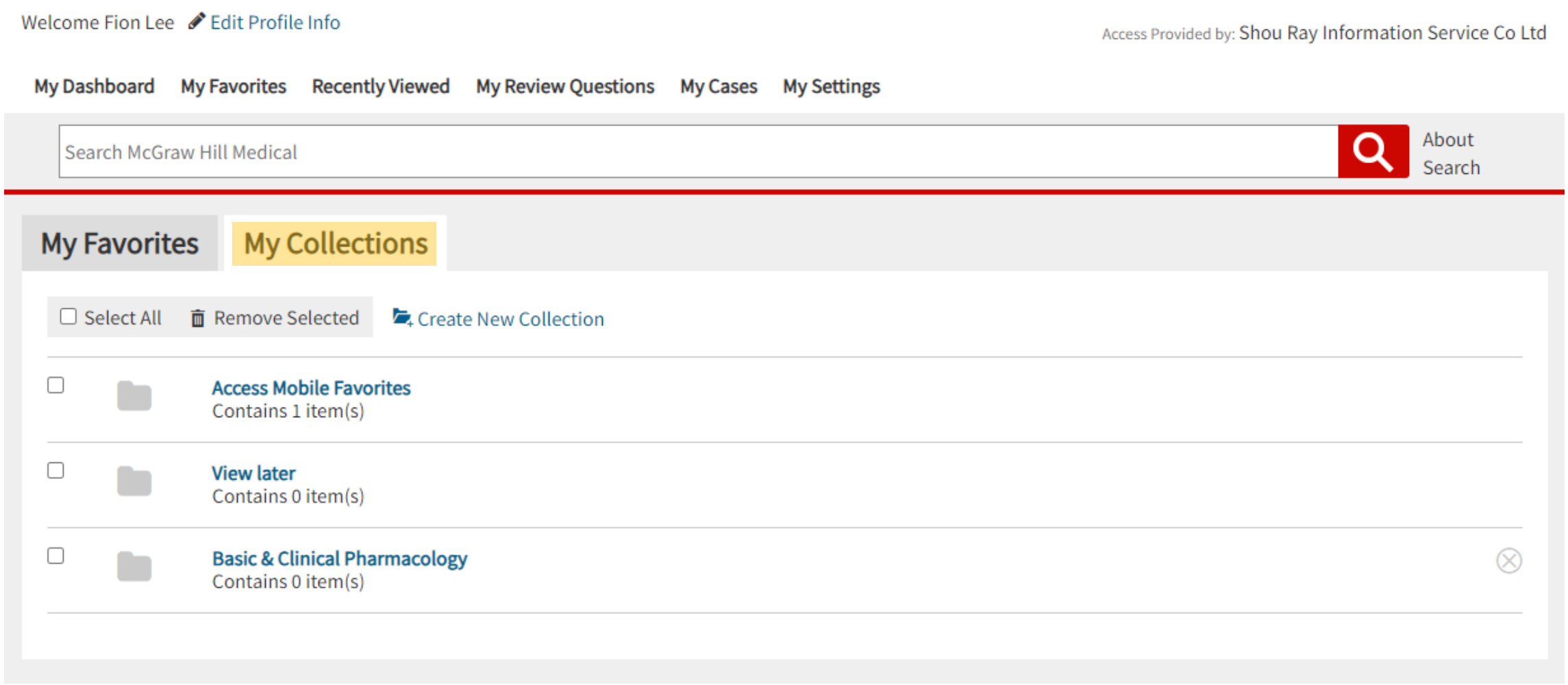

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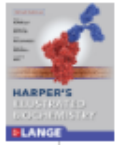

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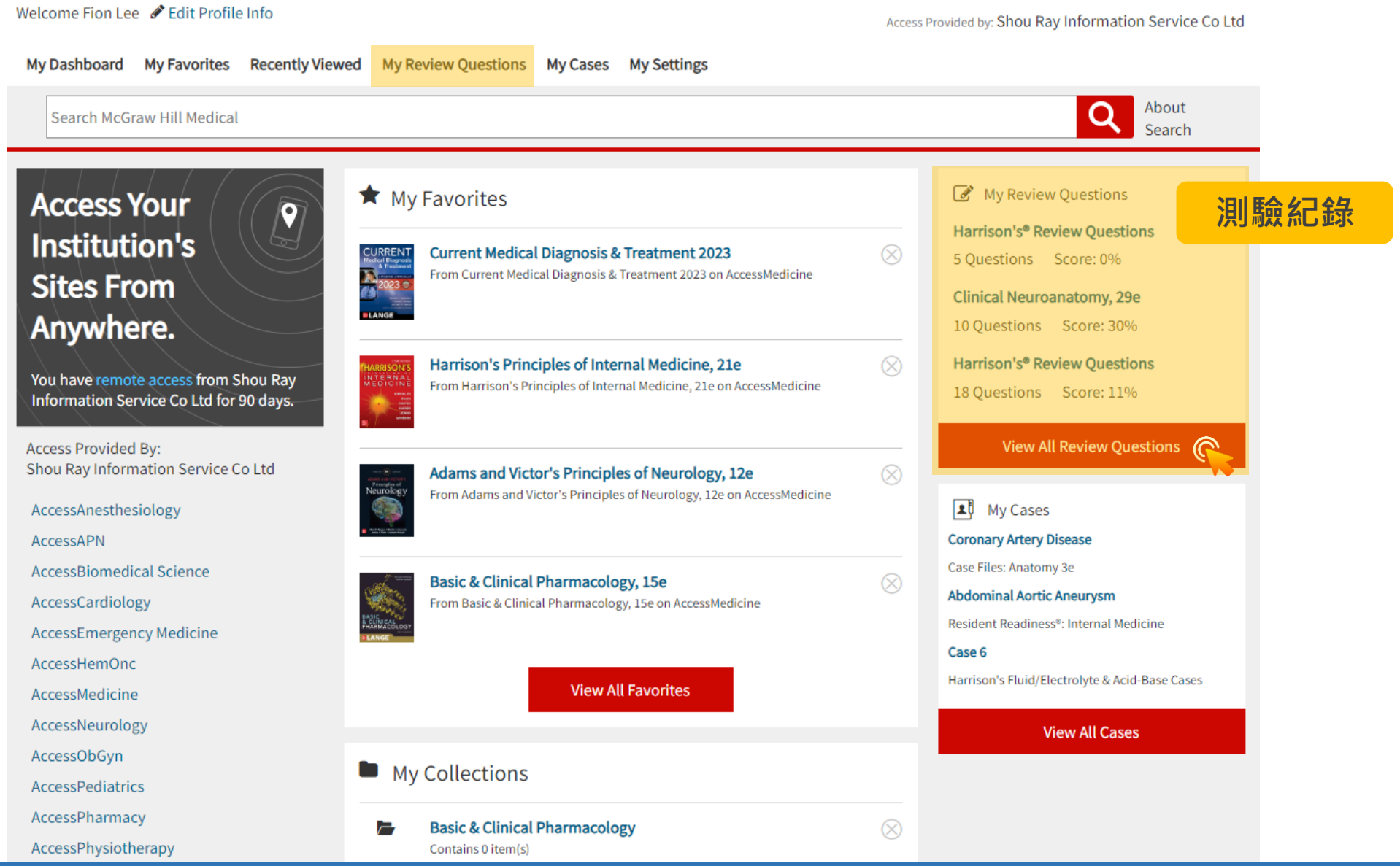

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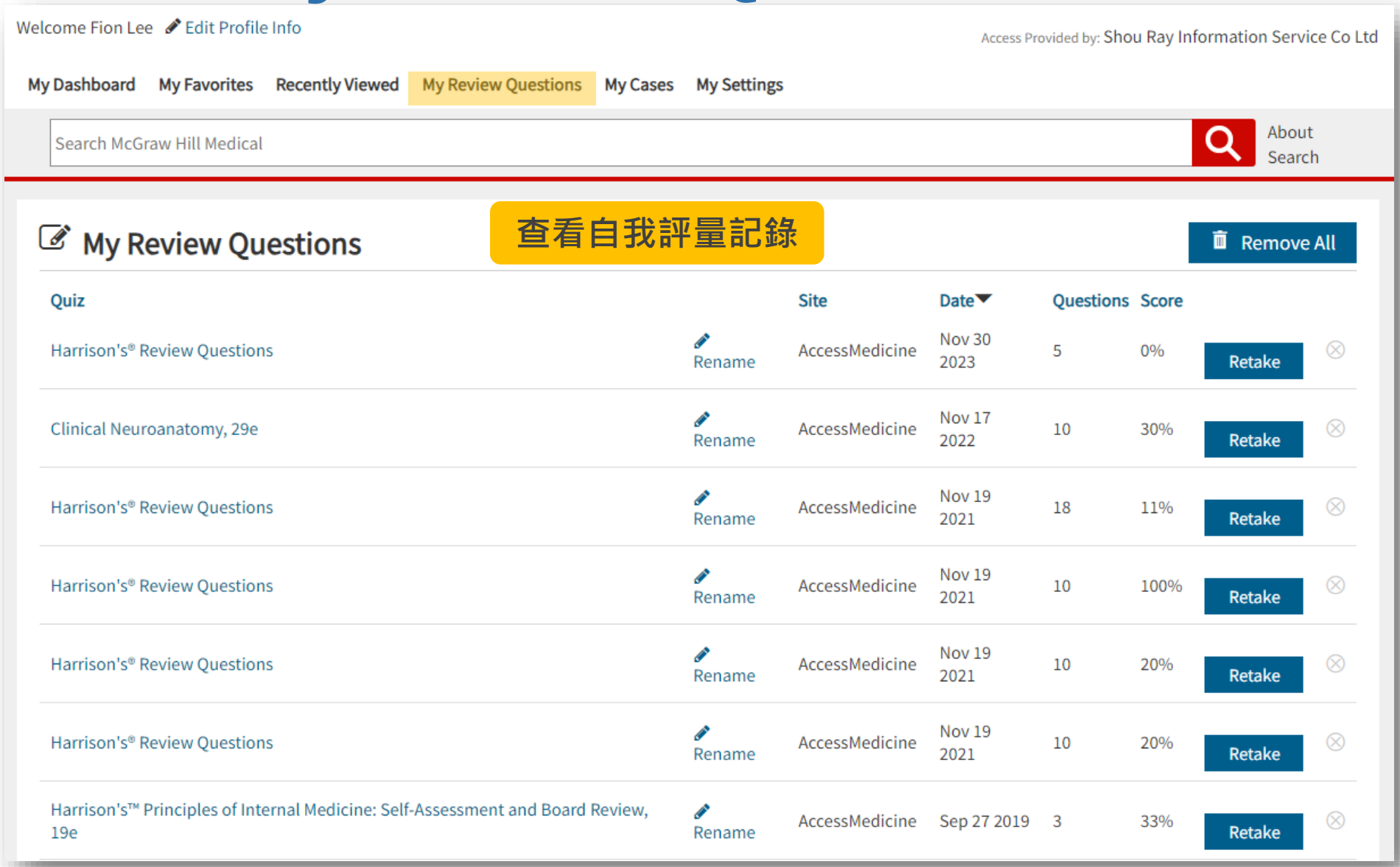

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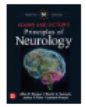

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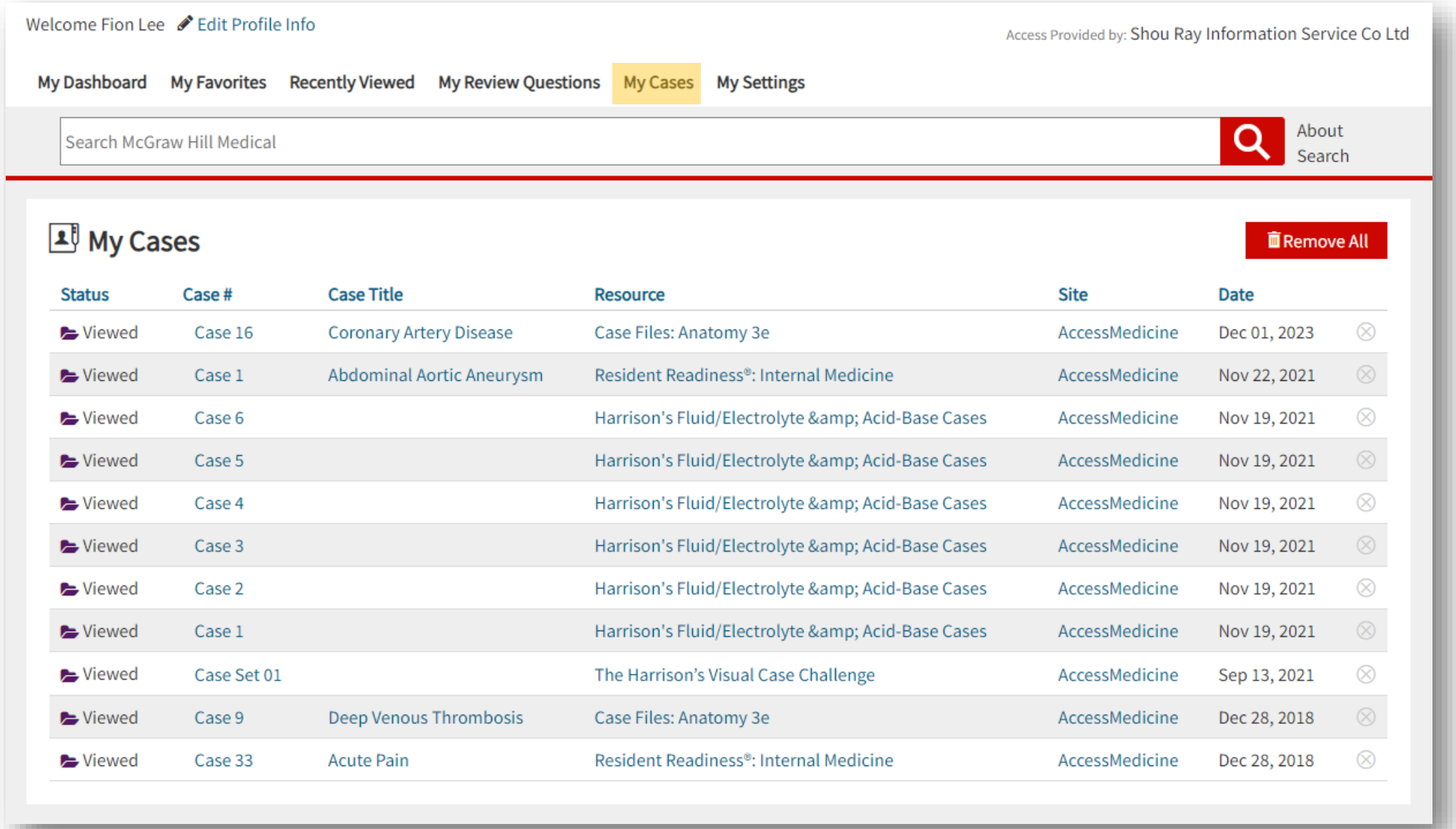

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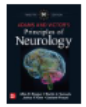

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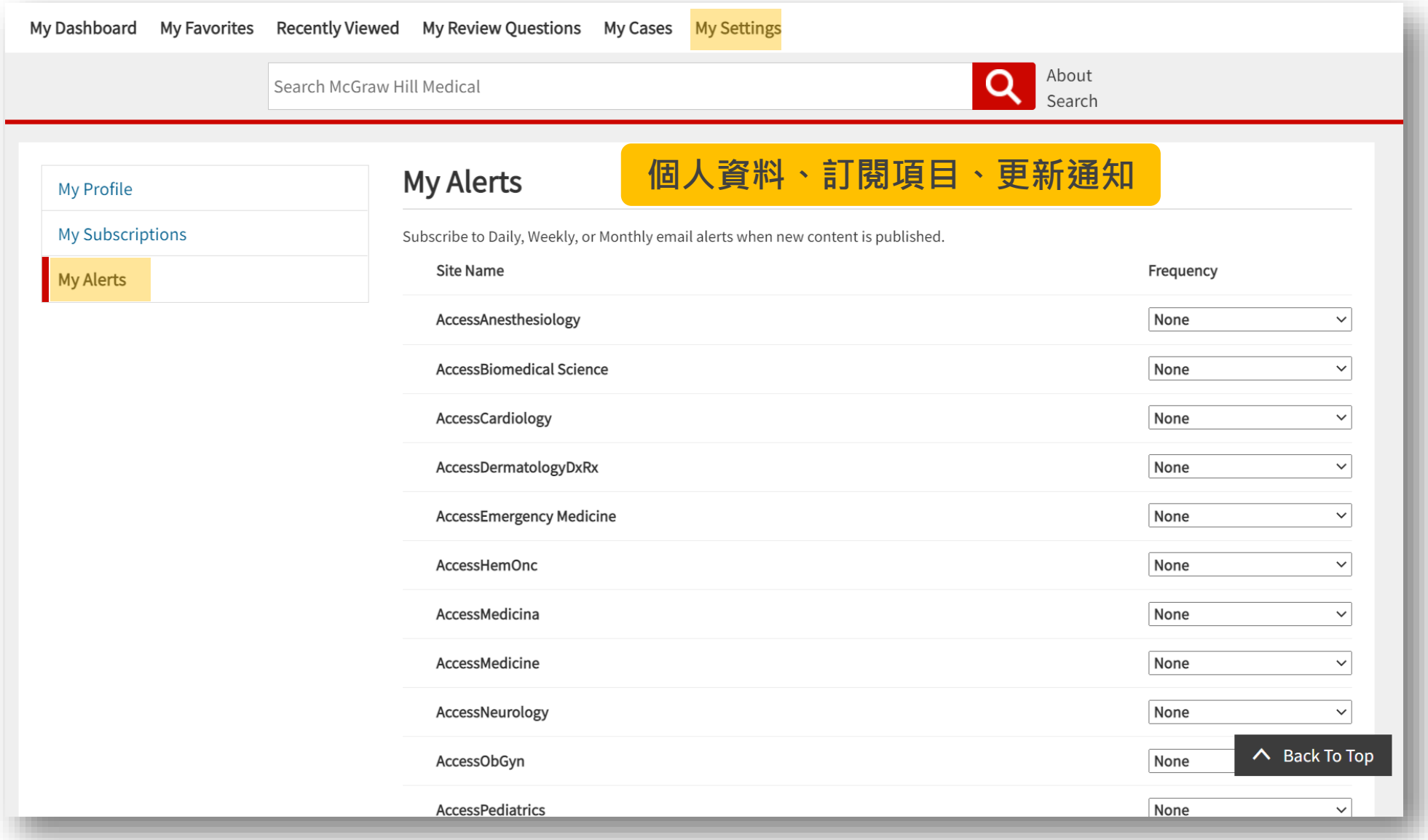

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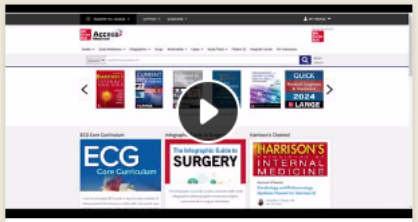

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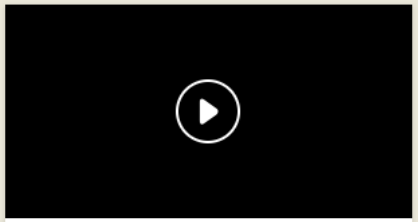

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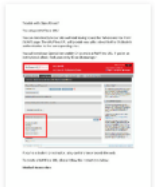

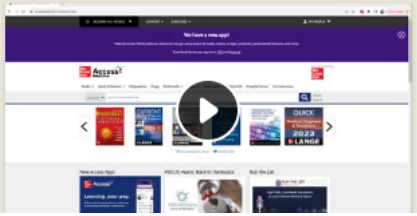

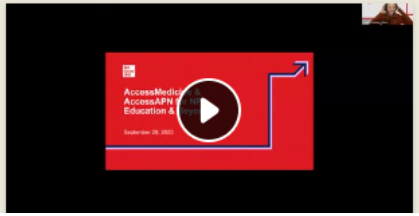

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活動時間： 2024年08月24日(六) 08:30-16:30
活動內容： 面對AI時代來臨，藥師的角色正經歷著前所未有的轉變。在這個科技驅動的時代，AI不僅為藥學領域帶來了創新的工具和方法，也對藥師的專業技能有著更高的要求。如何在AI的協助下，幫助藥師進行整合性照護，提高工作效率、品質與價值。今年適逢Micromedex五十週年，誠摯邀請您一同回顧過去，展望未來，共襄盛舉。
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Thank you!

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