

A Family Practice Article Filing System

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An organized article filing system can be a timesaver for the busy clinician. A comprehensive, specialty-based filing system for the family physician is presented. The full system uses about 700 three-tab manila folders. Each major medical specialty heading is placed on an empty center-tab folder. Subfolders within each major heading are all right- or left-tab folders, alternating for each successive major heading. Topics that overlap specialty are cross-referenced. Additional major headings are in-

cluded for presenting symptoms, procedures, practice management topics, society membership, licensure, etc. The resulting filing system is intuitive to use since articles are filed by the specialty to which the topic is most closely related. Journal articles and associated patient education materials may be filed in the same folder for quick retrieval.

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At some point during medical school or residency, the stack of articles collected on rounds becomes overwhelming and begs to be organized. Most physicians consider starting an article filing system, but the task of doing so can seem staggering. Faced with this daunting task, some may wonder why they should even bother.

A library of classic textbooks is usually found in most physicians' offices. Unfortunately, this information quickly becomes outdated. Computerization has recently revolutionized the ability to rapidly access medical information. CD-ROMs are now available that contain the complete contents of many textbooks and journals. There is, however, no substitute for an article-filing system to keep track of the most recent studies as well as timeless "pearls" that are collected over the years. Once completed, an organized article file provides quick access to the vital information that busy clinicians need on a daily basis.

For an article-filing system to be functional, it must be simple to use. The user should not have to agonize over the process of filing and retrieving articles. The organization of the system should be intuitive.

Previous authors have suggested organizing an article-filing system by using chapter titles from major text-

books,¹⁻³ using the Medical Subject Headings (MeSH) from *Index Medicus*,⁴ or by using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) system.⁵

Chapter titles and MeSH key words alone do not give clear organization to the broad range of topics that need to be included in a family physician's article files. If chapter titles are used for folder headings, a problem arises in deciding how to further organize them into related groups. Simple alphabetization and MeSH key words also do not keep related information together. MeSH key words can be difficult to use since most articles list a number of key words. There are approximately 16,000 MeSH key words; having a folder for each would simply not be practical. As with chapter titles, there is no overall organization to MeSH key words.

The ICD-9-CM is organized by organ system. This is not particularly intuitive since most physicians think in terms of specialties rather than organ systems. For example, the ICD-9-CM "Circulatory System" category includes stroke, myocardial infarction, Raynaud's phenomenon, aortic aneurysm, varicose veins, esophageal varices, and hemorrhoids. Examples of more intuitive headings for these respective topics are neurology, cardiology, rheumatology, vascular surgery (both aneurysm and varicose veins), gastroenterology, and colon and rectal surgery.

An article filing system based on medical specialties

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would be a logical approach for most physicians. When faced with filing or retrieving an article, the user simply decides what specialty the topic falls within. Some cases, for example, breast masses, may be ambiguous. The user must decide if he or she considers breast masses a "gynecologic" or "general surgery" topic. However, physicians' individual perspectives on such issues will determine where within their personal systems these articles most logically belong.

The author developed the following specialty-based filing system during residency and has used it for 10 years. This filing system enables him to locate most articles within 15 seconds.

The Master Index

The Master Index, which includes all major headings and subheadings, serves as the backbone of the filing system. Each medical specialty and subspecialty is represented as a major heading; topics that fall within the specialty's domain are listed as subheadings, each of which is represented by an individual folder. Additional major headings include professional organizations such as the American Academy of Family Physicians, and topics such as "Medicolegal," "Practice Management," and "Procedures." Other subjects of personal interest to the user can be added. Major headings and subheadings can be numbered using a decimal system, as shown in the Figure, although it is not critical to do so.

To develop the Master Index, the author first listed every subspecialty area of medicine as a major heading. Subheadings were initially "brainstormed" for each major heading. These were cross-referenced for completeness with subheading lists from Tyznik,⁵ an ICD-9-CM based system, and McMicken,⁶ a specialty-based emergency medicine system. Major textbook chapter titles and/or MeSH key words can also be used for cross-referencing.

This original Master Index was used to start filing existing articles that had piled up during medical school. It quickly became evident that some subheading folders needed subdivision, and others, which contained no articles at all, could be removed. The Master Index was thus revised and used for about 18 months before being replaced by the current Master Index. The filing system has now been used for 10 years and has undergone one major housecleaning session.

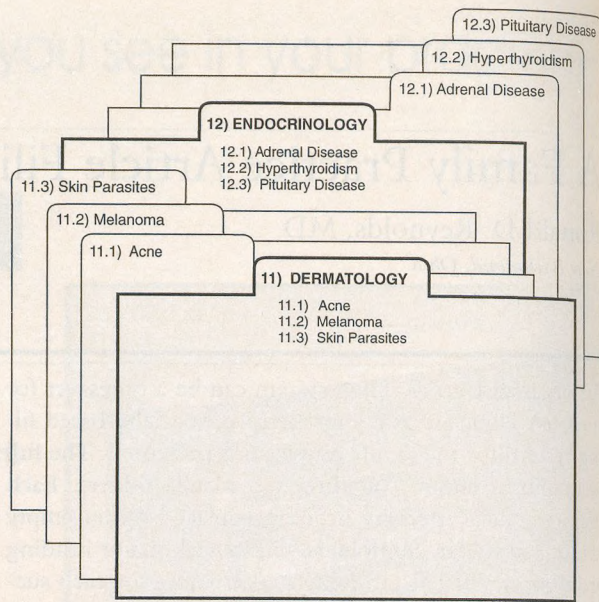


Figure. Empty center-tab folders are used for major headings. All tabs on subfolders within a single major heading are located on either the left or right side of the folders; subfolders within the next major heading are located on the alternate side. A list of subfolders is placed on each major heading folder.

The author's complete Master Index is shown in the Appendix.* The index is stored in a manila folder atop the filing cabinet that contains the article filing system, where it is easily accessible as a quick reference of all the major headings and subheadings.

The File Folders

As originally suggested by Tyznik,⁵ letter-size three-tab (left, center, and right) manila folders are used in the file drawers. Each major heading is listed on the tab of a separate center-tab folder (Figure). A list of all the major heading's subheadings is placed below the tab, inside the folder. This allows quick reference of all the subheadings within the major heading. The major heading folders are left empty unless there are no subfolders within the major heading.

Each subheading is listed on the tab of a separate folder. All subfolders in the first major heading are right-

*A list of family practice major headings and subheadings arranged alphabetically is available at no cost from the author for use as a starting point in setting up the article-filing system. It is formatted in Microsoft Word for Mac (Version 5.1). Most word processing programs will translate this file. It can be edited to suit the user's needs, printed on commercially available self-stick label paper, and then cut apart and used as individual file folder labels. To obtain the text file, send a formatted (IBM or Mac) 3.5-in. floppy disk and a stamped, self-addressed mailer to Ronald D. Reynolds, MD, 1050 US 52, New Richmond, OH 45157. Subscribers to American Online can obtain the file by e-mail: RDReynolds@aol.com

tab folders. The next major heading's subfolders are all left tabs. Alternating between left and right by major headings allows for quick access to each major heading and its subfolder index.

More left- and right-tab folders will be needed than center-tab folders. Office supply stores stock boxes of 100 three-tab folders that have roughly equal numbers of each of the three tabs, and also stock separate left and right-tab folders. To fully use the author's system, 700 folders should be purchased. Two hundred should be a three-tab assortment, and the balance either left or right tab. A left-tab folder can be converted to right-tab simply by folding in the opposite direction and visa-versa.

Clinicians who wish to start an article-filing system on a smaller scale could begin with only the 62 center-tab folders. Then, as individual major heading folders become stuffed over time, subfolders can be added.

Cross-referencing

In organizing a "black and white" filing system, the portion of the practice of medicine that falls in the "gray zone" can be a problem. For example, where do you file an article on suturing? Should it go in "Acute Care/ER," "Plastic Surgery," or "Procedures"? The author chooses to put articles on this topic in "Plastic Surgery." However, in both "Acute Care/ER" and the "Minor Skin Surgery" subheading of "Procedures," there is a "dummy" heading with a reference back to "Plastic Surgery" where the suturing articles are filed. The dummy heading is listed in the Master Index and marked with a star, but no subfolder exists for the dummy cross-reference.

Since some topics belong within two specialties, it may be appropriate to separate each specialty's individual perspective. For example, the author puts the topic of breast-feeding in both "Nutrition" and "Obstetrics." In the "Obstetrics" subfolder entitled "Breast-feeding/Mastitis," there are articles on both the process of and problems associated with breast-feeding. The "Nutrition" subfolder entitled "Infant Feeding-Breast" is more about the nutritional aspects of breast-feeding. Cross-references between these two related topics are placed on both folder labels in parentheses after the subfolder heading.

Sorting out undifferentiated symptoms is part of the joy of family practice. Many good articles are written on the differential diagnosis of presenting symptoms such as dizziness, chest pain, abdominal pain, etc. A major heading of "Symptoms" is included for these articles.

File Labels

The author started out with folders labeled in pencil until he had used the system for a while. Over time, users of this filing system will discover the need for new folders, stuffed subfolders that need subdividing, and subfolders that remain empty despite the initial impression that the topic would grow quickly in content. Clinicians who use this system will develop customized Master Indices through this longitudinal process.

Once the system has been personally customized to suit the users' purposes, the folders can be labeled more formally, ie, using computer-printed self-stick labels. Double printing the labels will allow for placement of a subfolder list on each major-heading folder.

Using the Filing System

Before becoming buried in the details of any filing system, clinicians should decide what sort of articles and information will be saved. Philosophically, the article file should contain important but infrequently used information that must be quickly retrieved and used to enhance quality patient care.⁷ The author finds his system most useful for saving information on recent medical advances, up-to-date review articles, and timeless pearls for clinical practice.

Some clinicians may read every word of an article before filing it. Others will scan an article for relevance and file it with the intent to fully read it when patient circumstances dictate. The author does a little of both.

Once established, the filing system should require only moments to use. When an article is to be filed or retrieved, the user simply decides which specialty the topic is associated with and locates that main heading's center-tab folder. On this folder, the listing of all the main heading's subfolders will guide the user to the folder where an article on the desired topic can be either filed or found.

The user should not agonize over where to file an article. If the placement is not obvious, the article should be filed under the "first gut reaction" subheading and then cross-referenced to the other subheadings. Thinking in terms of "Where would I look for this later?" may help focus the filing process.

When an article is removed from a folder, it is advisable to pencil the folder number on it to speed refiling. However, the author does not routinely code each article as it is initially filed. Nor is there a comprehensive list kept of every article filed within the system.

The following guidelines will ease the process of clipping and filing articles. Articles are easier to tear out of journals if the binding is broken first. This frees the bind-

ing edge so the article can be removed more cleanly. The first page of each article should be turned face up. As many of the ads as possible should be removed. Resist the temptation to throw out the references at the end of the article since they are a guide to further articles on the topic. If two articles from the same journal share a sheet of paper (first page of one article on back of the last page of the other), copy the last page of the first article and keep the original first page with the second article. Never staple articles together on initial filing as staples tend to catch on each other and also take up too much room in the folder. However, a retrieved article that will be out of its file for a time or loaned out probably should be stapled.

File everything of relevance short of textbooks in the article filing system, including review articles, original articles, abstracts, monographs, lecture handouts, booklets, patient education materials, etc. Keeping these all together in one place greatly improves the quality and breadth of information in the files.

The filing system also may be used for organizing patient education materials. Such materials are best filed in the subfolder for the individual topic, rather than in a large, random file of patient education materials. Consistently placing patient education materials in either the front or back of each subfolder facilitates speedy retrieval. Some clinicians may find that a separate patient education file maintained by office nurses is more convenient. Use of the major headings may help in organizing this type of file.

To keep the article file up to date, the user must make a commitment to file everything as soon as possible. If new articles pile up, they will be difficult to find in the random stack. A few minutes spent filing every week can keep all articles immediately accessible. Ideally, the user should personally do the filing to ensure that the intuitive nature of the system is maintained. However, some busy practitioners may train an office staff member to maintain the files.

Periodic Maintenance

Periodic reviews of the files may show empty and/or stuffed subfolders. The former should be removed, and the latter should be subdivided into new subfolders if they contain more than 30 articles.

Given the rapidly changing knowledge base of mod-

ern medicine, it is necessary to periodically "clean house" in the filing system. Ideally, this should be done every few years. This task may be particularly advantageous if performed in the year prior to board recertification. Going through each subfolder to discard old articles will refresh the user's recollection of everything in the filing system. Many of the articles may bolster the user's understanding of less commonly seen problems that may be asked about during recertification.

When cleaning house, only currently relevant articles, up-to-date reviews, landmark studies, timeless "pearls," and useful patient education materials should be kept. Occasionally, a subfolder will no longer be needed. A good rule of thumb is that if an article has not been used or missed in the last 3 to 5 years, it should be discarded. Keeping and relying on such outdated information can lead to inappropriate patient care.

Conclusions

An intuitive, specialty-based article filing system has been presented. The author finds that it can save time and improve access to vital medical information, including patient education materials.

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1) ACUTE CARE / ER	4.2) State Academy	8.21) Meds-Antiarrhythmics	11.4) Bullous Dis./Photosens.	14.6) Endoscopy
1.1) Altitude Sickness	4.3) Local Chapter	8.22) Meds-Beta Blockers	11.5) Congenital Lesions	14.7) Esoph. Dis./Hiatus Hernia
1.2) Bites-Insect	4.4) Hosp. Privilege Problems	8.23) Meds-Ca Channel Blockers	11.6) Contact Dermatitis	14.8) Flatus/Dumping Syndrome
1.3) Bites-Mammalian		8.24) Meds-Digoxin/Oral Inotr.	11.7) Dermatitis/Eczema/ Pruritus	14.9)* GI CA Screen-HEALTH MAINTENANCE
1.4) Bites-Reptile	5) AMER BOARD OF FAMILY PRACTICE	8.25) Meds-Nitrates	11.8) Fungal Infections	14.10) GI Physiology
1.5) Carbon Monoxide/ Cyanide	5.1) Certification	8.26) Meds-Pressors	11.9) General Dermatology	14.11) Hepatitis/Liver Disease
1.6) CPR/ACLS (MED LISC.)	5.2) Recertification	8.27) Meds-Vasodilators/ ACE Inhibitors	11.10) Hair & Nail Disorders	14.12) Inflammatory Bowel Disease
1.7) Drowning	6) AMER MEDICAL ASSOCIATION	8.28) Mitral Valve Prolapse	11.11) Melanoma	14.13) Irritable Bowel Syndrome
1.8) Drug Overdose	6.1) National Membership	8.29) Murmur Evaluation	11.12) Psoriasis	14.14) Jaundice DDX
1.9) Electrical Injury	6.2) State Association	8.30) Myocardial Infarction	11.13) Seborrhea	14.15) Lower GI Hemorrhage
1.10) Frostbite/Hypothermia	6.3) Local Medical Society	8.31) Myocarditis	11.14) Signs of Other Disease	14.16) Malabsorption
1.11) Heat Stroke/ Hyperthermia		8.32) Pacemakers	11.15) Skin Parasites	14.17) Pancreatic Dis.
1.12)* Radiation Injury- RADIOLOGY	7) ANESTHESIOLOGY	8.33) Pericardial Disease	11.16) Therapy/Pearls	14.18) Ulcer Disease-Medical
1.13) Rape/Postcoital Contr.	7.1) Chronic Pain	8.34) Post-MI Rehab./ Management	11.17) Viral Skin Disease	14.19) Upper GI Hemorrhage
1.14) Shock	7.2) Evaluation for Anesth.	8.35) P.T.C.A.	12) ENDOCRINOLOGY	
1.15)* Suture Tech.-PLASTIC SURG	7.3) Induction/Equipment	8.36) Thrombolytic/ Antiplatelet	12.1) Adrenal Disease	15) GENERAL SURGERY
1.16) Toxic Botanicals	7.4) Intubation	8.37) Valve Disease-Aortic	12.2) Calcium/Parathyroid	15.1) Acute Abdomen DDX
1.17) Toxic Chemicals	7.5) Local/Regional/Spinal	8.38) Valve Disease-Mitral	12.3) Diabetes-General	15.2) Amputation
1.18) Trauma Management	7.6) Malignant Hyperthermia	8.39) Valve Disease-Tri & Pulmonic	12.4) D.I./ S.I.A.D.H.	15.3) Appendicitis
	7.7) Medications in OR		12.5) D.K.A./Hyperosmolar Coma	15.4) Bowel Obstr./Infarction
	7.8) Obstetrical Anesthesia		12.6) Glucose Monitoring	15.5) Breast Mass/Mastectomy
2) ALCOHOLISM & DRUG ABUSE	8) CARDIOLOGY	9) COLON & RECTAL SURGERY	12.7)* Hypercholest.-LIPIDS	15.6) Cholecystectomy
2.1) ETOH Diagnosis/ Intervention	8.1) Angina-Stable	9.1) Anal Disease	12.8) Hyperthyroidism	15.7) Enterostomal Therapy
2.2) ETOH Overdose/ Withdrawal/DT	8.2) Angina-Unstable	9.2) Colon CA Surgery	12.9) Hypoglycemia	15.8) Inguinal & Other Hernia
2.3) ETOH Treatment/ Physiology	8.3) Auscultation & Exam	9.3)* Crohns/Ulc. Colitis	12.10) Hypothyroidism	15.9) Ulcer Surgery
2.4) General Addiction Info	8.4) Cardio.Shock/ Pulm.Edema	9.4) Diverticular Disease	12.11) Insulin Therapy	15.10) Upper GI Cancer Surgery
2.5) Other Addiction	8.5) Cardiomyopathy	9.5)* Enterostomal Tx.-GEN SURGERY	12.12) P.C.O./Hirsutism	
	8.6)* Chest Pain DDX- SYMPTOMS	9.6)* Sigmoidoscopy- PROCEDURES	12.13) Pheo/Carcinoid/ Porphyria	16) GERIATRICS
	8.7) Congestive Heart Failure		12.14) Pituitary Disease	16.1) Abuse/Neglect
3) ALLERGY	8.8) Coronary Angiography	10) DENTISTRY/ORAL SURGERY	12.15) Thyroid General	16.2) Decubitus Ulcer
3.1) Aero Allergies	8.9) CAD Pathophysiology	10.1) Aphthous Ulcers/ Stomatitis	12.16) Thyroid Nodule/CA	16.3) Falls
3.2) Anaphylaxis	8.10) Dysrhyth Rx-A.Fib.	10.2) Caries/Fluoride	12.17) Zebras & Esoterica	16.4) Health Maintenance
3.3) Antihistamines	8.11) Dysrhyth Rx-Bradycardia	10.3) Dental Development		16.5) Indwelling Catheters
3.4)* Atop.Derm.- DERMATOLOGY	8.12) Dysrhyth Rx- Supraventric	10.4) Oral Cancer	13) FAMILY	16.6) Medication Dosing
3.5)* Contact Derm.- DERMATOLOGY	8.13) Dysrhyth Rx-Ventricular	10.5) Orthodontics	13.1) Birth/Stillborn	16.7) Physiology of Aging
3.6) Food Allergies	8.14) ECG-General	10.6) Periodontics/Dentures	13.2) Crisis/Violence	
3.7) Rhinitis/Conjunctivitis Tx	8.15) ECG-Conduction Defects	10.7) T.M.J. Disease	13.3) Death & Dying	17) GYNECOLOGY
3.8) Testing/Desensitization	8.16) ECG-Supraventric Dysr.		13.4) Family Dynamics/ Counseling	17.1) Abnl. Pap/Cervical CA
3.9) Urticaria	8.17) ECG-Ventricular Dysr.	11) DERMATOLOGY	13.5) Marital Prob./Divorce	17.2) Abortion, Med. and Surgical
	8.18) ECG-Sick Sinus Syndrome	11.1) Acne	14) GASTROENTEROLOGY	17.3) Amenorrhea
	8.19) ECG-Ischemia/Stress Test	11.2) Bacterial Skin Infections	14.1) Biliary Disease	17.4) Breast Disease/B.S.E.
4) AMER ACAD FAMILY PHYSICIANS	8.20) Echo/Nuclear Cardiology	11.3) Basal Cell/Solar Damage	14.2) Cirrhosis/Varices/ Ascites	17.5) Contraception
4.1) National Membership			14.3) Constipation	17.6) Dysf. Bleed/Fibroids/ CA
			14.4) Diarrhea	17.7) Endometriosis/ Dysmenorrhea
			14.5)* Divertic.Dis.-C&R SURGERY	

- 17.8) Infertility
17.9) Menopause/Estrogen Replacement
17.10) Ovarian Cyst/Cancer
17.11) Pediatric GYN.
17.12) Pelvic Exam/Routine Pap
17.13) Premenstrual Syndrome
17.14) Salpingitis
17.15) Vaginitis/Cervicitis/Barth.
17.16) Vulvar Disease
- 18) **HEAD & NECK SURGERY**
18.1) Audiology/Speech Therapy
18.2) Facial Trauma
18.3) Foreign Bodies
18.4) Head & Neck Cancer
18.5) Middle Ear Disease
18.6) Nasal/Septal Disease
18.7) Neck Mass Evaluation
18.8) Otitis Externa
18.9) Salivary Gland Disease
18.10) Sinus Disease
18.11) Tonsil/Peritonsillar Abscess
- 19) **HEALTH MAINTENANCE**
19.1) Adult Immunizations
19.2) Cancer Screening
19.3) Exercise
19.4) Obesity
19.5) Overseas Travel
19.6)* Ped. Immuniz.-PEDS
19.7) Routine Care/PE
19.8) Smoking
- 20) **HEMATOLOGY**
20.1) Anemia DDx
20.2) Anticoagulation
20.3) Aplastic A./Marrow Transplant
20.4) Blood Bank/Autotransfusion
20.5) Coagulopathy
20.6) Deep Venous Thrombosis
20.7) Hemochrom./Polycythemia
20.8) Hemoglobinopathy
20.9) Hemolysis
- 20.10) Iron Deficiency Anemia
20.11) Leukemia
20.12) Lymphoma/Hodgkin's
20.13) Megaloblastic Anemia
20.14) Multiple Myeloma/Amyloid
20.15) Peripheral Blood Smear
20.16) Plasmapheresis
20.17) Platelet Disorders
- 21) **HOSPITAL PRIVILEGES**
21.1) Hospital A
21.2) Hospital B
- 22) **HYPERTENSION**
22.1) HTN Pathophysiology
22.2) HTN Diagnosis/Workup
22.3) HTN Secondary Cause
22.4) HTN Rx-General
22.5) HTN Rx-Diuretic
22.6) HTN Rx-Beta Blocker
22.7) HTN Rx-ACE Inhibitor
22.8) HTN Rx-Ca Blocker
22.9) HTN Rx-Alpha Blocker
22.10) HTN Rx-Central Agent
22.11) Hypertensive Crisis
22.12) Orthostatic Hypotension
- 23) **IMMUNOLOGY**
23.1) HIV General
23.2) HIV-Asymptomatic
23.3) HIV-Infection Prophyl.
23.4) HIV-Opportunistic Inf.
23.5) HIV-Associated Cancer
23.6) HIV-AIDS
23.7) HIV-Terminal Care
23.8) Other Immune Deficiency
23.9) Immunotherapy/Suppression
- 24) **INFECTIOUS DISEASE**
24.1) Antibiotics
24.2) Cellulitis/Lymphangitis
24.3) Chlamydia/Rickettsia
24.4) E.B. Virus
24.5) Empiric Therapy
24.6) Endocarditis & Prevention
24.7) Fever of Unknown Origin
- 24.8) Fungal Infections
24.9) Herpes 1 & 2 / Zoster
24.10) Infect. Diarrhea (GASTRO)
24.11) Influenza
24.12) Lyme Disease
24.13) Meningitis/Encephalitis
24.14) Microbiology Lab
24.15) Neutropenic Patient
24.16)* Osteo./Septic J.-**ORTHOPEDICS**
24.17) Parasitic Disease
24.18) Pneumonia
24.19) Postop Fever
24.20) Rabies
24.21) Sepsis
24.22) Sexually Transm. Disease
24.23)* Sinusitis-H&N SURG
24.24) Strep Disease
24.25) Tetanus
24.26) Toxic Shock Syndrome
24.27) Tuberculosis
24.28) Urinary Tract Infection
24.29) Viral URI
24.30) Zebras & Esoterica
- 25) **LABORATORY**
25.1) Efficient Lab Use
25.2) New Tests/Technical Data
25.3) Office Lab/CLIA
25.4) Test Interpretation
- 26) **LIPID DISORDERS**
26.1) Diagnosis/Risk Factors
26.2) Dietary Tx
26.3) Drug Tx
26.4) Pathophysiology
- 27) **MEDICAL HISTORY**
- 28) **MEDICAL HUMOR**
- 29) **MEDICAL LICENSURE**
29.1) BCLS
29.2) ACLS
29.3) ATLS
29.4) CME
29.5) DEA
29.6) National Boards
29.7) Provider No.
29.8) State License
- 29.9) Diploma/CV
- 30) **MEDICAL PRACTICE**
30.1) Clinical Pearls
30.2) Consultation
30.3) Difficult Patients
30.4) Filing/Lectures
30.5) History&Interview Skills
30.6) New Technology
30.7) Noncompliance
30.8) Philosophy
30.9) Physical Exam
30.10) Placebo Effects
30.11) Quackery
30.12) Quality of Life
30.13) Stress/Burnout
- 31) **MEDICOLEGAL**
31.1) Brain Death
31.2) Disability/Insurance Exam
31.3) DNR/Advance Directives
31.4) Informed Consent
31.5) Malpractice
31.6) Medical Ethics
31.7) Records Release
31.8) Testifying in Court
- 32) **NEONATOLOGY**
32.1) Birth Defects (PEDS)
32.2) Congenital Heart/PDA
32.3) Conjunctivitis
32.4) Cyanosis
32.5) Fetal Alcohol/Drug
32.6) General NICU Care
32.7) Hemolytic Disease
32.8) Jaundice
32.9) N.E.C.
32.10) Normal Newborn/Exam
32.11) Polycythemia/Hypoglycemia
32.12) Pulmonary-TTN & HMD
32.13) Resuscitation of Newborn
32.14) Sepsis/Infections
32.15) Seizures/IVH
32.16) Sexual Ambiguity
32.17) Ventilator Management
- 33) **NEPHROLOGY**
33.1) Acid-Base Disorders
- 33.2) Acute Renal Failure
33.3) Chronic R.F./Dialysis
33.4) E-lytes General
33.5) E-lytes Sodium
33.6) E-lytes Potassium
33.7) E-lytes Mg/PO₄ (ENDOCR)
33.8) Glomerulonephritis
33.9)* Hematuria DDx-**UROLOGY**
33.10) Proteinuria DDx
- 34) **NEUROLOGY**
34.1) Alzheimer's/Dementia
34.2) Anoxic Encephalo./CP
34.3) Coma
34.4) Delirium
34.5) Headache/Migraine
34.6) Multiple Sclerosis/ALS
34.7) Myopathy/M.D./Myasth.
34.8) Neurologic Exam
34.9) Neuropathy
34.10) Radiculopathy
34.11) Seizure/Anticonvulsants
34.12) Sleep Disorders
34.13) TIA/Stroke
34.14) Tremor/Parkinson's
34.15) Trigem.Neuralgia/Bell's
34.16)* Vertigo-see **SYMPTOMS**
34.17) Zebras & Esoterica
- 35) **NEUROSURGERY**
35.1) C.N.S.Tumors
35.2) Epilepsy Surgery
35.3) Head Trauma/Cerebral Edema
35.4) Herniated Disc
35.5) Hydrocephalus
35.6) Intracran. Bleed/Aneurysm
35.7) Spinal Cord Trauma
- 36) **NUTRITION**
36.1) Adult Nutrition
36.2) Diabetic Diet
36.3) Enteral Nutrition
36.4) Geriatric Nutrition
36.5) Infant Feeding-General
36.6) Infant Feeding-Breast (OB)
36.7) Infant Feeding-Formula
36.8) Infant Feeding-Solids

- 36.9)* Lipid/Cholesterol-
LIPID DISORDERS
- 36.10) Parenteral Nutrition
- 36.11) Specialized Diets
- 36.12) Vitamins
- 36.13) Weight Loss Diets
- 37) **OBSTETRICS**
- 37.1) Breastfeed./Mastitis
(NUTR)
- 37.2) Caesarean Section
- 37.3) Concurrent Illness
- 37.4) Ectopic Pregnancy
- 37.5) Fetal Monitoring
- 37.6) Forceps/Vacuum
Extraction
- 37.7) Genetic Counselling
- 37.8) Gestational Bleeding/
Miscarriage
- 37.9) Gestational Diabetes
- 37.10)* Hemolytic Dis.-
NEONATOLOGY
- 37.11) High Risk Management
- 37.12) Hyperemesis
- 37.13) Induction/
Augmentation
- 37.14) Large or Small for Dates
- 37.15) Normal Labor and
Delivery
- 37.16)* OB Anesthesia-
ANESTHESIA
- 37.17) Postdates
- 37.18) Postpartum Care
- 37.19) Preeclampsia/Eclampsia
- 37.20) Premature Labor/
Tocolysis
- 37.21) Prenatal Care-General
- 37.22) Prenatal Care-Screening
Lab
- 37.23) Prenatal Care-Education
- 37.24) Prenatal Care-Meds
- 37.25) Ultrasound/Biophys.
Profile
- 38) **ONCOLOGY**
- 38.1) Breast Cancer Gen.
- 38.2) Chemotherapy/Side
Effects
- 38.3) Colon Cancer Gen.
- 38.4) General Oncology
- 38.5) Oncologic Emergencies
- 38.6) Pain Control
- 38.7)* Pediatric CA-PED
SURGERY
- 38.8) Quackery
- 38.9) Radiation Therapy
- 38.10) Sarcomas
- 38.11)* SEE SPECIFIC
SPECIALTIES
FOR INDIVIDUAL
TUMORS
- 39) **OPHTHALMOLOGY**
- 39.1) Cataracts
- 39.2) Corneal Abrasion/
Trauma
- 39.3) Corneal Dystro./
Keratoplasty
- 39.4) Glaucoma
- 39.5) Lacrimal & Duct
Disorders
- 39.6) Neuro-ophthy
- 39.7) Oculoplastics
- 39.8) Red Eye DDX & Tx
- 39.9) Refraction
- 39.10) Refractive Keratotomy
- 39.11) Retinal Disease
- 39.12) Signs of Systemic Disease
- 39.13) Strabismus/Amblyopia
- 40) **ORTHOPEDIC
SURGERY**
- 40.1) Ankle/Foot
- 40.2) Arthroscopy
- 40.3) Bone Cancer
- 40.4) Carpal Tunnel/Thoracic
Outlet
- 40.5) Congen. Hip/Perthes
- 40.6) Elbow
- 40.7) Fracture Mgmt./Casting
- 40.8) Hand Surgery
- 40.9) Hip/Femur
- 40.10) Knee
- 40.11) Osteoporosis (GYN)
- 40.13) Pediatric Foot/Leg
Development
- 40.14) Scoliosis
- 40.15) Septic Arthritis/Osteo.
- 40.16) Shoulder
- 40.17) Sprains/Strains
- 40.18) Tendonitis/Bursitis
- 41) **OSTEOPATHY**
- 42) **PATHOLOGY**
- 43) **PATIENT
EDUCATION**
- 43.1) Book References
- 43.2) Classes/Agencies
- 43.3) Handout Suppliers
- 43.4) Video References
- 44) **PEDIATRICS**
- 44.1) Abuse/Neglect
- 44.2) Adolescent Medicine
- 44.3) Anemia Eval. & Tx
- 44.4) Attention Deficit Disord.
- 44.5) Cough/Croup/
Epiglottitis
- 44.6) Cystic Fibrosis
- 44.7) Day Care
- 44.8) Developmental Delay
- 44.9) Enuresis/Encopresis
- 44.10) FTT/Short Stature
- 44.11) Fever/Febrile Seizures
- 44.12) Genetic Diseases
(NEONAT.)
- 44.13) GE Reflux/Colic
- 44.14) Growth & Development,
NL
- 44.15)* Infant Nutr.-
NUTRITION
- 44.16) Immunizations
- 44.17) Meningitis
- 44.18)* Otitis-H&N SURG
- 44.19) Parenting
- 44.20) Pharyngitis
- 44.21) Pneumonia/Bronchiolitis
- 44.22) Reyes Syndrome
- 44.23) Safety
- 44.24) Stevens-Johnson/
Kawasaki
- 44.25) SIDS/Apnea
- 44.26) Viral Exanthems
- 44.27) Viral Gastro./
Dehydration
- 44.28) Well Child Care
- 45) **PEDIATRIC
SURGERY**
- 45.1) Birth Defect Repair
- 45.2) Congenital Heart Repair
- 45.3) Pediatric Tumors
- 46) **PHARMACOLOGY**
- 46.1) Aminoglycosides
- 46.2)* Digoxin-
CARDIOLOGY
- 46.3) Drug Interactions
- 46.4) Theophylline
- 47) **PHYS MEDICINE &
REHAB**
- 47.1) Electromyography
- 47.2) Physical Therapy
- 47.3) Stroke/Rehab
- 48) **PLASTIC SURGERY**
- 48.1) Breast Augment./Reduc.
- 48.2) Burn Management
- 48.3) Cosmetic Surgery
- 48.4) Office Surgery
- 48.5) Suture Techniques
- 48.6) Wound Care/Skin
Grafting
- 49) **PODIATRY**
- 49.1) General Foot Care
- 49.2) Orthotics
- 49.3) Plantar Fascitis/
Morton's
- 49.4) Surgery on Deformities
- 50) **PRACTICE
MANAGEMENT**
- 50.1) Appointments/
Scheduling
- 50.2) Billing
- 50.3) Coding-CPT E/M
- 50.4) Coding-CPT
Procedures
- 50.5) Coding-ICD-9-CM
- 50.6) Equipment/Supplies
- 50.7) Fee Schedule
- 50.8) Financing
- 50.9) Insurances for Practice
- 50.10) Insurance Participation
- 50.11) Managed Care Contracts
- 50.12) Marketing
- 50.13) Medical Recordkeeping
- 50.14) Miscellaneous Tips
- 50.15) Office Layout/Location
- 50.16) Partner/Group
- 50.17) Personnel
- 50.18) Tax Planning
- 51) **PROCEDURES**
- 51.1) Androscopy
- 51.2) Arterial Catheter
- 51.3) Bone Marrow
Asp./Biopsy
- 51.4) Central Venous Cath./
Swan
- 51.5) Chest Tube
- 51.6) Circumcision
- 51.7) Colposcopy
- 51.8) Culdocentesis
- 51.9) Cricothyrotomy/
Tracheostomy
- 51.10) Endometrial Biopsy
- 51.11) Fine Needle Aspiration
- 51.12) Gastroscopy
- 51.13) IV Line/Cutdown
- 51.14) Joint Aspir./Injection
- 51.15) Lumbar Puncture
- 51.16) MAST Suit
- 51.17)* Minor Skin Surg-
PLASTIC SURG
- 51.18) Misc. Office Procedures
- 51.19) Nail Removal
- 51.20) Nonplant
- 51.21) Periton. Lavage/
Paracentesis
- 51.22) Rhinolaryngoscopy
- 51.23) Sigmoidoscopy/
Colonoscopy
- 51.24) Soft Tissue Injections
- 51.25) Thoracentesis
- 51.26) Urinalysis/Wet Prep
- 51.27) Vasectomy
- 52) **PSYCHIATRY**
- 52.1) Adjustment Disorder
- 52.2) Anorexia/Bulimia
- 52.3) Anxiety Disorder-DDx
- 52.4) Anxiety Disorder-Tx
- 52.5) Bipolar Disorder
- 52.6) Concurrent Illness
- 52.7) Depression-Gen
- 52.8) Depression-DDx
- 52.9) Depression-Meds
- 52.10) Depression-ECT
- 52.11) Depression-Suicide
- 52.12) Dysthymia
- 52.13) Grieving
- 52.14) Obsessive/Compulsive
- 52.15) Office Counseling
- 52.16) Panic/Agoraphobia
- 52.17) Pediatric Psychiatry
- 52.18) Personality Disorder
- 52.19) Schizophrenia/Psychosis
- 52.20) Sexual Disorders
- 52.21) Somatization Disorder

Appendix. (continued)

53) PUBLIC HEALTH	54.22) Pulmonary Embolism	56.6) Joint Fluid Exam	58.4) Chest Pain	61.4) Hypernephroma
53.1) Reportable Illness	54.23) Respiratory Therapy	(PROCEDURES)	58.5) Fatigue	61.5) Impotence Dx & Rx
53.2) Sanitation	54.24) Sleep Apnea	56.7) Joint Pain DDX.	58.6) Nausea & Vomiting	61.6) Infertility
54) PULMONOLOGY	54.25) Ventilator Management	56.8) N.S.A.I.D. Therapy	58.7) Syncope	61.7) Peds-Reflux/PUV/Prunc Belly
54.1) ABG Interpretation	55) RADIOLOGY	56.9) Paget's Disease	58.8) Vertigo/Dizziness	61.8) Prostate Cancer
54.2) Acute Respiratory Failure	55.1) Angiography/Invasive Radiol.	56.10) Raynaud's Phenomenon	59) THORACIC SURGERY	61.9) Prostatitis/Urethritis
54.3) A.R.D.S.	55.2) Barium Studies/GI	56.11) Rheumatoid Arthritis/ JRA	59.1)* Aortic Dissection-VASC SURGERY	61.10) Stone Disease
54.4) Aspiration Pneumonia	55.3) Bone & Joint	56.12) Scleroderma/PSS	59.2) Cardiac Valvular Surgery	61.11) Stress Incont./Bladder Dysfunction
54.5) Asthma-General	55.4) Chest Xray	56.13)* Septic Arthritis	59.3) Coronary Artery Bypass Grafting	61.12) Testicular Cancer
54.6) Asthma Rx-Antiinflamm.	55.5) Choice of Imaging Technique	56.14) Systemic Lupus Erythem.	59.4) Lung Resection	61.13) Torsion/Priapism
54.7) Asthma Rx-Beta Agonists	55.6) CT Scanning	56.15) Soft Tissue Rheumatism	59.5) Miscellaneous Procedures	61.14) Urologic & Pelvic Trauma
54.8) Asthma Rx-Theophylline	55.7) Excretory Urogram	56.16) Temporal Arter./ Polymyalgia	60) TRANSPLANTATION	62) VASCULAR SURGERY
54.9) Asthma-Status Asthmaticus	55.8) MRI Scanning	56.17) Zebras/Esoterica	60.1) Heart Transplant	62.1) Abdominal Aortic Aneurysm
54.10) Bronchitis-Acute	55.9) Nuclear Medicine	57) SPORTS MEDICINE	60.2) Immunosuppres- IMMUNOLOGY	62.2)* Angiography-RADIOL
54.11) Bronchitis-Chronic	55.10) Radiation Risk/Disease	57.1) Injury & Ailments	60.3) General & Other Transplant	62.3) Aortic Dissection
54.12) C.O.P.D.	55.11) Ultrasound	57.2) Sports Physical	60.4) Kidney Transplant	62.4) Carotid Bruit/ Endarterectomy
54.13) Cor Pulmonale/Pulm. Hypertension	56) RHEUMATOLOGY	57.3)* Sprain & Strain	60.5) Liver Transplant	62.5) Claudication/Leg Revasc.
54.14) Dyspnea DDX	56.1) Ankylosing Spondyl./ Reiters	57.4) Taping/Protective Gear	61) UROLOGY	62.6)* Pulmonary Embolism- PULMONARY
54.15) Hemoptysis DDX	56.2) Collagen Vascular Dis. NOS	57.5) Team M.D. Duties	61.1) Benign Prostatic Hyperplasia	62.7) Varicose Vein/Superf. Phlebitis
54.16) Interstit. Dis./ Sarcoidosis	56.3) Degenerative Joint Dis.	57.6) Training	61.2) Bladder Cancer	
54.17) Lung CA/Mesothelioma	56.4) Eosinophilia-Myalgia	58) SYMPTOMS	61.3) Hematuria DDX	
54.18) Occupational Lung Dis.	56.4) General Rheumatology	58.1) Abdominal Pain		
54.19) PFT Interpretation	56.5) Hyperuricemia/Crystal Arthritis	58.2) Anorexia		
54.20) Pleural Effusion/ Empyema		58.3) Back Pain		
54.21) Pneumothorax				

NOTE: Asterisk denotes a dummy folder.