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**Pursuing the diagnosis of low back pain**

The recommended conservative approach eschewing initial imaging in patients with acute or subacute low back pain is unlikely to miss a significant clinical problem in those with no “red flags,” though the evaluation should be tempered in patients with chronic low back pain.

Brian F. Mandell, MD, PhD

**Clinical Picture**

**Low back pain: Spondylitis?**

A 37-year-old woman was referred to a rheumatology clinic due to symptoms concerning for spondylitis after noting intermittent back pain with right-sided groin pain.

Aditi Patel, MD; Jean Schils, MD

**1-Minute Consult**

**Should an NPO order be placed for my patient with acute pancreatitis?**

Resting the pancreas with extended periods of nothing by mouth status or total parenteral nutrition is no longer considered the standard of care.

Aaron Pathak, BA; Siena Blackwell, BSN; Robert Jay Sealock, MD

**Symptoms to Diagnosis**

**A hidden cause of hypokalemia**

A 21-year-old man presented with increasing fatigue and psychosis symptoms. Laboratory testing results were consistent with a metabolic disorder.

Kanza Haq, MD; Zein Alabdin Hannouneh, MD; C. Elena Cervantes, MD; Mohamad Hannouneh, MD

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**Diabetes technology: A primer for clinicians**

This review of the basics of various diabetes management devices is intended to enhance clinicians’ comfort level in helping patients use these technologies.

Jayachidambaram Ambalavanan, MD; Diana Isaacs, PharmD, BCPS, BCACP, BC-ADM, CDCES; M. Cecilia Lansang, MD, MPH

**Preexposure prophylaxis for preventing HIV infection: Routine practice in primary care**

Knowing how to conduct a thorough sexual history and prescribe PrEP medications can contribute to reducing the incidence of new HIV infection.

Amy L. Wiser, MD, IBCLC

**Gastroparesis for the nongastroenterologist**

The authors explore how primary care clinicians can use current recommendations to manage patients with mild to moderate gastroparesis.

Jorge Araujo-Duran, MD; Arjun Chatterjee, MD; Samita Garg, MD

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