US adolescents are high users of mobile technology, but use contraception inconsistently. Reminder apps could boost adherence.

Is fenestration really needed?

I enjoyed reading "Finger injuries: 5 cases to test your skills" (*J Fam Pract.* 2013;62:300-304), but was a little surprised to see the answer for Case 5. Fenestrating a subungual hematoma with a known or unknown underlying fracture has been controversial, in that doing so effectively converts a closed fracture into an open one. Though rare, fenestration can lead to infection, raising the potential for liability—especially if any loss of function occurred.

At the very least, informed consent should be part of the conversation in such a case, with a thorough discussion of risks, benefits, and alternative treatments. Personally, I would lean toward a trial of pain control, especially with a known fracture on x-ray.

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Author response:

Drs. DeCastro, Stanton, and I thank Dr. Chee for presenting another approach to the treatment of subungual hematoma—a subject that has generated much debate. We would point out, however, that fenestration of subungual hematoma is often required for pain relief, and that studies have found the overall complication rate to be low.[1,2]

We would also like to take this opportunity to clarify our recommendation in Case 4, in which the patient had Jersey finger, caused by traumatic avulsion of the flexor digitorum profundus from the distal phalanx. In recommending ultrasound of the finger and palm, we were referring to musculoskeletal ultrasound (MSKUS)—a point-of-care scan typically done by primary care physicians and involving little or no cost. While MSKUS provides more information about the injury, it cannot replace clinical judgment and input from a hand surgeon, when warranted.

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Can apps reduce rates of teen pregnancy?

In addition to being used for "smart phone physicals," reference, and symptom tracking (How apps are changing family medicine. *J Fam Pract.* 2013;62:362-367), apps have the potential to help with medication adherence. The United States has one of the highest adolescent pregnancy rates in the industrialized world[1] and inconsistent contraceptive use is common among adolescents. Recognizing that adolescents are high users of mobile technology,[2] we set out to identify and describe contraceptive reminder apps in hopes of reducing the rate of teen pregnancy.

We identified and assessed 16 contraceptive reminder apps for compatibility with different devices and contraceptive methods, reminder options, informational content, languages, cost, and consumer reviews. Eleven apps include reminders for oral contraceptive pills (OCPs); 4 can be used for OCPs, the patch, and the contraceptive ring; and one is specific to the patch. Reminder types vary and include alarms, short message services, push notifications, local reminders, and emails; 9 of the apps feature customizable reminders. Three apps provide information about missed doses, and one includes information about emergency contraception. All are free or low cost.

We found several contraceptive apps to be particularly useful, and 2—myPill (for Apple devices) and the Contraceptive Pill (for Androids)—that particularly stand out.

myPill can be used for OCPs, patch, or ring; features 22 different languages; has several custom reminder options; provides

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with confirmed pulmonary embolus.[9]

The National Academy of Clinical Biochemistry recommends using cardiac troponins to help define mortality risk in end-stage renal disease and critically ill patients.[10] JFP

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LETTERS

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information about managing missed doses; and has high consumer ratings. The Contraceptive Pill has similar features, although it has fewer reminder options and is available in fewer languages than myPill.

We urge providers caring for adolescents to stay abreast of contraceptive reminder apps and to discuss them during counseling sessions. Given the prevalence of smartphone use among adolescents, these apps have the potential to improve contraceptive consistency.

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Too little training in acute care

I read Dr. Hickner's editorial, "Have family physicians abandoned acute care?" (*J Fam Pract*. 62;7:333) shortly after graduating from residency and starting my job as a full-spectrum family physician at a federally qualified health center, and it really resonated with me.

In the residency program, we managed many patients with chronic conditions. But they tended to use the emergency department or urgent care for acute conditions, at least in part because we could never figure out a way to offer extended hours.

Now I see many acute care patients, especially among the uninsured. I've come to see that my residency training was a bit weak in this area, but I'm learning on the job. I've discovered that chronic conditions tend not to improve without first addressing the things the patient acutely cares about.

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