ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.

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# RHEUMORS

*A Newsletter for Patients* SPRING 2012

*Board Certified Rheumatologists*

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## Rachel Kaiser, MD, MPH, Joins ARA Team

Born and raised in Chicago, Dr. Kaiser began to contemplate a future in medicine in high school, with a focus on the humanities in addition to the science of medicine. She graduated with general honors from the University of Chicago, majoring in English Language and Literature and taking courses in medical humanities to gain insight into human suffering as portrayed by great writers. While there, she served as a Student Marshal, the highest honor bestowed upon an undergraduate.

While attending the University of Pittsburgh School of Medicine, she further pursued her literary interests by earning a concentration in Medical Humanities. Between her third and fourth years of medical school, she traveled to London, England to study Medical Ethics as well as the History of Healthcare in Great Britain. She returned during her fourth year of medical school to pursue a neurology rotation because many rheumatologic conditions such as vasculitis and myositis manifest with neurologic symptoms.

Dr. Kaiser completed her three-year Rheumatology fellowship at the University of California, San Francisco (UCSF) and then joined the faculty for three and a half years teaching, seeing patients in the lupus and general rheumatology clinics, and performing clinical research in the genetics of thrombosis – or blood clots – in lupus. She has presented her work at international meetings and has authored many publications. She pursued a master of public health degree (MPH) in epidemiology at the University of California, Berkeley and was awarded the ACR Distinguished Fellow Award.

Dr. Kaiser states, "I was attracted to Rheumatology because it is an intellectual, multidisciplinary field that requires a thorough grounding in internal medicine as well as immunology. My physician role models in rheumatology throughout training were intelligent, kind and caring. Rheumatologists must solve complex clinical puzzles and have the opportunity to develop long-term relationship with patients. Furthermore, rheumatologic conditions often affect many organ systems and give us the opportunity to work closely with colleagues in other disciplines. In this capacity we continue to learn from each other, forming a team to help our patients treat their illnesses."

Dr. Kaiser joined Arthritis and Rheumatism Associates, P.C. in January 2012. She says, "I am proud to be a member of ARA. Our practice allows patients to obtain much of their care in one place which is not only convenient for patients but also helps to keep their care coordinated. It is helpful to consult with the infusion staff about how a patient's first infusion went or with the physical therapists about a patient's progress in therapy."

While in medical school, Dr. Kaiser continued to pursue her passion for music singing in the chorus of the Pittsburgh Symphony Orchestra. During her internal medicine residency and chief residency at Columbia University, St. Luke's-Roosevelt Hospital Center in Manhattan, Dr. Kaiser performed with the Juilliard Choral Union. With this group, she performed in a variety of venues including Lincoln Center and Carnegie Hall.

Dr. Kaiser also enjoys learning languages, taking advanced French classes while an undergraduate and honing her skills while in NYC. She has also studied Italian and German.

Dr. Kaiser is married and has a three year old son. She is enjoying exploring the DC area with her family.

While Dr. Kaiser enjoys treating patients with all types of rheumatologic diseases, she has a special interest in lupus. She sees patients in our DC and Chevy Chase office locations.

## ARA IN THE NEWS:
# Celebrating Arthritis Awareness Month

The Arthritis Walk on the Mall is being held on Saturday, May 19th in conjunction with National Arthritis Awareness Month. The Arthritis Foundation selected ***Anne Wellington-Goldsmith, MPT*** (pictured) as Medical Honoree for the annual Arthritis Walk. As the Executive Director of Rehabilitation at Arthritis and Rheumatism Associates (ARA) in the Arthritis and Rehabilitation Therapy Services (ARTS) department, and Director of Wheaton Physical Therapy for the past five years, Anne volunteers her time to help coordinate the ARA Arthritis Walk team. As a regular walker, Anne says, "The Arthritis Foundation serves a very worthwhile cause and has positively impacted so many individuals, and it is my honor to continue to support them."

Anne has osteoarthritis in her left knee resulting from trauma sustained as a teenage athlete. Little did she know at the time, as a 16 year old teenage athlete, that her own knee injury would change the trajectory of her life. After arthroscopic knee surgery and grueling physical therapy, Anne was able to return to her life of sports. He own experience in rehabilitation instilled in her a passion for physical therapy.

"I do what I do and love what I do, because I personally experienced the difference that a therapist can make in the life of an individual just by being a compassionate soul. In the words of Maya Angelou 'People will forget what you said, people will forget what you did, but people will never forget how you made them feel.'"

Join Team ARA at the Walk

## BACK HINTS:
# Taking Care of Your Back

BY THE PHYSICAL THERAPISTS OF ARA

- Rest your back if it is painful. An acute strain will require regular cold packs for the first day or more to reduce inflammation.
- If your physician has given you medication for acute pain, make sure to take it as directed.
- Avoid stationary positions; sitting or standing. Move regularly.
- If you can not avoid being in a stationary position, you can still move your lumbar vertebrae. Brace your abdominal muscles and gently tilt your pelvis forward and back. You can do this by pushing your belly forward (anterior pelvic tilt / extension of lumbar spine) and pulling your belly inwards towards your spine (posterior pelvic tilt / flexion of lumbar spine). Do this gently, and stop if it hurts.
- You can put your foot up on a stool periodically if you have to stand for prolonged periods. This also changes the position of your lumbar vertebrae and relieves pain.
- Avoid lifting heavy objects. If you do have to carry something, keep it very close to your body.
- Firmer mattresses tend to be better for individuals with back pain, however you must assess what works best for you.
- Sleeping on your back with your head/trunk slightly elevated and with a pillow under your knees tends to be most comfortable. If you must sleep on your side, place a pillow in between your knees to keep your lumbar spine and pelvis in a neutral position.
- Use appropriate body mechanics. Maintain a neutral spine and use your legs to pick up items.
- Sit in a firm or padded chair that is not too low to the ground. Depending on your diagnosis, your physician or therapist may recommend a sacral cut-out cushion to avoid direct compression through your sacrum into your lumbar spine.
- Exercise as directed by your therapist. Range of motion of the back, pelvis and hips is important, as well as strength of your core and legs.
- Posture is very important! Keeping your spine aligned, with the natural curves maintained will decrease the stress to your spine. If someone looks at you from a profile view, your ears, shoulders, hips, knees and ankle should align.
- Don't just 'wear' your abdominal muscles, keep them braced with a gentle active contraction of your muscles during activities in order to support your back!

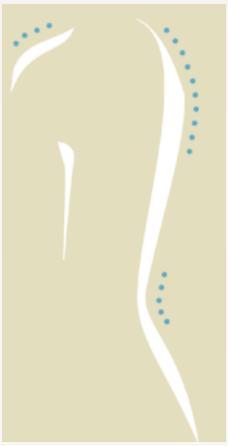
# Positive ANA (anti-nuclear antibody) Test

BY RACHEL KAISER, MD, MPH, FACP, FACR

When a rheumatologist suspects one of the following disorders in which a positive ANA test can be seen - lupus, scleroderma, dermatomyositis, rheumatoid arthritis, mixed connective tissue disease, or Sjögren's syndrome - we can often make the diagnosis just by discussing symptoms and doing a careful examination. In other words, we can often make the diagnosis without any laboratory test. Lab tests help us to confirm the diagnosis and can sometimes give us information that will be helpful as we follow the symptoms of a disease going forward.

Often, however, patients come to us knowing that they have a positive ANA test and are worried that means they have a chronic systemic autoimmune inflammatory disease. This can be a bit tricky since we must work backwards to explain the lab test. First, we look for evidence of an autoimmune disease (such as lupus) by talking to and examining the patient. If we do not find anything suggestive of a systemic inflammatory disease, then we look for a non-rheumatologic cause of the positive ANA test. It is important to remember that since the ANA test is not specific for any disease it is not a "screening" test for autoimmune disease. Indeed, a positive result can be seen in healthy patients and in a variety of other conditions. ANA's have been associated with autoimmune thyroid disease, autoimmune liver disease, chronic infections such as hepatitis C, malignancy, certain medications, and Raynaud's disease (white or purple color changes and pain in fingers in cold weather). We may do further lab testing to determine whether one of these conditions might explain a particular patient's positive ANA test.

Sometimes, after all this exploration, we do not find a reason for a positive result. In that case, we may decide to follow a patient periodically in clinic to monitor for new symptoms, but often, reassuringly, none will develop.



POINTS ON JOINTS:

## Back School

BY MATHEW REED, PT, MPT

Studies of disease prevalence show that only the common cold affects more humans than does back pain. For now, the physical therapy team of Arthritis and Rehabilitation Therapy Services (ARTS) has chosen to place treatment of the former aside. But, we are most excited to chip away at the latter with the unveiling of Back School, a comprehensive educational seminar designed to provide you the knowledge necessary to prevent back pain or reduce its impact on your life.

Your understanding of conditions that may be affecting your own spine, as well as of those that can develop over time, is critical to the prevention and treatment of pain in your back. Specially designed and delivered by ARTS' experienced therapists, Back School explores the anatomy and mechanics of the spine and common mechanical and tissue disorders and diseases that cause back and spine pain. With a focus on direct application of this knowledge to your everyday life, Back School empowers you with the tools necessary to manage your spine each day, so that you can maximize your ability to live a productive and fruitful life, free of pain.

Back School is not intended to replace a physical therapy regimen with any of ARTS' quality therapists, which may have been ordered by your physician. Back School does, however, offer ready-to-use strategies to maintain a healthy back and to even combat a specific condition that may be affecting

your spine. The sessions initially address how postural abnormalities and improper body mechanics that are commonly employed in our activities of daily living and leisure activities can contribute to pathological and painful conditions of the spine. This is followed by education about proper workstation ergonomics and simple techniques for maintenance of proper spine posture and mechanics to reduce the risk of back injury and pain. Additionally, there will be instruction regarding exercises to address the condition of your spine with take home guides made readily available.

Whether your goal is to learn simple strategies to resolve back pain, improve the comfort of your spine while sitting at your desk, better understand the condition afflicting your spine, or maintain a healthy back far into the future, the knowledge you will acquire in Back School will be invaluable to the protection of your spine.

Please contact the ARTS' location most convenient to you to pre-register for the two-part Back School. Physician prescription is not required.

# Mark Your Calendar

Osteoporosis Class (DC Office) - **Thursday, June 14, 21, 28, July 5 and July 12th**

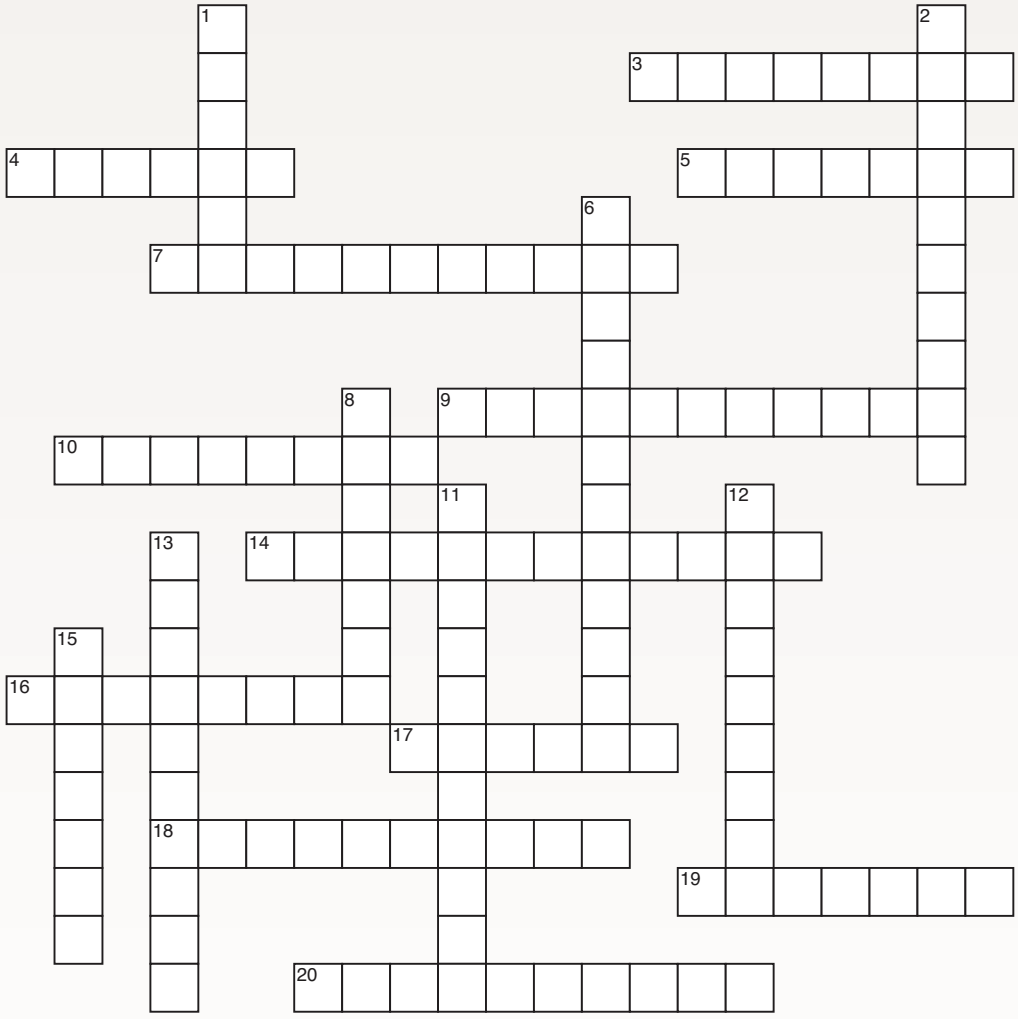
Back School (All offices) - **July 10th and July 24th**

Yoga Class (Rockville Office) - Series I, **Mondays July 2,9,16,23 and 30th** and Series II, **Thursdays July 5,12,19,26 and Aug. 2nd**

FUN RHEUM:

# Herbs and Supplements:

WWW.PUZZLE-MAKER.COM



ACROSS

3. Source of Omega 3 and 6 *(2 words)*
4. "Bread" spice used to control pain from OA and RA
5. Source of Omega 3 and when studied improved RA and Crohn's *(2 words)*
7. Herb reported to improve fibromyalgia *(3 words)*
9. Herb improving Raynaud's symptoms *(2 words)*
10. Herb effectively treating gouty arthritis
14. Dr. Pauling's water soluble vitamin which lowers uric acid *(2 words)*
16. Source for pycnogenol, used to treat knee osteoarthritis *(2 words)*
17. Herb who was the 31st President
18. Beetle Herb *(3 words)*
19. "A" fat soluble vitamin which in excess causes osteoporosis
20. Source of salicin to treat OA pain *(2 words)*

DOWN

1. Herb who leads the Tijuana Brass
2. Shelf name for the Grappel Plant *(2 words)*
6. Magi gift from India treating OA pain (aka Boswellia)
8. Jazz keyboard playing Herb
11. Source for Gamma Linolenic Acid, used to treat Sjogren's syndrome
12. Source for Bromelian, used to treat pain from OA and RA
13. Supplement regulated by the FDA for content
15. Form of calcium which can be taken independent of a meal

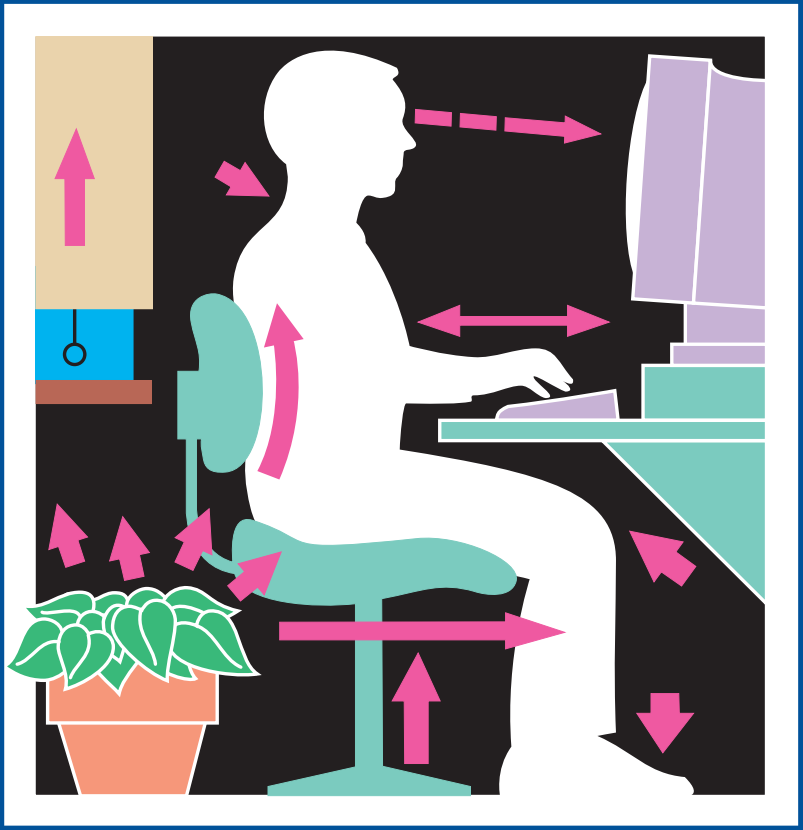
# Workspace Ergonomics: PREVENTING INJURIES

BY ANNE WELLINGTON-GOLDSMITH, PT, MPT
EXECUTIVE DIRECTOR OF REHABILITATION

In this day and age of computer use in both professional and personal settings, it is important for individuals to understand the impact of body mechanics. Proper practices and setup of the computer workstation can help with the prevention of repetitive motion injuries and musculoskeletal stress. Many ergonomic improvements can be made through simple changes such as seat and monitor height adjustment.

A comfortable working posture in which your joints are naturally aligned is called "neutral position." Working with the body in a neutral position reduces stress and strain on the muscles, tendons, and skeletal system and reduces your risk of developing a musculoskeletal disorder (MSD).

The following are important considerations when attempting to maintain neutral body postures while working at the computer workstation:



- **ADJUSTABLE CHAIR HEIGHT**
  Your knees should be level or slightly lower than your hips
- **ADJUSTABLE MONITOR HEIGHT**
  The monitor should be at eye-level or slightly lowered
- **ADJUSTABLE DESK OR KEYBOARD TRAY**
  Neutral wrist and shoulder position should be maintained when fingers are on the keyboard or on the mouse
- **ADJUSTABLE ARM RESTS**
  Your forearms should be parallel to the floor
- **MAINTAIN PROPER POSTURE**
  Sit upright, with proper lumbar support

RHEUMINATIONS:

# What is Sjogren's Syndrome (SS)?

BY GUADA RESPICIO, MD, MS, FACR

Sjogren's (show-grens) syndrome (SS) is a chronic disease in which the body's immune system mistakenly attacks glands that produce moisture in the eyes, the mouth, and elsewhere in the body. While a patient may have SS on its own, many patients with rheumatoid arthritis (RA) and systemic lupus (SLE) also develop SS. Up to 20% of patients with SLE and 30% of patients with RA may eventually develop secondary SS.

## WHAT ARE THE SYMPTOMS?

The two main symptoms of SS are dry eyes and dry mouth. Eyes may burn, itch or feel gritty, as if there is sand in them and the mouth may feel like it is full of cotton, making it difficult to swallow or speak. Some may also experience joint pain, swelling and stiffness, swollen salivary glands, skin rashes or dry skin, vaginal dryness, persistent dry cough, severe constipation or prolonged fatigue. Although the immune system first targets the moisture-secreting glands of the eyes and mouth, it can also damage the joints, thyroid, kidneys, liver, lungs, or nerves.

## HOW IS SS DIAGNOSED?

The evaluation of SS may consist of the following tests: confirmation of dry eyes and dry mouth, quantification of dry mouth, salivary gland biopsy, serologic testing for antibodies to Ro/SSA and La/SSB, and imaging studies to evaluate the salivary glands. Screening tests looking for other organ involvement may also be obtained.

## WHAT ARE THE TREATMENT OPTIONS?

Although there is no cure for SS, a number of treatments are available. Therapeutic options depend upon the severity of symptoms and may be classified as topical or systemic therapy of dry eyes and dry mouth, treatment of systemic manifestations of SS and potential associated complications, and management of fatigue, and at times, pain syndromes associated with this chronic condition. It is important to emphasize that management of SS requires a team approach from the rheumatologists, ophthalmologists, otolaryngologists and oral medicine specialists. Prognosis certainly depends on what organ is affected by SS and varies individually.

MEDICATION MANAGEMENT:

# Glucosamine and Chondroitin

BY JUSTIN PENG, MD, FACR

Osteoarthritis is the most common type of arthritis and is also called degenerative disease because it is caused by the breakdown of cartilage. In a healthy joint, the ends of the bones are covered with smooth and healthy cartilage. In osteoarthritis, the cartilage in between the joint is worn away, causing narrowing of the joint and spurs at the edges of bones, which can cause achiness, stiffness, soreness, and limited range of motion.

Glucosamine and Chondroitin are commonly used as supplements by patients to help with pain associated with osteoarthritis, but are they really effective? In the United States, they are sold as supplements to diet and are therefore regulated as foods rather than medicines. Over the years, they have been used with varying degrees of success.

Glucosamine is a substance that is found in the cartilage and other connective tissues of the body. Glucosamine can be extracted and chemically linked to Sulfate or Hydrochloric Acid (HCl), and used as a drug or supplement. Chondroitin Sulfate is a complex carbohydrate that helps to allow cartilage to retain water. There have been a number of clinical trials that have studied Glucosamine and Chondroitin in osteoarthritis.

One of the largest trials was done by the National Institutes of Health (NIH) in the United States and compared Glucosamine HCl alone, Chondroitin Sulfate alone, the combination of Glucosamine and Chondroitin, Celebrex and placebo (a substance containing no medication), in patients with knee osteoarthritis. In this large trial, studying more than 10,000 patients, there were no significant differences in outcome between the Glucosamine and Chondroitin sulfate groups than with placebo. However, in several smaller clinical trials in Europe, the formulation of Glucosamine Sulfate (not Glucosamine HCl) has shown some possible benefit. All of the trials involving Glucosamine HCl have shown no benefit.

The bottom line is that some patients with osteoarthritis do seem to individually report some benefit. The current American College of Rheumatology 2012 guidelines do not recommend the use of Glucosamine or Chondroitin for the management osteoarthritis. However, because there are very few known side effects with these supplements, most physicians have no objection to a trial of Glucosamine Sulfate for a defined period of time. If there is benefit in terms of pain or function it may be continued. Patients should still develop a comprehensive plan with their doctors to treat osteoarthritis which includes diet, exercise, weight loss, and using standard proven medications.


RHEUMORS

**A NEWSLETTER FOR PATIENTS**

*Spring 2012*

A publication brought to you by:
Arthritis & Rheumatism Associates, P.C.

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