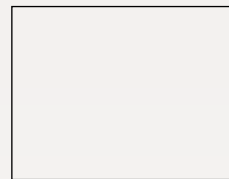


RHEUMORS

Arthritis & Rheumatism Associates, P.C.
2730 University Blvd. West, #310
Wheaton, MD 20902
301-942-7600



RHEUMORS

A NEWSLETTER FOR PATIENTS
Summer 2013

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

EDITORS:

Margaret Dieckhoner, Practice Administrator
Evan Siegel, MD, FACR

DESIGNER:

Brenda Brouillette RN, BS -
Business Development Specialist

© 1990 Arthritis & Rheumatism Associates



ARTHRITIS & REHABILITATION
THERAPY SERVICES

POINTS ON JOINTS:

It's Summer, Get Moving!

MATTHEW J. MONTAG, DPT

But here are some tips to do it safely, effectively and with some fun...

Now that it is warm again, people are bound to want to spend some more time outdoors with friends and family. While getting outside and being active is a great way to spend the summer, it is important to do so safely. Here is some food for thought when thinking about some fun things to do in the coming months.

Walking all over the place or jogging on the Mall seem like fun things to do, but perhaps less fun if you have arthritis in your back, hips, knees, or feet. If you still want to see the sights, try riding a

bicycle. You can get around relatively quickly, enjoy a good cardiovascular workout, and have fun, all without nearly as much stress on your weight-bearing joints.

Since all of the community pools are now open and Ocean City is getting crowded, I should remind you of the benefits of swimming. The buoyancy of the water combined with the fact that we humans are not all that good at floating make it a great gentle resistive exercise which is also not stressful on your weight-bearing joints.

Whatever exercise you choose make sure you take appropriate precautions. When it is hot outside you will dehydrate faster than you probably think, making it essential that you drink a lot of water. Specific recommendations vary depending on who is making them, but the Institute of Medicine thinks that adequate daily fluid intake (not just water, but all fluids combined, including those gained from eating foods) is about 3 liters for men and 2.2 liters for women. That's about 100 ounces for men and 75 ounces for women.

Most people know that stretching is also good to help loosen the joints and prepare your muscles for activity. Before stretching, however, it is important to warm up. "Warming up," in fact, is not just a figure of speech, but it is rather quite literal. When you walk for a few minutes, take a hot shower, or ride a bike for a couple of minutes (or virtually any other type of physical activity), your heart rate increases and your blood will flow more quickly. This results in your muscles actually increasing in temperature, which increases their elasticity and ability to stretch.

Nothing can fully guarantee that you will not get hurt in the future, but considering the above advice can help limit your likelihood of experiencing injury from exercising this coming season. The important thing to remember is that even if you have painful joints, there are ways you can still get outside and have some fun. Just remember to limit impact and weight-bearing repetitive exercise, drink lots of water, and stretch after warming up. And don't forget the sunscreen! Enjoy your summer!

ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.



Board Certified Rheumatologists

Herbert S.B. Baraf
MD FACP MACR

Robert L. Rosenberg
MD FACR CCD

Evan L. Siegel
MD FACR

Emma DiIorio
MD FACR

David G. Borenstein
MD MACP FACR

Alan K. Matsumoto
MD FACP FACR

David P. Wolfe
MD FACR

Paul J. DeMarco
MD FACP FACR

Shari B. Diamond
MD FACP FACR

Ashley D. Beall
MD FACR

Angus B. Worthing
MD FACR

Guada Respicio
MD MS FACR

Justin Peng,
MD FACR

Rachel Kaiser
MD MPH FACP FACR

Nicole Saddic Thomas
MD

WHEATON • ROCKVILLE • CHEVY CHASE • WASHINGTON, DC

RHEUMORS

A Newsletter for Patients

SUMMER 2013

SUMMER AND THE RHEUMATIC DISEASES

ARA Welcomes Nicole Saddic Thomas, MD

BY MARGARET M. DIECKHONER

Dr. Thomas is a native of Ellicott City, Maryland and attended the University of Maryland where she earned her B.S. degree in 2004 with majors in Neurobiology and Physiology. She received her Medical Degree in 2008 from the Pennsylvania State University College of Medicine in Hershey, PA and then completed her Internal Medicine Residency and her Rheumatology Fellowship at Georgetown University Hospital in Washington, DC.



When asked how she found her way into the medical field, Dr. Thomas responded that she had always been interested in science; that is how she chose her majors. During her undergraduate years at the University of Maryland, she first worked in research doing some basic science research involving fruit flies and genetics. She never considered becoming a physician until she participated in a Stepping Stone Program between the University of Maryland and Shock Trauma at Shady Grove Adventist Hospital (SGAH). That experience gave her the opportunity to shadow physicians and participate in a mentorship program with them which resulted in her interest in becoming a physician.

While Dr. Thomas did not always have a specific interest in medicine, from an early age, she had an interest in a healthy lifestyle. An accomplished gymnast from early childhood, she injured her arm in high school and could no longer compete. As an undergraduate, she coached and mentored young athletes and performed at local schools and community centers as a member of the University of Maryland Gymkana Troupe, promoting the importance of healthy, drug-free living. She was also involved in their Healthy Life-style Summer Camp program, and then as a medi-

cal student, she volunteered with the LionCare Outreach program, a student-run organization that provides healthcare to the underserved in Harrisburg, PA.

Dr. Thomas decided on the subspecialty of Rheumatology during medical school because immunology was her absolute, favorite subject. She likes everything about

immunology—the science of it, the visual aspect of it, the new medications available for treatment, and she most especially likes the fact that you see patients regularly and can establish a true relationship with them.

The recipient of multiple scholarships and awards throughout her academic and medical careers, Dr. Thomas was elected to the Alpha Omega Alpha Honors Society in November, 2008 and was awarded the William P. Argy Teaching Resident award in 2011. She has co-authored several articles and abstracts, presented research on Systemic Sclerosis at the American College of Rheumatology National Meeting in Chicago in November, 2011 and is first author of a manuscript on Tuberculous Arthritis that has recently been accepted for publication.

Dr. Thomas is Board Certified in Internal Medicine and Board Eligible in Rheumatology. She is a member of the American College of Rheumatology and the Rheumatism Society of D.C. Her areas of interest include systemic lupus erythematosus, rheumatoid arthritis, osteoarthritis and gout. When she is not practicing medicine, Dr. Thomas likes to spend time with her husband, Drew, a Civil Engineer and enjoys participating in activities such as snowboarding, yoga, hiking and book clubs. Dr. Thomas will see patients in our Wheaton office beginning July 25, 2013.

HEAL YOUR BACK SERIES:

Control Physical Activities But Limit Bed Rest

BY DAVID G. BORENSTEIN, MD, MACP, FACR

In the past we were told to lie down if we had back pain, to let the muscles rest and heal. This is wrong! Now we know that bed rest is no better for resolving back pain than being up and walking around. Movement seems to help the tissues of the back heal more rapidly, too. Extended bed rest, on the other hand deconditions the heart, lungs, stomach, and skeletal muscles. So keep be rest to a minimum. Studies have shown that two days of bed rest is as good as seven days of bed rest for the relief of back pain. The benefits of bed rest are also limited if pain travels to your leg. In a study of 183 people with sciatica from a herniated disc, people given bed rest for two weeks did no better than those allowed to walk around. On the other hand, being out of bed does not mean returning to your usual daily work and recreational activities. Stay home from work until you are able to walk or stand for thirty minutes without pain and your feel comfortable sitting for twenty to thirty minutes without increased pain. If you have acute low back pain, limit your activities and you will have a faster recovery and be much less likely to have chronic or recurrent episodes of low back pain. Increase activity as pain decreases.

BED REST POSITIONS

When bed rest is indicated, a couple of positions are most comfortable. The semi-Fowler position places the least pressure on spinal discs, joints, and muscles: put a small pillow behind your head and two to three pillows under your knees to flex your hips and knees. Your mattress should be firm, but it may feel better to lie on a comforter on the floor.

GET OUT OF BED CAREFULLY

Another comfortable position is on your side with a flat back, with your legs curled up with a pillow between your knees. This is a side semi-Fowler position and is the way to get into and out of bed. Push against the bed with your lower arm while letting your legs slide off the edge of the bed. The weight of your legs will swing your chest up with the help of your lower arm. To get back into bed, do the reverse.

DON'T SLEEP ON YOUR STOMACH

This position is particularly stressing on the lumbar spine because it increases the curve and tends to stretch the muscles in the pelvis causing more pain. If you have to sleep on your stomach, put a pillow or two under your abdomen. This will flatten your spine and place less pressure on the psoas muscle in the pelvis.

WHAT KIND OF BED IS BEST FOR BACK PAIN?

You would think that with as much time as people have been sleeping on beds I would not have the answer to this question. What seems to be clear is that preferences are as numerous as the people who go to sleep every night.

Watch for more information about kinds of beds for back pain in our next Rheumors issue.



Back School: Maintain Your Spine

BY MATTHEW REED, PT, MPT

Thirty-three bony segments. Discs, ligaments, and layers of muscle. Curvatures that offer both stability and precise movement. Your spine is both a work of art and a piece of machinery composed of countless moving parts. And you only have one.

WHAT ARE YOU DOING TO PROTECT IT?

You have tires rotated, front end realigned, and oil changed to keep your car running safely and efficiently. Air vents are cleaned and filters replaced to ensure quality air circulation in your home. And as for that cherished painting or auto-graphed memorabilia? Framed or encased in glass.

ARE YOU CARING FOR YOUR SPINE IN THE SAME METICULOUS MANNERS?

More moving parts in any machine means greater potential for something in that unit to go awry. Poor functioning of one part often results in greater demand forced on another. When chain reaction ensues, deterioration of the entire machine may be the result. Upkeep of the individual components is critical to ensuring lasting function of any machine.

BUT WHERE DO YOU EVEN BEGIN IN MAINTAINING THE MACHINE THAT IS THE SPINE? AND WHAT ARE THE POTENTIAL REPERCUSSIONS OF FAILING TO DO SO?

These and other questions are answered in Back School, a comprehensive educational seminar designed and delivered by the experienced therapists of Arthritis and Rehabilitation Therapy Services (ARTS) to provide you with the tools and understanding necessary to maintain your spine long into the future and prevent or manage the back pain that may threaten to interfere with your productive daily living.

Whether you've been swapping back pain stories with your neighbor or golf buddy and using his advice on home remedy, under a physician's plan of care to address pain, or living a life relatively free of back pain, developing an understanding of the mechanics of the spine and how all of its moving parts are designed to function together may be a most important step to take in your managing, eliminating, or preventing back pain. Back School addresses the mechanical and tissue disorders and diseases that commonly contribute to back pain at different stages of life and offers practical strategies that you can begin to use immediately to maintain your spine and manage or prevent back pain.

Pain or not, it is never too early or too late to learn how to care for one of the most valuable machines you own.

Please visit the ARA website to identify when the two-part Back School will be held in the ARTS location most convenient to you. Contact that office to pre-register for this program. Physician prescription is not required.

RHEUM MYTH OLOGY:

It's Summer.. Watch Out for The GOUT!

EVAN L. SIEGEL, MD

Summer is filled with fun outdoor activities, increased exercise, cook-outs, and travel making it the favorite season for many, but if you have a history of gout, or are at risk for gout (history of a high uric acid, family history of gout or prior uric acid kidney stones), you may want to exercise some caution.

Gout is caused by a high concentration of uric acid in the bloodstream, which then deposits on joint surfaces. Under certain conditions this can then cause the severe joint inflammation and pain of a classic acute gout attack, a certain damper on any of your other summer plans. Acute attacks of gout can be brought about by a variety of factors, one of which is an abrupt rise in serum uric acid levels. This in turn can be secondary to several environmental issues that are part of our summer "fun".

Dehydration is probably one of the biggest culprits. Dehydration can raise uric acid levels rapidly. People with gout need to remember to hydrate aggressively while exercising, but even while just out in the elements such as at the beach or pool, or taking a hike. A common but under recognized risk for dehydration occurs during travel, especially air travel. The pressurization and air conditioning take their toll, along with generally inadequate hydration on long flights. The addition of alcohol makes things worse as outlined below. It is classic for an acute gout attack to occur right after a transatlantic or transcontinental flight. Avoid this risk during long flights or land journeys with a focus on rehydration.



Knocking down a few beers at a picnic or barbeque is not uncommon in the summer, but could lead to a painful surprise. Alcohol of all types decreases the ability of the kidney to excrete uric acid, leading to a rapid rise of uric acid levels in the blood. This frequently leads to an acute attack hours later. There does seem to be a difference in the likelihood of acute attack based on the type of alcohol, which was not previously appreciated. Beer is the worst due to components which are converted to uric acid along with the alcohol effect, spirits somewhat less likely and wine least likely to lead to an acute attack. However, all types of alcohol can predispose to acute attacks so limiting or avoiding alcohol altogether is advisable, especially in situations where heat or other factors as likely to also cause dehydration.

While we are on cookouts, dietary causes of gout should be mentioned.

Although we think that diet plays less of a role in gout than previously thought, the mainstay of many barbeques, red meat, is high on the list of foods that can lead to gout. Drinks and condiments with high fructose corn syrup can also be a problem. Moderation is the key.

Lowering the temperature of a joint can also cause uric acid crystals to form promoting an acute attack. You would think this would not be a summer problem, but falling asleep with an air conditioner vent blowing on your foot all night is a prescription for an acutely painful gouty toe in the morning.

Thus, summer is a time for fun, enjoyment and adventure. As you make your plans, a little caution and prevention will help you make sure that an attack of gout won't "knock you out".

Vitamin D Plays an Important Role in Our Bone Health

BY SHARI DIAMOND, MD, FACP, FACR



It is commonly known as the sunshine vitamin since exposure to sunlight is our main source of vitamin D. However, it can also be found in fortified dairy products, eggs and fish oil. The incidence of vitamin D deficiency has been significantly reduced with the use of fortified dairy products, but is still a common problem in many populations, particularly older adults.

There are two mechanisms by which vitamin D plays a role in bone health. Firstly, it helps to absorb dietary calcium and phosphorus from the intestines. Second, it suppresses the release of parathyroid hormone, a hormone that causes bone breakdown. Vitamin D is made in the skin when it is stimulated by sunlight. The amount of sunlight needed to synthesize adequate amounts of vitamin D varies, depending upon the person's age, skin color, sun exposure, and underlying medical conditions. The production of vitamin D from the skin decreases with age. People who have darker skin need more sun exposure to produce adequate amounts of vitamin D, especially during the winter months.

A deficiency in vitamin D can result from either inadequate intake, a problem absorbing vitamin D from the intestines, or difficulty processing vitamin D due to kidney or liver disease. Certain diseases affect the body's ability to absorb adequate amounts of vitamin D through the intestinal tract. Examples of these include celiac disease, Crohn's disease, and cystic fibrosis. Patients who have had surgery to remove or bypass parts of the gastrointestinal tract can also have low vitamin D levels.

Vitamin D deficiency is associated with reduced bone density (osteopenia or osteoporosis), a decrease in the blood calcium level, elevated parathyroid hormone (which accelerates bone breakdown), an increased risk of falls, and possibly fractures. Vitamin D levels can be assessed with a blood test called 25 hydroxyvitamin D. A normal level of vitamin D is defined as a concentration greater than 30 ng/mL.

There are many types of vitamin D preparations available for use as a supplement and for the treatment of vitamin D deficiency. Patients should discuss with their doctors the right supplement for them in the context of their individual needs.

What Should I Expect if I am Diagnosed with Systemic Lupus Erythematosus (SLE) or Lupus?

BY RACHEL KAISER, MD, MPH, FACP, FACR

Lupus most commonly affects women ages 15-45 but men and women of any age can develop lupus. Lupus can affect almost any part of the body including the skin, joints, and internal organs. Because initial symptoms - such as fatigue and joint pain - begin insidiously and are common to many diseases, lupus can be difficult to diagnose. An experienced rheumatologist can determine the correct diagnosis by carefully listening to your history, examining you, and by reviewing lab tests.

Many lupus patients are treated with a daily oral medicine called hydroxychloroquine (Plaquenil). This medicine can help manage joint pain, skin rashes, and can prevent flares. We monitor you carefully to see if new aspects of lupus develop over time (such as kidney involvement) and work closely with our colleagues in other disciplines to manage the particular manifestations of lupus that you may experience. Treatment options for more severe lupus include prednisone, mycophenolate mofetil (Cellcept), cyclophosphamide (Cytoxan),

and the first drug approved specifically for lupus in decades, belimumab (Benlysta).

Our Rheumatology offices are located throughout the DC area and much of your care (DEXA, labs, x-rays, physical therapy) can be obtained at the same location, making it easier for both patient and physician to thoroughly manage many aspects of lupus. Finally, we participate in clinical trials and can therefore offer novel treatments to our patients.



What specific challenges do lupus patients face during the summer months?

Living with an autoimmune disease such as lupus can be especially challenging in the summer. Exposure to sunlight can flare all aspects of lupus (e.g. joint pain and fatigue) – not just skin disease. We advise patients to be especially vigilant about sun exposure during the summer months – wearing sunscreen (with liberal and frequent reapplication) and hats when going outdoors, for example. Patients may not realize that regular clothing may not always protect against UV light exposure; UV-resistant clothing may be helpful when spending time spent outdoors.

Many lupus patients also experience Raynaud's – painful color changes in the fingers and toes. Raynaud's often improves in warm weather but can flare when entering or working in air-conditioned buildings. Patients with Raynaud's should be aware of such abrupt changes in temperature. Keeping a

sweater at one's desk to keep one's core warm, for example, can help manage Raynaud's in air-conditioned workplaces in the summer.

Many patients with lupus have secondary Sjögren's Syndrome that can manifest as dry eyes and dry mouth. Sjögren's can be especially challenging to manage in the summer. Keeping a bottle of water with you and using frequent eyedrops can help manage these symptoms.

Finally, be aware that common medications that you may be prescribed, such as acne medications, certain antidepressants, and antibiotics, can increase your susceptibility to sun effects. Be sure to inform other physicians who may be prescribing your medications that you have lupus before taking a new medication.

RHEUMINATIONS:

Sun Protection for Patients with Lupus and Autoimmune Disorders

BY GUADA RESPICIO, MD

LUPUS SKIN MANIFESTATIONS

The skin and/or mucous membranes are involved in about over 80 percent of patients with systemic lupus erythematosus (SLE). Photosensitivity is common in SLE and occurs in about 60-100% of patients. This refers to the development of a rash after sun exposure. Ultraviolet light is one of the triggers of lupus. UVB is mainly implicated in lupus rashes/flares but UVA also plays a role. UVB radiation is found in sunlight and fluorescent lights; UVA radiation is typically from sun exposure although this may also be emitted in small amounts from other sources, such as from a photocopier. These can alter the DNA and proteins in the skin and ultimately trigger a lupus flare, which can range from a skin rash to development of systemic symptoms including fever, fatigue, joint pain, among others.



be applied 30 to 60 minutes prior to exposure and should be reapplied every 4-6 hours.

Lupus skin manifestations vary and can range from the classic butterfly rash to blisters to fixed rashes that may be associated with scarring. They commonly affect sun-exposed areas, such as the face, ears, forearms, "V"-area of the neck and upper chest, but at times the rash can occur on covered areas of the body, especially those using tanning beds. There is also a chronic rash which can be disfiguring and can require aggressive therapy to minimize scarring and abnormal pigmentation.

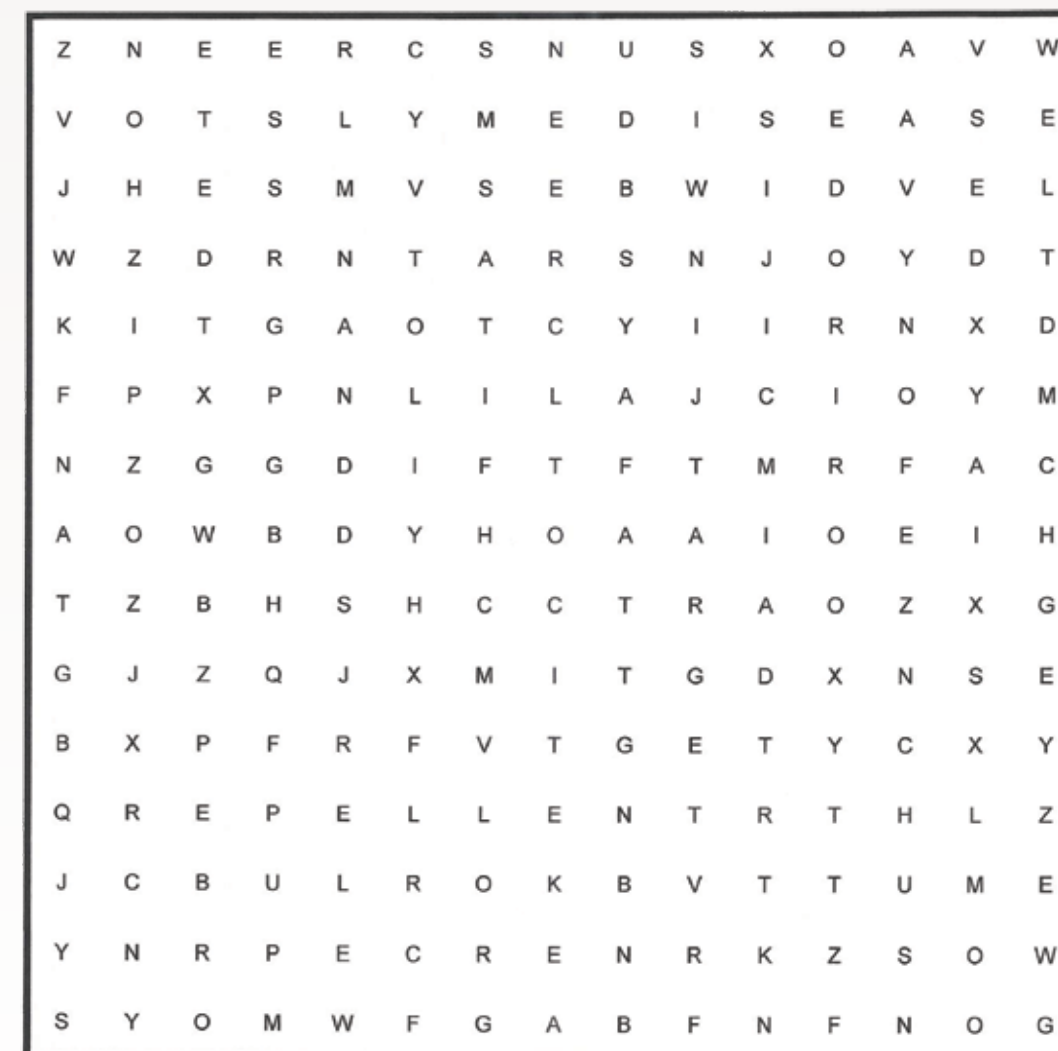
SKIN CARE AND PROTECTION

Patients who are photosensitive should avoid high sun exposure (beaches, snow, lakes), especially between 10 AM and 3 PM. Photosensitive patients should use sunscreens daily, whether it is cloudy or rainy. Sunscreens of at least SPF 30 should be used; more sensitive patients should use a higher SPF. Sunscreen should

Ordinary glass protects against UVB, but not UVA, so tinted glass may be useful in those very sensitive to UVA. Significant amounts of UVA are emitted from both incandescent and halogen lamps, and a considerable amount of UVB is emitted by unshielded fluorescent bulbs.

Protective clothing such as long sleeves and broad brim hats should be worn while outdoors. Sun protective clothing: the thicker, the darker and the tighter the weave, the better. The type of fabric also makes a difference - lycra and polyester have the most UV blocking ability, then nylon, with cotton the least protective. The average T-shirt blocks only 50% of the ultraviolet light and when wet that protection dramatically drops. Clothing developed for photosensitive individuals is commercially available from specialty companies. Having a sun umbrella is also a quick and handy tool for unexpected exposures.

FUN RHEUM:



Exercise

Flare

Gout

Hydration

LymeDisease

Repellent

Stretching

Sunscreen

Vacation

VitaminD

WELLNESS CLASSES:

ARA's Mat Pilates Classes

Pilates builds core strength, encourages muscle flexibility and enhances harmony between mind and body. Improved core strength (particularly abdominals and back muscles) is achieved through the balanced development of the deep and superficial muscles that stabilize, align and move the trunk. In addition to building a stronger core, Pilates trains your mind to build symmetry and coordination in your body; it improves personal awareness of how you sit, stand, move and teaches you to relate and correct bad posture habits that lead to aches, pain and injuries. Pilates improves posture, balance, flexibility, mobility, toning and capacity. Pilates exercises are adaptive and can be used effectively on individuals of any fitness level, age, or ability.

July						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SUMMER SERIES IN CHEVY CHASE
Mondays:
July 8, 15, 22, 29

August						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SUMMER SERIES IN DC
Thursdays at 5:30pm on the following dates:
August 8, 15, 22, and 29

September						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

FALL SERIES IN DC
Thursdays at 5:30pm on the following dates:
September 12, 19, 26 & October 3

Osteoporosis Management Classes

FIVE PART SERIES AT CHEVY CHASE

Classes will be held: Thursday, July 11, 18, 25 Tuesday, July 30, & Thursday, August 8 at 6:00 p.m.

Fibromyalgia Education Classes

THREE PART SERIES AT CHEVY CHASE

1 hour classes will be held 3 consecutive Wednesdays July 10, 17, 24 at 5:30pm

Have you been diagnosed with fibromyalgia?

Learn more about the pathology of fibromyalgia. This course incorporates education, relaxation strategies, and instruction on gentle exercise performance. You should leave this class with a better understanding of appropriate management techniques and coping strategies for successfully living with fibromyalgia.

Nutrition Classes

ONE-ON-ONE CONSULTATIONS

Wheaton Classes will be held Wednesdays July 17, August 21, September 18, and October 16 from 1:00-5:00pm

Chevy Chase Classes will be held Wednesdays July 10, August 14, September 11, and October 9 from 1:00-5:00pm

Washington D.C. Classes will be held Wednesdays July 31, August 28, September 25, and October 30 from 1:00-5:00pm

Rockville Classes will be held Wednesdays August 7, September 4, and October 2 from 1:00-5:00pm

Yoga Classes

FIVE PART SERIES AT WHEATON

Classes will be held Mondays, September 2, 9, 16, 23, 30 at 6:00pm

FIVE PART SERIES AT WASHINGTON D.C.

Classes will be held Tuesdays, August 27 at 5:20pm, and September 3, 10, 17, and October 1 at 5:45pm

Back School Classes

FOUR PART SERIES AT WHEATON

Classes will be held Thursdays, August 1 and 8 at 5:30pm, and Tuesdays, October 15 and 29th at 6:00pm

FOUR PART SERIES AT ROCKVILLE

Classes will be held Tuesdays, June 25, July 9, October 15 and 29th, at 5:00pm

Wellness Program Offers Massage



The Wellness Program of Arthritis and Rheumatism Associates is proud to announce the newest addition to our team! We heard your requests for a Licensed Massage Therapist in the Rockville, Chevy Chase and Washington D.C. offices, and we have found for you the best of the best!

Keri is a British born Physical Therapist and Licensed Massage Therapist specializing in myofascial release and therapeutic bodywork. With over 16 years experience in medical and spa environments both in Europe and the United States, Keri is well-versed in a broad repertoire of techniques. Keri graduated from a three-year bachelor's degree program in physical therapy from an English university in 1995. Following 8 years working in orthopedic rehabilitation Keri moved to California and decided to concentrate on Massage Therapy where she trained at a nationally accredited school and later gained her national certification.

Over the past years Keri has sought out, and educated herself on, techniques that integrate her medical knowledge and bodywork skills. Keri uses her physical therapy background to fully assess the body and utilizes a broad range of treatments. These include myofascial release, deep tissue, trigger point therapies along with hand, ear and foot reflexology and active release techniques. These modalities are combined to correct musculoskeletal imbalances and / or asymmetry, that if left untreated, can lead to pain, loss of flexibility and function.

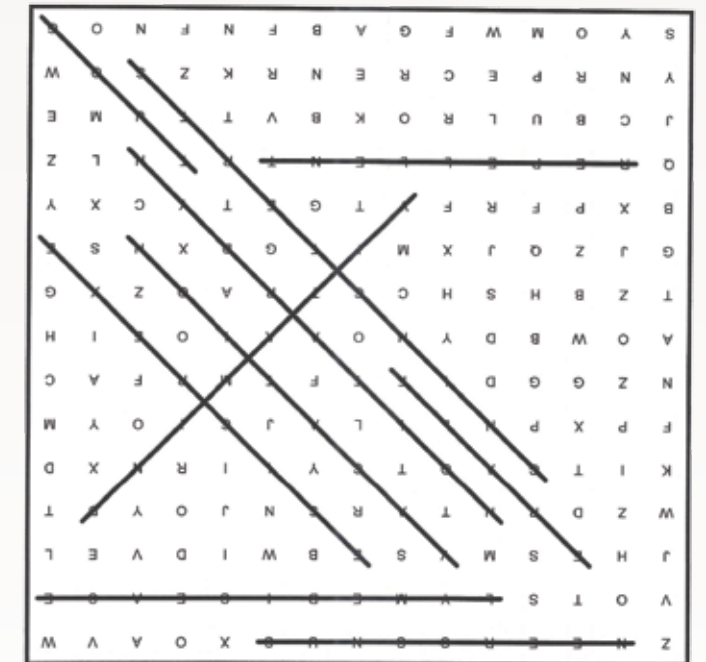
Keri believes every client is different and requires a specialized individualized approach to optimize healing and well-being.

Keri will be seeing clients for 30 or 60 minute massages in the Rockville, Chevy Chase and Washington D.C. offices by appointment. All appointments will be in the physical therapy offices. Following is a list of dates per location. Please call the individual clinics to make an appointment for the massage of a lifetime!

Massage appointments will be held in the following locations. Please call to schedule an appointment.

ROCKVILLE:	Wednesday, August 28
(301) 929-4125	Wednesday, Sept. 18
Wednesday, July 10	
Wednesday, August 21	WASHINGTON DC:
Wednesday, Sept. 11	(301) 942-0442, x431
	Thursday, July 11
CHEVY CHASE:	Thursday, August 22
(301) 942-0442, x526 or x527	Thursday, Sept. 12
Wednesday, July 17	

FUN RHEUM ANSWERS:



CHECK OUT OUR NEW FACEBOOK PAGE AND "LIKE US"

<https://www.facebook.com/pages/Arthritis-Rheumatism-Associates>