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RHEUMORS

Practice Newsletter FALL 2021

Extremity Symptoms with a Spinal Source

BY MATT MORICI, PT, DPT, CERT MDT

When a patient presents to any clinic for an apparent musculoskeletal problem, they will be prescribed an intervention aimed at treating the source of their issues. Getting to the source of a musculoskeletal complaint can be a lot more challenging than assuming the location of the patient's symptoms is the location of the source. There has always been the concept of referred or radicular pain, however, not until recently was there sufficient literature supporting the idea of isolated extremity symptoms having a spinal source. A research article published by Richard Rosedale et al in September 2020 examined the prevalence of patients presenting with a primary complaint of extremity pain (shoulder, hip, elbow) that is originating in the spine. This was done by using Mechanical Diagnosis and Therapy, a commonly used assessment protocol to diagnose and classify musculoskeletal conditions. Of 322 participants, 43.5% were found to have a spinal source of extremity pain and were treated with isolated spinal intervention. Within those, the pain was found to have a higher association with spinal source in a few specific extremity locations, including the hip (71%), arm/forearm (83.3%), and shoulder (47.7%). This is an emerging field of study and there is already an indication that there is a significant portion of the population with extremity pain whose spine may need to be evaluated before initiating focal extremity treatment.

continued on back inside cover...

RHEUMINATION:

Get a Hold on Your Headache

BY EUNICE AHN, PT, DPT

Headaches are defined as pain in any region of the head. Many people can get mild headaches that can typically resolve on their own. Others may suffer from severe headaches that can recur frequently and can significantly affect their ability to carry out daily tasks such as work. There are many different types of headache disorders, and how it is treated depends on the type it is. Headaches fall into several different categories including:

CERVICOGENIC HEADACHE: This headache occurs due to a dysfunction in your neck and is related to the nerves in the upper cervical spine. Neck dysfunctions can be caused from trauma to the head such as a whiplash-related trauma from motor vehicle accidents or a hit to the head from sports. Prolonged neck flexion due to poor postural habits or poor work set up may cause these types of headaches as well. The pain is felt on one side of the head which can radiate from the back of the neck up to the front of the forehead. Pain can be moderate to severe in intensity.

TENSION HEADACHE: This headache is the most common type of headache in adults. Tension headaches can be caused by poor posture, stress, and jaw problems. The pain is described to be mild to intense and is often felt on both sides of the head. The location of pain is behind the eyes, in the head and/or in the neck. It might feel like a tight band squeezing the head.

MIGRAINE: This type of headache is the second most common type of headache. The exact cause of migraine is unknown however there are certain triggers such as hormonal changes, foods or drinks, stress, etc. This recurring type of headache can cause moderate to severe pain. It is described as throbbing or pulsing and is localized to one side of the head. It can cause other symptoms like nausea and sensitivity to light.

CLUSTER HEADACHE: The exact cause of this type of headache is unknown. The pain is the most severe out of all headaches and can be described as sharp or burning. It occurs in bouts of frequent attacks and maybe in clusters of patterns. Usually, the pain is located around one eye. It can also be accompanied by teary eyes and nasal discharge.

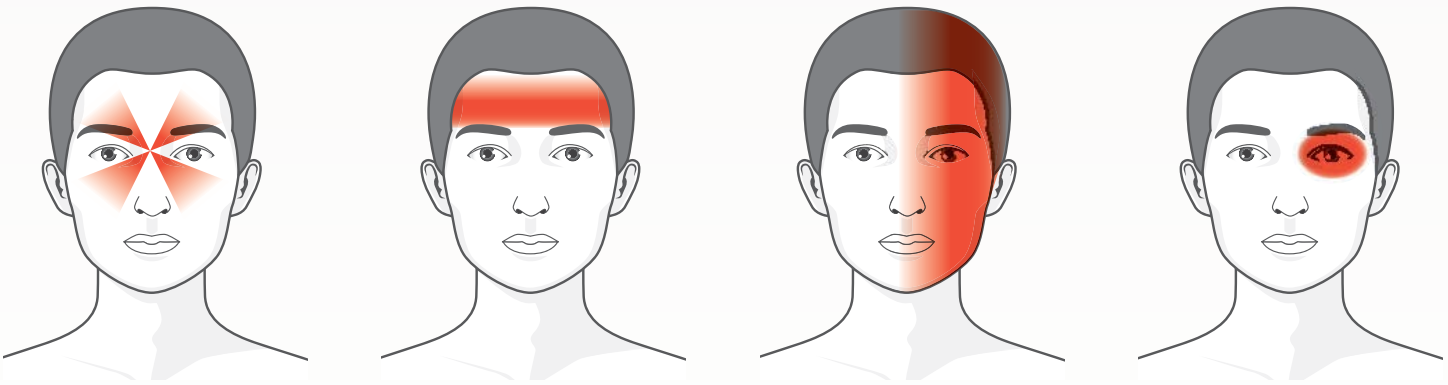
SECONDARY HEADACHES: These headaches result from an underlying condition like sinus disorders, fever, or an infection

If you feel like you are suffering from any of the headaches listed above, physical therapy can help. Physical therapists will perform a comprehensive musculoskeletal examination during your initial evaluation to determine the type of headache you have and develop your individualized plan of care to improve your quality of life. Physical therapy treatment plans may include:

- **Manual therapy:** Hands-on techniques such as soft tissue mobilization, joint mobilization, and dry needling to alleviate pain, increase joint mobility of the head and neck, and decrease muscle tension and spasms.
- **Exercise:** Targeted to improve deep neck muscle strength and endurance to stabilize your neck. Exercises may also focus on strengthening and stretching muscles to improve posture and decrease pain
- **Education:** Strategies to help you manage the headaches independently such as self-trigger point release, relaxation techniques, identify triggers including sleep, diet, poor posture, stress, and hydration. Education can also focus on workspace modifications, such as adjusting the computer screen to the proper height.
- **Referral:** The physical therapist may refer you to another health care provider for further evaluation and treatment if deemed necessary

If you want to get a hold on your headache, consider consulting with your rheumatologist and physical therapist today.

HEADACHE TYPE



ARA Welcomes Our Newest Physician

Neil I. Stahl, MD, FACR, a native of New York City, has been practicing rheumatology in Fairfax County, Virginia for 41 years. He completed his undergraduate and medical school education in the six-year medical program at Boston University where he was a member of Phi Beta Kappa and magna cum laude graduate. He received his medical degree in 1973 from Boston University School of Medicine. He completed his Internal Medicine training on the Georgetown service at DC General Hospital in Washington, DC, and his rheumatology fellowship at the National Institutes of Health in Bethesda, MD.

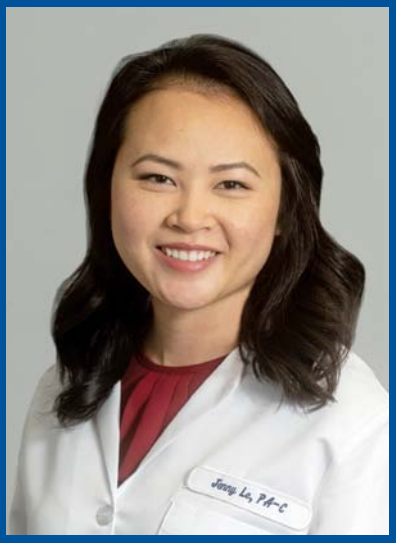
Dr. Stahl is board-certified in Internal Medicine and Rheumatology and is a fellow of the American College of Rheumatology. He is a Clinical Associate Professor of Medicine at Georgetown University School of Medicine and is a former president of the Rheumatism Society of the District of Columbia. He is active in national and regional medical organizations and is on the Medical and Scientific Advisory Board of the Sjogren's Foundation and board member of the Scleroderma Foundation of the Greater Washington Area.

Dr. Stahl has long-standing experience in all aspects of rheumatology with a special interest in caring for patients with rheumatoid arthritis, osteoporosis, polymyalgia rheumatic-cranial arteritis, systemic lupus erythematosus, and Sjogren's syndrome. He has been repeatedly

recognized by his peers as an outstanding specialist in the field of rheumatology by Washingtonian Magazine, Washington Consumers' Checkbook, and Best Doctors in America. Dr. Stahl is accepting patients at the Fairfax, VA office.

He lives with his wife, a happily retired attorney, and they have two grown children. When he's not caring for patients, you can find Dr. Stahl spending his free time cycling as he's an avid bicyclist. Between rides with friends and solo rides, Dr. Stahl cycles up to 100 miles per week, and he credits cycling with prolonging his longevity since its non-weight bearing and very aerobic. Dr. Stahl is also a life-long music lover, and recently started taking jazz piano lessons, which he loves! He practices piano between an hour to an hour and a half every day and would do it more if he had more time. He's been amazed at his newfound passion!

ARA Welcomes Our First Physician Assistant



ARA welcomed its first Physician Assistant (PA), Bich-Hanh "Jenny" Le, PA-C, to the practice in July 2021. Jenny is a board-certified PA specializing in rheumatology. Born and raised in Vietnam, she immigrated to the United States with her parents and younger brother when she was eight years old. She grew up in Germantown, Maryland, and has lived in the DC Metropolitan area ever since. She received a Bachelor of Science in Neurobiology & Physiology at the University of Maryland, College Park with an Honors Citation in Integrated Life Sciences. Before attending PA school, she was a full-time podiatric medical assistant and a part-time medical scribe for a pediatric urgent care. Her volunteer work includes working as a physical therapy technician and participating in two medical mission trips to rural Tien Giang, Vietnam.

Jenny completed her Master of Science in Physician Assistant Studies at the University of Charleston in Charleston, West Virginia. While in PA school, she served as Outreach Chair on the board of the Physician Assistant Student Association. She was also a camp counselor for the program's summer camp, PA Academy, and really enjoyed mentoring pre-PA students. Jenny is a current member of several professional societies, including the American College of Rheumatology, the American Academy of Physician Assistants, and the Maryland Academy of Physician Assistants.

In her free time, she enjoys painting, traveling, listening to podcasts, and trying new recipes. She lives in Rockville with her family and is fluent in Vietnamese. Jenny works with Dr. Beall, seeing patients at the Rockville location.

A PA can contribute to ARA by supporting our physicians and make it easier for our patients to access medical care. Having an additional provider in the office will allow patients to get an appointment faster and avoid long wait times. PAs will be able to spend more time with patients for follow-up appointments, allowing physicians to see new patients. Overall, PAs help maintain continuity of care and improve patient satisfaction. ARA will continue to add these advanced practice providers to extend the access of care to our patients.

POINTS ON JOINTS:

Everyday Posture Tips and Simple Guide for Home Office Ergonomic Set-Up

BY ALICIA SKIBINSKI, PT, DPT

"Of all the things you wear, your posture is most important." – Unknown.

The challenge of maintaining 'good posture' is not simply about sitting or standing up straight, as we consistently heard as adolescents, but an important component of overall health throughout the lifespan.

What is Posture?

Posture is how you hold your body while in one position statically (lying down, sitting, standing), or moving (bending, walking, running). Healthy posture allows us to move and perform daily activities while placing decreased stress or tension throughout the musculoskeletal system. It facilitates improved body alignment, allowing muscles to work properly and more efficiently. This contributes to a potential decrease in the development of degenerative arthritis, loss of normal spinal mobility, overuse injuries, and muscular neck/shoulder/low back pain. Healthy posture also facilitates optimal breathing and subsequently decreased energy consumption during strenuous activities.

Below are some simple tips for improving postural awareness:

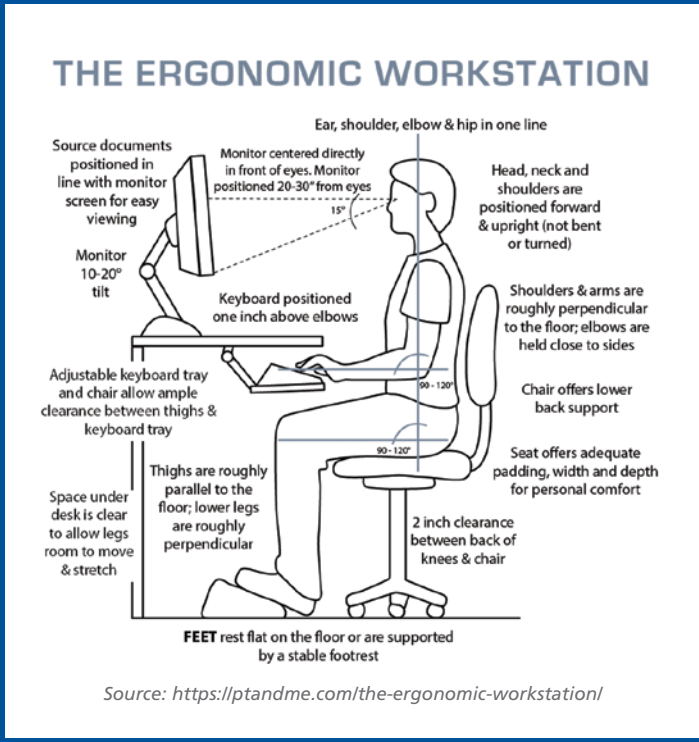
- **SITTING: Maintain natural spinal curves by placing a rolled towel at the low back, keep feet flat on the floor or use footrest, do not cross your legs, bend knees to 90 degrees, shoulders should remain relaxed. Avoid long periods of sitting, get up and move to decrease stiffness.**
- **STANDING: Decrease movement of the head forward/backward, maintain ears level/in line with shoulders, feet shoulder-width apart, maintain equal weight through each leg, slightly bend at knees.**
- **LYING DOWN: Try to avoid sleeping with 2-3 pillows under head/neck; Place pillows under knees when lying on your back; Place a pillow between legs when lying on either side.**

While it is quite challenging to always maintain good posture, increased awareness and slight modifications can provide long-term benefits.

The COVID-19 pandemic has caused a dynamic shift in how Americans work and live. Many transitioned from offices fully equipped for long-term use to makeshift home offices. Often, people had a limited understanding of and necessary resources to facilitate an optimal home working environment. Poor ergonomic workstation set-ups, if left long term, will likely contribute to the development of musculoskeletal disorders (neck/shoulder/low back pain).

What is Ergonomics?

Ergonomics is the scientific study of people in a working environment. Objects and environments are designed to adequately fit the user. This facilitates improved productivity, efficiency, and decreases the risk and/or severity of work-related injuries.



Source: https://ptandme.com/the-ergonomic-workstation/

Below are some simple and budget-friendly changes to enhance home workstation ergonomics:

- **CHAIR: Rolled towel or pillow at waistline/low back for improved lumbar support; Cushion or large bath towel on the seat to raise height; Chair positioned closer to the desk to improve spinal alignment and prevent increased bending at the trunk.**
- **HARD DESK SURFACE: Towel or cushioning in front of keyboard to decrease pressure at elbows/wrists.**
- **LOW MONITOR HEIGHT/LAPTOP: Raise monitor height with books at eye level to prevent looking downward and decrease stress at neck/low back; Use an external mouse and or keyboard. With dual monitors, ensure the primary monitor is placed directly in front of you.**

A helpful quote for some inspiration:

"Change happens through movement, and movement heals." – Joseph Pilates

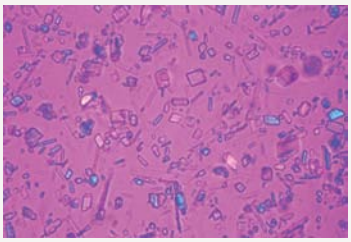
If you are feeling any increase in symptoms after the transition to work at home and/or feel that your posture could use a 'tune up', consider consulting a physical therapist. Ask your rheumatologist for more information about physical therapy at Arthritis & Rehabilitation Therapy Services (ARTS).

Source: Davis et all. "The Home office: Lessons Learned from the New Normal." Ergonomics By Design. 3. July. 2020.

All About Pseudogout

BY RAMI ELTARABOULSI, MD, FACR

Most people have heard about gout or know someone that personally has it. Pseudogout, however, is much more common yet it is not as frequently discussed. Pseudogout, also known as calcium pyrophosphate deposition disease (CPPD), is an arthritis that affects 4-7% of adults in the United States. It got its name from the fact that it tends to mimic the presentation of gout very closely. It is more common as we age and can cause severe joint pain.



Pseudogout crystals appear as blue rhomboid structures when visualized under a polarizing microscope.

WHAT CAUSES PSEUDOGOUT? Pseudogout is in a family of arthritis called crystal arthropathy. There is a crystal that forms in the cartilage of the joint and that causes local inflammation. In pseudogout, that crystal is calcium pyrophosphate. Most cases are idiopathic meaning we do not know why there is an abundance of crystal deposition. For others, there may be an underlying reason such as genetics, trauma, or metabolic disease. Some people are found to have the crystals incidentally meaning the crystals do not always cause joint issues.

WHAT ARE THE SYMPTOMS? Pseudogout usually presents with one or multiple joints with pain and swelling. It is much more common as we age. The most common joint is the knee, but other joints can be affected like the wrists, shoulders, and ankles. If a person already has osteoarthritis, then pseudogout tends to affect those joints first. When you see your rheumatologist, they will assess whether an aspiration (taking fluid from the joint) will be helpful. The gold standard for diagnosis is looking for the crystals under a microscope. Imaging like x-rays and ultrasound can also be helpful diagnostically as these usually show the calcifications.

HOW DO WE TREAT PSEUDOGOUT? We treated pseudogout with anti-inflammatory medicines. If it is limited to one or two joints, we do have the option of injecting corticosteroid into the affected joint(s). If it is several joints, then you will likely have to take a pill or systemic medication. For people who have frequent attacks, there may be benefits from being on an everyday medicine to prevent flares. Currently, there is no direct evidence that diet contributes to pseudogout. There are several investigational drugs that are being tested for pseudogout which address the underlying inflammation that occurs.

RHEUM FUN:

P	G	H	E	I	K	C	I	M	O	N	O	G	R	E
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C	E	R	V	I	C	O	G	E	N	I	C	I	T	S
S	B	Q	C	T	G	X	S	A	C	Q	Y	D	U	V
V	Y	F	T	G	Q	E	D	N	E	I	S	T	R	A

Find these words in the puzzle to the left. Words can go in any direction. Words can share letters as they cross over each other.

Posture
Ergonomic
Breathing
Exercise
Headache
Spinal
Pseudogout
Bicycle
Musculoskeletal
Extremity
Cervicogenic
Tension
Migraine
Cluster
ARTS

COVID-19 Q&A from Rheumatology Clinic

BY ANGUS B. WORTHING, MD

Throughout each stage of the COVID-19 pandemic, people with rheumatoid arthritis, lupus, psoriatic arthritis, and other autoimmune diseases have searched for reliable information about how to stay safe. We all learned the best we could about the basics of the SARS-CoV-2 virus and how it's transmitted; how to safely continue immunosuppressive medications and provide and obtain medical services; how to get vaccinated; and how to live, work, and be with friends and family after vaccination.

Here is a Q&A of current data and recommendations from the rheumatology clinic:

What are the current numbers?

As of mid-September 2021, there have been over 200 million documented cases of COVID-19 worldwide and nearly 42 million cases in the US. Almost seven hundred thousand Americans have died of COVID-19, and many more have experienced complications resulting from delaying or forgoing medical care. US life expectancy dropped for the first time since World War II. As of mid-September, cases are surging with Delta variant, forcing communities with higher fractions of vulnerable unvaccinated people to ration care as hospitals overfill. Still, the vaccines continue to work and provide hope for a more normal life.

What are variants?

Variants are new versions of the virus that are created during infections. While viruses are replicating inside our cells a typo can occur in one of the 30,000 pieces of viral genetic code. If the typo leads to increased contagiousness or serious infection, that new variant will be significant.

What about Delta?

Variants are now known as Greek letters (not locations or alphanumeric codes). Delta variant is 50% more contagious than the first variant (alpha) and causes people to require hospitalization twice as often. US vaccines prevent infection with Delta.

What are "breakthrough" cases of COVID-19 like?

US vaccines are 64-88% effective in preventing infection with Delta variant (down from about 95% against the original virus). Thankfully, if a vaccinated person gets sick with Delta (and nearly all current US infections are Delta), they are still about 93% less likely to be hospitalized than unvaccinated people. And by my read of unpublished data, vaccinated people are about 20% less contagious during "breakthrough" infections than if they hadn't been vaccinated. So, vaccines not only protect oneself but also one's family and friends from COVID-19.

What about breakthrough infections in rheumatology clinics?

The first two studies of COVID-19 infections in vaccinated people with rheumatologic diseases – many of whom take immunosuppressive drugs – suggest that only small percentages of people have become infected, and a majority recovered. These studies were small (one described 16 infections, the other 38 infections), and were released before extra doses of vaccine were offered to immunosuppressed people.

Should I get a booster or an extra dose of the vaccine?

There are two kinds of vaccine doses: initial vaccination, and booster doses. The physicians of ARA recommend that all eligible people obtain the COVID-19 vaccine. People who are immunosuppressed due to diseases and medications should obtain a 3rd initial dose of mRNA vaccine at least 28 days after receiving the 2nd dose of Pfizer or Moderna vaccine. (If you received the J&J vaccine, stay tuned for guidance.) For a list of medications that cause immunosuppression, please see our website. People who are not immunosuppressed may be offered a booster dose of the vaccine – as of this writing mid-September, the US FDA and CDC were still analyzing data to make a final recommendation.

How should I take my medications around the time of an extra vaccine dose?

If a person's rheumatologic disease is doing well, it is worth interrupting some (but not all) medications around the time of vaccine to get a maximal vaccine response. This includes methotrexate. See our website at www.arapc.com for an updated list and recommendations from the American College of Rheumatology.

What about masks, going to restaurants, travel, etc.?

CDC recommends that people with weakened immune systems continue to wear masks in public indoor spaces and avoid crowds and poorly ventilated places. Masks are still required on public transportation like planes, trains, and buses.

What about flu shots?

Get your flu shot! It's recommended for Americans over the age of 6 months (with rare exceptions). It's okay to get a flu shot and a dose of COVID-19 vaccination on the same day. We, our colleagues, and patients with rheumatologic diseases hope that mitigation strategies like vaccines, masking, and other measures will reduce the pandemic burden and ultimately bring us back to normal.

For further information: CDC.gov/COVID19, ARAPC.com

Follow us on Facebook!

Be sure to follow us on Facebook at Arthritis & Rheumatism Associates, PC, and be a part of the ARA online community. It's the easiest way to stay abreast of ARA news, events, updates, career opportunities, and tips on managing arthritis and rheumatic conditions, and much more!

Creamy Tortellini Soup

SUBMITTED BY KATIE O'CONNOR

With the weather getting cooler, this Creamy Tortellini Soup is ideal to warm you up! Plus, it is a quick, easy, and deliciously creamy soup packed with cheesy tortellini and fresh spinach.

Prep Time: 5 mins. Cook Time: 25 mins. Total Time: 30 mins.

INGREDIENTS

3 tablespoons butter
1 yellow onion, diced
2 to 3 garlic cloves, minced
2 large carrots, thinly sliced
1 tablespoon Italian Seasoning
1 teaspoon salt
1/4 teaspoon fresh ground pepper
1/4 cup all-purpose flour
6 cups vegetable broth
1 package (12-ounces) frozen tortellini
1 bag (5-ounces) fresh baby spinach
1 cup cream OR milk OR half-and-half

DIRECTIONS

1. Melt butter in a large saucepan or soup pot.
2. Add onion, garlic, carrots, Italian seasoning, salt, and pepper; cook over medium-low heat for 6 minutes, or until vegetables are tender.
3. Whisk in flour; whisk until crumbly
4. Slowly add broth and continue to vigorously whisk until everything is well combined and there are no clumps.

5. Bring soup to a boil.
6. Add frozen tortellini and spinach.
7. Continue to cook over medium-high heat, stirring occasionally, for 5 to 6 minutes, or until tortellini is tender and heated through.
8. Stir in cream or milk; bring back to a steady boil and cook for 2 to 3 minutes, or until smooth and thickened.
9. Remove from heat and let stand 5 minutes.
10. Taste for salt and pepper and adjust accordingly.
11. Serve and enjoy!

Extremity Symptoms with a Spinal Source

...continued from front cover

Differentiating the source of pain is extremely important but can be challenging. If a patient presents with a complaint of, say, shoulder pain, an imaging study of that shoulder may not show abnormality explaining the pain, and further investigation of the pain source may be required. Conversely, the likelihood that an imaging study of the shoulder will show some abnormalities is quite common, even in people who are asymptomatic! Physical therapists are clinicians trained to examine how the body moves, as opposed to how it looks under a microscope, to diagnose a problem. The importance of determining the correct and most relevant diagnosis is extremely important in allowing the patient to achieve results in a treatment course as fast as possible. Determining the correct diagnosis will also limit unnecessary treatment aimed at areas that may not be the main cause of the pain. It is my experience that patients may question this concept, but this phenomenon does exist and occurs in a large portion of patients with musculoskeletal problems and pain.

There are some specific methods and simple movements that can help you and your clinician more quickly identify whether the spine is a possible culprit to an extremity problem. An indicator that increases the probability that the pain in your shoulder or hip, for example, is coming from a problem in the spine might be that your symptoms change at all when you over-correct your posture. Also, if the pain in your arm is affected at all by movements of the neck, then there is an increased probability of a spinal source. This is the same for movement of the low back relative to any pain in the hip or down the leg. You and your therapist will work together to find the most specific diagnosis and help you on your way to getting better as quickly as possible!

RHEUMORS

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

RHEUMORS

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EDITOR:
Anne Wellington-Goldsmith, COO

MEDICAL EDITOR:
Evan Siegel, MD, FACP, FACR

CREATIVE DIRECTOR:
Carol King, Marketing Director

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ARA's New Offices

In September, ARA hosted an Open House at the Fairfax office to meet and network with physicians in the local community. ARA initially had a small office in Fairfax. ARA's expansion into Northern Virginia has been successful and well-received. To meet the demand ARA moved into more modern and expansive practice in May 2021. This office is conveniently located near 495, offers free parking, includes an on-site lab, DXA, X-Ray, ultrasound, and Arise infusion services. ARA is excited to provide rheumatic service and care to this community. With the addition of this seventh office, ARA now can see patients across the entire Washington DC Metropolitan area, making it more convenient to provide care for our patients where they live and work. Drs. Stahl, Thomas, El-Bogdadi, Peng, and Ahn, pictured, see patients at this location.

This coming winter the Frederick office will be moving down the street. In the four years the Frederick office has been operational, the need for rheumatic care has expanded in this region. To continue to better meet this demand and care for this growing population, ARA is moving to a new and larger office. In addition, we will be adding more providers. The brand-new, bigger office will allow ARA to better service the bolstering need for our services. The newest Frederick location will still be located on Thomas Johnson Drive, just a few blocks from the original location often referred to as "doctor row". The new space will include more capacity, additional exam rooms, featuring large windows with natural lighting, as well as a larger Arise infusion suite.