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RHEUMATORS

Practice Newsletter

WINTER 2022

ARA Welcomes 2022!

ASHLEY BEALL, MD



As we emerge from the second year of the COVID-19 pandemic, ARA is proud to have a 100% vaccinated office staff to welcome our patients back into the clinic. We are committed to offering a safe, friendly environment for you to receive your rheumatologic care. As we look forward to the future, ARA has many exciting changes coming this year that I would like to share with you.

We will be expanding our clinical staff to allow for quicker access to care. We already have two fantastic new physician assistants, Jenny Le, PA-C, and Alisha Zaveri, PA-C, working alongside me and Dr. El-Bogdadi. Later this year we will be pleased to welcome three new rheumatologists, Dr. Charlie Oshinsky, Dr. Sonia Silinsky Krupnikova, and Dr. Viktoria Elkis. These talented physicians will be seeing patients in our Wheaton, Frederick, and Olney offices.

We are excited to share that we will be upgrading two of our office spaces this year. Our Frederick office will be moving to a beautiful new location at 161 Thomas Johnson Drive in March 2022! This location will accommodate our growing patient population, with multiple physician offices for our new providers and an expanded infusion suite. Our Chevy Chase office renovation will be completed in mid-year. This will allow more room for providers and help us accommodate more patients in our popular physical therapy (PT) department at this location.

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ARA Welcomes New Physician Assistant

Alisha Zaveri, MS, PA-C, is a board-certified Physician Assistant (PA) specializing in rheumatology. She was born and raised in Baltimore, Maryland. She attended Thomas Jefferson University in Philadelphia, Pennsylvania, where she received her Bachelor of Science in Health Sciences with a minor in Psychology. Before PA school, she worked as an Emergency Department Lab Technician and volunteered with a local fire rescue company as an Emergency Medical Technician (EMT). Her volunteer work included serving as an EMT, participating in the Big Brothers Big Sisters program, and volunteering at her local community hospital. During her undergraduate experience, she studied abroad in Costa Rica, where she refined her medical Spanish skills and volunteered at a community daycare, caring for underprivileged infants and toddlers.

Alisha completed her Master of Science in Physician Assistant Studies at Thomas Jefferson University, which was a direct-

entry program she matriculated into from her undergraduate studies. While in PA school, she served as the Chair of Diversity and Inclusion of her PA class, participating in organizing fundraisers, volunteer work, and advocating for diversity and equity within the didactic year curriculum. During her clinical year of PA school, she was awarded the recognition of becoming a Future Educator Fellow through the Physician Assistant Education Association (PAEA). She attends the annual PAEA Education Forum Conference where she has presented on the importance of Mandatory Child Abuse Awareness and Training in Didactic PA Education.

Alisha is also a current member of several professional societies, including the American College of Rheumatology, the American Academy of Physician Assistants, the Pennsylvania Academy of Physician Assistants, the Physician Assistant Education Association, and the Maryland Academy of Physician Assistants.



Alisha works with Dr. Daniel El-Bogdadi seeing patients at the Fairfax and Rockville locations. She holds a specific interest in the treatment and management of patients with lupus, rheumatoid arthritis, and osteoporosis. She has recently completed the ISCD Certified Clinical Densitometrist course and is in the process of obtaining her certification. She holds a great interest in teaching and educating future physician assistants and medical professionals.

What is a Physician Assistant (PA) or a PA-C?

Physician Assistants (PAs) are trained medical professionals who diagnose illnesses, develop, and manage treatment plans and prescribe medications. They collaborate with their supervising physician under a delegation agreement. This means that physicians delegate medical duties to PAs that are within the scope of practice of the PA and appropriate to the PA's education, training, and competence. Within this range of duties, PAs can make autonomous decisions regarding patient care. This collaborative model is an efficient way to expand access and provide high-quality medical care.

PA-C stands for Physician Assistant-Certified, which means the individual has completed the required course of study and has successfully passed the National Commission for Certification of Physician Assistants examination.

HOW ARE PAS EDUCATED AND TRAINED?

PAs are educated at the graduate level and earn a Master of Science in Physician Assistant Studies upon graduation.

Admission to a PA program requires a bachelor's degree, including completion of courses in basic and behavioral sciences as prerequisites. Depending on the PA program, admission also requires about 2,000 hours of hands-on direct patient care experience, such as EMTs/paramedics, athletic trainers, scribes, CNAs, or medical assistants. Therefore, PA students enter school already with a basic background in medicine.

PA programs are approximately 27 months (three academic years) and the curriculum is modeled after the medical school curriculum, which involves both didactic (classroom) and clinical education training. In the didactic phase, students take courses in basic medical sciences, behavioral sciences, and behavioral ethics. In the clinical phase, students complete more than 2,000 hours of clinical rotations in medical and surgical disciplines, including family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry. Currently, PAs are not required

What to Expect When Seeing a PA at ARA

BICH-HANH (JENNY) LE, PA-C

Alisha especially values collaborating with the healthcare team to optimize patient care. She believes that the best patient care and outcomes are achieved through compassion and education. She values the collaborative physician-PA relationship and holds a great interest in thinking outside the box and working with her patients to come up with a plan to address their symptoms. She truly believes that the diagnosis of an autoimmune disease requires a comprehensive approach and requires an exploration of various factors of her patients' backgrounds. She values the multifaceted approach which includes incorporating therapeutic foods, mindfulness, and lifestyle changes to promote healing.

When she is not caring for patients, she enjoys cooking and experimenting with new recipes from all over the world! She holds a great interest in the impact of foods and diet on the body's health and well-being and tries to incorporate this into her meals as well. She follows a vegetarian diet and especially believes in the benefits of a plant-based lifestyle. She also enjoys reading and welcomes any literary recommendations. She also speaks conversational Gujarati and Spanish.

When you see a physician assistant (PA) at ARA, you are seeing a knowledgeable, well-trained healthcare professional who provides high-quality medical care. PAs can diagnose medical conditions, prescribe medications, write referrals, order, and review test results, and develop treatment plans.

PAs always work alongside a physician as a team. They have been trained directly by the physicians and perform clinical evaluations based on what their physicians would do. When you are scheduled to see a PA, you should feel well assured that this PA has consulted with your physician on your care plan. Any decisions that have been made regarding your treatment have been thoroughly discussed. Because of the collaborative nature of the physician-PA relationship, your test results, X-rays, and medication regimen are always reviewed by two sets of eyes. It is less likely for any details to get missed. Ultimately, you have the benefit of having two providers overseeing your care!

PAs are here to serve to expand your access to rheumatologic care. When there is an urgent problem, most patients want to be seen as quickly as possible. It is typically faster and easier for you to get an appointment with a PA. Even if you don't get to see your physician, they are available for consult. Furthermore, PAs will be able to spend more time with you during your appointments to answer any questions you may have.

Our PAs are an integral part of the ARA team.



to complete a residency after graduation, but there are programs available if individuals choose to further their training in a specialty of their choice.

THE NEED FOR PAs

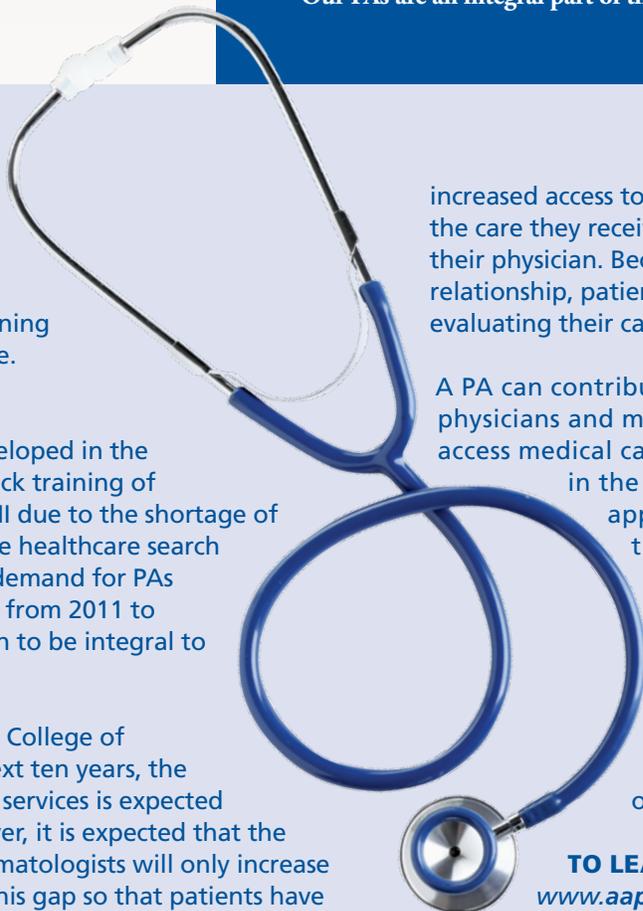
The PA profession was developed in the 1960s based on the fast-track training of doctors during World War II due to the shortage of physicians. According to the healthcare search firm Merritt Hawkins, the demand for PAs increased more than 300% from 2011 to 2014. Today, PAs are proven to be integral to the healthcare team.

According to the American College of Rheumatology, over the next ten years, the demand for rheumatology services is expected to increase by 46%. However, it is expected that the number of practicing rheumatologists will only increase by 1.2%. PAs can help fill this gap so that patients have

increased access to medical care and feel confident that the care they receive from their PA has been reviewed by their physician. Because of the collaborative physician-PA relationship, patients also have the benefit of two people evaluating their care.

A PA can contribute to ARA by supporting our physicians and making 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 is continuing to add these advanced practice providers to extend the access of care to our patients.

TO LEARN MORE ABOUT PAs:
www.aapa.org/what-is-a-pa



Breathing and Exercise

DANYA CZARNOLEWSKI, PT, DPT

As we know, breathing is vital for life. When an individual becomes unresponsive, we are taught to look for breathing as well as a pulse. And when we exercise breathing can become more difficult.

But how does breathing actually work?

Oxygen travels to the lowest levels of the lungs to alveolar sacs where it enters our cardiovascular system in a process called pulmonary diffusion. Oxygenated blood is then carried from the heart to the rest of the body and is used in smooth (organs), cardiac, and skeletal muscle. When it comes to skeletal muscle, oxygen is utilized to help make ATP, a source of energy vital for aerobic exercises such as jogging, biking, dancing, and any other sustained physical activity performed for over a few minutes.

Setting aside 10 minutes a day to practice deep breathing has also been shown long-term to reduce blood pressure, anxiety, and stress and to increase work productivity. Doing specific breathing exercises also provides better outcomes with COPD, asthma, pneumonia, rib fractures, and even respiratory issues related to COVID-19.

What happens when I hold my breath?

When an individual performs a Valsalva maneuver or “bears down,” especially when performing difficult tasks, such as lifting heavy objects, performing abdominal exercises, or even performing bowel movements, vital signs are forced to adapt. Initially, our blood pressure and our heart rate decrease before blood pressure drop due to a lack of oxygenated blood to pump throughout the body. Heart rate tries to compensate for reduced blood pressure and increases. This, in turn, activates the sympathetic nervous system (SNS) or fight or flight mechanism, which leads to the narrowing of the blood vessels. When the breath is released, blood pressure dips down again, which causes activation of the parasympathetic nervous system (PNS) leading to increased blood pressure and reduced heart rate before returning to equilibrium.

For certain individuals, a Valsalva can be even more dangerous. Those with orthostatic hypotension have less



control over their autonomic nervous system (ANS), which comprises the SNS and PNS leading to greater extremes of vital signs and restricted ability to recover normal levels. Individuals with osteoporosis in the low back need to be careful of activities that increase their intrathoracic pressure, as this may increase their risk of lumbar compression fractures.

What can I do to ensure I keep breathing during exercise?

There are many ways to make sure you maintain your breath, the most important being breathing awareness. Thinking about and focusing on your breath throughout exercise will help you maintain your breath. Even if it is difficult at first, it should get easier over time, especially with coaching from your physical therapist to ensure you are doing this correctly. Additionally, coordinating your breathing with movement and taking deeper breaths utilizing your diaphragm will allow you to take full advantage of the benefits of breathing.

Frederick Office is Relocating Down the Street

This March, ARA's Frederick office will be moving down the street to **161 Thomas Johnson Drive**. The new Frederick location has convenient parking and handicapped spaces, includes more capacity, features large windows with natural lighting, 16 exam rooms, five physician offices, two MA stations, as well as a larger Arise infusion therapy suite with ten chairs. We are excited to share that later this year, two new physicians will be joining the Frederick practice! This additional space will help ARA to better meet the increasing demand for rheumatic care in this region.



Duck in Spicy Orange Sauce

(Serves 4)

INGREDIENTS

- 4 duck* legs
- 4 garlic cloves, crushed
- 2 oz fresh root ginger, peeled and finely sliced
- 2 lemongrass stalks, trimmed, cut into 3 pieces and crushed
- 2 dried whole red Thai chilies
- 1 tbsp sugar
- 1 tsp five-spice powder
- 2 tbsp fish sauce
- 3 ¾ cups of fresh orange juice
- Sea salt and ground black pepper
- 1 lime, cut into quarters

DIRECTIONS

- 1) Place the duck legs, skin side down, in a large heavy pan. Cook them on both sides over medium heat for about 10 minutes until brown and crispy. Transfer them to a plate and set aside.
- 2) Stir the garlic, ginger, lemongrass, and chilies into the pan and cook until golden. Add the sugar, five-spice powder, and fish sauce.



- 3) Stir in the orange juice and place the duck legs back in the pan. Cover the pan and gently cook the duck for 1-2 hours until the meat is tender, and the sauce has reduced. Season with salt and pepper to taste. Serve with lime wedges to squeeze over it and a side of white rice.

- 4) Enjoy!

*Chicken can be used as an alternative to duck.



Bacon-Wrapped Beef on Skewers

(Serves 4)

INGREDIENTS

- 8 oz beef fillet or rump, cut into cubes
- 12 thin strips of bacon
- Ground black pepper
- 4 bamboo skewers, soaked in water

FOR THE MARINADE

- 1 tbsp peanut oil
- 2 tbsp fish sauce
- 2 tbsp soy sauce
- 4-6 garlic cloves, crushed
- 2 tbsp sugar

DIRECTIONS

- 1) To make the marinade, mix all the marinade ingredients in a large bowl until the sugar dissolves. Season generously with black pepper. Add the beef cubes, coating them in the marinade, and set aside for about an hour.
- 2) Preheat a griddle pan over a high heat. Roll up each beef cube and wrap it in a slice of bacon. Thread the rolls on to the skewers.
- 3) Cook the bacon-wrapped rolls for 4-5 minutes, turning once, until the bacon is golden and crispy. Serve with your choice of dipping sauce.

POINTS ON JOINTS:

Raynaud's, How To Tell If It's Primary Or Secondary?

SHARI DIAMOND, MD

It's that time of year again. The leaves have fallen, the weather has turned colder, the smell of snow is in the air, and people with Raynaud's maybe start to notice more frequent episodes of their fingers turning white, purple, and/or red. Raynaud's is a syndrome where people have episodes of reversible attacks of the arteries of the fingers, triggered by exposure to the cold or emotional stress. It does most typically affect the fingers, but it can happen to the other distal extremities too, including the toes, ears, nose, or nipples. Though it commonly occurs in the winter months, Raynaud's can happen any time of year, with AC in the summer, when opening the refrigerator, holding a cold drink, or just walking through the freezer section of the grocery store.

When the blood vessels start to constrict to conserve heat, the fingers will turn pale. As that worsens the fingers will turn a purple-grey "dead" color. And as they start to warm the fingers will turn red. Often the fingers feel numb. But it can also be quite uncomfortable, especially if the episode lasts longer or is more severe. It can be particularly painful if there are associated cuts or ulcers on the fingers, which can happen when the fingers are drier from the cold weather and become slow to heal due to the restricted blood flow.

Raynaud's can live by itself as a benign condition called Primary Raynaud's Syndrome. But Raynaud's can also be a symptom of an underlying autoimmune connective tissue disease. In those instances, it is called secondary Raynaud's. It is not always easy to differentiate the two. But some clues help rheumatologists identify which kind of Raynaud's is present. Both primary and secondary Raynaud's occur much more often in women than in men. If it does occur in a male, secondary Raynaud's should be considered. Primary Raynaud's tends to start younger, during or just after puberty, whereas the onset of secondary Raynaud's tends to be later in the twenties. Secondary Raynaud's is often more frequent, more severe, and more likely to have associated ulcerations than Primary Raynaud's. And lastly, secondary



Raynaud's will usually live with other symptoms and blood tests associated with underlying autoimmune diseases.

A primary care provider can often differentiate whether it is primary or secondary Raynaud's and do an initial screening. But if there is any doubt or concern for an underlying autoimmune disease, the primary care provider will usually refer the patient to a rheumatologist to help sort it out. Your rheumatologist will do a complete history, physical exam and may do a capillaroscopy and blood tests. A capillaroscopy looks at the capillaries of the nail folds of the fingers to assess for signs of inflammation seen with secondary Raynaud's associated with autoimmune disorders. Blood tests will evaluate for signs of autoimmunity with autoantibody screening and various markers of inflammation.

The most important thing to do for Raynaud's is to keep the fingers warm. A pair of mittens (usually work better than gloves) should always be nearby to put on at the first signs of an attack. Keep a pair in all purses and coat pockets so they are easily accessible. Hand warmers work well with the mittens and warm water helps too. For some people, though, mittens and warmers just are not enough. In those situations, medication can be added to help dilate the blood vessels, allow the blood to flow, and prevent attacks. Make sure to let your rheumatologist know if your Raynaud's is active, painful or you have any ulcerations. Ulcerations can become dangerously infected and those should be treated quickly. Stay warm out there!



ARA joins with Arthritis Foundation to Bring Back the Walk to Cure Arthritis to Frederick!

ARA is excited to announce that we have partnered with Arthritis Foundation to bring back the Walk to Cure Arthritis to Frederick, MD, on June 4, 2022! This walk is a major fundraiser for the Arthritis Foundation that helps bring future and expanded arthritis programming to Western Maryland.

We are thrilled to share that Dr. Grant Louie has been named as the Medical Honoree for the walk.

You can show your support for this cause by creating a team, participating in the walk, and/or donating to Walk to Cure Arthritis – Frederick. Save the date and plan to come to Baker Park on Saturday, June 4, 2022, to help honor the 54 million Americans battling arthritis.



ARA Welcomes 2022!

...continued from front cover

Speaking of physical therapy, we are again offering our PT/Wellness programs! Our Yoga, Back School, and Osteoporosis classes are now scheduled in several of our offices, and we have added a new Hypermobility class. This new class is taught by Tara Cameron, DPT, who has a special interest and extensive training in this condition. In addition, our fabulous massage therapist, Stephanie Benefield is again accepting clients for 30, 60, and 90-minute massages at several of our locations. Check our website or ask your provider for more information about these offerings.

Finally, ARA will be changing our hours of operation beginning

June 6, 2022! We will be extending our hours on Mondays through Thursdays for clinical visits, infusions, and other services including physical therapy, DXA scans, and musculoskeletal ultrasound. We hope that these extended hours will make it easier for you to get the services you need at a time that works for your schedule. We will be closed on Fridays.

On behalf of the ARA providers, managers, and staff, we wish you all a happy new year and a healthy 2022!

Best,
Dr. Beall

RHEUM FUN:

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

Arthritis
Assistant
Autoimmune

Compassion
Exercise
Foundation

Frederick
Gujarati
Hypermobility

Massage
Mittens
Osteoporosis

PAC
Physician
Primary

Raynauds
Secondary
Vaccinated

Valsalva
Walk
Zaveri

RHEUMORS

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RHEUMORS

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Why Physical Therapy at ARTS?

KATELYN MILLS, PT, DPT

Physical therapy is the skilled treatment of disease, injury, deformity, or dysfunction in the body through conservative physical methods, such as massage and other manual techniques, postural correction, and rehabilitative exercise, rather than drugs or surgery. A patient's participation in physical therapy is typically initiated by a referral from their physician to address some type of symptom or functional limitation. While pain can be a more obvious factor warranting treatment, skilled physical therapy may be necessary to address physical or functional limitations, observed by the physician or physical therapist, of which the patient is not even aware. Accordingly, the physical therapist may gear a treatment course not only to reduce pain and symptoms but to improve function in daily activities. Many patients are referred to Arthritis and Rehabilitation Therapy Services (ARTS) for management of osteoporosis concerns, generalized weakness and deconditioning, balance deficits, and other conditions in which pain may not be a primary issue, as treatment with skilled physical therapy may be appropriate to improve mobility and body awareness or reduce the performance of potentially unsafe movements. When you present to physical therapy, your physical therapist will perform a comprehensive evaluation and determine the impairments and deficits that should be addressed to help you achieve your physical and functional goals.

So, why choose to receive your physical therapy at ARTS? Since ARTS is associated with Arthritis and Rheumatism Associates (ARA), your physical therapist can access your physician's records prior to the evaluation to ensure an understanding of your full

medical history. Additionally, each ARTS clinic is located in the same building as an ARA office, so your physical therapist can directly consult your rheumatologist to ensure optimal care and provide you with more comprehensive and timely answers to questions. Your physician's notes may not solely determine the specific condition or impairments to be treated, as you and your physical therapist will work together to ultimately determine your goals and the most appropriate methods of treatment. But this direct share of records and regular communication between your physical therapist and rheumatologist, which allows for the most effective collaboration of your care, is a major benefit to receiving your physical therapy at ARTS, as opposed to outside physical therapy locations. All ARTS physical therapists have received a post-graduate education, obtaining either a Master's or Doctor of Physical Therapy, and are diagnosticians themselves, so they can provide you a comprehensive diagnosis of your condition based on findings from the evaluation. Unlike other practices, ARTS physical therapists specialize in the treatment of a variety of chronic conditions and have the skill and experience to individualize care to your specific needs. The physical therapists at ARTS regularly communicate and collaborate to stay abreast of the most current and relevant physical therapy treatment methods, to provide their patients, with the best possible care.

If you do receive a referral for physical therapy, you should schedule an initial evaluation with one of our physical therapists to determine if you would benefit from skilled physical therapy. The ARTS department looks forward to the opportunity to treat you and assist you back to function.