

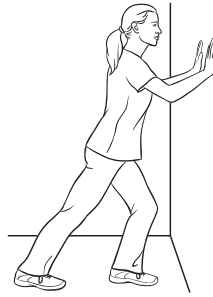
Exercising With OA



Exercise is an important part of managing OA knee pain. Start slowly, and increase the difficulty of your routine gradually.

Calf Stretch

1. Stand with your arms braced against a wall, both feet pointing straight ahead. Place your left/right foot several inches behind the other.
2. Bend your front leg. Keep both heels on the floor and your back leg straight. You should feel a slight pull in your calf. Hold for 30 seconds. Bend your back leg and hold for 30 seconds.

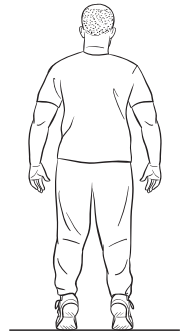


Caution

- Don't lift your back heel
- Don't arch your back

Toe Raises

1. Stand with both feet flat on the floor, shoulder-width apart. If you need support, steady yourself with your hand on a ledge, wall, or table.
2. Raise both heels so you're standing on your toes. Hold for 30 seconds. Slowly lower your heels to the floor.
3. As you become stronger, stand on one foot at a time and raise that heel off the floor.



Caution

- Don't lock your knees
- Don't arch your back

Quadriceps Stretch

1. Stand an arm's length from a wall. Look straight ahead.
2. Place your left/right hand against the wall. With your other hand, grasp the ankle of the foot on the same side. Gently pull your heel to your buttocks.
3. When you feel a mild stretch in your thigh, hold for 30 seconds.

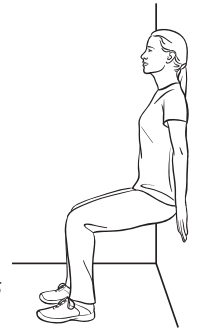


Caution

- Don't arch your back or bend forward
- Don't twist your back to reach your leg

Wall Slide

1. Stand with your back and head against a wall. Look straight ahead. Keep your feet shoulder-width apart and 6 to 8 inches from the wall. Relax your shoulders and tighten your stomach muscles.
2. Slowly slide straight down until you feel a stretch in the front of your thighs. Hold for 30 seconds. Slowly slide back up.

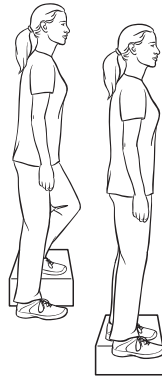


Caution

- Don't let your knees go forward past your toes
- Don't let your buttocks sink below your knees

Step-ups

1. Stand with one foot on a 4-inch to 6-inch support (such as a block of wood) and the other foot flat on the floor.
2. Shift your weight onto the foot on the block, straightening that knee, and raise your other foot off the floor. Then slowly lower the foot until only the heel touches the floor.



Caution

- Keep your weight on the foot on the block—don't push off from the floor
- Don't lock your knees

Leg Lunge

1. Stand with your feet shoulder-width apart.
2. With your left/right foot, step out and lower yourself into a comfortable position. Keep your back straight and your feet pointing straight ahead. As you step, the heel of the other foot lifts off the floor. Return smoothly to your starting position.



Caution

- Don't lunge so far that your rear knee touches the floor
- Don't let your forward knee go past your toes

If you feel any pain, stop the exercise. If pain persists, call your doctor.



Can Exercise Help Manage My OA?

Yes, exercise is an important component of managing OA knee pain. A complete exercise program should include a combination of different types of workouts performed on a regular basis. Exercise can help your OA by keeping joints flexible, increasing muscle strength, and strengthening bones and ligaments. A good workout routine will also help you maintain a healthy weight, have more energy, and sleep better.

It can be tough to get started on an exercise program if you are in pain. It's best to start slowly and give yourself achievable goals. Keep a positive mindset and make it enjoyable.

If you have OA knee pain, ask your doctor if HYALGAN is right for you.

Helpful Exercise Tips¹⁻⁴

- Discuss your exercise plans with your doctor in order to put together a program that is right for you
- If possible, start your exercise program under the supervision of a physical therapist or qualified athletic trainer
- Choose an exercise program you enjoy and make it part of your regular routine
- Consider putting a heat pack on your joints before you begin exercising
- Start your exercise routine with stretching, flexibility, and range-of-motion exercises
- Use small, light weights (1 or 2 pounds) or exercise bands when you begin strengthening exercises
- Go slowly and increase the difficulty of your exercise routine gradually
- If necessary, apply cold packs to sore muscles when you are finished exercising
- If your joints become painful, inflamed, or red from exercising, talk to your doctor; adjustments to your workout might be necessary

References: 1. *Exercise and Your Arthritis*. Atlanta, GA: Arthritis Foundation; 2001. 2. *Good Living With Osteoarthritis*. Atlanta, GA: Arthritis Foundation; 2000. 3. Sayce V, Fraser I. *Exercise Beats Arthritis*. Boulder, CO: Bull Publishing Company; 1998. 4. Sobel D, Klein AC. *Arthritis: What Exercises Work*. New York, NY: St. Martin's Press; 1993.

Indication

HYALGAN[®] is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy, and to simple analgesics, e.g., acetaminophen.

Important Safety Information

- HYALGAN is contraindicated in patients with known hypersensitivity to hyaluronate preparations. Intra-articular injections are contraindicated in cases of present infections or skin diseases in the area of the injection site to reduce the potential for developing septic arthritis
- Transient increases in inflammation in the injected knee following HYALGAN injection have been reported in some patients with inflammatory arthritis such as rheumatoid arthritis or gouty arthritis. Physicians should evaluate whether HYALGAN treatment should be initiated when objective signs of inflammation are present
- The effectiveness of a single treatment cycle of less than 3 injections has not been established
- Patients should be advised to avoid any strenuous or prolonged weight-bearing activities within 48 hours following intra-articular injection
- Use caution when injecting HYALGAN into patients who are allergic to avian proteins, feathers, and egg products
- Joint effusion, if present, should be removed prior to injection
- The safety and effectiveness of HYALGAN has not been established in children or in pregnant or lactating women. It is unknown whether HYALGAN is excreted in human milk
- In the US clinical trial of 495 patients, the only adverse event showing statistical significance vs placebo was injection-site pain. Other adverse events included gastrointestinal complaints, headache, local ecchymosis and rash, local joint pain and swelling, and local pruritus. However, the incidence of these events was similar in the HYALGAN-treated and placebo groups. In other clinical studies, the frequency and severity of adverse events occurring during repeat treatment cycles did not increase over that reported for a single treatment cycle

For Full Prescribing Information, visit HYALGAN.com.