

# Managing Injury And Pain From Outdoor Winter Activities

(NAPSA)—While some people seek shelter when the cold weather arrives, many look forward to participating in winter's popular outdoor activities such as skiing, ice skating, snowboarding, and sledding. These cold weather activities, while exhilarating, can also result in injury.

According to the American Academy of Orthopedic Surgeons and The Institute of Preventative Sports Medicine, each winter more than 83,000 people will seek medical treatment for injuries suffered while skiing, more than 62,000 will be injured playing hockey, more than 37,000 will be injured snowboarding, and more than 25,000 while sledding. In total, more than 270,000 people are expected to visit hospital emergency rooms this season with winter sports-related injuries.

"Many people underestimate the dangers associated with winter sports," said Richard Moscovitz, MD, Chief of Surgery, Kingston Hospital, Kingston, N.Y. "Winter sports enthusiasts can reduce their risk of injury by taking precautions,



such as wearing protective gear, warming up before activities and resting when fatigued."

Despite these simple precautions, sports-related injuries still occur. Among them, the most common skiing-related injuries are fractures and ligament injury to the knee. As expected, these types of injuries can also be accompanied by pain.

Managing your pain begins with talking to your doctor. Accurately describing how you feel will help your doctor determine what pain relief treatment is right for you. Everyone's pain is unique and many patients find that describing "how" the pain hurts

can be difficult and frustrating.

Tools such as the pain scale and daily diary provided by Ortho-McNeil Pharmaceutical, Inc., maker of prescription ULTRACET® (37.5mg tramadol hydrochloride/325mg acetaminophen tablets), can help facilitate effective doctor-patient communication, making it easier for patients to describe and rate the intensity and severity of their pain. ULTRACET is indicated for the short-term (five days or less) management of acute pain.

Be sure to take the necessary precautions before participating in outdoor activities this winter season. A little preparation can go a long way toward avoiding injury.

You can find out more about ULTRACET and the pain scale and daily diary by visiting [www.ultracet.com](http://www.ultracet.com). For more information on warnings, precautions, and additional adverse reactions that may occur, regardless of drug relationship, please see the full U.S. Prescribing Information available upon request or at [www.ultracet.com](http://www.ultracet.com) or [www.ortho-mcneil.com](http://www.ortho-mcneil.com).

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## About ULTRACET®

ULTRACET combines tramadol, a leading prescription pain reliever, with acetaminophen, the most commonly recommended nonprescription pain treatment. Single-dose dental pain studies demonstrated that the ULTRACET combination of tramadol and acetaminophen provides faster onset, longer duration and better pain relief over either medication alone.

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ULTRACET is a centrally acting analgesic that controls pain via different mechanisms of action than non-steroidal anti-inflammatory drugs (NSAIDs), the most commonly used pain medications. ULTRACET is not an NSAID, and is not associated with potentially life-threatening gastrointestinal ulcers or bleeding that can occur with NSAIDs and the newer COX-2 NSAIDs. In addition, ULTRACET does not compromise the efficacy of certain antihypertensive agents, while NSAIDs and COX-2 NSAIDs may. ULTRACET can also be prescribed in sulfa-sensitive patients. The most frequently reported side effects with ULTRACET were constipation, somnolence (sleepiness) and increased sweating.

ULTRACET should not be used concomitantly with alcohol. The use of ULTRACET in patients with liver disease is not recommended.

Cases of abuse and dependence on tramadol have been reported. Tramadol should not be used in opioid-dependent patients. Since tramadol can reinstate physical dependence, ULTRACET is not recommended for patients with a tendency to drug or alcohol abuse, a history of drug or alcohol dependence or a history of chronic opioid use.

Patients with a history of severe, life-threatening allergic (anaphylactoid) reactions to codeine and other opioids may be at increased risk and therefore should not receive ULTRACET.

Seizures have been reported in patients receiving tramadol. The risk of seizures is increased with doses of tramadol above the recommended range. Tramadol increases the seizure risk in patients taking certain medications (e.g., tricyclic antidepressants, selective serotonin reuptake inhibitors, opioids) and may enhance the seizure risk in patients taking MAO inhibitors, neuroleptics, or other drugs that reduce the seizure threshold or in patients with epilepsy, those with a history of seizures, or in patients with a recognized risk for seizure (such as head trauma, metabolic disorders, alcohol and drug withdrawal, CNS infections).

For more information on warnings, precautions, and additional adverse reactions that may occur, regardless of drug relationship, please see the [full U.S. Prescribing Information](#) available upon request or at [www.ultracet.com](http://www.ultracet.com) or [www.ortho-mcneil.com](http://www.ortho-mcneil.com).

ULTRACET is marketed in the United States by Ortho-McNeil. Ortho-McNeil Pharmaceutical, Inc. also markets prescription drugs in the areas of women's health, infectious disease, central nervous system, pain treatment, urology and migraine headaches.