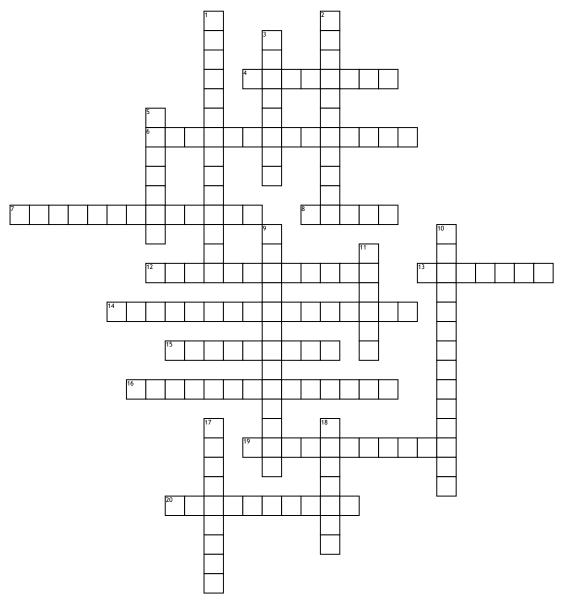
Name:	Date:
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Osteoarthritis



Across

- **4.** NSAIDs have [blank] warnings: GI risk, CV risk, and CABG surgery
- **6.** Cortisone injection into the knee
- 7. Increased risk of MI/stroke
- **8.** Provide superior pain relief to Acetaminophen
- **12.** NSAIDs that inhibit both COX-1 and COX-2 are known as
- **13.** Acetaminophen [blank] under provider supervision is 4000 mg/day

- **14.** Weight loss, exercise, physical therapy are known as [blank] treatment
- **15.** Extract of red peppers
- **16.** Adverse Reaction associated with Acetaminophen
- 19. Avoid additional [blank] drugs with Acetaminophen20. Opioid analgesics, duloxetine, glucosamine plus

chondroitin

<u>Dow</u>n

1. Patient presents with stiffness, crepitus, asymmetrical joint involvement

- **2.** Age, obesity, osteoporosis, occupation, sports
- 3. Topical diclofenac gel
- **5.** Decrease [blank] by giving PPI, H2RA, or taking with food
- **9.** First line treatment for osteoarthritis
- **10.** Provide and maintain intra-articular lubrication
- 11. Methyl Salicylate
- 17. Highest affinity for COX-2
- **18.** Contraindication with Acetaminophen