



# Alabama Board of Nursing Orthopaedic Specialty

The Orthopaedic Specialty Protocol for Collaborative Practice Nursing lists the skills/procedures below that are approved to apply for through an application process. The application and instructions are available on the ABN website at [Orthopaedic Protocol Application](#).

Eligible Certification Specialties	Non-Eligible Specialties
Family, Adult Acute Care, Adult Gerontology/Acute Care, Adult/Gerontology Primary Care, and Gerontology	Oncology, Hospice and Palliative Care, and Pediatric (Requires individual review)

## Skill Requirements

1. Initial approval: **10** supervised procedures for each site requested must be recorded and submitted within one year of approval to train on the Supervised Practice Documentation form. (Use a separate form for each anatomic site)
2. Annual Maintenance: A minimum of **five (5)** procedures per approved joint site is required.
3. Additional joint injection sites requests/Annual maintenance: **10** procedures are required per site and **five (5)** annual procedures for maintenance.
4. No more than **three (3)** injections per site, per patient, may be performed within a **twelve (12)** month period; more than **three (3)** injections may be performed by the CRNP within a **twelve (12)** month period with physician approval and documentation in the patient record as to the need for any additional injection.

ANATOMICAL LOCATION	INCLUDED	EXCLUDED
<b>SHOULDER</b>	Acromioclavicular Joint Subacromial Bursa	Bicipital Tendon Glenohumeral joint aspiration and injection
<b>ELBOW</b>	Olecranon Bursa	Ulnar Collateral Ligament Biceps Tendon Biceps Muscle Annular Ligament of Radius Muscle and Tendon attachments at the Medial and Lateral Epicondyles
<b>GREATER TROCHANTERIC BURSA</b>	Iliopsoas Bursa Gluteous Medius Bursa Ischiogluteal Bursa	Hip Joint



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<b>KNEE</b>	Arthrocentesis/Knee Joint Anserine Bursa	Suprapatellar bursa Prepatellar bursa Infrapatellar bursa Patellar Tendon Sartorius Tendon Gracilis Tendon Semitendinosus Tendon
<b>ANKLE/ HINDFOOT</b>	Ankle/Hindfoot	
<b>FOOT</b>	Midfoot Plantar Fascia Other Foot Soft Tissue	
<b>WRIST/ HAND</b>	Wrist/Hand	Carpal Tunnel
<b>SACROILIAC JOINT</b>	<b>EXCLUDED with Exceptions</b>	May be requested separately and must go before the ABN to determine scope of practice.