# Alabama Board of Nursing
# Orthopedic Specialty Protocol

**ORTHOPEDIC SPECIALTY PROTOCOL:** The CRNP scope of practice includes: the evaluation of patients for appropriateness of treatment, developing individualized treatment plans, ordering appropriate musculoskeletal injections in accordance with the treatment plan, monitoring and following up to assess procedure effectiveness, managing and addressing any adverse reactions, and modifying treatment plans as needed in accordance with established guidelines and standards within the collaborative practice.

**PHYSICIAN REQUIREMENTS:**

- The collaborating physician must submit a request to train the CRNP to the Alabama Board of Medical Examiners.

**APPLICATION LINK:** Orthopedic Specialty Protocol Application

**POPULATION FOCI EXCLUSIONS:** Neonatal, Psychiatric-Mental Health, and Women's Health Care CRNPs, and Certified Nurse-Midwives

**LIMITATIONS:**

- The collaborating or covering physician (MD/DO) must be physically available onsite when the CRNP performs a glenohumeral joint injection, ischiofemoral bursa injection, or an intra-articular hip joint injection.
- Ultrasound guidance is required for glenohumeral joint injections, ischiofemoral bursa injections, and intra-articular hip joint injections.
- Sacroiliac (SI) joint procedures are excluded from this Orthopedic Specialty Protocol. Authorization for a CRNP to perform SI joint injections may be requested separately through submission of an Out-of-Protocol application, including the facility's protocol, for Board review and approval. The collaborating or covering physician (MD/DO) must be physically present and immediately available onsite when the CRNP performs an approved SI joint injection.

**EDUCATION/COURSE REQUIREMENTS:**

- The CRNP and collaborating physician will participate in ongoing education and training sufficient to maintain and enhance competency in musculoskeletal aspiration and injection procedures.
- The CRNP must maintain, on file, readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.

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**Training Requirements for Orthopedic Procedure(s)**

**General Requirements**

- All approved procedures require:
  - **Ten (10)** supervised procedures for each anatomical site requested during initial training.
  - **No less than 5** procedures annually for each approved site to maintain competency.
- No more than three (3) injections at the same anatomical site, per patient, may be performed within a twelve (12) month period.
  - Additional injections beyond three (3) within a twelve (12) month period may be performed by the CRNP with physician approval and documentation in the patient's record ~~as to~~ of the need for ~~any~~ the additional injection(s).

**Platelet Rich Plasma (PRP)**

- PRP joint injection requests are limited to joint sites for which the CRNP has:
  - Successfully completed the required supervised practice; and
  - Received Board approval following submission of the required supervised practice documentation.

***Supervised practice must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.***

**Note**: *All listed procedures include aspiration and/or injection unless otherwise specified.*

| ORTHOPEDIC PROCEDURES | | | | |
|---|---|---|---|---|
| **Anatomical Location/ Procedure** | **Included Sites/ Procedures** | **Excluded Procedures** | **Number Required for Initial**<br><br>**Note:** After approval to train is granted, training is required under the direction/ observation of the collaborating or covering physician | **Annual Maintenance Requirement** |
| **Shoulder** | • Acromioclavicular Joint<br>• Subacromial Bursa<br>• Glenohumeral Joint**<br><br>** Ultrasound guidance required; physician must be onsite for Glenohumeral procedures | • Bicipital Tendon | **10** supervised procedures for each site requested | No less than **5** procedures per site annually for each approved site |
| **Elbow** | • Olecranon Bursa | • Ulnar Collateral Ligament<br>• Biceps Tendon<br>• Biceps Muscle<br>• Annular Ligament of Radius<br>• Muscle and tendon | **10** supervised procedures for each site requested | No less than **5** procedures per site annually for each approved site |

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| | | attachments at the medial and lateral epicondyles | | |
| **Hip Region** | • Greater Trochanteric Bursa<br>• Iliopsoas Bursa<br>• Gluteus Medius Bursa<br>• Ischiogluteal Bursa<br>• Ischiofemoral Bursa**<br>• Intra-articular Hip**<br><br>** Ultrasound guidance required; physician must be onsite for Ischiofemoral Bursa and Intra-articular Hip procedures | • Deep image-guided hip procedures not otherwise specified | **10** supervised procedures for each site requested | No less than **5** procedures per site annually for each approved site |
| **Knee** | • Arthrocentesis/Knee Joint<br>• Pes Anserine Bursa | • Suprapatellar Bursa<br>• Prepatellar Bursa<br>• Infrapatellar Bursa<br>• Patellar Tendon<br>• Sartorius Tendon<br>• Gracilis Tendon<br>• Semitendinosus Tendon | **10** supervised procedures for each site requested | No less than **5** procedures per site annually for each approved site |
| **Ankle/Hindfoot** | • Ankle/Hindfoot Region | None | **10** supervised procedures for each site requested | No less than **5** procedures per site annually for each approved site |
| **Foot** | • Midfoot<br>• Plantar Fascia<br>• Other Foot Soft Tissue | None | **10** supervised procedures for each site requested | No less than **5** procedures per site annually for each approved site |
| **Wrist/Hand** | • Wrist/Hand Region | • Carpal Tunnel | **10** supervised procedures for each site requested | No less than **5** procedures per site annually for each approved site |
| **Sacroiliac Joint** | • **Excluded with Exceptions** | ** Sacroiliac Joint Procedures are excluded from this protocol unless approved separately through the Out of Protocol application process. | **N/A** | N/A |
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| SPECIAL ORTHOPEDIC PROCEDURES | | | | |
|---|---|---|---|---|
| **Procedures** | **Included Procedures** | **Excluded Procedures** | **Number Required for Initial**<br><br>**Note:** After approval to train is granted, training is required under the direction/ observation of the collaborating or covering physician | **Annual Maintenance Requirement** |
| **Trigger Point Injections** | • Lumbar Region (below T-12) | • Thoracic Region (T1–T12)<br>• Cervical Region (C1-C7)<br>• Deep muscular image-guided spinal/ paraspinal procedures | **10** supervised procedures for each site requested. | No less than **5** procedures annually for each approved site |
| **Platelet Rich Plasma (PRP)** | • Joint Injections using PRP**<br><br>** PRP may be requested for joint sites for which the CRNP has completed the required supervised practice and received Board approval. | None | **10** supervised procedures for each site requested. | No less than **5** procedures annually for each approved site |

**QUALITY ASSURANCE MONITORING REQUIRED:** Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events [ABN Administrative Code § 610-X-.01(13)].

- All adverse outcomes must be documented, incorporated into quality assurance monitoring and reviews, and reported to the collaborating and/or covering physician in a timely manner.

**NOTES:**

- Training may not begin until the CRNP receives written approval from the Alabama Board of Nursing, and the physician must receive written approval from the Alabama Board of Medical Examiners.