



ALABAMA BOARD OF MEDICAL EXAMINERS

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Orthopedic Specialty Protocol

INCLUDED ANATOMIC SITES	EXCLUDED	SUPERVISED PRACTICE
Acromioclavicular Joint	Bicipital Tendon Glenohumeral joint aspiration and injection	Initial Approval 10 Annual Maintenance 5
Subacromial Bursa	As above Bicipital Tendon Glenohumeral joint aspiration and injection	Initial Approval 10 Annual Maintenance 5
Olecranon Bursa	Ulnar Collateral Ligament Biceps Tendon Biceps Muscle Annular Ligament of Radius Muscle and Tendon attachments at the Medial and Lateral Epicondyles	Initial Approval 10 Annual Maintenance 5
Greater Trochanteric Bursa (Includes Iliopsoas Bursa, Gluteous Medius Bursa, and Ischiogluteal Bursa)	Hip Joint	Initial Approval 10 Annual Maintenance 5
Arthrocentesis/Knee Joint	Suprapatellar bursa Prepatellar bursa Infrapatellar bursa Patellar Tendon Sartorius Tendon Gracilis Tendon Semitendinosus Tendon	Initial Approval 10 Annual Maintenance 5
Pes Anserine Bursa	Suprapatellar bursa Prepatellar bursa Infrapatellar bursa Patellar Tendon Sartorius Tendon Gracilis Tendon Semitendinosus Tendon	Initial Approval 10 Annual Maintenance 5
Ankle/Hindfoot		Initial Approval 10 Annual Maintenance 5
Midfoot		Initial Approval 10 Annual Maintenance 5
Plantar Fascia		Initial Approval 10 Annual Maintenance 5
Other Foot Soft Tissue		Initial Approval 10 Annual Maintenance 5
Wrist/Hand	Carpal tunnel	Initial Approval 10 Annual Maintenance 5

EXCLUDED **No injections of tendons, ligaments, or muscle groups**

Sacroiliac Joint	NP must go before ABN to determine scope of practice	NA
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The orthopedic specialty protocol allows for the performance of injections to sites named in the orthopedic approval table with Board approved documentation of supervised practice completed under direct physician supervision. Total of ten (10) supervised injections for each site to be considered for approval and must be submitted within one year of approval to train. Five (5) injections for each site approved should be documented for annual maintenance of certification and this documentation may be kept at your practice location and available if asked to produce it. 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 APP within a twelve (12) month period with physician approval and documentation in the patient record as to the need for any additional injection. APPs may request approval to perform orthopedic injections at remote site locations after documentation of supervised practice has been approved by the Board.