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Orthopedic Specialty Protocol for Advanced Practice Providers (APPs)

Submit completed form and protocol template to
APPDept@albme.gov
Skills_Protocol_Template.pdf

Purpose/Indication: The APP scope of practice includes the evaluation of patients for appropriateness of treatment, developing individualized treatment plans, ordering appropriate orthopedic procedures in accordance with the treatment plan, monitoring and following up to assess the effectiveness of procedures, managing and correcting any adverse reactions, and adjusting treatment plans as needed in accordance with established guidelines and standards within the collaborative practice.

Physician Requirements:

- The collaborating/supervising physician must complete a request to train the APP.

Population Foci Exclusions (CRNP): Neonatal, Psychiatric-Mental Health, Women's Health Care and Certified Nurse-Midwives

Limitations:

- The collaborating or covering physician (MD/DO) must be physically available onsite when the APP performs a glenohumeral joint injection, ischiofemoral bursa injections, 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 an APP 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 APP performs an approved SI joint injection.

Education/Course Requirements:

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

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 APP with physician approval and documentation in the patient's record as to the need for the additional injection(s).

Platelet Rich Plasma (PRP)

- PRP joint injection requests are limited to joint sites for which the APP 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 (Aspiration and Injection)	Included Sites/ Procedures	Excluded Procedures	Number Required for Initial **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 • Subacromial Bursa • Glenohumeral Joint** ** 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 • Biceps Tendon • Biceps Muscle • Annular Ligament of Radius • Muscle and tendon attachments at the medial and lateral epicondyles	**10** supervised procedures for each site requested	No less than **5** procedures per site annually for each approved site
Hip Region	• Greater Trochanteric Bursa • Iliopsoas Bursa	• 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

	• Gluteus Medius Bursa • Ischiogluteal Bursa • Ischiofemoral Bursa** • Intra-articular Hip** ** Ultrasound guidance required; physician must be onsite for Intra-articular Hip procedures			approved site
Knee	• Arthrocentesis/Knee Joint • Pes Anserine Bursa	• Suprapatellar Bursa • Prepatellar Bursa • Infrapatellar Bursa • Patellar Tendon • Sartorius Tendon • Gracilis Tendon • 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 • Plantar Fascia • 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

SPECIAL ORTHOPEDIC PROCEDURES				
Procedures	**Included Procedures**	**Excluded Procedures**	**Number Required for Initial** **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) • Cervical Region (C1-C7) • 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* ** PRP may be requested for joint sites for which the APP 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. [BME 540-X-8-.08(8); BME 540-X-7-.23(10)]

- 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 APP receives written approval from the Alabama Board of Nursing (CRNP) or the Board of Medical Examiners (PA) and the physician must receive written approval from the Alabama Board of Medical Examiners.