



ALABAMA STATE BOARD OF MEDICAL EXAMINERS Orthopedic Specialty Protocol

JOINT	INCLUDED	EXCLUDED	Supervised Practice
SHOULDER	Acromioclavicular Joint Subacromial bursa	Bicipital Tendon Glenohumeral joint aspiration and injection	Initial Approval 25 Annual Maintenance 10
ELBOW	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 25 Annual Maintenance 10
GREATER TROCHANTERIC BURSA	Iliopsoas Bursa Gluteous Medius Bursa Ischiogluteal Bursa	Hip Joint	Initial Approval 25 Annual Maintenance 10
KNEE	Arthrocentesis Intra-articular knee joint Pes anserine bursa	Suprapatellar bursa Prepatellar bursa Infrapatellar bursa Patellar Tendon Sartorius Tendon Gracilis Tendon Semitendinosus Tendon	Initial Approval 25 Annual Maintenance 10
WRIST, HAND	EXCLUDED	PAs/NPs are not authorized to perform injections in the wrist or hand	NA
ANKLE	EXCLUDED	PAs/NPs are not authorized to perform injections in the ankle	NA
FOOT	EXCLUDED	PAs/NPs are not authorized to perform injections in the foot	NA

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

Arthrocentesis/Joint Injections: *“Allowed to perform injections to sites named in the Orthopedic Approval Table with Board approved documentation of supervised practice completed under direct physician supervision. Total of twenty-five (25) supervised injections for each site to be considered for approval and must be submitted within one year of approval to train. Ten (10) 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. Mid-Levels may request approval to perform Orthopaedic injections at remote site locations after documentation of supervised practice has been approved by the Board”.*