COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List
ORTHOPEDICS

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

Aspiration/injection
- ☐ Aspiration – bursa/synovial sheath/joint
- ☐ Injection – therapeutic – bursa/tendon sheath
- ☐ Injection/aspiration – facet joint

Tendon
- ☐ Open tendon lengthening
- ☐ Repair and reconstruction
- ☐ Soft tissue release – muscle or tendon
- ☐ Tendon repair
- ☐ Tendon transfer/transplant

Shoulder
- ☐ Acromioplasty
- ☐ Arthroscopy
- ☐ Arthrotomy
- ☐ Bankart repair
- ☐ Biopsy
- ☐ Bone grafting – clavicle
- ☐ Capsular shrinkage
- ☐ Excision – soft tissue mass, cyst
- ☐ Excision distal head of clavicle
- ☐ Hemiarthroplasty
- ☐ Injection – tendon sheath, joint, bursa
- ☐ Irrigation and debridement
- ☐ Manipulation
- ☐ ORIF (no IM nailing)
- ☐ Rotator cuff repairs/revisions – arthroscopic or open
- ☐ Stabilization
- ☐ Subacromial decompression

Arm
- ☐ Biceps/triceps tendon
- ☐ Bone grafting – radius/ulna/humerus
- ☐ Closed reduction – ulna, radius, distal humerus, glenohumeral, humeral epicondyle
- ☐ Excision – soft tissue mass, neuroma, cyst
- ☐ External fixation
- ☐ Irrigation and debridement
- ☐ Manipulation
- ☐ ORIF – glenohumeral, humeral epicondyle, radius, ulna (isolated injury)
- ☐ Osteotomy – ulna, radius
- ☐ Shoulder, clavicle and humerus – internal fixation device – removal

Elbow
- ☐ Arthroscopy
- ☐ Arthrotomy – joint
- ☐ Bone grafting – olecranon
- ☐ Closed reduction
- ☐ Excision – soft tissue mass, cyst
- ☐ Injection – bursa/tendon sheath, joint
- ☐ Irrigation and debridement
- ☐ Manipulation
- ☐ ORIF
- ☐ Proximal radius/ulna – release
- ☐ Ulna nerve transposition

Please indicate only the procedures you wish to perform at the above-mentioned facility.

Hand and wrist

- ☐ Amputation – finger(s), transmetacarpal
- ☐ Artery repair
- ☐ Arthrodesis
- ☐ Arthroplasty
- ☐ Arthroscopy
- ☐ Arthrotomy – MP/PIP/DIP joints
- ☐ Biopsy
- ☐ Bone grafting – metacarpal/phalanx
- ☐ Capsulotomy/capsulolysis
- ☐ Closed reduction
- ☐ Distal ulna/radius resection/arthroplasty
- ☐ Excision – soft tissue mass, neuroma, cyst
- ☐ External fixation
- ☐ Ganglia excision
- ☐ Hand and wrist – internal fixation device – removal
- ☐ Implant arthroplasty – metacarpal/phalangeal joint
- ☐ Irrigation and debridement
- ☐ Ligament reconstruction
- ☐ Manipulation
- ☐ Median nerve release (endoscopic or open)
- ☐ Needle aponeurotomy – hand deformity
- ☐ Nerve block
- ☐ Nerve repair
- ☐ Neurolysis
- ☐ ORIF – carpal bone, scaphoid, carpus, phalangeal fracture
- ☐ Osteotomy
- ☐ Palmar fasciectomy
- ☐ Removal loose body
- ☐ Scapholunate reconstruction
- ☐ Tendon release
- ☐ Tenosynovectomy
- ☐ Triangular fibrocartilage complex (TFCC) repair
- ☐ Ulna shortening osteotomy

Spine

- ☐ Anterior cervical decompression/discectomy with fusion (maximum 2 levels)
- ☐ Lumbar discectomy
- ☐ Laminectomy – cervical (maximum 2 levels)
- ☐ Laminectomy – lumbar (maximum 2 levels)

Hip

- ☐ Arthroplasty – unilateral (requires procedure-specific accreditation)
- ☐ Arthroscopy
- ☐ Arthrotomy – anterior approach only
- ☐ Biopsy
- ☐ Excision – soft tissue mass, cyst
- ☐ Hip spica
- ☐ Iliac crest autograft
- ☐ Injection/aspiration – tendon sheath/bursa, joint
- ☐ Irrigation and debridement

Leg

- ☐ Bone grafting – distal tibia
- ☐ Casting
- ☐ Excision – soft tissue mass, cyst
- ☐ Fasciotomy – chronic compartment syndrome
- ☐ Fracture – fibular shaft
- ☐ Gastrocnemius repair
- ☐ Hematoma – femur/knee joint/tibia/fibula
- ☐ Irrigation and debridement – femur, knee joint/tibia/fibula
- ☐ Manipulation
- ☐ Metaphysis femur – closed reduction
- ☐ Quadriceps tendon rupture repair

Physician name: _____ CPSID: _____ Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

Knee

- ☐ Amputation – below the knee
- ☐ Arthroplasty – unilateral (requires procedure-specific accreditation)
- ☐ Arthroscopy/biopsy – diagnostic or procedural
- ☐ Arthrotomy
- ☐ Aspiration/injection – bursa/tendon sheath, joint
- ☐ Biopsy – needle or open
- ☐ Cast
- ☐ Debridement/decompression
- ☐ Excision – soft tissue mass, cyst
- ☐ Irrigation and debridement
- ☐ Knee ligament instability – ACL/PCL repair
- ☐ Knee ligament instability – ACL/PCL revision
- ☐ Loose body removal
- ☐ Manipulation
- ☐ Meniscal repair
- ☐ Meniscectomy
- ☐ Osteochondral bone graft femur
- ☐ Patella tendon repair/tenolysis
- ☐ Patellar fracture – ORIF
- ☐ Quadriceps tendon rupture repair
- ☐ Revision of knee ligament reconstruction repair
- ☐ Synovectomy
- ☐ Tendon transfer, transplant – patella

Ankle and foot

- ☐ Achilles tendon lengthening, repair
- ☐ Amputation – midtarsal, single metatarsal/ray resection, SYME, transmetatarsal
- ☐ Arthrodesis
- ☐ Arthroplasty
- ☐ Arthroscopy
- ☐ Aspiration/injection – joint, bursa/tendon sheath
- ☐ Biopsy
- ☐ Bone grafting – malleolus
- ☐ Bunionectomy, hallux valgus correction
- ☐ Cast
- ☐ Closed reduction
- ☐ Excision – soft tissue mass, neuroma, cyst
- ☐ Fasciotomy – chronic compartment syndrome
- ☐ Flexor/extensor tendon repair – ankle/foot
- ☐ Ganglia excision
- ☐ Implant arthroplasty – metatarsal phalangeal joint
- ☐ Irrigation and debridement
- ☐ Ligament repair and/or reconstruction
- ☐ Manipulation
- ☐ ORIF – ankle/foot
- ☐ Osteotomy
- ☐ Reconstruction
- ☐ Removal of internal fixation device
- ☐ Removal of loose body

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____

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