COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List
PROCEDURAL PAIN MANAGEMENT

Physician name: _____ CPSID: _____

Facility applying to: _____

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

Intermediate

- ☐ Caudal and interlaminar lumbar epidural (image guidance is strongly recommended, and the gold standard is fluoroscopy or CT)

Advanced I

Epidural injections

- ☐ Lumbar transforaminal/nerve root block
- ☐ Thoracic interlaminar
- ☐ Thoracic transforaminal/nerve root block

Medial branch blocks and facet joints

- ☐ Lumbar
- ☐ Thoracic

Sympathetic nerve blocks

- ☐ Lumbar sympathetic nerve block
- ☐ Celiac plexus and splanchnic nerve block
- ☐ Stellate ganglion block
- ☐ Ganglion impar block

Other

- ☐ Intercostal nerve blocks
- ☐ Paravertebral block of the lumbosacral plexus

Advanced II

Chemical neurolytic procedures

- ☐ Peripheral non-neuraxial blocks, intercostal nerves, autonomic nerves or plexus

Epidural injections
(Class 1 General Anesthesia facilities only)

- ☐ Cervical interlaminar
- ☐ Cervical transforaminal/nerve root block
- ☐ Epiduroscopy and/or epidural adhesiolysis

Medial branch blocks and facet joints

- ☐ Cervical

Thermal neurolysis

- ☐ Use of radiofrequency technology
- ☐ Cryoablation

Other

- ☐ Deep cranial nerve blocks (trigeminal branches, sphenopalatine, etc.) (Class 1 General Anesthesia facilities only)
- ☐ Intradiscal injections

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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