



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800 Fax (602) 771-7888
E-Mail: arizona@azbn.gov
Home Page: www.azbn.gov

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**OPINION: TRIGGER POINT INJECTION,
INTRAARTICULAR JOINT INJECTION, AND
FACET JOINT INJECTION**
APPROVED: X NOT APPROVED:
DATE: 11/18/2016
ORIGINATING COMMITTEE:
ADVANCED PRACTICE COMMITTEE

Within the Scope of Practice of ___ LPN ___ RN ___X___ APRN

ADVISORY OPINION TRIGGER POINT INJECTION, INTRAARTICULAR JOINT INJECTION, AND FACET JOINT INJECTION

I. STATEMENT OF SCOPE

It is within the scope of practice for a Registered Nurse Practitioner (RNP) with additional training, in accordance with R4-19-508 (C), to administer trigger point injections (with or without local anesthetic), intraarticular joint injections with or without ultrasound guidance, and facet joint injections utilizing fluoroscopy, to patients consistent with the population focus of the RNP's certification, education, and training.

It is not in the scope of practice for a registered nurse who is not advanced practice or a practical nurse to administer trigger point injections, intraarticular joint injections or facet joint injections.

II. SCOPE OF PRACTICE:

In accordance with A.R.S. § 32-1601 (20) (a) (i-viii) and A.A.C. R4-19-501-514, a Registered Nurse Practitioner may provide health care services to patients within the RNP population foci, consistent with their certification, education and training.

Nurse Practitioners utilize critical judgment in the performance of comprehensive health assessments, differential medical diagnosis including ordering, conducting, interpreting diagnostic, radiographic and laboratory tests, and the prescribing of pharmacologic and non-pharmacologic treatments in the direct management of acute and chronic illness and disease.

Pursuant to R4-10-508 (C), a RNP shall only provide health care services within the RNP's population focus and role and for which the RNP is educationally prepared and for which competency has been established and maintained. Educational preparation means academic

coursework or continuing education activities that include both theory and supervised clinical practice.

In addition to the scope of practice permitted a registered nurse, a registered nurse practitioner, under A.R.S. §§ 32-1601(19) and 32- 1606(B)(12), may perform additional acts that the RNP is qualified to perform and that are generally recognized as being within the role and population focus of certification. The Board of Nursing Advisory Opinion “Decision Tree”, assists nurses to determine what additional skills may be added to their personal scope of practice.

III. RATIONALE:

A. Trigger points are focal, hyperirritable bands of skeletal muscle that produce referred pain and local twitch response; a trigger point may accompany chronic musculoskeletal disorders. Trigger points may manifest as tension headache, tinnitus, temporomandibular joint pain, decreased range of motion in the legs, and low back pain. Various modalities, such as the Spray and Stretch technique, ultrasonography, manipulative therapy and injection, are used to inactivate trigger points. Trigger-point injection have shown to be an effective treatment modality to inactivate trigger points and provide prompt relief of symptoms.

Administration of trigger point injections are an advanced skill performed by the RNP to diagnosis and treat myofascial pain syndromes. The RNP must be cognizant of contraindications and potential risks of administering trigger point injections, manage post injection complications, and possess the knowledge and resources to respond to any unexpected and adverse reaction that may develop.

B. Intraarticular joint injections are an advanced skill performed by the RNP to diagnose and treat inflammatory pain associated with an articular joint. The RNP will follow the standard of practice, and utilize evidence-based recommendations for use of corticosteroids, local anesthetics and other injectable pharmacotherapy when administering joint injections, and consider the standard of care prior to utilizing an intraarticular joint injection to treat or diagnose joint pain. Prior to administering an intraarticular joint injection, the RNP will discuss with the patient the diagnostic benefits, techniques, and adverse effects of corticosteroid injections and offer conservative treatments such as rest, ice or heat, splinting, oral nonsteroidal anti-inflammatory drugs (NSAIDs), and physical therapy, to alleviate acute or chronic joint pain. The RNP must be cognizant of contraindications and potential risks of administering intraarticular joint injections, manage post injection complications, and possess the knowledge to recognize and resources to respond to any unexpected and adverse reaction that may develop, such as iatrogenic infection, tendon rupture, nerve damage and anaphylaxis to medications.

C. Facet joints are cervical, thoracic, and lumbar joints of the spine. A cervical, thoracic or lumbar facet joint injection involves injecting a small amount of local anesthetic (numbing agent) and/or steroid medication, which can anesthetize the facet joints and block the pain. A facet joint injection is an advanced skill performed by the RNP under fluoroscopy to diagnose and/or treat facet joint pain. The RNP will follow the standard of practice, and utilize evidence-based recommendations for use of corticosteroids and local anesthetics when administering facet joint injections. Prior to administering a facet joint injection, the RNP will discuss with the patient the diagnostic/treatment benefits, risks, techniques, and adverse effects of a facet joint injection, and verify with the patient that other conservative treatments have been unsuccessful

in relieving pain and restoring function. The RNP must be cognizant of contraindications and potential risks of administering facet joint injections, manage post injection complications, and possess the knowledge and resources to respond to any unexpected and adverse reaction that may develop.

IV. GENERAL REQUIREMENTS:

To prepare for skill expansion, the RNP will successfully complete continued education in accordance with R4-19-508 C; education will include:

- Comprehensive didactic study
 - Including but not limited to proper patient selection within the population foci, anatomy and physiology, diagnostic testing and image analysis, protocols based on national guidelines, supplies, pharmacology and procedure risks, injection technique, and adverse event management.
- Supervised hands-on skills lab
 - Via live volunteers or course provided skill models
- Competency evaluation
 - May be in the form of return demonstrations
- RNP will retain evidence of successful completion of advanced continued education course.

The continued education course will meet the requirements of Continued Education Accreditation as approved by the American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC) and other professional organizations.

V. REFERENCES:

- Arizona Revised Statute: Professions and Occupations, Title 32, Chapter 15. Article 1. A.R.S. § 32-1601 (20) (a) (i-viii) Registered Nurse Practitioner. Retrieved from: <https://www.azleg.gov/FormatDocument.asp?inDoc=/ars/32/01601.htm&Title=32&DocType=ARS>
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