

**ABPS Board of Certification in Anesthesiology – Interventional Pain Management
Procedure Case Ledger**

Epidural Steroid Injection	Cervical	Thoracic	Lumbar	Caudal/Sacral
Translaminar				
Transforaminal				
Facetogenic Injection	Cervical	Thoracic	Lumbar	Sacral
Facet Joint Injection				
Diagnostic Medial/Lateral Nerve Branch Block (MNBB/LNBB)				
Radiofrequency Ablation (MNBB/LNBB)				
Sympathetic Nerve Blocks	Stellate	Celiac	Lumbar	Hypogastric
Sympathetic Plexus/Ganglion Block				
Joint Injection	Sacroiliac	Subacromial	Knee	Hip
Intra-articular Injection				
Platelet-Rich Plasma (PRP) Injection				
Peripheral Nerve Block	Nerve Block	Catheter Use		
Femoral/Saphenous Nerve Block				
Interscalene Block				
Tibial Nerve Block				
Genicular Nerve Block				
Advanced Interventional Procedures				
Spinal Cord Stimulator Lead Placement				
Intrathecal Pump Placement				
Peripheral Nerve Stimulator Implant				
Discogram				
Other Interventional Procedures (e.g. vertebral augmentation)				

I, _____, do hereby attest that the above information reflects the types and number of procedures I have performed
Printed name
in the twelve-month period preceding my application, and is true, accurate and complete to the best of my knowledge. I further understand that any falsification may result in denial of my application for certification in Interventional Pain Management.

Signature: _____ Printed Name: _____ Date: _____