



Anesthesiologists' Professional Assurance Company

CHRONIC PAIN MANAGEMENT QUESTIONNAIRE

Do you perform Chronic Pain Management Procedures?

If **Yes**, please answer the following questions:

of Annual Procedures

Do you perform any of the following procedures?

- | | | |
|--|--|-------|
| 1. Cervical Epidural Injections? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| 2. Thoracic Epidural Injections? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| 3. Celiac Plexus Blocks? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| 4. Insertion of spinal stimulator wires in the epidural space? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| a. Do you go higher than vertebral level T4? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| b. Is placement verified with fluoroscopy? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| c. Have you been trained through a program of study that incorporated hands-on experience? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| d. Have you been credentialed by the hospital for these procedures? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| 5. Insertion of epidural catheter for drug infusion? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| (Do not include post-op epidural for acute pain management) | | |
| a. Do you go higher than vertebral level T4? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| b. Is placement verified with fluoroscopy? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| c. Have you been trained through a program of study that incorporated hands-on experience? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| d. Have you been credentialed by the hospital for these procedures? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| 6. Insertion of intrathecal catheter for drug infusion? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| a. Do you insert higher than vertebral level L2? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| b. Is placement verified with fluoroscopy? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| c. Have you been trained through a program of study that incorporated hands-on experience? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| d. Have you been credentialed by the hospital for these procedures? | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |

If **No**, please explain: _____

7. Neurolysis procedures? YES NO _____

If **Yes**, please list nerves and techniques used: _____

8. What new techniques do you now use which you did not use three years ago? _____

9. Are you certified in Pain Management? YES NO
- a. By the ABA? YES NO
- b. By the American Board of Pain Medicine? YES NO
- c. Other YES NO
- Please specify _____

10. What percentage of your practice Chronic Pain Management? _____%