

AAOM Nomenclature and Terminology Recommendations

Authors: Andrew Kochan MD, K. Dean Reeves, Brad D. Fullerton MD

Rationale for recommendations on terminology.

Proper nomenclature is necessary and desirable for a number of reasons.

1. It promotes clear communication in the scientific literature to evaluate efficacy of a particular technique.
2. It facilitates better understanding by the public and those receiving progress notes of treatment given.
3. It allows for development of reimbursement guidelines based on the work involved in each procedure.
4. It may help prevent improper bundling of techniques performed at one visit (i.e. If an insurer covers prolotherapy someday, everything else that has prolotherapy in the title will be denied by the insurer because of bundling guidelines and cannot be billed for separately- even if it is a different procedure).

The Nomenclature Committee has examined the issue and we are recommending adoption of the following guidelines for naming of procedures and techniques. This system is descriptive for maximum clarity and accuracy with corresponding proposed acronyms that are easy to remember.

Name and Proposed Acronym	Target	Substance Used	Proposed Primary Mechanism
Prolotherapy	Ligament Tendon Joint Myo-Fascia	Dextrose Na Morrhuate P2G Pumice Ozone other	Regeneration of tissue
Bioregenerative Injection BRI	Myo-Fascia Ligament Tendon Joint	Whole blood Platelets Stem Cells	Regeneration of tissue
Perineural Subcutaneous Injection PSI	Subcutaneous sensory nerves (i.e. nerves in the superficial fascia/fat)	Dextrose Mannitol Other	Reduction of neurogenic inflammation
Perineural Deep Injection PDI	Nerves deep to the superficial fascia/fat	Dextrose Mannitol Other	Reduction of neurogenic inflammation

Percutaneous neuroplasty PCNP	Entrapped nerves deep to the superficial fascia/fat	Dextrose Mannitol Normal Saline Steroid other	Mechanical hydrodissection around nerve (ultrasound guided procedure)
Perineural Deep injection in Caudal Space PDI Caudal	Sacral Hiatus	Dextrose Mannitol other	Reduction in neurogenic inflammation
Epidural Steroid	Caudal Intra-laminar Intra-foraminal	Corticosteroid	Reduction in prostaglandin based inflammation
Mesotherapy	Mesoderm	Homeopathic Substance or Tincture	Unknown
Neural Therapy	Scars Interference fields Sympathetic ganglia	Procaine	Neurogenic, via normalizing autonomic neuron signaling
Acupuncture	Acupuncture points Tender points Osteopuncture points	Acupuncture needle	Neurogenic, via activation of autonomic NS pathways
Trigger Point Injections TPI	Muscle Trigger points	Lidocaine Dextrose Dry Needling other	Neurogenic, via mechanical disruption of abnormal neuromuscular junction
Apitherapy	Acupuncture points Tender points	Bee Venom Live or Apitoxin	Neurogenic via modulation of CNS adrenergic pathways
Perineural Topical Application PTA	Subcutaneous and cutaneous nerves	Dextrose gel Capsaicin ointment Xylocaine gel other	Reduction in neurogenic inflammation

We propose that *in official AAOM documents, advertising and meetings* the suggested names or a reasonable facsimile be used. The name can be expanded to include more specificity if the mechanism for a procedure becomes known. We suggest that, at a minimum, the suggested names be used. During the transition to this nomenclature, colloquial names could be referred to with quotations.

Of course, any colloquial name can be used in private and unofficial communication between orthopedic medicine specialists. However, the use of accepted nomenclature will facilitate communication and prevent the confusion caused by several different procedures having the same name or one procedure having several different names.