# Growth of Femoral Nerve Block Utilization in Emergency Medicine vs Anesthesiology

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## WHY THIS MATTERS

Ultrasound-guided nerve blocks are increasingly used for acute pain management in emergency medicine. ACGME Emergency Medicine requirements include competency in regional anesthesia, making adequate procedural exposure an important component of residency training. Understanding national utilization trends may help identify opportunities to align training with evolving clinical practice.

## STUDY QUESTION

How has national femoral nerve block utilization and relative growth changed in EM compared with anesthesiology from 2010–2024?

## METHODS

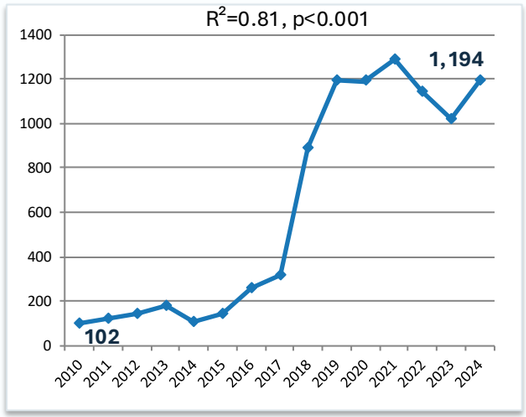
Medicare PSPS data (2010–2024) were used to compare annual femoral nerve block utilization between EM and anesthesiology. Annual utilization trends were assessed using linear regression, and relative growth was indexed to each specialty's 2010 volume.



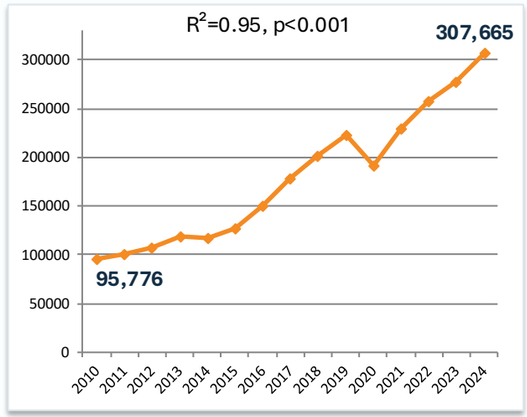

## RESULTS

### Annual Femoral Nerve Block Procedural Volume by Specialty, 2010–2024

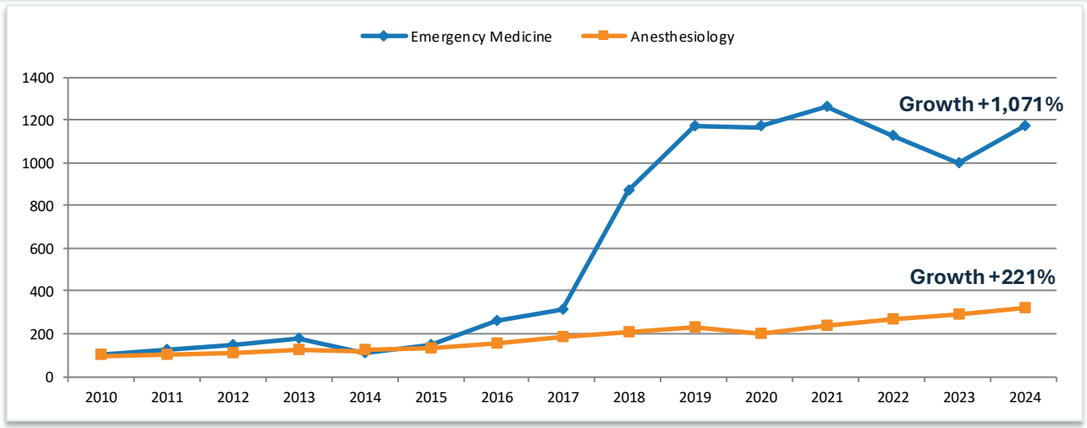
#### Emergency Medicine




#### Anesthesiology




### Relative Growth in Femoral Nerve Block Utilization




## WHAT IT MEANS

### Rapid adoption

EM femoral nerve block utilization increased **>10-fold** from 2010–2024, with the greatest growth occurring after 2017.

### Bridging the gap

Despite rapid growth, EM volume remains lower as proposed ACGME requirements emphasize regional anesthesia competency.

### Training opportunity

These trends support structured regional anesthesia training and opportunities for EM–anesthesiology collaboration

## TAKE HOME

**Femoral nerve block utilization is rapidly expanding in EM, highlighting the growing role of regional anesthesia and the need to align procedural training with evolving clinical practice.**

**Reference:**

Gawel et al. Regional Anesthesia as a New Required Core Procedure for Emergency Medicine Residents: A Step in the Right Direction. Ann Emerg Med. 86:303–304.