

LIST OF CLINICAL PRIVILEGES – ORTHOPEDIC SURGERY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

I Scope		Requested	Verified
P384294	The scope of privileges in orthopedic surgery includes the evaluation, diagnosis, treatment and consultation for patients of all ages to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means. Such conditions include, but are not limited to, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system; deformities, injuries, fractures, and degenerative diseases of the musculoskeletal system; primary and secondary muscular problems; and the effects of central or peripheral nervous system lesions on the musculoskeletal system. Orthopedic surgeons may admit to the facility and provide care to patients in the intensive care setting in accordance with MTF policies. They may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P384296	Ultrasound interpretation and guided biopsy of the musculoskeletal system		
Procedures		Requested	Verified
P387071	Amputations		
P388380	Arthrocentesis		
P389307	Arthroscopy		
P389309	Arthrodesis		
P389311	Arthrotomy		
P389313	Biopsy		
P389315	Debridement		
P389317	Dislocations: simple/closed reduction		
P389319	Dislocations: open reduction		
P389321	Excisions		
P389325	Flaps, local		
P389327	Fractures-closed management		
P389329	Fractures-open management		
P388389	Laceration repair		
P389331	Ligament repair and reconstruction		
P389333	Musculoskeletal manipulation, with or without anesthesia		
P389335	Nerve surgery excluding microsurgical procedures		
P389337	Osteotomy		
P389339	Prosthetic replacement of bone and joints		

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Procedures (Con't)		Requested	Verified
P389341	Tendon repair, transfer, lengthening, or shortening		
P389345	Skeletal defects, segmental-intercalary reconstruction		
P389347	Skeletal defects - reconstruction using synthetic or metallic material		
P389351	Percutaneous, stereotactic, endoscopic approaches to the spine, including but not limited to, excision/discectomy of the lumbar and/or cervical spine; including chemonucleolysis and placement of hardware		
P389353	Scoliosis and kyphosis, surgical correction with or without anterior instrumentation		
P389355	Scoliosis and lordosis, surgical correction with or without anterior instrumentation		
P419320	Tumor surgery (malignant)		
P419321	Tumor surgery-benign and biopsy		
P419322	Major arthroplasty, including total replacement of knee joint, hip joint, or shoulder-revisions		
P419323	Major arthroplasty, including total replacement of knee joint, hip joint, or shoulder-primary		
	Fusion	Requested	Verified
P384315	Spinal fusion, anterior or posterior cervical		
P384317	Spinal fusion, anterior or posterior thoracic		
P384319	Spinal fusion, anterior or posterior lumbar		
	Laminectomy/Discectomy	Requested	Verified
P384305	Laminectomy, cervical		
P384307	Discectomy, cervical		
P384309	Laminectomy, thoracic		
P384311	Discectomy, thoracic		
P384313	Laminectomy, lumbar		
P389370	Discectomy, lumbar		
	Grafts	Requested	Verified
P384298	Bone grafts		
P384300	Grafts, split thickness skin		
P384303	Grafts, full thickness		
	Anesthesia privileges	Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P388406	Moderate sedation		
P387333	Regional nerve block anesthesia		
	Other (Facility- or provider-specific privileges only):	Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE