LIST OF CLINICAL PRIVILEGES - PHYSICIAN ASSISTANT ORTHOPEDIC

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 military service.

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, date and forward to your Clinical Supervisor.

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 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, date and forward the form to the Credentials Office.

- CODES: 1. Fully competent within defined scope of practice. (Clinical oversight of some allied health providers is required as defined in DHA PM 6025.13, vol 4)
 - 2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)
 - 3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/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.

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NAME OF MEDICAL FACILITY:

ADDRESS:

I Coope

Physician Assistants requesting privileges in this physician assistant specialty must also request Physician Assistant (PA) privileges.

Varified

I Scope		Requested	Verified
P388960	The scope of privileges for a Physician Assistant (PA) includes the evaluation, diagnosis, and treatment for patients of all ages with any symptom, illness, injury, or condition. PAs provide medical services within the scope of practice of the collaborating physician(s), including routine primary and preventive care of children and adults. PAs may refer patients to specialty clinics, and assess, stabilize, and determine disposition of patients with emergent conditions.		
Specialty PA	As	Requested	Verified
P388964	Orthopedic PA. The scope of privileges for an Orthopedic PA includes the outpatient 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 and physical means. The Orthopedic PA provides medical services within the scope of practice of the collaborating Orthopedic Surgeon. Orthopedic PAs also provide perioperative care in conjunction with the treating surgeon. Orthopedic PAs may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy.		
Diagnosis	and Management (D&M)	Requested	Verified
P389016	Amputation Management		
P391480	Surgical first assistant and operative procedures directed by the orthopedic surgeon		
P391482	Diagnosis, management and treatment of non-surgical musculoskeletal disorders		
P391484	Inpatient management, treatment and disposition		
P391486	Obtain informed consent for surgical procedures		
P391488	Manage chronic pain		
P391490	Prescribe orthotics and prosthetics		
Procedure	Requested	Verified	
P389018	Minor outpatient surgical procedures		
P389020	Debridement, complex		

LIST OF CLINICAL PRIVILEGES – PHYSICIAN ASSISTANT ORTHOPEDICS (CONTINUED)										
P389024	Fractures - closed managem	ent of complex fractures								
P389027	Musculoskeletal manipulation									
P389029										
P389031	P389031 Removal and adjustment of external fixation devices									
P391492	and tendon									
P391494	Ligament and tendon repair,	transfer, lengthening or shortening								
Other (Facility	y or provider-specific only):			Requested	Verified					
SIGNATURE OF	FAPPLICANT			DATE						
II	CLIN	NICAL SUPERVISOR'S RECOMMENDATION	ON							
REC	RECOMMEND APPROVAL RECOMMEND APPROVAL WITH MODIFICATION (Specify below) RECOMMEND DISAPPROVAL (Specify below)									
STATEMENT: CLINICAL SUPERVISOR SIGNATURE CLINICAL SUPERVISOR PRINTED NAME OR STAMP DATE										
CLINICAL SUI	PERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR	STAMP	DATE						