

# SCOTLAND HEALTH CARE SYSTEM

## Clinical Privileges Delineation Form

Specialty: Orthopedic Surgery

Physician Name: \_\_\_\_\_

### I. General Privileges

By virtue of being granted any level of clinical privileges, a physician is automatically granted the following privileges:

Performing physical examinations and ordering and interpreting of diagnostic studies that are normally considered part of the practice of orthopedic surgery, including, but not limited to, laboratory, diagnostic imaging, and electrocardiographic studies.

Prescribing and administering medications normally considered part of the practice of orthopedic surgery.

Requesting consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.

At the time of a clinical emergency, the provision of whatever care the physician believes to be indicated to prevent loss of life or serious injury to a patient.

### II. Specific Privileges: Clinical

Physicians granted clinical privileges in Orthopedic Surgery must demonstrate knowledge and skills usually achieved only through training sufficient to attain eligibility for Board certification in Orthopedic Surgery, or equivalent experience (NOTE: if sufficient training is not documented, specific experience must be outlined in writing).

**CLINICAL CARE PRIVILEGES:**

Area of Practice	Requested
All Medical Conditions Associated with Orthopedic Surgery	

**DIAGNOSTIC PROCEDURES:** You must specifically identify each procedure that you wish to perform.

Procedure	Requested
Joint aspiration	
Needle biopsy	
Arthroscopy	
Electromyography	
Discography	
Myelography	

**THERAPEUTIC PROCEDURES:** You must specifically identify each procedure that you wish to perform.

Procedure	Requested	Procedure	Requested
Laceration repair		Limb salvage procedure	
Foreign body removal		Allograft procedures	
Set & cast closed fractures and dislocations		Carpal tunnel decomp.- open	
Manipulation of joints		Carpal tunnel decomp.- endoscopic	
Injection of joints		Total joint replacement	
Drain infection		Shoulder	
Amputation of extremities		Elbow	
Treat open fractures		Wrist	
Tendon repair		Hand	
Tendon transplant		Hip	
Peripheral nerve repair		Knee	
Skin grafting		Ankle	
Ligament repair		Foot	
Arthrodesis		Other arthroplasty	
Laminectomy-Laminotomy Spinal decompression		Nerve repair	
Spinal fusion		Bone grafting	
Surgery for scoliosis		Hemipelvectomy	

<b>Procedure</b>	<b>Requested</b>	<b>Procedure</b>	<b>Requested</b>
Microvascular surgery		Anterior spinal fusion	
Reimplantation of severed extremities		Biopsy/Excision of soft tissue & bone lesions	
Hand reconstruction		Free flap skin grafting	
Chemonucleolysis		Conscious Sedation	
Vertebrectomies			

**Do you wish privileges to use and/or supervise the use of fluoroscopy equipment? [ ] No [ ] Yes (Attach copy of current certification)**

I request clinical privileges in Orthopedic Surgery, as outlined above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_