

SCOTLAND MEMORIAL HOSPITAL
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).

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CLINICAL CARE PRIVILEGES:

Area of Practice	Requested	Approved	Not Approved/Approved with Restrictions
All Medical Conditions Associated with Orthopedic Surgery			

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

Procedure	Requested	Approved	Not Approved/Approved with Restrictions	Procedure	Requested	Approved	Not Approved/Approved with Restrictions
Joint aspiration							
Needle biopsy							
Arthroscopy							
Electromyography							
Discography							
Myelography							

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

Procedure	Requested	Approved	Not Approved/Approved with Restrictions	Procedure	Requested	Approved	Not Approved/Approved with Restrictions
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				Nerve repair			
Spinal decompression							
Spinal fusion				Bone grafting			
Surgery for scoliosis				Hemipelvectomy			

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions	Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
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.

Date: _____

Signature: _____

DEPARTMENT CHAIRMAN APPROVAL

NOTE: Any request indicated as "Not Approved or Approved with Restrictions" must be explained here, including listing any restrictions:

I have reviewed this application and recommend clinical privileges as indicated above.

 Chairman, Department of Orthopedics

 Date