

Loma Linda University Medical Center  
 Allied Health Professional  
 Physician Assistant Practicing within the Orthopaedic Service  
 Practice Privilege Request Form  
To Be Completed by Supervising Physician

Physician Assistant Name: \_\_\_\_\_ License # \_\_\_\_\_

Supervising Physician Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

An Assistant to the Supervising Physician is able to perform, under the responsibility and supervision of the Supervising Physician, selected diagnostic & therapeutic tasks in Orthopaedic Surgery, a major clinical discipline. This includes taking a complete, detailed and accurate history; perform a complete physical examination, when appropriate, and record and present pertinent data in a manner meaningful to the Supervising Physician.

As the Supervising Physician for the above listed Physician Assistant (PA), I hereby request the above listed PA to be permitted to perform and/or assist me as listed below:

An Assistant to the Supervising Physician should have an understanding of the socio-economics of medicine, of the roles of the various health personnel, and of the ethics and laws under which medicine is practiced and governed.

| REQUESTED   |    | DISCIPLINE SPECIFIC PRACTICE PRIVILEGES  | ACTION   |            |       |
|---|----|--|----------|------------|-------|
| YES   | NO |  | Approved | Conditions | Defer |
| <b>Preliminary review of studies in conjunction with the Attending Physician.</b> |    |  |          |            |       |
|   |    | <u>Order</u> Radiologic and other studies such as ultrasound, CT and MRI   |          |            |       |
|   |    | <u>Order</u> Serum, urine, wound, bodily fluid exams/testing   |          |            |       |
|   |    | <u>Perform</u> History & Physical  |          |            |       |
| <b>Perform the following routine therapeutic procedures.</b>                      |    |  |          |            |       |
|   |    | Simple wound closure and/or debridement for all orthopaedic cases  |          |            |       |
|   |    | Joint arthrocentesis & injections  |          |            |       |
|   |    | Closed reduction with and without manipulation of fractures/dislocations including appl. Finger traps.   |          |            |       |
|   |    | Cast/splint application and removal  |          |            |       |
|   |    | Application of joint braces & CPM's  |          |            |       |
|   |    | Simple finger and toe tip repair   |          |            |       |
|   |    | Steinmann pin placement for skeletal traction: femur, tibia.   |          |            |       |
|   |    | Skin and skeletal traction of children/adults  |          |            |       |
|   |    | Repair superficial tendon lacerations (dorsum of wrist & hand or foot and ankle)   |          |            |       |
|   |    | Hardware removal (percutaneous pins & screws, the head of which would be immediately under the skin).  |          |            |       |
|   |    | Digital blocks   |          |            |       |
|   |    | Removal of drains  |          |            |       |
| <b>Assist the Supervising Physician with the following:</b>                       |    |  |          |            |       |
|   |    | First assistant in surgery   |          |            |       |
|   |    | Halo and tongs placement/application   |          |            |       |
|   |    | Amputation completion and revision of fingertips & toe tips where there has been traumatic amputation and the bone needs to be smoothed off, the wound debrided and the skin revised in order to make a closure on the amputation. |          |            |       |

