## **CLINICAL PRIVILEGES - PODIATRIST**

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 current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. (Make all entries in ink.)

<u>CLINICAL SUPERVISOR</u>: 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 and date the form. Forward the form to the Credentials Function. (Make all entries in ink.)

CODES: 1. Fully competent within defined scope of practice. (Clinical oversight of some allied health providers is required as defined in AFI 44-119.)

- 2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)
- 3. Not approved due to lack of facility support. (Reference facility master privileges list.)
- 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 AFI 44-119.

NAME OF APPLICANT		(Last, First, Middle Initial)	NAME OF MEDICAL FACILITY							
I. LIST OF CLINICAL PRIVILEGES - PODIATRIST										
Requested	Verified		Requested	Verified						
		A. OPERATIONS FOOT			A. OPERATIONS FOOT (continued)					
		1. Achilles tendon repair			37. Incision and drainage of infections and					
		2. Amputation - forefoot			hematomas					
		3. Amputation - midfoot			38. Congenital pediatric deformities - nonsurgical					
		4. Amputation - hindfoot			39. Congenital pediatric deformities - surgical					
		5. Arthrodesis - minor			B. OPERATIONS ANKLE					
		6. Arthrodesis - major			1. Arthroscopy					
		7. Arthroplasties			2. Arthroscopic synovectomy and					
		8. Arthrotomies			chondroplasty					
		9. Biopsy-skin, soft tissue and bone			3. Ligament and tendon repair and					
		10. Bone grafting			reconstruction of ankle					
		11. Bone lengthening procedures			4. Fasciectomy leg					
		12. Excision of soft tissue and tumors			C. BURNS AND ULCERS					
		13. Excision of bone tissue and tumors			1. Acute treatment of thermal, chemical, and					
		14. Fasciectomy of foot			electrical burns					
		15. Fasciotomy of foot			2. Acute treatment of skin and deep ulcers					
		16. Grafting - skin split thickness			3. Contracture releases					
		17. Grafting - skin full thickness and synthetic materials			Stabilizing procedures of tendon, bone, or joint by internal and external devices					
		18. Nerve - exploration release and excision			5. Acute treatment of trauma - foot and ankle					
		19. Osteotomy - forefoot			D. FRACTURES FOOT					
		20. Osteotomy - midfoot			1. Open reduction and internal fixation/closed - toes					
		21. Osteotomy - hindfoot			2. ORIF/closed - forefoot					
		22. Osteomyelitis and septic joint - drainage of			3. ORIF/closed - midfoot					
		23. Phalangization or digit transposition			4. ORIF/closed - hindfoot					
		24. Prosthetic replacement of bone and joints			5. Removal hardware - foot					
	25. Release and/or excision of muscle, tendon,				E. FRACTURES ANKLE					
		fascia, ligament, nerve, and bone/ossicles			1. ORIF/closed					
		26. Tendon grafting			a. Unimalleolar					
		27. Tendon repair, lengthening, shortening, and transposition			b. Bimalleolar					
					c. Timalleolar					
		28. Scar/keloid revision			d. Fibula					
		29. Skin plasties			e. Tibia					
		30. Syndactyly and polydactyly procedures			2. Removal of hardware from ankle					
		31. Tarsal tunnel release			F. CLINICAL					
		32. Ligament repair and reconstruction of foot			1. Admission history, parts 1, 2, and 3					
		33. Nail surgery			2. Admission physical - lower extremity					
		34. Cryosurgical removal of skin lesions			3. Medications normally used in podiatry					
		35. CO <sub>2</sub> laser treatment for skin lesions	_		4. Continuation of medications for podiatry					
		36. Electrosurgical removal of skin lesions			inpatients					

l.	LIST OF CLINICAL PRIVILEGES - PODIATRIST						
Requested	Verified		Requested	Verified			
		F. CLINICAL (continued)			F. CLINICAL (con	tinued)	
		5. IV medications				hoe modifications and special	
		a. Antibiotic therapy			footwear	nice modifications and special	
		b. Narcotics			16. Anesthesia	local	
		6. Arthrocentesis			17. Anesthesia		
		7. Peripheral venipuncture; start intravenous lines			18. Conscious		
		8. Basic life support (BLS)				nt of nails, corns, and calluses	
						corticosteroid medications	
		10. Podo-pediatrics			21. Treatment	of verruca	
		11. Podo-geriatrics			G. OTHER (Spec	ify)	
		12. Hyperbaric oxygen treatments			1.		
		13. Order/interpret laboratory, radiographic			2.		
		examination			3.		
		14. Prescribe/dispense foot/ankle braces,			4.		
	splints, orthotics				5.		
SIGNATURE OF APPLICANT				I.	DATE		
II.		CLINICAL SU	JPERVISOR -	S RECOM	MENDATION		
		<u> </u>					
R	RECOMMEN	D APPROVAL RECOMMEND APPROVAL	WITH MODIFIC	CATION		RECOMMEND DISAPPROVAL	
		(Specify belo				(Specify below)	
SIGNATURE	OF CLINIC	AL SUPERVISOR (Include typed, printed, or stamped sign	nature block	<u> </u>		DATE	
JIGNATUKE	OF CLINIC	AL GOFER VISOR (include typed, printed, or stamped sign	gnature DIOCK)	,		DATE	

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