

## List of Core and Specialised Procedures for Orthopaedic Surgery

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

**Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.**

CORE PROCEDURES	Tick the correct box	
	Yes	No
Synovectomy or Debridement of Shoulder		
Reduction Fracture of Clavicle		
Arthrodesis of Shoulder		
Immobilisation of Fracture of Humerus		
Synovectomy of Joint of Hand		
Amputation of Wrist, Hand or Digit		
Fasciectomy for Dupuytren's Contracture		
Arthrodesis of Hand		
De Quervains Release		
Procedures for Mallet Finger		
Immobilisation/Traction Fracture/Dislocation Pelvic or Hip		
Osteotomy of Pelvis, Hip or Femur		
Reduction of Dislocation of Hip		
Meniscal Repair and Ligament Repair		
Reduction Dislocation of Knee or Patella		
Osteotomy of Ankle or Foot		
Amputation of Ankle or Foot		
Repair Tendon or Ligament of Ankle/Foot		
Reconstruction of Joints		

CORE PROCEDURES	Tick the correct box	
	Yes	No
Arthroplasty		
Correction of Bony Deformities		
Debridement of Bone/Osteomyelitis		
Aspiration Other Musculoskeletal Sites		
Excision of Bone Tumour		
Total Joint Replacement		
Spinal Fusion		
Chemonucleolysis		
Laminectomy/Discectomy/Spinal Decompression		
Tenolysis		
Reimplantation of Digits		
Joint Aspiration		
Intraarticular Injection		
Adminstration of Agent Around Spinal Nerve		
Closed Reduction/Open Reduction with or without Internal Fixation of Fractures		

**Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.**

Name of Referee: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently.

SPECIALISED PROCEDURES	Tick the correct box		Signature of Referee
	Yes	No	
Arthroscopic Meniscectomy Knee W Repair			
Microdiscectomy			
Kyphoplasty			
Nucleoplasty			
Vertebroplasty			
Orthopaedic LASER Surgery			
Keyhole Surgery for the Spine			
Arthroscopic Procedures for the Joints			
Arthroscopic Repair of the Ligaments			
Arthroscopic Joint Reconstruction			
Robotic Knee Replacement			

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_