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## ATTESTATION OF PAS' KNOWLEDGE AND SKILLS

I certify that physician assistant \_\_\_\_\_ NCCPA ID #: \_\_\_\_\_ is able to apply the appropriate knowledge and skills needed for practice in **Orthopaedic Surgery** and has performed the following procedures and patient management relevant to the practice setting and/or understands how and when the procedures should be performed.

**Anesthesia**

- Local anesthesia including digital block
- Procedural anesthesia, conscious sedation
- Regional anesthesia

**Advanced Wound Management**

- Superficial/deep wound closure
- Wound debridement, incision and drainage
- Placement/removal of wound vacs, drains
- Tendon repair
- K-wire removal, hardware removal

**Compartment Pressure Measurement/ Management**

**Diagnostic/Therapeutic Needle Aspiration/Injections**

- Joints, tendons, trigger points, bursa, cysts
- Needle Biopsy

**Diagnostic Radiography/Other Modalities**

- Proper positioning and techniques for skeletal radiographs
- Interpretation of skeletal, soft tissue radiographs

- Interpretation of CT Scan, MRIs

- Electromyography interpretation

**Fracture, Dislocation Management**

- Universal hip, shoulder etc. reduction and relocation
- Application of braces, splints, casts, appliances
- Application of skeletal traction, skin traction
- Percutaneous pinning of fractures

**Operative / Perioperative Care**

- Preoperative consultation, evaluation
- First surgical assist
- Postoperative care, management

**Prevention, Recognition, Management of Common Orthopedic Complications/Conditions**

- Deep Venous Thrombosis
- Pulmonary Embolization
- Osteoporosis
- Osteomyelitis

I further certify that I am a physician, lead/senior physician assistant, or physician/physician assistant post graduate program director in **Orthopaedic Surgery** and am familiar with the physician assistant's practice and experience in this specialty area.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

I can be reached by NCCPA via the following for additional information or follow up:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

PLEASE RETURN THIS FORM TO NCCPA VIA FAX (678-417-8135), EMAIL OR MAIL