ORTHOPEDICS

REQUEST FOR PRIVILEGES

I hereby request surgical privileges in the specialty of Orthopedics as shown on this form. I understand that privileges granted are subject to a triennial review coinciding with reapplication for medical staff membership. I also understand that application for additional or new procedures can be made at any time with proper documentation.

The following surgical privileges are requested and are consistent with my abilities, training and experience.

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| **PRIVILEGES** | REQUEST(check) | **APPROVED/COMMENTS** |
|  Application of plaster or synthetic  splints and casts |  |  |
|  Insertion of external skeletal fixation and traction devices (Steinmam Pins, Hoffman, Halo, etc.) |  |  |
|  Aspiration and/or injection of joints,  bursae, cysts-local anesthetics,  cortisone derivatives, etc. |  |  |
|  Arthrography of various joints |  |  |
| Debridements or repair of wounds of  head, neck and extremities |  |  |
|  Tendon fixation, suture, transplant, or  transfer |  |  |
|  Bone grafting procedures for various  indications |  |  |
|  Excision of bursae, ganglions, or cyst |  |  |
|  Biopsy, bone or soft tissue – incisional or  needle |  |  |
|  Incision, drainage, and closed irrigation  acute or chronic infectious processes in extremities |  |  |
|  Epiphyseal arrest or stimulation |  |  |
|  Synovectomy of various joints |  |  |
|  Osteotomies various bones – correction  of deformity, shortening, lengthening, etc. |  |  |
|  Fasciotomy and fasciectomy |  |  |
|  Repair of acute or old ruptures of  Ligaments |  |  |
|  Repair of acute or recurrent capsular  joint injuries (for example, Bankart, AC  joint repair) |  |  |
|  Reconstruction of ligaments and joint  stabilization procedures |  |  |
|  Removal of foreign or loose bodies in  extremities, back, and neck |  |  |

Orthopedic Surgery Privileges continued

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| Closed or open reduction of fractures and dislocations of the extremities  |  |  |
| Repair of non-union of bone with reduction, fixation, grafting electrical stimulation etc |  |  |
| Ostectomy – partial or complete (for example distal ulna, carpal or tarsal bones) |  |  |
| Excision of tumors, calcium deposits neuromas, or other masses from soft tissue and bone of extremities |  |  |
| Arthrodesis – various joints  |  |  |
| Reconstructive arthroplasty – various joints of extremities  |  |  |
| Bone drilling operation |  |  |
| Repair, transplant, or lysis of peripheral nerve |  |  |
| Decompression of nerve, tendon, or soft tissue |  |  |
| Amputations of disarticulations of digits |  |  |
| Skin grafts and tunnel procedures of extremities |  |  |
| Realignment procedure of foot or hand (e.g., bunionectomies, pollicization, etc) |  |  |
| Internal fixation of fractures of the extremities  |  |  |
| Partial or total replacement arthroplasties, such as fingers, toes |  |  |
| Diagnostic arthroscopy |  |  |
| Arthroscopic surgery |  |  |
| Use of fluoroscopy, reading, interpretation of films |  |  |
| Local skin flaps |  |  |
| Local, topical anesthesia |  |  |
| Conscious/IV/Moderate sedation |  |  |
| Supervise RN “Pushing” medications |  |  |
| ***Flouroscopy equipment (C-Arm)*** ***Interpretation of radiographic images X-ray supervisor and operator certificate required.*** |  |  |
| **REQUESTED PROCEDURES NOT LISTED** |
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Signature of Applicant Date

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Signature Quality Improvement Committee Chairperson Date recommended

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Signature Governing Body Chairperson Date of approval