



Delineation Of Privileges
Orthopedic Surgery Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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CORE PRIVILEGES - ORTHOPEDIC SURGERY

Criteria: New Applicants - Board Certified or qualified for certification by the American Board of Orthopedics

Criteria: Current Staff members - Successful completion of an ACGME or AOA approved training program in Orthopedic Surgery; OR, demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years.

Proctoring Requirements: A minimum of eight (8) cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Admitting privileges ___

Consultation Only Privileges ___

Includes privileges to perform consultations for orthopedic patients ONLY.

Physicians granted "Consultation Only Privileges" **DO NOT** have privileges to admit patients, provide care independently, perform medical history and physical examinations and perform surgical or invasive procedures, or assist in surgical or invasive procedures.

Surgical Assist ONLY ___

Includes surgical assisting in Orthopedic surgery procedures ONLY. Physicians granted "Surgical Assist ONLY" **DO NOT** have privileges to admit patients, perform consultations, provide care independently, perform medical history and physical examinations, prescribe medications or perform surgical or invasive procedures as the primary operator.

Sedation Analgesia ___

Criteria: Requires successful completion of the Sedation Assessment test.

Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation ___

b) Pediatric Sedation (17 years and under) ___

Local block anesthesia ___

Regional block anesthesia ___



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ORTHOPEDIC SURGERY - CORE PRIVILEGES

Includes the management and coordination of care, treatment and services, (investigation and care of routine medical problems such as viral symptoms, fever, infections, etc.) and including: Medical History and Physical evaluations, consultations and prescribing medication in accordance with DEA certificate.

Interpretation of X-rays and scans

— — —

Use of bone cement and cement like substances for the treatment of fractures

— — —

Use of CPM (continuous passive motion) devices

— — —

Traction for treatment of fractures

— — —

Manipulation of limbs or joints

— — —

Saline and Cortison injections into joints and tendons

— — —

General Orthopedic Procedures:

— — —

Splint and cast applications; cast treatment for club foot

— — —

Amputations, including immediate prosthetic fitting

— — —

Arthrodesis and osteotomy and ligament reconstruction of major peripheral joints

— — —

Arthrogram, saline or contrast

— — —

Arthroplasty, large and small joints, including implants

— — —

Arthroscopy; with and without intra-articular surgery

— — —

Arthrotomies

— — —

Biopsies: Open or closed; Muscle and nerve biopsy (non-tumor)

— — —

Bone Malignancy: Care of patients with metastatic malignancy of bone and surgical procedures related to primary bone malignancy

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Carpal tunnel decompression	—	—	—
Congenital Repair: Care of congenital dislocated hip; closed uncomplicated reductions and open reductions; Surgery for congenital club feet, congenital vertical talus and coalition removal; Care of congenital deformities; reconstructive acetabulum and/or femoral neck shaft, leg lengthening procedures (Wagner, etc.), Repair of complicated congenital deformities of upper and lower extremities (i.e. sprenghels, phocomelia); Other congenital malformations	—	—	—
Digital tip injuries	—	—	—
Fasciotomy	—	—	—
Fractures & Dislocations: Open and closed reductions; simple and complex external fixation application; fracture fixation with mini compression plates (does not include Supracondylar fractures above the elbow in pediatric patients)	—	—	—
Free tissue transfers	—	—	—
Ganglion (palm or wrist, flexor sheath, etc.)	—	—	—
Grafts: Bone, Skin (pedicle flaps), Tendon, Nerve, Bone grafts pertaining to hand	—	—	—
Ilizarov use	—	—	—
Infections: Incision and drainage or management of infections and inflammations of the bones, joints and tendon sheaths; Major infections (e.g. felon, flexor sheath, space infections)	—	—	—
Hardware: Removal of hardware and other devices	—	—	—
Joint Repair: Major and minor joint replacement (including all materials necessary): ankle, elbow, hip, knee, shoulder, digital, radial head, fingers, toe and wrist	—	—	—
Lacerations	—	—	—



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Nerve Repair: Nerve transplant; Repair of acute peripheral nerve injury; Peripheral nerve decompression: median nerve, radial nerve, ulnar nerve	—	—	—
Neurolysis	—	—	—
Neuromas, correction of	—	—	—
Neurorrhaphy	—	—	—
Osteotomy	—	—	—
Polydactyly, simple	—	—	—
Rheumatoid reconstruction (soft tissue - synovectomy, tendons, etc.)	—	—	—
Staplings of lower extremities	—	—	—
Sympathectomy; peripheral vascular	—	—	—
Tendon Repair: Acute tendon repair/secondary tendon repair/extensor tendon repair/flexor tendon repair (forearm, wrist, palm, digits); Tenotomy; Tenodesis; Tendon reconstruction (free graft, staged); Tendon transfers	—	—	—
Trigger finger, DeQuervain's disease	—	—	—
Use of large allograft	—	—	—
Vessel Repair: Acute repair of vessels; Repair of large vessels; Microvascular repair of small vessels	—	—	—
Wound care	—	—	—
Hand Surgery:	—	—	—
Digital transposition, pollicization, ray resection	—	—	—
Reimplantation of digit, hand with microvascular anastomosis	—	—	—
Microneurorrhaphy and microvascular repair of hand	—	—	—



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Fasciectomy for Dupuytren's contracture	—	—	—
Major reconstruction (mallet, boutonniere, swan neck, tenolysis)	—	—	—
Vascular grafts pertaining to hand and forearm	—	—	—
Microneurorrhaphy and microvascular repair of arm, brachial plexus	—	—	—
Hand reconstruction, complicated hand surgery	—	—	—
Uncomplicated hand surgery without major reconstruction	—	—	—
Osteotomy pertaining to the hand	—	—	—
Synovectomy pertaining to the hand	—	—	—

ORTHOPEdic SURGERY - SUPPLEMENTAL PRIVILEGES

Criteria: New Applicants - Must meet the criteria outlined for Core Orthopedic Surgery privileges AND must provide documentation of competence from Residency Program Director with a certificate of added qualification of Fellowship Training. Letter from Department Chair certifying competency and/or approval on a case by case basis by Section Chief.

Criteria: Current Staff Members - Must meet the criteria outlined for Core Orthopedic Surgery Privileges AND must provide documentation of training and current competency in each procedure requested.

Proctoring Requirements: Of the eight (8) total proctored cases required, four (4) proctored cases must be from the Supplemental Privileges section.

ORTHOPEdic SURGERY - SUPPLEMENTAL PRIVILEGES:

Reimplantation of limb, arm with microvascular anastomosis	—	—	—
Repair of Supracondylar fractures above the elbow in pediatric patients (except in cases of dire emergency)	—	—	—
Complex pelvis and acetabular surgery	—	—	—
Limb salvage for tumors	—	—	—
Free flaps	—	—	—



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SPINE SURGERY - SUPPLEMENTAL PRIVILEGES:

Laminectomy of spine	—	—	—
Spinal instrumentation	—	—	—
Anterior spinal procedures	—	—	—
Spine instrument; posterior	—	—	—
Spine instrument; anterior	—	—	—
Kyphoplasty/Vertebroplasty Criteria: Requires course certificate from manufacturer	—	—	—
Halo application; skull or pelvic	—	—	—
Use of Chymopapain	—	—	—
Suction removal of disc	—	—	—
Epidurals	—	—	—
Facet Blocks	—	—	—

Revised: 7/25/2013; 10/30/2014

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____



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DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____