



**Delineation Of Privileges**  
Podiatry Privileges

Provider Name:

Privilege	Requested	Tabled	Approved
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**PODIATRY PRIVILEGES**

**Criteria - New Applicants:** Board Certified or qualified for certification by the American Board of Podiatry.

**Criteria - Current Staff Members Only:** Successful completion of an approved training program; OR demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years.

**Proctoring Requirements:** A minimum of eight cases, in accordance with the Surgery Department Proctoring Protocol.

**GENERAL PRIVILEGES:**

Consultation Only Privileges	—	—	—
Surgical Assist Only	—	—	—

**CORE PRIVILEGES - PODIATRY:**

Includes the management and coordination of care, treatment and services, including: Medical History and Physical examinations related to the foot, consultations, and prescribing medication in accordance with DEA certificate.

**Procedures as related to the foot:**

Arthrodesis	—	—	—
Bunionectomy	—	—	—
Bursectomy	—	—	—
Capsulectomy	—	—	—
Cast Change	—	—	—
Closed Reduction Fracture	—	—	—
Debridement	—	—	—
Excision Exotosis	—	—	—
Foreign Body Excision	—	—	—
Fusion	—	—	—



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Ganglionectomy	---	---	---
Hammertoes Correction	---	---	---
Hardware Removal	---	---	---
Ligament Repair	---	---	---
Manipulation of Joints	---	---	---
Mass Excision	---	---	---
Morton's Neuroma Removal	---	---	---
Nerve Repair - Toe	---	---	---
Neurolysis - Toe	---	---	---
Neuroma Removal	---	---	---
Open Reduction Fracture	---	---	---
Osteotomy	---	---	---
Phalangectomy	---	---	---
Plantar Wart Excision	---	---	---
Scar Revision	---	---	---
Sequestrectomy	---	---	---
Syndactylization of Toes	---	---	---
Synovectomy	---	---	---
Tarsal Tunnel Decompression	---	---	---
Tendon Release Tenotomy	---	---	---



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Tendon Repair	—	—	—
Tendon Sheath Release	—	—	—
Tenosynovectomy	—	—	—
Toenail Removal	—	—	—
Xanthroma Excision	—	—	—
Z-Plasty	—	—	—

**SUPPLEMENTAL PRIVILEGES - PODIATRY**

**Criteria:**

Must meet the criteria outlined for Core Podiatry privileges, and the specific criteria defined for the Supplemental privilege.

**SUPPLEMENTAL PRIVILEGES - PODIATRY:**

CO2 Laser Privileges

—      —      —

**Criteria:** Requires evidence of training or laser certificate.

*Revised 7/22/10*

**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:** \_\_\_\_\_

**DEPARTMENT CHAIR RECOMMENDATIONS**



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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:** \_\_\_\_\_