

THE CENTER FOR ORTHOPAEDIC SURGERY
ORTHOPAEDIC DELINEATION OF PRIVILEGES

Name: _____

The request for Clinical Privileges should be carefully reviewed by the applicant and in accordance with the Medical Staff By-Laws. Only privileges for which documented education and/or training which can be verified will be granted.

Req INITIAL	Description	Medical Director		Anesthesia Director	
	ACL Reconstruction				
	Acromioplasty				
	Amputation, fingers, thumbs, toes				
	Ankle, Potts-Bimalleolar fracture				
	Application – Removal Splints				
	Arthroscopy, Knee, Shoulder, Ankle, Wrist, Elbow				
	Arthrotomy				
	Avulsion Fractures				
	Biopsy, open or closed with or without excision				
	Bone Tendon Grafting				
	Bone drainage				
	Bone Excision – all extremities				
	Bone pathology, infection, cyst, tumors				
	Bone spurs				
	Carpal Tunnel Release (Open/Endoscopic)				
	Debridement, irrigation of wound, infection				
	Division of muscle, tendon, fascia				
	Fasciotomy, foot, hand				
	Foreign Body Removal Exploration				
	Fracture treatment open, closed, displacement, avulsion, reductions all extremities (except spine)				
	Fracture treatment spine				
	Ganglionectomy				
	Hardware Removal				
	Knee, Joint Replacement, Uni, Total				
	Nerve Repair				
	Shoulder, Rotator Cuff Repair				
	Shoulder, Total, Reverse Totals				
	Spine, Cervical Fusion				
	Spine, Khyphoplasty				
	Spine, Lumbar, Thoracic Fusion				
	Spine, Level 1-2 Discectomies				
	Suture, Laceration, muscle, tendon, fascia				
	Tendon Repair, Graft				
	Trigger Finger, Dupuytren’s Release				
	Trigger Point Injection				
	C-Arm, use of fluoroscopy and interpretation of image during procedure				
	Ultrasound, use of ultrasound and interpretation of image during procedure				

SIGNATURE PAGE FOLLOWS:

I hereby request the clinical privileges as indicated above. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in the performance of privileges I have requested. I understand that any and all privileges granted to me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Medical Advisory Committee and the Executive Board reserve the right to grant or limit my privileges in accordance with my continuing performance in rendering of patient care.

Provider Name

Date

Approval Medical Director/Medical Executive Committee

Date

Approval Anesthesia Director/Medical Executive Committee

Date