



Surgical Privileges Form Orthopedic Surgery

CLINICAL PRIVILEGES REQUEST

Applicant's Name:

Scope of Practice: License No. (If Any):

Facility:

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)	Not Recommended (For committee use)
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CATEGORY I: EMERGENCY SURGERY

1. Open reduction with plate / screw fixation (MIPO + LISS)			
2. Use of Hybrid External Fixator (Ilizarov)			
3. Split thickness skin graft (STSG)			

CATEGORY II: PEDIATRIC SURGICAL PROCEDURES

Upper Extremity

1. Correction of forearm deformities (e.g hypoplasia of radius, Madelung's deformity)			
2. Correction of elbow deformities (e.g congenital dislocation head of radius, Cubitus Varus)			
3. Correction of shoulder deformities (e.g Sprengel's Deformity)			
4. Soft tissue release of the thumb or hand in CP			
5. Tendon transfer to the elbow, hand or wrist			
6. Release of congenital trigger fingers in children			

Hip Joint

1. Close reduction, spica for DDH			
2. Arthrography of the hip			
3. Percutaneous tenotomy, close reduction of the hip			
4. Extensive soft tissue release of the hip (neuromuscular disorders)			
5. Open reduction of the hip for DDH			
6. Open reduction of the hip, femoral osteotomy			
7. Pelvic osteotomies (Salter, Pemberton, Chiari, etc.)			
8. Fixation of slipped epiphysis			
9. 3-plane intertrochanteric osteotomy of femur			

Name of applicant.....



Knee Joint

1.Manipulation, POP for congenital dislocation of the knee			
2.Soft tissue release for congenital dislocation of the knee			
3.Soft tissue release for fixed flexion deformity (neuromuscular)			
4.Supracondylar osteotomy of femur			
5.Osteotomies of the proximal tibia			
6.Procedures for recurrent dislocation of patella			
7.Arthroscopy for pediatric knee			

Foot and ankle

1.Manipulation, POP for clubfoot			
2.Posterior release for clubfoot or spastic equines deformity			
3.Postero-medial release for clubfoot			
4.Bony procedures to correct residual deformities			
5.Soft tissue release, open reduction for vertical talus			
6. Tendon transfer to the foot			
7.Calcaneal osteotomies			
8.Extra- articular subtalar fusion			
9.Supramalleular osteotomy			

Lower limb

1. Epiphysidesis			
2. Lengthening osteotomies of femur or tibia			
3. Correction of deformities or length discrepancies with illizarov instrumentation			

Bone tumors

1.Curettage of bone cyst or tumor and bone grafting			
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Miscellaneous

1.Correction of long deformities in osteogenesis imperfect			
2.Drainage of an infected joint (e.g hip, shoulder, ankle, knee)			
3.Surgical correction of equinus deformity in CP			

Name of applicant.....



CATEGORY III: SPINAL SURGERY

1. Local injections: Facetal, Epidural (Caudal), Perivertebral			
2. Lumbar Disectomy			
3. Decompressive Lam inectomy			
4. Posterolateral (Intratraverse) fusion			
5. Posterior spinal fusion with instrumentation (Diapson)			
6. Posterior lumbar Interbody fusion			
7. Anterior lumbar interbody fusion			
8. Corpectomy and Anterior fusion			
9. Correction of spinal deformity with posterior instrumentation			
10. Correction of spinal deformity with anterior instrumentation			
11. Combined Anterior and Posterior correction of spinal deformity			
13. Kyphoplasty and vetebroplasty			
14. Some thorascopic spinal surgeries			
15. Some mini-invasive spine surgeries			

CATEGORY IV: SHOULDER SURGERIES

1. Scapular bursa injection: arthroscopic			
2. Shoulder arthroscopy: diagnostic			
3. Shoulder arthroscopy: synovial biopsy			
4. Shoulder arthroscopy: lose bodies			
5. Shoulder arthroscopy: slap lesions			
6. Subacromial decompression: arthroscopic			
7. A/C joint resection: arthroscopic			
8. Anterior shoulder stabilization procedures: open			
9. Anterior shoulder stabilization procedures: arthroscopic			
10. Posterior shoulder stabilization: open			
11. Shoulder replacement			
12. Rotator cuff repair: open			
13. Rotator cuff repair: arthroscopic			
14. Biceps tendon tenodesis open			
15. Subscapular Nerve entrapment release			
16. Soft tissue / Bony tumors around shoulder: excision			
17. Soft tissue / Bony tumors around shoulder: Biopsy			
18. Shoulder Arthrodesis			
19. ORIF of fractures of scapula			



CATEGORY V: WRIST AND HAND SURGERY

1.Arthrodesis of the Wrist			
2.Arthroscopy of the Wrist			
3.Carpal ligament instability (repair & reconstruction)			
4.Surgical treatment of Carpal bones non union			
5.Surgical treatment of Arthritic Wrist and hand(proximal) row carpectomy, radial & ulnar shortening and lengthening Savue – Kapandji, limited Arthrodesis triscaphoid, STT)			
6.Stabilization of the DRUJ			
7.Surgery for the TFCC Pathology			
8.Dupuytren Release			
9. CM CJ, M CPJ, IPJ Replacement, and ligament repair.			

CATEGORY VI: PELVIS AND HIP SURGERY

1. Fixation of Pelvic Ring Disruptions with S.I. Screws / Plates			
2.Fixation of Acetabular fracture through inguinal Approach			
3.Fixation of Acetabular fracture through Kocher – Lanenaeck Approach			
4.Fixation of A cetabular fracture through extensile iliofermal approach			
5.Periacetabular osteotomy (Adult)			
6.Proximal femoral osteotomy (Adult)			
7.Arthrodesis of hip joint			
8.Cemented total Arthroplasty of Hip			
9.Cementless total Arthroplasty of Hip			
10.Surface Replacement / Hybrid Athroplasty of Hip			
11.Revision Arthroplasty of Hip			
12.Complex Arthroplasty of Hip (Acetabular Augmentation)			
13.Open procedures on Femoral Head			

Name of applicant.....



CATEGORY VII: KNEE SURGERY

1.Arthroscopic diagnostic			
2.Arthroscopic washout/debridement/Biopsy/Rem. LB			
3.Arthroscopic surgery of menisci			
4.Arthroscopically assisted repair / reconstruction of cruciate ligaments			
5.Arthroscopic synovectomy			
6.Open repair of collateral ligaments			
7.Repair of complex ligamentous disruptions			
8.Operative treatment of patellar instability			
9.Supracondylar fem oral osteotomy			
10.High tibial osteotomy			
11.Athrodesis of knee			
12.Total condylar arthroplasty of knee			
13.Unicondylar Arthroplasty of knee			
14.Revision arthroplasty of knee			

CATEGORY VIII: FOOT AND ANKLE SURGERY

1.Arthrodesis of the Ankle (Triple Arthrodesis, limited, big toe fusion)			
2.Surgical treatment of Acute and chronic Ankle instability			
3.Ankle arthroscopy			
4Surgical decompression of Impingement Syndrome			
5.Surgical treatment of Tarsal Coalition			
6.Surgery of Pes Planus and Pes Cavus			
7.Surgery of Hammer toes, claw Toes and mallet toes, soft tissue and bony procedure			
8.Surgical treatment of Ankle Tendons and fascia (Posterior and anterior Tibial, Peroneal and Achilles Tendon, planter fascia pathology)			
9.Lesser toe fusion			
10.Calcaneal spur excision			
11.Steidler operation for foot			

CATEGORY IX: Amputations

Upper Extremity

1. Disarticulation at Shoulder			
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Lower

1. Disarticulation at Hip			
2. Transarticular Amputation of Knee			
3. Fore / Hind Quarter Amputation			
11. Soft tissue release around hip, knee, ankle and foot in CP			
12. Graf method for diagnosis of DDH with USG			

CATEGORY X: ADDITIONAL PRIVILEGES (not included above)

Note: If additional privilege(s) are desired, please indicate this in the space provided above. You must submit along with this application a necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.

By signing below, I acknowledge that I have read, understand, and agree to abide by QCHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

- a) In exercising any clinical privileges granted, I am constrained by QCHP's 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 situation my actions are governed by the recognized policies and rules.

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Applicant's signature (Stamp if any)

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Date

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1. Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature

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Date

Name of applicant.....



For Committee use only

Evaluation Committee Chairman:

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

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Chairperson's Stamp & signature

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Date

Other Committee Members:

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1) Name

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Date

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2) Name

.....
Date