

## ADVANCED SURGICAL PRIVILEGES FORM / ORTHOPEDIC SURGERY

Applicant's Name: .....

License No. (If Any): ..... Date:

### CATEGORY I: EMERGENCY SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Open reduction with plate/screw fixation (MIPO + LISS)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Use of Hybrid External Fixator (Ilizarov)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Split thickness skin graft (STSG)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY II: PEDIATRIC SURGICAL PROCEDURES

Privileges	For applicant use		For committee use		
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<b>A. Pediatric Trauma</b>					
1. Conservative treatment of pediatric upper limb fractures and injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Surgical treatment of pediatric upper limb fracture and injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Conservative treatment of pediatric Lower limb fracture and injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Surgical treatment of pediatric Lower limb fracture and injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Conservative and surgical treatment of pediatric pelvis and acetabular fracture.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>B. Pediatric Upper Extremity</b>					
1. Correction of forearm deformities (e.g. radio ulna synostosis, Madelung's deformity)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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2. Correction of elbow deformities (e.g. congenital dislocation head of radius, Cubitus Varus)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Correction of shoulder deformities	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Soft tissue/tendon release of the thumb or hand	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Tendon transfer to the elbow, hand or wrist	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Release of congenital trigger fingers in children	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>C. Pediatric Hip Joint</b>					
1. Ultrasound for diagnosis of DDH (Graf Method)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Arthrography of the hip	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Percutaneous tenotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Close reduction of the hip and Spica application for DDH	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Extensive soft tissue release of the hip (Neuromuscular disorders)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Open reduction of the hip for DDH	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Proximal femur osteotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Acetabular osteotomy (Salter, Pemberton...)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Chiari Pelvic osteotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Triple osteotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Periacetabular osteotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Fixation of slipped capital femoral epiphysis (SCFE)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Open surgical hip dislocation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>D. Pediatric Knee Joint</b>					
1. Manipulation, POP for congenital dislocation of the knee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Soft tissue release for pediatric dislocation of the knee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Soft tissue release for fixed flexion deformity (neuromuscular)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Tendon transfer for neuromuscular disorder	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Supracondylar osteotomy of femur	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Osteotomy of the proximal tibia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Procedures for recurrent dislocation of patella	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Arthroscopy for pediatric knee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Pediatric ACL reconstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>E. Pediatric Foot and Ankle</b>					
1. Manipulation and application of POP for clubfoot	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Percutaneous Achilles lengthening	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Posterior release for equinus foot	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Posteromedial release for clubfoot	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Surgical correction of equinus ankle and foot deformity in cerebral palsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Soft tissue release, open reduction for vertical talus	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Tendon transfer in the foot	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Bony procedures and osteotomy to correct foot deformities	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Extra- articular subtalar fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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10. Subtalar arthroereisis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Triple arthrodesis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Supramalleolar osteotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>F. Pediatric Lower Limb</b>					
1. Epiphysiodesis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Lengthening osteotomy of the femur with motorized nail	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Lengthening osteotomy with TSF or ilizarov frame	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>G. Pediatric Spine</b>					
1. Fusion of baso-cervical instability	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Treatment of C1/C2 instability	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Surgical treatment of pediatric cervical spine	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Treatment of Sprengel's deformity	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Corpectomy and fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Posterior instrumentation for congenital scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Posterior and anterior treatment of congenital scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Instrumentation for juvenile scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Posterior correction of idiopathic scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Anterior correction of idiopathic scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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11. Instrumentation for neuromuscular scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Fixation of spondylolisthesis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Lumbar discectomy in selected cases with neurological compromise	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>H. Pediatric Miscellaneous</b>					
1. Correction of long bone deformities in osteogenesis imperfecta	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Incision and drainage of infected joint (e.g. hip, shoulder, ankle, knee)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Soft tissue biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Bone biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Excision of osteochondroma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Excision of osteoid osteoma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Curettage of bone cyst and grafting	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Wide tumor resection and reconstruction (e.g. lesion prothesis)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Hemipelvectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY III: UPPER LIMB

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<b>A. Shoulder Surgeries</b>					
1. Shoulder arthroscopy: diagnostic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Shoulder arthroscopy: slap lesions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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3. Subacromial decompression: arthroscopic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. A/C joint resection: arthroscopic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Anterior shoulder stabilization procedures: open	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Anterior shoulder stabilization procedures: arthroscopic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Posterior shoulder stabilization: open	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Hemiarthroplasty shoulder	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Anatomic Shoulder arthroplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Reversed Shoulder replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Revision Shoulder arthroplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Rotator cuff repair: open	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Rotator cuff repair: arthroscopic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Biceps tendon tenodesis open	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Subscapular nerve entrapment release	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Shoulder arthrodesis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
17. Osteotomies around the shoulder	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
18. ORIF of fractures of scapula	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
19. ORIF fracture proximal humerus	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>B. Elbow</b>					
1. ORIF complex fracture of elbow and distal humerus	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Ligament repair and reconstruction of elbow	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Radial head replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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4. Elbow joint replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Revision elbow replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Osteotomies around the elbow	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Elbow fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Open soft tissue release around the elbow	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Arthroscopic procedure for the elbow	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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<b>C. Wrist and Hand Surgery</b>					
1. ORIF complex fracture-dislocation of forearm and wrist	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. ORIF fracture/dislocation of carpal bone, carpo-metacarpal and phalanx	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Surgical treatment for hand and wrist nonunion and malunion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Repair/reconstruction of complex wrist and hand soft tissue and ligament injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Finger replantation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Wrist orthoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. TFCC pathology repair open	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. TFCC pathology repair arthroscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Osteotomy of radius and ulna	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Procedure for DRUJ pathology	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Proximal row carpectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Carpal bone fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Wrist fusion procedure	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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14. Dupuytren's and soft tissue release of hand	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Small joint replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY IV: PELVIS AND HIP SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Fixation of acetabulum through Kocher Langenbeck approach	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Fixation of acetabulum through Ilioinguinal approach	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Fixation of acetabulum through Stoppa approach	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Fixation of acetabulum through Extended Iliofemoral approach	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Fixation of femoral head	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Fixation of iliac wing/AIIS/ASIS fracture	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Hip/SIJ/symphysis pubis aspiration/injection/biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Diagnostic hip arthroscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Hip arthroscopic washout and debridement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Open hip labral repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. arthroscopic hip labral repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Open femoroacetabular impingement surgery	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Arthroscopic femoroacetabular impingement surgery	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Femoral head microfracture/arthroscopic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Trochanteric bursectomy/open	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Hip tendons injection	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
17. Hamstring tendons/injection/repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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18. Symphysis pubis fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
19. Sacroiliac joint fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
20. Iliac bone grafting	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
21. Girdle stone operation/proximal femoral resection (resection arthroplasty)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
22. Decompression of entrapment neuropathy around hip and pelvis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
23. Sportsman hernia repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
24. Core decompression of proximal femur	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
25. Hip arthrodesis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY V: KNEE SURGERY

Privileges	For applicant use		For committee use		
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1. ORIF complex knee fracture	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. ORIF complex periprosthetic fracture	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Arthroscopic surgery of menisci	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Arthroscopically assisted repair/ reconstruction of anterior cruciate ligaments	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Posterior cruciate ligament repair/reconstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Arthroscopic synovectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Open repair of collateral ligaments injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Repair of complex ligamentous disruptions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Operative treatment of patellar instability	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Supracondylar femoral osteotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. High tibial osteotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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12. Arthrodesis of knee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Total knee arthroplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Unicondylar arthroplasty of knee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Revision arthroplasty of knee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY VI: FOOT AND ANKLE

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1. ORIF complex foot and ankle fracture / dislocation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Repair / reconstruction of ligament injury of foot and ankle	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Diagnostic / therapeutic ankle arthroscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Osteotomy / fusion procedure foot and ankle	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Complex tendon repair or transfer in foot and ankle	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Diabetic foot bone and soft tissue management	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Ilizarov fixation of foot and ankle	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Retrograde calcaneal nail	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Total ankle replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Revision of ankle replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY VII: SPINAL SURGERY

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1. Local injections: facet, epidural (caudal), perivertebral	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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2. Lumbar discectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Decompressive laminectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Posterolateral (intradiscal) fusion with or without instrumentation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Transforaminal lumbar interbody fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Oblique lumbar interbody fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Posterior lumbar interbody fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Anterior lumbar interbody fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Corpectomy and anterior fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Correction of spinal deformity with posterior instrumentation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Correction of spinal deformity with anterior instrumentation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Combined anterior and posterior correction of spinal deformity	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Kyphoplasty / vertebroplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Thoracoscopic spinal surgeries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Minimally-invasive spine surgeries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Kyphectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
17. Correction of major kyphotic deformity	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
18. Correction of idiopathic scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
19. Correction of degenerative scoliosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
20. Anterior cervical discectomy and fusion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
21. Microscopic discectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
22. Endoscopic discectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
23. Cervical laminectomy with or without instrumentation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

## ADVANCED SURGICAL PRIVILEGES FORM / ORTHOPEDIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
24. Cervical foraminotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
25. Laminoplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
26. C1-C2 fusion and instrumentation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
27. Cranio-cervical fusion and instrumentation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
28. Cervico-thoracic fusion and instrumentation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY VIII: MISCELLANEOUS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Biopsy bone lesion upper or lower extremity including pelvis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Biopsy bone lesion spine	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Biopsy soft tissue lesion upper or lower extremity including pelvis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Biopsy soft tissue lesion trunk / retroperitoneal	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Excision benign bone tumor upper or lower extremity including pelvis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Excision benign bone tumor spine	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Curettage and bone grafting/bone cementing benign bone tumors/cyst, upper and lower extremities including pelvis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Excision benign soft tissue tumor upper or lower extremity including pelvis with no soft tissue reconstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Van Nes Rotationplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

## ADVANCED SURGICAL PRIVILEGES FORM / ORTHOPEDIC SURGERY

### CATEGORY IX: AMPUTATIONS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
<b>A. Upper Extremity</b>					
1. Amputation of hand, fingers, digits	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Wrist disarticulation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Below elbow amputation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Trans elbow disarticulation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Above elbow amputation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Disarticulation at shoulder	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Forequarter amputation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
<b>B. Lower Limb</b>					
1. Ray amputation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Amputation through metatarsals / tarsal / hind foot	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Ankle disarticulation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Disarticulation of knee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Above knee amputation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Hip disarticulation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Hemipelvectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Hindquarter amputation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

## ADVANCED SURGICAL PRIVILEGES FORM / ORTHOPEDIC SURGERY

### ADDITIONAL PRIVILEGE (NOT INCLUDED ABOVE)

Privileges	For applicant use		For committee use						
	Request	Signature	Recommended			Not Recommended	Reason for rejection (if any)		
			Facility type						
			Hospital	Day care	Clinic under LA				

#### Note:

You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date:

## ADVANCED SURGICAL PRIVILEGES FORM / ORTHOPEDIC SURGERY

### FOR COMMITTEE USE ONLY

#### Committee Decision:

Evaluation type:

By Interview ☐ virtual / personal  
By documents only ☐  
Or both ☐

#### Other comments:

.....

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

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Name, Signature & Stamp

Date:

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Name, Signature & Stamp

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