Surgical Privileges Form: Orthopedic Surgery
(Core Privileges/ for Associate Only)

Clinical Privileges Request

Applicant's Name: ……

Scope of Practice: ……

License No. (If Any): ……..

Facility: ……..

Date: ……..

Instructions

For applicant:

1. **Please note that you should sign next to each requested privilege.**
2. **Please use this sign (√) for the requested privilege.**
3. **Please leave any procedures you do not want to apply for blank and do not use (X) sign.**
4. **Please do not write additional privilege out of your scope of practice, as it will not be accepted.**
5. **Please do not write anything in the "for committee Use "section.**
6. **For additional privilege, do not choose the already granted privilege.**
7. **Please attach the previous approval of surgical privilege when you apply for additional privilege.**
8. **Please note that you can apply for Appeal within one month of the date of Issuance of the Privilege.**
9. **You can only apply Once for Appeal per a single Privilege Application.**

For committee:

1. **Please note that the final decision must be signed by minimum 2 committee members.**
2. **Please use this sign (√) for recommended and not-recommended privilege.**
3. **Please note that granting privileges under supervision is not permitted. Please do not write "under supervision" note next to any privilege.**
4. **Please specify the reasons for rejection (if applicable); for example (require experience, logbook is insufficient, need additional courses, etc.)**

Surgical Privileges Form: Orthopedic Surgery (Core Privileges/ for Associate Only)

Clinical Privileges Request

Category I: Emergency Surgery

Privileges	For applicant use		For committee use		
	Request	*Signature*	*Recommended*	*Not Recommended*	*Reason for rejection (if any)*
1. Application of Traction Pins					
2. Closed manipulation of fractures / dislocations/ splints / casts					
3. Closed manipulation and Percutaneous wire /screw fixation					
4. Open reduction and tension wiring					
5. Open reduction with intramedullary device					
6. Closed reduction with intramedullary device					
7. Open reduction and application of external fixation					
8. Closed reduction and Application of external fixation					
9. Operative treatment of intra articular fractures					
10. Operative treatment of Soft Tissue Injuries					
11. Tendon / ligament repair					
12. Fasciotomy					

Surgical Privileges Form: Orthopedic Surgery (Core Privileges/ for Associate Only)

Clinical Privileges Request

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
13. Wound debridement					
14. Operative treatment of Acute bone, joint & Soft tissue infection					
15. Bone grafting					
16. Hemi / Bipolar Arthroplasty of Hip Fractures					
17. Operative fixation using DHS / DCS / Cannulated screws					

Category II: Pediatric Surgery Procedures

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
Bone tumors					
1. Excision of osteochondroma					
2. Excision of Osteoma					

Surgical Privileges Form: Orthopedic Surgery
(Core Privileges/ for Associate Only)

Clinical Privileges Request

Category III: Amputations

Privileges	For applicant use		For committee use		
	Request	*Signature*	*Recommended*	*Not Recommended*	*Reason for rejection (if any)*
Upper Extremity					
1. Trans articular Amputation of Elbow					
2. Amputation of Elbow					
3. Amputation of Wrist					
4. Amputation of Hand					
5. Amputation of Digits					
Lower Extremity					
1. Above Knee Amputation					
2. Below Knee Amputation					
3. Amputations around Ankle					
4. Amputations through Tarsus					
5. Amputations through Metacarpals / Metatarsals					
6. Ray Amputations					
7. Amputations/ Terminalizations through Phalanges					

Surgical Privileges Form: Orthopedic Surgery (Core Privileges/ for Associate Only)

Category IV: Shoulder surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Manipulation of frozen shoulders					
2. Subacromial and Intraarticular injections					
3. Scapular bursa injection: excision – open					
4. Subacromial decompression: open					
5. A/C joint resection: acromioplasty open					
6. ORIF of fractures of humeral head/humeral shaft					

Category V: Wrist and neck surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Tendon Repair Basic Techniques					
2. Nerve Entrapment surgery (Medial Nerve, Ulnar nerve)					
3. Surgical treatment of Tenosynovitis					
4. Surgical treatment of special hand infections (Palmer spaces, web spaces … etc)					

Surgical Privileges Form: Orthopedic Surgery (Core Privileges/ for Associate Only)

Clinical Privileges Request

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
5. Surgical treatment of tendon sheets infection					
6. Trigger finger, Mallet Finger, Dequarvian (stenosing tenosynovitis)					

Category VI: Pelvis and Hip Surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Closed reduction with clamp / Fix Pelvic Ring disruptions					

Category VII: Knee Surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Aspiration of Knee					

Surgical Privileges Form: Orthopedic Surgery
(Core Privileges/ for Associate Only)

Clinical Privileges Request

Category VIII: Foot and Ankle Surgery

Privileges	*For applicant use*		*For committee use*		
	Request	***Signature***	***Recommended***	***Not Recommended***	***Reason for rejection (if any)***
1. Removal, excision of soft tissue swelling and Mortin's neuroma					
2. Hallux Valgues surgery (soft tissue procedures, Fusion, Excision Arthroplasty, osteomies proximal and distal)					
3. Ingrown toenail operation					

Note:

- You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.
- Granting privileges under supervision is no longer permitted

By signing below, I acknowledge that I have read, understand, and agree to abide by DHP 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 DHP'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.

…….. ……
Applicant's signature (Stamp if any) Date

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

Surgical Privileges Form: Orthopedic Surgery (Core Privileges/ for Associate Only)

For Committee use only

Committee Decision:

Evaluation type:

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

Other comments:

……

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).

…….. ……

Chairperson's Stamp & signature Date

Other Committee Members:

…….. ……

1) Name Date

…….. ……

2) Name Date