



Surgical Privileges Form: Orthopedic Surgery

Clinical privilege request

(Advanced Privileges/for Specialty Only)

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.)



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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)					
2.Use of Hybrid External Fixator (Illizarov)					
3.Split thickness skin graft (STSG)					

CATEGORY II: Pediatric Surgical Procedures

Upper Extremity

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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)					



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	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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					



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	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
7. Pelvic osteotomies (Salter, Pemberton, Chiari, etc.)					
8. Fixation of slipped epiphysis					
9. 3-plane intertrochanteric osteotomy of femur					

Knee Joint

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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					



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Foot and ankle

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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					



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Lower limb

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1.Epiphysidesis					
2.Lengthening osteotomies of femur or tibia					
3.Correction of deformities or length discrepancies with illizarov instrumentation					

Bone tumors

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1.Curettage of bone cyst or tumor and bone grafting					

Miscellaneous

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1.Correction of long deformities in osteogenesis imperfect					
2.Drainage of an infected joint (e.g hip,shoulder, ankle, knee)					



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CATEGORY III: Spinal Surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1.Local injections: Facetal, Epidural (Caudal), Perivertebral					
2.Lumbar Disectomy					
3.Decompressive Laminectomy					
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					
12.Surgical correction of equinus deformity in CP					
13.Kyphoplasty and vetebroplasty					
14.Some thorascopic spinal surgeries					
15.Some mini-invasive spine surgeries					



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CATEGORY IV: Shoulder Surgeries

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Scapular bursa injection: arthroscopic					
2. Shoulder arthroscopy: diagnostic					
3. Shoulder arthroscopy: synovial biopsy					
4. Shoulder arthroscopy: loose 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					



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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1.Arthrodesis of the Wrist					
2.Arthroscopy of the Wrist					
3.Carpal ligament instability (repair & reconstruction)					
4.Surgical treatment of Carpal bones nonunion					



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	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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 – Lanenaek Approach					



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	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
4. Fixation of Acetabular fracture through extensile iliofemoral 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 Arthroplasty of Hip					
11. Revision Arthroplasty of Hip					
12. Complex Arthroplasty of Hip (Acetabular Augmentation)					
13. Open procedures on Femoral Head					



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CATEGORY VII: Knee Surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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					



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CATEGORY VIII: Foot and Ankle Surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1.Arthrodesis of the Ankle (Triple Arthrodesis, limited, big toe fusion)					
2.Surgical treatment of Acute and chronic Ankle instability					
3.Ankle arthroscopy					
4.Surgical 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.Steindler operation for foot					



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**CATEGORY IX: Amputations
Upper Extremity**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Disarticulation at Shoulder					

Lower Extremity

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Disarticulation at Hip					
2. Transarticular Amputation of Knee					
3. Fore / Hind Quarter Amputation					
4. Soft tissue release around hip, knee, ankle and foot in CP					
5. Graf method for diagnosis of DDH with USG					



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CATEGORY X: Additional Privileges (not included above)

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	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)

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.
- 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:

- In exercising any clinical privileges granted, I am constrained by DHP's policies and rules applicable generally and any applicable to the particular situation.
- 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)

.....
Date



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will perform surgeries in) Stamp & Signature

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