

Please Print Name _____

QUALIFICATIONS: Licensed podiatrist (DPM) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the Podiatric Physician to treat patients without limitations, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) (APP=Approved)

REQ	APP	CLASS I – MEDICAL PODIATRIC PRIVILEGES: Includes any non-surgical procedure that may be performed at the bedside.			
		Podiatric History and Physical - Specific to podiatric evaluation only			
		Comprehensive Medical History and Physical – Must meet attached prerequisite criteria			
		Excision of cutaneous lesions, nail matrix and foreign body of digit			
REQ	APP	CLASS II – FOREFOOT SURGERY	REQ	APP	CLASS III - REARFOOT SURGERY
					Includes surgery upon osseous, articular, and soft tissue structures proximal to Lisfranc's (tarsometatarsal) joint including, but not limited to the following
		Arthroplasty of Lesser Toes			Complicated incision and drainage of infections
		Excision of Intermetatarsal Neuroma			Tarsal osteotomies
		Bunionectomy without Osteotomy			Complicated excision of soft tissue masses such as ganglions, granulomas, inclusion cysts, and plantar fibromatoses (plantar fasciotomy)
		Plantar Condylectomy			
		Taylor Bunionectomy			
		Sesamoidectomy of MP Joints			
		Removal of Foreign Body			Plantar fasciotomy and/or excision of inferior calcaneal spur
		Syndactylism of Toes			
		Silastic Implant of MP Joint			Nerve decompressions
		Osteotomy of Metatarsal			
		Osteotomy of Phalanges			
		Fusion of Metatarsal and Phalanges			
		Tendon Repair in Metatarsal			
		Open Repair of Fracture			
		Bunionectomy with Osteotomy			

CLASS IV - RECONSTRUCTIVE SURGERY OF THE REARFOOT/ANKLE AND LEG

New Applicant must provide documentation of training/current competence

- 1) Letter from Program Director specifically stating procedure(s) requested were included in training program, **and**
- 2) Copies of privilege delineation forms from at least two hospitals where you have been granted these privileges, **and**
- 3) Board Certification/Qualification in Reconstructive Rearfoot/ Ankle Surgery.

**Includes surgical management of all deformities, injuries and defects of the foot, ankle, and related structures of the leg and surgical adjunctive treatment thereto as governed by appropriate state statute.

REQ	APP	Privileges Requested:	REQ	APP	Privileges Requested:
		Fusions			Open surgical management of trauma to include; ORIF of ankle fractures and procedures involving the tibia and fibula.
		Tarsal osteotomies			Open surgical management of infections with reconstruction
		Resection of tarsal coalitions or bars			
		Complicated tumors			Complicated soft tissue reconstruction
		Tendon recessions and transfers			Nondiagnostic arthroscopy

SPECIAL PROCEDURES: Documentation of training/expertise must be submitted.

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		Laser – CO ₂			Conscious Sedation

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.

Applicant's Signature:	Date:
-------------------------------	--------------

DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Surgery Department Chairman/Vice Chairman	Date:
---	--------------

Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

Qualified Podiatrists may be granted practice privileges within the scope of their competencies. The delineation of surgical privileges should be commensurate with the education, training, experience, personal character and capability of the individual applicant.

I. Special Condition for Podiatrists

Privileges granted to Podiatrists shall be based on their training, experience and demonstrated current competence and judgment. Surgical procedures performed by a podiatrist are under the overall observation of the Department of Surgery. Podiatrists are responsible for the part of their patient's history and physical examination that relate to podiatry. **Doctors of Podiatric Medicine who meet "prerequisite qualifications as listed below" may be granted the privilege of performing a patient's history and physical examination and assessing the medical risks of the proposed surgical procedure.** Otherwise, a physician member of the Medical Staff must perform a basic medical appraisal on such patient, must determine the risk and effect of any proposed surgical or special procedure, and must be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization. When significant medical abnormality is present, the final decision whether to proceed must be agreed upon by the podiatrist and the physician consultant. The Department of Surgery will decide the issue in the case of dispute. All podiatrists applying for privileges at Lincoln Hospital must meet the following requirements.

II. MEDICAL Podiatry Privileges

In order to obtain Class I medical podiatry privileges, an applicant must have:

1. Graduated from a College of Podiatric Medicine accredited by the Council on Podiatric Medical Education; and
2. Possess an unrestricted license to practice Podiatric Medicine issued by the Arizona State Board of Podiatric Examiners.

Class I, Medical Podiatry includes any non-surgical procedure, which may be performed routinely at the bedside. (Refer to Podiatry Privilege Delineation Form.) No supervision is required.

III. SURGICAL Podiatry Privileges

- A. All applicants for **surgical** podiatry privileges must be board certified or eligible by the **American Board of Podiatric Surgery**. If board eligible at the time of appointment, they must be certified within five years, or their privileges may be suspended.
Note: Podiatrists who finished their residencies prior to 1976 may be "grandfathered in."
- B. **Podiatrists may apply for the privilege to perform a comprehensive medical history and physical by submitting the following documentation:**
 - Training to perform a medical history & physical from the residency and/or post graduate training program;
or
 - from an institution that provided focused medical training equivalent to that offered in a residency and /or post graduate training program relative to the clinical assessment of a patient's medical condition. A certificate of graduation or completion will be required to apply for the privilege to perform a medical history and physical
- C. Podiatrists must have a co-admitter for all admitted cases (either an M.D. or a D.O. with Medical Staff privileges at Lincoln Hospital).
- D. **Class IV – Reconstructive Surgery of the Rear foot/Ankle AND LEG**
Applicant must provide documentation of training/current competence:
 - 1) Letter from Program Director specifically stating procedure(s) requested were included in training program
 - 2) Copies of privilege delineation forms from at least two hospitals where you have been granted these privileges.
 - 3) Board Certification/Qualification in Reconstructive Rearfoot/ Ankle Surgery.

IV. OBSERVATION REQUIREMENT

1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated;
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

V. LASER PRIVILEGES

Current proficiency and knowledge of laser procedures.

- a. Laser surgery course with content consistent with the privileges being requested; or
- b. Letter from a residency director documenting adequate training for the privileges being requested; or
- c. Letter of explanation that requests that these privileges be granted without the above requirements being met.