

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
Department of Surgery
ORTHOPEDIC SURGERY
Delineation of Privileges

Please Print Name

QUALIFICATIONS: Licensed physician (DO or MD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

INITIAL APPLICANTS: A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS: Physician must be able to show current demonstrated competence and adequate volume of experience in Orthopedic Surgery reflective of the scope of privileges requested for the past 24 months.

Of the following, indicate particular privileges requested: Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

REQ	APP	Privilege Requested:
		ADMIT patients with orthopedic related problems; provide consultation for orthopedic related problems; order diagnostic tests and procedures related to orthopedic problems; and treat patients with orthopedic problems.

CORE PROCEDURAL PROCEDURES: All Orthopedic Surgeons are eligible to apply for the following core procedures.

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
FRACTURE TREATMENTS AND PROCEDURES			JOINT RECONSTRUCTION		
		Fractures- Closed Reduction of Simple Displaced Fractures or Dislocations			Total Joint Revisions
		Fractures -Open Reduction - Internal and External Fixation for Fractures			Total Joint Reconstruction
Tendon or Ligament Repair/ Transfer			RADIOLOGIC INVASIVE PROCEDURES		
		Amputation (Major & Minor)			Bone Biopsy
		Arthroscopy and Arthrotomy			Arthrocentesis (shoulder, wrist, hip, knee, ankle, or other extremity)
		Bone Grafting			Implant Removal
		General Hand Procedures (excluding Hand Surgery Special Procedures listed below)			

SPECIAL PROCEDURES - Requires documentation of appropriate training/expertise. Orthopedic Surgeons with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable).

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
HAND SURGERY			SPINE SURGERY		
		Rheumatoid Reconstruction			Discectomy
		Microsurgery/Replantation			Laminectomy or Laminotomy
		Flaps (rotational or free tissue transfer)			Percutaneous Disc Procedures
		Malignant Tumors			Microscopic Disc Excision
		Tendon/ Ligament Transfers			Spinal Fusions
		Reconstructive Hand Surgery (i.e. Dupuytren's)			Disc Arthroplasty
		Nerve Transfer			Kyphoplasty
					Image-Guided Stereotaxis (Observation may be required)
					Biopsy Spine

*******OTHER SPECIAL PROCEDURES**

		Pelvic/Acetabulum Fractures
		Bone Biopsy/Excision (Bone/ Soft Tissue Neoplasms)
		Laser
		Procedural Sedation****(SEE CRITERIA ON WEBSITE)

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:
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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:
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Date: _____
 Credentials approval
 4/98; 01/01, 12/02, 10/10

Date: _____
 Medical Executive approval

Date: _____
 Board of Directors approval

Department of Surgery
ORTHOPEDIC SURGERY
Criteria for Granting Privileges

SPECIAL PROCEDURES

CRITERIA FOR HAND SURGERY

Criteria to apply for Hand Surgery privileges (excluding Hand Microsurgery/Reimplantation):

Documentation of successful completion of a Hand Surgery Training Fellowship or training program approved by the Accreditation Council for Graduate Medical Education or equivalent program with a letter from the program director confirming training and experience.

Or

Applicants out of training over 2 years must provide documentation of experience, including dates and numbers of procedures, at the discretion of the Surgery Committee.

MICROSURGERY / REIMPLANTATION

Applicants requesting these privileges must provide documentation showing successful completion of a microvascular fellowship or equivalent, to include training and experience in hand surgery.

CRITERIA FOR PELVIC/ACETABULUM FRACTURES

Documentation of completion of an accepted Orthopedic Trauma Fellowship

OR

Applicants must provide documentation of experience and 10 cases logs, at the discretion of the Surgery Committee.

CRITERIA FOR SPINE SURGERY

Documentation of completion of an accepted one-year Orthopedic Spine Fellowship or equivalent spine training with a letter from the program director confirming training and experience.

OR

Applicants out of training over 2 years must provide documentation of experience, including dates and number of procedures, at the discretion of the Surgery Committee.

LASER PRIVILIGES

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 which requests that these privileges be granted without the above requirements being met.

BALLOON KYPHOPLASTY

New applicants shall show successful completion of an ACGME/AOA-accredited residency program in interventional radiology where applicants can provide documentation of 25 (twenty five) Kyphoplasties done during residency program **OR** orthopedic surgery, neurosurgery, followed by a fellowship program in spine surgery where applicants can provide documentation of 25 (twenty five) Kyphoplasties done during fellowship training **AND**

new applicants must also have completed a training course in Kyphoplasty **AND**

All new applicants must satisfactorily complete 10 (ten) clinical cases under direct observation with a supervisor who has unsupervised Kyphoplasty privileges at John C. Lincoln North Mountain.