

## Delineation Of Privileges

### Orthopaedic Surgery 2017

Provider Name:

Privilege	Requested	Approved
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**ORTHOPAEDIC SURGERY 2017**  
**(MEC 08/10)**

**FOR ALL PRIVILEGES**

All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

**28.00 GENERAL PRIVILEGES**

Core privileges directed at the treatment of disorders and injuries of the neck, back, thorax, pelvis, upper extremities, and lower extremities, include the following treatments (other than those outlined for supplemental privileges):

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Orthopedic Surgery.

PROCTORING: 5 observed operative procedures

REAPPOINTMENT: 10 operative procedures in the previous two years.

- a. Amputation, Traumatic And Elective
- b. Application Of Skeletal Traction
- c. Arthrodesis
- d. Arthroscopic Surgery
- e. Arthrotomy
- f. Back And Neck Pain; Chronic And Acute
- g. Biopsy Of The Musculoskeletal System
- h. Bone Graft
- i. Contusion, Sprains, And Strains
- j. External Fixation Of Fractures
- k. Fractures And Dislocations, Open Or Closed
- l. Infection (Surgical And Medical Treatment)
- m. Injections (Joint, Bursa, Trigger Point, Tendon Sheaths)
- n. Internal Fixation Of Fractures
- o. Ligament Reconstruction
- p. Ostectomy
- q. Osteotomy
- r. Repair Of Lacerations
- s. Revision Of Total Hip And Knee Surgeries
- t. Skin Grafts
- u. Spinal Surgery (Other Than Supplemental Privileges)

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v. Sports Medicine And Related Injuries	_____	_____
w. Tenotomy And Myotomy	_____	_____
x. Total Joint Surgery	_____	_____
y. Tumor Surgery	_____	_____
z. Wound Debridement	_____	_____
aa. Management Of Orthopedic Conditions For Patients In Snf Units	_____	_____
bb. Major Tumor Resection	_____	_____
<b><u>28.05 OUTPATIENT PRIVILEGES</u></b>	_____	_____
Outpatient clinic privileges directed at the evaluation and diagnosis of disorders and injuries of the neck, back, thorax, pelvis, upper extremities, and lower extremities		
<u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Orthopedic Surgery.		
<u>PROCTORING:</u> 2 observed visits by the Chief of Orthopaedic Surgery or designee.		
<u>REAPPOINTMENT:</u> 10 visits in the previous two years.		
<b><u>28.10 SPECIAL PRIVILEGES: SPINAL SURGERY</u></b>	_____	_____
<u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Orthopaedic Surgery and has completed fellowship training in spinal surgery or possesses equivalent experience.		
<u>PROCTORING:</u> 2 observed procedures by the Chief of Orthopaedic Surgery or designee.		
<u>REAPPOINTMENT:</u> 2 procedures in the previous two years.		
Patient management includes the areas specified below:		
a. Complex Anterior And Posterior Cervical, Thoracic, And Lumbar Spinal Surgery	_____	_____
b. Open Reduction And Internal Fixation Of Spine Fractures	_____	_____
c. Intra-Discal Chemonucleolysis	_____	_____
d. Percutaneous Disk Excision	_____	_____
<b><u>28.20 SPECIAL PRIVILEGES: HAND AND MICROVASCULAR SURGERY</u></b>	_____	_____
<u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Orthopaedic Surgery or American Board of Plastic Surgery and has completed fellowship training in hand and microvascular surgery or possesses equivalent experience.		
<u>PROCTORING:</u> 2 operative procedures by the Chief of Orthopaedic Surgery or designee.		
<u>REAPPOINTMENT:</u> 2 operative procedures in the previous two years.		
Patient management includes the areas specified below:		
a. Microsurgery And Replacement, Replantation Of Limbs And Parts, Including Adjacent And Free-Tissue Transfer.	_____	_____
b. Complex Hand Surgery And Replantation Of Limbs And Parts	_____	_____

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c. Use Of Operating Microscope, Repair Blood Vessel/Nerve, Digit Replantation	_____	_____
d. Free Muscle/Skin Flap Microvascular Anastomosis	_____	_____
<b>28.30 GENERAL PODIATRIC PRIVILEGES</b>	_____	_____
<u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Podiatric Surgery.		_____
<u>PROCTORING:</u> 5 observed procedures by the Chief of Orthopaedic Surgery or designee.		
<u>REAPPOINTMENT:</u> 10 cases in the previous two years.		
Simple outpatient procedures including:		
a. Nail Avulsion	_____	_____
b. Chemical Martisectomies	_____	_____
c. Biopsy And Debridement Of Cutaneous Lesions, And Simple Infection Process Relative To Nails And Skin.	_____	_____
d. Orthotics		
<b>28.40 SURGICAL PODIATRIC PRIVILEGES</b>	_____	_____
28.41 CATEGORY I: PODIATRIC SURGERY	_____	_____
<u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Podiatric Surgery.		_____
<u>PROCTORING:</u> 5 observed procedures by the Chief of Orthopaedic Surgery or designee. (Category I).		
<u>REAPPOINTMENT:</u> 10 cases in the previous two years.		
Superficial procedures including:		
a. Treatment Of Cutaneous Lesions	_____	_____
b. Removal Of Foreign Bodies	_____	_____
c. Removal Of Superficial Debridements	_____	_____
28.42 CATEGORY II: PODIATRIC SURGERY	_____	_____
<u>PREREQUISITES:</u> Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Podiatric Surgery.		_____
<u>PROCTORING:</u> 5 observed procedures by the Chief of Orthopaedic Surgery or designee. Category 2).		
<u>REAPPOINTMENT:</u> 10 procedures in the previous two years (Category 2).		
Deep procedures of the forefoot including:		
a. Excision Of Soft Tissue Lesions	_____	_____
b. Intermetatarsal Neuromas	_____	_____
c. Bunionectomies	_____	_____

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d. Capsulotomies	_____	_____
e. Tenotomies	_____	_____
f. Removal Of Foreign Bodies Of The Forefoot	_____	_____
g. Amputation	_____	_____
h. Osseous Procedures Of The Forefoot Including Sesamoidectomy	_____	_____
i. Fusion Of Interphalangeal Joints	_____	_____
j. Osteotomies	_____	_____
<b><u>29.00 PHYSICAL MEDICINE &amp; REHABILITATION</u></b>	_____	_____
<p><b><u>PREREQUISITES:</u></b> Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation.</p> <p><b><u>PROCTORING:</u></b> 5 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.</p> <p><b><u>REAPPOINTMENT:</u></b> 10 procedures in the previous two years. Performs basic procedures within the usual and customary scope of physical medicine and rehabilitation, including but not limited to diagnosis, management, treatment, and preventive care for adult and pediatric patients.</p> <p>Procedures include:</p>		
a. Intra-Articular Joint Injection	_____	_____
b. Intra-Articular Joint Aspiration	_____	_____
c. Joint Bursa Aspiration	_____	_____
d. Joint Bursa Injection	_____	_____
e. Tendon Sheath Injection	_____	_____
f. Trigger/Tender Point Injection	_____	_____
g. Ganglion Aspiration	_____	_____
h. Nerve Block	_____	_____
i. Chemical Neurolysis	_____	_____
j. Neuromuscular Junction Block	_____	_____
k. Autologous Blood Tendon Injection	_____	_____
l. Lumbar Puncture	_____	_____
m. Intrathecal Pump Management	_____	_____
<b><u>29.10 SPINAL INJECTION TECHNIQUES</u></b>	_____	_____

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**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation.

**PROCTORING:** 2 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.

**REAPPOINTMENT:** 2 procedures in the previous two years.

Procedures include:

- a. Transforaminal Epidural Injection (Selected Nerve Root Block)
- b. Interlaminar Epidural Injection
- c. Facet Joint Injection
- d. Facet Nerve Block
- e. Discography
- f. Epidurolysis
- g. Sympathetic Nerve Block
- h. Sacroiliac Joint Injection
- i. Epidural Blood Patch
- j. Radiofrequency Nerve Ablation

#### **29.20 SPINAL TECHNIQUES: SPECIAL PROCEDURES**

**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation.

**PROCTORING:** 2 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.

**REAPPOINTMENT:** 2 procedures in the previous two years.

Procedures include:

- a. Spinal Cord Stimulation
- b. Percutaneous Vertebroplasty/Kyphoplasty
- c. Implanted Drug Delivery For Pain Or Spasticity
- d. Intradiscal Electrothermal Therapy

#### **29.30 CLINICAL NEUROPHYSIOLOGY**

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**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Physical Medicine and Rehabilitation. Additional training in Neurophysiological techniques from an AMA-Category 1 certified program (documentation required) or documentation of the type of procedures performed as part of residency training is required.

**PROCTORING:** 2 observed procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.

**REAPPOINTMENT:** 2 procedures in the previous two years.

Procedures include:

- |  |       |       |
|--|-------|-------|
| a. Electromyography  | _____ | _____ |
| b. Nerve Conduction Study  | _____ | _____ |
| c. Somatosensory Evoked Potential Assessment                     | _____ | _____ |
| d. Electromyography/Nerve Conduction Guided                      | _____ | _____ |
| e. Guided Nerve Block  | _____ | _____ |
| f. Electromyography/Nerve Conduction Guided Junction Nerve Block | _____ | _____ |

#### **29.40 EVOKED POTENTIAL TESTING**

**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified in American Board of Physical Medicine and Rehabilitation. Additional training in Neurophysiological techniques from an AMA-Category 1 certified program (documentation required) or documentation of the type of procedures performed as part of residency training is required.

**PROCTORING:** Review of 2 procedures by the Chief of Rehabilitation with a recommendation to the Chief of the Orthopaedic Surgery Service.

**REAPPOINTMENT:** 2 procedures in the previous two years

#### **30.00 ACUTE TRAUMA SURGERY**

**SCOPE:** On-call trauma coverage for the comprehensive orthopedic management of the acutely injured trauma patient.

**PREREQUISITES:** Completion of ACGME-approved residency with Board certification/eligibility in Orthopedic Surgery. Availability, clinical performance and continuing medical education consistent with current standards for orthopedic surgeons at Level One Trauma Centers specified by the California Code of Regulations (Title 22) and the American College of Surgeons.

**PROCTORING:** 2 observed operative procedures by the Chief of the Orthopaedic Surgery Service or his designee.

**REAPPOINTMENT:** 2 operative procedures in the previous two years

#### **31.00 DIAGNOSTIC RADIOLOGY: FLUOROSCOPY**

**PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by The American Board of Orthopedic Surgery, Plastic Surgery, Podiatric Surgery, or the American Board of Physical Medicine & Rehabilitation. A current x-Ray/Fluoroscopy Certificate is required.

**PROCTORING:** Presentation of valid California Fluoroscopy certificate

**REAPPOINTMENT:** Presentation of a valid California Fluoroscopy certificate.

#### **32.00 PROCEDURAL SEDATION**

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**PREREQUISITES:** The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Orthopedics and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association

**PROCTORING:** 5 cases of airway management by a medical staff with these privileges as appointed by the Chief of the Orthopaedic Surgery Service with recommendations made back to the Chief.

**REAPPOINTMENT:** Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- Management of 2 airways via BVM or ETT per year for the preceding 2 years or,
- Current Basic Life Support (BLS) certification (age appropriate) by the American Heart Association

### **33.00 CTSI (CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE) - CLINICAL RESEARCH**

Admit and follow adult patients for the purposes of clinical investigation in the inpatient and ambulatory CTSI Clinical Research Center settings.

**PREREQUISITES:** Currently Board Admissible, Certified, or Re-Certified by one of the boards of the American Board of Medical Specialties. Approval of the Director of the CTSI (below) is required for all applicants.

**PROCTORING:** All OPPE metrics acceptable

**REAPPOINTMENT:** All OPPE metrics acceptable

\_\_\_\_\_  
CTSI Medical Director

\_\_\_\_\_  
Date

I hereby request clinical privileges as indicated above.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

#### **APPROVED BY**

\_\_\_\_\_  
Division Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Chief

\_\_\_\_\_  
Date

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