



**Orthopedic Surgery Operative Privileges
Department of Orthopedics**

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency in orthopedic surgery, and/or current certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to certification in orthopedic surgery by the ABOS or the AOBOS. Maintenance of BLS certification recommended.

Required current experience: At least 100 general orthopedic procedures, reflective of the scope of privileges requested, during the past 12 months, or the demonstrated successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
 **Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Orthopedic Surgery Privileges:

Admit, evaluate, diagnose, treat, and provide consultation to patients of ages commensurate with training to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the interventions on the attached list and such other interventions that are extensions of the same techniques and skills.

Performance of history and physical

Clinical

Application of orthotic materials

Injury prevention and wellness

Order and interpret laboratory, imaging and neurologic studies

Order bone healing stimulation devices

Order rehab services

Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, oncologic and rheumatologic disorders of the pelvis and extremities

Perform Evaluations (disability, ergonomic, fitness for duty, independent medical, etc.)

Perform History and Physical

Prescription of orthotics, prosthetics, wheelchairs, and adaptive equipment

Prescription of medications pertinent to musculoskeletal care

Performance and interpretation of gait and ergonomic studies

Procedural

Administration of local anesthesia

Application of splints or casts

Application of skeletal traction

Arthrocentesis and joint or soft tissue injections

Arthrography

Closed reduction and immobilization of fractures and dislocations

Percutaneous office procedures (achilles tenotomy, bursal lancing, suture and packing of wounds, etc.)

Removal of external fixation devices

Use of fluoroscopy or ultrasonography for musculoskeletal imaging

Surgical

Amputation, including immediate prosthetic fitting

Arthrodesis

Arthrography

Arthroscopy of major and intermediate joints

Arthrotomy

Arthroplasty, including hemiarthroplasty and total joint arthroplasty

Basic hand procedures (e.g. carpal tunnel release, ganglions, etc.)

Biopsy or treatment of benign or metastatic tumors involving bone and soft tissues (NOT primary malignant bone tumors)

Bone grafts and allografts

Debridement of soft tissues and closure of wounds

Excision of benign or metastatic soft tissue/bony masses

Fasciotomy or fasciectomy

Growth disturbance interventions

Incision and drainage of soft tissue infections

Joint manipulation

Ligament repair or reconstruction

Limb lengthening or shortening procedures

Limb salvage procedures

Management of infections and inflammations of bone, joints and tendon sheaths

Open reduction and internal or external fixation of fractures and dislocations

Nerve decompression, release, transfer and grafting procedures

- Neurectomies or nerve repairs
- Osteotomies
- Peripheral nerve decompression and repair/transplantation
- Reconstruction of congenital or acquired bone or joint deformities
- Removal of foreign body or implants
- Repair of lacerations
- Repair of muscle/tendon injuries
- Skin grafting, local rotational tissue coverage, synthetic graft placement
- Tendon transfers, releases, reconstructions, lengthenings
- Treatment of articular cartilage defects
- Treatment of major trauma (excluding spine)
- Treatment of meniscal or labral injuries
- Treatment of osteomyelitis
- Use of autogenous or allogenic musculoskeletal grafts and bone grafts
- Use of musculoskeletal healing agents (OP-1, BMP, PRP, etc.)
- Use of polymethylmethacrylate and calcium-based cements
- Use of bone-void fillers
- Use of wound vacuum dressings

Special Non-Core Privileges in Orthopedic Surgery:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Orthopedic Spine*					
Application skeletal (skull) traction					
Artificial disc replacement (ADR)					
Costo-transversectomy; thoracotomy; retroperitoneal and anterior approach to thoracic and lumbar spine					
Endoscopic minimally invasive spinal surgery					
Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation					
Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, oncologic and rheumatologic disorders of the spine					
Open and closed reduction spinal fractures and dislocations					
Percutaneous lumbar discectomy (PLD) Percutaneous vertebroplasty/balloon kyphoplasty					
Scoliosis and kyphosis instrumentation Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies					

Treatment of extensive spinal trauma					
Vertebral biopsy, soft tissue surgery of the spine					
Spinal cord stimulation					
Musculoskeletal Oncology**					
Major proximal amputations (i.e., forequarter, hindquarter) or extensive segmental tumor resections for tumors					
Major distal amputations for tumors					
Tumor resection with adjuvant local treatment					
Tumor resection with major limb endoprosthesis reconstruction and/or allograft reconstruction or amputation and soft tissue reconstruction utilizing rotational muscle flaps					
Other					
Hip resurfacing					
Growth disturbances, such as injuries involving plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, or bone shortening or lengthening procedures					
Administration of Moderate sedation and analgesia (see below for criteria).					
Microvascular Hand Surgery – must fill out dedicated Hand Surgery Delineation of Privileges form.					

*** An orthopedic spine surgeon must provide documentation of at least 100 procedures during the last 24 months, while a pediatric orthopedic surgeon desiring to maintain a spine practice must provide documentation of at least 20 spinal procedures during the last 24 months (based on standards published by the Scoliosis Research Society)**

** Unless applicants can verify successful recent completion of an accredited orthopedic oncology clinical fellowship within the past 12 months, they must be able to demonstrate the performance of a sufficient volume of orthopedic procedures, reflective of the scope of privileges requested, during the last 24 months reflective of the scope of privileges requested. An orthopedic oncology surgeon must provide documentation of at least **100 procedures** during the last 24 months.

Request for Privilege Not Listed in Core or Special Non-Core (please list the privilege and provide justification as well as any accompanying certifications or case logs)

**Special Procedures Privileges Criteria
Moderate Sedation**

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from deep sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS

7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above-named applicant.

_____ Recommended as Requested

_____ Recommended with Modifications (See comments below)

_____ Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date