



## Surgical Privileges Form Orthopedic Surgery

### CLINICAL PRIVILEGES REQUEST

Applicant's Name: .....

Scope of Practice: ..... License No. (If Any): .....

Facility: .....

Privileges	For applicant use		For committee use		
	Request	Signature	Recommen- -ded	Not Recommended	Signature

#### CATEGORY I: EMERGENCY SURGERY

1.Open reduction with plate / screw fixation (MIPO + LISS)					
2.Use of Hybrid External Fixator (Ilizarov)					
3.Split thickness skin graft (STSG)					

#### CATEGORY II: PEDIATRIC SURGICAL PROCEDURES

##### Upper Extremity

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)					
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					
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### Hip Joint

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					
7.Pelvic osteotomies (Salter, Pemberton, Chiari,etc.)					
8.Fixation of slipped epiphysis					
9. 3-plane intertrochanteric osteotomy of femur					

### Knee Joint

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					

#### Foot and ankle

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					

#### Lower limb

1. Epiphysidesis					
2. Lengthening osteotomies of femur or tibia					



Correction of deformities or length 3. discrepancies with illizarov instrumentation					
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### Bone tumors

1. Curettage of bone cyst or tumor and bone					
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### Miscellaneous

1. Correction of long deformities in osteogenesis imperfect					
2. Drainage of an infected joint (e.g hip, shoulder, ankle, knee)					

## CATEGORY III: SPINAL SURGERY

1. Local injections: Facetal, Epidural (Caudal), Perivertebral					
2. Lumbar Disectomy					
3. Decompressive Lam inectomy					
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 spinal deformity					
12. Surgical correction of equinus deformity in CP					
13. Kyphoplasty and vertebroplasty					
14. Some thorascopic spinal surgeries					
15. Some mini-invasive spine surgeries					



#### CATEGORY IV: SHOULDER SURGERIES

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				
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

1.Arthrodesis of the Wrist					
2.Arthroscopy of the Wrist					
3.Carpal ligament instability (repair & reconstruction)					
4.Surgical treatment of Carpal bones non union					
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. Repair					



**CATEGORY VI: PELVIS AND HIP SURGERY**

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				
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				





## CATEGORY VII: KNEE SURGERY

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				

## CATEGORY VIII: FOOT AND ANKLE SURGERY

1.Arthrodesis of the Ankle (Triple Arthrodesis, limited, big toe fusion)				
2.Surgical treatment of Acute and chronic Ankle instability				
3.Ankle arthroscopy				
4Surgical 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.Steidler operation for foot				



**CATEGORY IX: Amputations**

**Upper Extremity**

1. Disarticulation at Shoulder					
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**Lower**

1. Disarticulation at Hip					
2. Transarticular Amputation of Knee					
3. Fore / Hind Quarter Amputation					
11. Soft tissue release around hip, knee, ankle and foot in CP					
12. Graf method for diagnosis of DDH with USG					

**CATEGORY X: ADDITIONAL PRIVILEGES (not included above)**


**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 QCHP 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:

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

.....  
1. Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature

.....  
Date



### For Committee use only

**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