



**Surgical Privileges Form:
Orthopedic Surgery (Core Privileges)**

Clinical Privileges Request

Applicant's Name: Scope of Practice:
 License No. (If Any): Facility:
 Date:

Core Privileges

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

Category I: Emergency Surgery

1. Application of Traction Pins					
2. Closed manipulation of fractures / dislocations/ splints / casts					
3. Closed manipulation and Percutaneous wire /screw fixation					
4. Open reduction and tension wiring					
5. Open reduction with intramedullary device					
6. Closed reduction with intramedullary device					
7. Open reduction and application of external fixation					
8. Closed reduction and Application of external fixation					
9. Operative treatment of intra articular fractures					
10. Operative treatment of Soft Tissue Injuries					
11. Tendon / ligament repair					



12. Fasciotomy				
13. Wound debridement				
14. Operative treatment of Acute bone, joint &				
15. Soft tissue infection				
16. Bone grafting				
17. Hemi / Bipolar Arthroplasty of Hip Fractures				
18. Operative fixation using DHS / DCS / Cannulated screws				

Category II: Pediatric Surgery Procedures

Bone tumors				
1. Excision of osteochondroma				
2. Excision of Osteoma				

Category III: Amputations

Upper Extremity				
1. Transarticular Amputation of Elbow				
2. Amputation of Elbow				
3. Amputation of Wrist				
4. Amputation of Hand				
5. Amputation of Digits				



Lower Extremity					
1. Above Knee Amputation					
2. Below Knee Amputation					
3. Amputations around Ankle					
4. Amputations through Tarsus					
5. Amputations through Metacarpals /					
6. Metatarsals					
7. Ray Amputations					
8. Amputations/ Terminalisations through					
9. Phalanges					

Category IV: Shoulder surgery

1. Manipulation of frozen shoulders					
2. Subacromial and Intraarticular injections					
3. Scapular bursa injection: excision – open					
4. Subacromial decompression: open					
5. A/C joint resection: acromioplasty open					
6. ORIF of fractures of humeral head/humeral shaft					



Category V: Wrist and neck surgery

1. Tendon Repair Basic Techniques				
2. Nerve Entrapment surgery (Medial Nerve, Ulnar nerve)				
3. Surgical treatment of Tenosynovitis				
4. Surgical treatment of special hand infections (Palmer spaces, web spaces ... etc)				
5. Surgical treatment of tendon sheets infection				
6. Trigger finger, Mallet Finger, Dequarvian (stenosing tenosynovitis)				

Category VI: Pelvis and Hip Surgery

1. Closed reduction with clamp / Fix Pelvic Ring disruptions				
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Category VII: Knee Surgery

1. Aspiration of Knee				
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Category VIII: Foot and Ankle Surgery

1. Removal, excision of soft tissue swelling and Mortin's neuroma				
2. Hallux Valgues surgery (soft tissue procedures, Fusion, Excision Arthroplasty, osteomies proximal and distal)				



3. Ingrown toenail operation					
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Note:

- You must submit along with this application all 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.

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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).

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Chairperson's Stamp & signature

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Date

Other Committee Members:

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1) Name

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Date

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2) Name

.....
Date