

**SAN GORGONIO MEMORIAL HOSPITAL  
 PRIVILEGE DELINEATION  
ORTHOPEDICS**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

YEAR OF BOARD CERTIFICATION/RECERTIFICATION \_\_\_\_\_

<b>PRIVILEGES CATEGORY</b>	<b>QUALIFICATIONS/CRITERIA</b>
<b>CATEGORY I</b>	<b>USUAL AND CUSTOMARY PRIVILEGES</b> (Procedures considered included in minimal formal training.)
	<b>QUALIFICATIONS:</b> 1. Successful completion of an accredited Orthopedics residency training program, AND, 2. Board qualified/certified by the American Board of Orthopedics with specific training and recent experience in privileges requested, OR, (in lieu of Board Certification) 3. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity/operative reports or other documentation acceptable to the Surgical Service, AND have been practicing in Orthopedics for the past 5 years. 4. Privileges will be proctored per Surgical Service Rules and Regulations.
<b>CATEGORY II</b>	<b>ADVANCED PRIVILEGES</b> (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists)
	<b>QUALIFICATIONS:</b> 1. Board qualified/certified by American Board of Orthopedics 2. AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes. 3. Privileges will be proctored per Surgical Service Rules and Regulations.
<b>MODERATE SEDATION</b>	<b>I.V. MEDICATIONS FOR SPECIAL PROCEDURES</b> (All medications with potential loss of protective reflexes regardless of route of administration)
	<b>QUALIFICATIONS:</b> Physicians with Orthopedic privileges, by virtue of their specialty training are qualified for Moderate Sedation privileges as requested below, but must continue to demonstrate current competency as outlined in the Medical Staff Rules and Regulations.

	R	#Done 24 mos	D	P/O	G	CATEGORY 1 - USUAL AND CUSTOMARY PRIVILEGES
						<b>CORE PRIVILEGES:</b> For the initial evaluation and management of patients of all ages for admission, work-up, pre and post operative care, and ordering and prescribing medications per DEA certificate.
						<b>BONE:</b>
1.						Excision, lesion of bone - benign
2.						Osteotomy
3.						Excision, lesion of bone - malignant
4.						Reconstructive Surgery 2 <sup>nd</sup> to tumor
						<b>Other</b>
1.						Biopsy or excision of soft tissue, bone cyst or lesion
2.						Insertion of electrodes for fracture healing
3.						Fractures, open or closed
						<b>MAJOR JOINT SURGERY:</b>
						<b>Hip</b>
1.						Arthrotomy
2.						Repair and reconstruction
3.						Total arthroplasty
4.						Osteotomy for reconstruction or for realignment
5.						Arthroscopic surgery and reconstruction
6.						Arthrodesis
						<b>Knee</b>
1.						Arthrotomy
2.						Repair and reconstruction
3.						Total arthroplasty
4.						Osteotomy for reconstruction or for realignment
5.						Arthroscopic surgery and reconstruction
6.						Arthrodesis
						<b>Ankle</b>
1.						Arthrotomy
2.						Repair and reconstruction
3.						Total arthroplasty
4.						Osteotomy for reconstruction or for realignment
5.						Arthroscopic surgery and reconstruction
6.						Arthrodesis
						<b>Shoulder</b>
1.						Arthrotomy
2.						Repair and reconstruction
3.						Total arthroplasty
4.						Osteotomy for reconstruction or for realignment
5.						Arthroscopic surgery and reconstruction
6.						Arthrodesis
						<b>Elbow</b>
1.						Arthrotomy
2.						Repair and reconstruction
3.						Total arthroplasty
4.						Osteotomy for reconstruction or for realignment
5.						Arthroscopic surgery and reconstruction
6.						Arthrodesis
						<b>Wrist</b>
1.						Arthrotomy
2.						Repair and reconstruction
3.						Total arthroplasty
4.						Osteotomy for reconstruction or for realignment

5.						Arthroscopic surgery and reconstruction
6.						Arthrodesis
	R	#Done 24 mos	D	P/O	G	<b>CATEGORY 1 – USUAL AND CUSTOMARY PRIVILEGES</b>
						<b>SPINE:</b>
1.						Posterior spinal surgery - laminectomy, lumbar
2.						Posterior spinal surgery - fusion, cervical
3.						Posterior spinal surgery - fusion, dorsal (with or without)
4.						Posterior spinal surgery - fusion, limb
5.						Spinal Surgery – dorsal spine
						<b>EXTREMITY SURGERY:</b>
						<b><u>Hand Surgery</u></b>
1.						Repair flexor tendons, primary, secondary or with graft
2.						Joint arthroplasty, replacement
3.						Tendon repair extensor
4.						I.D. deep palmar abscess
5.						Triggering or deQuervain’s release
6.						Partial or complete palmar fasciectomy
7.						Fusion of the MP or IP joint
8.						Excision of carpal, fusion of carpals or intercarpal ligament reconstruction
						<b><u>Other</u></b>
						Reconstruction of congenital developmental hand deformities
						<b><u>Foot Surgery</u></b>
1.						Joint arthropasty
2.						Reconstruction, bone and soft tissue
3.						Fusions or osteotomies of ankle or foot
4.						Tendon Achilles’ lengthening or soft tissue release of foot and/or ankle
5.						Fusion of foot or ankle joint
6.						Treatment of developmental foot problems, e.g., clubfeet
						<b>OTHER:</b>
1.						Skin grafts - full and partial thickness (possible with wounds)
2.						Skin grafts - Rotation or vascular grafts, soft tissue & vascularized bone grafts
						<b>NERVE:</b>
1.						Repairs, primary, secondary, with or without graft
2.						Decompression of peripheral nerve compression syndromes
						<b>OTHER:</b>
1.						Transpositions of nerves
2.						Nerve root block
3.						Tendon transfer or reconstruction
						<b>SURGICAL ASSIST ONLY</b>
<b>CATEGORY 2- ADVANCED PRIVILEGES</b>						
1.						<b>MODERATE SEDATION</b>
2.						<b>FLUOROSCOPY</b> (Fluoroscopy certificate required)
						<b>OTHER:</b> _____ (Description)

**STAFF CATEGORY REQUESTED:**

- ACTIVE (Involved in the care of at least twenty (20) patients per year in this Hospital)
- COURTESY (Have not had more than twenty (20) patient contacts within the past twelve (12) months)
- ASSOCIATE (ER) (Provide staff coverage for patients requiring emergency medical services)
- CONSULTING (To render clinical services within one's area of competence and expertise)

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_

**APPROVALS:**

Applicant may perform privileges and procedures as indicated: [ ]

Exceptions/Limitations: \_\_\_\_\_

I have reviewed the applicant's health status and can attest that there are no health problems that exists that could affect his or her ability to perform the privileges requested.

\_\_\_\_\_  
Chairman, Surgical Services Date \_\_\_\_\_

\_\_\_\_\_  
Chairman, Credentials Committee Date \_\_\_\_\_

\_\_\_\_\_  
Chairman, Medical Executive Committee Date \_\_\_\_\_

\_\_\_\_\_  
Chairman, Board of Directors Date \_\_\_\_\_