

Lady of the Sea General Hospital		
Podiatry		
Practitioner Name:		
Please indicate in the "Requested" section, those privileges which you are requesting.		
Requested	Recommended	Approved
Delineation of Privileges		
DIAGNOSTIC (ROUTINE) IMAGING		
		Amputation of Digits
		Amputation of Foot
		Arthrodesis of Ankle Joint
		Arthrodesis of Great Toe
		Arthrodesis, Foot Joints
		Arthroplasties
		Arthroscopy: _____
		Arthrotomy, Ankle Joints
		Arthrotomy, Foot Joints
		Avulsion of Toneails
		Bunionectomies with power Fixation
		Bunionectomies without Fixation
		Bunionectomy - By Double Osteotomy
		Bunionectomy - By Other Methods
		Bunionectomy - By Phalanx Osteotomy
		Bunionectomy - Complex
		Bunionectomy - Simple
		Bunionectomy - Tailors
		Bunionectomy - With Implant
		Bunionectomy - With Metatarsal Osteotomy
		Capsulectomy, Ankle Joints
		Capsulectomy, Foot Joints
		Capsulotomies Digital/MPJ
		Capsulotomies Mid Foot
		Capsulotomies Rearfoot
		Closed Reduction Digits
		Closed Reduction Metatarsals
		Condylectomy
		Debridement of Skin Lesions
		Digital Exostectomies

I am qualified and competent to perform those privileges as requested in my application.

Signature: _____ Date: _____

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Delineation of Privileges		
		Excision Accessory Ossicles
		Excision Foreign Body
		Excision of Exostectomies
		Excision of Os Tibiale Externum
		Excision of Skin Lesion
		Excision or Curettage of Bone Cysts or Benign Tumor, Ankle Region
		Excision or Curettage of Bone Cysts or Benign Tumor, Foot
		Excision Sesamoids 1st MPJ
		Excision, Biopsy of Soft Tissue Mass of Foot
		Excision, Biopsy of Soft Tissue Mass, Ankle Region
		Excision, Biopsy, Destruction of Skin Lesions of Foot
		Excision, Biopsy, Destruction of Skin Lesions, Ankle Region
		Excisions of Trigoni
		Exostectomy, Ankle Joint
		Exostectomy, Foot Joints
		Fasciotomies
		Foreign Body Removal, Ankle Region
		Foreign Body Removal, Foot Joints
		Fracture, Closed Reduction, Ankle Region
		Fracture, Closed Reduction, Foot Region
		Fracture, Non-Union Repair, Ankle Region
		Fracture, Non-Union Repair, Foot Region
		Fracture, Open Reduction, Ankle Region
		Fracture, Open Reduction, Foot Region
		Ganglion cysts
		Gastrocnemius recession
		Hallux Fusion with Internal Fixation
		Hammertoe Correction
		Heel Spurs
		I&D Deep Abscesses
		I&D Superficial Abscesses

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Delineation of Privileges		
		Laceration Repair, Ankle Region
		Laceration Repair, Foot Region
		Laser Surgery, Ankle Region (Certification Required)
		Laser Surgery, Foot Region (Certification Required)
		Lateral Ankle Stabilizaiton
		Metahead Resection Complete
		Metatarsal Head Resection
		Nail Excision
		Neuroma Excision, Ankle Region
		Neuroma Excision, Foot Region
		Neurolysis Excision, Ankle Region
		Neurolysis Excision, Foot Region
		Onychoplasties
		Onychoplasty
		Onychotripsies
		Open Reduction Metatarsals
		Ostectomy, Ankle Region
		Ostectomy, Foot Region
		Osteotomies Lesser Metatarsals
		Osteotomy, Ankle Region
		Pan Metahead Resections
		Partial Phalangectomies
		Phalangeal Head Resection
		Phalangectomy
		Plantar Endoscopy
		Plantar Fascia Release
		Plastic Repairs of Skin
		Primary Repair of Lateral Ankle Ligaments
		Primary Repair of Ruptured Ankle Ligaments
		Primary Repair of Ruptured Foot Ligaments
		Repair Closed Fracture

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Signature: _____ Date: _____

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Delineation of Privileges		
		Repair of Lacerations
		Repair of Osteomyelitis
		Secondary Repair of Ruptured Ankle Ligaments
		Secondary Repair of Ruptured Foot Ligaments
		Sesamoidectomy
		Soft Tissue Tumors
		Syndactyly Repair
		Synovectomy, Ankle Region
		Synovectomy, Foot Region
		Tarsal Tunnel Release
		Tarsal Tunnel Repair
		Tendon Lengthening
		Tendon Repair and Reconstruction Foot Tendons
		Tendon Repair and Reconstruction, Ankle Tendons
		Tenotomies
		Terminal Symes
		Total Phalangectomies
		Treatment of Verrucamata
		Use of Fluroscan
		Use of Power Equipment
		Wound Debridement, Repair
		Other:

I am qualified and competent to perform those privileges as requested in my application.

Signature: _____ Date: _____