

MEDICAL AND DENTAL STAFF
 NATCHITOCHE PARISH HOSPITAL
 Delineation of Staff Privileges
 Orthopedic Surgery

DIAGNOSIS AND MANAGEMENT

- | | |
|--|--|
| <input type="checkbox"/> Congenital deformities of musculo-skeletal system | <input type="checkbox"/> Inflammatory diseases of musculoskeletal system |
| <input type="checkbox"/> Metabolic diseases of musculo-skeletal system | <input type="checkbox"/> Degenerative diseases of musculoskeletal system |
| <input type="checkbox"/> Infections of musculoskeletal system | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Chronic arthritis | _____ |
| <input type="checkbox"/> Neoplasms of musculoskeletal system | _____ |
| <input type="checkbox"/> Fractures | _____ |
| <input type="checkbox"/> Fracture deformities | _____ |
| <input type="checkbox"/> Scoliosis | _____ |
| <input type="checkbox"/> Dislocation of joints | _____ |
| <input type="checkbox"/> Traumatic conditions of musculo-skeletal system | _____ |

PROCEDURES

- | | |
|--|---|
| <input type="checkbox"/> Posterior cervical fusion | <input type="checkbox"/> Excision and/or bone grafting for neoplasm of bones |
| <input type="checkbox"/> Bone grafts | <input type="checkbox"/> Reconstruction procedures of the shoulder, elbow, hand, wrist |
| <input type="checkbox"/> Open reduction and internal fixation of bones with plates, screws, nails, rods, etc. | <input type="checkbox"/> Reconstruction procedures of hip, knee, ankle, foot |
| <input type="checkbox"/> Excision of lumbar disc | <input type="checkbox"/> Repair of peripheral nerve or tendon lacerations |
| <input type="checkbox"/> Repair of joint dislocation | <input type="checkbox"/> Arthrodesis of all joints of spine and extremities |
| <input type="checkbox"/> Amputations at all levels of upper and lower extremities | <input type="checkbox"/> Reconstruction of congenital or postural anomalies of spine or extremities |
| <input type="checkbox"/> Arthrotomy of all joints of the extremities | <input type="checkbox"/> Excision of joint, muscle, tendon sheaths or fascia neoplasms |
| <input type="checkbox"/> Meniscectomy and ligament repairs of the knee | <input type="checkbox"/> Reconstruction of deformities of the of the extremities secondary to cerebral palsy, polio, other neurological abnormalities |
| <input type="checkbox"/> Excision of loose bodies of joints and repair of reconstruction of intra-articular surfaces | <input type="checkbox"/> Arthroscopy |
| <input type="checkbox"/> Total hip reconstruction arthroplasty | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Total knee reconstruction arthroplasty | _____ |
| <input type="checkbox"/> Total elbow reconstruction arthroplasty | _____ |
| <input type="checkbox"/> Excision of bursae of all joints | |
| <input type="checkbox"/> Incision and drainage of all joints | |
| <input type="checkbox"/> Correction of deformities secondary to rheumatoid or osteoarthritis | |
| <input type="checkbox"/> Carpal Tunnel Release | |
| <input type="checkbox"/> Trigger Release | |

I am mentally and physically capable of performing the privileges in which I am requesting:
 Applicant's Signature Date