



Podiatry Privilege Request

Name: _____
(please print)

I REQUEST APPOINTMENT/REAPPOINTMENT TO THE FOLLOWING CATEGORY:
 _____ Allied Health Professional Privileges

I AM QUALIFIED FOR AND REQUEST THE FOLLOWING PRIVILEGES:

| CATEGORY A | PRIVILEGES REQUESTED | | PRIVILEGES GRANTED | | | | |
|---|--|--|---------------------------------|------------------|-------------------------------|--------------------------|-------------------------|
| | Request privileges to perform surgery. | Request privileges to assist at surgery. | Qualified supervision required. | May assist only. | Qualified Assistant required. | No supervision required. | Privileges not granted. |
| GENERALLY ENCOMPASSES DIGITAL SURGERY OF ALL TYPES | | | | | | | |
| 1. Nails – partial and complete excision, includes matrices | | | | | | | |
| 2. Excision benign lesion of soft tissue – superficial only – does not include ganglionic cysts or other of similar magnitude | | | | | | | |
| 3. Bursectomies – digits | | | | | | | |
| 4. Repair simple lacerations of foot and digital trauma except digital fractures | | | | | | | |
| 5. Excision and repair nerves and lesions of digits | | | | | | | |
| 6. Incision and drainage superficial uncomplicated abscess with insertion of drain | | | | | | | |
| 7. Tenotomies, tendon lengthenings, and tendon repair digital tendons except extensor hallucis longus | | | | | | | |
| 8. Interphalangeal joint and metatarsal – phalangeal joint capsulotomies | | | | | | | |

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| 9. Phalangeal arthrotomies | | | | | | | |
| 10. Interphalangeal arthroplasties | | | | | | | |
| 11. Partial and total phalangectomies | | | | | | | |
| 12. Open and closed reduction phalangeal fractures except hallux | | | | | | | |
| 13. Phalangeal osteotomies except hallus | | | | | | | |
| 14. Intra – or interphalangeal amputations | | | | | | | |
| CATEGORY B | PRIVILEGES REQUESTED | | PRIVILEGES GRANTED | | | | |
| GENERALLY ENCOMPASSES ALL FOREFOOT SURGERY | Request privileges to perform surgery. | Request privileges to assist at surgery. | Qualified supervision required. | May assist only. | Qualified Assistant required. | No supervision required. | Privileges not granted. |
| 1. Excision of soft tissue tumors of forefoot – e.g. intermetatarsal neuroma, ganglion, etc. | | | | | | | |
| 2. Bursectomies, forefoot only | | | | | | | |
| 3. Incision and drainage deep complicated soft tissue abscess | | | | | | | |
| 4. All digital tendon incisions, excisions, lengthenings, shortenings and transpositions including extensor hallucis longus | | | | | | | |
| 5. Repair uncomplicated soft tissue trauma, forefoot only | | | | | | | |
| 6. Excision of foreign body, forefoot only | | | | | | | |
| 7. Open and closed reductions of hallus and metatarsal fractures | | | | | | | |
| 8. Partial ostectomies, metatarsals including dorsal metatarsal – cuneiform exostoses | | | | | | | |
| 9. Excision bones, forefoot only | | | | | | | |
| 10. Arthroplasties metatarsal-phalangeal joints | | | | | | | |
| 11. Arthrodeses interphalangeal and metatarsal-phalangeal joints | | | | | | | |

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| 12. Osteotomies, hallus and metatarsals | | | | | | | |
| 13. Simple bunionectomies | | | | | | | |
| 14. Radical hallus valgus and varus operations except Lapidus-type procedures and implant arthroplasty procedures | | | | | | | |
| 15. Amputation of toes (metatarsal-phalangeal joint disarticulation) | | | | | | | |
| CATEGORY C | PRIVILEGES REQUESTED | | PRIVILEGES GRANTED | | | | |
| GENERALLY INCLUDES OTHER COMMON BUT MORE DIFFICULT TYPES OF SURGERY OF THE FOREFOOT AND REARFOOT | Request privileges to perform surgery. | Request privileges to assist at surgery. | Qualified supervision required. | May assist only. | Qualified Assistant required. | No supervision required. | Privileges not granted. |
| 1. Excision of deep soft tissue tumors rear foot and ankle – e.g. neuroma ganglion, lipoma, muscle biopsy, etc. | | | | | | | |
| 2. Repair all soft tissue trauma foot and ankle | | | | | | | |
| 3. Excision of foreign body rear foot and ankle | | | | | | | |
| 4. Simple plastic surgical procedures of foot and ankle including non-extensive skin grafting | | | | | | | |
| 5. Decompression of nerve entrapment (neurolysis) foot and ankle | | | | | | | |
| 6. Tendo archilles lengthening | | | | | | | |
| 7. Peroneal tendon lengthening | | | | | | | |
| 8. Incision, excision, lengthening and shortening of fascial, including plantar fibromatosis | | | | | | | |
| 9. Excision of accessory bones rear foot | | | | | | | |
| 10. All forefoot implant arthroplasties | | | | | | | |
| 11. Partial ostectomy tarsal bones – e.g. Hadlund's plantar heel spur, navicular tuberosity, tarsal coalitions, etc. | | | | | | | |
| 12. Open and closed reduction mid-tarsal fractures – does not include talus, calcaneus | | | | | | | |
| 13. Osteotomy, single, tarsal bone – e.g. Dwyer osteotomy of calcaneus | | | | | | | |

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|--|---|---|--|-------------------------|--------------------------------------|---------------------------------|--------------------------------|
| 14. Arthrodeses of metatarsal tarsal joints | | | | | | | |
| 15. Total forefoot reconstructive procedures – e.g. Hoffman Hibbs, Heyman-Herndon-Strong, etc. | | | | | | | |
| 16. Ray amputations | | | | | | | |
| 17. Surgical treatment of osteo-myelitis of forefoot | | | | | | | |
| CATEGORY D | PRIVILEGES REQUESTED | | PRIVILEGES GRANTED | | | | |
| GENERALLY INCLUDES THE DIFFICULT AND LESS COMMON TYPES OF SURGICAL RECONSTRUCTION OF THE FOOT AND ANKLE. THIS INCLUDES TREATMENT OF EXTENSIVE TRAUMA OF FOOT AND ANKLE. THIS CATEGORY ALSO INCLUDES EXTENSIVE MULTIPLE PROCEDURE COMBINATIONS WHERE THE SPEED AND SKILL REQUIRED OF THE SURGEON IS FAR GREATER THAN WHEN THE SAME PROCEDURES ARE STAGED ON LESSER NUMBERS AT ONE SURGICAL INTERVAL. | Request privileges to perform surgery. | Request privileges to assist at surgery. | Qualified supervision required. | May assist only. | Qualified Assistant required. | No supervision required. | Privileges not granted. |
| 1. Complicated plastic surgical procedures of foot, ankle, leg and soft subcutaneous tissues of the thigh. Including extensive skin grafting | | | | | | | |
| 2. Major tendon surgery of foot and ankle such as tendon transpositionings, recessions, suspensions, leg and soft subcutaneous tissues of the thigh | | | | | | | |
| 3. Ankle stabilization procedures | | | | | | | |
| 4. Open and closed reduction fractures of talus, calcaneus ankle | | | | | | | |
| 5. Arthroplasties, with or without implants, tarsal and ankle joints e.g. subtalar joint implant arthroeresis | | | | | | | |
| 6. Arthrodesis tarsal and ankle joints | | | | | | | |
| 7. Osteotomy, multiple, tarsal bones – e.g. tarsal wedge osteotomy | | | | | | | |
| 8. Osteotomy, tibia, fibula | | | | | | | |
| 9. Surgical treatment of osteomyelitis of rear foot and ankle | | | | | | | |
| 10. Amputations – all others with foot | | | | | | | |

Applicant Signature

Date

Appointment Recommended **Appointment Not Recommended** **Appointment Deferred**

Date

Chairman, Executive Committee

Appointed

Disapproved

Deferred

Date

Chairman, Board of Directors



HEALTH STATEMENT

Do you presently have a physical or mental health condition which would affect or is likely to affect your ability to perform professional or medical staff duties as a physician/allied health professional?:

_____ Yes _____ No

If yes, please explain: _____

During the last two years, have you been hospitalized or received any other type of institutional care for a health problem?:

_____ Yes _____ No

Significant finding: _____

Signature

Date

*******IMPORTANT – MUST BE SIGNED BY VERIFYING PHYSICIAN*******

I affirm to the best of my knowledge that the above mentioned physician has no physical or psychological impairments that would impede his/her ability to perform quality health care services.

(Signature of verifying physician)

Date: _____