

NAME: _____

DATE: _____

SIERRA VISTA HOSPITAL
800 East Ninth Street
Truth or Consequences, New Mexico 87901

DELINEATION OF ORTHOPEDIC PRIVILEGES

I am qualified for and request the following privileges:

OPEN FRACTURES (Compound)

_____ Fractures – minimal soft
tissue disruption

CLOSED FRACTURES (Not compound)

_____ Spine

_____ Cervical

_____ Dorsal

_____ Lumbar

_____ Ribs

_____ Multiple

_____ Nasal Bones

_____ Undisplaced

_____ Skull

_____ Linear

_____ Pelvis

_____ Undisplaced

UPPER EXTREMITY (FRACTURES AND DISLOCATIONS)

_____ Clavicle

_____ Displaced

_____ Undisplaced

_____ Dislocation of acromio

clavicular joint

_____ Tuberosities

_____ Unseparated

_____ Shaft

_____ Undisplaced

_____ Scapula

_____ Undisplaced

_____ Dislocation of Shoulder

_____ Anterior

_____ Posterior

_____ Anatomical neck

_____ Impacted

_____ Surgical Neck

_____ Impacted

_____ Elbow

_____ Dislocations

FOREARM

_____ Both Bone

_____ Undisplaced

_____ Colle's Fracture

_____ Mild deformity

_____ Single Bone

_____ Undisplaced

_____ Carpel bones

_____ Navicular



METACARPAL AND PHALANGES

___ Singular
___ Undisplaced
___ Avulsion fractures
___ Uncomplicated
___ Shaft
___ Adult

KNEE
___ Patellar dislocation with fracture
___ Undisplaced

ANKLE
___ Dislocation
___ Undisplaced

TARSUS GROUP

___ Talus
___ Undisplaced
___ Navicular
___ Undisplaced

METATARSAL AND PHALANGES

___ Singluar
___ Displaced
___ Undisplaced
___ Avulsion fractures
___ Uncomplicated

EPIPHYSEAL INJURIES

___ Undisplaced

___ Multiple
___ Undisplaced
___ Femur
___ Dislocation of hip
___ Tibial shaft
___ Undisplaced
___ Fibular shaft
___ Displaced
___ Undisplaced
___ Both bone
___ Undisplaced
___ Lateral malleolus
___ Undisplaced
___ Medial malleolus
___ Undisplaced
___ Calcaneus (os calcis)
___ Undisplaced

Chief of Staff : Date

Chairman of the Board Date

Administrator Date