



New Mexico Orthopaedics Surgery Center, LP  
PRIVILEGE REQUEST PODIATRY

CATEGORY A:

- Nails, partial & complete excision, including matrices
- Excision benign lesion of soft tissue – superficial only – does not include ganglionic cysts or other of similar magnitude
- Bursectomies – digits
- Repair simple lacerations of foot and digital trauma except digital fractures
- Excision & repair nerve & lesions of digits
- Incision & drainage superficial uncomplicated abscess with insertion of drain
- Tenotomies, tendon lengthening & tendon repair digital tendons except extensor hallucis longus
- Interphalangeal joint & metatarsal phalangeal joint capsulotomies
- Phalangeal arthrotomies
- Interphalangeal arthroplasties
- Partial & total phalangectomies
- Open & closed reduction phalangeal fractures except hallus
- Intra or intraphalangeal amputations

CATEGORY B:

- Excision of soft tissue tumors of forefoot, e.g. intermetatarsal neuroma, ganglion, etc.
- Bursectomies, forefoot only
- Incision & drainage deep complicated soft tissue abscess
- Repair uncomplicated soft tissue trauma, forefoot only
- Excision of foreign body, forefoot only
- Open & closed reduction of hallux & metatarsal fractures
- Partial osteotomies, metatarsal, including dorsal metatarsal cuneiform exostoses
- Excision bones, forefoot only
- Arthroplasties metatarsal phalangeal joints
- Osteotomies, hallus & metatarsal
- Simple bunionectomies
- Radial hallux valgus & varus operations, except Lapidus-type procedure & implant arthroplasty
- Amputation of toes (metatarsal phalangeal joint disarticulation)

CATEGORY C:

- Incision, excision, lengthening & shortening of fascia including plantar fibromatosis
- All forefoot implant arthroplasties
- Partial ostectomy tarsal bones, e.g. Hadlund’s plantar help spur, navicular tuberosity, tarsal coalitions, etc.
- Arthrodesis of metatarsal tarsal joints
- Total forefoot reconstructive procedures, e.g. Hoffman-Hibbs, Heyman-Herndon-Strong
- Ray amputations
- Surgical treatment of osteomyelitis of forefoot

Requested Privileges Granted ( )

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Medical Director Approval

Date \_\_\_\_\_