

**NEW MEXICO STATE VETERANS HOME**  
**DELINEATION OF PODIATRIC PRIVILEGES**  
**PODIATRY SERVICES**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

By checking an item below you are requesting the privilege of practicing the item without supervision and stating that you are qualified to do so.

\_\_\_\_\_ Amputation of toes, ray amputation, other amputations with the foot.

\_\_\_\_\_ Excision of deep soft tissue tumors of the ankle.

\_\_\_\_\_ Repair of soft tissue trauma of the ankle.

\_\_\_\_\_ Simple and complicated plastic surgical procedures of foot and ankle including skin grafting.

\_\_\_\_\_ Decompression of nerve entrapment (neurolysis) foot and ankle.

\_\_\_\_\_ Tendon Achilles lengthening or repair.

\_\_\_\_\_ Peroncal tendon lengthening.

\_\_\_\_\_ Excision of accessory bones, rearfoot.

\_\_\_\_\_ Open and closed reduction metatarsal, talus, calcaneus, and ankle fracture.

\_\_\_\_\_ Osteotomy of tarsel bone, single and multiple, e.g., Dwyer osteotomy of calcaneus, tarsel wedge osteotomy.

\_\_\_\_\_ Arthrodeses of metatarsal joints and ankle joint.

\_\_\_\_\_ Total forefoot re-constructive procedures, e.g., Hoffman.

\_\_\_\_\_ Major tendon surgery of foot and ankle, e.g., tendon transposition, recessions, suspensions.

\_\_\_\_\_ Arthroplastics, with or without implants, tarsal, e.g., subtalar joint implant arthroeresis and arthroplastic of the ankle.

\_\_\_\_\_ Ankle stabilization procedures.

\_\_\_\_\_ Nails – partial and complete excision includes matrices.

\_\_\_\_\_ Capsulotomy/Tenotomy Digital, M-P Joints.

\_\_\_\_\_ Digital Surgery (Hammertoe Repair, Fusions and Osteotomy).

\_\_\_\_\_ Osteotomy (Digital and Metatarsal).

\_\_\_\_\_ Soft Tissue Repairs and Excisions – Digital and Forefoot.

\_\_\_\_\_ Sesamoidectomy Forefoot.

\_\_\_\_\_ Open and closed reduction phalangeal fractures.

\_\_\_\_\_ Phalangeal osteotomies.

\_\_\_\_\_ Hallux Valgus Repair, simple, McBride Keller.

\_\_\_\_\_ Hallux Valgus repair, osteotomy and/or fixation.

\_\_\_\_\_ Hallux Valgus Repair with implant.

\_\_\_\_\_ Lapidus/cunelform fusions.

\_\_\_\_\_ Metatarsal osteotomy.

\_\_\_\_\_ Excision of soft tissue neoplasms, foot.

\_\_\_\_\_ Jones Suspensions.

\_\_\_\_\_ Fasciotomy, Plantar – non-endoscopic.

\_\_\_\_\_ Ostectomies of the midfoot, rearfoot, e.g., Heel spurs, Haglunds.

\_\_\_\_\_ Amputations of the Digits, partial metatarsal.

\_\_\_\_\_ Forefoot Arthroplasty – Head/Base Excisions.

\_\_\_\_\_ Osteomyelitis of the Digits and Metatarsals.

\_\_\_\_\_ Sinus Tarsi Soft Tissue Decompression.

- \_\_\_\_\_ Excisions of Midfoot Accessory Ossicles.
- \_\_\_\_\_ Total forefoot reconstructive procedure, e.g., Hoffman.
- \_\_\_\_\_ Open and closed reduction mid-tarsal fractures – does not include talus, calcaneus.
- \_\_\_\_\_ Heel Endoscopy.
- \_\_\_\_\_ Excision of deep soft tissue tumors rear foot and ankle, e.g., neuroma ganglion, lipoma, muscle biopsy, etc.
- \_\_\_\_\_ Repair all soft tissue trauma, foot.
- \_\_\_\_\_ Excision of foreign body rear foot.
- \_\_\_\_\_ Simple plastic surgical procedures of foot and ankle, including non-extensive skin grafting.
- \_\_\_\_\_ Tarsal Tunnel Release.
- \_\_\_\_\_ Rear foot tendon lengthening – major rear foot, ankle, leg, e.g., TAL.
- \_\_\_\_\_ Radical fasciectomy.
- \_\_\_\_\_ Excision of accessory bones rear foot.
- \_\_\_\_\_ Osteotomy, single, tarsal bone, e.g., Dwyer, Osteotomy of calcaneus.
- \_\_\_\_\_ Total reconstructive procedures, e.g., Hibbs, Heyman-Herdon-Strong.
- \_\_\_\_\_ Decompression of nerve entrapment (neurolysis) foot and ankle, except tarsal tunnel.

**OTHER**

---

---

**NMSVH CREDENTIALING COMMITTEE RECOMMENDATION:**

The members of the NMSVH Credentialing Committee have reviewed and investigated this application and hereby recommend that this application be:

\_\_\_\_\_ Accepted for appointment/reappointment of staff membership and/or continuation of current privileges.

\_\_\_\_\_ Accepted for reappointment of staff membership and modification of privileges as outlined on privilege delineation forms.

\_\_\_\_\_ Rejected or accepted with restrictions for the following reasons:

---

---

NMSVH Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**ACTION BY GOVERNING BOARD:**

\_\_\_\_\_ Concur with NMSVH Credentialing Committee recommendation

\_\_\_\_\_ Other action (describe): \_\_\_\_\_

---

---