



GREATER LANSING

DEPARTMENT OF ORTHOPEDIC SURGERY
Core Privileges

Name: _____

QUALIFICATIONS FOR ORTHOPEDIC SURGERY CORE PRIVILEGES

To be eligible for orthopedic core privileges in the Department of Orthopedic Surgery, the applicant must meet the following qualifications:

- Successful completion of a ACGME or AOA-approved residency training program in orthopedic surgery; **and**
- Documentation of training and experience must accompany request consisting of written endorsement by persons of known competence that can testify to skills in performing the requested procedures and number of cases performed. Reference letters must include at least one letter from the Residency Program Director or a section/department chair.

Active participation in the examination process leading to certification in orthopedic surgery or current certification by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery is highly recommended.

Orthopedic Surgery Core Privileges – Level 1

Requested

Evaluate, diagnose, admit, treat, or arrange for treatment for all conditions related to musculoskeletal trauma, infection, deformity, degenerative disease and all other conditions (with the exception of those conditions related to the hand) that approved orthopedic residency training programs include in their training curriculum. With regard to Emergency Room call, treat and/or arrange definitive treatment.

Observation Requirements

Six (6) major cases (to be completed within first 12 months)

Biennial Renewal Criteria

50 surgical cases

Orthopedic Surgery Specific Procedure Privileges – Level 2

Requested

Level 2 - Specific Procedure Privileges

To be eligible to apply for a specific procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Professional Staff policies governing the exercise of specific privileges. Level 2 is inclusive of Level 1 privileges.

Requested	Procedure	Criteria/Observation Requirements	Recommend	Do Not Recommend
DIAGNOSTIC PROCEDURES				
	Discography	No specific observation requirements.		
	Myelography			
	Arthrography			
	Fluoroscopy			

Name: _____

Orthopedic Surgery Specific Procedure Privileges – Level 2 (Continued)

Requested	Procedure	Criteria/Observation Requirements	Recommend	Do Not Recommend
THERAPEUTIC PROCEDURES				
	Halo application	Concurrent observation of first three cases.		
	Percutaneous discectomy			
	Cervical spine surgery	Specific observation requirements will be determined by Department co-chairman.		
	Chemonucleolysis			
THERAPEUTIC PROCEDURES - ARTHROSCOPY				
	Ankle	Specific observation requirements will be determined by Department co-chairman.		
	Elbow			
	Hip			
	Knee			
	Shoulder			
	Wrist			
THERAPEUTIC PROCEDURES – CERVICAL SPINE				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Discectomy and fusion			
	Fusion for instability			
	Internal or external fixation			
THERAPEUTIC PROCEDURES – CHILDREN’S ORTHOPEDICS				
	Amputation	Specific observation requirements will be determined by Department co-chairman.		
	Congenital anomalies			
	Congenital deformities			
	Congenital dislocations			
THERAPEUTIC PROCEDURES – HAND				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Internal or external fixation			
	Amputation			
	Arterial repair			
	Arthrodesis			
	Extensor tendon repair			
	Flexor tendon repair, primary			
	Flexor tendon repair, graft			
	Nerve repair, primary/secondary			
	Reconstructive surgery			
	Replantation of digit or limb			
	Arthroplasty-wrist/elbow			

Name: _____

Orthopedic Surgery Specific Procedure Privileges – Level 2 (Continued)

Requested	Procedure	Criteria/Observation Requirements	Recommend	Do Not Recommend
THERAPEUTIC PROCEDURES – HIP				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Internal or external fixation			
	Arthrodesis			
	Hip disarticulation			
	Prosthetic replacement			
	Reconstructive surgery			
	Total hip replacement			
THERAPEUTIC PROCEDURES – LOWER EXTREMITY				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Internal or external fixation			
	Amputation			
	Arterial repair			
	Arthrodesis			
	Nerve repair			
	Reconstructive surgery			
	Tendon repair/transfer			
	Total knee replacement			
THERAPEUTIC PROCEDURES – PELVIS				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Internal or external fixation			
THERAPEUTIC PROCEDURES – THORACIC AND LUMBAR SPINE				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Internal or external fixation			
	Discectomy			
	Fusion			
	Scoliosis correction			
THERAPEUTIC PROCEDURES – UPPER EXTREMITY				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Internal or external fixation			
	Amputation			
	Arthrodesis			
	Reconstructive surgery			
LASER PRIVILEGES				
	Yes	If requested, laser privilege request form and privileging criteria will be forwarded to you.		
	No			

Name: _____

QUALIFICATIONS FOR SURGERY OF THE HAND

To be eligible for surgery of the hand core privileges in the Department of Orthopedic Surgery, the applicant must meet the following qualifications:

- Successful completion of a ACGME or AOA-approved residency training program in orthopedic surgery; **and**
- Documentation of training and experience must accompany request consisting of written endorsement by persons of known competence that can testify to skills in performing the requested procedures and number of cases performed. Reference letters must include at least one letter from the Residency Program Director or a section/department chair.

Active participation in the examination process leading to certification in orthopedic surgery or current certification by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery is highly recommended.

Surgery of the Hand Core Privileges - Level 1

Requested

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages presenting with injuries and disorders of all structures of the upper extremity directly affecting the form and function of the hand and wrist by medical, surgical, and rehabilitative means. With regard to Emergency Room call, treat and/or arrange definitive treatment.

Observation Requirements

Six (6) major cases (to be completed within first 12 months)

Biennial Renewal Criteria

50 surgical cases

Hand Surgery Specific Procedure Privileges – Level 2

Requested

Level 2 - Specific Procedure Privileges

To be eligible to apply for a specific procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Professional Staff policies governing the exercise of specific privileges. Level 2 is inclusive of Level 1 privileges.

Requested	Procedure	Criteria/Observation Requirements	Recommend	Do Not Recommend
THERAPEUTIC PROCEDURES – HAND				
	Closed or open reduction	Specific observation requirements will be determined by Department co-chairman.		
	Internal or external fixation			
	Amputation			
	Arterial repair			
	Arthrodesis			
	Extensor tendon repair			
	Flexor tendon repair, primary			
	Flexor tendon repair, graft			
	Nerve repair, primary/secondary			
	Reconstructive surgery			
	Replantation of digit or limb			
	Arthroplasty-wrist/elbow			

Name: _____

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **McLaren Greater Lansing**, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Professional Staff Bylaws or related documents.

Signed: _____ Date: _____

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Recommendations:

- () Approve as requested
- () Approve with modifications as noted below
- () Denial of privileges

Modifications: _____

Observers: _____

We have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____ Date: _____

Co-Chairman, Department of Orthopedic Surgery

Signed: _____ Date: _____

Co-Chief of Staff (for interim privileges)

Credentials Committee Date: _____

Executive Committee Date: _____

Board of Trustees Date: _____

APPROVALS:

Dept: 06/04/12
Credentials: 12/13/14
PSEC: 12/14/12
Board: 12/18/12