



**CLINICAL PRIVILEGE DELINEATION DESCRIPTION**

PRACTICE SPECIALTY: <b>ORTHOPEDIC SURGERY</b>	DEPARTMENT: <b>SURGERY</b>
---	----------------------------

Please print:

Name \_\_\_\_\_  
Last
First
Middle Initial

**Basic Qualifications:**

- **Basic Education:** MD or DO
- **Minimal Formal Training:** Completed an ACGME-approved residency training program in orthopedic surgery.
- **Board Certified:** (obtain certification in (3) three years from the date of membership) in Orthopedic Surgery.
- **Required Previous Experience:** Demonstrate that he/she has provided inpatient services or performed orthopedic procedures for at least 100 orthopedic procedures during the last 12 months or demonstrated successful participation in a hospital-affiliated formalized residency or special clinical fellowship during which the applicant performed or assisted with at least 30 cases.
- **Current, unrestricted license in Kentucky.**
- **Malpractice Liability Coverage of 1,000,000/3,000,000.**
- **Reappointment:** Documentation of:
  - \*Successful completion of at least 200 orthopedic procedures within the past 24 months.
  - \*Continuing education (or residency program) related to orthopedic surgery within the past 24 months.

✓if Requesting

**Pediatrics (Infant – 18) \*\*A=Approved;**

**T=Tabled; D=Denied**

R	ORTHOPEDIC SURGERY CORE PRIVILEGES	CRITERIA for PRIVILEGES (Education/Training/Experience)	APPLIES TO: (setting/age group)	**A/T/D	RESTRICTIONS
	Sub-Acute Unit admission, consultation, and work-up	<b>See Basic Qualifications</b>	__Adults		
	Privileges include being able to admit, work up, and provide nonsurgical and surgical care to patients to correct or treat various conditions, illnesses, or injuries of the musculoskeletal system, including the provision of consultations.	<b>See Basic Qualifications</b>	__Adults __ Peds		
R	ORTHOPEDIC SURGERY SPECIAL REQUESTS	CRITERIA for PROCEDURES (Education/Training/Experience) All Special Requests require Basic Qualifications	APPLIES TO: (setting/age group)	**A/T/D	RESTRICTIONS
	Laser Surgery <i>(verification of experience/training may be required)</i>	<input type="checkbox"/> Current privileges at FRMC or another health care facility; <u>or</u> <input type="checkbox"/> Laser procedures performed during recent residency program; <u>or</u> <input type="checkbox"/> Hands-on laser CME course completed within the past 12 months (attached certificate)	__Adults __ Peds		
	Laminectomies	Training and/or documented current clinical competence			
	Hemipelvectomy	Training and/or documented current clinical competence			
	Vascular grafts of the hands and forearm	Training and/or documented current clinical competence			
	Complex hand surgery	Training and/or documented current clinical competence			
	Pain Management – Diagnosis and management of painful syndromes. Using caustic materials, epidural blood patches, ancillary block, epidural steroid injections, local and topical anesthesia.	<b>Basic Qualifications</b> for Orthopedic Surgery and Board Certification in Orthopedic Surgery <u>and</u> demonstrated competency specific to diagnosis and management.	__Adults __ Peds		

	<b>CONSCIOUS SEDATION</b>	<b>Moderate Sedation -ACLS</b> Certification, OR BLS, pass the medication test, and demonstrate 3 successful intubations (to be signed off on by anesthesia) <b>Reappointment:</b> Either current ACLS, or BLS, and demonstrate 3 successful intubations (to be signed off on by anesthesia) Demonstrated current clinical competence <b>Deep Sedation – ACLS</b> Certification and completion of the medication test. <b>Reappointment:</b> current ACLS certification. Demonstrated current clinical competence. <i><b>*Medication Test can be  obtained from the Medical  Staff Office</b></i>	All age groups		
--	---------------------------	---	----------------	--	--

**NOTE:** The above list of procedures/medical management is not intended to be all-inclusive, but representative of those procedures/medical management usually associated with these specialties. It is understood that any physician may take appropriate emergency action in a situation where such immediate action is necessary for the patient's welfare.

Requested by \_\_\_\_\_  
Signature of Applicant Date

Board Approval Date: \_\_\_\_\_