



Privileges in Orthopaedic Surgery Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA accredited Residency in Orthopaedic Surgery or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Orthopaedic Surgery by the American Board of Orthopaedic Surgery or by the American Osteopathic Board of Orthopedic Surgery or foreign equivalent training/board.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges included in the Core:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical and provide non-surgical and surgical care to correct or treat various conditions, illnesses, or injuries of the musculoskeletal system. Privileges include:	
	Trauma, including multisystem trauma	
	Hand and foot surgery (routine)	
	Athletic injuries, including arthroscopy	
	Orthopaedic rehabilitation, including amputations and postamputation care	
	Musculoskeletal imaging	
	Orthopaedic oncology	
	Rehabilitation of neurologic injury and disease	
	Spinal cord injury rehabilitation	
	Orthotics and prosthetics	
	Cast application, reinforcement and removal procedures	
	Joint aspiration; joint injection	
	Suture and packing of wounds	
	Primary Joint Replacement (Routine)	
	Shoulder/elbow surgery (Routine)	
	Initial management of urgent and emergent pediatric orthopaedic disease and injury	
	Non-operative Sports Medicine	

Qualifications

Renewal Criteria	Minimum 100 Core cases required during the past 2 years Maintain current certification or active participation in the examination process leading to certification in Orthopaedic Surgery by the American Board of Orthopaedic Surgery or by the American Osteopathic Board of Orthopaedic Surgery or foreign equivalent training/board.
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FPPE

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Surgery of the spine, including disk surgery, spinal trauma, and spinal deformities [CRITERIA - Initial - Fellowship in spine surgery or documentation of additional training and experience. Renewal - Minimum 50 cases required during the past 2 years]	
	Vascular grafts of the hands and forearm [CRITERIA - Initial - Fellowship in Hand Surgery. Renewal - Minimum 50 cases required during the past 2 years]	
	Complex and re-do joint replacement [CRITERIA - Initial - Fellowship training in joint replacement or documentation of prior experience. Renewal - Minimum 50 cases required during the past 2 years]	
	Limb replantation [CRITERIA - Initial - Fellowship in hand and/or vascular surgery. Renewal - Minimum 50 cases required during the past 2 years]	
	Complex pelvic fractures [CRITERIA - Initial - Fellowship in Orthopaedic trauma or documentation of prior experience. Renewal - Minimum 50 cases required during the past 2 years]	
	Microvascular flaps [CRITERIA - Initial - Documentation of additional training and experience. Renewal - Minimum 50 cases required during the past 2 years]	
	Central Venous Catheter Insertion [CRITERIA - Complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only]	
	Non-operative Sports Medicine Evaluation and management of sports related injuries and associated medical problems. [CRITERIA - Meeting Core Privilege criteria for orthopaedic surgery training or equivalency is not required. Initial - Successful completion of an ACGME or AOA residency training in Emergency Medicine, Internal Medicine or Family Medicine. Prior approval from the Chair of Orthopaedic Surgery or designee. Renewal - Minimum 50 cases required during the past 2 years]	

FPPE

- Administration of Sedation
- Use of fluoroscopy equipment (or supervision of other staff using the equipment)
- Treatment of patients in outpatient clinics at Stanford Hospital & Clinics
- Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger
- Surgery of the spine, including disk surgery, spinal trauma, and spinal deformities
- Vascular grafts of the hands and forearm
- Complex and re-do joint replacement
- Limb replantation

[applicant]

- Complex pelvic fractures
- Microvascular flaps
- Central Venous Catheter Insertion
- Non-operative Sports Medicine

Acknowledgment of Applicant

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 Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this _____ Date
privilege request

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

[applicant]

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date