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.

<table>
<thead>
<tr>
<th>Required Qualifications</th>
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<tbody>
<tr>
<td><strong>Education/Training</strong></td>
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<tr>
<td>Successful completion of an ACGME or AOA accredited Residency in Orthopaedic Surgery or foreign equivalent training.</td>
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<td><strong>AND</strong></td>
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<tr>
<td>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.</td>
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<tr>
<td><strong>FPPE</strong></td>
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<tr>
<td>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</td>
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</table>
### Assist Only

**Request all privileges listed below.**  
Uncheck any privileges that you do not want to request.

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<tr>
<th>Request</th>
<th>Service Chief Rec</th>
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- **Assist Only - Serving as Assist Only**  
  [CRITERIA - Initial - must meet initial Education/Training criteria above](#)
  □

### Qualifications

**Additional Information**
- No Admitting privileges
- Must have primary surgeon in attendance for all procedures scheduled

**Renewal Criteria**
- Must maintain reappointment activity of 11+ per year
- 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.

### Core Privileges

**Request all privileges listed below.**  
Uncheck any privileges that you do not want to request.

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**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
  □
### 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.

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

- Core
## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

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### Request all privileges listed below.

*Uncheck any privileges that you do not want to request.*

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- 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]

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*FPPE - Area is managed by Medical Staff Office. Please make NO selections*
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 privilege request

Service Chief Recommendation - Privileges

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

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Deletion/Explanation</th>
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Service Chief Recommendation - Proctoring Requirements

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

Date