

DELINEATION OF PRIVILEGES

Podiatry

Physician Name: _____

Date: _____

Some privileges may be granted with consultation or limitations posed for cause by the Board of Directors, subject to the authority of the Medical Advisory Committee to grant delineated privileges. Privileges may be increased only with documentation or justification for change. **You must be able to document that you have the same privileges in another hospital** before being granted privileges at the Center. Please place a check mark in front of each procedure which you are requesting privileges to perform.

Ankle;

- Arthroscopy
- Other Ankle Procedures

- Amputation, supranumary digit and metatarsal
- Arthroplasty and silastic implants, toe
- Arthrodesis, joints, toe foot
- Biopsy, bone
- Bunionectomy
- Burssectomy
- Capsulotomy, forefoot
- Excision
 - Joint, toe/foot
 - Osteocondro lesion
 - Skin lesion
 - Tumor of foot
 - Sinus tract, toe
- Fasciotomy of foot
- Fusion, toe
- Hammertoe repair

- Incision and drainage, below ankle
- Injection, cortisone
- Ligation, dermal appendage, extra toe
- Ostectomy
 - Metatarsal head
 - Calcaneous
 - Midtarsal bone
- Osteotomy, forefoot
- Reconstruction, tendon surgery to forefoot
- Reduction, fracture, foot, open/closed w/ internal fixation
- Release of nerve entrapment
- Repair lacerations, excl. flexor tendon
- Resection bony prominences and bone, below ankle
- Removal
 - Fixation device, tarsal, metatarsal
 - Foreign body, foot
 - Nail, associated procedures
- Syndactilization Treatment/Fracture
- Calcaneal
- Talus
- Tarsal
- Xray Interpretation
- Other _____

Physician's Signature

Date

Chairman, Medical Advisory Committee,
The Center For Surgery

Date