# SURGICAL CARE AFFILIATES

Delineation of Privileges - ***Podiatry***

**Name: ______________________**

**Minimum Criteria to request <u>initial</u> Podiatry privileges after January 1, 2008 – Evidence of completion of two-year podiatric surgery residency.**

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

| **PRIVILEGES:** | **Requested** | **Approved** | **Denied** |
|---|---|---|---|
| Evaluation and diagnosis of medical conditions to determine need for surgical intervention. | | | |
| **Category A:** (Generally encompasses digital surgery of all types) | | | |
| Nails, partial & complete excision, including matrices | | | |
| Excision benign lesion of soft tissue – superficial only – does not include ganglionic cysts or other of similar magnitude | | | |
| Bursectomies – digits | | | |
| Repair simple lacerations of foot & digital trauma except digital fractures | | | |
| Excisions & repair nerves & lesions of digits | | | |
| Incision & drainage superficial uncomplicated abscess with insertion of drain | | | |
| Tenotomies, tendon lengthening, & tendon repair digital tendons except extensor hallucis longus | | | |
| Interphalangeal joint & metatarsal phalangeal joint capsulotomies | | | |
| Phalangeal arthrotomies | | | |
| Interphalangeal arthroplasties | | | |
| Partial & total arthroplasties | | | |
| Open & closed reduction phalangeal fractures except hallus | | | |
| Intra or interphalangeal amputations | | | |
| **Category B**: (Generally encompasses all forefoot surgery) | | | |
| Excision of soft tissue tumors of forefoot, e.g., intermetatarsal neuroma, ganglion, etc. | | | |
| Bursectomies, forefoot only | | | |
| Incision & drainage deep complicated soft tissue abscess | | | |
| All digital tendon incisions, excisions, lengthening, shortenings & transpositions, including extensor hallucis longus | | | |
| Repair uncomplicated soft tissue trauma, forefoot only | | | |
| Excision of foreign body, forefoot only | | | |
| Open & closed reduction of hallux & metatarsal fractures | | | |
| Partial osteotomies, metatarsals, including dorsal metatarsal cuneiform exostoses | | | |
| Excision bones, forefoot only | | | |
| Arthroplasties metatarsal phalangeal joints | | | |
| Osteotomies, hallux & metatarsals | | | |
| Simple bunionectomies | | | |

Since this is an outpatient surgical center, the Medical Director and Administrator reserve the right to review any procedures scheduled as to their appropriateness in an outpatient setting.

**Name: ______________________**

| | | | |
|---|---|---|---|
| Radial hallux valgus & varus operations, except Lapidus-type procedures & implant arthroplasty procedures | | | |
| Amputation of toes (metatarsal phalangeal joint disarticulation) | | | |
| **Category C:** (Generally includes other common but more difficult types of surgery of the forefoot & rear foot). **If 2-year podiatric surgery residency not completed, must provide evidence of education/training and/or experience.** | | | |
| Excision of deep soft tissue tumors rear foot & ankle, e.g., neuroma ganglion, lipoma, muscle biopsy, etc. | | | |
| Repair all soft tissue trauma foot & ankle | | | |
| Simple plastic surgical procedures of foot & ankle including non-extensive skin grafting | | | |
| Decompression of nerve entrapment (neurolysis) foot & ankle | | | |

| **PRIVILEGES:** | **Requested** | **Approved** | **Denied** |
|---|---|---|---|
| Tendon Achilles lengthening | | | |
| Peroneal tendon lengthening | | | |
| Incision, excision, lengthening & shortening of fascia including plantar fibromatosis | | | |
| Excision of accessory bones, rear foot | | | |
| All forefoot implant arthroplasties | | | |
| Partial ostectomy tarsal bones, e.g. Hadlund's plantar heel spur, navicular tuberosity, tarsal coalitions, etc. | | | |
| Open & closed reduction midtarsal fractures, dose not include talus, calcaneus | | | |
| Osteotomy, single, tarsal bone, e.g. Dwyer, osteotomy of calcaneus | | | |
| Arthrodeses of metatarsal tarsal joints | | | |
| Total forefoot reconstructive procedures, e.g., Hoffman-Hibbs, Heyman-Herndon-Strong, etc. | | | |
| Ray amputation of the forefoot | | | |
| Surgical treatment of osteomyelitis of forefoot | | | |
| **Imaging** | | | |
| Provide imaging services (radiographic, fluoroscopic, ultrasonic, or other imaging services) | | | |
| Interpret and authenticate imaging results | | | |

Your initials as used in Medical Records _______________________________________________

Your signature as used in Medical Records _____________________________________________

I, _____________________, hereby request privileges in the specialty of **Podiatry** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

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# SURGICAL CARE AFFILIATES

Delineation of Privileges - ***Podiatry***

**Name: ______________________**

________________________________________ Physician

Date ______________________

APPROVAL:

My recommendation in regard to clinical privileges and membership is based on review and evaluation of relevant verified education, training or experience, current licensure, current competence and the applicant's ability to exercise clinical privileges requested -

- ❑ Qualified to receive Medical Staff membership and clinical privileges as requested.
- ❑ Qualified to receive Medical Staff membership and clinical privileges with changes noted:

_____________________________________________________________________________________

- ❑ Not qualified to receive Medical Staff membership and clinical privileges as requested:

_____________________________________________________________________________________

_____________________________________________ Medical Director

__________________ Date

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