

**THE CENTER FOR ORTHOPAEDIC SURGERY**  
**DELINEATION OF PRIVILEGES**  
**ORTHOPAEDIC**

Name: \_\_\_\_\_

The request for Clinical Privileges should be carefully reviewed by the applicant and in accordance with the Medical Staff By-Laws. Only privileges for which documented education and/or training which can be verified will be granted.

Description	Requested	Not Requested
ACL Reconstruction		
Acromioplasty		
Amputation, fingers, thumbs, toes		
Ankle, Potts-Bimalleolar fracture		
Application – Removal Splints		
Arthroscopy, Knee, Shoulder, Ankle, Wrist, Elbow		
Arthrotomy		
Avulsion Fractures		
Biopsy, open or closed with or without excision		
Bone Tendon Grafting		
Bone drainage		
Bone Excision – all extremities		
Bone pathology, infection, cyst, tumors		
Bone spurs		
Carpal Tunnel Release (Open/Endoscopic)		
Debridement, irrigation of wound, infection		
Division of muscle, tendon, fascia		
Fasciotomy, foot, hand		
Foreign Body Removal Exploration		
Fracture treatment open, closed, displacement, avulsion, reductions all extremities (except spine)		
Fracture treatment spine		
Ganglionectomy		
Hardware Removal		
Knee, Joint Replacement, Uni, Total		
Nerve Repair		
Shoulder, Rotator Cuff Repair		
Shoulder, Total, Reverse Totals		
Spine, Cervical Fusion		
Spine, Khyphoplasty		
Spine, Lumbar, Thoracic Fusion		
Spine, Level 1-2 Discectomies		
Suture, Laceration, muscle, tendon, fascia		
Tendon Repair, Graft		
Trigger Finger, Dupuytren’s Release		
Trigger Point Injection		
C-Arm, use of fluoroscopy and interpretation of image during procedure		
Ultrasound, use of ultrasound and interpretation of image during procedure		

I hereby request the clinical privileges as indicated above. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in the performance of privileges I have requested. I understand that any and all privileges granted to me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Medical Advisory Committee and the Executive Board reserve the right to grant or limit my privileges in accordance with my continuing performance in rendering of patient care.

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Signature

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Date