SCOTLAND MEMORIAL HOSPITAL Authorization to Provide Clinical Services Specialty: <u>PODIATRY</u>

PHYSICIAN NAME: _____

I. Special Requirements:

- A. A podiatrist must have the concurrence of a physician member of the Medical Staff in order to initiate the procedure for admitting a patient.
- B. The attending physician shall be responsible for the care of any medical problem that may be present on admission or that may arise during the hospitalization of a podiatric patient and shall be responsible for the overall care of the patient, including the medical history and physical examination.
- C. The podiatrist shall be responsible for that portion of the history and physical examination specific to the patient's podiatric problem. The podiatrist shall also be responsible for documenting visits and procedures performed in the physician's progress notes. Podiatrists may write orders and prescribe medications within the limits of their licensure.
- D. The nature and degree of supervision of the podiatrist by the attending physician shall, in each instance, be a matter for the professional judgment of the physician.

2. Requirements for Granting Privileges

In order to be granted clinical privileges in Podiatry, the applicant must demonstrate:

- A. Graduation from an approved school of podiatric medicine; and
- B. Certification, or eligibility for certification, by the American Board of Podiatric Surgery.
- Additionally, the following requirements concerning residency are established for each level of privileges:
- **<u>Category 1</u>**: Completion of at least one year of an approved podiatric residency program.

<u>Category 2</u>: Completion of at least two years of an approved podiatric residency program.

<u>Category 3</u>: Completion of at least three years of an approved podiatric residency program.

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Category 1 Privileges

			Not Approved/
Privilege	Requested	Approved	Approved with Restrictions
Fulguration of verrucae	Requested	Approved	
Currettage of verrucae			
Excision of verrucae			
Avulsion of toenail			
Onychoplasty			
Onychotripsy			
Subungual exostosectomy			
I&D of superficial abscess			
Plantar lesion - skin			
Tenotomy - digital tendon (extensor flexor)			
Tendon slide (digital)			
Capsulotomy - forefoot			
Arthroplasty			
Phalangectomy			
Closed reduction (digital)			
Open reduction (digital)			
Tendon lengthening - digital			
Soft tissue tumors - rear foot			
Osteoclasis			
Foreign bodies - forefoot			
Excision of accessory ossicles			
Metahead resection (partial or complete)			
Resection of metatarsal exotosis			
Closed reduction (metatarsal)			
Terminal Syme (lesser digits)			
Excision of nevi			
Soft tissue tumors – forefoot			

Category 2 Privileges

Privilege	Requested	Approved	Not Approved/ Approved with Restrictions
Terminal Syme (hallux)			
Excision of hemangioma			
Plastic repair of skin - rear foot			
Repair of ruptured leg - forefoot			
Plantar fasciotomy and heel spurs			
Excision of plantar fibromatosis			

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Category 2 Privileges (continued)

Privilege	Requested	Not Approved/ Approved with Restrictions
Syndactylization		
First metahead resection (partial or complete)		
Hallux valgus repair (first MP only)		
Partial resection of hytrophied tarsal bone		
Dorsiflexotory wedge osteotomy (2-5)		

Category 3 Privileges

			Not Approved/ Approved with
Privilege	Requested	Approved	Restrictions
Aneurysm			
Tendon transfer (digital)			
Tendon transfer (other)			
Tendo-Achilles lengthening			
Repair of ruptured tendon			
Tenodesis			
Tendon transplant			
Capsulotomy - rear foot			
Repair of Syndactylism			
Repair of polydactylist			
Amputation (digital)			
Panmetahead resection			
Extension arthroosteotomy			
Excision of metatarsal			
Excision of trigonum			
Excision of tarsal bone			
Closed reduction (rear foot)			
Open reduction (other)			
Digital fusions (IP Joints)			
Metatarsal tarsal fusions			
Arthrodesis of tarsus			
Use of K wires - staples			
Implants - wire for fixation			
Skin graft			

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Category 3 Privileges (Continued)

Privilege	Requested	Approved	Not Approved/ Approved with Restrictions
Repair of osteomyelitis			
Done cysts and tumors			
Osteotomies with fusion (digits, metahead, tarsal)			
Implants - forefoot and digital			
Cavus foot correction			
Flatfoot correction			
Metatarsal adductus correction			
Dorsiflectomy wedge osteotomy			
Reconstruction of anomaly			

I request the clinical privileges indicated above and certify that I meet all of the training requirements set forth for the granting of each level of clinical privileges.

Applicant Signature

Date

DEPARTMENT CHAIRMAN APPROVAL (NOTE: Any request indicated as "Not Approved or Approved with Restrictions" must be explained here, including listing any restrictions)

I have reviewed this application and recommend clinical privileges as indicated above.

Chairman, Department of Surgery

Date