Guidelines for Surgical Privileging

(*Based on American College of Foot and Ankle Surgeons' 10/21/2000 Guidelines*)

Applicant: Check the REQ (requested) item for procedures for which you are requesting privileges. If this is a supplemental upgrade request, check only those additional privileges requested with supporting documentation.

A surgeon may be granted partial privileges in any category listed below with appropriate documentation.

Credentials Committee: Check APP for approval.

Applicant's Name: _____ Date: _____

Type: ( ) New Applicant ( ) Supplemental Upgrade

Category I. -- Digital and Forefoot	REQ	APP
Capsulotomy/Tenotomy Digital M-P Joints	( )	( )
Digital Surgery	( )	( )
Osteotomy & Ostectomy	( )	( )
Soft Tissue Repairs & Excisions - Digits & Forefoot	( )	( )
Fractures of Digits & Metatarsals – (ORIF or Closed)	( )	( )
Laser Surgery	( )	( )

Category II. -- Forefoot, Midfoot and Simple Rearfoot	REQ	APP
Simple Bunionectomy	( )	( )
Hallux Valgus with Osteotomy	( )	( )
Prosthesis of Great Toe Joint	( )	( )
Metatarsal Osteotomy & Ostectomies	( )	( )
Excision of Soft Tissue Neoplasms, Foot	( )	( )
Fasciotomy, Plantar (Simple, Steindler)	( )	( )
Midfoot Osteotomies & Arthrodesis	( )	( )
Ostectomies of the Midfoot & Rearfoot	( )	( )
Neurolysis of the Foot	( )	( )
Amputations of the Digits & Forefoot	( )	( )
Fractures of the Forefoot & Midfoot (ORIF or Closed)	( )	( )
Forefoot Arthroplasty - Head/Base Excisions	( )	( )
Osteomyelitis Management of the Forefoot	( )	( )
Bone Graft Harvest from Foot	( )	( )
Extracorporeal Shock Wave Therapy	( )	( )

Category III. -- Rearfoot and Ankle

	REQ	APP
Flatfoot Reconstruction with Osteotomy, Bone Grafts, etc.	( )	( )
Cavus Foot Reconstruction with Osteotomy, Fusions, etc.	( )	( )
Major Tendon Transfers Lengthening & Repair of the Foot & Leg	( )	( )
Ligmentoplastic Repair or Ankle Stabilization	( )	( )
Arthroereisis, with Implants, Hindfoot & Ankle	( )	( )
Major Rearfoot Arthrodesis - Triple, Subtalar	( )	( )
Fractures of the Rearfoot - Tarsals (ORIF & Closed Reductions)	( )	( )
Ankle Fractures (ORIF & Closed Reductions)	( )	( )
Ankle Arthrodesis	( )	( )
Ankle Arthroplasty with Prosthesis	( )	( )
Ankle Arthroplasty without Prosthesis	( )	( )
Osteomyelitis Management - Hindfoot, Ankle	( )	( )
Flaps/Skin Grafts	( )	( )
I&D, Debridement of Foot & Ankle Infections	( )	( )
Neurolysis and Neurectomy of the Ankle	( )	( )
Excision of Soft Tissue Neoplasms	( )	( )
Clubfoot and Vertical Talus Release/Reconstruction	( )	( )
Hindfoot & Ankle Osteotomies & Cartilage Repair	( )	( )
Foot and Ankle, Arthroscopy (Diagnostic/Surgical)	( )	( )
Excision of Malignant Neoplasms of the Foot and Ankle	( )	( )
Amputations – Midfoot	( )	( )
Osteotomy – Ankle	( )	( )
Release of nerve entrapment	( )	( )
Treatment of Vascular Conditions using Injection, Laser, Electrosurgical Or Surgical Excision	( )	( )
Other(s), Not Listed:		
	( )	( )
	( )	( )
	( )	( )

_____
Chair, Department or Section

_____
Chair, Credentials Committee

Date of Review _____

Comments:
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