

<b>Privileges for: Orthopedics</b>
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Request

ST. ELIZABETH - EDGEWOOD  
 ST. ELIZABETH - FLORENCE  
 ST. ELIZABETH - FT. THOMAS  
 ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

Document Review: MEC Approval: 8/27/2009; Rev 10/25/2012, 7/25/2013, 2.27.2014  
 Board Approval: 9/14/2009; Rev.11/5/2012; 9/9/2013, 5/5/2014, 9/24/2015

**DEPARTMENT APPROVAL**

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

\_\_\_\_\_  
 Department/Section Chair Signature      Date

**MINIMUM REQUIREMENTS**

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in orthopedic surgery.

**Note:** For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

**PRIVILEGES REQUESTED**

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

**I. Core Privileges:** Core privileges in orthopedic surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

**DESCRIPTION OF CORE PRIVILEGES**

\_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course

\_\_\_\_\_  
 Anesthesia Section Chair

\_\_\_\_\_  
 Date

\_\_\_\_\_ Admit patients, perform histories and physicals and perform amputation & disarticulation, arthrodesis, arthrography, arthroscopy, arthrotomy, bone and/or tendon grafting, bone (whole or part) prosthesis, correction of bone and joint deformities (congenital, developmental, metabolic), dislocations (open or closed reductions), exploration of bone or muscular-skeletal (infection, cysts, tumors (malignant & benign), facet block, fasciotomy (fasciotomy), fracture/dislocations (open or closed reduction), fractures (open & closed), reduction with/without internal fixation, ganglion cyst/lipoma, release of contractures, repair of tendon, skin grafting: all types, surgery of the foot and uncomplicated surgery of the hand (tendon, bone, soft tissue), local and regional flaps, total joint replacement. [For complex surgery of the hand, see separate Hand Surgery privileges delineation.]

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**II. Additional Privileges:** In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

\_\_\_\_\_ Midas Rex (requires documentation of training)

\_\_\_\_\_ Management of fracture of neck or spine

\_\_\_\_\_ Spinal fusion ("CORE" privilege if physician has completed a spine surgery fellowship)

\_\_\_\_\_ Laminectomy with or without discectomy ("CORE" privilege if physician has completed a spine surgery fellowship)

\_\_\_\_\_ Disc replacement - cervical and lumbar ("CORE" privilege if provider has completed a spine surgery fellowship)

\_\_\_\_\_ Discography

\_\_\_\_\_ Microsurgery (nerve repair vascular)

\_\_\_\_\_ Myelography

\_\_\_\_\_ Peripheral nerve repair and grafting

\_\_\_\_\_ Spinal cord stimulator trials and permanent placement (must show demonstrated competence)

\_\_\_\_\_ Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required. )

\_\_\_\_\_ M.I.L.D. (Minimally Invasive Lumbar Decompression) Procedure \*\*

1. **Fluoroscopy privileges**
2. **Board certified/qualified by the American Board of Medical Specialties (ABMS) in Pain Management, Radiology, Orthopedic Surgery or Neurosurgery.**
3. **Documentation of proficient performance of 50 fluoroscopic epidural injections of contrast (epidurograms).**
4. **Documentation of proficient performance of one of the following:**
  - a. **For Pain Management or Interventional Radiologist Specialties: 25 neuromodulation procedures or 25 fluoroscopic vertebral augmentation procedures (vertebroplasty or kyphoplasty).**
5. **Documentation of completion of the M.I.L.D. procedure training program.**
6. **Successful proctoring for a minimum of three M.I.L.D. cases.**

\_\_\_\_\_ Thoracic lumbar vertebroplasty \*\*

1. **Completion of a hands-on training course**
2. **Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician \*proctor without complications**
3. **Radiation/fluoroscopy education if not included in residency or fellowship training**
4. **Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.**

**\*A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.**

\_\_\_\_\_ Thoracic lumbar kyphoplasty \*\*

1. **Completion of a hands-on training course**
2. **Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician \*proctor without complications**
3. **Radiation/fluoroscopy education if not included in residency or fellowship training**
4. **Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.**

**\*A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.**

**\*\* NOTE: Fellowship trained spinal surgeons are exempted from additional privileging criteria requirements for procedures of the spine. (MEC meeting of 10/25/2012)**

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I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_