

ORTHOPEDICS- SPINE Delineation of Privileges

Name _____

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

| PRIVILEGES | Requested | Not Requested | Approved | Denied | N/A |
|--|-----------|---------------|----------|--------|-----|
| <ul style="list-style-type: none"> • Evaluation and diagnosis of medical conditions to determine need for surgical intervention with regard to appropriate consultation when prudence and good medical care so require. | | | | | |
| Spine Surgery | | | | | |
| <ul style="list-style-type: none"> • Lumbar Spine – Discectomy, Microdiscectomy, Laminectomy • Cervical - Anterior Cervical Fusion • Cervical – Posterior Cervical Fusion • Cervical Corpectomy with Reconstruction • Posterior Cervical Decompression • Posterior Cervical Instrumented Fusion • Anterior Cervical Discectomy & Fusion with Plate • Percutaneous Cervical and/or Lumbar Discectomy • Lumbar Spine – Anterior Lumbar Fusion • Cervical Laminectomy • SI Fusion • Thoracic Discectomy • Thoracic Laminectomy - Kyphoplasty <ul style="list-style-type: none"> • Posterior Lumbar Interbody Fusion • Transforaminal Lumbar Interbody Fusion • Extreme Lateral Interbody Fusion • Disc Replacemnet <ul style="list-style-type: none"> • Cervical • Lumbar | | | | | |
| Joint Arthroplasty | | | | | |
| <ul style="list-style-type: none"> • Knee Arthroplasty, Total or Partial, • Hip Arthroplasty, Total or Partial • Elbow Arthroplasty • Shoulder Arthroplasty • Ankle Arthroplasty | | | | | |
| General Orthopedic | | | | | |
| <ul style="list-style-type: none"> • ACL reconstruction • Amputation finger/toe • Arthrodesis • Arthroscopy ___ Knee ___ Shoulder ___ Ankle ___ Wrist Elbow ___ Hip • Arthroplasty • Arthrotomy • Bone grafts • Bunionectomy • Bursectomy • Carpal tunnel release • Cast application • Closed reduction • De Quervain's release • Excision bony lesion | | | | | |

ORTHOPEDICS- SPINE
Delineation of Privileges

| Name | | | | | |
|---|--|--|--|--|--|
| • Ganglionectomy | | | | | |
| • Hammertoe repair | | | | | |
| • Hardware removal | | | | | |
| • I&D abscess | | | | | |
| • Joint and tendon prothesis | | | | | |
| • Ligament repair | | | | | |
| • Manipulation of joint | | | | | |
| • Meniscectomy | | | | | |
| • Neuroma excision | | | | | |
| • Open reduction | | | | | |
| • ORIF - extremity | | | | | |
| • Osteotomy | | | | | |
| • Peripheral nerve surgery and grafts | | | | | |
| • Endoscopic Carpal Tunnel Release | | | | | |
| • Skin graft and flaps | | | | | |
| • Synovectomy | | | | | |
| • Tendon repair | | | | | |
| • Tenolysis | | | | | |
| • Trigger finger release | | | | | |
| • Tumor excision | | | | | |
| • Interpretation of images | | | | | |
| Hand Surgery | | | | | |
| • Surgery of muscle, tendon, and fascia of hand | | | | | |
| • Transplantation of muscle and/or tendon of hand | | | | | |
| • Plastic operation on hand with tissue graft or prosthetic implant | | | | | |
| Use/Interpretation of: | | | | | |
| • C-Arm Fluroscan | | | | | |
| Administration of: | | | | | |
| • Local Anesthesia | | | | | |

Physician

Date

Approval Signatures

Governing Board

Date

Director of Anesthesia

Date

Physician Job Description

Reports To: Medical Director and Board of Directors

Position Summary: The Surgeon should be a highly visible, working physician representing the Center to the medical community and the public.

The Physician should participate in and understand the centers budget. He/she should work in a collegiate way with the Administrator and the Nurse Manager to affect efficient and profitable operations.

Qualifications:

A Physician shall be a physician who has successfully completed a residency program Accredited by the Accreditation Council for Graduate Medical Education or Approved by the American Osteopathic, or successfully achieved Podiatry Licensure. Member of the Medical Staff as a licensed independent practitioner, with active clinical privileges appropriate to the Center. Keeps abreast of national and federal regulations.

Responsibilities:

1. Participates in orientation and educational activities.
2. Participates in staff orientation and staff educational activities.
3. Assures quality care is rendered in the Center.

Work Environment and Hazards:

Hazards include risk of exposure to communicable diseases and hazardous substances, and the risk of physical injury from moving/ lifting patients and equipment, as well as operation of equipment. Work may be stressful at times. Interaction with others is constant and interruptive. Contact may involve with dealing with sick/and or persons under high stress/anxiety. While occasionally exposed to fumes or airborne particles and or toxic or caustic chemicals. The noise level in the work environment is usually moderate.

Special Physical Demands: The physical demands described here are representative of those that may be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, use hands, talk and hear. The employee must occasionally climb, stoop, or balance; kneel, sit, walk, use hands to finger, handle or feel objects, tool or controls; and reach with hands and arms. The employee must occasionally lift and/or move fifty (50) pounds and occasionally lift/move more than one hundred (100) pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, and the ability to adjust to focus

The above statements reflect the general outline considered necessary to describe the principal functions of this job. It shall not be construed as a detailed description of all work requirements of the job.

Signature

Date _____