

**TEXAS SPINE & JOINT OUTPATIENT SURGERY SERVICES  
PODIATRY CLINICAL PRIVILEGES**

NAME: \_\_\_\_\_

- Initial appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body.

To be eligible to apply for privileges in podiatry, the initial applicant must demonstrate successful completion of a Council on Podiatric Medical Education accredited training program and demonstrated competence reflective of the scope of privileges requested.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 100 podiatric procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of residency or fellowship within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in Podiatry, the applicant must meet the following maintenance of privilege criteria.

Current demonstrated competence and an adequate volume of podiatry procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Palliative treatment of tyloma, beloma, and nails		
	Excision of verruca or kerotoses		
	Incision of drainage of onychia or paronychia, with or without nail avulsion		
	Incision an drainage of subcutaneous abscess		
	Incision and removal of foreign body		
	Biopsy		
	<b>NAILS</b>		
	Nail avulsion		
	Ingrown toenail avulsion partial/complete		
	Complete excision of nail, nail bed and matrix		
	<b>PERIPHERAL NERVES</b>		
	Excision of neuroma		
	Release of entrapped nerve		
	<b>BURSA</b>		
	Puncture of bursa for aspiration		
	Drainage of infected bursa		
	<b>TENDONS REPAIR OF THE FOOT</b>		
	Tenotomy		
	Tendon repair/transfer		
	Excision of ganglion of tendon sheath		
	<b>BONE</b>		
	Hammertoe correction		
	Condylectomies		
	Bunionectomies		
	Osteotomies		
	Fracture Repair (foot) Closed		
	Fracture Repair (Foot) Open		

REQUESTED	PRIVILEGE	APPROVED	DENIED
	<b>LASER SURGERY</b> Documentation of course required		
	Neuroma		
	<b>MISCELLANEOUS</b>		
	Endoscopic Plantar Fascia Release		
	Use of Radiation Macine ** (see below)		

**\*\* 8 hours Category 1, CME in radiation safety and operation of fluoro systems and 1 hour fluoro machine training by a radiologist or licensed medical physicist. Attach certification to this request.**

**ACKNOWLEDGEMENT OF PRACTITIONER**

**I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Texas Spine & Joint Outpatient Surgery Services.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**