

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL
AND SURGERY CENTER
ORTHOPEDIC SURGERY 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 core privileges in orthopedic surgery, the initial applicant must meet the following criteria:
 Successful completion of ACGME or American Osteopathic Association accredited residency in orthopedic surgery.

ORTHOPEDIC SURGERY CORE PRIVILEGES

Requested: Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages to correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and generative diseases of the spine, hands, feet, knee, hip shoulder and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Amputation surgery		
	Arthrocentesis, diagnostic		
	Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint		
	Arthroplasty of large and small joints, including implants		
	Arthrography		
	Arthroscopic surgery		
	Biopsy and excision of tumors involving bone and adjacent soft tissue		
	Bone grafts and allografts		
	Carpal tunnel decompression		
	Closed reduction of fractures and dislocations of the skeleton		
	Debridement of soft tissue		
	Excision of soft tissue/bony masses		
	Fasciotomy and fasciectomy		
	Fracture fixation		
	Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or lengthening procedures		
	Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation		
	Ligament reconstruction		
	Major arthroplasty, including total replacement of knee joint, hip joint, shoulder		
	Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections		

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Management of infections and inflammations of bones, joints and tendon sheaths		
	Microvascular procedures excluding replantation		
	Muscle and tendon repair		
	Nerve graft		
	Neurorrhaphy		
	Open and closed reduction of fractures		
	Open reduction and internal/external fixation of fractures and dislocations of the skeleton (in/excluding spine)		
	Orthotripsy		
	Perform history and physical exam		
	Reconstruction of nonspinal congenital musculoskeletal anomalies		
	Removal of ganglion (palm or wrist: flexor sheath)		
	Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc		
	Repair of lacerations		
	Repair of rheumatoid arthritis deformity		
	Skin grafts		
	Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies		
	Tendon reconstruction (free graft, staged)		
	Tendon release, repair and fixation		
	Tendon transfers		
	Total joint replacement revision		
	Total joint surgery		
	Treatment of extensive trauma, excluding spine		
	Treatment of infections		
	Knee arthroplasty with Mako guidance (Certificate required)		
	Hip arthroplasty with Mako guidance (Certificate required)		

ACKNOWLEDGEMENT OF PRACTITIONER

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner's Signature

Date

Printed Name

QUALIFICATIONS FOR ORTHOPEDIC SURGERY OF THE SPINE

To be eligible to apply for core privileges in orthopedic surgery of the spine, the initial applicant must meet the following criteria:

Meet criteria for orthopedic surgery, plus successful completion of an accredited fellowship in orthopedic surgery of the spine.

CORE PRIVILEGES

ORTHOPEDIC SURGERY OF THE SPINE CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with spinal column diseases, disorders, and injuries by medical, physical, and surgical methods including the provision of consultation. [May provide care to patients in the intensive care setting in conformance with unit policies.] Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Assessment of the neurologic function of the spinal cord and nerve roots		
	Endoscopic minimally invasive spine surgery		
	Interpretation of imaging studies of the spine		
	Laminectomies, laminotomies, fixation and reconstructive procedures of the spine and its contents including instrumentation		
	Lumbar puncture		
	Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine		
	Scoliosis and kyphosis instrumentation		
	Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies		
	Treatment of extensive traumas involving spine		

ACKNOWLEDGEMENT OF PRACTITIONER

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner's Signature

Date

Printed Name

