

PODIATRY

DELINEATION OF PRIVILEGES

I, _____, hereby request privileges in the specialty of **PODIATRY** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

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	A= Approved NA= Not Approved AP= Approved w/proctoring
<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. 		
Category A: (Basic Surgery.) CHECK THIS BOX →		
<ul style="list-style-type: none"> Excision, cutaneous lesions of the foot 		
<ul style="list-style-type: none"> Excision, foreign body - digit 		
<ul style="list-style-type: none"> Arthroplasty of lesser toes 		
<ul style="list-style-type: none"> Excision, nail matrix 		
<ul style="list-style-type: none"> Tenotomy, & Capsulotomy of digit 		
Category B: (Intermediate Surgery) CHECK THIS BOX →		
<ul style="list-style-type: none"> Excision, soft tissue lesion, forefoot 		
<ul style="list-style-type: none"> Remodeling of lesser metatarsal 		
<ul style="list-style-type: none"> Sesamoidectomy (IPJ and MPJ) 		
<ul style="list-style-type: none"> Removal of foreign body from forefoot 		
<ul style="list-style-type: none"> Osteotomy of lesser metatarsal 		
<ul style="list-style-type: none"> Fusion of IPJ of digit 		
<ul style="list-style-type: none"> Excision, intermetatarsal neuroma 		
<ul style="list-style-type: none"> Bunionectomy without osteotomy or implantation 		
<ul style="list-style-type: none"> Syndactylism of toes 		
<ul style="list-style-type: none"> Osteotomy of phalanges, lesser digits 		
<ul style="list-style-type: none"> Prosthesis, implants, MPJ and IPJ in metatarsal areas 		
<ul style="list-style-type: none"> Bunionectomy with osteotomy 		
<ul style="list-style-type: none"> Exostectomy lesser tarsus 		
<ul style="list-style-type: none"> Open repair of fracture, forefoot 		
<ul style="list-style-type: none"> Plantar fascia release (without endoscopy) 		
<ul style="list-style-type: none"> Plantar fasciotomy with endoscopy 		
<ul style="list-style-type: none"> Z-plasty procedures of skin 		
Category C: (Intermediate, Plus) CHECK THIS BOX →		
<ul style="list-style-type: none"> Excision of osseous tumors of the forefoot 		
<ul style="list-style-type: none"> Tendon transfer or redirection, forefoot 		
<ul style="list-style-type: none"> Pan-metatarsal head resection 		
<ul style="list-style-type: none"> Excision of os trigonum/Exostectomy tarsus 		
<ul style="list-style-type: none"> Removal of foreign body from rearfoot 		
<ul style="list-style-type: none"> Capsulotomy of mid or rear foot 		
<ul style="list-style-type: none"> Excision of soft tissue lesion from rearfoot (ganglion) 		
<ul style="list-style-type: none"> Fusion of metatarsal-cuneiform joint 		
<ul style="list-style-type: none"> Skin grafts to include pinch grafts of the forefoot 		
<ul style="list-style-type: none"> Lengthening/Tenolysis Flexor or Extensor tendons Ankle/Foot 		
<ul style="list-style-type: none"> Resection of a single digit 		

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Category D: (Advanced Surgery) CHECK INDIVIDUALLY		
• Skin transfer/rotation flaps/soft tissue		
• Mid-tarsal fusion		
• Excision, tarsal coalition		
• Resection of multiple digits		
• Ray resection of the forefoot		
• Open reduction of fractures, rearfoot and ankle		
• Repair ligamentous structures of ankle/arthrotomy		
• Subtalar arthroereisis		
• Osteotomies of tarsal bones		
• Transmetatarsal resection		
• Sub-talar fusion/ Triple arthrodesis		
• Tendon transfer or redirection of, rearfoot		
• Tarsal tunnel release/nerve decompression rearfoot		
• Excision osseous tumor rearfoot		
• Ankle arthroscopy*		
Other Procedures		
• Treatment of Infections of the foot using systematic or parenteral antibiotics, incision and drainage		
• History and Physical on ASA1's and well compensated ASA2's		
• Ankle implant		
• Ankle fusion		
• Ossatron (certificate required)		
• Operate & Interpret Fluoroscopy (certificate required)		
• Local Anesthesia		
• Topical Anesthesia		

* Requires documentation of formal training beyond residency. (eg: course certificate)

Category A: Requires a podiatric residency, a podiatric orthopedic residency and a podiatric medical residency.

Category B: Requires a one-year podiatric surgery residency OR Board qualified by the American Board of Podiatric Surgery.

Category C: Requires a two-year podiatric residency OR Board certification by the American Board of Podiatric Surgery in **forefoot surgery**.

Category D: Requires Board Certification by the American Board of Podiatric Surgery in forefoot and rearfoot surgery AND a State of California Ankle Certificate (Ankle certificate required for ankle procedures only as per state guidelines).

** Requirements for category A, B, C, D may be waived with documentation of experience from this or other institutions. Temporary privileges for a specific procedure may be granted at the discretion of the podiatric MEC representative and medical director on a case by case basis, providing an assistant surgeon privileged to perform the procedure will be assisting.

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

Physician

Date

Approval:

Comments: _____

Medical Director

Date