



**Podiatry KHDO**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving and doubts related to qualification of requested privileges.

**Clinical Service Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**NOTE:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications Podiatry Type I	
<b>Membership</b>	To be eligible to apply for core privileges in podiatry, those seeking reappointment must meet the following criteria:
<b>Education/Training</b>	The applicant must demonstrate successful completion of a podiatric residency accredited by the Council on Podiatric Medical Education (CPME).
<b>Certification</b>	Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate the performance of at least 20 Type I podiatric procedures reflective of the scope of during the past 12 months or demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in podiatry (Type I), the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience of 20 Type I podiatric 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.
<b>Additional Qualifications</b>	Podiatrists may perform H & Ps, write orders and prescribe medications within the limits of their licensure and of the Medical Staff Bylaws, Organization Manual, and Credentials Manual. If

treatment is not within the scope of practice as determined by state law, at the time of admission or becomes necessary during the course of hospital treatment, such treatment shall be under the supervision of a doctor who is a member of the medical staff with privileges to treat the specified medical condition. It shall be the responsibility of the podiatrist to make arrangements with a doctor who is a member of the medical staff to be responsible for the patient's treatment. Mandatory medical consults are required for admission greater than 24 hours.

**AND**

Any practitioner may apply for a specific privilege in any of the identified types by documenting training and demonstrated current clinical competence in said procedure.

## Type I Podiatric Core Privileges

Request	<i>Request all privileges listed below.</i>
KHDO	<p>Click <span style="background-color: #ADD8E6;">shaded blue check box</span> to Request all privileges.          Uncheck any privileges you do not want to request.</p>
	<b>- Currently granted privileges</b>
	Evaluate and treat patients of all ages with podiatric problems/conditions of the forefoot, and midfoot and non-reconstructive hindfoot. 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.
	<b>Procedures</b>
	Order and provide preliminary interpretation of diagnostic tests related to podiatric patients, apply or prescribe foot appliances, orthotics, shoe modifications and special footwear
	Soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix, removal of superficial foreign body and treatment of corns and calluses
	Write prescriptions for medications commonly used in practice of podiatry

## Podiatry Type II (includes those privileges in Type I)

Qualifications	
<b>Membership</b>	To be eligible to apply for core privileges in podiatry (Type II), the initial applicant must meet the following criteria:
<b>Education/Training</b>	The applicant must demonstrate successful completion of a podiatric residency accredited by the Council on Podiatric Medical Education (CPME).
<b>Certification</b>	Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate the performance of at least 50 Type II podiatric procedures reflective of the scope of privileges requested during the past 12 months or demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in podiatry (Type II), the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 24 Type II podiatric procedures reflective of the scope of privileges requested with acceptable results 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.

	<i>Request all privileges listed below.</i>
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<b>Request</b>	
<b>KHDO</b>	<p>Click <b>shaded blue check box</b> to Request all privileges.          Uncheck any privileges you do not want to request.</p>
	<b>- Currently granted privileges</b>
	Evaluate, diagnose, provide consultation, order diagnostic studies and treat the forefoot, midfoot, rearfoot, and reconstructive and non-reconstructive hind foot and related structures by medical or surgical means. The core privileges in this specialty include Type II podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
	<b>Procedures (includes those privileges in Type I)</b>
	Anesthesia (topical, local and regional blocks)
	CO2 laser
	Debridement of ulcer including lower leg extremity
	Digital exostectomy
	Digital fusions
	Digital tendon transfers, lengthening, repair
	Digital/ray amputation
	Excision of benign bone cyst or bone tumors, forefoot
	Excision of sesamoids
	Excision of skin lesion of foot and ankle
	Excision of soft tissue mass (neuroma, ganglion, fibroma)
	Hallux valgus repair with or without metatarsal osteotomy (including first metatarsal cuneiform joint)
	I & D mid and rearfoot forefoot including lower leg extremity
	Incision of onychia
	Metatarsal excision
	Metatarsal exostectomy
	Metatarsal osteotomy
	Midtarsal and tarsal exostectomy (include posterior calc spur)
	Neurolysis of forefoot nerves
	Onychoplasty
	Open/closed reduction, digital fractures including lower leg extremity
	Open/closed reduction, metatarsal fractures
	Plantar fasciotomy with or without excision of calc spur
	Removal of foreign body including lower leg extremity
	Syndactylization of digits
	Tenotomy/capsulotomy, digit
	Tenotomy/capsulotomy, metatarsal, phalangeal joint
	Treatment of deep wound infections, osteomyelitis including lower leg extremity

<b>Podiatry Type III (includes those privileges in Types I &amp; II)</b>
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<b>Qualifications</b>
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<b>Membership</b>	To be eligible to apply for core privileges in podiatry (Type III), the initial applicant must meet the following criteria:
<b>Education/Training</b>	The applicant must demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
<b>Certification</b>	Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate the performance of at least 50 Type III podiatric procedures reflective of the scope of privileges requested during the past 12 months or demonstrate successful completion of an accredited podiatric surgical residency within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in podiatry (Type III), the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 24 Type III podiatric procedures reflective of the scope of privileges requested with acceptable results 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.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b>
<b>KHDO</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	<b>- Currently granted privileges</b>
	Evaluate and treat patients of all ages with podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. 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 Type III podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
	<b>Procedures (includes those privileges in Types I &amp; II)</b>
	Chopart amputation
	Excision of accessory ossicles, midfoot and rearfoot
	Excision of benign bone cyst or bone tumors, rearfoot
	Local soft tissue transfer including lower leg extremity
	Neurolysis of nerves, including lower leg extremity, rearfoot, ankle and distal leg
	Open/closed reduction of foot fracture other than digital or metatarsal including talus, tibia fibia calcaneal
	Osteotomies of the midfoot and rearfoot
	Peroneal nerve decompression
	Polydactylysm revision

	Rearfoot fusion
	Skin graft with split thickness graft harvest from thigh
	Surgical treatment of neoplasms; soft tissue and osseous
	Syndactylism revision
	Tarsal coalition repair
	Tendon lengthening (nondigital) including lower leg extremity
	Tendon rupture repair (nondigital) including lower leg extremity
	Tendon transfers (nondigital) including lower leg extremity
	Tenodesis including lower leg extremity
	Transmetatarsal amputation
	Traumatic injury or foot and related structures including lower leg extremity

### **Podiatry Type IV (includes those privileges in Types I, II & III)**

Qualifications	
<b>Membership</b>	To be eligible to apply for core privileges in podiatry (Type IV), the initial applicant must meet the following criteria:
<b>Education/Training</b>	The applicant must demonstrate successful completion of a 24 (PSR-24) month podiatric surgical residency accredited by the Council of Podiatric Medical Education (CPME).
<b>Certification</b>	Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate the performance of at least 50 Type IV podiatric procedures reflective of the scope of privileges requested during the past 12 months or demonstrate successful completion of an accredited podiatric surgical residency within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in podiatry (Type IV), the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 24 Type IV podiatric procedures reflective of the scope of privileges requested with acceptable results 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.
<b>Additional Qualifications</b>	NOTE: Any practitioner may apply for a specific privilege in any of the identified types by documenting training and demonstrated current clinical competence in said procedure.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b>
<b>KHDO</b>	<p>Click <b>shaded blue check box</b> to Request all privileges.          Uncheck any privileges you do not want to request.</p>
	<b>- Currently granted privileges</b>

	Evaluate and treat patients of all ages with podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. 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 Type III podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
	Ankle arthroscopy
	Ankle fusion
	Ankle stabilization procedures
	Arthroesis
	Arthrodesis tarsal and ankle joints
	Arthroplasty, with or without implants, tarsal and ankle joints, e.g. subtalar joint arthrodesis
	Major tendon surgery of the foot and ankle such as tendon transpositionings, recessions, suspensions including lower leg extremity
	Open and closed reduction fractures of the ankle
	Open/closed reduction of foot fracture of the ankle
	Osteotomy, multiple, tarsal bones (e.g. tarsal wedge osteotomies)
	Osteotomy, tibia, fibula
	Repair of talar dome lesions; osteochondral fractures/fragment
	Subtalar joint arthroesis procedures
	Surgical treatment of osteomyelitis of ankle
	Symes amputation including lower leg extremity

## Ankle Implants

### Qualifications

<b>Membership</b>	Qualify for and be granted privileges in Type IV Podiatry. Accredited surgical residency must include evidence of training and performance of the procedure.
<b>Education/Training</b>	Accredited surgical residency must include evidence of training and performance of the procedure.
<b>Clinical Experience (Initial)</b>	Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months.
<b>Clinical Experience (Reappointment)</b>	Demonstrated current competence with evidence of the performance of at least 2 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b>
<b>KHDO</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
	<b>- Currently granted privileges</b>

Ankle Implants
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## Fluoroscopy

Request	<i>Request all privileges listed below.</i>
KHDO	Click <span style="background-color: #00a0e3; color: white; padding: 2px;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations

## Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

## Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)



Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date