



Podiatric Surgery KHHM
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 doubts related to qualification of requested privileges.

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

Education/Training	Must have successfully completed a CPME approved residency program in podiatry. OR Consideration will be given to experience and evidence of competency for podiatrists who do not meet the training requirements outlined below. Any exceptions must be approved by the Medical Executive Committee and Board of Trustees.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The successful applicant must be able to demonstrate that s/he has provided at least 50 podiatric-related services in the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in Podiatric Surgery, the applicant must demonstrate competence and an adequate volume of experience 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.
History and Physical Examinations	A podiatrist, who is a member of the medical staff, may admit a patient to the hospital. (Ohio Revised Code 3727.06 Effective 8/6/04). An adequate medical history and physical examination by a physician member of the staff shall be required for all podiatric inpatients as required for all

other inpatients. The podiatrist shall write the podiatric history and podiatric physical and both shall be a part of the hospital record.

AND

Podiatric outpatients shall also have a documented adequate medical history and physical examination by a physician member of the staff before outpatient procedures are to be done.

AND

The practice of podiatry shall be limited to podiatry, which is limited to examination, diagnosis, treatment and care of conditions and functions of the human foot within the confines noted below.

Scope of Coverage

Podiatric physicians may perform covered services (as defined in Chapter 5101:3-7 of the Administrative Code) which consist of the medical, mechanical and surgical treatment of ailments of the foot*, the muscles and tendons of the leg governing the foot, and superficial lesions of the hand other than those associated with trauma. The podiatric physician may also treat the local manifestation of systemic disease as they appear in the hand and foot, but must be concurrently referred to an eligible prescriber for treatment of the systemic disease itself. (Ohio Revised Code 5101:3-7-02 Podiatric Medicine.)

AND

Definition of foot - *Foot,, as used in section 4731.51 of the Revised Code, is defined as the terminal appendage of the lower extremity and includes the ankle joint which consists of the tibial plafond, its posterolateral border (posterior malleolus), the medial malleolus, distal fibula (lateral malleolus) and the talus. Eff 1-30-97; 2-28-04 (Ohio Revised Code 4731-20-0)

Primary Privileges Podiatric Surgery

Description: Core Privileges include admit, evaluate, diagnose, and treat patients for various classes of podiatric disorders contained with the classes of surgical delineation defined by the American College of Foot and Ankle Surgeons.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Admit and manage patients podiatric patients in unmonitored settings	
	Consultation privileges in Podiatric Surgery	
	Perform podiatric history and podiatric physical examination. Medical history and physical examination by a physician member of the staff is required for all podiatric patients.	
	Class I and II Core Podiatric Surgery Procedures of the Digital, Forefoot, Midfoot and Simple Rearfoot (Admit, 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.)	
	Debridement of ulcer	
	Digital exostectomy	
	Digital fusions	
	Digital tendon transfers, lengthening, repair	
	Digital/ray amputation	
	Excision of benign bone cysts and 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 infections	
	Implant arthroplasty forefoot	
	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 fracture	
	Open/closed reduction, metatarsal fractures	
	Plantar fasciotomy with or without excision of calc spur	
	Removal of foreign body	
	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	

Class III Podiatric Surgery Procedures of the Forefoot, Midfoot, Rearfoot, and Reconstructive and Non-reconstructive Hindfoot

Description: Admit, 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 other procedures that are extensions of the same techniques and skills.

Qualifications	
Education/Training	Applicants for initial appointment must be able to demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, within the past 24 months
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience reflective of the scope of privileges requested with acceptable results for the past 24 months.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Chopart amputation	
	Excision of accessory ossicles, midfoot and rearfoot	
	Excision of benign bone cyst or bone tumors, rearfoot	
	Local soft tissue transfer	
	Neurolysis of nerves, rearfoot, ankle, and distal leg	
	Open/closed reduction of foot fracture other than digital or metatarsal excluding calcaneal	
	Osteotomies of the midfoot and rearfoot	
	Peroneal nerve decompression	
	Polydactylism revision	
	Rearfoot fusion	
	Skin graft	
	Surgical treatment of neoplasms; soft tissue and osseous	
	Syndactylism revision	
	Tarsal coalition repair	
	Tendon lengthening (nondigital)	
	Tendon rupture repair (nondigital)	
	Tendon transfers (nondigital)	
	Tenodesis	
	Transmetatarsal amputation	
	Traumatic injury of foot and related structures	

Class IV Specialized Podiatric Surgery Procedures

Description: Admit evaluate and treat patients 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. The core privileges in this specialty include such other procedures that are extensions of the same techniques and skills.

Qualifications	
Education/Training	The applicant must demonstrate successful completion of a 24 (PSR-24) month podiatric surgical residency accredited by the Council of Podiatric Medical Education (CPME).

Clinical Experience (Initial) Applicants for initial appointment must be able to demonstrate competence and an adequate volume of 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.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	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	
	Open and closed reduction fractures of the ankle	
	Open/closed reduction of foot fracture other than digital or metatarsal including calcaneal and talus	
	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	

Endoscopic Plantar Fasciotomy

Qualifications

Education/Training The practitioner must provide documentation of attendance of an approved course
OR
 Attended of a didactic and practicum course of a minimum of six hours on Endoscopic Plantar Fasciotomy and provide documentation of said course
OR
 Provide documentation of Endoscopic Plantar Fasciotomy training in Residency

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Endoscopic Plantar Fasciotomy	

Total Ankle Replacement/Arthroplasty

Qualifications

Education/Training The practitioner must provide documentation of attendance in an approved course
AND
 Provide documentation of 5 cases as primary surgeon within the last two years
OR
 Provide documentation of 5 cases proctored with an orthopaedic surgeon or podiatrist already approved.

Clinical Experience (Reappointment) Physician must furnish documentation that they have completed 5 cases in the last 24 months with no evidence of quality issues.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Total Ankle Replacement/Arthroplasty	

Special Privileges Podiatric Surgery

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec

	Special Privileges Podiatric Surgery	
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Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Laser	

Fluoroscopy

Description: All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department 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

Additional Comments

Signature of Department Chair/Designee

Date