

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 ORTHOPEDICS

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Orthopedics Amputations, major Arthrocentesis Arthrodesis Arthrogram Arthroplasties Arthrotomies Bone graft procedures Bone tumors excision and/or stabilization Bursae Claviclectomy Fractures and dislocations Grafts Muscles, tendons, fascia, ligaments and nerve release, excision or repair Musculoskeletal system manipulation Nerve exploration Nerve transplantation Osteomyelitis and septic arthritis drainage Osteotomy Prosthetic replacement Rotator cuff repair Shoulder stabilization, anterior and posterior Tendon repair, transfer, lengthening or shortening Non-osseous connective tissue surgery			
ARTHROSCOPIC CORE PRIVILEGES: Ankle arthroscopy - diagnostic and operative Elbow arthroscopy - diagnostic and operative Knee arthroscopy - diagnostic and operative Shoulder arthroscopy – diagnostic and operative Hip arthroscopy - diagnostic and operative Wrist arthroscopy – diagnostic and operative Arthroscopic ACL reconstruction Arthroscopic PCL reconstruction			
SPINE SURGERY CORE PRIVILEGES: Excision degenerative spinal discs Discograms Herniated nucleus pulposus excision Laminectomy Scoliosis and kyphosis Spinal endoscopy: Lumbar disk excision Thoracic disk excision Spine fusion: Anterior cervical Posterior cervical Posterior thoracic Posterior lumbar With instrumentation Anterior lumbar and/or thoracic			
ORTHOPEDIC NON CORE PRIVILEGES:			
Minimally Invasive Hip Surgery			
Minimally Invasive “Quad Sparing” Knee Surgery			

SPINE SURGERY NON CORE PRIVILEGES:			
Arthroplasties, revision			
Ilizarov techniques			
Operative laser surgery			
Vertebroplasty			
OTHER:			

BOARD CERTIFICATION: Must obtain within 5 years of passing Part I.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. **(Non-Electronic)** If filling out the delineation by hand, please provide your original signature and date.

Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

Department Chief Signature Date