

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 PODIATRY

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

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnosis generally regarded as part of the specialty of Podiatry			
Soft Tissue:			
Incision and Drainage			
Excision of benign and malignant lesion			
Soft tissue release - forefoot/midfoot			
Capsulotomy			
Tenotomy			
Lengthening			
Nail Procedures:			
Avulsion			
Excision with matrixectomy by phenolization or Winograd			
Exostectomies:			
Digits			
Metatarsal bones			
Tarsal bones			
Digital Procedures:			
Arthroplasties			
Excision of phalanges, partial/total			
Arthrodesis, fusions of interphalangeal joints			
Metatarsal Surgical Repair:			
Bone lengthening procedures			
CAP procedures			
Head & neck osteotomy			
Base osteotomies			
Osteoclasia			
Condylectomies including Tailors bunion			
Subtotal metatarssectomies			
Closing wedge osteotomies			
Open and closed reduction of fractures			
Hallux valgus correction			
Sesamoidectomy:			
Excision			
Planing			
Amputation:			
Toe			
Multiple toes			
Metatarsal			
Transmetatarsal			
NON CORE PRIVILEGES:			
Tarsal Bone Procedures:			
Arthrodesis			
Tarsal bone amputation			
Ankle Surgery:			
Release, lengthening, transfer capsule, tendon, nerve			
Repair, capsule, tendon, nerve			
Fracture reduction – closed			
Ostectomy			
Resection of neoplasm			
Special Procedures:			
Laser Surgery			
Endoscopic plantar fasciotomy			
Ankle arthroscopy			
Implant (any position)			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 years of graduating residency.

(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