

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF ORTHOPEDICS**

NAME OF APPLICANT _____ **DATE** _____

Initial Appointment and/or Additional Privileges Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the “Not Recommended” boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				Core Privileges in Orthopedics: includes performing a history and physical, interpreting laboratory studies, interpreting and performing diagnostic studies and treatment plans for the following ages:			
				Neonates and Infants from 0 to 2 years of age			
				Children from 3 to 13 years of age			
				Adolescents and Adults 14 years of age and older			
				1. Amputation			
				2. Arthrodesis			
				3. Arthroplasty			

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E = El Monte Comprehensive Health Center
H = Hudson Comprehensive Health Center
R = Roybal Comprehensive Health Center

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				4. Arthroplasty with acrylic cement			
				5. Arthroscopy:			
				SHOULDER:			
				• Diagnostic/synovectomy/debridement			
				• Reconstruction/repair			
				ELBOW:			
				• Diagnostic/synovectomy/debridement			
				• Reconstruction/repair			
				WRIST:			
				• Diagnostic/synovectomy/debridement			
				• Reconstruction/repair			
				KNEE:			
				• Diagnostic/synovectomy/debridement			
				• Reconstruction/repair			
				ANKLE:			

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				• Diagnostic/synovectomy/debridement			
				• Reconstruction/repair			
				6. Dislocation joint, closed reduction			
				7. Dislocation joint, open reduction with repair using foreign material			
				8. Fractures of bone, closed reduction			
				9. Fractures of bone, open reduction internal fixation with appropriate foreign material			
				10. External fixation			
				11. Osteotomy			
				12. Osteotomy, including laminectomy			
				13. Spinal fusion, posterior			
				14. Spinal fusion, anterior			
				15. Tendon repair, primary			
				16. Tendon repair secondary			
				17. Tendon transfer			

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				18. Tendon graft			
				19. Bone graft			
				20. Bone lengthening			
				21. Bone shortening			
				22. Skin graft, split thickness			
				23. Skin graft, full thickness			
				24. Skin graft by pedicle formation			
				25. Skin graft by tubular pedicle formation			
				26. Nerve repair, primary			
				27. Nerve repair, secondary			
				28. Nerve graft			
				29. Vascular repair, primary			
				30. Vascular graft			
				PROCEDURES REQUIRING DOCUMENTATION OF ADDITIONAL TRAINING OR EXPERIENCE			

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				31. Laser Arthroscopy			
				32. Percutaneous discectomy			
				33. Limb Salvage procedures			
				34. Revision arthroplasties			
				35. Pelvic reconstruction (pelvic fractures requiring intrapelvic approach)			
				36. Microvascular, reimplantation and/or revascularization (extremities)			
				37. MODERATE/DEEP SEDATION PRIVILEGES			
				38. DECLARATION OF BRAIN DEATH PRIVILEGES			
				39. TEACHING ONLY			

CANDIDATES FOR PRIVILEGES IN THE DEPARTMENT OF ORTHOPEDICS MUST HAVE COMPLETED A BOARD OF ORTHOPEDIC SURGERY APPROVED TRAINING PROGRAM; HAVE A CURRENT CALIFORNIA MEDICAL LICENSE; AND HAVE BEEN OBSERVED ONE YEAR PRIOR TO APPOINTMENT; AND HAS SUBMITTED AN ACCEPTABLE CURRICULUM VITAE. ADDITIONAL PRIVILEGES ARE REQUIRED FOR SPECIALTY SERVICE TEAMS. EMERGENCY LIFE AND LIMB SAVING CARE CAN BE ADMINISTERED AS OUTLINED BY THE ASA BYLAWS.

PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

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TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient’s life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

 APPLICANT’S SIGNATURE

 DATE

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Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____
 Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____
 Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE _____
DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:	APPROVED BY EXECUTIVE COMMITTEE ON:
APPROVED BY GOVERNING BODY ON:	PERIOD ENDING:

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