DEPARTMENT OF SURGERY
DELINEATION OF PRIVILEGES FOR PODIATRIC SURGERY

Applicant: Check the “Requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Other Requirements
- Note that granted privileges can only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document focuses 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 met.

QUALIFICATIONS FOR PODIATRY (TYPE I)

Initial privileges: To be eligible to apply for privileges in podiatry (type I), the applicant must meet the following criteria:

The applicant must demonstrate successful completion of podiatric surgical residency accredited by the council on Podiatric Medical Education (CPME).

CORE PRIVILEGES: PODIATRIC (TYPE I)

☐ Requested: Coadmit, evaluate, diagnose, provide consultation to, order diagnostic studies for, and treat the foot by mechanical, medical, or superficial surgical means on patients of all ages. The core privileges in this specialty include the privileges and procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR PODIATRY (TYPE II)

Initial privileges: To be eligible to apply for privileges in podiatry (type II), the applicant must meet the following criteria: The applicant must demonstrate successful completion of at least a 24-month podiatric surgical residency (PSR-24) accredited by the CPME.

AND

Current board certification or active participation in the examination process leading to board certification in foot surgery by the American board of Podiatric Surgery (ABPS).
QUALIFICATIONS FOR PODIATRY (TYPE III)

Initial privileges: To be eligible to apply for privileges in podiatry (type III), the applicant must meet the following criteria: The applicant must demonstrate successful completion of at least a 36-month podiatric surgical residency (PSR-24) accredited by the CPME.

AND

Current board certification or active participation in the examination process leading to board certification in foot surgery by the American board of Podiatric Surgery (ABPS).

CORE PRIVILEGES: PODIATRIC (TYPE III)

☐ Requested: Coadmit, evaluate, diagnose, provide consultation to, and order diagnostic studies for patients and treat the forefoot, midfoot, rearfoot, reconstructive and nonreconstructive hindfoot, and related structures by medical or surgical means. The core privileges in this specialty include the type II podiatric privileges and procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR PODIATRY (TYPE IV)

Initial privileges: To be eligible to apply for privileges in podiatry (type III), the applicant must meet the following criteria: The applicant must demonstrate successful completion of at least a 36-month podiatric surgical residency (PSR-24) accredited by the CPME.

AND

Current board certification or active participation in the examination process leading to board certification in foot surgery by the American board of Podiatric Surgery (ABPS).

CORE PRIVILEGES: PODIATRIC (TYPE IV)

☐ Requested: Coadmit, evaluate, and treat patients of all ages with podiatric problems/conditions of the ankle, including procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the type III podiatric privileges and procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Special Non-core Privileges (See Specific Criteria)
Request non-core privileges individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.
NON-CORE PRIVILEGES: EXTRACORPOREAL SHOCK WAVE THERAPY (ORTHOTRIPSY)

☐ Requested

Initial privileges: Successful completion of a CPME-accredited training program in podiatric surgery. Applicants must have also completed an orthotripsy course that included shock wave machine training and observed cases.

NON-CORE PRIVILEGES: ADVANCED ANKLE SURGERY PRIVILEGES

Initial privileges: Qualify for and be granted privileges in type IV podiatry. Accredited surgical residency must include evidence of training and performance of open arthrotomy.

AND

Note: An applicant must possess a specific New York State Department of Education permit to request the following advanced privileges (please include a copy of the permit with your application):

☐ Ankle fracture fixation

☐ Ankle fusion

☐ Ankle arthroscopy (to include the tibia)

☐ Insertion or removal of retrograde tibiototalcalcaneal intramedullary rods and locking screw up to the level of the myotendinous junction of the triceps surae.

NOTE: These privileges DO NOT AUTHORIZE:
1. The surgical treatment of complications within the tibial diaphysis related to the use of external fixation pins
2. Partial or total ankle replacements
3. The treatment of pilon fractures.

NON-CORE PRIVILEGES: ADMINISTRATION OF SEDATION AND ANALGESIA

☐ Requested: See hospital policy on Conscious Sedation and privilege request form.
**CORE PROCEDURE LIST**

This list is not intended to encompass all procedures. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request and then initial and date.

**Type I – Podiatric**
- Soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix or skin lesion, removal of superficial foreign body, and treatment of corns and calluses.
- Ordering and interpretation of diagnostic tests related to podiatric patients and application or prescription of foot appliances, orthotics, shoe modifications, and special footwear.
- Prescribing medications commonly used in the practice of podiatry

**Type II – Podiatric**
- Anesthesia (topical, local, and regional blocks)
- Debridement of superficial ulcer or wound
- Digital exostectomy
- Digital fusions
- Digital tendon transfers, lengthening, and repair
- Digital/ray amputation
- Excision of benign bone cysts and bone tumors of the forefoot
- Excision of sesamoids
- Excision of skin lesion of the foot and ankle*
- Excision of soft tissue mass (neuroma, ganglion, and fibroma)
- Hallux valgus repair with or without metatarsal osteotomy (including the first metatarsal cuneiform joint)
- Implantation of arthroplasty forefoot
- Incision and drainage/wide debridement of soft tissue infection
- Incision of onychia
- Metatarsal excision
- Metatarsal exostectomy
- Metatarsal osteotomy
- Midtarsal and tarsal exostectomy (including posterior calc spur)
- External neurolysis/decompression (including tarsal tunnel)
- Onychoplasty
- Open/closed reduction, digital fracture
- Open/closed reduction, metatarsal fractures
- Plantar fasciotomy with or without excisin of calc spur
- Removal of foreign body
- Syndactylization of digits
- Tenotomy/capsulotomy, digit
- Tenotomy/capsulotomy, metatarsal and phalangeal joint
- Treatment of deep-wound infections, osteomyelitis

**Type III – Podiatric**
- Excision of accessory ossicles, midfoot and rearfoot
- Excision of benign bone cyst or bone tumors, rearfoot
- Neurolysis of nerves, rearfoot
- Open/closed reduction of foot fracture other than digital or metatarsal, and excluding calcaneal
- Osteotomies of the midfoot and rearfoot
- Polydactylsm revision
- Rearfoot fusion
- Skin graft
- Syndactylism revision
- Tarsal coalition repair
- Tendon lengthening (nondigital)
- Tendon rupture repair (nondigital)
- Tendon transfers (nondigital)
- Tenodesis
- Traumatic injury of foot and related structures

**Type IV – Podiatric**
- Ankle fusion *
- Ankle stabilization procedures *
- Arthrodesis tarsal and ankle joints *
- Arthroplasty, with or without implants, tarsal and ankle joints *(exclude TAR) (e.g., subtalar joint arthrodesis)*
- Major tendon surgery of the foot and ankle *, such as tendon transpositionings, recessions, and suspension
- Open and closed reduction fractures of the ankle *
- Osteotomy, multiple, tarsal bones (e.g., tarsal wedge osteotomies)
- Osteotomy, tibia, fibula *
- Surgical treatment of osteomyelitis of ankle *
- Plastic surgery techniques involving midfoot, rearfoot, or ankle *
- Ankle Arthroscopy *
- Calcaneal Fractures *

* These procedures require a NY State Ankle Permit
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 at HealthAlliance facilities. I also request the ability to do any procedure in an emergency situation.

Applicant’s Signature: ________________________________ Date: __________________

DEPARTMENT CHAIR APPROVAL

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend approval:

- [ ] Recommend all requested privileges
- [ ] Recommend privileges with the following conditions/modifications:
- [ ] Do not recommend the following requested privileges:

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Department Chair’s Signature: ________________________________ Date: __________________

Broadway and Mary’s Avenue Campuses