



Privileges in Orthopaedic Surgery

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges: Orthopaedic Surgery

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	CORE Privileges	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide non-surgical and surgical care to correct or treat various conditions, illnesses, or injuries of the musculoskeletal system	
	Hand and foot surgery (routine)	
	Athletic injuries, including arthroscopy	
	Orthopaedic rehabilitation, including amputations and post-amputation care	
	Musculoskeletal imaging	
	Orthopaedic oncology	
	Rehabilitation of neurologic injury and disease	
	Spinal cord injury rehabilitation	
	Orthotics and prosthetics	
	Cast application, reinforcement and removal procedures	
	Joint aspiration; joint injection	
	Suture and packing of wounds	
	Thoracentesis	
	Remove foreign body	
	Amputation of extremities	
	Tendon transplants	
	Peripheral nerve repair	
	Skin grafting	
	Arthroscopy	

Qualifications

**Initial Core Criteria
Education/Training:
Orthopaedic Surgery**

Successful completion of an ACGME or AOA accredited Residency training program in Orthopaedic Surgery or foreign equivalent training

AND

For treatment of patients 0-3 months of age, must document special training in pediatric Orthopaedics or adequate experience (at least 10 cases in the past 5 years) or foreign equivalent training

AND

Current certification or active participation in the examination process leading to certification in Orthopaedic Surgery by the American Board of Orthopaedic Surgery or in Orthopedic Surgery by the American Osteopathic Board of Orthopedic Surgery or foreign equivalent training/board

AND

Documentation or attestation of the management of problems for at least 100 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years

FPPE

Core: Orthopaedic Surgery

Special Privileges: Orthopaedic Surgery

Description: Must also meet Required Qualifications for Core Privileges: Orthopaedic Surgery

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Patients 0-3 months of age [Initial Criteria - Must document special training in pediatric Orthopaedics or adequate experience. Must perform 10 cases in the past 5 years. Renewal Criteria - Minimum 4 cases required in the past two years.]	
	Surgery of the spine, including disk surgery, spinal trauma, and spinal deformities [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Use of surgical laser [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Hemipelvectomy [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Vascular grafts of the hands and forearm [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Complex and endoscopy assisted hand surgery [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 4 cases required in the past two years.]	
	Complex and re-do joint replacement [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform four (4) cases in past two years. Renewal Criteria - Minimum 4 cases required in the past two years.]	
	Limb replantation [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Limb lengthening [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Complex pelvic fractures [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Microvascular flaps [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Total joint replacement [Initial Criteria - Special training or experience documented by previous practice partner or previous clinical service chief. Must perform four (4) cases in past two years. Renewal Criteria - Minimum 4 cases required in the past two years.]	

	Spine (Laminectomy, Anterior disc excision and fusion, Posterior disc excision, Posterior cervical fusion, Posterior lumbar fusion, Posterior thoracic fusion, Segmental spinal instrumentation, Anterior spinal instrumentation, Posterior spinal instrumentation) [Initial Criteria - Fellowship in Pediatric Orthopedics or spinal surgery and/or special training or experience documented by previous practice partner or previous clinical service chief. Must perform one (1) case in the past 2 years. Renewal Criteria - Minimum 1 case required in the past two years.]	
	Orthopaedic Trauma Surgery for Orthopaedic Surgeon Management of Pediatric Trauma Patients <15 years [Initial Criteria - • Maintain ABOS Board Certification, in the examination process leading to certification in Orthopedic surgery by the American Board of Orthopedic surgery or the American Osteopathic Board of Orthopedic Surgery • CME list which identifies 16 hours of Trauma CMEs. Case log demonstrating experience required. Renewal Criteria - • Maintain ABOS Board Certification, in the examination process leading to certification in Orthopedic surgery by the American Board of Orthopedic surgery or the American Osteopathic Board of Orthopedic Surgery Pediatric Trauma Professional Practice Evaluation Committee to provide statement on the following: • Participate in at least 50% of quarterly Pediatric Ortho-Trauma Journal Club meetings OR maintain 4 hours annually/12 hours per 3 years of pediatric trauma-related CME, • Demonstrate clinical care competency through ongoing review by the Pediatric - Adult Professional Practice Evaluation Committee • Review updates from the Pediatric Trauma Program as provided by the Ortho Trauma Liaison Annual review by Trauma Professional Practice Evaluation Committee and Pediatric Trauma Medical Director. Minimum 2 cases required in the past two years.]	

FPPE

Patients 0-3 months of age
 Surgery of the spine, including disk surgery, spinal trauma, and spinal deformities
 Use of surgical laser
 Hemipelvectomy
 Vascular grafts of the hands and forearm
 Complex and endoscopy assisted hand surgery
 Complex and re-do joint replacement
 Limb replantation
 Limb lengthening
 Complex pelvic fractures
 Microvascular flaps
 Total joint replacement
 Spine (Laminectomy, Anterior disc excision and fusion, Posterior disc excision, Posterior cervical fusion, Posterior lumbar fusion, Posterior thoracic fusion, Segmental spinal instrumentation, Anterior spinal instrumentation, Posterior spinal instrumentation)
 Orthopaedic Trauma Surgery for Orthopaedic Surgeon Management of Pediatric Trauma Patients <15 years

Core Privileges: Physical Medicine & Rehabilitation

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and treat patients with diminished physical, social, psychological, or cognitive capabilities.	
	Musculoskeletal injection (fluoroscopy) [Valid "Radiology Supervisor and Operator Certificate" or "Fluoroscopy Supervisor and Operator Permit" Required]	
	Nerve injection	
	Medical and rehabilitative pain management	

	Injury prevention and wellness	
	Nonsurgical spine medicine	
	Sports medicine including athletes with disabilities	
	Prescribing orthotic and prosthetic devices	

Qualifications

Initial Core Criteria Education/Training: Physical Medicine & Rehabilitation

Successful completion of an ACGME or AOA-accredited residency/fellowship in physical medicine and rehabilitation or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Physical Medicine and Rehabilitation by the American Board of Phys Medicine and Rehab or by the American Osteopathic Board of Physical Medicine and Rehabilitation or foreign equivalent training/board.

AND

Documentation or attestation of the provision of inpatient care or consultative services for at least 100 physical medicine and rehabilitation patients as the attending physician (or senior resident) during the past two years.

FPPE

Core: Physical Medicine & Rehabilitation

Special Privileges: Physical Medicine & Rehabilitation

Description: Must also meet Required Qualifications for Core Privileges: Physical Medicine & Rehabilitation

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Spinal cord injury medicine [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 20 cases required during the past 2 years]	
	Pain management [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 20 cases required during the past 2 years]	
	Nerve blocks [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 5 cases required during the past 2 years]	

	Motor point blocks [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 5 cases required during the past 2 years]	
	Electrodiagnostic procedures [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 5 cases required during the past 2 years]	

Use of fluoroscopy equipment
 Treatment of patients in outpatient clinics at Stanford Hospital & Clinics
 Spinal cord injury medicine
 Pain management
 Nerve blocks
 Motor point blocks
 Electrodiagnostic procedures

Acknowledgment of Applicant

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 Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this
privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request	Date
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