

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Surgery
Podiatry

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

QUALIFICATIONS/CRITERIA	
Category I	<i>Usual and Customary Privileges</i>
	<ol style="list-style-type: none"> 1. Must have a valid license to practice podiatry. 2. Complete an ACGME/AOA accredited training program in Podiatry. 3. Demonstrated competence in Category I privileges.
Category II	<i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i>
	<ol style="list-style-type: none"> 1. Board certification by the American Board of Podiatric surgery or State ankle licensed certificate if licensed prior to 1984; 2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> • Documentation of experience in the advanced procedure <li style="text-align: center;">OR • Additional certification by a training director with experience and demonstrated competence in the procedure requested.

Name: _____

Pacific Hospital of Long Beach			
<i>Podiatry privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	General		
	Assisting in surgery below the ankle		
	Co-admit		
	Consult		
	Podiatric History and physical		
	Category I		
	Biopsy, skin subcutaneous lesions		
	Bone Spurs		
	Bunionectomies, all procedures		
	Bursectomy and/or ostectomy, retrocalcaneal (Haglund's)		
	Chemocautery		
	Correction of hammertoes		
	Excision of accessory bones, below the ankle		
	Excision of neuroma, below the ankle		
	Extensor tenotomy or lengthening		
	Faciorrhaphy (Repair of fascia or aponeurosis)		
	Fixation devices (Internal or External), limited to below the ankle		
	Hallus bursectomy		
	Kinder procedure		
	Matrixectomies (all procedures)		
	Nail avulsion, simple		
	Prosthetic implants, below the ankle		
	Removal of foreign body in subcutaneous tissue soft tissue procedures		
	Skin or bone graft, below the ankle		
	Treatment of fractures and dislocation, closed or open, below the ankle		
	Treatment of soft tissue or bone infections and ulcerations		
	Category II (includes ankle)		
	Ankle arthrodesis or arthroplasty		
	Ankle arthroscopy		
	Arthroscopy, below the ankle		
	Calcaneal osteotomies (not 'Spurs'/Exostosis)		
	Excision of accessory bones		
	Excision of neuroma		

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Pacific Hospital of Long Beach <i>Podiatry privilege form</i>			
<i>Requested</i>	<i>Usual and Customary Privileges</i>	<i>Granted</i>	<i>Special Conditions</i>
	Fixation devices (Internal or External)		
	Graft, osteotomy, ostectomy or prosthetic implant of ankle		
	Laser surgery (with appropriate documented training)		
	Lateral ankle stabilization procedures		
	Prosthetic implants		
	Skin or bone graft		
	Tendon transfer, tenoplasty, repair, lengthening at level of ankle		
	Treatment of fractures and dislocations, closed or open		
	Triple arthrodesis rearfoot/ankle with or without fixation		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Service Chief/Division Chief of Surgery

Date

Credentials Committee approval on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____