

**BRYAN MEDICAL CENTER  
DELINEATION OF CLINICAL PRIVILEGES**

**ORTHOPEDIC SURGERY**

**Qualifications:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in orthopedic surgery.

AND/OR

Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in orthopedic surgery by the American Board of Orthopedic Surgery.

<b>ORTHOPEDIC SURGERY CORE PRIVILEGES</b>
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**Requested:** Admit, evaluate, diagnose, treat, and provide consultation to patients to correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.

**Orthopedic Surgery Procedure List (Check privileges requested)**

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

- \_\_\_ Administration of local and regional anesthesia
- \_\_\_ Arthritis
- \_\_\_ Arthrocentesis
- \_\_\_ Congenital deformities and diseases
- \_\_\_ Dislocations
- \_\_\_ Fractures
- \_\_\_ Infections
- \_\_\_ Internal derangements
- \_\_\_ Joint and bone disease
- \_\_\_ Joint arthrography
- \_\_\_ Metabolic deformities and diseases
- \_\_\_ Metabolic diseases of the bone, joint, and soft tissue
- \_\_\_ Neurogenic deformities and diseases
- \_\_\_ Non-traumatic and traumatic affections of muscle, tendon, tendon sheath, fascia, bursa, nerves, and bones
- \_\_\_ Operative and non-operative treatment of abrasions, contusions, hematoma, lacerations (superficial and deep)
- \_\_\_ Reconstructive surgery (children and adults) to correct traumatic, postural, congenital, neurogenic, arthritic, and idiopathic deformity or diseases of the extremities, spine, or pelvis and associated structures
- \_\_\_ Tumor-like lesions associated with musculoskeletal structures
- \_\_\_ Tumors associated with musculoskeletal structures
- \_\_\_ Amputations
  - \_\_\_ Arm
  - \_\_\_ Above the knee
  - \_\_\_ Below the knee

**Surgical First Assist (Orthopedic Core)**

\_\_\_\_\_ Surgical first assist only

**SPINE SURGERY**

**Qualifications:** Meet criteria for orthopedic surgery, successful completion of an accredited fellowship in orthopedic surgery of the spine. Performance of at least 20 surgery of the spine procedures in the past 12 months.

**Reappointment:** Demonstrated current competence and evidence of the successful performance of at least 25 surgical procedures of the spine for the past 24 months.

**Requested: Spine Surgery**

**USE OF LASER**

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles. If residency or fellowship was completed prior to 1990, documentation of training/experience is required.

- \_\_\_\_\_ Argon
- \_\_\_\_\_ Contact, sapphire probes
- \_\_\_\_\_ CO2
- \_\_\_\_\_ Krypton
- \_\_\_\_\_ KTP-532
- \_\_\_\_\_ ND: Yag

**ACKNOWLEDGEMENT OF PRACTITIONER**

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 Bryan Medical Center, and I understand that:

- a. 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.
- b. Any restriction on clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Revised: 2/28/2020