

## Orthopedic-Spine Surgery

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

### MEDICAL STAFF CATEGORY REQUESTED:

- Active – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.*
- Courtesy - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.*
- Consulting – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.*

### Qualifications:

To be eligible for privileges in orthopedic-spine surgery, the applicant must meet the following qualifications:

- Documentation of the performance of at least 100 orthopedic procedures during the last two years or successful completion of an ACGME- or AOA-accredited residency in orthopedic surgery, followed by an accredited fellowship in orthopedic spine surgery.
- Current certification or eligibility to participate 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.

### Orthopedic-Spine Surgery Privileges (Please indicate with a check mark privileges requested)

- Admit, evaluate, diagnose, and provide non-surgical and surgical care to patients and to correct or treat various conditions, illnesses, and injuries of the musculoskeletal system.
- Provide consultation;
- Order diagnostic studies and procedures related to the neurological problem; except for those special procedure privileges listed below.
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents
- Anterior cervical discectomy with or without fusion at single or multiple levels
- Posterior cervical laminectomy and/or discectomy
- Transthoracic removal of thoracic disc
- Resection of vertebral body with graft and fusion for trauma, degenerative, cervical, thoracic, lumbar
- External neurolysis of peripheral nerves
- Vertebral body augmentation
- Lumbar interbody fusion
- Injection of anesthetic agents into peripheral and paravertebral nerves

- Surgery for intervertebral disc disease, and surgery on the sympathetic nervous system
- Spinal instrumentation of cervical, thoracic, lumbar region including pedicle screws
- Read own x-rays, note findings in operative report

**SPECIAL PROCEDURES PRIVILEGES: (Please indicate with a check mark the privileges requested)**

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure within the last two years, consistent with the criteria set forth here.

Procedure	Criteria	Requested	Recommended	Not Recommended
Minimally invasive endoscopic/tubular retractor microdiscectomy: Cervical	6 cases			
Lumbar	6 cases			
Lumbar percutaneous spinal instrumentation	6 cases			
Kyphoplasty	5 cases			
Vertebroplasty	5 cases			

**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 **Harris Methodist Southlake**, 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 the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: \_\_\_\_\_

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

Credentials Committee Recommendations: \_\_\_\_\_ Recommend    \_\_\_\_\_ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

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

Recommended/Not recommended with the following modification(s) and reason(s):

\_\_\_\_\_