

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**

**PRIVILEGE FORM**

CLINICAL AREA: **ORTHOPAEDIC SURGERY**

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

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must <b>MUST</b> meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who <b>CANNOT</b> :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who <b>MUST</b> :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, <b>other than the volume of clinical activity.</b>			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice.
Category 1	Current certification, or active participation in the examination process leading to certification, in orthopaedic surgery by the American Board of Orthopaedic Surgery, <b>or</b> the American Osteopathic Board of Orthopaedic Surgery, to be achieved within five (5) years of completion of an ACGME/AOA residency program or its equivalent; <b>or</b>  Successful completion of an accredited ACGME/AOA residency training program in orthopaedic surgery and acceptable practice in the privileges requested for at least an additional three (3) years.
Category 2	As stated above for Category 1, <b>plus:</b>  Successful completion of an approved, recognized course when such exists, or acceptable supervised training in a residency, fellowship or other formal supervised training or clinical experience of sufficient breadth and length with acceptable results.
Hand Surgery	As stated above for Category 1, <b>plus:</b>  Formal training or clinical experience in the diagnosis, operative techniques and rehabilitation of hand surgery problems under the supervision of a qualified hand surgeon; <b>or</b>  Satisfactory completion of a postgraduate fellowship in hand surgery; <b>or</b>  Subspecialty certification in Hand surgery by the American Board of Orthopaedic Surgery.
Observation Requirements	As specified in the Orthopaedic Surgery Service rules and regulations.
Sedation	<b>Moderate Sedation:</b> Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).  <b>Deep Sedation:</b> Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.

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			Approved	Conditions	Denied
<b>GENERAL</b>					
	ORS00300	Admit, treat, consult on diseases and disorders involving the locomotor structures of the body			
	ORS00311	Special Care Unit privileges restricted to care of the specialty needs of the patient (see specific unit supplement)			
		Serve as attending physician in outpatient areas with privileges to perform minor procedures.			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
<b>CATEGORY 1</b>					
	ORS00680	Amputations/simple polydactyly/digital tip injuries			
	ORS00640	Amputation surgery, including immediate prosthetic fitting in the operating room			
	ORS01090	Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint			
	ORS01100	Arthrography			
	ORS01140	Arthroscopy, arthroscopic surgery			
	ORS01060	Arthrocentesis			
	ORS01490	Bone grafts			
	ORS01970	Carpal tunnel decompression			
	ORS02820	Corrective and reconstructive surgery of the axial skeleton, specifically including posterior spinal fusion			
	ORS02370	Closed reduction of fractures and dislocations of the peripheral skeleton			
	ORS04530	Fasciotomy and fasciectomy			
	ORS04660	Fracture fixation with mini compression plates			

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			Approved	Conditions	Denied
<b>CATEGORY 1 Continued</b>					
	ORS06450	Operative and nonoperative treatment of abrasions, contusions, hematomas and lacerations			
	ORS08610	Open and closed reductions of fractures			
	ORS07410	Management of infections and inflammations of bones, joints and tendon sheaths			
	ORS08620	Open reduction and internal fixation of fractures and dislocations of the peripheral skeleton			
	ORS10950	Removal of ganglion (palm or wrist; flexor sheath)			
	ORS05321	Incision, excision, drainage for sepsis, soft tissue, bone			
<b>CATEGORY 2</b>					
	ORS08620	Open reduction and internal fixation of fractures and dislocations of the peripheral skeleton			
	ORS10950	Removal of ganglion (palm or wrist; flexor sheath)			
	ORS13220	Use of Midas Rex			
	ORS05321	Incision, excision, drainage for sepsis, soft tissue, bone			
	ORS00810	Anterior spinal fusion in cervical, dorsal or lumbar areas			
	ORS00810	Anterior spinal fusion in dorsal or lumbar areas			
	ORS01390	Biopsy and excision of tumors involving bone and adjacent soft tissue			
	ORS04666	Bone lengthening, shortening procedures			
	ORS02550	Complicated reconstructive procedures in children, such as difficult congenital dislocation of the hip and sever congenital anomalies			
	ORS04663	Epiphysiodesis			
	ORS04670	Fractures and dislocations of the pelvis and acetabula			
	ORS04680	Fractures and dislocations of the spine			
	ORS03450	Growth disturbances			
	ORS04970	Hemipelvectomy			
	ORS04661	Injuries involving growth plates with a high percentage of growth arrest			
	ORS06880	Major arthroplasty, including total replacement of digital joint			
	ORS06900	Major arthroplasty, including total replacement of hip joint			

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			Approved	Conditions	Denied
<b>CATEGORY 2 Continued</b>					
	ORS06911	Major arthroplasty, including total replacement of knee joint			
	ORS06910	Major arthroplasty, including total replacement of shoulder			
	ORS06920	Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resection			
	ORS06925	Major spinal surgery including anterior or posterior involving the use of internal fixation devices, vertebral body resection, spinal fusion, laminectomy			
	ORS10790	Reconstruction of nonspinal congenital musculoskeletal anomalies			
	ORS11450	Scoliosis surgery, anterior fusions, including Dwyer instrumentation			
	ORS11460	Scoliosis, surgery, halo femoral traction techniques			
	ORS11470	Scoliosis surgery, posterior instrumentation			
	ORS12380	Tendon release, repair and fixation			
	ORS12660	Total hip replacement revision			
	ORS05560	Treatment of extensive burn			
	ORS12820	Treatment of extensive trauma			
<b>HAND SURGERY</b>					
	ORS01110	Arthroplasty of large and small joints, including implants			
	ORS12370	Tendon reconstruction (free graft, staged)			
	ORS12410	Tendon transfers			
	ORS08340	Neurolysis			
	ORS08390	Neurorrhaphy			
	ORS09280	Pedicle flaps			
	ORS11670	Skin grafts			
	ORS04960	Free tissue transfers			
	ORS08310	Nerve graft			
	ORS13340	Vascular grafts pertaining to hand and forearm			
	ORS08100	Microvascular surgery			
<b>SEDATION</b>					
	ORS99998	Moderate sedation			
	ORS99999	Deep sedation			

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**Acknowledgment of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws.

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

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

**\*\*\*\* For Hospital and/or Clinic Use Only \*\*\*\***

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

\_\_\_\_\_  
Chief of Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By Governing Body

\_\_\_\_\_  
Date