

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**

**Orthopedic Surgery**

**Delineation of Privilege Form**

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

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

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges</b>				
Admit, treat and consult on diseases and disorders of the musculoskeletal system				
Consult on diseases and disorders involving the musculoskeletal system				
ICU/CCU privileges for the admission, treatment and/or consultation of the musculoskeletal surgical needs of the patient				
Amputations; major				
Artery and / or vein, exploration, release, repair, graft or excise, fasciotomies				
Arthrodesis, hip				
Arthrodesis, knee				
Arthrodesis, shoulder				
Arthroplasty, hip				
Arthroplasty, knee				
Arthroplasty, shoulder				
Arthroscopic meniscectomy				
Arthroscopically assisted anterior cruciate ligament reconstruction				
Arthroscopically assisted anterior posterior ligament reconstruction				
Arthroscopy, ankle				
Arthroscopy, elbow				
Arthroscopy, hip				
Arthroscopy, knee; meniscus repair / resection; ligament and cartilage repair				
Arthroscopy, shoulder; shoulder; rotator cuff and labrum repair; acromioplasty and debridement				
Arthroscopy, wrist				
Arthrotomies, arthrocentesis				

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		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges continued</b>				
Bone autograft procedures, including allografts / xenografts and artificial bone				
Claviclectomy				
Excision of bursae calcium deposits, soft tissue tumors of extremities, benign bone tumors				
Excision and / or stabilization, internal / external, of bone tumors				
Fractures and dislocations, open and closed, reduction of major injuries including skeletal traction				
Fractures and dislocations, internal and external fixation and intramedullary fixation				
Manipulation of deformities of musculoskeletal system				
Nerve exploration, transposition				
Nerve grafts				
Nerve repair				
Osteomyelitis and septic arthritis, drainage of				
Osteotomy to correct disease or deformity				
Prosthetic replacement of bones, joints, ligaments				
Release, excision or repair of muscles, tendons, fascia, ligaments and nerves				
Revision arthroplasties, hip				
Revision arthroplasties, knee				
Revision arthroplasties, shoulder				
Rotor cuff repair				
Shoulder, arthroscopic stabilization				
Shoulder, arthroscopic subacromial decompression				
Shoulder, stabilization, posterior				
Shoulder, stabilization, anterior				

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Category I Privileges continued	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Tendon grafts				
Tendon repair, transfer, lengthening or shortening				
<b>Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency &amp; fellowship or other acceptable advanced training</b>				
Anterior lumbar spinal fusion				
Excision of degenerated spinal discs				
Fusion of spine: anterior cervical				
Fusion of spine: posterior cervical				
Fusion of spine: posterior lumbar				
Fusion of spine: posterior thoracic				
Laminectomy, cervical, thoracic and lumbar				
Kyphoplasty				
Scoliosis and kyphosis, anterior or posterior surgical correction with or without segmented instrumentation				
<b>Fluoroscopy- Criteria for Approval:</b> Evidence of current competency on initial application and completion of fluoroscopy review course every 2 years thereafter.				
<b>Moderate Sedation- Criteria for Approval: must be competent in airway management</b>				

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

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**