

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Podiatry

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)
Category I Privileges (Foot Procedures)				
Write orders related to the care of the foot				
SOFT TISSUE PROCEDURES				
Nail procedures				
Digital and metatarsal tendon and capsule procedures				
Soft tissue tumors- forefoot				
Soft tissue tumors- rearfoot				
Excision of plantar lesions				
Plastic repair of skin				
Foreign body, simple and complicated				
Plantar fasciotomies				
Syndactylies				
Incision and drainage of abscess and puncture wounds				
Surgical debridement of foot wounds				
Surgical preparation of wound bed with application of skin grafts				
Percutaneous Achilles tendon lengthening				
Achilles tendon repair (primary and secondary)				
DIGITAL OSSEOUS PROCEDURES				
Osteotripsy				
Terminal symes				
Digital amputation				
Exostectomies				
Arthroplasties, phalangectomies, fusions				
Open and closed reduction				
Excision of ossicles				
Digital implants				

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Category I Privileges continued	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
LESSER METATARSALS				
Exostectomy				
Arthroplasty				
Partial metatarsectomy				
Metatarsal osteotomies				
Osteoclasis				
Pan metatarsal head resection				
Sesamoidectomy				
Excision of accessory bones				
Open and closed reduction of fractures				
M.P.J. implants				
Transmetatarsal amputation				
Partial ray amputation				
Lisfranc amputation				
BUNION PROCEDURES				
Simple bunionectomy				
Bunionectomy with osteotomies (Akin, Mitchel, Riverdin, Austin, Crescentric, O.W.O., C.W.O.)				
Arthroplasty (Keller, Mayo)				
Hallux rigidus repair (fusion)				
Implants				
Hallux rigidus repair (chielectomy)				
MIDFOOT PROCEDURES				
Midfoot arthrodesis				
Midfoot osteotomy				
TARSAL / REARFOOT PROCEDURES				
Inferior heel spurs				
Haglund's deformity				
Metatarsal cuneiform exostectomy				

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TARSAL / REARFOOT PROCEDURES (continued)	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Os trigonum				
Partial excision of tarsal bone				
Closed reduction				
Open reduction				
Capsulotomies				
Tarsal tunnel				
Metatarsal- tarsal fusions				
Category II Privileges (Rearfoot Reconstructive and Ankle Surgery)				
Category II Privileges – Require successful completion of an approved recognized course when such exists or other acceptable advanced training				
Chopart amputation				
Tendon transfers and repairs				
Rearfoot osteotomy				
Subtalar joint arthrodesis				
Rearfoot arthrodesis				
Ankle arthrodesis				
Ankle arthroscopy				
Gastrocnemius recession				
Repair of chronic ankle fracture				
Osteotomy of distal tibia and / or fibula				
Repair of Osteochondritis Dissecans (OCD) lesions of ankle joint				
Fluoroscopy- Criteria for Approval: Evidence of current competency on initial application and completion of fluoroscopy review course every 2 years thereafter.				

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