



Delineation of Privileges Department of Orthopaedic Surgery

_____ *Applicant's Name* _____
Date *First* *MI* *Last*

Instructions: Check the box corresponding to the privileges that you are requesting. Applicants requesting privileges should only request those privileges when the minimum criteria has been met.

Minimum threshold for requesting core privileges in Department

LEVEL I

Requested	Approved	Scope of Practice / Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Sports Medicine Privileges include evaluation, management, and non-operative treatment of musculoskeletal injuries in active individuals and the treatment of medical conditions due to this level of activity (e.g. amenorrhea in female athletes).</p> <p>Faculty can accept referrals for such services from physicians outside the department. Generally the physician must be able to: (1) Develop a provisional diagnosis and differential diagnosis; (2) decide on utilization of tests for further evaluation of the illness; (3) communicate a plan with the patient and/or caregiver and the referring physician; (4) review and interpret any additional tests ordered; (5) render a final therapeutic plan.</p> <p>In addition, the ability to establish precise diagnosis is an essential step toward proper therapy, requiring familiarity with diagnostic procedures and imaging techniques such as X-rays, CT scans, MRI, ultrasound, nuclear scan, arthrocentesis, EMG, gait analysis and biological and biochemical tests appropriate for musculoskeletal disease.</p> <p><u>Procedures:</u> -Joint and trigger point injections -Casting -Compartment pressure testing -Percutaneous needling debridement</p>	<p>M.D. or D.O. degree</p> <ul style="list-style-type: none"> • Applicant must have a valid Michigan Medical License. • Successful completion of an ACGME approved residency program. Board Certified or an active candidate. Board Certified within 3 years of initial appointment. • Completion of Sports Medicine Fellowship and/or Certificate of Added Qualification (CAQ) in Sports Medicine, or be qualified to sit for the exam.

<input type="checkbox"/>	<input type="checkbox"/>	<p>Orthopaedic Surgery Privileges include the admission, diagnostic evaluation, consultation, and treatment of patients of all ages, including neonates, presenting with injuries or disorders of the musculoskeletal system as defined by the American Board of Orthopaedic Surgery in its 1995 Booklet of Information. Orthopaedic Surgery encompasses the knowledge of normal and pathologic conditions of the musculoskeletal system. This includes congenital and acquired lesions (including infections, trauma, tumor and metabolic disorders) of the musculoskeletal system, including the skull, spine, pelvis and extremities. In addition, the ability to establish precise diagnosis is an essential step toward proper therapy, requiring familiarity with diagnostic procedures and imaging techniques such as X-rays, CT scans, MRI, nuclear scan, arthroscopy, EMG, gait analysis, tissue biopsy and biological and biochemical tests appropriate for musculoskeletal disease. By training and experience, Orthopaedists are expected to perform difficult procedures that involve the musculoskeletal system as it interacts with the integumentary and the neurological systems, skull and spinal cord.</p>	<p>M.D. or D.O. degree</p> <ul style="list-style-type: none"> • Successful completion of approved residency training program by the Accreditation Council for Graduate Medical Education (ACGME). Approved residency training program in Orthopaedic Surgery approved by the Residency Review Committee (RRC). • Successful completion of Part I of the American Board of Orthopaedic Surgery examination or equivalent. • The candidate must have qualified for examination by the American Board of Orthopaedic Surgery or an equivalent certifying body. • The applicant must either be certified or tracking toward certification at the time of the appointment. Certification by the American Board of Orthopaedic Surgery within 3 years of the initial appointment to this staff is required. <p>New Graduate:</p> <ul style="list-style-type: none"> • A letter of reference from the director of the residency program at which the applicant trained, documenting satisfactory completion of the program (including adequate case volume and demonstration of competency in patient care, as required by the American Board of Orthopaedic Surgery) • Two additional supporting letters from Orthopaedic Surgery faculty of the candidate's residency program. <p>Experienced Surgeon:</p> <ul style="list-style-type: none"> • A letter of reference from the applicant's most recent service chief documenting adequate clinical volume and competency in patient care. • Two additional supporting letters from Orthopaedic surgeons who have known the applicant for at least 2 years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of Orthopaedic Surgery. • Certification/re-certification by the American Board of Orthopaedic Surgery is required. • Individuals who hold a time limited certificate in Orthopaedic Surgery will be required to re-certify in accordance with the established guidelines of the American Board of Orthopaedic Surgery.
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<input type="checkbox"/>	<input type="checkbox"/>	<p>Arthroscopy (Level I) Diagnostic Diagnostic procedures and minor treatment utilizing arthroscope. Patient selection includes the special needs of older patients and those who have experienced prior procedures such as arthrotomy or synovectomy. Level I Diagnostic Arthroscopy includes the following:</p> <ul style="list-style-type: none"> • Skillful internal examination of the knee joint; utilizing established techniques;- • Removal of small loose fragments and foreign bodies; • Synovial biopsy; • Plica resection; • Lavage for infection or arthritis. 	<ul style="list-style-type: none"> • Documentation individualized with a qualified arthroscopist. • Satisfactory completion of a minimum of 5 arthroscopic procedures, following initial approval of a minimum of 10 procedures must be performed during a 12 month period to maintain privileges. • Annual submission of arthroscopy video tape for peer review (if fewer than 10 procedures performed during a 12 month period). • Complication rates must be within the threshold assigned by the multidisciplinary committee. Unusual or unexpected incidents or volume will be reported to the Chair of Orthopaedic Surgery.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Arthroscopy (Level II) Intermediate Scope of privileges includes more complicated technically challenging utilization of the arthroscope including the following:</p> <p>Knee</p> <ul style="list-style-type: none"> • Removal of meniscal tag and/or debridement of a non-repairable meniscal tear; • Synovectomy; • Debridement of torn ligament, degenerative cartilage or bone spurs; • Release of adhesions. <p>Ankle</p> <ul style="list-style-type: none"> • Drilling osteochondritis of the talus. 	<ul style="list-style-type: none"> • Proficiency determined the first time by a proctor. • To maintain privileges a minimum of 10 procedures in this category must be completed annually. Complication rates must be within the threshold assigned by the multidisciplinary committee for diagnostic or intermediate arthroscopy. Unusual or unexpected incidents or volume will be reported to the Chair of Orthopaedics.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Arthroscopy (Level III) Reconstructive</p> <ul style="list-style-type: none"> • Performs the most complex of procedures including: <ul style="list-style-type: none"> • Anterior cruciate repair • Posterior cruciate repair • Posterior cruciate meniscal repair <p>Shoulder/Elbow</p> <p>Wrist Arthroscopy</p>	<ul style="list-style-type: none"> • Completion of training necessary to receive privileges to perform open procedures. • Documented completion of additional training in arthroscopy. • Demonstrated knowledge of guidelines for evaluation and management. • Technical proficiency to be determined the first time by a proctor. • Procedures must be performed regularly to maintain skill level. If a procedure is not performed within a 12 month period, requalification may be required by review of a video for each procedure which will be performed. • Complication rate must be within the threshold established by UMHS physicians. • Unusual or unexpected incidents or volume will be reported to the Chair of Orthopaedics.

LEVEL II

Requested	Approved	Scope of Practice / Privileges	Minimum Training and Experience
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Hand Surgery Complex and reconstructive procedures involving the hand and wrist, including tendon transfers, microvascular repair, and neurovascular problems.</p> <p>Skin grafting</p> <p>Rotational and free flaps for reconstruction of the extremities and skeletal system.</p>	<p>All new and current faculty must provide proof of:</p> <ul style="list-style-type: none"> • Meeting level I minimal training and experience in Orthopaedics. • Completion of an approved Hand Fellowship. A certificate of added qualification is available in Hand Surgery, and those doing complex hand procedures beyond the basic Orthopaedic core will be expected to have passed the certifying examination in the area of Hand Surgery, as administered by a joint committee of three primary boards: Orthopaedic Surgery, Plastic Surgery, and General Surgery. <p>New faculty must provide documentation of:</p> <ul style="list-style-type: none"> • Post-graduate course work or experience as approved by the Chair, Department of Orthopaedics. <p>Current faculty must demonstrate:</p> <ul style="list-style-type: none"> • Continued experience documented by performance of a minimum of five relevant cases in the previous credentialing period as attested to by the Department Administrator or designate. • If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of service. • If volume requirement is not met at time of re-appointment you must undergo: <ol style="list-style-type: none"> 1. Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in Orthopaedic Surgery. 2. Proctoring of 5 cases with physician responsible for securing proctor who has a CAQ in Hand Surgery. 3. Attestation of training program director, or chief(s) of current institution(s) as to clinical competence in above procedures. • At the time of recredentialing, the Department Chair of Orthopaedics, or designate, has reviewed all departmental quality assurance activities for the previous credentialing period and determined that such peer evaluation of performance has been satisfactorily met for recredentialing. <p>Unusual or unexpected incidents or volume will be reported to the Chair of Orthopaedics.</p>

LEVEL II

Requested	Granted	Privileges	Additional Education, Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Pediatric Orthopaedics – Management of complex musculoskeletal afflictions of childhood.</p>	<p>All new and current faculty must provide proof of:</p> <ol style="list-style-type: none"> 1. Meeting Level I minimal training and experience in Orthopaedics 2. Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures. <p>New faculty must provide documentation of postgraduate coursework or experience as approved by the Section Head of Orthopaedics.</p> <p>Current faculty must demonstrate:</p> <ol style="list-style-type: none"> 1) Continued experience documented by performance of a minimum of 5 relevant cases in the previous credentialing period as attested to by the department administrator or designate. <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from chief(s) or service.</p> <p>If volume requirement is not met at time of reappointment you must undergo:</p> <ol style="list-style-type: none"> a) Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in Orthopaedic Surgery. b) Proctoring of 5 cases with physician responsible for securing proctor c) Attestation of training program director, or chief(s) or current institution(s) as to clinical competence in above procedures. <p>2) At the time of recredentialing, the Section Head of Orthopaedics, or designate, has reviewed all departmental quality assurance activities for the previous credentialing period and determined that such peer evaluation of performance has been satisfactorily met for recredentialing. Unusual or unexpected incidents or volume will be reported to the Chair of Surgery.</p>

LEVEL III

Requested	Granted	Privileges	Additional Education, Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Spine Surgery - Management of deformity, degenerative change and injuries of the spine.</p>	<p>All new and current faculty must provide proof of:</p> <ol style="list-style-type: none"> 1. Meeting level I minimal training and experience in Orthopaedics. 2. Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures. <p>New faculty must provide documentation of: postgraduate course work or experience as approved by the Department Chair of Orthopaedics.</p> <p>Current faculty must demonstrate:</p> <ol style="list-style-type: none"> 1. Continued experience documented by performance of a minimum of 5 relevant cases in the previous credentialing period as attested to by the Department Administrator or designate. <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of Service.</p> <p>If volume requirement is not met at time of re-appointment you must undergo:</p> <ol style="list-style-type: none"> a) Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in Orthopaedic Surgery. b) Proctoring of 5 cases with physician responsible for securing proctor. c) Attestation of training program director, or chief(s) of current institution(s) as to clinical competence in above procedures. <ol style="list-style-type: none"> 2. At the time of recredentialing, the Department Chair of Orthopaedics, or designate, has reviewed all departmental quality assurance activities for the previous credentialing period and determined that such peer evaluation of performance has been satisfactorily met for recredentialing. <p>Unusual or unexpected incidents or volume will be reported to the Chair of Orthopaedics.</p>

LEVEL III

Requested	Granted	Privileges	Additional Education, Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p>Complex joint Replacement and Reconstruction of hip and knee</p>	<p>All new and current faculty must provide proof of:</p> <ul style="list-style-type: none"> • Meeting level I and level II minimal training and experience in Orthopaedics. • Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures. <p>New faculty must provide documentation of:</p> <ul style="list-style-type: none"> • Postgraduate course work or experience as approved by the Department Chair of Orthopaedics. <p>Current faculty must demonstrate:</p> <ul style="list-style-type: none"> • Continued experience documented by performance of a minimum of 5 relevant cases in the previous credentialing period as attested to by the Department Administrator or designate. <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of Service.</p> <p>If volume requirement is not met at time of re-appointment you must undergo:</p> <ul style="list-style-type: none"> • Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in Orthopaedic Surgery. • Proctoring of 5 cases with physician responsible for securing proctor. • Attestation of training program director, or chief(s) of current institution(s) as to clinical competence in above procedures. <p>At the time of recredentialing, the Department Chair of Orthopaedics, or designate, has reviewed all departmental quality assurance activities for the previous credentialing period and determined that such peer evaluation of performance has been satisfactorily met for recredentialing. Unusual or unexpected incidents or volume will be reported to the Chair of Orthopaedics.</p>

	<p>Musculoskeletal ultrasound for guiding procedures, Qualification in musculoskeletal ultrasound including the isolation and aspiration of fluid collections, and therapeutic injections.</p>	<p>Qualification in musculoskeletal ultrasound including the isolation and aspiration of fluid collections, and therapeutic injections. requires knowledge of ultrasound physics and instrumentation as well as clinical competence in the management of relevant musculoskeletal conditions together with clinical expertise and training in diagnostic ultrasound. The abilities to distinguish abnormal findings to perform ultrasound-guided procedures in the relevant clinical condition are also necessary.</p> <ol style="list-style-type: none"> 1. These qualifications can be demonstrated by completion of an education program covering ultrasound physics and instrumentation, normal and pathologic musculoskeletal anatomy, and “hands-on” experience. 2. A proctored experience of 10 musculoskeletal ultrasound-guided interventional procedures (with arthrocentesis or injection if appropriate) with another clinician who does hold privileges in musculoskeletal ultrasound must also be documented. <p><u>New faculty who have performed musculoskeletal ultrasound</u> elsewhere will supply proof of didactic ultrasound education, either a letter from residency or fellowship director or an intensive CME course. A letter from their previous credentialing Chair, residency/fellowship Director, or another Board Certified physician who can supply this information is acceptable. Must present proof of 10 proctored or 24 independently performed musculoskeletal ultrasound-guided interventional procedures.</p> <p>Faculty who are currently performing musculoskeletal ultrasound must maintain proficiency by obtaining appropriate CME and performing at least 10 musculoskeletal ultrasound- guided interventional procedures a year.</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<p>Bone Marrow Aspiration with musculoskeletal injection. Treatment of tendon, ligament and joint injuries may benefit from local injection of bone marrow aspiration to enhance healing.</p> <p>Scope of Practice/Privileges: Privileges include being able to perform comprehensive evaluation, diagnose, and provide treatment to adult patients with degenerative musculoskeletal disorders for which autologous iliac crest bone marrow aspiration and concentration is indicated.</p> <p>These privileges include the administration of autologous bone marrow aspirate injection and the harvest of peripheral blood and/or iliac crest bone marrow.</p> <p>Physicians with privileges in bone marrow aspirate concentration injection may treat patients who have musculoskeletal conditions such as tendon injury, ligament tears, and osteoarthritis.</p>	<p>Minimum Training and Experience: A practicing musculoskeletal care provider who performs autologous bone marrow aspiration, concentration, and injection must have either an MD or DO degree.</p> <p>These privileges require specialty training and are not considered part of the standard core privileges. Supervised instruction and training must be provided by an appropriately privileged Faculty Member, PA, or NP.</p> <p>New faculty who have performed bone marrow aspiration elsewhere must provide documentation of 5 procedures performed within a 12 month period.</p> <p>Faculty who are currently performing bone marrow aspiration must maintain proficiency by obtaining appropriate CME and performing at least 5 procedures a year.</p> <p>FPPE Requirements (New Hire or Add Privileges): Monitoring activity: Monitor will oversee faculty member for initial 3 procedures, and be immediately available during these procedures. All procedures will be reviewed after completion. The next three procedures can be done independently but will be reviewed by the service chief for indications and complications. All cases for 6 months will be monitored. Monitor will schedule one 1-hour meeting/month to review cases and discuss upcoming clinics (i.e., conduct prospective and retrospective review at same meeting).</p>
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SPECIAL PRIVILEGES

To APPLY or REAPPLY for the following Special Privileges, a separate application is required.

- LASER PRIVILEGES**
- FLUOROSCOPY PRIVILEGES FOR A Non-Radiologist/Radiation Oncologist.**
- ROBOTIC SURGICAL PLATFORM**
- SEDATION PRIVILEGES FOR A Non-Anesthesiologist**
- HYPERBARIC OXYGEN THERAPY**
- CHEMOTHERAPY for Non-Oncologists**

PLEASE go to URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.

I meet the following mentioned minimum criteria and request that my application be considered for the privileges as outlined below.

TO BE COMPLETED BY APPLICANT

I authorize and release from liability any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of the University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval: _____ As Requested _____ As Modified

Explain any modifications:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date: _____

Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION

Approval: _____ As Requested _____ As Modified

Explanation for any modification:

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION

Approval: _____ As Requested _____ As Modified.

Explanation for any modification:

