### LEVEL I (CORE) PRIVILEGES

**Physicians must have satisfactorily completed an ACGME approved Orthopaedic Surgery Residency Program.**

#### SKIN - COVERAGE - WOUND CARE
- Suturing: Excision, Re-arrangement, Split Thickness Skin Graft, Full Thickness Skin Graft
- Basic incision, excision, aspiration, biopsy including obtaining of bone graft
- Cast application
- Excision ganglion
- Bracing
- Removal hardware
- Z-plasty
- Skin Amputation of digit

#### FRACTURES AND DISLOCATIONS (open and closed treatment of open and closed injuries)

##### UPPER EXTREMITY
- Scapula
- Clavicle
- Shoulder
- Humerus
- Elbow
- Forearm
- Wrist
- Hand

##### LOWER EXTREMITY
- Pelvis - simple
- Knee
- Leg (tibia and fibula)
- Ankle
- Hind, mid and forefoot

##### NON-FRACTURE/DISLOCATION

##### HAND
- Flexor Tendon Repair
- Release Trigger Finger
- Dupuytren’s contracture
- Extensor Tendon repairs
- Carpal tunnel release

##### FOREARM
- Tendon Repair
- Tendon Reconstruction
- Tendon Transfer
- Tendon Release
- Bone Non-union treatment
- Nerve decompression/transposition

##### ELBOW
- Tendon Repair, reconstruction
- Tendon repair, reconstruction

### LEVEL I (CORE) PRIVILEGES (CON’T)

#### HUMERUS
- Osteotomy
- Nerve decompression/transposition
- Arthrotyomy, debridement, etc.

#### SHOULDER
- Arthroplasties
- Tendon, bursa, soft tissue repair/reconstruction
- Capsular Contracture release
- Osteotomy
- Arthrotyomy, debridement, arthrotyomy-based procedures

#### SCAPULA/CLAVICLE
- Osteotomy
- Non-union
- Resection arthroplasties

#### KNEE
- Arthrotyomy-based procedures (synovetomy, debridement, etc.)
- Tendon, capsular, bursa, other soft tissue procedures
- Lateral Release of Contracture
- Arthroscopic procedures

#### ANKLE
- Arthrotyomy based procedures
- Arthroplasty
- Arthrodesis
- Tendon, capsule, bursal, miscellaneous soft tissue
- Distal tibial osteotomy
- Malleolar, fibula osteotomy

#### FOOT
- Arthrotyomy-based procedures (debridement, excisional, arthroplasty)
- Other arthroplasties
- Arthrodesis
- Osteotomy
- Bunion/bony prominence excisions

### ORTHOPAEDIC ONCOLOGY
- Primary musculoskeletal lesions- known benign
- Small and structurally non-problematic, similar to fracture reconstruction delineation considerations for the region

#### Other:
- History and Physical
- C-Arm Radiology Equipment-Prescribe, Use and Interpret
- Administration of local anesthesia

### LEVEL I (CORE) PRIVILEGES

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<tr>
<th>PHYSICIAN REQUEST</th>
<th>Granted</th>
<th>Not Granted*</th>
<th>With Following Requirements** (Provide Details)</th>
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### LEVEL II PRIVILEGES

May require documentation of training and experience. New applicants to staff may be required to provide up to five years listing of most recent operative experience.

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<td>Arthroscopic/Arthroscopic-assisted fracture treatments</td>
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**HAND**

Arthroplasties - wrist, MP joints, IP joints: simple, other

Tendon repair: flexor

Reconstruction including:

- Tenolysis
- Transfers
- Release: simple
- Release: other

Arthrodesis:

- Wrist
- Major joints
- IP joints

Release/specialized treatment: Dupuytren treatment

Arthroscopic procedures

- Excisions
- Releases
- Assisted fracture fixations

**ELBOW**

Arthroplasties

Arthroscopic elbow procedures

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**KEY**

- *NOT GRANTED DUE TO:*
  - Provide Details Below

- **WITH FOLLOWING REQUIREMENTS**
  - Provide Details Below

1) Lack of Documentation
2) Lack of Required Training/Experience
3) Lack of Current Competence (Databank Reportable)
4) Other (Please Define) (i.e., Exclusive Contract)

1) With Consultation
2) With Assistance
3) With Proctoring
4) Other (Please Define)

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**DETAILS:**

_________________________________________________________________________________

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**National Practitioner Databank Disclaimer Statement**

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

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Signature of Applicant / Date  
Signature of Clinical Chief / Date

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**APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS**

(ASC-ORTHO Revised-07/14)