

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN ORTHOPEDIC SURGERY**

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N POPULATION**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adults: 13 - 65 Years   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics: Over 65 Years   |

**R G C N GENERAL PRIVILEGES**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,10,11,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | History and Physical (1,2,3,5,6,7,8,10,11,13,14,15,16,17)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescribing Privileges (1,2,3,5,6,7,8,10,11,13,14,15,16,17)   |

**R G C N UPPER EXTREMITY - Shoulder**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation - forequarter (1,2,5,6,7,10,13,16,17)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrodesis of shoulder (1,2,3,5,6,7,10,13,14,15,16,17)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroplasty - shoulder (1,2,3,5,6,7,10,13,14,15,16,17)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrotomy - shoulder (1,2,3,5,6,7,8,10,,13,14,15,16,17)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Joint - shoulder (1,2,3,5,6,7,8,10,13,14,15,16,17)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction dislocation - shoulder (1,2,3,5,6,7,8,10,13,14,15,16,17)     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Destruction of lesion of joint - shoulder(1,2,3,5,6,7,8,10,13,14,15,16,17)    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disarticulation of shoulder (1,2,5,7,13,14,15,16,17)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction dislocation - shoulder(1,2,3,5,6,7,8,10,13,14,15,16,17)        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repair of recurrent dislocation of shoulder (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder arthroplasty - prosthesis (1,2,3,5,6,7,8,10,13,14,15,16,17)          |

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**R G C N UPPER EXTREMITY - Shoulder**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suture of capsule or ligament of upper extremity (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synovectomy - shoulder(1,2,3,5,6,7,8,10,13,14,15,16,17)                            |

**R G C N UPPER EXTREMITY - Humerus**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation through humerus (1,2,5,7,10,14,15)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Bone - humerus (1,2,3,5,6,7,8,10,13,14,15,16,17)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bone graft - humerus (1,2,3,5,6,7,8,10,13,14,15,16,17)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed fracture reduction - humerus (1,2,3,5,6,7,8,10,13,14,15,16,17)              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction - internal fixation - humerus (1,2,3,5,6,7,8,10,13,14,15,16,17)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction - separated epiphysis - humerus (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debridement open fracture - humerus (1,2,3,5,6,7,10,13,14,15,16,17)                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Local excision bone lesion - humerus (1,2,3,5,6,7,8,10,13,14,15,16,17)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - humerus fracture (1,2,3,5,6,7,8,10,13,14,15,16,17)                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - internal fixation - humerus (1,2,3,5,6,7,10,13,14,15,16,17)       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - separated epiphysis - humerus (1,2,3,5,6,7,8,10,13,14,15,16,17)   |

**R G C N UPPER EXTREMITY - Elbow**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrodesis of elbow (1,2,3,5,6,7,13,14,15,16,17)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroplasty - elbow - other (1,2,3,5,6,7,13,14,15,16,17)         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroplasty - elbow with prosthesis (1,2,3,5,6,7,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrotomy - elbow (1,2,3,5,6,7,8,13,14,15,16,17)                 |

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**R   G   C   N   UPPER EXTREMITY - Elbow**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Joint - elbow (1,2,3,5,6,7,8,10,13,14,15,16,17)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction dislocation - elbow (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Destruction of lesion of joint - elbow (1,2,3,5,6,7,8,13,14,15,16,17)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disarticulation of elbow (1,2,5,7,13,14,15)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction dislocation - elbow (1,2,3,5,6,7,10,13,14,15,16,17)     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synovectomy - elbow (1,2,3,5,6,7,8,10,13,14,15,16,17)                  |

**R   G   C   N   UPPER EXTREMITY - Radius/Ulna**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation through forearm (1,2,5,7,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Bone - radius/ulna (1,2,3,5,6,7,8,10,13,14,15,16,17)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bone graft - radius/ulna (1,2,3,5,6,7,8,10,13,14,15,16,17)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed fracture reduction - radius/ulna (1,2,3,5,6,7,8,10,13,14,15,16,17)              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction - internal fixation - radius/ulna (1,2,3,5,6,7,8,10,13,14,15,16,17)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction - separated epiphysis - radius/ulna (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debridement open fracture - radius/ulna ((1,2,3,5,6,7,8,10,13,14,15,16,17)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Local excision bone lesion - radius/ulna (1,2,3,5,6,7,8,10,13,14,15,16,17)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - internal fixation - radius/ulna ((1,2,3,5,6,7,8,10,13,14,15,16,17)    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - radius/ulna fracture (1,2,3,5,6,7,8,10,13,14,15,16,17)                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - separated epiphysis - radius/ulna (1,2,3,5,6,7,8,10,13,14,15,16,17)   |

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**R G C N UPPER EXTREMITY - Hand/Wrist/Finger**

R	G	C	N	UPPER EXTREMITY - Hand/Wrist/Finger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advancement of tendon of hand (1,2,3,5,6,7,8,,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation through hand (1,2,3,5,7,8,,13,14,15,16,17}
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation/disarticulation finger (1,2,3,5,6,7,8,10,,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation/disarticulation thumb (1,2,3,5,6,7,8,10,,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthroplasty - carpal - syn pros (1,2,3,5,6,7,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthroplasty - hand - other (1,2,3,5,6,7,8,,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthroplasty - hand with prosthesis (1,2,3,5,6,7,8,,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthroplasty - wrist (1,2,3,5,6,7,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Bone - metacarpal/carpal (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Joint - hand/finger (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Joint - wrist (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - metacarpal/carpal (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - upper limb - other (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carporadial fusion (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change in hand muscle or tendon length (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed fracture reduction - finger (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed fracture reduction - metacarpal/carpal (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction - internal fixation - finger (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction dislocation - hand/finger (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction dislocation - wrist (1,2,3,5,6,7,8,10,13,14,15,16,17)

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**R G C N UPPER EXTREMITY - Hand/Wrist/Finger**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debridement open fracture - finger (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debridement open fracture - metacarpal/carpal (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delayed suture of other tendon of hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of lesion of joint - hand/finger (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of lesion of joint - wrist (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disarticulation of wrist (1,2,5,7,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fasciotomy of hand (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full-thickness skin graft to hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand muscle transfer or transplantation (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand tendon transfer or transplantation (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand tendon transposition (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interphalangeal fusion (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metacarpocarpal fusion (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metacarpophalangeal fusion (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - finger fracture (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - internal fixation - finger (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - internal fixation - metacarpal/carpal (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - metacarpal/carpal fracture (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction dislocation - hand (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction dislocation - wrist (1,2,3,5,6,7,10,13,14,15,16,17)

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**R G C N UPPER EXTREMITY - Hand/Wrist/Finger**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastic operation on hand with graft of muscle or fascia (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastic operation on hand with other graft or implant (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reattachment of muscle of hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reattachment of tendon of hand (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recession of tendon of hand (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reconstruction of thumb (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release of carpal tunnel (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of cleft hand (1,2,5,6,7,8,13,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of macrodactyly (1,2,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of mallet finger (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin graft to hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture of flexor tendon of hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture of muscle or fascia of hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture of other tendon of hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture of tendon sheath of hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synovectomy - hand (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synovectomy - wrist (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tendon pulley reconstruction (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tenodesis of hand (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tenonectomy - hand (1,2,3,5,6,7,8,10,13,14,15,16,17)

**LEHIGH VALLEY HEALTH NETWORK**  
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Name \_\_\_\_\_

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**R G C N UPPER EXTREMITY - Hand/Wrist/Finger**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tenoplasty of hand (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transfer of finger (1,2,5,7,8,10,13,14,15)           |

**R G C N LOWER EXTREMITY - Hip**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation - hindquarter (1,2,5,7,10,13)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrodesis of hip (1,2,3,5,7,10,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrotomy - hip (1,2,3,5,7,10,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Joint - hip (1,2,3,5,6,7,8,10,13,14,15,16,17)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction dislocation - hip (1,2,3,5,6,7,10,13,14,15,16,17)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Destruction of lesion of joint - hip (1,2,3,5,7,13,14,15)                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disarticulation of hip (1,2,5,7,10,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hip repair - other (1,2,3,5,7,10,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction dislocation - hip (1,2,3,5,7,10,13,14,15)                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Replace acetabulum - methacrylate (1,2,5,7,13,14,15)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Replace acetabulum - other (1,2,5,7,10,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Replace femoral head - methacrylate (1,2,5,7,13,14,15)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Replace femoral head - other (1,2,5,7,10,13,14,15)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suture of capsule or ligament of other lower extremity (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synovectomy - hip (1,2,3,5,7,10,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Total hip replacement (1,2,5,7,10,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Total hip replacement - methacrylate (1,2,5,7,13,14,15)                                  |

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**R G C N LOWER EXTREMITY - Femur**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Bone - femur (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - femur (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed fracture reduction - femur (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction - internal fixation - femur (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction - separated epiphysis - femur (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debridement open fracture - femur (1,2,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local excision bone lesion - femur (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - femur fracture (1,2,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - internal fixation - femur (1,2,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - separated epiphysis - femur (1,2,5,6,7,10,13,14,15,16,17)

**R G C N LOWER EXTREMITY - Knee**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation above knee (1,2,5,7,10,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation below knee (1,2,5,7,10,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthrodesis of knee (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthrotomy - knee (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Bone - patella (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Joint - knee ((1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - patella (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction dislocation - knee(1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of lesion of joint - knee (1,2,3,5,6,7,8,10,13,14,15,16,17)



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**R G C N LOWER EXTREMITY - Knee**

R	G	C	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disarticulation of knee (1,2,5,7,10,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five-in-one repair of knee (1,2,5,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local excision bone lesion - patella ((1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction dislocation - knee (1,2,3,5,6,7,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other repair of knee (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patellar stabilization (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of the knee collateral ligaments(1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of the knee cruciate ligaments (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synovectomy - knee (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total knee replacement (1,2,5,7,10,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triad knee repair (1,2,5,7,13,14,15)

**R G C N LOWER EXTREMITY - Tibia/Fibula**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Bone - tibia/fibula ((1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - tibia/fibula (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed fracture reduction - tibia/fibula (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction - internal fixation - tibia/fibula (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction - separated epiphysis - tibia/fibula (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debridement open fracture - tibia/fibula (1,2,3,5,6,7,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local excision bone lesion - tibia/fibula (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - internal fixation - tibia/fibula (1,2,3,5,6,7,8,10,13,14,15,16,17)

# LEHIGH VALLEY HEALTH NETWORK

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**R G C N LOWER EXTREMITY - Tibia/Fibula**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - separated epiphysis - tibia/fibula (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open reduction - tibia/fibula fracture ((1,2,3,5,6,7,8,10,13,14,15,16,17)             |

**R G C N LOWER EXTREMITY - Ankle/Foot/Toe**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation - toe ((1,2,3,5,6,7,8,10,13,14,15,16,17)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation through foot (1,2,3,5,7,8,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation through malleoli (1,2,5,7,8,,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ankle fusion (1,2,3,5,6,7,10,13,14,15,16,17)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroplasty - foot with prosthesis (1,2,3,5,6,7,8,10,13,14,15,16,17)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthroplasty - foot/toe - other(1,2,3,5,6,7,8,10,13,14,15,16,17)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrotomy - ankle ((1,2,3,5,6,7,8,10,13,14,15,16,17)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrotomy - foot/toe ((1,2,3,5,6,7,8,10,13,14,15,16,17)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Bone - metatarsal/tarsal(1,2,3,5,6,7,8,10,13,14,15,16,17)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Joint - ankle (1,2,3,5,6,7,8,10,13,14,15,16,17)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Joint - foot/toe (1,2,3,5,6,7,8,10,13,14,15,16,17)                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bone graft - metatarsal/tarsal (1,2,3,5,6,7,8,10,13,14,15,16,17)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed fracture reduction - metatarsal/tarsal (1,2,3,5,6,7,8,10,13,14,15,16,17)            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed fracture reduction - toe (1,2,3,5,6,7,8,10,14,15,16,17)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction - internal fixation - metatarsal/tarsal (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction - internal fixation - toe fracture (1,2,3,5,6,7,8,10,13,14,15,16,17)      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closed reduction dislocation - ankle (1,2,3,5,6,7,8,10,13,14,15,16,17)                     |

# LEHIGH VALLEY HEALTH NETWORK

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**R G C N LOWER EXTREMITY - Ankle/Foot/Toe**

R	G	C	N	Procedure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed reduction dislocation - foot/toe (1,2,3,5,6,7,8,10,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debridement open fracture - metatarsal/tarsal (1,2,3,5,6,7,8,10,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debridement open fracture - toe (1,2,3,5,6,7,8,10,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of lesion of joint - ankle (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of lesion of joint - foot/toe (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disarticulation of ankle (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fusion of foot (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fusion of toe (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local excision bone lesion - metatarsal/tarsal (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsophalangeal fusion (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Midtarsal fusion (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - internal fixation - metatarsal/tarsal (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - internal fixation - toe (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - metatarsal/tarsal fracture (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction - toe fracture (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction dislocation - ankle (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open reduction dislocation - foot/toe (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other repair of ankle (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release of tarsal tunnel (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subtalar fusion (1,2,3,5,6,7,8,10,13,14,15,16,17)

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**R   G   C   N   LOWER EXTREMITY - Ankle/Foot/Toe**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suture of capsule or ligament of ankle/foot (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synovectomy - ankle (1,2,3,5,6,7,8,13,14,15,16,17)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synovectomy - foot (1,2,3,5,6,7,8,13,14,15,16,17)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tarsometatarsal fusion (1,2,3,5,6,7,8,10,13,14,15,16,17)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Total ankle replacement (1,2,5,7,8,13,14,15)                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Triple Arthrodesis (1,2,3,5,6,7,8,13,14,15,16,17)                             |

**R   G   C   N   SPINE**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biopsy - Needle - vertebra (1,2,3,5,6,7,10,13,14,15,16,17)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cervical spinal fusion (1,2,5,7,10,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excision of intervertebral, cervical thoracic, lumbar disc (1,2,3,5,7,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exploration and decompression of spinal canal (1,2,3,5,7,10,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intradiscal Electro Thermal Therapy (IDET)* (1,2,5,10,13) (*Must satisfy certain credentialing criteria to be approved)          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lumbar lumbosacral fusion anterior technique (1,2,5,7,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lumbar lumbosacral fusion lateral transverse process (1,2,5,7,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lysis of adhesions of spinal cord and nerve roots (1,2,5,7,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nucleoplasty* (1,2,5,13,14,15) (*Must satisfy certain credentialing criteria to be approved)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open Biopsy - spine (1,2,5,7,8,13,14,15)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Percutaneous Vertebroplasty/Kyphoplasty* (1,2,3,5,6,7,10,13,14,15) (*Must satisfy certain credentialing criteria to be approved) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scoliosis surgery (1,2,5,13,14,15)   |

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN ORTHOPEDIC SURGERY

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N SPINE PROCEDURES (Require Completion of Spine Fellowship)**

R	G	C	N	SPINE PROCEDURES (Require Completion of Spine Fellowship)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior approaches to the spine - transabdominal or retroperitoneal (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior approaches to the spine - transthoracic (1,2,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior decompression of the spine, including discectomy and vertebrectomy - cervical (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior decompression of the spine, including discectomy and vertebrectomy - lumbosacral (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior decompression of the spine, including discectomy and vertebrectomy - thoracic (1,2,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior spinal fusion with or without instrumentation and/or spinal implants - cervical (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior spinal fusion with or without instrumentation and/or spinal implants - lumbosacral (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anterior spinal fusion with or without instrumentation and/or spinal implants - thoracic (1,2,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone grafting - all types (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed/open reduction of spinal fracture/dislocation - cervical (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed/open reduction of spinal fracture/dislocation - lumbar (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closed/open reduction of spinal fracture/dislocation - thoracic (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correction of spinal deformities (1,2,5,6,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Costotransversectomy and transpedicular spinal approaches (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discogram of the lumbar spine (1,2,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laminectomy for spinal stimulator (1,2,5,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laminectomy for spinal tumor (1,2,5,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laminectomy for spinal tumor - extradural (1,2,5,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laminectomy for spinal tumor - intradural (1,2,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous biopsy of the spine (1,2,5,6,7,8,13,14,15)

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN ORTHOPEDIC SURGERY

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N SPINE PROCEDURES (Require Completion of Spine Fellowship)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posterior decompression of the spine, including laminectomy and/or discectomy - cervical (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posterior decompression of the spine, including laminectomy and/or discectomy - lumbosacral (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posterior decompression of the spine, including laminectomy and/or discectomy - thoracic (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posterior spinal fusion with or without instrumentation and/or spinal implants - cervical (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posterior spinal fusion with or without instrumentation and/or spinal implants - lumbosacral (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posterior spinal fusion with or without instrumentation and/or spinal implants - thoracic (1,2,5,6,7,8,13,14,15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thorascopic and laparoscopic spinal surgery (1,2,5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of methylmethacrylate in the spine (1,2,5,6,7,8,13,14,15)

**R G C N GENERAL PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthodesis - unspecified site (1,2,3,5,6,7,8,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Bone - chest cage (1,2,5,6,7,8,13,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Bone - facial (1,2,5,6,7,8,13,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Bone - other (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy - Joint - other specified site (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - chest cage (1,2,5,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - unspecified site (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free skin graft - not otherwise specified (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full-thickness skin graft to other sites (1,2,3,5,6,7,8,10,13,14,15,16,17)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heterograft to skin (1,2,3,5,6,7,8,10,13,16,17)

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN ORTHOPEDIC SURGERY

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N GENERAL PROCEDURES**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Homograft to skin (1,2,3,5,6,7,8,13,16,17)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Local excision bone lesion - chest cage (1,2,5,6,7,8,13,16,17)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other diagnostic procedures on joint structures (1,2,3,5,6,7,8,13,14,15,16,17)                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peripheral nerve graft (1,2,3,5,7,8,13,14,15)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peripheral nerve or ganglion decompression or lysis of adhesions (1,2,3,5,6,7,8,10,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peripheral neuroplasty (1,2,3,5,6,7,8,13,14,15,16,17)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repair of old traumatic injury of peripheral nerves (1,2,3,5,6,7,8,13,14,15,16,17)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Revision of previous repair of peripheral nerves (1,2,5,6,7,8,13,14,15,16,17)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skin graft to extremities (1,2,3,5,6,7,8,10,13,14,15,16,17)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synovectomy - unspecified site (1,2,3,5,6,7,8,10,13,14,15,16,17)                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transposition of peripheral nerves (1,2,3,5,7,8,10,13,14,15,16,17)                                 |

**R G C N CHILDREN'S ORTHOPEDICS (as per adults)**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General (1,2,3,5,6,7,8,10,11,13,14,15,16,17)                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fractures and dislocations (1,2,3,5,6,7,8,10,11,13,14,15,16,17) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reconstruction (1,2,3,5,6,7,8,13,14,15,16,17)                   |

**R G C N OTHER**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fluoroscopy privileges* (1,2,3,5,6,7,8,10,11,13,14,15,16,17) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moderate Sedation - Pediatric (birth - 25 years)*** (1,2,3,5,6,7,8,10,11,13,14,15,16,17) (*Must satisfy certain credentialing criteria to be approved)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moderate Sedation - Adult* (13 years or older)*** (1,2,3,5,6,7,8,10,11,13,14,15,16,17) (*Must satisfy certain credentialing criteria to be approved)  |

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN ORTHOPEDIC SURGERY

Name \_\_\_\_\_

### Privileges by Location:

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 13 - LVH-Hecktown Oaks
- 14 - LVH-Coordinated Health - Allentown
- 15 - LVH-Coordinated Health - Bethlehem
- 16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
- 17 - LVHN East Stroudsburg Ambulatory Surgery Center
- 18 - LVH-Pocono



# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL AREA ORTHOPEDIC SURGERY

Name \_\_\_\_\_

### Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*\*\*Recommendations\*\*\*

I have reviewed the request for clinical privileges and supporting documentation and

**Recommend As Requested**       **Recommend with Exceptions**       **Do Not Recommend**  
the privileges requested above.

### EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

### SUPERVISING PHYSICIAN (AHPs ONLY)

_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date
_____ Title	_____ Signature	____/____/____ Date

