



## Privileges in Orthopedic

Physician name: .....

Successful completion of an accredited Residency/Fellowship  
In **Orthopedic** or equivalent Training.

AND

Current certification or active participation in the examination  
Process leading to certification in **Orthopedic** from any Equivalent training/board.

**Provide care for patients in specific areas of Al Kindi hospital**

**Core Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
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**Privileges included in the Core:**

<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical and provide non-surgical and surgical care to correct or treat various conditions, illnesses, or injuries of the musculoskeletal system. Privileges include:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Trauma, including multisystem trauma	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Hand and foot surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Athletic injuries, including arthroscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Orthopedic rehabilitation, including amputations and postamputation care	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Musculoskeletal imaging	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Orthopedic oncology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Rehabilitation of neurologic injury and disease	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Spinal cord injury rehabilitation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Orthotics and prosthetics	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cast application, reinforcement and removal procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Joint aspiration; joint injection	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Suture and packing of wounds	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Primary Joint Replacement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Shoulder/elbow surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Initial management of urgent and emergent pediatric orthopaedic disease and injury	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Non-operative Sports Medicine	<input checked="" type="checkbox"/>

**Special Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of the spine, including disk surgery, spinal trauma, and spinal deformities	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Vascular grafts of the hands and forearm	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Complex and re-do joint replacement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Replantation and/or revascularization of the upper and lower extremities and digits	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Complex pelvic fractures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Microvascular flaps	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Non-operative Sports Medicine Evaluation and management of sports related injuries and associated medical problems	<input checked="" type="checkbox"/>
<b>Additional Privileges:</b>		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-.....

Approved By:- .....

Medical director signature: - .....

Date:.....