

NAPERVILLE SURGICAL CENTRE

Podiatry Privileges – Level I

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		LEVEL I		
		Amputation, toe		
		Arthrodesis, foot joints		
		Arthroplasty, foot joints		
		Arthroplasty with implant, foot joints		
		Arthrotomy, foot joints		
		Bone graft		
		Bunionectomy, by double osteotomy, by other methods, by phalanx osteotomy, complex, simple, tailor's, with implant, with metatarsal osteotomy		
		Capsulectomy, foot joints		
		Capsulotomy, foot joints		
		Condylectomy		
		Excision, biopsy soft tissue mass of foot		
		Excision, biopsy, destruction skin lesions of foot		
		Excision, curettage of bone cysts or benign tumor, foot		
		Exostectomy, foot joints		
		Fasciectomy, plantar		
		Fasciotomy, plantar		
		Foreign body removal, foot region		
		Fracture, non-union repair, foot region		
		Fracture, closed reduction, foot region		
		Fracture, open reduction, foot region		
		Hammertoe correction		
		Hemiphalangectomy		
		Incision & drainage abscess, hematoma		
		Laceration repair, foot region		
		Laser surgery, foot region		
		Metatarsal head resection		
		Nail excision		
		Neurolysis, foot region		
		Neuroma excision, foot region		
		Onychoplasty		
		Ostectomy, foot region		
		Osteotomy, foot region		
		Phalangeal head resection		
		Phalangectomy		
		Repair ruptured foot ligaments, primary or secondary		
		Sesamoidectomy		
		Syndactyly repair		
		Synovectomy, foot region		
		Tarsal tunnel release		

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Tendon repair & reconstruction foot tendons		
		Tenotomy, foot tendons		
		Wound debridement, repair		
		Use of fluoroscan		

I attest that I am competent to perform the above requested procedures and can provide documentation that I possess these privileges at an Illinois licensed hospital.

Applicant

Date

Medical Director

Date

NAPERVILLE SURGICAL CENTRE

Podiatry Privileges – Level II

Name				
Privileges Requested		In addition to Level I privileges, I also request privileges for Level II ankle procedures: (Requirements include completion of a two-year surgical podiatry residency program, board certification from the American Board of Podiatric Surgery and possession of similar privileges at another facility).	Privileges Approved	
Yes	No		Yes	No
		Amputation thru foot		
		Arthrodesis, ankle joint		
		Arthroplasty, ankle joint		
		Arthrotomy, ankle joint		
		Arthroscopy, ankle joint		
		Capsulectomy, ankle joint		
		Endoscopic plantar fasciotomy		
		Excision, biopsy of soft tissue mass, ankle region		
		Excision, biopsy, destruction of skin lesions, ankle region		
		Excision or curettage of bone cysts or benign tumor, ankle region		
		Exostectomy, ankle joint		
		Foreign body removal, ankle region		
		Fracture non-union repair, ankle region		
		Fracture, closed reduction, ankle region		
		Fracture, open-reduction, ankle region		
		Laceration repair, ankle region		
		Laser surgery, ankle region		
		Neurolysis, ankle region		
		Neuroma excision, ankle region		
		Ostectomy, ankle region		
		Osteotomy, ankle region		
		Repair ruptured ankle ligaments, primary or secondary		
		Synovectomy, ankle region		
		Tendon repair and reconstruction, ankle tendons		
		Tenotomy, ankle tendons		

I attest that I am competent to perform the above requested procedures and can provide documentation that I possess these privileges at an Illinois licensed hospital.

Applicant

Date

Medical Director

Date