QUALIFICATIONS FOR PODIATRY CORE PRIVILEGES

Training requirements are based on American Podiatric Medical Association/Counsel on Podiatric Medical Education-approved school and residency.

All requests for privileges must be accompanied by supporting documentation of appropriate training and evidence of competence to perform the specific privilege(s) requested.

PODIATRY CORE LEVEL I PRIVILEGES: FOOT

To qualify for Core Level I procedures, the applicant must meet the following requirements:

- Completion of a 1 or 2 year residency program in surgical, orthopedic, or podiatric medicine accredited by the Council of Podiatric Medical Education (CPME) of the American Podiatric Medical Association (APMA)

Required Previous Experience

Applicant for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative services for at least 50 Core Level I podiatric procedures in the past 24 months, or demonstrate successful completion of an accredited podiatric surgery residency within the past 12 months.

Observation Requirements

Concurrent observation of six (6) cases representing a variety of the requested Podiatry privileges

Observers

Two (2) observers shall be appointed by the Section Chairman

Reappointment Requirements: To be eligible to renew Core Level I privileges, the applicant must meet the following Maintenance of Privilege Criteria:

- Applicant must be able to document current activity, competence and volume of at least 50 procedures in the past 24 months, for reappointment by showing evidence that they have provided surgical in/out patient services at McLaren Greater Lansing or other facilities upon request. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Foot (Core Level I)

☐ I request Foot Core Level I privileges
☐ I request partial Foot Core Level I privileges as indicated
☐ I do not request Foot Core Level I privileges

1. Digital Surgery
   a. Partial ostectomy
   b. Phalangectomy
   c. Arthroplasty (IPJ)
   d. Implant (IPJ)
   e. Diaphysectomy
   f. Phalangeal osteotomy
   g. Fusion (IPJ)
   h. Amputation (digital)
   i. Management of osseous tumor/neoplasm
   j. Management of bone/joint infection (digital)
   k. Open management of digital fracture/dislocation
   l. Revision/Repair of surgical outcome
Foot (Core Level I) - Continued

2. First Ray Surgery
   a. Bunionectomy (partial ostectomy/ Silver procedure)
   b. Bunionectomy with capsulotendon balancing procedure
   c. Bunionectomy with phalangeal osteotomy
   d. Bunionectomy with distal first metatarsal osteotomy
   e. Bunionectomy with first metatarsal shaft or base osteotomy
   f. Bunionectomy with first metatarsocuneiform arthrodesis
   g. MPJ arthrodesis
   h. MPJ implant arthroplasty
   i. MPJ arthroplasty

3. Hallux Limitus/Rigidus Surgery
   a. Cheilectomy
   b. Joint salvage with phalangeal osteotomy (i.e., Kessel-Bonney, enclavement)
   c. Joint salvage with distal metatarsal osteotomy
   d. Joint salvage with first metatarsal shaft or base osteotomy
   e. Joint salvage with first metatarsocuneiform arthrodesis
   f. 1st MPJ arthrodesis
   g. 1st MPJ implant arthroplasty
   h. 1st MPJ arthroplasty

4. Other First Ray Surgery
   a. Tendon transfer/lengthening/capsulotendon balancing procedure
   b. Other first ray osteotomies (i.e. Dorsiflexory)
   c. Metatarsocuneiform arthrodesis (other than for hallux valgus or hallux limitus/rigidus)
   d. Amputation (complete or partial)
   e. Management of osseous tumor/neoplasm (with or without bone graft)
   f. Management of bone/joint infection (with or without bone graft)
   g. Open management of fracture and/or MPJ dislocation
   h. Corticotomy with callus distraction
   i. Revision/repair of surgical outcome (i.e. non-union, hallux varus, etc)

5. Other Soft Tissue Foot Surgery
   a. Excision of ossicle/sesamoid
   b. Excision of neuroma
   c. Removal of deep foreign body (excluding hardware)
   d. Plantarfasciotomy (open, ablation or endoscopic)
   e. Lesser MPJ capsulotendon balancing (including plantar plate repair)
   f. Tendon repair/lengthening/transfer involving the forefoot (including digital FDL transfer)
   g. Open management of dislocation (MPJ/tarsometatarsal)
   h. Incision and drainage/wide debridement of soft-tissue infection (including plantar space)
   i. Plantar fasciectomy (simple or radical)
   j. Excision of soft tissue tumor/mass of the foot (without reconstructive surgery)
   k. External neurolysis/decompression (including tarsal tunnel)
   l. Plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)
6. Other Osseous Foot Surgery
   a. Partial ostectomy (metatarsocuneiform exostosis or exostectomy)
   b. Lesser MPJ arthroplasty
   c. Bunionectomy of the 5th metatarsal (with or without osteotomy)
   d. Metatarsal head resection
   e. Lesser MPJ implant
   f. Central metatarsal osteotomy
   g. Open management of lesser metatarsal fractures
   h. Harvesting of bone graft distal to the ankle
   i. Amputation (lesser ray, TMA)
   j. Management of bone/joint infection distal to the TMT joints (with or without bone graft)
   k. Management of bone tumor/neoplasm distal to the TMT joints (with or without bone graft)
   l. Open management of tarsometatarsal fracture dislocation (i.e., Lisfranc)
   m. Multiple osteotomy management of metatarsus adductus
   n. TMT arthrodesis
   o. Corticotomy/callus distraction of lesser metatarsal
   p. Revision/repair of surgical outcome in the forefoot

---

**PODIATRY CORE LEVEL II PRIVILEGES: Reconstructive Rearfoot and Ankle**

To qualify for Core Level II privileges, the applicant must meet the following qualifications:

- Completion of a 2 year residency program in surgical, orthopedic, or podiatric medicine accredited by the Council of Podiatric Medical Education (CPME) of the American Podiatric Medical Association (APMA)

**Required Previous Experience.**
Applicant for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative services for at least 10 Core Level II podiatric procedures in the past 24 months, or demonstrate successful completion of an accredited podiatric surgery residency within the past 12 months.

**Observation Requirements**
Concurrent observation of six (6) cases representing a variety of the requested Podiatry privileges

**Observers**
Two (2) observers shall be appointed by the Section Chairperson

**Reappointment Requirements:** To be eligible to renew Core Level II privileges, the applicant must meet the following Maintenance of Privilege Criteria:

- Applicant must be able to document current activity, competence and volume of at least 10 procedures in the past 24 months, for reappointment by showing evidence that they have provided surgical in/out patient services at McLaren Greater Lansing or other facilities upon request. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
Name:___________________________________________________________________________________
(Please print/type name on all pages)

Core Level II
☐ I request Foot Core Level II privileges
☐ I request partial Foot Core Level II privileges as indicated
☐ I do not request Foot Core Level II privileges

1. Elective – Soft Tissue
   a. Plastic surgery techniques of the midfoot, rearfoot and ankle
   b. Tendon transfer involving the midfoot, rearfoot, ankle, or leg
   c. Tendon lengthening involving the midfoot, rearfoot ankle, or leg
   d. Delayed repair of ligamentous structures
   e. Ligament or tendon augmentation/supplementation/restoration
   f. Open synovectomy of the rearfoot/ankle
   g. Ankle arthroscopy

2. Elective – Osseous
   a. Detachment/reattachment of Achilles tendon with partial ostectomy
   b. Subtalar arthroereisis
   c. Midfoot, rearfoot or ankle arthrodesis
   d. Midfoot, rearfoot, or malleolar osteotomy
   e. Coalition resection
   f. Open management of talar dome lesions (with or without osteotomy)
   g. Ankle arthroscopy with or without removal of loose body or other osteochondral debridement

3. Non-elective – Soft Tissue
   a. Repair of acute or chronic tendon injury
   b. Repair of acute or chronic ligament injury
   c. Excision of soft tissue tumor/mass of the foot (with reconstructive surgery)
   d. Excision of soft tissue tumor/mass of the rearfoot or ankle (with or without reconstructive surgery)
   e. Open repair of dislocation (proximal to the TMT joints)

4. Non-elective – Osseous
   a. Open repair of midfoot fracture
   b. Open repair of rearfoot fracture
   c. Open repair of ankle fracture
   d. Management of bone tumor/neoplasm (with or without bone graft)
   e. Management of bone/joint infection (with or without bone graft)
   f. Amputation proximal to the TMT joint and distal to the ankle

SPECIAL PROCEDURE PRIVILEGE:  To be eligible to apply for the specific procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Professional Staff policies governing the exercise of specific privileges

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>PROCEDURE: FOR TOTAL ANKLE REPLACEMENT ONLY:</th>
<th>INITIAL CRITERIA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ankle replacement</td>
<td>Application of external fixator to leg/ankle/foot.</td>
<td>Retrospective review of the first three (3) cases by the Dept Chairman or designee which must be completed within one year of being granted. The following documentation to be submitted after each case: Pre-op notes; Pre-op Xrays; Operative Notes and Post-Op Xrays.</td>
</tr>
</tbody>
</table>
PODIATRY CORE LEVEL III PRIVILEGES: OUTPATIENT MEDICAL HISTORY & PHYSICAL EXAMS

To qualify for Core Level III privileges, the applicant must meet the following qualifications, the applicant must demonstrate capability by training and experience and provide documentation of competence in performing H&P exams consistent with the criteria set forth in the Professional Staff Bylaws and policies governing the exercise of such exams. Podiatrists may conduct medical history and physical examinations of all relevant body systems on a normal healthy outpatient (a patient with no systemic disease, classified as an American Society of Anesthesiologists (ASA) Physical (ASA Status 1) or outpatient with mild systemic disease (ASA Status 2).

- I request Podiatry Core Level III privileges
- I request partial Foot Core Level III privileges as indicated
- I do not request Podiatry Core Level III privileges

**Initial Criteria**
Documentation of training and adequate experience in performing outpatient medical history and physical examinations and Documentation of at least ten (10) H&Ps performed by the applicant.

**Observation Requirements**
Retrospective review of five (5) cases by a physician or podiatrist as assigned by the Section Chairman.

**Biennial Renewal Criteria**
Documentation of 25 cases per year performed at a McLaren-owned or partially-owned facility.

**ACKNOWLEDGEMENT OF PRACTITIONER**
I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at McLaren Greater Lansing, and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Professional Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Professional Staff Bylaws or related documents.

Signed: ____________________________ Date: ____________________________
Name:___________________________________________________________________________________
(Please print/type name on all pages)

**************************************************************************************************************************************************
For Office Use Only

Recommendations:
(   ) Approve as requested
(   ) Approve with modifications as noted below
(   ) Denial of privileges

Modifications: ______________________________________________________________________________________

Observers: ________________________________________________________________________________________

We have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: __________________________________________     Date: _________________
Co-Chief of Staff (for interim privileges)

Credentials Committee Date: _________________
Executive Committee Date: _________________
Board of Trustees Date: _________________