

DELINEATION OF PRIVILEGES: PODIATRY

- Class II Podiatric Surgery Privileges: To request Class II clinical privileges the following threshold criteria must be met:
 - 1. Licensed by the State of Iowa as a D.P.M., **AND**
 - 2a. Board Certification by the American Board of Podiatric Surgery (ABPS) or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM), OR
 - 2b. Successful completion of a CPME approved minimum one-year postgraduate training program in podiatric orthopedics, or one-year postgraduate training program in primary podiatric medicine, rotating podiatric medicine and or podiatric surgery **WITH** board certification in 5 years or less of residency completion. **AND**
 - 3. Demonstrate prior competent performance for privileges requested and submit surgical logs reflecting procedures performed during residency or during prior experience. **AND**
 - 4. Maintain admitting podiatric privileges at one of the UnityPoint Health-Des Moines Hospitals, one of the Mercy Health Network- Des Moines Hospitals, VA Central Iowa Health Care System or Broadlawns Medical Center. Surgeons with VA privileges only will be limited to schedule adult patients only at the center.

PRIVILEGES – Class II		I am requesting podiatry class II surgery privileges:	
Requested	Granted		
		Correct or treat various conditions, illnesses, and injuries to the digital, forefoot, and simple rear-foot procedures	
		All soft tissue and bony procedures involving the phalanges and metatarsal bones distal to the tarso-metatarsal joint	
		All soft tissue and bony procedures involving the cuneiform, navicular, and cuboid bones distal to the mid-tarsal joint	
		All soft tissue and simple exostectomy procedures involving the talar and calaneal bones distal to the ankle joint, such	
		as haglund's resection and simple tendon repairs	
		Operation, interpretation and reporting of X-ray and C-arm imaging	
		Administration of local anesthesia	
		Administration of minimal sedation	
		Admission to overnight care services	
		Supervision of Allied Health Practitioner/Residents/Students	
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Class III Podiatric Surgery Privileges: To request Class III clinical privileges the following threshold criteria must be met:

- 1. Licensed by the State of Iowa as a D.P.M., AND
- 2a. Board Certification by the American Board of Podiatric Surgery, OR
- 2b. Successful completion of a CPME approved minimum two-year postgraduate training program in podiatric surgery, **WITH** board certification by the American Board of Podiatric Surgery in 5 years or less of residency completion. **AND**
- Demonstrate prior competent performance for privileges requested and submit surgical logs reflecting procedures performed during residency or during prior experience. AND
- 4. Maintain admitting and peer-reviewed podiatric privileges at one of the Unity Point Health-Des Moines Hospitals or one of the Mercy Health Network-Des Moines Hospitals.

PRIVILEGES -		I am requesting podiatry class III surgery privileges. Privileges are inclusive of all Class II procedures:
Requested	Grante	d
		Correct or treat various conditions, illnesses, and injuries of the rearfoot, ankle, including achilles tendon lengthening repair, and or gastrocnemius recession
		Procedures involving osteotomies, arthrodesis, and open repair of fractures of the talar and calcaneal bones distal to the ankle joint and the ankle joint
		All soft tissue, simple exostectomy, anthroscopy and drill hole (for ankle ligamentous reconstruction). procedures involving the distal tibia and fibular bones

SPECIAL PROCEDURES/TECHNIQUES

To be eligible to apply for a special procedure listed below, you must meet the above threshold criteria and you **must also** demonstrate successful completion of an approved recognized course, or acceptable supervised training in residency, fellowship or other acceptable experience and provide documentation of competence in performing that procedure.

Requested	Granted	
		Laser – CO2

To admit patients, perform histories and physicals on all ASA 1 patients (All other patients must have an H&P by a physician within 30 days of surgery. If this H&P does not support the need for surgery, podiatric notes stating the podiatric plan documenting the need for surgery must be completed.), order diagnostic tests, request consultations, provide consultations within the scope of your privileges, use all skills normally learned during medical school and residency and render any care in a life-threatening emergency or as requested by the Clinical Administration should there be a physician crisis in the facility.

You are expected to practice within the bounds of your training and competence and should not attempt to treat cases, which are not in your scope of practice. Newly developed treatment modalities are not included in this request and must be cleared by the Medical Executive Committee and Governing Board before their performance. Please become familiar with the capabilities and limitations of this facility.

I understand that in making this request I am bound by the applicable bylaws and/or policies of Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for this request. I also certify that I have knowledge to operate all the equipment necessary to carry out requested procedures.

Date	Applicant's Signature		Applicant's Printed Name	
Privileges: Granted	_ Deferred	MEC Signature:		Date:
Granted	_ Deferred	GB Signature:		Date:
Modifications: _				