

**UPMC  
Delineation of Privileges Request  
Criteria Summary Sheet**

**Facility:** UPMC Horizon

**Specialty:** PODIATRY

<b>KNOWLEDGE</b>	The successful completion of a school of Podiatric medicine approved by the Council on Podiatric Medical Education (CPME)														
<b>TRAINING</b>	The successful completion of an approved (CPME) post graduate residency program in Podiatry														
<b>CERTIFICATION</b>	Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon														
<b>OTHER</b>	<ul style="list-style-type: none"> <li>▪ A Grandfather exception may be considered if the applicant has been actively engaged in the practice of Podiatry for ten (10) years or more and whose practice record is judged satisfactory.</li> </ul> <p style="text-align: center;"><b>Special Request Privileges</b></p> <p>In order for these requests to be granted, the applicant must provide documentation of specialized or fellowship training and documentation of satisfactory performance of the procedure. Documentation may be in the form of continuing medical education, a letter from a training program director and/or documentation of clinical experience.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><b>Privilege</b></th> <th style="text-align: right;"><b>Suggested Level of Activity for granting initial privileges</b></th> </tr> </thead> <tbody> <tr> <td>▪ Midtarsal fusion &amp; osteotomy</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Tendon Transfers</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Ankle fractures with A/O fixation</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Sub talar arthrodesis</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Tarsal coalition</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Tendo Achilles Lengthening</td> <td style="text-align: right;">10</td> </tr> </tbody> </table>	<b>Privilege</b>	<b>Suggested Level of Activity for granting initial privileges</b>	▪ Midtarsal fusion & osteotomy	10	▪ Tendon Transfers	10	▪ Ankle fractures with A/O fixation	10	▪ Sub talar arthrodesis	10	▪ Tarsal coalition	10	▪ Tendo Achilles Lengthening	10
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