

**TEXAS SPINE & JOINT HOSPITAL  
NEUROLOGICAL SURGERY CLINICAL PRIVILEGES**

NAME: \_\_\_\_\_

- Initial appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body.

To be eligible to apply for core privileges in neurological surgery, the initial applicant must meet the following criteria:  
Successful completion of ACGME or American Osteopathic Association accredited residency in neurological surgery.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 50 neurological surgical procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of residency or fellowship within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in Neurological Surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of neurological surgery procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges

**NEUROLOGICAL SURGERY CORE PRIVILEGES**

Requested Admit, evaluate, diagnose, consult and provide nonoperative and pre-, intran, and postoperative care to patients of all ages presenting with injuries or disorders of the central, peripheral and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system-the brain, meninges, skull, and their blood supply, including the extra cranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; and disorders of the cranial and spinal nerves throughout their distribution. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

REQUESTED	PRIVILEGE	APPROVED	DENIED
	<b>Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain</b>		
	<b>External Lumbar Drain</b>		
	<b>Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal</b>		
	<b>Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation</b>		
	<b>Lumbar puncture, cisternal puncture</b>		
	<b>Muscle biopsy</b>		
	<b>Nerve biopsy</b>		
	<b>Ordering of diagnostic studies and procedures related to neurological problems or disorders</b>		
	<b>Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves</b>		
	<b>Perform history and physical exam</b>		
	<b>Shunts: lumbar subarachnoid/peritoneal</b>		

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cardotomy, dorsal root entry zone lesion, tethered spinal cord or congenital anomalies (diastematomyelia)		
	Stereotactic surgery		
	Surgery for intervertebral discs disease		
	Surgery on sympathetic nervous system		

**Acknowledgement of Practitioner**

**I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.**

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date