



Delineation Of Privileges

Physical Medicine and Rehabilitation

Provider Name:

Privilege	Requested	Tabled	Approved
-----------	-----------	--------	----------

PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES

Criteria:

- a) Board certification or qualified for certification by the American Board of Physical Medicine and Rehabilitation and/or subspecialty certificate in Pain Management and/or subspecialty certificate in Spinal Cord Injury Medicine;
- OR**
- b) Successful completion of an ACGME or AOA approved Physical Medicine and Rehabilitation training program requiring certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

Proctoring Requirements: A minimum of eight (8) cases, in accordance with the Medicine Department Rules and Regulations.

GENERAL PRIVILEGES:

Admitting privileges ___

Consultation Only Privileges ___

Sedation Analgesia ___

Criteria: Requires successful completion of the Sedation Assessment Test

Additional criteria effective April 1, 2015: a) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND b) Evidence of completion of an Airway Management Course

a) Adult Sedation ___

b) Pediatric Sedation (17 years and under) ___

PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES: ___

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations and prescribing medication according to DEA Certificate.

Amputees, upper and lower extremities ___

Arthritis syndromes ___

Congenital deformities ___

Head/brain injuries ___

Delineation Of Privileges

Physical Medicine and Rehabilitation

Provider Name:

Privilege	Requested	Tabled	Approved
-----------	-----------	--------	----------

Hip fractures	—	—	—
---------------	---	---	---

Major/multiple trauma	—	—	—
-----------------------	---	---	---

Neurological disorders (ALS, muscular dystrophy, multiple sclerosis, neuropathies, parkinsons)	—	—	—
--	---	---	---

Neuromuscular disease/syndromes - Peripheral vascular disease - Prosthetics and orthotics	—	—	—
---	---	---	---

Peripheral vascular disease	—	—	—
-----------------------------	---	---	---

Prosthetics and orthotics	—	—	—
---------------------------	---	---	---

Skin/wound care (decubitus)	—	—	—
-----------------------------	---	---	---

Spinal cord syndromes	—	—	—
-----------------------	---	---	---

Stroke syndromes	—	—	—
------------------	---	---	---

Trauma, sports or industrial injuries	—	—	—
---------------------------------------	---	---	---

Urological syndromes	—	—	—
----------------------	---	---	---

Athrocentesis, aspiration and injection	—	—	—
---	---	---	---

Electrodiagnosis:	—	—	—
-------------------	---	---	---

a) Strength duration curves	—	—	—
-----------------------------	---	---	---

b) Electromyography	—	—	—
---------------------	---	---	---

c) Electromyography with computer analysis	—	—	—
--	---	---	---

d) Nerve conduction studies - motor and sensory	—	—	—
---	---	---	---

e) Evoked potentials	—	—	—
----------------------	---	---	---

Serial casting	—	—	—
----------------	---	---	---



Delineation Of Privileges

Physical Medicine and Rehabilitation

Provider Name:

Privilege	Requested	Tabled	Approved
-----------	-----------	--------	----------

Soft tissue injection, ligaments and tendons ___

Soft tissue injection, trigger points ___

Soft tissue mobilization ___

Distal nerve block ___

PHYSICAL MEDICINE AND REHABILITATION SUPPLEMENTAL PRIVILEGES

Criteria: Must meet the criteria outlined for Core Physical Medicine and Rehabilitation privileges, AND provide documentation of training and/or current clinical competency in each of the procedures requested.

Competency Requirements: As outlined under each supplemental privilege below.

Proctoring Requirements: A minimum of one case for each privilege requested.

Peripheral nerve and motor points block ___

Competency Requirement: Evidence of performing at least three (3) procedures over a two-year period.

Last Revised: 5/25/06; 10/30/2014

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical 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 Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____

DEPARTMENT CHAIR RECOMMENDATIONS

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

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO



Delineation Of Privileges

Physical Medicine and Rehabilitation

Provider Name:

Privilege	Requested	Tabled	Approved

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____