

## LIST OF CLINICAL PRIVILEGES – PHYSICAL MEDICINE & REHABILITATION

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience).

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT:**

**NAME OF MEDICAL FACILITY:**

**ADDRESS:**

I Scope		Requested	Verified
<b>P389711</b>	The scope of privileges in PM&R includes evaluation, diagnosis, treatment and provision of consultation and nonsurgical therapeutic treatments to inpatients and outpatients with physical impairments or disabilities involving neuromuscular, neurologic, cardiovascular, or musculoskeletal disorders. Privileges also include the physical examination of pain, weakness, and numbness (neuromuscular and musculoskeletal) using a diagnostic plan or prescription for treatment that may include the use of physical agents or other interventions and evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans.		
<b>P389711-con't</b>	Physiatrists may provide care to patients in the intensive care setting in accordance with MTF policies. Physiatrists may also assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy. Physiatrists may write prescriptions of prosthetics, orthotics, assistive devices, adaptive equipment, and functional home/vehicular modifications.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P389715</b>	Rehabilitation of amputees		
<b>P389717</b>	Rehabilitation of neuromuscular disorders		
<b>P389719</b>	Rehabilitation of musculoskeletal disorders		
<b>P389721</b>	Rehabilitation of traumatic brain injury		
<b>P389723</b>	Rehabilitation of spinal cord injury		
<b>P389725</b>	Rehabilitation of non-trauma central nervous system disorders		
<b>P389729</b>	HIV/AIDS rehabilitation		
<b>P389731</b>	Cancer rehabilitation		
<b>P389733</b>	Cardiopulmonary rehabilitation		
<b>P389735</b>	Burn rehabilitation		
<b>P389737</b>	Geriatric rehabilitation		
<b>P389739</b>	Pediatric rehabilitation		
<b>P389741</b>	Pain management, excluding interventional pain management procedures		
<b>P389743</b>	Rehabilitation of joints and connective tissue disorders		
<b>P389745</b>	Closed manipulation of joints		

LIST OF CLINICAL PRIVILEGES – PHYSICAL MEDICINE & REHABILITATION (CONTINUED)			
P389747	Hand and foot rehabilitation		
P389749	Spinal (neuraxis) manipulation		
P388731	Nerve conduction velocities		
P389753	Needle electromyography		
P389755	Neuromuscular junction studies		
P389757	Excitability studies		
P389759	Motor point blocks by injection of dilute neurolysis solution EMG needle technique		
P389761	Single fiber electromyography testing and interpretation		
P391279	Spasticity management		
P389230	Electrodiagnostic studies (electromyography and nerve conduction)		
<b>D&amp;M Advanced Privileges (Requires additional training)</b>		<b>Requested</b>	<b>Verified</b>
P389763	Major illnesses, injuries or conditions which do not have significant risk to life, such as in the provision of care for uncomplicated orthopedic, medical or neurological patients		
<b>Privileges</b>		<b>Requested</b>	<b>Verified</b>
P388359	Lumbar puncture		
P388380	Arthrocentesis		
P388382	Joint injection		
P389765	Soft tissue infiltration of steroids and local anesthetic mixture		
P389767	Nerve block		
P389701	Trigger point dry needling		
P389769	Trigger point spray and stretch technique		
P389771	Botox injections		
P388477	Wound care / debridement		
P389773	Percutaneous electrical nerve stimulation		
<b>Procedure Advanced Privileges (Requires additional training)</b>		<b>Requested</b>	<b>Verified</b>
P389775	Biofeedback, relaxation training		
P388415	Acupuncture in accordance with Service policy		
<b>Interventional pain management procedures</b>		<b>Requested</b>	<b>Verified</b>
P389777	Epidural steroid injection- caudal		
P389779	Epidural steroid injection- lumbar		
P389781	Epidural steroid injection- thoracic		
P389783	Epidural steroid injection- cervical		
P389785	Zygapophyseal joint injection		
P389787	Sacroiliac joint injection		
P389789	Medial branch block		
P389791	Radiofrequency neurotomy of zygapophyseal and sacroiliac joint innervation		
P389793	Percutaneous intradiscal procedures		
P389795	Discography		
P389797	Sympathetic nerve blocks (neck and lumbar spine)		
P389799	Spinal cord stimulator implantation		
P389801	Intrathecal pump management		
P391277	Baclofen intrathecal pump management		
<b>Evoked Potentials</b>		<b>Requested</b>	<b>Verified</b>
P389803	Intraoperative evoked potential monitoring and interpretation		
P388689	Visual evoked potentials testing and interpretation		

**LIST OF CLINICAL PRIVILEGES – PHYSICAL MEDICINE & REHABILITATION (CONTINUED)**

<b>P388693</b>	Brainstem auditory evoked response testing and interpretation		
<b>P388691</b>	Somatosensory evoked potentials testing and interpretation		
<b>Other (Facility- or Provider-Specific Privileges Only)</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

## II CLINICAL SUPERVISOR'S RECOMMENDATION

☐ RECOMMEND APPROVAL     
 ☐ RECOMMEND APPROVAL WITH MODIFICATION  
 (Specify below)     
 ☐ RECOMMEND DISAPPROVAL  
 (Specify below)

**STATEMENT:**

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE
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