

LIST OF CLINICAL PRIVILEGES – SPORTS MEDICINE

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:

Physicians requesting privileges in this specialty must also request privileges in their primary discipline.

I Scope		Requested	Verified
P389208	The scope of privileges for sports medicine includes the evaluation, diagnosis, treatment, provision of consultation and nonoperative management of patient of all ages with acute and chronic medical illnesses and injuries related to sports and exercise. Providers may apply basic nutritional principles to exercise and educate patients on the psychological aspects of exercise, performance, competition, physical fitness and healthy lifestyle. Sports Medicine physicians educate and monitor effects of performance-enhancing and mood-altering drugs.		
Diagnosis and Management (D&M)			
Privileges		Requested	Verified
P389210	Prescription of modalities, including hydrotherapy, ultraviolet and infrared light, microwave, short-wave and ultrasound diathermy, heat and cold modalities, electrical stimulation, transcutaneous electrical nerve stimulation, phonophoresis and iontophoresis		
P388341	Pulmonary function testing and interpretation		
Procedures		Requested	Verified
P389212	Local hematoma anesthetic block of a fractured bone		
P389214	Injection of epidural steroids		
P389216	Perform and interpret VO2 maximum uptake		
P389218	Perform and interpret Wingate testing		
P389220	Trigger Point therapy		
P389222	Isokinetic testing and Interpretation		
P389224	Musculoskeletal / Osteopathic Manipulation		
P389228	Ultrasound-guided procedures		
P389230	Electrodiagnostic studies (electromyography and nerve conduction)		
P389232	Musculoskeletal Extracorporeal Shock Wave Therapy		
P389234	Arthrogram		
P389236	Botulinum Toxin Injection Therapy for pain management		
P389238	Prolotherapy (traditional and biologic agents for regenerative effect)		

P388500	Reduction of simple closed fractures and dislocations		
P389240	Reduction of complex closed extremity fractures		
P389242	Compartment pressure testing, needle transducer		
P389244	Heat Tolerance testing		
P389246	Bone Marrow Aspiration - Non diagnostic		
P391125	Cardiac stress test		
P384998	Fluoroscopic guided procedures		
P387333	Regional nerve block anesthesia		
Procedure Advanced Privileges (Requires Additional Training)			
P389248	Echocardiography level 1		
P388166	Exercise stress echocardiography		
P389250	Ultrasound, musculoskeletal, diagnostic		
P388743	Muscle biopsy		
Other: Facility and Provider Specific Privileges		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II CLINICAL SUPERVISOR'S RECOMMENDATION		
<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)	<input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below)
STATEMENT:		
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE