

## 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 the Air Force.

**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 using the dropdown menu in each REQUESTED block for every privilege listed. This is to reflect your current capability.

**Save file on your H:/drive, Do Not save on G:/Drive.** 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, or 4 using ink OR the dropdown menus (if electronically) 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. (Clinical oversight of some allied health providers is required as defined in AFI 44-119.)

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

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 AFI 44-119

**NAME OF APPLICANT**

**NAME OF MEDICAL FACILITY**

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

I Scope		Requested	Verified
<b>P389208</b>	The scope of privileges for sports medicine includes the evaluation, diagnosis, treatment, provision of consultation and non-operative management of patients 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)		Requested	Verified
<b>P389210</b>	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		
<b>P388341</b>	Pulmonary function testing and interpretation		
Procedures		Requested	Verified
<b>P389212</b>	Local hematoma anesthetic block of a fractured bone		
<b>P389214</b>	Injection of epidural steroids		
<b>P389216</b>	Perform and interpret VO2 maximum uptake		
<b>P389218</b>	Perform and interpret Wingate testing		
<b>P389220</b>	Trigger Point therapy		
<b>P389222</b>	Isokinetic testing and Interpretation		
<b>P389224</b>	Musculoskeletal/Osteopathic Manipulation		
<b>P389228</b>	Ultrasound-guided procedures		
<b>P389230</b>	Electrodiagnostic studies (electromyography and nerve conduction)		
<b>P389232</b>	Musculoskeletal Extracorporeal Shock Wave Therapy		
<b>P389234</b>	Arthrogram		
<b>P389236</b>	Botulinum Toxin Injection Therapy for pain management		
<b>P389238</b>	Prolotherapy (traditional and biologic agents for regenerative effect)		
<b>P388500</b>	Reduction of simple closed fractures and dislocations		
<b>P389240</b>	Reduction of complex closed extremity fractures		
<b>P389242</b>	Compartment pressure testing, needle transducer		
<b>P389244</b>	Heat tolerance testing		
<b>P389246</b>	Bone Marrow Aspiration – non-diagnostic		



**LIST OF CLINICAL PRIVILEGES – SPORTS MEDICINE (CONTINUED)**

**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**