LIST OF CLINICAL PRIVILEGES – PHYSICAL THERAPY

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, date 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, date 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**
P389690	The scope of privileges in Physical Therapy involves the evaluation and treatment of patients recovering from injury or disease. Physical therapy practitioners provide these patients with services that restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities. Services include examination, evaluation, testing. Modalities may include manual therapy techniques to include mobilization, manipulation, and myofascial techniques; measuring strength; range of motion; balance and coordination; posture; muscle performance; respiration and motor function; therapeutic exercises; strength and conditioning training; injury prevention; and human performance optimization. Physical Therapists may see patients without a referral.		
Diagnosis and Management (D&M)		**Requested**	**Verified**
P389692	Order orthotics or braces		
P386000	Initiate, continue, and terminate temporary / limited duty profile in accordance with Service policy		
P389666	Order diagnostic laboratory studies in accordance with MTF policy		
P389664	Order imaging studies in accordance with MTF policy		
P386002	Place patients on quarters in accordance with Service policy		
P389662	Refer patients to other practitioners as appropriate		
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
Procedures		**Requested**	**Verified**
P389699	Electroneuromyographic testing		
P389701	Trigger point dry needling		
P389703	Aspiration and injection of joints		
P389705	Casting for spasticity, stabilization and/or redistribution of forces		
P389707	Early intervention pediatric therapy		
P389709	Neonatal physical therapy		

CLINICAL PRIVILEGES – PHYSICAL THERAPY (CONTINUED)			
Other (Facility or provider-specific privileges only):		**Requested**	**Verified**
APPLICANT SIGNATURE		**DATE**	

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