

LIST OF CLINICAL PRIVILEGES – OCCUPATIONAL 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
P389642	The scope of privileges in occupational therapy includes evaluation, diagnosis, treatment, education, and consultation for patients of all ages with neuromusculoskeletal, sensorimotor, psychosocial, visual, cognitive, and development dysfunction in the inpatient and outpatient settings in accordance with MTF policy. Occupational therapy practitioners conduct ergonomic work site evaluations and apply ergonomic principles to promote health and wellness and to improve functional performance.		
Diagnosis and Management (D&M)		Requested	Verified
P389644	Evaluate impact of mild concussive injuries, conduct appropriate functional screenings, and plan treatments directed toward developing, improving, or restoring daily work and living skills through adaptation or remediation in affected performance components		
P389646	Design therapeutic occupational-based programs to facilitate return-to-duty status based on functional screening in all performance components		
P389648	Conduct behavioral and cognitive rehabilitation that enhances communication, team building, motivation, and suicide prevention, as well as, decreasing misconduct stress behaviors		
P389650	Evaluate and treat vestibular, auditory, motor, and visual processing skills in order to maximize potential		
P389652	Assess patients' needs and train patients in the use of assistive technology that promotes functional performance		
P389654	Conduct unit and individual readiness, stress and morale surveys/assessments for prevention and management of combat stress casualties, provide consultation to commands regarding combat stress findings, and develop group and individual cognitive- and behavior-based treatments as appropriate		
P389656	Perform pediatric neurodevelopmental, cognitive and sensorimotor evaluation and therapy in early intervention and school-based populations		
P389658	Assess, measure and fit custom compression garments		
P389660	Perform physical agent modalities and basic biofeedback		
P389662	Refer patients to other practitioners as appropriate		
P389664	Order imaging studies in accordance with MTF policy		
P389666	Order diagnostic laboratory studies in accordance with MTF policy		
P386000	Initiate, continue, and terminate temporary/limited duty profile in accordance with Service policy		
P386002	Place patients on quarters in accordance with Service policy		

LIST OF CLINICAL PRIVILEGES – OCCUPATIONAL THERAPY (CONTINUED)			
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified
P389670	Perform infant and pediatric oral-motor assessment and treatment		
P389672	Perform traumatic event management (TEM) and assist in neuropsychiatric triage		
P389674	Train patients in the use of manual and myoelectric upper extremity prosthetics		
Procedures		Requested	Verified
P389676	Perform wound care: simple debridement, dressing management and suture removal		
P389678	Design, fabrication and application of basic, custom orthotic or splinting devices, and oversee prescribed use of Continuous Passive Motion devices, in treatment of musculoskeletal disorders		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P389682	Perform and interpret infant and pediatric swallowing studies		
P389684	Perform work site capacity evaluation or functional capacity evaluation and appropriate education		
P389686	Assist in closed reduction of routine fractures of the wrist and hand, and apply and remove casts as directed		
P389688	Perform extensive post-surgical rehabilitation to include complex wound care/debridement, polytrauma care, and complicated dynamic splinting		
P420425	Neonatal intensive care (NICU) therapy		
Other (Facility or provider-specific privileges only):		Requested	Verified
APPLICANT SIGNATURE		DATE	

CLINICAL PRIVILEGES – OCCUPATIONAL THERAPY (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