LIST OF CLINICAL PRIVILEGES - PHYSICAL MEDICINE & REHABILITATION (PM&R)

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 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, 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.

NAME OF APPLICANT

- 2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.
- 3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

NAME OF MEDICAL FACILITY

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 AFFLICANT		NAME OF MEDICAL FACILITY		
I Scope			Requested	Verified
P389711	The scope of privileges in PM&R includes evaluated of consultation and nonsurgical therapeutic treatments or disabilities involving neur or musculoskeletal disorders. Privileges also inclusive weakness, and numbness (neuromuscular and mor prescription for treatment that may include the interventions and evaluation, prescription, and su comprehensive rehabilitation goals and treatment patients in the intensive care setting in accordance also assess, stabilize, and determine the disposition in accordance with medical staff policy. Physiatris prosthetics, orthotics, assistive devices, adaptive home/vehicular modifications.			
Diagnosis and Management (D&M):		Requested	Verified	
P389715	Rehabilitation of amputees			
P389717	Rehabilitation of neuromuscular disorders			
P389719	Rehabilitation of musculoskeletal disorders	Rehabilitation of musculoskeletal disorders		
P389721	Rehabilitation of traumatic brain injury			
P389723	Rehabilitation of spinal cord injury			
P389725	Rehabilitation of non-trauma central nervous syst	Rehabilitation of non-trauma central nervous system disorders		
P389729	HIV/AIDS rehabilitation	HIV/AIDS rehabilitation		
P389731	Cancer rehabilitation			
P389733	Cardiopulmonary rehabilitation			
P389735	Burn rehabilitation			
P389737	Geriatric rehabilitation			
P389739	Pediatric rehabilitation	Pediatric rehabilitation		
P389741	Pain management, excluding interventional pain r	Pain management, excluding interventional pain management procedures		
P389743	Rehabilitation of joints and connective tissue diso	Rehabilitation of joints and connective tissue disorders		
P389745	Closed manipulation of joints			
P389747	Hand and foot rehabilitation	-		
P389749	Spinal (neuraxis) manipulation	-		
P388731	Nerve conduction velocities			
P389753	Needle electromyography			

LIST	OF CLINICAL PRIVILEGES - PHYSICAL MEDICINE & REHABILITATION (PM&	R) (CONTINU	IED)
Diagnosis and Management (D&M) (Cont.)			Verified
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)		
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified
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 Electrodiagnostic studies (electromyography and nerve conduction)		
Procedures:		Requested	Verified
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		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P389775	Biofeedback, relaxation training		
P388415	Acupuncture in accordance with Service policy		
	Interventional pain management procedures:	Requested	Verified
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		

LIST OF CLINICAL PRIVILEGES – PHYSICAL MEDICINE & REHABILITATION (PM&R) (CONTINUED)								
Procedure A	Requested	Verified						
	Evoked potentials:			Verified				
P389803	Intraoperative evoked potential monitoring and interpretation							
P388689	Visual evoked potentials testing and interpretation							
P388693	Brainstem auditory evoked respon	nse testing and interpretation						
P388691	P388691 Somatosensory evoked potentials testing and interpretation							
Other (Facility- or Provider-Specific Privileges Only):				Verified				
SIGNATURE OF APPLICANT			DATE	DATE				
II	CLINICAL	SUPERVISOR'S RECOMMENDATION						
STATEMEN	Γ:	/below) (S	DATE	OVAL				
CLINICAL SUPE	RVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE					