MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
PHYSICAL MEDICINE AND REHABILITATION

Your home for healthcare

Physician Name: _____

Physical Medicine and Rehabilitation Core Privileges
Qualifications
Minimum threshold criteria for requesting core privileges in PM&R:
- Basic education: MD or DO
- Minimal formal training: Successful completion of an ACGME- or AOA-accredited residency in PM&R (or a combined pediatric/PM&R or internal medicine/PM&R).

AND
- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in PM&R by the ABPMR or the AOBPMR. *(*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification).*

Required current experience:
- Provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 25 patients during the past 12 months or successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past 12 months.

References for New Applicants
If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment
Reappointment should be based on unbiased, objective results of care according to a hospital's quality improvement measure. To be eligible to renew privileges in PM&R, the applicant must have current demonstrated competence and an adequate volume of experience (50 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested ❑	Approved ❑	Not Approved ❑	The core privileges include but are not limited to:
Core Privileges: Core privileges for PM&R include the ability to admit, evaluate, diagnose, provide consultation to, and manage patients of all ages with physical and/or cognitive impairments and disability. Privileges also include the ability to diagnose and treat patients with painful or functionally limiting conditions, the management of comorbidities and coimpairments, the performance of diagnostic and therapeutic injection procedures, electrodiagnostic medicine, and the prevention of complications of disability from secondary conditions. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies, and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy			• Performance of history and physical exam • Anesthetic and/or motor blocks (e.g., peripheral nerve, myoneural junction, sympathetic chain/ganglia, caudal, facet nerve/joint, epidural [interlaminar and transforaminal], sacroiliac joint) • Arterial puncture • Arthrocentesis (both aspiration and injection [joints and bursae]) • Chemolysis (paralytic and nonparalytic; intramuscular, peripheral nerve, and cauda equina) • Impairment and disability evaluations • Ergonomic evaluations • Fitness-for-duty evaluations • Independent medical evaluations

regarding emergency and consultative call services.			• Interventional pain treatment, including intrathecal medication administration and electrical stimulation
			• Manipulation/mobilization (peripheral, spinal [direct/indirect], and cranial)
			• Routine nonprocedural medical care
			• Serial casting
			• Soft tissue injections, including ligament, tendon, sheath, muscle, fascial, prolotherapy
			• Work determination status
			• Performance and interpretation of:
			   o Electrodiagnosis, including EMG and nerve conduction studies
			   o Ergometric studies
			   o Gait laboratory studies
			   o Muscle/muscle motor point biopsies
			   o Small, intermediate, or major joint arthrogram
			   o Radiological and lab procedures, including fluoroscopy
			   o Work physiology testing, including treadmill and pulmonary EKG monitoring

Requested ❑	**Approved** ❑	**Not Approved** ❑	• Performance of history and physical exam • Evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans for spinal cord injuries and syndromes • Management of abnormalities and complications in other body systems resulting from spinal cord injury • Management of skin problems utilizing various techniques of prevention • Treatment, with appropriate consultation, of complications, such as deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and preexisting diseases • Recognition, diagnosis, and coordination of treatment for respiratory complications • Recognition, diagnosis, and treatment of orthostatic hypotension and other cardiovascular abnormalities • Spinal cord rehabilitation (including neuromuscular, genitourinary, and other advanced techniques) • Spinal immobilization
Privileges for PM&R also include the following procedures for *spinal cord injury medicine*:			
Requested ❑	**Approved** ❑	**Not Approved** ❑	**Criteria**
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.

Requested ❑	**Approved** ❑	**Not Approved** ❑	**Procedure**	**Criteria**
Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests in PM &R include:			❑ Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.

Requested ❑	Approved ❑	Not Approved ❑	Privilege/Criteria
Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			**Core** ❑ _____ ❑ _____ ❑ _____ ❑ _____ **Non-Core** ❑ _____ ❑ _____ ❑ _____ ❑ _____

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

_____   _____
Physician's Signature/Printed Name   Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

❑ Recommend all requested privileges
❑ Recommend privileges with the following conditions/modifications:
❑ Do not recommend the following requested privileges:

Privilege Condition/modification/explanation
Notes:
_____
_____

_____   _____
Department Chair/Chief Signature   Date