Physical Medicine & Rehabilitation KH

Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving and doubts related to qualification of requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
Membership	To be eligible to apply for core privileges in physical medicine and rehabilitation, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in physical medicine and rehabilitation.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	To be eligible to renew core privileges in physical medicine and rehabilitation, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 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 ability to perform privileges requested is required of all applicants for renewal of privileges.
Professional Practice Evaluation	All new clinical privileges granted are subject to focused professional practice evaluation as follows: Retrospective medical record review of Five (5) patient encounters

Core Privileges Physical Medicine & Rehabilitation

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request							***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHGM	KHDO	KHHM	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Admit, evaluate, diagnose, and provide consultation and nonsurgical therapeutic treatments to inpatients and outpatients of all ages with physical impairments or disabilities involving neuromuscular, neurologic, cardiovascular or musculoskeletal disorders. Physical examination of pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan or prescription for treatment that may include the use of physical agents or other interventions and evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
							Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
☐	☐	☐	☐	☐	☐	☐	Anesthetic and/or motor blocks
☐	☐	☐	☐	☐	☐	☐	Arthrocentesis and joint injection
☐	☐	☐	☐	☐	☐	☐	Autonomic testing
☐	☐	☐	☐	☐	☐	☐	Consultations and evaluations
☐	☐	☐	☐	☐	☐	☐	Disability evaluations
☐	☐	☐	☐	☐	☐	☐	Electromyography (EMG) (covered by exclusive contract)
☐	☐	☐	☐	☐	☐	☐	ENG
☐	☐	☐	☐	☐	☐	☐	Ergonomic evaluations
☐	☐	☐	☐	☐	☐	☐	Ergometric studies
☐	☐	☐	☐	☐	☐	☐	Fitness for duty evaluations
☐	☐	☐	☐	☐	☐	☐	Gait studies
☐	☐	☐	☐	☐	☐	☐	Independent medical evaluations
☐	☐	☐	☐	☐	☐	☐	Injections, including joint, ligament, neurolysis, nerve block, soft tissue and trigger point
☐	☐	☐	☐	☐	☐	☐	Inpatient consultation and evaluations (covered by an exclusive contract)
☐	☐	☐	☐	☐	☐	☐	Joint manipulation/mobilization
☐	☐	☐	☐	☐	☐	☐	Motor evoked patients
☐	☐	☐	☐	☐	☐	☐	Muscle/muscle motor point biopsies
☐	☐	☐	☐	☐	☐	☐	Perform history and physical exam
☐	☐	☐	☐	☐	☐	☐	Ultrasound guided carpal tunnel release

							Performance and interpretation of:
☐	☐	☐	☐	☐	☐	☐	Auditory evoked potential
☐	☐	☐	☐	☐	☐	☐	Diagnostic MSK Ultrasound
☐	☐	☐	☐	☐	☐	☐	Electrodiagnostic studies
☐	☐	☐	☐	☐	☐	☐	Electromyography with nerve conduction studies
☐	☐	☐	☐	☐	☐	☐	Radiologic interpretation of swallowing studies
☐	☐	☐	☐	☐	☐	☐	Routine nonprocedural medical care
☐	☐	☐	☐	☐	☐	☐	Small, intermediate or major joint arthrogram
☐	☐	☐	☐	☐	☐	☐	Somatosensory evoked patients
☐	☐	☐	☐	☐	☐	☐	Urodynamics
☐	☐	☐	☐	☐	☐	☐	Venipuncture
☐	☐	☐	☐	☐	☐	☐	Visual evoked patient
☐	☐	☐	☐	☐	☐	☐	Work physiology testing, treadmill, spirometry, radiographs, audiograms, pulmonary function tests (baseline) for respirator only interpretation

Administration of Sedation and Analgesia

Description: See Hospital Policy for Moderate Sedation

Qualifications	
Additional Qualifications	Successful completion of medical staff approved education and testing **AND** Successful completion of Advanced Cardiac Life Support (ACLS)/Advanced Trauma Life Support (ATLS) or airway management competency

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☐	☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
☐	☐	☐	☐	☐	☐	☐	Administration of Sedation and Analgesia

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital(s) and I understand that:

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

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature _____ Date _____

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

☐	Recommend all requested privileges
☐	Do not recommend any of the requested privileges
☐	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - Additional Comments

Department Chair Signature

Date

Submit