

Regions Hospital

Delineation of Privileges

Physical Medicine and Rehabilitation

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – General staff privileges in PM&R

Special privileges

- ✓ Electrodiagnostic procedures
- ✓ Nerve blocks
- ✓ Motor point blocks

Core procedure list

Signature page



CORE I — General staff privileges in PM&R

Privileges

Admit, evaluate, diagnose, provide consultation to, and manage patients with physical and/or cognitive impairments and disability. Includes the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of co-morbidities and co-impairments and the prevention of complications of disability from secondary conditions. May provide consultation to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills. This includes prescription of rehabilitative and restorative therapies,, durable medical equipment/prostheses/orthoses, and use of modalities.

Basic education and minimal formal training

1. MD, DO or MBBS, MB BCH.
2. Completion of an approved residency program in PM&R with the ACGME, AOA or Royal College of Physicians and Surgeons of Canada;
Or
Currently enrolled in an ACGME, AOA or Royal college of Physicians and Surgeons of Canada approved residency training program in PM&R.
3. Current certification -- or active participation in the examination process with achievement of certification within 5 years -- in PM&R by the relevant American Board of Medical Specialties or American Osteopathic Board.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for the person responsible for the applicant's residency training;
Or
Provide contact information for the PM&R department chief of another hospital with which applicant has been affiliated for the past two years.

Name: _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

2. Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.

Name: _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation of the provision of inpatient or consultation services (or clinical equivalent) to at least 40 patients in the last 24 months;
Or
Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.

| | |
|-------------------------|--------------|
| Name: _____ | Phone: _____ |
| Name of Facility: _____ | Fax: _____ |
| Address: _____ | Email: _____ |

Special Privileges in PM&R – select those that apply

| Privilege | |
|--|---|
| <input type="checkbox"/> | Electrodiagnostic procedures including nerve conduction and electromyography. |
| Basic education and minimal formal training | |
| <ol style="list-style-type: none"> 1. MD, DO or MBBS, MB BCH. 2. Completion of an approved residency program in PM&R with the ACGME, AOA or Royal College of Physicians and Surgeons of Canada. | |
| Required documentation and experience | |
| <p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of completion of an EMG fellowship or course in EMG; Or Provide statement of competency from Regions Hospital Medical Director of PM&R; or provide contact information for the PM&R department chief of another hospital with which applicant has been affiliated for the past two years Or Provide contact information for a residency director whom we may contact to attest to competency with EMG. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the performance of at least 20 EMG procedures in the past 24 months. | |

Special Privileges in PM&R (continued)

| Privilege |
|--|
| <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 30px; margin-right: 10px;"></div> <div>Nerve blocks</div> </div> |
| Basic education and minimal formal training |
| <ol style="list-style-type: none"> 1. MD, DO or MBBS, MB BCH. 2. Completion of an approved residency program in PM&R with the ACGME, AOA or Royal College of Physicians and Surgeons of Canada. |
| Required documentation and experience |
| <p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of completion of a course on nerve block; Or Provide statement of competency from Regions Hospital Medical Director of PM&R; or provide contact information for the PM&R department chief of another hospital with which applicant has been affiliated for the past two years Or Provide contact information for a residency director whom we may contact to attest to competency with nerve block. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Name _____</div> <div>Phone: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Name of Facility: _____</div> <div>Fax: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Address: _____</div> <div>Email: _____</div> </div> <p style="margin-top: 20px;">REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the performance of at least 20 nerve block procedures in the past 24 months. |

Special Privileges in PM&R (continued)

| Privilege | |
|---|--------------------|
| <input style="width: 40px; height: 20px;" type="checkbox"/> | Motor point blocks |
| Basic education and minimal formal training | |
| <ol style="list-style-type: none"> 1. MD, DO or MBBS, MB BCH. 2. Completion of an approved residency program in PM&R with the ACGME, AOA or Royal College of Physicians and Surgeons of Canada. | |
| Required documentation and experience | |
| <p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of completion of a course on motor point; Or Provide statement of competency from Regions Hospital Medical Director of PM&R; or provide contact information for the PM&R department chief of another hospital with which applicant has been affiliated for the past two years Or Provide contact information for a residency director whom we may contact to attest to competency with motor point. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the performance of at least 20 motor point procedures in the past 24 months. | |

Core Procedure List — Physical Medicine & Rehabilitation

To the applicant: If you wish to exclude any procedures, strike those you do not wish to/are not qualified to

This is not intended to be all-encompassing procedures list. It is reflective of the categories/types of procedures included in the core.

1. Performance of history and physical exam
2. Impairment and disability evaluations
3. Ergonomic evaluations
4. Fitness-for-duty evaluations
5. Independent medical evaluations
6. Routine nonprocedural medical care
7. Work determination status
8. Anesthetic and/or motor blocks (e.g., peripheral nerve, myoneural junction, sympathetic chain/ganglia, caudal, facet nerve/joint, epidural [interlaminar and transforaminal], sacroiliac joint)
9. Arthrocentesis (both aspiration and injection [joints and bursae])
10. Chemoneurolysis (paralytic and nonparalytic; intramuscular, peripheral nerve, and cauda equina)
11. Interventional pain treatment, including intrathecal medication administration and electrical stimulation
12. Manipulation/mobilization (peripheral, spinal [direct/indirect], and cranial)
13. Serial casting
14. Soft tissue injections, including ligament, tendon, sheath, muscle, fascial, prolotherapy, trigger point
15. Management of intrathecal Baclofen pumps
16. Prevention, recognition and management of local anesthetic overdose including airway management and recognition
17. Performance and interpretation of:
 - ✓ Ergometric studies
 - ✓ Gait laboratory studies
 - ✓ Muscle/muscle motor point biopsies
 - ✓ Small, intermediate or major joint arthrogram
 - ✓ Radiological and lab procedures, including fluoroscopy
 - ✓ Work physiology testing, including treadmill and pulmonary EKG monitoring
 - ✓ Joint or soft tissue ultrasound

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

☐ Recommend all requested privileges

☐ Recommend privileges with the following conditions/modifications:

☐ Do not recommend the following requested privileges

| Privilege | Condition / Modification / Explanation |
|-----------|--|
| 1. | |
| 2. | |
| 3. | |

Signature

Date