INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 08/21/2013

Applicant: Check off the "Requested" box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Clinical Service Chief: 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.

Other requirements:
Note that privileges granted may be exercised only at UNM SRMC and in 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.
Qualifications for Physical Medicine and Rehabilitation

To be eligible to apply for privileges in physical medicine and rehabilitation, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in physical medicine and rehabilitation (or a combined pediatric/physical medicine and rehabilitation or internal medicine/physical medicine residency).

AND

Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation.

Required previous experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient or consultative services, reflective of the scope of privileges requested 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.

Reappointment requirements: To be eligible to renew core privileges in orthopedic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competency and an adequate volume of experience (inpatient, outpatient or consultative services) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the 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.
Physical Medicine and Rehabilitation Core Privileges

Admit, evaluate, diagnose, provide consultation to, and manage patients of all ages with physical and/or cognitive impairments and disability. Includes the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and co-impairments, diagnostic and therapeutic injection procedures, electro-diagnostic medicine, and the prevention of complications of disability from secondary conditions.

May provide care 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.

☐ Requested

CORE PROCEDURES LIST

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

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

Physical Medicine and Rehabilitation
1. Performance of history and physical exam
2. Arterial puncture
3. Arthrocentesis (both aspiration and injection joints and bursae)
4. Impairment and disability evaluations
5. Ergonomic evaluations
6. Fitness-for-duty evaluations
7. Independent medical evaluations
8. Manipulation/mobilization (peripheral, spinal [direct/indirect], and cranial)
9. Routine nonprocedural medical care
10. Serial casting  
11. Soft tissue injections, including ligament, tendon, sheath, muscle, fascial, prolotherapy  
12. Work determination status  

Performance and interpretation of:  
1. Electrodagnosis, including electromyography and nerve conduction studies  
2. Ergometric studies  
3. Gait laboratory studies  
4. Muscle/muscle motor point biopsies  
5. Small, intermediate, or major joint arthrogram  
6. Work physiology testing, including treadmill and pulmonary EKG monitoring  

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<tr>
<th>Physical Medicine &amp; Rehabilitation Non-Core Privileges</th>
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<td>1. Anesthetic and/or motor blocks (e.g., peripheral nerve, myoneural junction, sympathetic chain/ganglia, caudal, facet nerve/joint, epidural interlaminar and transforaminal, sacroiliac joint)</td>
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<td>2. Chemolysis (paralytic and nonparalytic; intramuscular, peripheral nerve, and cauda equine)</td>
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<td>3. Interventional pain treatment, including intrathecal medication administration and electrical stimulation</td>
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<td>4. Radiological fluoroscopic procedures as approved by the Medical Director of Radiology</td>
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<td>5. Lab procedures as approved by the Medical Director of Pathology</td>
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Qualifications for Spinal Cord Injury Medicine Core Privileges

Initial privileges: To be eligible to apply for privileges in physical medicine and rehabilitation, the applicant must meet the following criteria:

Successful completion of an ACGME or AOA accredited residency in physical medicine and rehabilitation followed by an accredited fellowship in spinal cord injury medicine.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in spinal cord injury medicine by the American Board of Physical Medicine and Rehabilitation.

AND

Required current experience: Provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested an adequate volume of patients during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship in the past 12 months.

Renewal of privileges: To be eligible to renew privileges in physical medicine and rehabilitation, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience (inpatient, outpatient or consultative services) 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 ability to perform privileges requested is required of all applicants for renewal or privileges.
Spinal Cord Injury Medicine Core Privileges

Evaluate, diagnose, treat, provide consultation to, and manage patients of all ages with traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunction, including the prevention, diagnosis, and treatment of related medical, physical, psychological, and vocational disabilities and complications during the lifetime of the patient. May provide care 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.

☐ Requested

CORE PROCEDURES LIST

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

To the applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.
1. Performance of history and physical exam
2. Evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans for spinal cord injuries and syndromes
3. Management of abnormalities and complications in other body systems resulting from spinal cord injury
4. Management of skin problems utilizing various techniques of prevention
5. 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
6. Recognition, diagnosis, and coordination of treatment for respiratory complications
7. Recognition, diagnosis, and treatment of orthostatic hypotension and other cardiovascular abnormalities
8. Spinal cord rehabilitation (including neuromuscular, genito-urinary, and other advanced techniques)
9. Spinal immobilization

**Administration of Sedation and Analgesia privileges**

See hospital policy for sedation and analgesia by non-anesthesiologists.

☐ Check here to request Moderate Sedation privileges form (Separate form)
UNM SRMC
PHYSICAL MEDICINE & REHABILITATION CLINICAL PRIVILEGES

Name:
Effective Dates: ____________  To: ____________

Acknowledgment of Practitioner

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 UNM SRMC, 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. 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.

Signed ________________________________ Date _____________________

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges 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:

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<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes:
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Print Name ________________________________ Signature _____________________ Date _____________________

Clinical Service Chief or Designee Signature

Practice Area Code: SRMC-Rehab    Version Code: 04-2014a