

UNMH Physical Medicine and Rehabilitation Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective July 29, 2016:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

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.

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.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications 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:

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

1. 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 residency, or a combined internal medicine/physical medicine and rehabilitation residency; **AND**
2. Current certification in, 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; **AND**
3. Required current experience: Inpatient, outpatient, or consultative services for an acceptable volume of patients, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

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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 with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (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.

CORE PRIVILEGES: Physical Medicine and Rehabilitation

Admit, evaluate, diagnose, and provide consultation and management to patients of all ages with physical and 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, diagnostic and therapeutic injection procedures, electrodiagnostic medicine and emphasis on 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 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 listed below and such other procedures that are extensions of the same technique and skill.

Requested

Physical Medicine and Rehabilitation Core Procedures List

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

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

1. Performance of history and physical examination
2. Diagnostic and therapeutic injections at the axial and appendicular structures (peripheral nerve, myoneural junction, sympathetic chain/ganglia, facet nerve, epidural – interlaminar, transforaminal, caudal, intervertebral discs)
3. Arterial puncture
4. Diagnostic and therapeutic arthrocentesis at the axial and appendicular joint structures and related soft tissue, both aspiration and injection (joints, bursae)
5. Percutaneous neurolysis, paralytic and non-paralytic, including chemolysis (chemical agents e.g. phenol, and biologic agents e.g. botulinum toxin), and thermocoagulation – intramuscular, peripheral nerve, cauda equina
6. Impairment and disability evaluations
7. Ergonomic evaluations
8. Fitness for duty evaluations
9. Independent medical evaluations

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10. Manipulation/mobilization – peripheral/spinal – direct/indirect, cranial (to exclude high velocity, low amplitude thrust techniques to the cervical spine)
11. Routine non-procedural medical care
12. Serial casting
13. Diagnostic and therapeutic soft tissue injections, including ligament, tendon sheath, muscle, fascia, prolotherapy
14. Skin biopsy for nerve fiber density
15. Work determination status
16. Performance and interpretation of:
 - a. Electrodiagnosis – electromyography (EMG), nerve conduction studies
 - b. Ergometric studies
 - c. Gait laboratory studies
 - d. Muscle/muscle motor point biopsies
 - e. Small, intermediate, or major joint arthrogram
 - f. Radiological and lab procedures including fluoroscopy and ultrasound for diagnosis and needle guidance
 - g. Work physiology testing – treadmill and pulmonary ECG monitoring

QUALIFICATIONS FOR SPINAL CORD INJURY MEDICINE:

Initial Privileges: To be eligible to apply for privileges in spinal cord injury medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in physical medicine and rehabilitation, followed by an accredited fellowship in spinal cord injury medicine; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, spinal cord injury medicine by the American Board of Physical Medicine and Rehabilitation; **AND**
4. Required current experience: Inpatient, outpatient, or consultative services for an acceptable volume of patients, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in spinal cord injury medicine, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (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.

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CORE PRIVILEGES: Spinal Cord Injury Medicine

Evaluate, diagnose, treat, provide consultation and management of patients of all ages with traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunctions, including the prevention, diagnosis, and treatment of related medical, physical, psychological, and vocational disabilities and complications during the life of the patient. 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 listed below and such other procedures that are extensions of the same techniques and skills.

Requested

Spinal Cord Injury Medicine Core Procedures List

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

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

1. Performance of history and physical examination
2. Evaluation, prescription and supervision of medical and comprehensive rehabilitation goals and treatment plans for spinal cord injuries and syndromes
3. Manage abnormalities and complications in other body systems resulting from spinal cord injury
4. Manage skin problems utilizing various techniques of prevention
5. Treat, with appropriate consultation, complications such as deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and pre-existing diseases
6. Recognize, diagnose, and coordinate treatment for respiratory complications
7. Recognize, diagnose and treat orthostatic hypotension and other cardiovascular abnormalities
8. Spinal cord rehabilitation, including neuromuscular, genito-urinary and other advanced techniques
9. Spinal immobilization

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Acknowledgement of Practitioner

I have requested only those clinical 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 Hospitals and clinics. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on July 29, 2016