



Physical Medicine & Rehab Privileges
Department of Medicine

Name: _____
(Please print)

- Initial privileges (initial appointment)
Renewal of privileges (reappointment, on 2 year specialty cycles)
Modification of privileges (request for any additional privileges beyond those previously granted)

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/or current certification or active participation in the examination process (with achievement of certification within 5 years of training) leading to certification in PM&R by the ABPMR or the AOBPMR.

Required current experience: Provision of inpatient, outpatient, clinic or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months. Maintenance of Basic Life Support (BLS) at a minimum.

Table with 5 columns: Facility (Check ALL that are applicable to your request), Baroness*, Children's**, North, East, Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Physical Medicine & Rehabilitation 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 impairments, 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 conformance with unit policies, and may 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 Physical Medicine & Rehabilitation include the procedures listed below:
The core privileges in this specialty include the procedures on the following procedures

list and such other procedures that are extensions of the same techniques and skills:

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

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:

- Electrodiagnosis, including EMG and nerve conduction studies
- 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

Privileges for PM&R also include the following procedures for spinal cord injury medicine:

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 pre-existing 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

Special Non-Core Privileges in Physical Medicine & Rehabilitation:

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff guidelines governing the exercise of specific privileges.

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Administration of Moderate sedation and analgesia (see page 3 for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria
Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: _____

 Provider Signature

 Date

Chief Signature

Date

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