DELINEATION OF CLINICAL PRIVILEGES - PHYSICAL MEDICINE AND REHABILITATION

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

Uncomplicated illnesses or problems which have low risk to the patient such as routine health care in outpatient clinics. Residency training is not required but reasonable experience in the care of patient with these problems or in the performance of these procedures is required.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.

Major illness, injuries, condition, or procedures which do not have significant risk to life, such as in the provision of care for uncomplicated orthopedic, medical, or neurological patients. Requires at least significant graduate PM&R training or considerable documented experience in the care of these conditions or performance of these procedures.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.

Involves the general practice of Physical Medicine and Rehabilitation as a board eligible/certified physiatrist.

Requested	Approved	
		Category III clinical privileges
		a. Soft Tissue Injection with Local Anesthetic and/or Steroid
		b. Trigger Point Dry Needling
		c. Trigger Point Spray-and-Stretch Technique
		d. Joint Aspiration (Arthrocentesis) and Injection with Local Anesthetic and/or Steroid
		e. Electrodiagnosis (Consultation including Testing, Interpretation and Recommendations or Management)
		(1) Nerve Conduction Studies
		(2) Needle Electromyography
		(3) Neuromuscular Junction Studies
		(4) Excitability Studies
		(5) Motor Point Blocks by injection of Dilute Phenol Solution EMG needle technique
		f. Botulinum Toxin Injections
		g. Debridement of Wounds
		h. Prescription of:
		(1) Prostheses
		(2) Orthoses
		(3) Assistive Devices
		(4) Functional Home and Vehicular Modifications
		i. Pain Management (excluding Category IV interventions)
		j. Rehabilitation of Joints and Connective Tissue Disorders
		k. Closed Manipulation of Joints
		l. Hand and Foot Rehabilitation

Category III. *(Continued)*

Requested	Approved		Requested	Approved	
		m. Rehabilitation of:			o. Cancer Rehabilitation
		(1) Amputees			p. Cardiopulmonary Rehabilitation
		(2) Neuromuscular Disorders			q. Burn Rehabilitation
		(3) Musculoskeletal Disorders			r. Geriatric Rehabilitation
		(4) Traumatic Brain Injury			s. Pediatric Rehabilitation
		(5) Traumatic Spinal Cord Injury			
		(6) Non-trauma Central Nervous System Disorders			
		n. HIV/AIDS Rehabilitation			

Category IV. Includes Categories I, II, and III.

Requires supplemental training, elective CME program(s) and/or fellowship, beyond the customary requirements of Physical Medicine & Rehabilitation residency.

Requested	Approved		Requested	Approved	
		Category IV clinical privileges			(a) Lumbar
		a. Acupuncture			(b) Thoracic
		b. Percutaneous Electrical Stimulation			(c) Cervical
		c. Muscle Biopsy			(2) Intradiscal Electrothermal Annuloplasty
		d. Interventional Pain Management Procedures			(3) Vertebroplasty
		(1) Epidural Steroid Injection *(Specify)*			(4) Interventional Sympathetic Blockade
		(a) Caudal			f. Spinal (neuraxis) Manipulation
		(b) Lumbar			g. Intraoperative Evoked Potential Monitoring and Interpretation
		(c) Thoracic			h. Visual Evoked Potentials Testing and Interpretation
		(d) Cervical			
		(2) Zygapophyseal Joint Injection			i. Brainstem Auditory Evoked Response Testing and Interpretation
		(3) Sacroiliac Joint Injection			j. Somatosensory Evoked Potentials Testing and Interpretation
		(4) Medial Branch Block			
		(5) Radiofrequency Neurotomy of Zygapophyseal and Sacroiliac Joint Innervation			k. Single Fiber Electromyography Testing and Interpretation
		e. Joint Procedures			
		(1) Discography *(Specify)*			

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - PHYSICAL MEDICINE AND REHABILITATION

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	a. Soft Tissue Injection with Local Anesthetic and/or Steroid			
	b. Trigger Point Dry Needling			
	c. Trigger Point Spray-and-Stretch Technique			
	d. Joint Aspiration (Arthrocentesis) and Injection with Local Anesthetic and/or Steroid			
	e. Electrodiagnosis (Consultation including Testing, Interpretation and Recommendations or Management)			
	(1) Nerve Conduction Studies			
	(2) Needle Electromyography			
	(3) Neuromuscular Junction Studies			
	(4) Excitability Studies			
	(5) Motor Point Blocks by injection of Dilute Phenol Solution EMG needle technique			
	f. Botulinum Toxin Injections			
	g. Debridement of Wounds			
	h. Prescription of:			
	(1) Prostheses			
	(2) Orthoses			
	(3) Assistive Devices			
	(4) Functional Home and Vehicular Modifications			
	i. Pain Management (excluding Category IV interventions)			
	j. Rehabilitation of Joints and Connective Tissue Disorders			
	k. Closed Manipulation of Joints			
	l. Hand and Foot Rehabilitation			
	m. Rehabilitation of:			
	(1) Amputees			
	(2) Neuromuscular Disorders			
	(3) Musculoskeletal Disorders			
	(4) Traumatic Brain Injury			
	(5) Traumatic Spinal Cord Injury			
	(6) Non-trauma Central Nervous System Disorders			
	n. HIV/AIDS Rehabilitation			
	o. Cancer Rehabilitation			
	p. Cardiopulmonary Rehabilitation			
	q. Burn Rehabilitation			

CODE	PRIVILEGE CATEGORY *(Continued)*	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	r. Geriatric Rehabilitation			
	s. Pediatric Rehabilitation			
	Category IV clinical privileges			
	a. Acupuncture			
	b. Percutaneous Electrical Stimulation			
	c. Muscle Biopsy			
	d. Interventional Pain Management Procedures			
	(1) Epidural Steroid Injection *(Specify)*			
	(a) Caudal			
	(b) Lumbar			
	(c) Thoracic			
	(d) Cervical			
	(2) Zygapophyseal Joint Injection			
	(3) Sacroiliac Joint Injection			
	(4) Medial Branch Block			
	(5) Radiofrequency Neurotomy of Zygapophyseal and Sacroiliac Joint Innervation			
	e. Joint Procedures			
	(1) Discography *(Specify)*			
	(a) Lumbar			
	(b) Thoracic			
	(c) Cervical			
	(2) Intradiscal Electrothermal Annuloplasty			
	(3) Vertebroplasty			
	(4) Interventional Sympathetic Blockade			
	f. Spinal (neuraxis) Manipulation			
	g. Intraoperative Evoked Potential Monitoring and Interpretation			
	h. Visual Evoked Potentials Testing and Interpretation			
	i. Brainstem Auditory Evoked Response Testing and Interpretation			
	j. Somatosensory Evoked Potentials Testing and Interpretation			
	k. Single Fiber Electromyography Testing and Interpretation			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*