

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

PHYSICAL MEDICINE AND REHABILITATION CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 4/3/2013.

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.

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 on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or 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 and/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 governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PHYSICAL MEDICINE AND REHABILITATION

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

Current specialty certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in physical medicine and rehabilitation and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate a sufficient volume of experience, with the majority of clinical activity for the provision of inpatient, outpatient or consultative physical and medicine rehabilitative services, reflective of the scope of privileges requested during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

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Reappointment Requirements: To be eligible to renew core privileges in physical medicine and rehabilitation, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and that the majority of their clinical activity was for the provision of inpatient, outpatient or consultative physical and medicine rehabilitative services, reflective of the scope of privileges requested, for the past 24 months with acceptable results 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. Medical Staff members whose board certificates in physical medicine and rehabilitation bear an expiration date shall successfully complete recertification no later than three (3) years following such date. In addition, continuing education related to physical medicine and rehabilitation is required. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, and provide consultation and nonsurgical therapeutic treatments to inpatients and outpatients of all ages, with physical impairments and/or disabilities involving neuromuscular, neurologic, cardiovascular or musculoskeletal disorders. Includes treatment of uncomplicated cardiovascular, gastrointestinal, genitourinary and respiratory tract disease and uncomplicated skin programs (e.g. pressure ulcers and abscesses). Physical examination of pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan and/or prescription for treatment that may include the use of physical agents and/or other interventions; and evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans. 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 on the attached procedure list.

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SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

BACLOFEN PUMP MANAGEMENT

Requested

Criteria: Successful completion of an ACGME or AOA postgraduate training program that included training in Baclofen pump management (Applicant must have managed a sufficient number of Baclofen pumps in training,) OR successful completion of a CME course that results in certification for Baclofen pump management.

Required Previous Experience: Demonstrated current competence and evidence of the management of a sufficient number of Baclofen pumps in the past 24 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the management of a sufficient number of Baclofen pumps in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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CORE PROCEDURE LIST

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

Physical Medicine and Rehabilitation

- Anesthetic and/or motor blocks
- Application of orthotic materials
- Arthrocentesis and joint injection
- Biofeedback, relaxation training
- Disability evaluations
- Ergonomic evaluations
- Fitness for duty evaluations
- Independent medical evaluations
- Injury prevention and wellness
- Joint manipulation/mobilization
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Prescription of physiatrist modalities including hydrotherapy, ultraviolet and infrared light, microwave, shortwave and ultrasound diathermy heat and cold modalities, electrical stimulation, and transcutaneous electrical nerve stimulation
- Prescription of orthotics, prosthetics, wheelchairs, and adaptive equipment
- Routine non-procedural medical care
- Injections, including joint, ligament, neurolysis, nerve block, soft tissue, trigger point, and Botulinum toxin
- Venipuncture

Performance and interpretation of:

- Electromyography (EMG)
- Ergometric studies
- Gait studies

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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 for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, 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** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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. _____	_____
4. _____	_____

Notes

Department Chair Signature _____ **Date** _____

Reviewed:

Revised:
2/3/2010, 5/5/2010, 6/2/2010, 10/5/2011, 12/16/2011, 4/3/2013