

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 <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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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	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

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 I clinical privileges
Category II. Includes Category I.		
Major illness, injuries, conditions, 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 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
		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 <i>(Specify)</i>	(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	i. Brainstem Auditory Evoked Response Testing and Interpretation
		(2) Zygapophyseal Joint Injection	j. Somatosensory Evoked Potentials Testing and Interpretation
		(3) Sacroiliac Joint Injection	k. Single Fiber Electromyography Testing and Interpretation
		(4) Medial Branch Block	
		(5) Radiofrequency Neurotomy of Zygapophyseal and Sacroiliac Joint Innervation	
		e. Joint Procedures	
		(1) Discography <i>(Specify)</i>	

COMMENTS

Large empty rectangular area for entering 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/FUNCTION RECOMMENDATION

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE *(YYYYMMDD)*