

AAPM&R Delineation of Privileges for Physiatrists

The purpose of this document is to serve as a guide and facilitate the process of physiatrists (also known as physical medicine and rehabilitation [PM&R] specialists) requesting and institutions granting privileges on procedures frequently performed by PM&R specialists. This document lists procedures that demand special degrees of skill, competence and specialized training in PM&R. The intent of this document is not to be all-inclusive but rather be an outline of the training parameters, skills and experience physiatrists have acquired and developed in ACGME-accredited residency training programs, and in some cases postgraduate (i.e., fellowship) training. It is important to note that while this document provides an outline of the possible areas of practice for physiatry, not all PM&R physicians perform or are trained in all of the procedures listed below. Therefore, appropriate measures of credentialing should be verified to ensure that attributes of competency, experience, and qualifications are in place when requesting specific privileges.

This document provides details of the areas of expertise that a PM&R specialist has beyond the basic qualifications as a licensed physician. It is important to note that this document is subject to revision from time to time as warranted by the evolution, technological changes and practice patterns of PM&R.

Patient Evaluation:

Physiatrists specialize in the evaluation, diagnosis and treatment of patients of all ages with functional impairments, painful conditions and/or cognitive impairments related to the central and peripheral nervous system, cardiopulmonary and peripheral vascular systems and musculoskeletal systems. These conditions include but are not limited to degenerative, developmental, acquired and traumatic conditions of the brain, spine and spinal cord; peripheral joints, bones and soft tissues; and trunk and limbs. Patients diagnosed and treated by physiatrists may have orthopedic, neurologic, rheumatologic, oncologic, vascular, industrial/occupational, cardiovascular, pulmonary or sports-related conditions.

Therefore, PM&R Specialists are able to:

- A. Determine the existence of neurological, neuromuscular, cardiopulmonary and musculoskeletal conditions that present with pain, weakness, altered sensation or loss of function.
- B. Assess the extent of injury or disease and its impact on functional abilities.
- C. Determine the level and extent of impairment/disability and its effect on the quality of life for patients of all ages.
- D. Prescribe treatment and rehabilitation strategies to facilitate recovery and/or maximize function.



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The following represents a more detailed delineation of the medical conditions that fall under the physiatrist's purview:

Central Nervous System Disorders

Including but not limited to the following:

- Stroke syndromes
- Central nervous system degenerative diseases and tumors
- Cranial nerve palsies and brainstem syndromes
- Cerebral palsy and developmental disabilities
- Cognitive disorders
- Traumatic brain and/or head injury.
- Other acquired brain disorders
- Sports concussions
- Spinal cord injuries and syndromes
- Multiple sclerosis
- Spasticity and hypotonia
- Spina bifida and/or myelomeningocele
- Movement disorders including dystonia, myoclonus, tremors, etc
- Congenital or acquired Torticollis
- Paralysis including conversion disorders
- Gait and other disorders of mobility
- Ataxia and disorders of equilibrium
- Communication and cognitive disorders including aphasia, dysarthria and apraxia
- Swallowing disorders including dysphagia
- Visual and hearing impairments
- "Locked-In" syndrome
- Sleep disorders

Musculoskeletal Disorders

Including but not limited to the following:

- Congenital and developmental disorders of the spine and extremities
- Acute and chronic cervical, thoracic, lumbar and sacral spinal conditions
- Arthritis, connective tissue diseases, acute or chronic, and other related rheumatologic conditions
- Injuries and illnesses related to participation in sports/recreational/fitness activities, performing arts, and occupational-related activities
- Other sports medicine conditions including exercise and fitness training
- Osteoporosis and other metabolic bone diseases
- Headaches, facial and/or cranial pain
- Repetitive use and overuse disorders
- Chronic pain associated with musculoskeletal disorders



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- Fibromyalgia and other pain processing disorders
- Myofascial pain
- Pelvic pain
- Musculoskeletal trunk or abdominal pain
- Immediate and post-fracture care
- Sprains, strains, tendonitis and other soft tissue injuries
- Joint pain or injuries

Neuromuscular Disorders

Including but not limited to the following:

- Peripheral nerve disorders including: neuropathies, radiculopathies, entrapment neuropathies (e.g. carpal tunnel syndrome), plexopathies (e.g. brachial and lumbosacral)
- Acute and chronic demyelinating disorders (e.g. Guillian Barre Syndrome and chronic inflammatory demyelinating polyneuropathy)
- Motor neuron diseases including amyotrophic lateral sclerosis and other anterior horn cell diseases
- Adult and childhood myopathies and myositis
- Leukodystrophy, phenylketonuria
- Neuromuscular transmission disorders including myasthenia gravis, Eaton-Lambert syndrome and others
- Acute poliomyelitis and post-polio syndrome
- Post herpetic neuralgia
- Chronic pain associated with neuromuscular disorders
- Complex regional pain syndrome (CRPS) and other central pain syndromes
- Spinal muscular atrophy

Medical Rehabilitation

Including but not limited to the following:

- Cancer related disorders, impairments, and functional limitations
- Amputation rehabilitation (both congenital and acquired) including prosthetic prescription and management
- Phantom pain
- Burn injury rehabilitation
- Multiple trauma rehabilitation
- Wound management, including pressure (decubitus) ulcers
- Cardiac/circulatory diseases
- Peripheral vascular disorders (venous and arterial)
- Pulmonary disorders
- Geriatric disorders



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- Reconditioning, poor endurance, and general debilitation
- Post organ transplantation rehabilitation
- Medically complex patients with disability
- Addiction medicine

PM&R Physicians as Medical Directors

Physiatrists have unique training that qualifies them to excel in leadership positions. PM&R physicians are the most qualified specialists to lead the team of medical professionals and rehabilitation therapists involved in a patient's rehabilitative care. Therefore, they are uniquely positioned to provide direction in the following areas:

- Physical medicine and rehabilitation department supervision
- Post Acute Rehabilitation unit administration and medical direction including administration and medical direction of comprehensive pain and functional restoration programs
- Medical direction for allied health rehabilitation specialists including physical therapy, speech language pathology, occupational therapy, vocational rehabilitation and counseling.

PM&R specialists are qualified to perform:

Diagnostic Assessments (including but not limited to the following):

- Routine physical examination and assessment
 - Laboratory procedures and interpretation
 - Routine medical procedures such as lumbar, arterial and venipuncture
 - Comprehensive musculoskeletal and neurologic assessments including manual muscle and range of motion evaluations as well as sensory and coordination testing
 - Rehabilitation potential determination
 - Rehabilitation placement propriety and determination of appropriate level of care to meet patient functional needs
 - Determination of qualification for comprehensive inpatient rehabilitation,
 - Determination of outpatient rehabilitation
 - Qualification determination for comprehensive inpatient, subacute, home and outpatient rehabilitation
 - Determination of sub acute rehabilitation
 - Determination of home rehabilitation
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- Prescription/administration/supervision of rehabilitation therapies including physical therapy, occupational therapy, speech/language pathology, massage, therapeutic exercise, (pre)vocational and rehabilitation services, exercise training and other restorative therapies



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- Neurophysiologic and electrodiagnostic studies-performance and interpretation:
 - Electromyography (EMG)
 - Nerve conduction studies (NCS)
 - Special procedures (e.g. repetitive stimulation, single fiber EMG)
 - Somatosensory evoked potentials (including intraoperative)
 - Other evoked potential studies-auditory, visual, motor
- Evaluation and prescription of durable medical equipment including manual and power wheelchairs
- Work determination status (e.g. impairment and disability evaluation, work hardening and work simulation program direction)
- Ergonomic evaluations
- Gait laboratory direction and studies
- Prescription and evaluation of prosthetics and orthotics
- Interpretation of radiological imaging including x-ray, MRI, CT, bone scan, arthrography and others
- Use of ultrasound for diagnostic procedures
- Performance and interpretation of urodynamic studies
 - Cystometrograms
 - Sphincter and pelvic floor EMG
 - Urethral pressure profile
 - Uroflow
- Performance and interpretation of peripheral vascular studies including sonography
- Work physiology testing: treadmill and pulmonary ECG monitoring
- Dysphagia studies (performance of fiberoptic endoscopic evaluation of swallowing [FEES])

Treatment including Interventional Procedures (including but not limited to the following):

- Routine non-procedural medical care
- Routine primary care procedures
- Prescription of medication
- Basic and Advanced cardiac life support
- Fluoroscopic and sonographic interventional procedures
- Diagnostic and interventional musculoskeletal ultrasound
- Soft tissue injections
 - Ligaments
 - Tendons
 - Muscles and fascia including trigger point injections
 - Bursa
- Peripheral joint injections (and aspiration) -small, intermediate, major joints
- Spinal interventional procedures (cervical, thoracic, lumbosacral)
 - Epidural injections (caudal, interlaminar, transforaminal)
 - Zygapophysial (“facet”) joint injections and medial branch nerve blocks



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- Sacroiliac joint injections
 - Provocation discography
 - Percutaneous spinal cord stimulation/implantation
 - Intrathecal pump trial and placement
 - Radiofrequency ablation of zygapophysial joint nerves
- Prolotherapy
- Platelet rich plasma injection
- Anesthetic, neurolytic, Chemodenervating and therapeutic injections of:
 - Peripheral nerves
 - Myoneural junction
 - Sympathetic ganglia
- Botulinum toxin injections for pain
- Interventional pain treatment including intrathecal medication administration and electrical stimulation (surface and implantable).
- Interventional treatment of spasticity, sialorrhea and hyperhidrosis including botulinum toxin injection and implantation and management of intrathecal pumps.
- Manipulation/mobilization
 - Peripheral
 - Spinal
 - Craniosacral
 - Direct
 - Indirect
- Serial casting and splinting
- Muscle/muscle motor point biopsies
- Skin biopsies for small fiber neuropathies
- Acupuncture and dry needling
- Hyperbaric oxygen treatments
- Hydrology
- Rehabilitation research

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