

# Clinical Privileges Request Form for Physical Medicine and Rehabilitation Physicians

## SAMPLE DOCUMENT

The following document has been developed by the American Academy of Physical Medicine and Rehabilitation, AAPMR to serve as a tool for physiatrists (also known as physical medicine and rehabilitation [PM&R] specialists) and institutions to facilitate the credentialing and privileging process for PM&R Physicians.

This document is a sample document, intended to serve as a guide and may be changed or modified by individual facilities to fit specific needs. This document can be used alone or it may be jointly associated with the AAPMR's Suggested Delineation of Privileges document which provides an outline of diagnostic and procedural skills and techniques acquired by PM&R specialists during training.

**APPLICANT'S NAME** (please print): \_\_\_\_\_

### PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES

#### QUALIFICATIONS:

**BASIC EDUCATION:** M.D. or D.O.

**TRAINING:** Successful completion of a residency program in physical medicine and rehabilitation accredited by the Accreditation Council for Graduate Medical Education (ACGME) or approved by the American Osteopathic Association (AOA).

**EXPERIENCE:** Demonstration of sufficient numbers of inpatient or consultative PM&R services and procedures in the past 12 months. (Completion of Residency satisfies this requirement)

Non-recent graduates will provide profile of clinical activity for the past 12 months or documentation of hospital based clinical activity for the past 12 months in primary hospital settings where they trained and/or were granted privileges.

**CERTIFICATION:** Within five years of completion of an approved residency the individual should achieve certification in Physical Medicine and Rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation.



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**CORE PRIVILEGES:** These consist of Privileges to admit, evaluate, diagnose, consult, and provide nonsurgical therapeutic treatments and rehabilitation to inpatients and outpatients of all ages with general medical conditions, central nervous system, neuromuscular, cardiopulmonary, vascular, oncologic, or musculoskeletal disorders, except for those special procedure privileges listed below.

**CORE PRIVILEGES INCLUDE:** Comprehensive assessment and recommendation of a diagnostic plan and/or prescription for treatment that may include the use of physical agents (i.e. modalities) and/or other medical interventions; comprehensive evaluation, prescription, and supervision of medical rehabilitation treatment and establishment of goals. This includes ordering physical, occupational, and speech/language therapies; prosthetics, orthotics, ambulatory aids, and home equipment. Core privileges also include peripheral joint injections, trigger point injections, peripheral nerve injections, neuromuscular botulinum toxin injections, motor point blocks, and electrodiagnostic studies, tendon sheath injections and bursae injections. Core privileges do not include fluoroscopically guided spinal injections and other fellowship level or certification required procedures (see list below).

**SPECIAL PRIVILEGES (See qualifications and/or specific criteria):**

To be eligible for special procedure privileges listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other training after residency or fellowship experience. The applicant must provide documentation of competency to perform these procedures. The criteria for determination of competency will be consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

**ADVANCED PROCEDURES**

PRIVILEGE	REQUESTED	RECOMMENDED	NOT RECOMMENDED
Fluoroscopically guided spinal injections			
Interlaminar injections			
Transforaminal injections			
Caudal injections			

Facet nerve(medial branch) blocks			
Facet joint (intra-articular) injections			
Radiofrequency ablation procedures			
Selective spinal nerve blocks			
Discography			
Percutaneous disc decompression			
Sympathetic blocks			
IDET			
Epidural lysis of adhesions			
Plexus blockade			
Intercostal nerve blocks			
Muscle biopsies			
Skin biopsies			
Medical acupuncture			
Autonomic nerve system function testing			
Musculoskeletal ultrasound			
A. Diagnostic			
B. Guided injections			
Lumbar punctures			
Percutaneous spinal cord stimulator trials and management			
Percutaneous spinal cord stimulator			



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implantation			
Intrathecal pump trials and management			
Intrathecal pump implantation			
Botulinum toxin administration			
Fluoroscopically/CT guided Joint arthrography			
<b>Other</b>			

#### REAPPOINTMENT:

- Reappointment should be based on unbiased, objective results of care according to the existing quality assurance mechanism.
- Reappointment should also be based on supportive documentation provided from peers, including practitioners in the specialty of PM&R.
- Applicants must demonstrate their maintained competence with evidence that they provided PM&R inpatient and/or outpatient and/or consultative services upon request.
- (Fill in with requisite state/institution hours)CME hours per year required.

#### ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

#### Department Chief's Recommendations:

I have reviewed the requested clinical privileges and supported documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

AAPM&R BOG Approved  
5/2011



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