

General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges
Specialty of Physical Medicine & Rehabilitation**

Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
Physical Medicine & Rehabilitation Core	Current board certification in Physical Medicine & Rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Physical Medicine & Rehabilitation OR Successful completion of an ACGME or AOA accredited post-graduate training program in Physical Medicine & Rehabilitation and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases
<i>Performance and Interpretation of single fiber electromyography</i>	Successful completion of an ACGME- or AOA-accredited training program in physical medicine and rehabilitation OR An accredited fellowship program in clinical neurophysiology OR An ACGME accredited electrodiagnostic medicine preceptorship.	Case log documenting the performance of at least 200 EMG procedures within the previous 12 months	FPPE: First 5 cases Case log documenting the performance of at least 200 EMG procedures within the previous 24 months
<i>Fluoroscopic Guided Injection Procedures</i>	Completion of an accredited course in fluoroscopic guided injection procedures, which includes didactic and laboratory training. Completion of the following: <ul style="list-style-type: none"> • 50 Category 1 CME hours • 100 Category 2 hours related to the procedures, or 200 Category 2 hours. 	Case log documenting the performance of at least 50 procedures under supervision (Proctor evaluation required)	FPPE: First 5 cases Case log documenting the performance of at least 50 procedures within the previous 24 months

Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

Physical Medicine & Rehabilitation Core Privilege:

Admit, evaluate, diagnose, and provide consultation and non-surgical therapeutic treatments to inpatients and outpatients of all ages, except as specifically excluded from practice, with physical impairments and/or disabilities involving neuromuscular, neurologic, cardiovascular, or musculoskeletal disorders to include 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, routine nonprocedural medical care, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- venipuncture
- arthrocentesis, both aspiration and injection
- joint manipulation/mobilization
- soft tissue injection
- Alternative pain therapies
- Behavioral modification and feedback
- Epidural and subarachnoid injections
- Epidural, subarachnoid or peripheral neurolysis
- Refilling of implanted epidural and intrathecal catheters, ports and infusion pumps
- Isokinetic testing
- Joint and bursal sac injection
- Management of local anesthetic overdose, including airway management and resuscitation and management of therapies, side effects, and complications of pharmacologic agents used in pain management
- Modality therapy and physical therapy, occupational therapy, and speech therapy
- Peripheral nerve blocks
- Peripheral neurectomy and neurolysis
- Rehabilitative and restorative therapies
- Stress management and relaxation techniques
- Sympathectomy techniques
- Motor blocks to include lytic nerve and lytic motor point blocks.
- facet joint arthrogram
- small, intermediate, or major joint arthrogram
- gait laboratory studies
- ergometric studies
- nerve conduction studies
- EMG
- somatosensory evoked potential studies



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Special Privileges:

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation:

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification



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**Delineation of Clinical Privileges
Specialty of Physical Medicine & Rehabilitation**

Physical Medicine & Rehabilitation Clinical Privileges

Check below the particular privileges desired in Physical Medicine & Rehabilitation for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities			
	Neonates (0 - 28 days)	Infants (29 days – 2 Years)	Children & Adolescents (2 - 18 years)	Adults & Adolescents (13 & Above)
Physical Medicine & Rehabilitation Core				
Special				
Performance and Interpretation of single fiber electromyography				
Fluoroscopic Guided Injection Procedures				
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.			
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.				

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name