EVALUATION OF CLINICAL PRIVILEGES - OCCUPATIONAL THERAPY For use of this form, see AR 40-68; the proponent agency is OTSG.								
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)						
		FROM	TO					
4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)							

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/ applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLI
	Category I clinical privileges	ACCEI TABLE	ACCEL TABLE	ALLECABLE
	a. Administer and interpret functional independence measures			
	b. Conduct work capacity evaluations			
	c. Kohlman Evaluation of Living Skills			
	d. Allen's Cognitive Levels			
	e. Conduct problem identification assessments, design and provide remedial living skills training for psychiatric patients			
	f. Conduct neurorehabilitation sensorimotor treatment procedures			
	g. Perform interventions directed toward developing, improving, or restoring daily living skills, work readiness, work performance, or leisure capacities			
	h. Conduct individual and group behavioral/cognitive treatment			
	i. Establish and/or coordinate work therapy programs to promote functional performance			
	j. Train in the use of manual and myoelectric upper extremity prosthetics			
	k. Assess the need for, design, fabricate, and fit temporary orthotic devices			
	I. Use continuous passive motion devices in treatment of musculoskeletal disorders			
	m. Conduct ergonomic work site evaluations			
	 Identify ergonomic mismatches between human capabilities and limitations and job/military occupation requirements and recommend corrective/preventive interventions 			
	o. Apply ergonomic principles to promote health and wellness, and to improve functional performance			
	p. Use electrical biofeedback (transcutaneous EMG, temperature, and galvanic skin resistance) in the treatment of neuromuscular and psychological stress disorders			
	q. Perform wound care, dressing management, and suture removal			
	r. Conduct iontophoresis, or electrical stimulation treatments			
	s. Assess, treat, educate, and/or consult with the individual, family, or other persons/groups to promote health and wellness and to improve function			
	t. Assess the need for and train in the use of assistive technology that promotes functional performance			
	u. Conduct infant and pediatric developmental evaluations and treatment			
	COMBAT STRESS			
	a. Administer and interpret functional independence measures			

CODE	COMBAT STRESS (Ca	ontinued)	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	c. Provide command consultation on the prevention				
	stress casualties by assessing: soldier and unit skills, and the ability of each to adapt, as well				
	garrison and while deployed for potential risk fa				
	work-related dysfunction				
	d. Conduct unit stress and morale surveys and pro- recommendations to command staff	ovide consultation and			
	e. Provide interventions that enhance communica and prevent suicide and misconduct stress beh				
	f. Design therapeutic occupational activity progra	ms			
	Category II clinical privileges				
	Conduct evaluation procedures to diagnose, reforminor upper extremity neuromusculoskeleta				
	b. Request routine laboratory, radiographic, and e upper extremity	lectrodiagnostic studies of the			
	c. Order bone scans, arthrograms, CT, and MRI				
	d. Assist in closed reduction of routine fractures of	of the wrist and hand			
	e. Apply and remove casts, as directed				
	f. Use physical agent modalities to include: ice, h therapy in the treatment of musculoskeletal dis				
	g. Recommend temporary limited duty profiles no	<u> </u>			
	h. Prescribe P&T Committee approved analgesic a medications	and non-steroidal anti-inflammatory			
	i. Refer to specialty clinics, as appropriate				
	j. Conduct infant and pediatric feeding evaluation	ns			
	k. Assist the radiologist and pediatrician in the ev	aluation of pediatric modified			
	barium swallow studies				
	SECTION II - COMME	NTS (Explain any rating that is "Unacceptable"	'. <i>)</i>		
NAME AND	TITLE OF EVALUATOR	SIGNATURE		DATE	(YYYYMMDD)

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