

EVALUATION 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. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

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.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II 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			
	m. Rehabilitation of:			
	(1) Amputees			
	(2) Neuromuscular Disorders			
	(3) Musculoskeletal Disorders			
	(4) Traumatic Brain Injury			
	(5) Traumatic Spinal Cord Injury			
	(6) Non-trauma Central Nervous System Disorders			
	n. HIV/AIDS Rehabilitation			
	o. Cancer Rehabilitation			
	p. Cardiopulmonary Rehabilitation			
	q. Burn Rehabilitation			

CODE	PRIVILEGE CATEGORY <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	r. Geriatric Rehabilitation			
	s. Pediatric Rehabilitation			
	Category IV clinical privileges			
	a. Acupuncture			
	b. Percutaneous Electrical Stimulation			
	c. Muscle Biopsy			
	d. Interventional Pain Management Procedures			
	(1) Epidural Steroid Injection <i>(Specify)</i>			
	(a) Caudal			
	(b) Lumbar			
	(c) Thoracic			
	(d) Cervical			
	(2) Zygapophyseal Joint Injection			
	(3) Sacroiliac Joint Injection			
	(4) Medial Branch Block			
	(5) Radiofrequency Neurotomy of Zygapophyseal and Sacroiliac Joint Innervation			
	e. Joint Procedures			
	(1) Discography <i>(Specify)</i>			
	(a) Lumbar			
	(b) Thoracic			
	(c) Cervical			
	(2) Intradiscal Electrothermal Annuloplasty			
	(3) Vertebroplasty			
	(4) Interventional Sympathetic Blockade			
	f. Spinal (neuraxis) Manipulation			
	g. Intraoperative Evoked Potential Monitoring and Interpretation			
	h. Visual Evoked Potentials Testing and Interpretation			
	i. Brainstem Auditory Evoked Response Testing and Interpretation			
	j. Somatosensory Evoked Potentials Testing and Interpretation			
	k. Single Fiber Electromyography Testing and Interpretation			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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