

Privileges for: Physical Medicine & Rehabilitation

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, Rev. February 27, 2014, September 24, 2015

Board Approval: September 14, 2009; Rev. May 5, 2014, November 2, 2015

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in physical medicine and rehabilitation

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in physical medicine and rehabilitation include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Admit patients, perform histories and physicals and evaluate, diagnose, and provide consultation and nonsurgical therapeutic treatments to inpatients and outpatients of all ages with physical impairments or disabilities resulting from neuromuscular, neurologic, cardiovascular or musculoskeletal disorders. Core privileges also include the physical examination of pain, weakness, and numbness (neuromuscular and musculoskeletal) using a diagnostic plan or prescription for treatment that may include the use of physical agents or other interventions and evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans. Practitioners may provide such care to patients in the intensive care setting in conformance with unit policies.

_____ Anesthetic and/or motor blocks; arthrocentesis and joint injection, disability evaluations, ergonomic evaluations, fitness for duty evaluations, independent medical evaluations, joint manipulation/mobilization, routine nonprocedural medical care, injections including joint, ligament, neurolysis nerve block, soft tissue, and trigger points

_____ Performance and interpretation of ergometric studies, gait studies and muscle biopsies

_____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

Privileges for: **Physical Medicine & Rehabilitation**

Request

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

ELECTROMYOGRAPHY

Minimum Requirements

- Board certification by the American Association of Neuromuscular & Electrodiagnostic Medicine (OR)
- Six months of Electromyography during an accredited PM&R residency training program (OR)
- An ACGME-accredited fellowship training program in clinical neurophysiology (OR)
- An ACGME-accredited electrodiagnostic medicine preceptorship

AND

Performance of a minimum of 200 electrodiagnostic studies under supervision

_____ Electromyography

INTERVENTIONAL PHYSICAL MEDICINE

Minimum Requirements

- Held privileges at either St. Elizabeth Medical Center or St. Luke Hospitals in Interventional Physical Medicine on or before March 2, 2009

OR

- Meet all of the following criteria:

1. Meet the certification requirement of the "Note" above for certification in Physical Medicine and Rehabilitation
2. Satisfactory completion of a one year fellowship in Pain Medicine approved by the American Board of Physical Medicine and Rehabilitation
3. Sub-specialty certification in Pain Medicine
4. Maintenance of current ACLS certification

_____ Fluoroscopically guided lumbar epidural steroid injection (LESI)

(ADDITIONAL REQUIREMENT: performance of sufficient numbers of the procedure to demonstrate current competence)

_____ Fluoroscopically guided caudal ESI

(ADDITIONAL REQUIREMENT: performance of sufficient numbers of the procedure to demonstrate current competence)

_____ Fluoroscopically guided transforaminal injections (selective spinal nerve blocks/injections)

(ADDITIONAL REQUIREMENT: performance of sufficient numbers of the procedure to demonstrate current competence)

_____ Fluoroscopically guided sacroiliac (S-1) injections

(ADDITIONAL REQUIREMENT: performance of sufficient numbers of the procedure to demonstrate current competence)

_____ Non-fluoroscopically ("blind") ESI

(ADDITIONAL REQUIREMENT: performance of sufficient numbers of the procedure to demonstrate current competence)

_____ Lumbar discography

(ADDITIONAL REQUIREMENT: performance of sufficient numbers of the procedure to demonstrate current competence)

Privileges for: Physical Medicine & Rehabilitation

Request

_____ Thoracic lumbar kyphoplasty

1. Completion of a hands on training course (can be waived for documented volume over the last 2 years)
2. Successful performance of at least 5 vertebroplasty or kyphoplasty procedures as the primary operator under the supervision of a qualified physician *proctor without complications
3. Radiation/fluoroscopy education if not included in residency or fellowship training
4. Performance of a sufficient number of procedures to maintain their skills, with acceptable success and complication rates.

*A board certified or eligible physician (M.D. or D.O.) who is qualified and credentialed in the procedure being performed.

_____ Radio frequency ablation treatment of cervical, thoracic and lumbar spine (must have training and/or have demonstrated current competence)

_____ Spinal cord stimulator trials and permanent placement (must have training and/or have demonstrated current competence - defined as the performance of 10 in the past two years)

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____

Date: _____