

Privileges for: Sports Medicine

Request

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

MEC Approval: August 27, 2009; Revised 2.27.2014

Board Approval: September 14, 2009, Rev. May 5, 2014

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 family medicine, emergency medicine, internal medicine, pediatrics, physical medicine and rehabilitation or orthopedic surgery. Applicants also must have completed an accredited fellowship training program in sports medicine

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 sports medicine 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

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).

\_\_\_\_\_  
Anesthesia Section Chair Date

Admit patients, perform histories and physicals and diagnose, treat and manage common sports injuries and illnesses. Core privileges include emergency assessment and care of acutely injured athletes; management of medical problems in the athlete; rehabilitation of the ill or injured athlete; proper preparation of safe return to participation after an illness or injury; integration of medical expertise with other healthcare providers including medical specialists, athletic trainers, and allied health professionals; providing appropriate education and counseling regarding nutrition, strength and conditioning, ergogenic aids, substance abuse, and other medical problems that could affect the athlete; understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs; and promotion of physical fitness and healthy lifestyles.

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**OFFICE BASED PRIVILEGES (Applies to SEH Sports Medicine practice only):**

\_\_\_\_\_ Examine, evaluate, and treat ambulatory patients. Perform new patient consults (sports medicine referrals), conduct follow-up appointments. Procedures include joint/soft tissue injections; incision and draining of small abscesses; suturing of small lacerations; splinting and bracing; neurocognitive and balance testing for concussions.

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

\_\_\_\_\_ Surgical Assistant (requires competency/experience documentation); (not available at GRANT COUNTY)

\_\_\_\_\_ Epidural steroid injections and interventional spine injections (requires experience and competency documentation)

\_\_\_\_\_ Minimally invasive surgical treatment designed to perform a percutaneous tenotomy and fasciotomy; (REQUIREMENT: training documentation from Tenex Health and Peri-operative Services orientation)

**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.**

\_\_\_\_\_ Minimally invasive surgical treatment designed to perform a percutaneous tenotomy and fasciotomy; (REQUIREMENT: training documentation from Tenex Health and Peri operative Services orientation)

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_