



Clinical Privileges Profile  
**Physical Medicine and Rehabilitation**

**Kettering Medical Center System**

**Kettering Medical Center**       **Sycamore Medical Center**

*Certain privileges are covered by an exclusive contract.*

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- 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.

**QUALIFICATIONS FOR PHYSICAL MEDICINE AND REHABILITATION**

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***To be eligible to apply for core privileges in physical medicine and rehabilitation, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in physical medicine and rehabilitation.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in physical medicine and rehabilitation, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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## CORE PRIVILEGES

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### PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES

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- Requested** Admit, evaluate, diagnose, and provide consultation and nonsurgical therapeutic treatments to inpatients and outpatients of all ages with physical impairments or disabilities involving neuromuscular, neurologic, cardiovascular or musculoskeletal disorders. Physical examination of pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with 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. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

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### ADMINISTRATION OF SEDATION AND ANALGESIA

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- Requested** See Hospital Policy for Moderate Sedation

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### CORE PROCEDURE LIST

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*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

#### Physical Medicine and Rehabilitation

1. Anesthetic and/or motor blocks
2. Arthrocentesis and joint injection
3. Disability evaluations
4. Ergonomic evaluations
5. Fitness for duty evaluations
6. Independent medical evaluations
7. Inpatient consultation and evaluations *(covered by an exclusive contract)*
8. Joint manipulation/mobilization
9. Perform history and physical exam
10. Routine nonprocedural medical care
11. Injections, including joint, ligament, neurolysis, nerve block, soft tissue and trigger point
12. Venipuncture

Performance and interpretation of:

13. Electromyography (EMG) *(covered by exclusive contract)*
14. Ergometric studies
15. Gait studies
16. Muscle/muscle motor point biopsies
17. Perform history and physical exam
18. Small, intermediate, or major joint arthrogram
19. Work physiology testing, treadmill, spirometry, radiographs, audiograms, pulmonary function tests (baseline) for respirator only interpretation

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital 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.

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

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee action** **Date:** \_\_\_\_\_  
**Medical Executive Committee action** **Date:** \_\_\_\_\_  
**Board of Directors action** **Date:** \_\_\_\_\_