



## Privileges in Physical Medicine & Rehabilitation Service

Name:

### Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

#### Education/Training

Successful completion of an ACGME or AOA-accredited residency/fellowship in physical medicine and rehabilitation or foreign equivalent training.

**AND**

Current certification or active participation in the examination process leading to certification in Physical Medicine and Rehabilitation by the American Board of Phys Medicine and Rehab or by the American Osteopathic Board of Physical Medicine and Rehabilitation or foreign equivalent training/board.

**AND**

Documentation or attestation of the provision of inpatient care or consultative services for at least 100 physical medicine and rehabilitation patients as the attending physician (or senior resident) during the past two years.

#### FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

**Provide care on LPCH patients in specific areas of SHC**

<b>Request</b>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
<input type="checkbox"/>		<input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

**Core Privileges**

<b>Request</b>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
<input type="checkbox"/>		<input type="checkbox"/>
	<b>Privileges included in the Core:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and treat patients with diminished physical, social, psychological, or cognitive capabilities.	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient and outpatient musculoskeletal and neuromuscular diagnosis and rehabilitation	<input type="checkbox"/>
<input type="checkbox"/>	Musculoskeletal injection (fluoroscopy) [Valid "Radiology Supervisor and Operator Certificate" or "Fluoroscopy Supervisor and Operator Permit" Required]	<input type="checkbox"/>
<input type="checkbox"/>	Nerve injection	<input type="checkbox"/>
<input type="checkbox"/>	Medical and rehabilitative pain management	<input type="checkbox"/>
<input type="checkbox"/>	Injury prevention and wellness	<input type="checkbox"/>
<input type="checkbox"/>	Nonsurgical spine medicine	<input type="checkbox"/>
<input type="checkbox"/>	Sports medicine including athletes with disabilities	<input type="checkbox"/>
<input type="checkbox"/>	Prescribing orthotic and prosthetic devices	<input type="checkbox"/>

**Qualifications**

<b>Renewal Criteria</b>	Minimum 50 Core cases required during the past 2 years Maintain current certification or active participation in the examination process leading to certification in Physical Medicine and Rehabilitation by the American Board of Physical Medicine and Rehabilitation or by the American Osteopathic Board of Physical Medicine and Rehabilitation or foreign equivalent training/board.
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**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

Core

## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

Request <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	<input type="checkbox"/>
<input type="checkbox"/>	Spinal cord injury medicine [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 20 cases required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Pain management [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 20 cases required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Nerve blocks [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 5 cases required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Motor point blocks [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 5 cases required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Interventional spine and intradiscal therapies [CRITERIA - Initial - ACGME accredited Pain Management Fellowship or Spine Fellowship with documentation of a minimum 50 cases within the past year for each privilege selected (need to submit documentation log). Renewal - Minimum 20 cases required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Electrodiagnostic procedures [CRITERIA - Initial - Current certification or active participation in the examination process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine & Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine. Renewal - Minimum 5 cases required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic) [CRITERIA - Initial - ACGME accredited Pain Management Fellowship or Spine Fellowship with documentation of a minimum 50 cases within the past year for each privilege selected (need to submit documentation log). Renewal - Minimum 10 cases required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Radiofrequency Lesioning of Medial Branch Nerves (cervical) [CRITERIA - Initial - ACGME accredited Pain Management Fellowship or Spine Fellowship with documentation of a minimum 50 cases within the past year for each privilege selected (need to submit documentation log). Renewal - Minimum 10 cases required during the past 2 years]	<input type="checkbox"/>

<input type="checkbox"/>	Cervical Epidural Steroid Injection w/MAC [CRITERIA - Initial - ACGME accredited Pain Management Fellowship or Spine Fellowship with documentation of a minimum 50 cases within the past year for each privilege selected (need to submit documentation log). Renewal - Minimum 20 cases required during the past 2 years]	<input type="checkbox"/>
<b>Acupuncture - Must complete Acupuncture Privilege Form</b>		

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

- Pain management
- Interventional spine and intradiscal therapies
- Electrodiagnostic procedures
- Administration of Moderate Sedation
- Nerve blocks
- Motor point blocks
- Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic) (Chart Review)
- Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic) (Direct Observation)
- Radiofrequency Lesioning of Medial Branch Nerves (cervical)
- Radiofrequency Lesioning of Medial Branch Nerves (cervical)
- Cervical Epidural Steroid Injection w/MAC (Chart Review)
- Cervical Epidural Steroid Injection w/MAC (Direct Observation)
- Spinal cord injury medicine

**Acknowledgment of Applicant**

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 Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this \_\_\_\_\_ Date  
privilege request

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

\_\_\_\_\_  
Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

\_\_\_\_\_  
Date