



Privileges in Physical Medicine & Rehabilitation Service

SAMPLE

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. OR 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.
Additional Credentialing Criteria (Initial and Reappointment)	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required Teaching appointment to work in SHC outpatient clinics Membership and privileges at LPCH to admit, treat patients 14 years old and younger
Clinical Experience (Initial)	
Spinal cord injury medicine; Pain management; Nerve blocks; Motor point blocks; Electrodiagnostic procedures;	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.
Interventional spine and intradiscal therapies; Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic); Radiofrequency Lesioning of Medial Branch Nerves	ACGME accredited Pain Management Fellowship or Spine Fellowship with documentation of a minimum 50 cases within the past year (need to submit documentation log).

(cervical); Cervical Epidural Steroid Injection w/MAC

Clinical Experience (Reappointment)

Minimum 50 Core cases required during the past 2 years
Minimum 20 cases required during the past 2 years - Spinal cord injury medicine; Pain management; Interventional spine and intradiscal therapies; Cervical Epidural Steroid Injection w/MAC
Minimum 5 cases required during the past 2 years - Nerve blocks; Motor point blocks; Electrodiagnostic procedures
Minimum 10 cases required during the past 2 years - Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic); Radiofrequency Lesioning of Medial Branch Nerves (cervical);

FPPE Chart Review

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS
5 chart reviews - Core; Pain management; Interventional spine and intradiscal therapies; Electrodiagnostic procedures
1 Chart Review - Administration of Moderate Sedation; Nerve blocks; Motor point blocks;
2 Chart Reviews - Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic); Radiofrequency Lesioning of Medial Branch Nerves (cervical)' Cervical Epidural Steroid Injection w/MAC
3 Chart Reviews - Spinal cord injury medicine

FPPE Observations

1 observation - Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic); Radiofrequency Lesioning of Medial Branch Nerves (cervical); Cervical Epidural Steroid Injection w/MAC

Provide care on LPCH patients in specific areas of SHC

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Additional Request	
<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

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Privileges included in the Core:	
<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)	<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"/>

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Spinal cord injury medicine	<input type="checkbox"/>
<input type="checkbox"/>	Pain management	<input type="checkbox"/>
<input type="checkbox"/>	Nerve blocks	<input type="checkbox"/>
<input type="checkbox"/>	Motor point blocks	<input type="checkbox"/>
<input type="checkbox"/>	Interventional spine and intradiscal therapies	<input type="checkbox"/>
<input type="checkbox"/>	Electrodiagnostic procedures	<input type="checkbox"/>
<input type="checkbox"/>	Radiofrequency Lesioning of Medial Branch Nerves (lumbar, thoracic)	<input type="checkbox"/>
<input type="checkbox"/>	Radiofrequency Lesioning of Medial Branch Nerves (cervical)	<input type="checkbox"/>
<input type="checkbox"/>	Cervical Epidural Steroid Injection w/MAC	<input type="checkbox"/>
	Acupuncture - Must complete Acupuncture Privilege Form	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	