

DETROIT MEDICAL CENTER
DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION
DELINEATION OF PRIVILEGES

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

Minimum Qualifications for Core Privileges:

- A. Meet the minimum qualifications as defined in the Medical Staff Bylaws (Article
- B. Successful completion of an ACGME or AOA accredited residency training program in physical medicine and rehabilitation and current board certification or active participation in the certification process 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 for those within 5 years of completion of residency training.

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached addendum.

For those who are beyond 5 years since completion of residency training, certification by the American Board of Physical medicine and rehabilitation or American Osteopathic Board of Physical Medicine and Rehabilitation is **required**.

- C. **Required Previous Experience:**
The applicant must demonstrate current clinical competence and an adequate current experience with acceptable results in the privileges requested for the past 24 months, or are within two years of completion of a residency or fellowship program.
- D. **Special Procedures:**
Successful completion of an approved, recognized course when such exists, or acceptable supervised training, in residency, fellowship or other acceptable program, and; demonstration of the procedure/test/therapy, and; documentation of competence to obtain and retain clinical privileges. As an example, in Electromyography, at least 200 EMGs over the previous 5 years and a letter of recommendation that is the equivalent for qualification for the American Board of Electrodiagnostic Medicine and Peripheral Neurophysiology or successful passing of the Board examination..
- E. **Observation/Proctoring Requirements:**
As specified in the Medical Staff Bylaws, the initial appointment to the staff will be for a provisional period of 12 months. In order to qualify for reappointment in core and/or special procedure(s), the applicant must have demonstrated professional and clinical competence, through focused professional performance evaluation process, and found to meet the criteria requirements as defined. Nothing will prohibit the department from extending the provisional period or instituting a probationary period if deemed necessary by the Specialist-in-Chief, upon recommendation from the Advisory Committee.
- F. **Reappointment Requirements:**
Current demonstrated competence and an adequate current experience with acceptable results in the privileges requested for the past 24 months as a result of quality assessment/improvement activities and outcomes. Demonstrated completion of certification by The American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation.

PHYSICAL MEDICINE/REHABILITATION DOP

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F. Reappointment Requirements – continued:

For those with time-limited certificates completion of the maintenance certification process by the American Board of Physical Medicine and Rehabilitation or American Osteopathic Board of Physical Medicine and Rehabilitation is required within **3** years of certificate expiration.

Membership Only, No Clinical Privileges

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

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PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

***Note:** If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant..*

Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.

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(R) (A) (C) (N)

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office only. No inpatient privileges. **Do not complete the remainder of this form. Sign form on PAGE 3.**

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(R) (A) (C) (N)

PHYSICAL MEDICINE/REHABILITATION CORE PRIVILEGES

Admit, evaluate, diagnose, and treat patients with neuromuscular, musculoskeletal and cardiopulmonary disorders and disabilities, oversee inpatient rehabilitation programs and prescribe rehabilitation therapies and modalities, orthotics, prosthetics and durable medical equipment. Provide consultation to acute hospital and ambulatory patients with neuromuscular, musculoskeletal, cardiopulmonary disabilities and impairments for treatment and physical medicine and rehabilitation management.

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(R) (A) (C) (N)

SPECIAL PROCEDURES (See Qualifications and Specific Criteria)

Electromyography/ Nerve conduction velocity testing
 Somato sensory evoked potentials
 Anesthetic nerve blocks /Phenol or alcohol nerve and motor point blocks
 Therapeutic injection of intramuscular, diarthrodial joints bursae, tenosynovial structures
 Botulinum toxin injections
 Acupuncture
 Manipulation
 Musculoskeletal Ultrasound
 Peripheral Musculoskeletal Injections under Ultrasound Guidance
 Axial Lumbar Spinal Injections, Under Fluoroscopy Guidance
 Sacroiliac Joint Injection, Under Fluoroscopy Guidance
 Intrathecal Baclofen Trial
 Intrathecal Baclofen Pump Management
 Axial Cervical Spinal Injections, Under Fluoroscopy Guidance

PHYSICAL MEDICINE/REHABILITATION DOP

Applicant Name: _____
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Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant Date

Pediatric Chief Recommendation (if applicable)

- Recommend as Requested Do Not Recommend
 Recommend with conditions/modifications as listed.

Pediatric Chief, Signature Date

Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

- Recommend as Requested Do Not Recommend
 Recommend with conditions/modifications as listed.

Chair, CHM MSOC Date

Specialist-in-Chief Recommendations

I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as Requested Do Not Recommend
 Recommend with conditions/modifications as listed.

Specialist-in-Chief, Signature Date

Joint Conference Committee Approval: _____
Date

PHYSICAL MEDICINE/REHABILITATION

QUALIFICATIONS FOR SPECIAL PRIVILEGES

Anesthetic Nerve Blocks/Phenol Nerve or Alcohol Nerve and Motor Point Blocks

Completion of adequate formal training during residency, fellowship, or special training. Submit evidence of at least four (4) procedures over the past two (2) years. Evidence of time spent learning the essential technical aspects of the procedure. Completion of course work with study of spasticity and pain.

Reappointment: Documentation of successful completion of at least six (6) procedures over the previous two (2) years.

Botox (Botulinum Toxin) Injections

Completion of adequate formal training during residency, fellowship, or special training. Submit evidence of at least ten (10) procedures over the past two (2) years. Evidence of time spent learning the essential technical aspects of Botulinum toxin injections to the face, neck, and extremities. Completion of course work with study of spasticity, movement and pain.

Reappointment: Documentation of successful completion of at least ten (10) procedures over the previous two (2) years.

Therapeutic Injections

Completion of formal training during residency, fellowship, or special training experience. Evidence of time spent learning the essential elements of intramuscular, bursal, intrathrodial tenosynovial structure therapeutic injection techniques.

Reappointment: Documentation of successful completion of at least ten (10) procedures over the previous two (2) years.

EMG/NCV

Documentation of completion of at least 200 electrodiagnostic examinations under supervision, with evidence of adequate time spent learning the technical aspects and interpretation of EMG/NCV.

Reappointment: Documentation of having performed and interpreted at least 20 studies during the previous two (2) years.

SSEP (Somatosensory evoked potentials)

Documentation of completion of at least 25 studies during a supervised training period. Certification by the ABEMPN within five (5) years of eligibility.

Reappointment: Completion of at least ten (10) SSEP studies within the previous two (2) year period. Certification by the ABEM within five (5) years of eligibility. For those individuals with time-limited certificates from the ABEM, re-certification is required within three (3) years of certificate expiration.

PHYSICAL MEDICINE/REHABILITATION DOP QUALIFICATIONS FOR SPECIAL PRIVILEGES

Acupuncture

Documentation of completion of an extensive body of course work program in the administration of acupuncture techniques recognized as extensive by the Specialist-in-Chief and sponsored by an academic medical center.

Reappointment: Completion of an extensive educational program in acupuncture and acknowledged as extensive by the Specialist-in-Chief. Successful completion of at least 50 acupuncture treatments within the previous two (2) year period.

Manipulation

A degree-based extensive work of study such as a Doctor of Osteopathic Medicine, or an extensive body of education (to be judged individually by the Specialist-in-Chief) and demonstrated competence under the supervision of an individual with a degree-based expertise in this arena.

Reappointment: Successful completion of at least ten (10) manipulative procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

Musculoskeletal Ultrasound

Proof of training during residency or fellowship program with documentation of at least ten (10) supervised cases or documentation of completion of a post-graduate course that offers both didactics and hands on training in addition to documentation of at least ten (10) supervised cases.

Reappointment: Successful completion of at least five (5) procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

Peripheral Musculoskeletal Injection Under Ultrasound Guidance

Proof of training during residency or fellowship program with documentation of at least fifteen (15) supervised cases or documentation of completion of a post-graduate course that offers both didactics and hands on training in addition to documentation of at least fifteen (15) supervised cases.

Reappointment: Successful completion of at least six (6) procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

Axial Lumbar Spinal Injections Under Fluoroscopy Guidance

Proof of training during residency or fellowship program with documentation of at least fifteen (15) supervised cases or documentation of completion of a post-graduate course that offers both didactics and hands on training in addition to documentation of at least fifteen (15) supervised cases.

Reappointment: Successful completion of at least six (6) procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

Axial Cervical Spinal Injections under Fluoroscopy Guidance

Proof of training during residency or fellowship program with documentation of at least fifteen (15) supervised cases or documentation of completion of a post-graduate course that offers both didactics and hands on training in addition to documentation of at least fifteen (15) supervised cases.

Reappointment: Successful completion of at least six (6) procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

Sacroiliac Joint Injection Under Fluoroscopy Guidance

Proof of training during residency or fellowship program with documentation of at least ten (10) supervised cases or documentation of completion of a post-graduate course that offers both didactics and hands on training in addition to documentation of at least ten (10) supervised cases.

Reappointment: Successful completion of at least six (6) procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

Intrathecal Baclofen Trial

Proof of training during residency or fellowship program with documentation of at least three (3) supervised cases or documentation of completion of a post-graduate course that offers both didactics and hands on training in addition to documentation of at least three (3) supervised cases.

Reappointment: Successful completion of at least two (2) procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

Intrathecal Baclofen Pump Management

Proof of training during residency or fellowship program with documentation of at least ten (10) supervised cases or documentation of completion of a post-graduate course that offers both didactics and hands on training in addition to documentation of at least ten (10) supervised cases.

Reappointment: Successful completion of at least five (5) procedures within the previous two (2) years with documentation and review of such documentation by the Specialist-in-Chief.

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 4.24.2015