

## Loma Linda University Medical Center

Loma Linda, CA 92354

CLINICAL AREA: **PHYSICAL MEDICINE AND REHABILITATION**

Name: \_\_\_\_\_

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must <b>MUST</b> meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9))	Practitioners who <b>CANNOT</b> :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who <b>MUST</b> :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, <b>other than the volume of clinical activity.</b>			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and adequate volume of experience with acceptable results in the privileges requested for patients at each age level except as specifically excluded; <b>and</b>
Category 1  Primary Care Physician  or  Related Specialty Physician	As for all above, <b>plus</b>  Current certification, or active participation in the examination process leading to certification in primary or direct care such as family practice or internal medicine; <b>or</b>  Successful completion of an ACGME/AOA accredited residency training program in family practice, internal medicine or related medical specialty.
Category 2  Physiatry	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 the American Osteopathic Board of Rehabilitation Medicine within three (3) years of medical staff appointment, <b>or</b>  Successful completion of an ACGME/AOA accredited residency training program in physical medicine and rehabilitation and acceptable practice in the privileges requested for an additional three (3) years.
Category 2  Pain Management	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 the American Osteopathic Board of Rehabilitation Medicine AND  Training specifically in Pain Management.
Observation Requirements	As specified in the Physical Medicine Service Rules and Regulations.
Sedation	<b>Moderate Sedation:</b>  Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).  <b>Deep Sedation:</b>  Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
<b>PHYSICAL MEDICINE/REHABILITATION – CATEGORY 1</b>					
	PMR0300	Admit patients and provide care conjointly with physical medicine and rehabilitation			
<b>CATEGORY 2 - PHYSIATRY</b>					
	PMR00300	Admit, treat and/or consult on conditions/problems requiring knowledge obtained at the level of specialty training in Physiatry to include evaluation, non-surgical management and rehabilitative techniques			
	PMR00310	Consult on condition/problem requiring knowledge of Physiatry to include evaluation, non-surgical management and rehabilitative techniques			
<b>CATEGORY 2 - PAIN MANAGEMENT</b>					
	PMR077 20	Management of problems in pain relief, diagnostic & therapeutic nerve blocks			
	PMR077 40	Mgmt of problems in pain relief, nerve blocks w/caustic materials			
	PMR099 60	Phenol or alcohol nerve block for spasticity			
	PMR077 60	Management of problems in pain relief, sympathetic nerve blocks			
	PMR077 30	Mgmt of problems in pain relief, epidural & intrathecal narcotics			
	PMR077 50	Management of problems in pain relief, patient controlled analgesia			
	PMR052 60	Implantation of devices for pain relief			
	PMR058 70	Insertion of epidural and intrathecal catheters			
		Intravenous regional blocks			
		Medial branch blocks, radio frequency and cryoablation			
	PMR074 25	Management of implantable devices for pain relief			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
<b>EVALUATION AND NONSURGICAL MANAGEMENT</b>					
	PMR00301	Conditions which confer a physical impairment or disability			
<b>SPECIAL PROCEDURES/TECHNIQUES</b>					
	PMR01370	Biofeedback			
	PMR03610	Electrodiagnostic testing of neuromuscular block disorders			
	PMR03700	Electromyography nerve conduction testing			
	PMR06160	Inta-articular and injection			
	PMR10390	Prescription of orthoses, prosthesis and assistive devices			
	PMR12420	TENS – neuroprobe			
	PMR12700	Traction – manual, mechanical			
	PMR12880	Trigger point injections			
	PMR12480	Thermaography			
		Epidural injections			
		Facet joint injections			
		Sacroiliac injections			
	PMR04173	Exercise stress testing and interpretation			
	PMR08180	Muscle biopsy			
<b>SEDATION</b>					
	PMR99998	Moderate sedation			
	PMR99999	Deep sedation			

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**Acknowledgment of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\* For Hospital and/or Clinic Use Only \*\*\***

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

\_\_\_\_\_  
Chief of Section (Anesthesia, if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By Governing Body

\_\_\_\_\_  
Date