

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 PHYSICAL MEDICINE & REHABILITATION

Name (print or type): _____
Last First M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses, evaluation, and treatment of patients with limited function as a consequence of disease, injury, impairment, disability or handicap with the goal being to optimize restoration of the functions of the individual, prevention of secondary complications, and the general alleviation of pain			
Evaluation, prescription, and supervision of medical and Comprehensive Rehabilitation goals and treatment plans			
General Medical Care of patients in Rehabilitation Program Insertion of nasogastric tubes Intradermal, soft tissue, subcutaneous injections Arthrocentesis and joint injections Hydrology			
NON CORE PRIVILEGES:			
Anesthetic Nerve Blocks			
Therapeutic Joint Mobilization/Manipulation			
Intramuscular Motor Point Neurolysis			
Nerve Blocks			
Tracheostomy Care and Decannulation			
Somatosensory, Visual, and Auditory Evoked Responses			
Acupuncture (Certification Requested)			
Botulinum Toxin (Botox) Injections Criteria: Botox Injections performed on five (5) patients under supervision and one day course in Botulinum Toxin Injections completed).			
Electromyography/ Nerve Conduction Studies			
OTHER:			

BOARD CERTIFICATION: Physicians are required to be board eligible for initial employment and complete board certification (pass part II of ABPMR exam) within 5 years of completion of residency or fellowship. Physicians are required to become recertified every 10 years, as is required by the ABPMR to maintain certification.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature Date