



Delineation of Privileges Department of Physical Medicine and Rehabilitation

Name: _____

Please Print or Type

LEVEL I CORE PRIVILEGES

PHYSIATRIST

Minimum Training and Experience

Attending physiatrists must have:

- MD, DO, or equivalent degree
- Successfully completed a transitional training year (or equivalent) and residency training program both approved by the American Board of PM&R
- Currently board certified or Board eligible by the American Board of Physical Medicine and Rehabilitation or American Osteopathic Board of Physical Medicine and Rehabilitation or, if not certified at time of hire, must become certified within five years of initial appointment. Under exceptional circumstances, the Department Chair can recommend to the Hospital Executive Board (via the Credentials Committee and ECCA) that the Board requirement be waived. Active participation in the care of at least 24 patients per year.

Scope of Practice/Privileges

Physiatric scope of practice includes the prevention, diagnosis, and management of neuromusculoskeletal disorders causing pain, impairment, and/or disability; as well as the rehabilitation of both children and adult patients with disabling conditions. Physiatric management includes, but is not limited to, the medical evaluation and treatment; prescription and supervision of individualized therapeutic exercise programs; evaluation for and prescription of orthoses, prostheses, and adaptive devices in the treatment of neuromusculoskeletal disorders and disabling conditions.

Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges

- Admit, evaluate, diagnose, consult, and provide treatment of non-surgical therapeutic procedures to inpatients and outpatients of all ages with physical and/or cognitive impairments/disabilities, and with neuromuscular, musculoskeletal, and other organ systems disorders.
- Amputation (congenital and acquired condition), rehabilitation
- Arthritis/connective tissue disorders, including but not limited to: - osteoarthritis; - psoriatic arthritis; - rheumatoid arthritis; - systemic lupus erythematosus
- Arthrocentesis (aspiration/injection)
- Arthrograms, including but not limited to: - facet joint; - joint (small, intermediate, major)
- Assistive device prescribing, including but not limited to: - ambulatory devices; - orthotics; - other assistive devices; - prostheses; - special beds; - wheelchairs
- Autonomic nervous system function testing
- Baclofen pump management
- Cardiac and pulmonary rehabilitation
- Cardiopulmonary and exercise testing, e.g. VO₂ max, oxygen consumption, etc.

- Central nervous system disorders (acquired, hereditary, developmental), including but not limited to: - cerebral palsy; - multiple sclerosis; - myelomeningocele; - stroke; head injury
- Cervical spine disorders, including but not limited to: - cervical sprain/strain; - disc disease; - myofascial pain; - spondylosis
- Chemo–denervation, peripheral nerves
- Complementary medicine and therapeutics
- Disability evaluations
- Electrodiagnostic studies, including but not limited to: - electromyography; - nerve conduction studies; - somatosensory evoked potential studies; intra-operative testing and monitoring
- Epidural adhesions, lysis of
- Exercise testing - fibromyalgia
- Impairment ratings
- Injection techniques, therapeutic and diagnostic, including but not limited to: - botulinum toxin for pain management; - corticosteroid injections of joints/soft tissue; - epidural steroid injections; - facet joints (cervical or thoracic); - motor blocks; - nerve blocks; - trigger point (single/multiple), phenol injections, ultrasound guided injections for tendon and ligament release, and localization of nerves intraoperatively
- Injury prevention and wellness
- Joint arthroplasty (postoperative)
- Long-term disability patient care
- Lumbar punctures
- Lumbar spine disorders, including but not limited to: facet arthropathy - compression fracture; - degenerative disc disease; - mechanical low back pain; - spinal stenosis and neurogenic claudication; - spondylolysis/spondylolisthesis
- Therapeutic modalities of heat, cold, hydrotherapy, electrical stimulation; ultrasound
- Manual medicine therapy
- Motor neuron/motor system diseases, including but not limited to: - acquired myopathies; - congenital myopathies; - peripheral neuropathies
- Motor unit disorders, including but not limited to: - amyotrophic lateral sclerosis; - hereditary spastic paraplegia; - Kugelberg Welander spinal muscular atrophy; - poliomyelitis (acute); - postpolio syndrome
- Muscle pain syndrome, including but not limited to: - fibromyalgia; - myofascial pain; - overuse injury; - postexercise muscle soreness
- Muscular dystrophy
- Musculoskeletal pain/weakness/numbness syndromes (acute), including but not limited to: - abductor strain; - Achilles tendon injuries; - adhesive capsulitis; - ankle sprain; - anterior cruciate ligament injury; - biceps rupture; - bicipital tendonitis; - calcaneal bursitis; - carpal tunnel syndrome; - compartment syndrome; - De Quervain tenosynovitis; - Dupuytren contracture; - hamstring strain; - heterotopic ossification; - iliotibial band syndrome; - ligament injury; - medial epicondylitis; - meniscal injury; - meralgia paresthetica; - Morton neuroma; - occupational injuries; - Olecranon bursitis; - osteitis pubis; - patellofemoral syndrome; - pes anserinus bursitis; - piriformis syndrome; - plantar fasciitis; - prepatellar bursitis; - rotator cuff disease; - scaphoid injury; - shoulder and hemiplegia; - sports injuries; - tendonitis; - trigger finger; - trochanteric bursitis
- Neurolytic blocks of peripheral nerves without catheter
- Neuropathic disease
- Osteoporosis, primary/secondary
- Paget's disease
- Pain management, chronic/acute
- Parkinson disease
- Postfracture care/rehabilitation
- Rehabilitation treatment programs for all ages, design and monitor
- Rheumatology disorders
- Scheuermann disease
- Secondary effects of obesity, cardiopulmonary disease and the metabolic syndrome
- Sexual dysfunction common to physically impaired
- Soft tissue disorders, including but not limited to: - burns; - ulcers; - wound care
- Spasticity; dystonia; movement disorders
- Spinal cord trauma/diseases rehabilitation, including but not limited to: - bladder dysfunction management; - bowel dysfunction management; - pressure ulcer prevention/treatment; mobility and gait
- Sports medicine
- Traumatic brain injury, rehabilitation

- Trigger point injections
- Vascular diseases/rehabilitation

Requested (Applicant)

Recommended approval (Service Chief/Chair)

PSYCHOLOGIST

Minimum Training and Experience

Requires a doctoral degree (e.g., Ph.D.) from an accredited university program in Psychology, at least one year of training in an accredited internship in clinical psychology, and full licensing as a Psychologist in the State of Michigan.

Scope of Practice/Privileges

The scope of practice includes the psychological consultation, diagnosis and treatment of all childhood and adult syndromes listed in the American Psychiatric Association Diagnostic and Statistical Manual IV (or latest edition). This may include developmental/familial disorders, dementia, and other disorders presenting with neurocognitive symptoms, mental disorders due to a general medical condition, substance-related disorders, schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, somatoform disorders, factitious disorders, dissociative disorders, sexual and gender identity disorders, eating disorders, sleep disorders, impulse control disorders, adjustment disorders, or other disorders associated with psychological or behavioral disturbance. The Psychologist may provide psychological consultation and interventions for patients with other medical disorders that are caused by, present with, or are exacerbated by psychological factors (e.g., chronic medical illness, spinal cord injury, traumatic brain injury, stroke, neuromuscular disorders, chronic pain, amputation, polio, burns, fatigue, somatic preoccupation, hypertension, cardiovascular disease, cancer, and stress-related psychophysiologic disorders). Treatments and diagnostic procedures include: behavioral therapy, biofeedback, psychotherapy, group therapy, family therapy, psychological assessment, neuropsychological rehabilitation, neuropsychological assessment, and consultation/liaison.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

LEVEL II

ELECTRODIAGNOSTIC MEDICINE SERVICES

Minimum Training and Experience

A specialist in electrodiagnostic medicine must meet the following requirements:

- MD, DO, or equivalent
- Have met minimal criteria for Level I privileges
- Completed additional clinical experience criteria as outlined by the American Board of Electrodiagnostic Medicine (ABEM)
- Successfully achieved certification by the American Board of Electrodiagnostic Medicine within 5 years of initial appointment. Under exceptional circumstances, the Department Chair can recommend to the Hospital Executive Board (via the Credentials Committee and ECCA) that the Board requirement be waived.
- Active participation in the management of at least 10 patients per year

Scope of Practice/Privileges

Performance of electrodiagnostic medicine services including but not limited to nerve conduction studies, needle electro-myography, neuromuscular junction evaluation, intraoperative neurophysiologic monitoring and testing, single fiber electromyography (SFEMG), etc. Supervision of non-board certified attending and resident physicians of same.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

MEDICAL ACUPUNCTURE

Minimum Training and Experience

Must have privileges in the Department of Physical Medicine and Rehabilitation (or another University of Michigan Medical School department) in good standing. Must have obtained 200 hours of graduate training in medical acupuncture at an AMA Category I certified program, or equivalent training approved by the Department of Physical Medicine and Rehabilitation after consultation with the American Academy of Medical Acupuncture. If previously practicing medical acupuncture, submission of three letters of recommendation specifically addressing and attesting to the applicants qualification and experience in medical acupuncture. Maintenance of Privileges: Must show evidence of a minimum of 30 accredited hours over a three (3) year period of continuing education in medical acupuncture. At least thirty (30) patient contacts per year.

Scope of Practice/Privileges

Diagnosis of underlying medical conditions should be established within the context of the state-of-the-art of medical care. Once diagnosis has been made and routine treatment measures are in progress, Medical Acupuncture, if appropriate, can be used as a complementary modality within the working allopathic framework.

Requested (Applicant) Recommended approval (Service Chief/Chair)

PAIN MANAGEMENT

Minimum Training and Experience

A subspecialist in pain management must meet the following requirements:

- MD, DO, or equivalent degree
- Have met minimal criteria for Level I privileges
- Subspecialty training documented by a minimum of one-year fellowship training (fellowship must meet or exceed PASSOR requirements approved for spine intervention, or it must be an ACGME-accredited Pain Fellowship), or, if PM&R residency completed before 1999, documented equivalent clinical experience (see next).
- a letter of reference documenting case volume and competency with applicable interventional procedures (must meet or exceed the numbers listed below): for those joining the faculty after recent completion of fellowship training the letter must be from the director of the fellowship program at which the applicant trained, and for those joining the faculty after having initially practiced a letter of reference from the applicant's most recent service chief and primary mentor during interventional training
- Active participation in the management of at least **24** patients per year and participation in continuous quality improvement
- Current ACLS certification
- Completion and maintenance of the sedation/analgesia privileging examination
- Completion and maintenance of the fluoroscopy privileging examination

Scope of Practice/Privileges

Performance of peripheral, spine and sympathetic nerve blocks, neuroablative procedures, therapeutic and diagnostic intradiskal procedures and supervision of non-board certified attendings and resident physicians of same.

Sub-privileges and number of required procedures per year for those techniques requested for credentialing must equal or exceed the minimal numbers of procedures for each technique listed in the ACGME common program requirements for fellowship education in pain medicine:

- image-guided spinal injection techniques cervical spine (15 procedures)
- image-guided spinal injection techniques lumbar spine (25 procedures)
- injection of motor joint or bursa (10 procedures)
- sympathetic blockade (10 procedures)
- neurolytic techniques including chemical and radiofrequency treatment for pain (5 procedures)
- intradiscal procedures, including discography (10 procedures)
- management of permanent spinal drug delivery system (3 procedures)
- vertebral body augmentation (4 procedures)

Requested (Applicant) Recommended approval (Service Chief/Chair)

INTRAOPERATIVE PLACEMENT OF FUNCTIONAL ELECTRICAL STIMULATION SYSTEM

Minimum Training and Experience

A specialist in Intraoperative Placement of Functional Electrical Stimulation System must:

- MD, DO, or equivalent
- Have met minimal criteria for Level I privileges
- Hold current fluoroscopy privileges
- Be competent in proper sterile technique for the operating room
- Have proficiency in knowledge and understanding of the function and proper use of the implantable system

Scope of Practice/Privileges

Scrub in for cases. Placement of percutaneous electrodes with or without fluoroscopic guidance. Evaluation of evoked muscle contractions. Connection of electrodes within the system. Continuous testing of system during procedure for effectiveness.

Requested (Applicant) Recommended approval (Service Chief/Chair)

Palliative Care

Minimum Training and Experience: A practicing subspecialist in Hospice and Palliative Medicine (HPM) must have successfully completed an M.D. or D.O. degree or equivalent, an accredited residency program, and a Hospice and Palliative Medicine Fellowship. HPM subspecialists are additionally expected to be board-certified within 5 years of appointment. Physicians who obtain HPM board certification through a practice pathway (i.e. 'grandparenting') before 2012 (MD) or 2014 (DO) will be exempt from the fellowship completion requirement.

Under exceptional circumstances, the Service Chief and the Chair of the Department of PM&R may make a request to the Credentialing and Privileging Committee that the fellowship training/board eligibility requirement be waived, if they determine that the applicant has received equivalent training and experience, and has demonstrated a high level of competence.

Scope of Privileges:

A Hospice and Palliative Medicine Physician provides subspecialty services in the comprehensive assessment and management of patients with advanced illness and their families, through end-of-life and bereavement. A Palliative Care Provider will act as a member of a multidisciplinary consultative team.

Privileges include being able to admit, evaluate, diagnose, and provide palliative care treatment to the patients with advanced illness and end of life disease. Physicians with these privileges have the highest level of competence in Hospice and Palliative Medicine on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the medical center whenever needed.

Elements of subspecialty hospice and palliative medicine practice include, but are not limited to:

- Assessment and management of pain
- Assessment and management of physical symptoms (pain, nausea, dyspnea, fatigue, etc)
- Assessment and management of psychological symptoms (depression, anxiety, grief, etc)
- Goals of care determination, and support for appropriate decision-making and treatment planning
 - Running family meetings
 - Managing interprofessional collaboration
 - Navigating complex or challenging communication
- Identification and management of spiritual distress
- Identification and management of bereavement needs, including complicated grief
- Leadership of interdisciplinary care teams focused on care of patients with serious illness, and their families

Requested (Applicant) Recommended approval (Service Chief/Chair)

SPECIAL PRIVILEGES

A separate application is required to apply or reapply for the following Special Privileges:

- Chemotherapy for Non-Oncologists (MC-IP1027E Chemotherapy Authorizing Provider)
- Fluoroscopy (RADI-10100 Fluoroscopy Privileging)
- Hyperbaric Oxygen Therapy (<http://www.med.umich.edu/i/oca/mss/hbot.htm>)
- Laser (OPER-1011 Laser Privileging)
- Robotics (RADI-10102 Privileges for Use of the Robotic Surgical Platform)
- Sedation Analgesia (ANES-28048 Moderate Sedation, ANES-20023 Deep Sedation)

Applications can be found in MLearning for all these privileges with the exception of Hyperbaric Oxygen Therapy. Please go to MLearning to access and complete the associated learning module and privileging form. Please contact Medical Staff Services at (734) 647-6865 with any questions.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval:

_____ As Requested _____ As Modified (please explain) _____

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Service Chief: _____ Date _____

Department Chair: _____ Date _____

FOR MEDICAL STAFF SERVICES USE ONLY			
Committee	Date	Committee Decision	
Credentialing and Privileging Committee		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Executive Committee on Clinical Affairs		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Health System Board		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved