



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF PHYSICAL MEDICINE AND REHABILITATION**

Print Name

	YES		NO	I have participated in direct patient care in the rehabilitation hospital setting within the past two (2) years.
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If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.

If you would like to request Moderate Sedation (Conscious Sedation), please see the Moderate Sedation Delineation of Privileges form.

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Physical Medicine and Rehabilitation, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Physical Medicine and Rehabilitation by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited residency or fellowship training program within the past five (5) years; **AND**
 2. Verification from the program director(s) that the applicant successfully completed the program. Applicants may be requested to provide documentation of the number and types of rehabilitation hospital cases during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently certified in Physical Medicine and Rehabilitation by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must
 1. The applicant should provide documentation of fifty (50) patients who were cared for by the applicant in an inpatient rehabilitation facility, outpatient physical medicine and rehabilitation clinic, consults or an acute care facility within the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name _____

PLEASE NOTE: CPMR-1 CORE PHYSICAL MEDICINE AND REHABILITATION PRIVILEGES are to be considered to be standard and reasonable for a physician in his or her specialty to perform within the context of practice in a rehabilitation hospital setting. Physical Medicine and Rehabilitation physicians shall admit and shall take primary care responsibility for the patient. Responsibilities shall include attendance at regularly scheduled interdisciplinary team conferences in addition to supervision and coordination of all therapy services.

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Physical Medicine and Rehabilitation at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges:

CMC	*PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		PHYSICAL MEDICINE AND REHABILITATION CORE PRIVILEGES
				N/A			N/A	N/A		CPMR-1	Privileges to evaluate, diagnose, and provide consultation and nonsurgical therapeutic treatments to inpatients and outpatients of all ages with physical impairments and/or disabilities involving neuromuscular, neurologic, cardiovascular or musculoskeletal disorders to include physical examination of pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan and/or prescription for treatment that may include the use of physical agents and/or other interventions and evaluation, routine nonprocedural and specific procedural medical care (as outlined below), prescription and supervision of medical and comprehensive rehabilitation goals and treatment plans.

NOTE: Privileges include, ambulation/gait analysis, arthrocentesis, both aspiration and injection, electrical stimulation-muscle and nerve (diagnostic and therapeutic), functional evaluation, lumbar puncture, orthotics evaluation and prescription, prosthetics evaluation and prescription, prescription of therapeutic exercise, joint manipulation/mobilization, soft tissue injection, venipuncture, wheelchair evaluation and prescription, electrodiagnosis (electromyography, peripheral nerve conduction), baclofen pump analysis and refills, and botulinum toxin injection.

* Required for privileges at Atrium Health Pineville Rehabilitation Hospital (PRH).

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	*PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
				N/A			N/A	N/A		CPMR-2	Neurolytic Procedures for the Treatment of Spasticity (including phenol, cryoneurolysis, and other chemical or physical neurolytic techniques applied to peripheral nerves, motor endplates, and muscle nerve branches)	5	
				N/A			N/A	N/A		CPMR-3	Electroejaculation and Vibratory Stimulation for Anejaculation	5	

*Applicant must provide documentation of previous training in the use of electroejaculation and vibratory stimulation for the treatment of anejaculation. In addition, the applicant will be required to perform both procedures under observation of a Carolinas Rehabilitation faculty physician already trained in this procedure, as well as demonstrate knowledge of the risks, benefits, and contraindications.

CMC	*PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)	Number Performed Within The Past 2 Years	Location	
				N/A			N/A	N/A		CPMR-4	Medical Acupuncture		

*Applicant must provide documentation from the applicant's training program of at least 200 hours of AMA Category I training, deemed satisfactory by the Medical Director of CAROLINAS REHABILITATION, in Medical Acupuncture. In addition, the applicant may be required to demonstrate to the Medical Director knowledge of the risks, benefits, and contraindications of the procedure.

Physicians practicing Medical Acupuncture at Carolinas Rehabilitation are expected to establish diagnoses within the traditional framework of Western medical thought, through an appropriate work-up of the patient's condition. It is noted that Acupuncture shall be used in concert with traditional Western medical thought and will not be used as the first alternative unless medical necessity indicates that it is the preferred procedure. The patients' treatment options should also be documented and the rationale for using Medical Acupuncture in each particular situation.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
				N/A			N/A	N/A		CPMR-8	Intraoperative neurophysiological monitoring (IONM)	25	

Print Name _____

TRAINING FOR INTERVENTIONAL PHYSICAL MEDICINE SPECIALISTS:

The privileges listed below are intended for physicians who were granted privileges to perform Interventional Physical Medicine and Rehabilitation procedures prior to December 1, 2005, and who are currently performing these at one of the Atrium Health Greater Charlotte Market facilities.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	INTERVENTIONAL PHYSICAL MEDICINE AND REHABILITATION PRIVILEGES	
				N/A			N/A	N/A		Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)	
				N/A			N/A	N/A		CPMR-5(a)	<ul style="list-style-type: none"> ▪ Spinal Injections - Translaminar lumbar epidural injections/ Percutaneous Lumbar Translaminar Epidural Injection ▪ Spinal injections - Transforaminal lumbar selective epidural injections/Percutaneous Selective Nerve Root Injection ▪ Spinal injections - Lumbar facet injections/Percutaneous Zygapophyseal Joint Injection ▪ Spinal injections - Caudal epidural injections/Percutaneous Caudal Epidural Injection ▪ Spinal injections - Sacroiliac joint injections/Percutaneous Sacroiliac Joint Injection ▪ Spinal injections - Pars interarticularis injections/ Percutaneous Dorsal Root Medial Branch Block ▪ Lumbar Medial Branch Neurotomy ▪ Intra-articular appendicular Joint Injections (fluoroscopically-guided) ▪ Percutaneous Lumbar Discography (diagnostic and therapeutic techniques) ▪ Percutaneous Therapeutic Lumbar Intradiscal Procedures

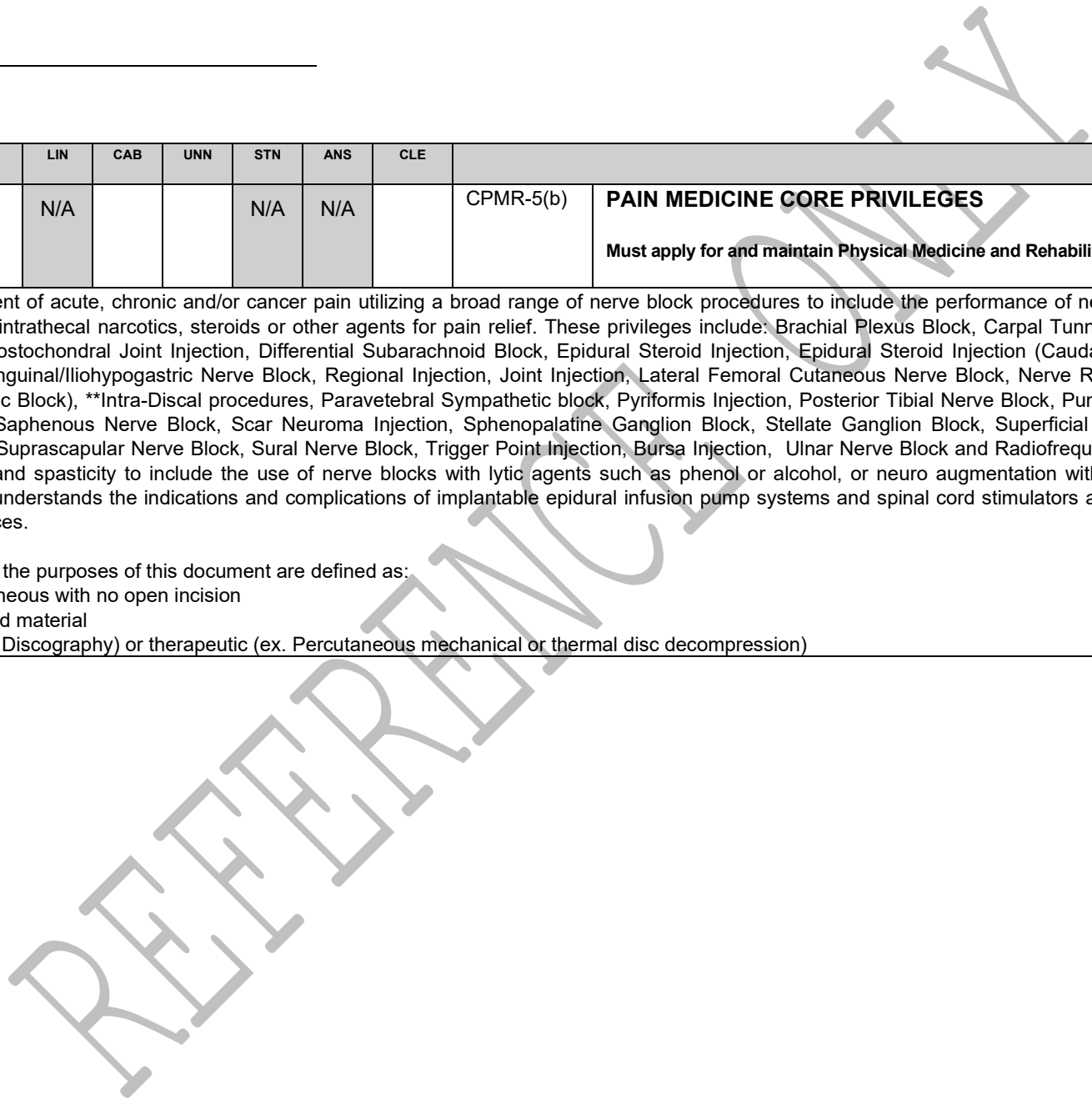
Print Name _____

CMC	*PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		
				N/A			N/A	N/A		CPMR-5(b)	PAIN MEDICINE CORE PRIVILEGES Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)

Comprehensive management of acute, chronic and/or cancer pain utilizing a broad range of nerve block procedures to include the performance of nerve blocks with local anesthetics and the use of epidural or intrathecal narcotics, steroids or other agents for pain relief. These privileges include: Brachial Plexus Block, Carpal Tunnel Injection, Celiac Plexus Block, Coccygeal Nerve Block, Costochondral Joint Injection, Differential Subarachnoid Block, Epidural Steroid Injection, Epidural Steroid Injection (Caudal), Facet Joint Injection, Greater Occipital Nerve Block, Ilioinguinal/Iliohypogastric Nerve Block, Regional Injection, Joint Injection, Lateral Femoral Cutaneous Nerve Block, Nerve Root Block (Spinal Somatic block, Paravertebral Spinal Somatic Block), **Intra-Discal procedures, Paravertebral Sympathetic block, Piriformis Injection, Posterior Tibial Nerve Block, Pump Refill, Peripheral Nerve Block, Sacroiliac Joint Injection, Saphenous Nerve Block, Scar Neuroma Injection, Sphenopalatine Ganglion Block, Stellate Ganglion Block, Superficial Peroneal Nerve Block, Superior Hypogastric Plexus Block, Suprascapular Nerve Block, Sural Nerve Block, Trigger Point Injection, Bursa Injection, Ulnar Nerve Block and Radiofrequency lesioning. The management of problems in pain relief and spasticity to include the use of nerve blocks with lytic agents such as phenol or alcohol, or neuro augmentation with spinal cord or peripheral nerve stimulation. The applicant understands the indications and complications of implantable epidural infusion pump systems and spinal cord stimulators and is facile in the placement and management of these devices.

**Intradiscal procedures for the purposes of this document are defined as:

- Needle-based Percutaneous with no open incision
- Does not utilize retained material
- May be diagnostic (ex. Discography) or therapeutic (ex. Percutaneous mechanical or thermal disc decompression)



Print Name _____

CPMR-5(B) PAIN MEDICINE CORE PRIVILEGES:

In order to meet requirements for privileges to perform Pain Medicine Core Privileges, the applicant must:

1. Have successfully obtained American Board of Medical Specialties (ABMS) Board Certification in Pain Medicine prior to January 1, 2007; **OR**
1. Have met the training requirements which renders the physician eligible for certification in Physical Medicine and Rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Association (AOA); **AND**
2. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Pain Medicine Fellowship; **AND**
3. Have met the training requirements, within the past five (5) years, which renders the physician eligible for subspecialty certification in Pain Medicine by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Association (AOA).

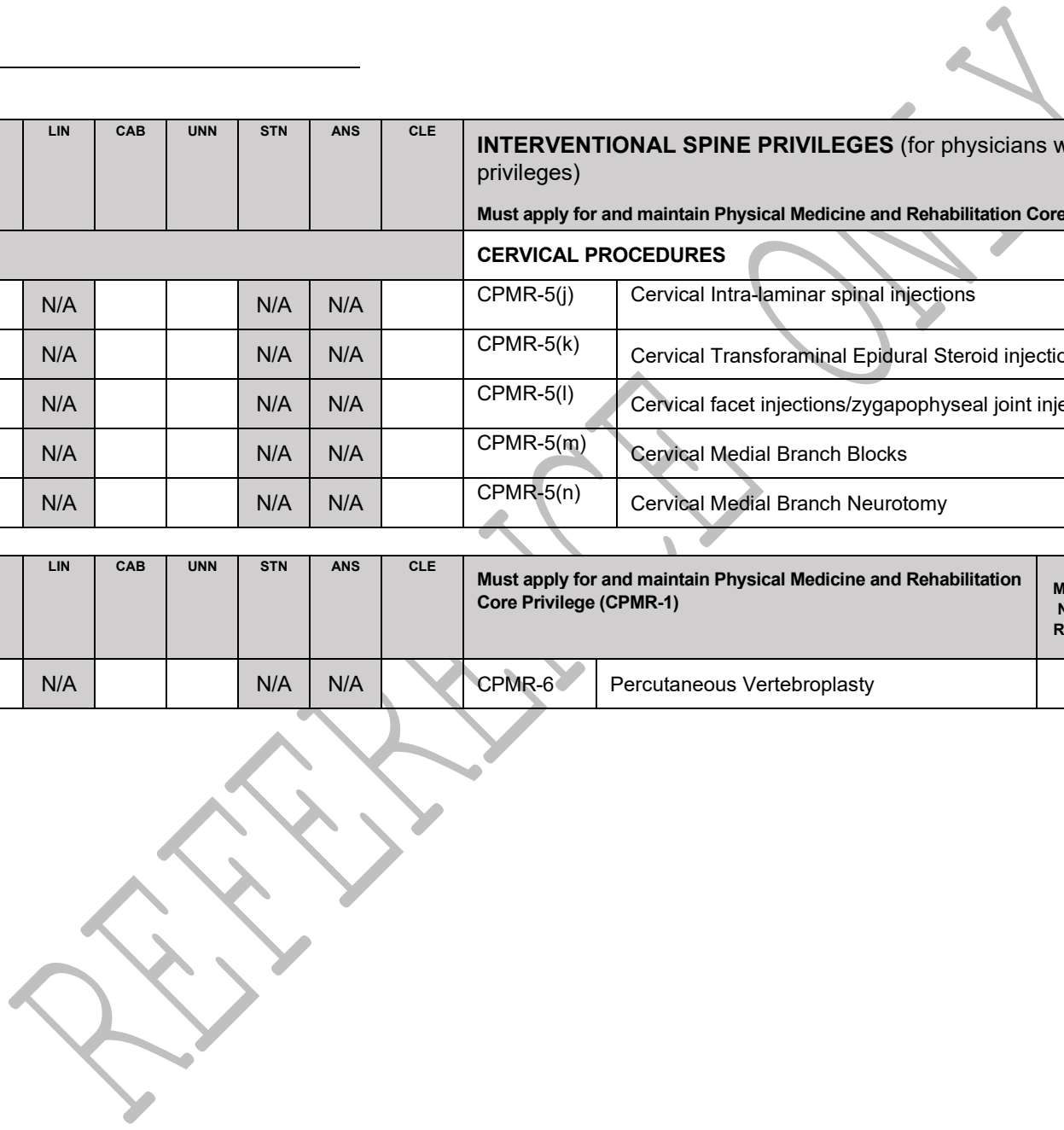
CPMR-5(c) and CPMR-5(d) may be applied for by physicians who are not eligible for Pain Medicine Core Privileges.

CMC	*PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	INTERVENTIONAL SPINE PRIVILEGES (for physicians who are not eligible for the pain core privileges) Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)	
										LUMBAR PROCEDURES	
				N/A			N/A	N/A		CPMR-5(c)	Lumbar Intra-laminar spinal injections
				N/A			N/A	N/A		CPMR-5(d)	Lumbar Transforaminal Epidural Steroid injections
				N/A			N/A	N/A		CPMR-5(e)	Caudal Injections
				N/A			N/A	N/A		CPMR-5(f)	SI Joint Injections
				N/A			N/A	N/A		CPMR-5(g)	Lumbar facet joint injections/zygapophyseal joint injections
				N/A			N/A	N/A		CPMR-5(h)	Lumbar Medial Branch Blocks
				N/A			N/A	N/A		CPMR-5(i)	Lumbar Medial Branch Neurotomy

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	INTERVENTIONAL SPINE PRIVILEGES (for physicians who are not eligible for the pain core privileges) Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)	
										CERVICAL PROCEDURES	
				N/A			N/A	N/A		CPMR-5(j)	Cervical Intra-laminar spinal injections
				N/A			N/A	N/A		CPMR-5(k)	Cervical Transforaminal Epidural Steroid injections
				N/A			N/A	N/A		CPMR-5(l)	Cervical facet injections/zygapophyseal joint injections
				N/A			N/A	N/A		CPMR-5(m)	Cervical Medial Branch Blocks
				N/A			N/A	N/A		CPMR-5(n)	Cervical Medial Branch Neurotomy

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)		Minimum Number Required	Number Performed Within The Past 2 Years	Location
				N/A			N/A	N/A		CPMR-6	Percutaneous Vertebroplasty	10		

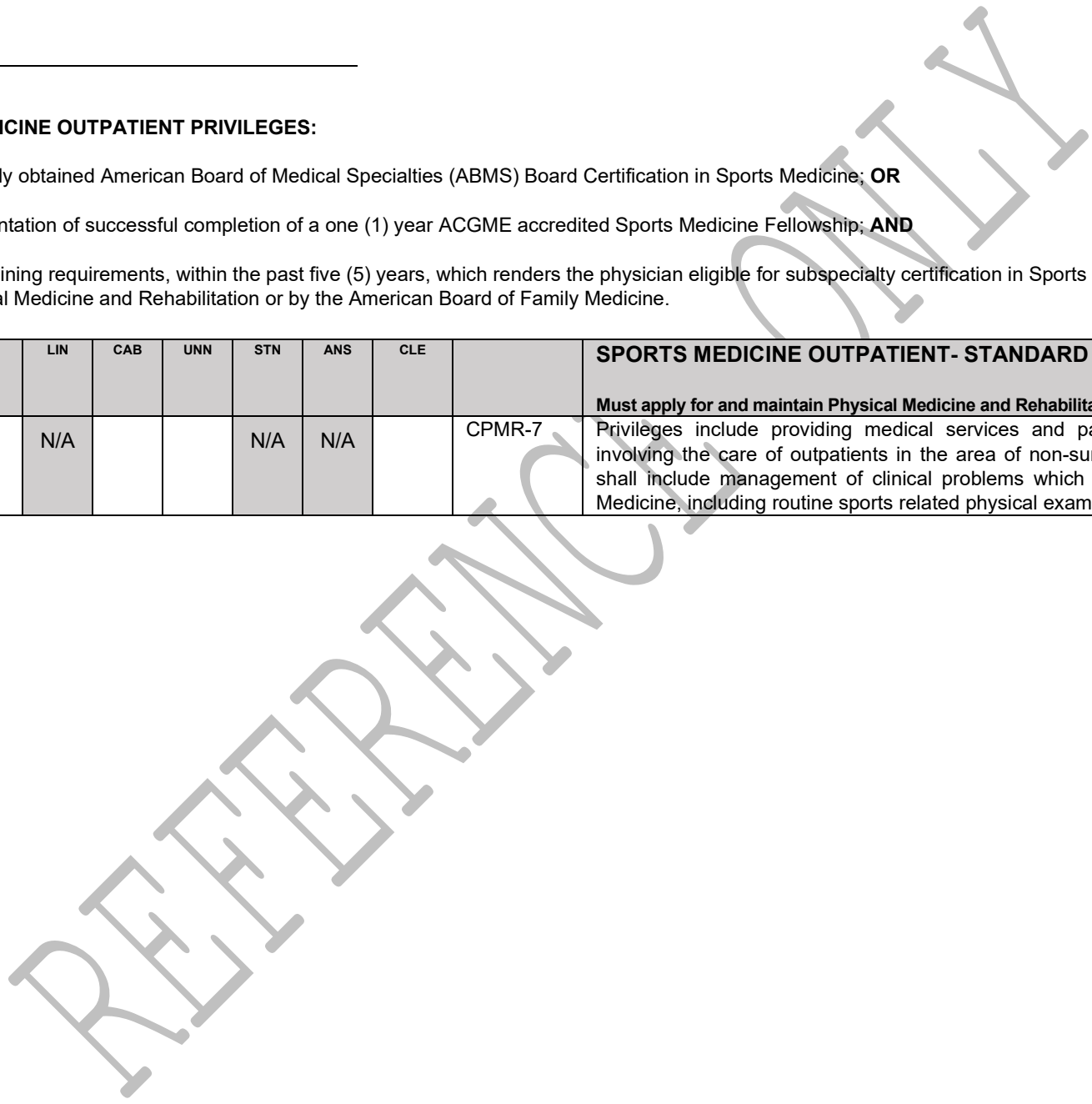


Print Name _____

CPMR-7 SPORTS MEDICINE OUTPATIENT PRIVILEGES:

1. Have successfully obtained American Board of Medical Specialties (ABMS) Board Certification in Sports Medicine; **OR**
1. Provide documentation of successful completion of a one (1) year ACGME accredited Sports Medicine Fellowship; **AND**
2. Have met the training requirements, within the past five (5) years, which renders the physician eligible for subspecialty certification in Sports Medicine, by the American Board of Physical Medicine and Rehabilitation or by the American Board of Family Medicine.

CMC	*PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		SPORTS MEDICINE OUTPATIENT- STANDARD CORE PRIVILEGES
				N/A			N/A	N/A		CPMR-7	Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1) Privileges include providing medical services and participation in teaching activities involving the care of outpatients in the area of non-surgical-Sports-Medicine. Privileges shall include management of clinical problems which fall within the purview of Sports Medicine, including routine sports related physical examinations.



PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

CPMR-2 NEUROLYTIC PROCEDURES FOR THE TREATMENT OF SPASTICITY (INCLUDING PHENOL, CRYONEUROLYSIS, AND OTHER CHEMICAL OR PHYSICAL NEUROLYTIC TECHNIQUES APPLIED TO PERIPHERAL NERVES, MOTOR ENDPLATES, AND MUSCLE NERVE BRANCHES)

1. Completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA), accredited residency program in which experience in Neurolytic Procedures for the Treatment of Spasticity were incorporated; **AND**
2. Provide documentation from the training program director that the physician has acquired skills and demonstrated competence in its performance; **OR**
1. Present evidence of having met the training requirements which renders the physician eligible for certification in Physical Medicine and Rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Association (AOA); **AND**
2. Must be proctored (under direct supervision) in the performance of five (5) injections by a member of the Medical and Dental Staff who is credentialed to perform this procedure. Proctor will assess applicant's understanding of the indications, contraindications, risks and benefits of the procedure, as well as the applicant's ability to perform the procedure.

CPMR-5(c) – CPMR-5(l) LUMBAR INTERVENTIONAL SPINE PRIVILEGES:

1. Provide documentation of successful completion of a one (1) year nationally recognized Interventional Spine Medicine Fellowship; **AND**
2. Provide documentation of current certification in Advanced Cardiac Life Support (ACLS); **AND**
3. For those who have completed the above Fellowship requirements and are not eligible for subspecialty certification in Pain Medicine by the American Board of Physical Medicine and Rehabilitation; they must provide documentation from their Fellowship Director of competency of performance of spinal procedures. The documentation must specifically identify the procedures in which the Applicant has demonstrated competency; **AND**
4. Provide documentation of the independent performance and successful completion of a minimum of one hundred (100) lumbar cases performed under fluoroscopic guidance within the past two (2) years. Documentation must include a minimum of each of the following cases:
 - PMR-6(c) Lumbar Intra-laminar spinal injections – minimum of fifteen (15) cases
 - PMR-6(d) Lumbar Transforaminal Epidural Steroid injections – minimum of fifteen (15) cases
 - PMR-6(e) Caudal Injections – minimum of fifteen (15) cases
 - PMR-6(f) SI Joint Injections – minimum of fifteen (15) cases
 - PMR-6(g) Lumbar facet joint injections/zygapophyseal joint injections – minimum of fifteen (15) cases
 - PMR-6(h) Lumbar Medial Branch Blocks – minimum of fifteen (15) cases
 - PMR-6(i) Lumbar Medial Branch Neurotomy – minimum of ten (10) cases

CPMR-5(j) – CPMR-5(n) CERVICAL INTERVENTIONAL SPINE PRIVILEGES:

1. Provide documentation of successful completion of a one (1) year nationally recognized Interventional Spine Medicine Fellowship; **AND**
2. Provide documentation of current certification in Advanced Cardiac Life Support (ACLS); **AND**
3. For those who have completed the above Fellowship requirements and are not eligible for subspecialty certification in Pain Medicine by the American Board of Physical Medicine and Rehabilitation; they must provide documentation from their Fellowship Director of competency of performance of spinal procedures. The documentation must specifically identify the procedures in which the Applicant has demonstrated competency; **AND**

4. Provide documentation of the independent performance and successful completion of a minimum of seventy-five (75) cervical cases performed under fluoroscopic guidance within the past two (2) years. Documentation must include a minimum of each of the following cases:
 - PMR-6(j) Cervical Intra-laminar spinal injections – minimum of fifteen (15) cases
 - PMR-6(k) Cervical Transforaminal Epidural Steroid injections – minimum of fifteen (15) cases
 - PMR-6(l) Cervical facet injections/zygapophyseal joint injection – minimum of fifteen (15) cases
 - PMR-6(m) Cervical Medial Branch Blocks – minimum of fifteen (15) cases
 - PMR-6(n) Cervical Medial Branch Neurotomy – minimum of five (5) cases

Maintenance Criteria for Continued Privileges (CPMR-5(c) through CPMR-5(n)):

The Physician must submit a representative sample of a minimum of fifteen (15) cases, to include at least five (5) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPMR-6 PERCUTANEOUS VERTEBROPLASTY

SHORT DEFINITION: Percutaneous injection of bone cement such as PMMA (Polymethylmethacrylate) into the affected vertebral body. Primary indications include painful osteoporotic compression fractures refractory to medical therapy, and osteolytic vertebral body lesions such as metastatic cancer. Fluoroscopic or CT guidance of a transpedicular or direct corporal puncture approach is essential for patient safety, along with active fluoroscopic monitoring during the cement injection. Percutaneous techniques which involve restoration of vertebral body height (Kyphoplasty) are not part of this privilege.

In order to meet requirements for privileges to perform Percutaneous Vertebroplasty, the applicant must:

1. Have successfully obtained American Board of Medical Specialties (ABMS) Board Certification in Pain Medicine prior to January 1, 2007; **OR**
 1. Have met the training requirements which renders the physician eligible for certification in Physical Medicine and Rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Association (AOA); **AND**
 2. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Pain Medicine Fellowship; **AND**
 3. Have met the training requirements, within the past five (5) years, which renders the physician eligible for subspecialty certification in Pain Medicine by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Association (AOA); **AND**
 4. Provide documentation from the Director of the applicant's training program that he/she has successfully performed ten (10) Vertebroplasty procedures and is competent in its performance; **AND**
 5. If training for Vertebroplasty was not included in Residency or Fellowship training, applicant must have successfully completed an Accreditation Council for Continuing Medical Education (ACCME) Course in Vertebroplasty;
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CPMR-8 Intraoperative Neuromonitoring Services

EXPLANATION: Privileges include the ability to independently monitor a variety of surgical procedures (including neurosurgery, otolaryngology, vascular surgery and orthopedic surgery) in which neural structures are at risk. Procedures include, but are not limited to, aneurysms, brain and spine tumors, AVM, TAAA, spinal fusions, middle ear surgery, spinal cord decompression, and miscellaneous peripheral and cranial nerve procedures

QUALIFICATIONS:

The applicant must provide the following:

1. Documentation of certification by the American Board of Physical Medicine & Rehabilitation (ABMS) or the American Osteopathic Association (AOA); **AND**
2. Provide documentation of at least twenty-five (25) lifetime IONM procedures to the satisfaction of facility department or section chief; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform IONM Studies. You must provide documentation of proctoring for twenty-five (25) procedures.

REFERENCE

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPMR-5(c))
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TOTAL	
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REFERENCE ONLY