

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
DEPARTMENT OF MEDICINE
Pain Medicine and Rehabilitation
Delineation of Privileges

PHYSICIAN NAME

QUALIFICATIONS: Licensed physician (DO or MD) as defined in the Department Rules and Regulations with appropriate specialty training.

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in Physical Medicine and Rehabilitation for the past 24 months reflective of the scope of privileges requested.

REQ=Requested APP=Approved

REQ	APP	PRIVILEGE REQUESTED
		ADMIT , evaluate, diagnose and provide treatment or consultative services solely to patients presenting with neuromuscular or musculoskeletal disorders, pain syndromes and/or other physical or cognitive impairments or disabilities. These privileges do not include the privilege to admit patients with general Internal medicine or Family Practice diseases.

PHYSICAL MEDICINE AND REHABILITATION PRIVILEGES/AREA OF PRACTICE: All Physical Medicine and Rehabilitation Physicians are eligible to apply for the following core privileges including nerve conduction studies and electromyography.

REQ	APP	PRIVILEGE REQUESTED
		Physical Medicine and Rehabilitation Core Privileges

INTERVENTIONAL PAIN MANAGEMENT PRIVILEGES: Physical Medicine and Rehabilitation Physicians with appropriate specialty training/experience are eligible to apply for the following pain management privileges provided that specific criteria are met. Provider will submit documentation of training in invasive interventional pain management approved by the ASA and/or acceptable to the Anesthesia Section OR Documentation of active practice in pain management, which is acceptable to the Anesthesia Section.

REQ	APP	PRIVILEGE REQUESTED
		C-Arm directed Dorsal column stimulator placement
		Pulse generator placement
		Subcutaneous tunneled epidural catheters
		Continuous intrathecal morphine delivery systems: intrathecal catheter placement and pump placement
		Radiologic assisted invasive pain management

SPECIAL PROCEDURES

		Procedural sedation *** (SEE CRITERIA ON WEBSITE) <u>A drug induced minimally depressed level of consciousness that retains a patient's ability to maintain a patient's airway independently and continuously.</u>
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- I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly I am requesting permission to do these procedures.
- By my signature below, I certify that my malpractice insurance meets or exceeds the limits required by the Board of Directors.

Applicant's Signature:		Date	
APPROVALS:			
SIGNATURE: Anesthesia Section/Surgery Department Chairman/Vice Chairman			Date
SIGNATURE: Medicine Department Chairman/Designee			Date
Executive Committee	Date	Board of Directors	Date