

**PACIFIC HOSPITAL OF LONG BEACH**  
**DELINEATION OF PRIVILEGES**  
**Department of Medicine/Family Practice**  
*Physical Medicine and Rehabilitation*

Name of Applicant: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

<b>QUALIFICATIONS/CRITERIA</b>	
<b>Category I</b>	<b><i>Usual and Customary Privileges</i></b>
	<ol style="list-style-type: none"> <li>1. Complete an ACGME or AOA accredited internship in General Medicine or Residency in Physical Medicine.</li> <li>2. Board certification or qualification for certification by the American Board of Physical Medicine or AOA equivalent</li> <li>3. Demonstrated competence in Category I privileges.</li> </ol>
<b>Category II</b>	<b><i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i></b>
	<ol style="list-style-type: none"> <li>1. Board certification or in process of certification by the American Board of Family Practice.</li> <li>2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> <li>• Documentation of residency training and experience in the advanced procedure</li> <li style="text-align: center;"><b>OR</b></li> <li>• Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested.</li> </ul> </li> </ol>

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

**Pacific Hospital of Long Beach**  
*Physical Medicine and Rehabilitation privilege form*

<b>Requested</b>	<b>Usual and Customary Privileges</b>	<b>Granted</b>	<b>Special Conditions</b>
	<i>General</i>		
	Admit and provide care co-jointly with a physiatrist		
	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		
	Conscious Sedation (must pass approved exam)		
	History and Physical examination		
	<i>Category I</i>		
	Anesthetic Nerve Block		
	Arthritides		
	Arthrocentesis both Aspiration and Injection		
	Biofeedback		
	Botulism toxin therapeutic injection for dystonia/spasticity		
	Diagnostic nerve block		
	Dysmobility syndromes		
	Electrodiagnosis		
	Electrodiagnostic testing of neuromuscular block disorder		
	Electromyography		
	Electromyography nerve conduction study		
	Evaluation, prescription and supervision of treatment for medical Rehab		
	Intra- articular and injection		
	Muscle contractility study		
	Muscle strength testing		
	Myoneural junction blocks		
	Nerve conduction velocity testing (both motor and sensory)		
	Neurolytic nerve block		
	Orthotic and prosthetic prescription		
	Oscillometrics		
	Other peripheral nerves		
	Pain-weakness syndromes (neuromuscular and musculoskeletal)		
	Peripheral vascular testing		
	Pharmacologic motor unit study		
	Phenol or alcohol nerve block for spasticity		

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<b>Requested</b>	<b>Usual and Customary Privileges</b>	<b>Granted</b>	<b>Special Conditions</b>
	Prescription or orthoses, prosthesis, and assistive devices		
	Pudendal		
	Range of Joint Motion evaluation		
	Sciatic		
	Soft Tissue infection, ligament, sheath, tendon, trigger point		
	Spinal cord syndromes		
	Stoke syndromes		
	TENS- neuroproble		
	Thermometrics		
	Traction- manual, mechanical		
	Treadmill with Pulmonary and EKG monitoring		
	<i>Category II</i>		
	Biofeedback		
	Caudal equina		
	Epidural injections		
	Excessive stress testing and interpretation		
	IDETS		
	Facet Blocks		
	Greater occipital		
	Intercostals, pudendal, sciatic		
	Muscle Biopsy		
	Nucleoplasty		
	Plethysmography		
	Radiofrequency		

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**APPROVALS:**

Exceptions/limitations: \_\_\_\_\_

\_\_\_\_\_  
 Service Chief/Division Chief of Medicine/Family Practice

\_\_\_\_\_  
 Date

Credentials Committee approval on: \_\_\_\_\_

Medical Executive Committee approved on: \_\_\_\_\_

Board of Directors approved on: \_\_\_\_\_

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