

**CARLSBAD MEDICAL CENTER  
APPLICATION FOR CLINICAL PRIVILEGES  
DEPARTMENT OF MEDICINE: PHYSICAL MEDICINE AND REHAB/PHYSIATRY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Life threatening emergency:** At the time of a clinical emergency, any practitioner may render whatever care he/she believes to be indicated.

**Board certified in Physical Medicine and Rehabilitation requested, or Board qualified within the current time limits specified by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.**

**Physical Examination:**

Requested	Granted	
___	___	Pain, weakness, numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan and/or prescription for treatment which may include the use of the physical agents and/or other interventions

Including evaluation, prescription and supervision of medical and comprehensive rehabilitation goals and treatment plans for:

Requested	Granted	
___	___	Stroke syndromes
___	___	CNS degenerative diseases
___	___	CNS demyelinating diseases
___	___	Cranial nerve palsies and brainstem syndromes
___	___	Cerebral Palsy
___	___	Cognitive disorders
___	___	Traumatic brain and/or head injury
___	___	Spinal cord syndromes
___	___	Spina Bifida and/or myelomeningocele disorders
___	___	Scoliotic disorders
___	___	Chronic neuromusculoskeletal pain syndromes
___	___	Acute neuromusculoskeletal pain syndromes
___	___	Cancer related disorders
___	___	Myopathies and muscular dystrophies
___	___	Weakness (including poor endurance)
___	___	Amputation (both congenital and acquired)
___	___	Hand and/or foot disorders
___	___	Impairments after trauma, fracture and/or contracture
___	___	Burn disorders
___	___	Peripheral nerve disorders
___	___	Pressure ulcers (decubitus)
___	___	Arthritis and related rheumatic conditions
___	___	Cardiac/circulatory diseases
___	___	Peripheral vascular disorders
___	___	Pulmonary disorders
___	___	Visual disorders
___	___	Sport injuries
___	___	Performing and/or other arts injuries
___	___	Occupational injuries
___	___	Other nonsurgically urgent disorders <b>requiring</b> rehabilitation (list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Requested    Granted**

—	—	Other (list)
—	—	_____
		_____
		_____

**Treatment and Performance of:**

**Requested    Granted**

—	—	Routine non-procedural medical care
—	—	Routine primary care procedures
—	—	Venipuncture
—	—	*Arterial puncture
—	—	Rehabilitation potential determination
—	—	Rehabilitation placement propriety
—	—	Prescription/administration/supervision of therapies
—	—	Prescription/administration/supervision of physical therapies
—	—	Prescription of prosthetic/orthotic and durable medical equipment
—	—	Prosthetic/orthotic and durable medical equipment checkout
—	—	Arthrocentesis: both aspiration and injection
—	—	joints (small, intermediate and major)
—	—	bursae
—	—	Manipulation/mobilization
—	—	peripheral
—	—	spinal
—	—	direct
—	—	indirect
—	—	cranial
—	—	Serial casting
—	—	Soft tissue injection
—	—	ligament
—	—	tendon
—	—	sheath
—	—	muscle
—	—	fascial
—	—	Myofascial trigger point
—	—	Prolotherapy
—	—	Chemolysis (Paralytic and Non-Paralytic)
—	—	intramuscular (motor point)
—	—	peripheral nerve
—	—	cauda equina
—	—	Anesthetic and/or motor blocks
—	—	peripheral nerve
—	—	myoneural junction
—	—	sympathetic chain/ganglia
—	—	caudal
—	—	facet nerve/joint (may include the use of steroid)
—	—	*epidural (may include the use of steroid) (Documented competency by Chief of Anesthesiology)
—	—	Hyperbaric oxygen treatments
—	—	Hydrology
—	—	Work determination status
—	—	Impairment and disability evaluation

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Requested	Granted	
___	___	Work hardening and stimulation program direction
___	___	Rehabilitation research
___	___	Other (list)

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**Performance and interpretation of:**

Requested	Granted	
___	___	Electrodiagnosis
___	___	electromyography
___	___	electroneurography (conduction studies)
___	___	special procedures
___	___	Somatosensory evoked potentials
___	___	non-operative (standard diagnostic)
___	___	intra-operative
___	___	Auditory evoked potentials
___	___	Visual evoked potentials
___	___	Urodynamic studies
___	___	cystometrograms
___	___	sphincter EMG
___	___	urethral pressure profile
___	___	uroflow
___	___	Thermography for PSD
___	___	liquid crystal
___	___	electronic inferred
___	___	Peripheral vascular testing
___	___	*Work physiology testing: treadmill and pulmonary ECG monitoring
___	___	Muscle/muscle motor point biopsies
___	___	Facet joint arthrogram
___	___	Discography
___	___	Small, intermediate or major joint arthrogram
___	___	Gait laboratory studies
___	___	Ergometric studies
___	___	Muscle strength testing
___	___	Range of motion evaluation
___	___	Coordination testing
___	___	Radiological and lab procedures (interpretation only)
___	___	Dysphagia studies (interpretation only)
___	___	Other (list)

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**\*Those privileges marked with an \* require documentation of training.**

Requested	Granted	
___	___	*Conscious sedation (Documented competency by training director or Chief of Anesthesiology)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Specific privileges denied:            
  Yes  No

If yes, please comment: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



### **AUTHORIZATION FOR BACKGROUND CHECK**

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

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Print Name

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Signature

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Date