

**NEW MEXICO STATE VETERANS HOME**  
**DELINEATION OF CLINICAL PRIVILEGES**  
**PHYSICIAN SERVICES**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

By checking an item below you are requesting the privilege of practicing the item without supervision and stating that you are qualified to do so.

**PROCEDURES**

- \_\_\_\_\_ Electromyography and nerve conduction studies
- \_\_\_\_\_ Catheterization of the urinary bladder
- \_\_\_\_\_ Joint aspiration and injection
- \_\_\_\_\_ Therapeutic soft tissue injection
- \_\_\_\_\_ Peripheral nerve blocks with local anesthetics
- \_\_\_\_\_ Conduction block of muscle motor points and peripheral nerves with neurolytic agents (Phenol-alcohol)
- \_\_\_\_\_ Manipulation of the cervical and lumbosacral spine and peripheral joints in the un-anesthetized patient
- \_\_\_\_\_ Routine primary care procedures such as, suturing of skin lacerations, care of minor wounds, insertion of nasogastric tubes, drawing of venous and arterial blood samples, and applying simple casts and splints.
- \_\_\_\_\_ Emergency medical procedures as needed including cardiorespiratory resuscitation, intravenous and intracardiac emergency injections
- \_\_\_\_\_ Biofeedback.

**TREATMENT**

- \_\_\_\_\_ Evaluation and treatment of connective tissue disorders
- \_\_\_\_\_ Evaluation and treatment of acute and chronic neuromusculoskeletal pain syndromes
- \_\_\_\_\_ Treatment of metabolic disorder as related to musculoskeletal problems in the course of rehabilitation

## Delineation of Privileges

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- \_\_\_\_\_ Treatment of endocrinological disorders as related to musculoskeletal problems or as needed in the course of rehabilitation
- \_\_\_\_\_ Management of degenerative, metabolic hereditary, traumatic, and miscellaneous types of bone and joint disease
- \_\_\_\_\_ Evaluation and treatment of degenerative problems of the nervous system, vascular problems, infectious problems when related to the rehabilitation of patients, carcinomatous problems, treatment of congenital problems
- \_\_\_\_\_ Treatment of diseases and conditions of any body system when related to neuromusculoskeletal complaints or an overall rehabilitation program
- \_\_\_\_\_ Treatment of contractures of soft tissues and joints
- \_\_\_\_\_ Prescription of Physical Therapy and Occupational Therapy
- \_\_\_\_\_ Prescription of orthotic and prosthetic devices
- \_\_\_\_\_ Treatment of pressure ulcers
- \_\_\_\_\_ Treatment of neurogenic bladder and bowel dysfunction

### **REHABILITATION**

- \_\_\_\_\_ Rehabilitation of patient with amputations
- \_\_\_\_\_ Rehabilitation of patients with spinal cord injuries
- \_\_\_\_\_ Rehabilitation of patients with hereditary, congenital, infectious, metabolic, traumatic, vascular, and other disabilities of the peripheral and central nervous system
- \_\_\_\_\_ Rehabilitation of patient with connective tissue disorders of both articular and non-articular types
- \_\_\_\_\_ Rehabilitation of patient with chronic pain problems
- \_\_\_\_\_ Rehabilitation of patients with burns
- \_\_\_\_\_ Rehabilitation of patients with any type of paralysis
- \_\_\_\_\_ Rehabilitation of patient with myopathic diseases
- \_\_\_\_\_ Rehabilitation of patients with neuropathic diseases
- \_\_\_\_\_ Rehabilitation of patients with fractures
- \_\_\_\_\_ Rehabilitation team direction and supervision.

### **CHEMICAL DEPENDENCY TREATMENT**

- \_\_\_\_\_ Evaluation and treatment including detoxification of patients with alcohol, opioid, cocaine, benzodiazepine and other drugs

**OTHER**

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**NMSVH CREDENTIALING COMMITTEE RECOMMENDATION:**

The members of the NMSVH Credentialing Committee have reviewed and investigated this application and hereby recommend that this application be:

\_\_\_\_\_ Accepted for appointment/reappointment of staff membership and/or continuation of current privileges.

\_\_\_\_\_ Accepted for reappointment of staff membership and modification of privileges as outlined on privilege delineation forms.

\_\_\_\_\_ Rejected or accepted with restrictions for the following reasons:

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NMSVH Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**ACTION BY GOVERNING BOARD:**

\_\_\_\_\_ Concur with NMSVH Credentialing Committee recommendation

\_\_\_\_\_ Other action (describe): \_\_\_\_\_

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