

DOP INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
 - You must meet the initial criteria detailed on the DOP
 - 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 the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
<p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

IMAGE #2

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core 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.

**ATRIUM HEALTH
REAPPOINTMENT DOP
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.

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.

				N/A			N/A	N/A		CPMR-2*	Neurolytic Phenol Nerve Blocks for Treatment of Spasticity (Including injection of phenol into appendicular nerves or motor endplate points)	5		
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1. Completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA), accredited residency program in which experience in Neurolytic Phenol Nerve Blocks for Treatment of Spasticity was 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.

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-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.

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 Carolinas HealthCare System facilities.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	INTERVENTIONAL PHYSICAL MEDICINE AND REHABILITATION PRIVILEGES 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

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)
<p>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.</p> <p>**Intradiscal procedures for the purposes of this document are defined as:</p> <ul style="list-style-type: none"> ▪ 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) 											

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
										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

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-5(C) – CPMR-5(I) 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

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	

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**
1. 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;

CMC	*PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		SPORTS MEDICINE OUTPATIENT- STANDARD CORE PRIVILEGES
				N/A			N/A	N/A		CPMR-7	<p>Must apply for and maintain Physical Medicine and Rehabilitation Core Privilege (CPMR-1)</p> <p>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.</p>

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.

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 _____