

**Harris Methodist Southlake Center for Diagnostics and Surgery
Privileges in Physical and Rehabilitative Medicine**

Name: _____

Qualifications for Physical and Rehabilitative Medicine Core privileges

To be eligible for core privileges in physical and rehabilitative medicine, the applicant must meet the following qualifications:

- Demonstration of the provision of inpatient or consultative services for at least 50 physical and rehabilitative medicine patients in a JCAHO-accredited hospital or outpatient rehabilitation center during the past two years;

and

- Current certification or active participation in the certification process leading to certification in physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Rehabilitation Medicine, or
- Documented equivalent training as deemed acceptable by the Medical Staff; i.e., formal training and experience received in a residency/fellowship program.

Physical Medicine and Rehabilitation Core Privileges

Privileges include: to admit, evaluate, diagnose, and provide nonsurgical therapeutic treatments to inpatients and outpatients of all ages—except as specifically excluded from practice—with neuromuscular or musculoskeletal disorders, including the provision of consultations.

Privileges include physical examination of pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan and/or prescription for treatment that may include the use of physical agents and/or other interventions; evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans.

Pain Management (Requires completion of Pain Management privilege request form)

Acknowledgement of practitioner

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 Harris Methodist Southlake Center for Diagnostic and Surgery Hospital; 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.

Signed: _____

Date: _____

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Credentials Committee Recommendations: _____ **Recommend** _____ **Deny**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):
