

CLINICAL PRIVILEGES - PHYSICAL THERAPIST

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

- CODES:**
1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
 2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
 3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES - PHYSICAL THERAPIST

(NOTE: Guidelines for physical therapy practice include AFI 44-119; AFI 32-2101; AFMAN 36-2105; American Physical Therapy Association (APTA) Guide to Physical Therapy Practice, Chapters 1-3; and the Joint Commission on Accreditation of Healthcare Organizations)

Requested	Verified	
		A. CORE PRIVILEGES
		1. Provide physical therapy patient examination, evaluation, treatment, consultation, and discharge of patients with neuromuscular skeletal symptoms referred by other health care providers. Direct intervention procedures to include but not limited to: tests of strength, balance, coordination, endurance, and gait; gait training; assessment of activities of daily living (ADL); therapeutic exercise; thermal therapy; cryotherapy; hydrotherapy; electro-modalities <i>(to include iontophoresis, phonophoresis, ultrasound, and electrical stimulation)</i> ; traction; manual therapy <i>(to include mobilization, manipulation, and myofascial techniques)</i> ; burn/wound care <i>(to include debridement and dressing changes)</i> ; order, adjust, and instruct in the use of braces, crutches, walkers, wheelchairs, prostheses, and other related appliances to support and assist the mobility and stability of the patient.
		2. Refer patients to specialty clinics
		3. Administer temporary profiles
		B. SUPPLEMENTAL/SPECIAL PRIVILEGES
		1. Perform initial evaluation and treatment of patients with neuromusculoskeletal symptoms without physician referral <i>(practice in a direct access mode)</i>
		2. Order appropriate diagnostic imaging studies
		a. Diagnostic radiographic studies <i>(to be interpreted by radiologist/orthopedist)</i>
		b. Magnetic resonance imaging/computed tomography (MRI/CT) studies <i>(to be interpreted by radiologist/orthopedist)</i>
		3. Order appropriate diagnostic laboratory studies <i>(to be interpreted by a physician)</i>
		4. Prescribe aspirin, acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), and designated muscle relaxants from MTF formulary
		5. Perform and interpret electromyography/nerve conduction study (EMG/NCS) diagnostic studies
		6. Perform pediatric/neurodevelopmental therapy
		a. Pediatric neuromusculoskeletal development evaluation and treatment
		b. Neonatal
		c. Early intervention
		d. School-based
		7. Perform cardiac rehabilitation
		8. Perform exercise stress testing
		9. Assign quarters <i>(up to 72 hours)</i>
		C. OTHER <i>(Specify)</i>
		1.
		2.
		3.
SIGNATURE OF APPLICANT		DATE

II. CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)

DATE