

CLINICAL PRIVILEGES - OCCUPATIONAL 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 - OCCUPATIONAL THERAPIST

(NOTE: Guidelines for occupational therapy practice include AFI 44-119; AFI 44-153; AFPAM 44-155; AFI 36-2201; AF; AFMAN 36-2105, American Occupational Therapy Association (OTA) Guide to Occupational Therapy Practice, and the Joint Commission on Accreditation of Healthcare Organizations)

| Requested | Verified | |
|-----------|----------|---|
| | | A. CORE PRIVILEGES |
| | | 1. Provide occupational therapy patient examination, evaluation, treatment, consultation, education, and discharge of patients with neuromuscular skeletal symptoms, psychosocial dysfunction, and cognitive dysfunction referred by other health care providers. Direct intervention procedures include but are not limited to those listed: |
| | | a. Tests of strength, coordination, endurance, cognition <i>(to include orientation, concentration, memory, and problem solving abilities)</i> and assessment of activities of daily living (ADL) |
| | | b. Therapeutic exercise |
| | | c. Modalities <i>(cold and hot packs, fluidotherapy, paraffin)</i> |
| | | d. Burn/wound care <i>(to include debridement and dressing changes)</i> |
| | | e. Fabricate customized splints |
| | | f. Order, adjust, and instruct in the use of braces, wheelchairs, prostheses, and other related appliances to support and assist the mobility and independence of a patient |
| | | g. Psychosocial performance to include work, combat stress, and lead groups to remedy dysfunction |
| | | 2. Refer patients to specialty clinics |
| | | 3. Hand therapy |
| | | B. SUPPLEMENTAL/SPECIAL PRIVILEGES |
| | | 1. Order appropriate diagnostic imaging studies |
| | | a. Diagnostic radiographic studies <i>(to be interpreted by radiologist/orthopedist)</i> |
| | | 2. Order appropriate diagnostic laboratory studies <i>(to be interpreted by a physician)</i> |
| | | 3. Prescribe aspirin, acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), and designated muscle relaxants from MTF formulary |
| | | 4. Perform pediatric/neurodevelopmental therapy |
| | | a. Pediatric neuromusculoskeletal development evaluation and treatment |
| | | b. Neonatal |
| | | c. Early intervention |
| | | d. School-based |
| | | 5. Perform oral-motor assessment and treatment, assist in swallow studies |
| | | 6. Perform critical incident stress debriefing (CISD) and assist in neuropsychiatric triage |
| | | 7. Perform work site evaluation, ergonomic evaluation and education, functional capacity evaluation; apply ergonomic principles; and implement work therapy principles to improve functional performance |
| | | 8. Administer temporary profiles and assign quarters <i>(up to 72 hours)</i> |
| | | C. OTHER <i>(Specify)</i> |
| | | 1. |
| | | 2. |
| | | 3. |

SIGNATURE OF APPLICANT

DATE

CLINICAL PRIVILEGES - OCCUPATIONAL THERAPIST (Continued)

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