

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN PHYSICAL MEDICINE-REHABILITATION

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N POPULATION**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults: 13 - 65 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics: Over 65 Years

**R G C N GENERAL PRIVILEGES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation Privileges 1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History and Physical 1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescribing Privileges 1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certifying of Medical Marijuana (1,2,3,5,6,7,8,10,13) (*Must satisfy certain credentialing criteria to be approved)

**R G C N GENERAL PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture 1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Botulinum Toxin Use for Neurologic Conditions* 1,2,3,5,6,7,8,10,13) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Botulism Toxin Chemodenervation with or without Electromyography (EMG) Guidance 1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrathecal Baclofen Pump Refill 1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Aspiration and Injection with Local Anesthetic and/or Steroid 1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of Neurogenic Dysfunction of Bowel and Bladder (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minor Debridement of Decubitus Skin Ulcers (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Osteopathic Manipulation (OMT) (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain Management (1,2,3,5,6,7,8,10,13)

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**R G C N GENERAL PROCEDURES**

R	G	C	N	GENERAL PROCEDURES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription of Assistive Devices (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription of Augmentative Devices (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription of Exercise (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription of Functional Home and Vehicular Modifications (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription of Orthoses (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription of Prostheses (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation - Burn (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation - Cancer (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation - Cardiopulmonary (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation - Geriatric (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation - Wound Care (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Joint and Connective Tissue Disorders (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Limb Deficiencies (Congenital and Acquired) (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Musculoskeletal Injuries and Disorders (Acquired and Developmental) (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Neuromuscular Disorders (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Neuropathic Injuries and Disorders (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Non-Traumatic Central Nervous System Disorders (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Stroke (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Traumatic and Non-traumatic Brain Injuries and Disorders (1,2,3,5,6,7,8,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation of Traumatic and Non-traumatic Spinal Cord Injuries and Disorders (1,2,3,5,6,7,8,10,13)

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN PHYSICAL MEDICINE-REHABILITATION**

Initial       Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

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**R   G   C   N   GENERAL PROCEDURES**

|       Trigger Point Injections and Dry Needling (1,2,3,5,6,7,8,10,13)

**R   G   C   N   ELECTRODIAGNOSIS**

|       Electromyography and Nerve Conduction\* (1,2,3,5,6,7,8,10,13) (\*Subject to rules of Department, proof of training, and interview with Chief of Division of Neurology.)

**R   G   C   N   ADVANCED PROCEDURES   \*\*Requires fellowship training and documentation of cases**

|       Epidural/Caudal (including continuous techniques)\* (1,2,3,5,6,7,8,10,13) (\*Must satisfy certain credentialing criteria to be approved)

|       Epidural Steroid Administration\* (1,2,3,5,6,7,8,10,13) (\*Must satisfy certian credentialing criteria to be approved)

|       Diagnostic and Therapeutic Nerve Blocks\* (1,2,3,5,6,7,8,10,13) (\*Must satisfy certain credentialing criteria to be approved)

|       Radiofrequency Rhizotomy\* (1,2,3,5,6,7,8,10,13)) (\*Must satisfy certain credentialing criteria to be approved)

**R   G   C   N   OTHER**

|       Fluoroscopy Privileges\* (1,2,3,4,5,6,7,8,10,11,12) (\*Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer)

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN PHYSICAL MEDICINE-REHABILITATION

Name \_\_\_\_\_

### Privileges by Location:

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 13 - LVH-Hecktown Oaks
- 14 - LVH-Coordinated Health - Allentown
- 15 - LVH-Coordinated Health - Bethlehem
- 16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
- 17 - LVHN East Stroudsburg Ambulatory Surgery Center
- 18 - LVH-Pocono

**LEHIGH VALLEY HEALTH NETWORK**

**CLINICAL AREA PHYSICAL MEDICINE-REHABILITATION**

Name \_\_\_\_\_

**Acknowledgement of Practitioner**

I hereby request the privileges noted.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*Recommendations\*\*\***

I have reviewed the request for clinical privileges and supporting documentation and

**Recommend As Requested**       **Recommend with Exceptions**       **Do Not Recommend**  
the privileges requested above.

**EXCEPTIONS**

Exception to Privilege:	Conditions/Modifications

Explanation:

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SUPERVISING PHYSICIAN (AHPs ONLY)	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date

