

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
Physical Medicine and Rehabilitation
Delineation of Privilege Form
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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Admit, treat and / or consult on condition / problem requiring knowledge obtained at the level of specialty training in physiatry to include evaluation, nonsurgical management and rehabilitative techniques for adolescents and adults				
Consult on condition/ problem requiring knowledge of physiatry to include evaluation, nonsurgical management and rehabilitative techniques for adolescents and adults				
Evaluation and Nonsurgical Management				
Arthritis				
Back disorders and deformities				
Cerebral palsy				
Decubitus ulcers				
Degenerative diseases of central nervous system				
Disability evaluation				
Disorders of tendons, joints, bursa				
Facial palsy				
Peripheral nerve injuries and diseases				
Muscle disorders				
Myopathies				
Skeletal muscle paralysis				
Spinal cord injuries, congenital and traumatic				
Stroke				

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Category I Privileges continued	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I privileges continued				
Rehabilitation				
Amputee				
Arthritis				
Burns				
Cardiac				
Respiratory				
Speech and language				
Spinal cord injury				
Stroke and other brain damage				
Special Procedures / Techniques				
Biofeedback				
Diagnostic nerve block				
Electrical stimulation- muscle and nerve				
Electrodiagnostic neuromuscular block				
Electromyography (nerve conduction velocity and amplitude testing and needle examination)				
Intra-articular injection				
Neurolytic nerve block				
Phenol or alcohol nerve block or botulism injection for spasticity				
TENS- neuroprobe				
Traction- manual, mechanical				
Thermography				
Osteopathic manipulative treatment				
Epidural injections				
Facet blocks				
Lumbar puncture				

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Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date