

UNMMG Chiropractic Medicine Clinical Privileges

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

		Requested
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Renewal of privileges (reappointment)

		Requested
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Expansion of privileges (modification)

		Requested
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Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised in UNMMG clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined by the clinic or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to.

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Supervision

General Supervision of the activities and services of the DC is provided by the chair of the department to which the DC is assigned and the supervising physician(s) of record. Specific supervision within the clinic will be the responsibility of and under the direction of the Medical Director.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the DC provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and requested time frames for preparing and completing the medial record and portions thereof are applicable to all entries made.

General Relationship to Others

The DC may have authority to direct any clinic personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the DC is authorized to provide.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

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Quantifications for Chiropractic Medicine (DC)

Initial Applicant – *To be eligible to apply for privileges in chiropractic medicine, the initial applicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of current experience, documenting
The ability to provide services at an acceptable level of quality and efficiency

AND

Successful completion of a Council on Chiropractic Education (CCE) accredited chiropractic
Training program

AND

Successful completion of the examination offered by the National Board of Chiropractic Examiners
(NBCE)

AND

Current licensure to practice as chiropractor issued by the New Mexico State Board of
Chiropractic Examiners.

AND

All Provisions of services shall be in accordance with written policies and protocols governing
Allied Health Professionals developed and approved by the relevant clinical department or
service, Practice Oversight Committee and the Governing Board.

Reappointment (Renewal of Privileges) Requirements- *To be eligible to renew privileges in chiropractic medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results,
reflective of the scope of privileges requested, for the past 24 months based on results of ongoing
professional practice evaluation of all applicants for renewal of privileges.

For full scope of Core and Advanced Non-Core Chiropractic privileges, please refer to the following websites:

<http://public.nmcompcomm.us/nmpublic/gateway.dll/?f=templates&fn=default.htm>

http://www.nmcpr.state.nm.us/nmac/_title16/T16C004.htm

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CORE PRIVILEGES: *Chiropractic Medicine (DC)*

Requested

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

Adolescent and adult patients except as specifically excluded from practice.

1. Medical History
2. Physical exam (excluding Genital/Anal exam)
3. Perform routine manual or mechanical osseous and soft tissue chiropractic procedures for axial neuro-musculoskeletal disorders or complaints (including high velocity low amplitude (HVLA) cervical manipulative therapy).
4. Perform routine manual and mechanical osseous and soft tissue chiropractic procedures for non-axial neuro-musculoskeletal disorders
5. Trigger point therapy (excluding Trigger Point Injections)
6. Therapeutic exercises
7. Neuromuscular re-education
8. Utilize therapeutic modalities including air, sound, cold, exercise, heat, light, massage, ultrasound, hydrotherapy and electricity
9. Instruction and recommendations regarding hygiene, basic diet and nutrition including supplements, herbs, topical ointments, exercise, lifestyle changes, stress reduction and modification of ergonomic factors in activities of daily living.
10. Order lab tests that are related to possible musculoskeletal disorders (Abnormal results that are out of the realm of chiropractic require referral or consultation to a MD/DO on the medical staff).
11. Order diagnostic radiographic images in order to evaluate musculoskeletal pain or disability on clinic patients. (Abnormal results that are out of the realm of a chiropractor require referral or consultation to a MD/DO on the medical staff).
12. Prescribe physical therapy and occupational therapy for their patients.

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Special Non-Core Privileges (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

Advance Non-Core Privileges: *Chiropractic Medicine Advanced Practice Certifications (DC-APC)*

Additional Qualifications for Advance Practice Chiropractic physicians

Current demonstrated competence and an adequate volume of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Current Advanced Practice Certification issued by the New Mexico State Board of Chiropractic Examiners

Non-Core Chiropractic Medicine Advanced Practice Certifications (DC-APC) Procedures List:

Requested

To the applicant: If you wish to exclude any procedures or elements of the privilege, please strike through those which you do not wish to request, then initial and date.

1. Trigger point injections with lidocaine and saline,
2. Trigger point treatment using a dry needling technique (using a solid filiform needle) without a medication
3. Prescription of topical pain medication to include: lidocaine & diclofenac
4. Prescription of oral medication to include: NSAIDS and Antispasmodics as their license permits.
5. Other substances by injection – Vitamin B12 (IM) ***Vitamin B12 Requirement:** Provider must confirm patient is Vitamin B12 deficient.

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Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Signatures

SOM Department Chair Recommendation(s):

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: _____

Department Chair (print & sign): _____ **Date:** _____

UNMMG Medical Director (print & sign): _____ **Date:** _____

CMO: _____ **Date:** _____

Criteria Approved by UNMMG Executive Committee on 1/22/15