

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

Requested

Renewal of privileges (reappointment)

Requested

Expansion of privileges (modification)

Requested

Clinic: _____ **Location:** _____

Instructions

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

Department Chair & Clinic Medical Director: 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 at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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 medical record and portions thereof are applicable to all entries made.

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.

In order to demonstrate ongoing competence, credentialed personnel must submit two gait analysis reports (oral and written) for peer review annually.

Qualifications for Digital Gait Analysis

Initial Applicant – To be eligible to apply for privileges in Digital Gait Analysis, the applicant must meet the following criteria:

Education: Successful completion of one of the following educational programs; BSPT, MPT, DPT, OTR, MOT, PhD, or MD. Minimum formal training; Degree in physical therapy, occupational therapy or medicine with clinical expertise in neuromusculoskeletal examination.

AND

Required current experience: Outpatient or consultative services, reflective of the scope of privileges requested, applicant must have > 6 months of gait lab operation training (required for new applicants). Completion of the UNM Center for Gait and Motion Analysis' Digital Gait Analysis training module and a score of at least 85% on the post-training assessment.

AND

Clinical References: Peer reference from a qualified individual who has recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others.

AND

Other: Malpractice insurance in the amount of \$1m/\$3M and ability to participate in federally funded program (Medicare or Medicaid).

Continued...

CORE PRIVILEGES: *Digital Gait Analysis*

Evaluate, diagnose and provide consultation services to patients and referring physicians.

This list is a sampling of procedures included in the core. This is not intended to be all encompassing list but rather reflective of the categories/types of procedures included in the core.

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.

1. Comprehensive neuromusculoskeletal examination for consultation, diagnosis, and treatment planning
2. Biomechanical examination including comprehensive observational gait /movement analysis
3. Comprehensive digital analysis of gait for all disorders in the pediatric (0-18 y/o) and adult (18+ y/o) populations including:
 - a. - spatial and temporal parameters of locomotion
 - b. - kinematic analysis of joint movement
 - c. - kinetic analysis of joint moments and powers
 - d. - kinesiological EMG analysis of muscle activity patterns
4. Clinical examination of balance and fall risk
5. Analysis of static and dynamic balance using a balance platform
6. Comprehensive analysis of foot pressures with standing and walking

Qualifications for Comprehensive Foot Modeling

Initial Applicant – To be eligible to apply for privileges in Foot Modeling, the applicant must meet the following criteria:

All of the criteria for Digital Gait Analysis

AND

Completion of the UNM Center for Gait and Motion Analysis' Comprehensive Foot Modeling training module and a score of at least 85% on the post-training assessment.

Reappointment (Renewal of Privileges) Requirements- *To be eligible to renew privileges in Digital Gait Analysis the applicant must meet the following criteria:*

Continued Medical Education: Completed 40 hours of approved continuing education hours in the past 2 years.

ADDITIONAL PRIVILEGES: *Comprehensive Foot Modeling*

Requested

1. Comprehensive examination of segmental foot kinematics during gait

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

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: _____

Physical Therapist Chief (print & sign): _____ **Date:** _____

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

CMO: _____ **Date:** _____

Criteria Approved by UNMMG Board of Directors on **8/5/15**