

University of Utah Hospitals and Clinics  
**Physical Medicine and Rehabilitation**  
DELINEATION OF PRIVILEGES  
PRIVILEGES REQUEST FORM

**PRIVILEGES**

**Please check all that apply to your scope of practice.**

**I. General Privileges**

- General Inpatient Clinical Privileges Customary to the Practice of Physical Medicine and Rehabilitation  
 General Outpatient Clinical Privileges Customary to the Practice of Physical Medicine and Rehabilitation

**II. Specific Privileges**

- Psychiatric Physical Examination  
 Evaluation, Prescription and Supervision for Rehabilitation Program  
 Physical Medicine and Rehabilitation Consultation and Therapy Prescriptions  
 Admitting Privileges and Continuing Care  
 Muscle Strength Testing  
 Range of Joint Motion Evaluation

**Electrodiagnosis**

1. Electromyography  
 2. Nerve Conduction Velocity Testing, Both Motor and Sensory as well as Other Special Procedures such as Repetitive Stimulation.  
 3. Evoked Potential Interpretation

**Arthrocentesis**

1. Aspiration/Injection of Small Joint  
 2. Aspiration/Injection Intermediate Joint or Bursa  
 3. Aspiration/Injection of Major Joint

**Injections**

1. Soft Tissue Injection, Ligament, Sheath, Tendon and Trigger Point  
 2. Neurolytic Agent (Phenol) Injection in Motor Points and Peripheral Nerve Blocks  
 3. Botox Injections  
 4. Lumbar Facet Injections  
 5. Lumbar Epidural Injections

**Other**

1. Acupuncture  
 2. Cystometrogram  
 3. Medical Hypnosis

**SIGNATURES AND RECOMMENDATIONS**

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Applicant Signature DATE

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Department Head DATE

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Chair, Medical Board DATE

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Chair, Governing Body DATE