CompHealth.

CLINICAL CAPABILITIES

## Physical Medicine & Rehabilitation

*Please list any limitations or comments you may have on a separate sheet*

| | | | | |
|---|---|---|---|---|
| **IDENTIFYING INFORMATION** | Last Name | First name | Middle name | Previous Surname |
| | | | Date of Birth | |
| **CERTIFICATIONS** | ☐ BLS expires: ____________ | ☐ ACLS expires: ____________ | ☐ PALS expires: ____________ | |
| **POPULATION WORKED WITH** | ☐ Adults | ☐ Pediatrics | | |
| **AREAS OF INTEREST** | ☐ Sports/Ortho rehab (musculoskeletal) | ☐ CNS rehab (spinal cord, traumatic brain injury; stoke; neuromuscular disorders) | | |
| | ☐ Medical rehab (cardiac/pulmonary, etc.) | ☐ Burn rehab | ☐ Pain Management | ☐ Interventional Physiatry |

**SCOPE OF PRACTICE**

***Please be aware that this form constitutes your application to be credentialed for specific areas and procedures while on assignments through CompHealth.***

***The Credentialing Committee may not consider for approval clinical capabilities where a box is not checked, or where indicated, a number is not provided.***

***Please check the box indicating which clinical capabilities you are able to perform, and where indicated, list the approximate number performed within the last 24 months.***

- ☐ Outpatient settings
- Inpatient settings
  - ☐ Acute care (Hospital)
  - ☐ Sub-acute care (Rehab facility)
  - ☐ Long-term care (SNF/ECF)

**Procedures**

- ☐ Swallow studies #
- ☐ Traction application
- ☐ Immobilization device fitting
- ☐ Diagnostic/therapeutic taps (including those specified below) #
  - ☐ Arthrocentesis
- ☐ Intra-discal electrothermal annuloplasty (IDET)
- ☐ Pain management (excluding injections) #
  - ☐ Acute
  - ☐ Chronic
  - ☐ Injections (including those specified below): #
    - ☐ Joint
    - ☐ Trigger points
    - ☐ Blocks #
    - ☐ Epidural #
    - ☐ Facet #
      - ☐ Flouro-guided
  - ☐ Electrical stimulation
- ☐ Wound debridement
- ☐ EMG #
- ☐ Nerve conduction studies #
- ☐ Stress reduction/relaxation training

*I affirm that all information given on this page is true and accurate.* **Initials** ____________ **Date** ___________

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