

## CLINICAL PRIVILEGES – CHIROPRACTOR

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

**CODES:**

1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

### I. LIST OF CLINICAL PRIVILEGES – CHIROPRACTOR

Requested	Verified		Requested	Verified	
		<b>A. CONDUCT CHIROPRACTIC HISTORY AND PHYSICAL EXAM</b>			<b>B. DIAGNOSIS &amp; MEDICAL MANAGEMENT OF:</b> (continued)
		<b>B. DIAGNOSIS &amp; MEDICAL MANAGEMENT OF:</b>			36. IVD syndrome
		1. Subluxation/joint dysfunction			37. Sprain or dislocation of any joint
		2. Nerve root lesions			38. Bursitis or synovitis
		3. Spondylosis without myelopathy			39. Carpal/tarsal tunnel syndrome
		4. Spondylosis with myelopathy			40. Skeletal congenital/developmental anomaly
		5. Tension headache			41. Articular joint congenital/developmental anomaly
		6. Degeneration of intervertebral disc (IVD)			42. Temporomandibular joint (TMJ) syndrome
		7. Neuritis/neuralgia/neuropathy due to displaced IVD			43. Muscular atrophy
		8. Unspecified disc disorder			44. Sacroiliac (SI) joint syndrome
		9. Spinal stenosis			45. Myofascial pain syndrome
		10. Neuralgia			46. Rotator cuff tendonitis
		11. Cervicocranial syndrome <i>(headache)</i>			47. Inflammatory arthropathy
		12. Brachial neuritis or radiculitis			48. Osteomyelitis
		13. Torticollis			49. Scheuermann's disease
		14. Panniculitis			50. Nondisplaced fracture
		15. Ossification of posterior lumbar ligament			51. Chronic pain syndrome
		16. IVD disorder with myelopathy			52. Joint instability
		17. Lumbosacral plexus lesions			53. Meniscus injury
		18. Sciatica			54. Compartment syndromes
		19. Ankylosis of spine, lumbosacral sacroiliac joints			55. Adhesive capsulitis
		20. Coccydynia			<b>C. PROCEDURES</b>
		21. Muscle/tendon strain			1. Basic cardiac life support
		22. Ligament sprain			2. Manual, articular manipulative procedures:
		23. Kyphosis <i>(hypo/hyper)</i>			a. Specific contact thrust procedures
		24. Lordosis <i>(hypo/hyper)</i>			b. Nonspecific contact thrust procedures
		25. Brachial plexus lesions			c. Manual force, mechanically assisted procedures
		26. Spondylitis			d. Mechanical force, manually assisted procedures
		27. Spondylolisthesis			3. Manual, nonarticular manipulative procedures:
		28. Scoliosis			a. Manual reflex and muscle relaxation procedures
		29. Costovertebral subluxation/joint dysfunction			b. Miscellaneous procedures
		30. Costosternal subluxation/joint dysfunction			4. Supportive procedures:
		31. Osteoarthritis/degenerative joint disease			a. Rehabilitative exercise
		32. Peripheral neuritis or neuralgia			b. Nutritional consultation
		33. Tendonitis/tenosynovitis			c. Braces and supports
		34. Radiculitis or radiculopathy			d. Electric modalities
		35. Vertebral facet syndrome			e. Mechanical traction
					f. Moist heat and ice
					g. Ultrasound

**I. LIST OF CLINICAL PRIVILEGES – CHIROPRACTOR (Continued)**

Requested	Verified	
		<b>D. ORDERS/COUNSELING</b>
		1. Recommend assigning active duty patient to quarters up to 72 hours, according to Medical Group (MDG) policy
		2. Recommend placing active duty patient on temporary limited duty assignment ( <i>profile</i> )
		3. Provide patient counseling and recommendations in all matters pertaining to hygiene, nutrition, exercise and life style changes, and modification of and modification of ergonomic factors in the activities of daily living
		4. Order laboratory and radiology studies IAW AF and MDG instructions
		<b>E. OTHER (Specify)</b>
		1.
		2.
		3.
		4.
		5.
		6.

SIGNATURE OF APPLICANT	DATE
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**II. CLINICAL SUPERVISOR'S RECOMMENDATION**

RECOMMEND APPROVAL
  RECOMMEND APPROVAL WITH MODIFICATION  
*(Specify below)*
 RECOMMEND DISAPPROVAL  
*(Specify below)*

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)	DATE
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