

**DELINEATION OF CLINICAL PRIVILEGES - OCCUPATIONAL THERAPY**

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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**INSTRUCTIONS:**  
**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.  
**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

**SECTION I - CLINICAL PRIVILEGES**

**Category I. General Practice.**  
 Occupational therapy prevention, maintenance, and restoration programs for all categories of patients - pediatrics, adolescents, and adults. Evaluates and develops treatment plans, and implements treatment related to occupational performance components to include motor, cognitive, social and psychological function. Treatment includes individual and group activities and education.  
 Conduct standard evaluation and rehabilitation procedures in accordance with current American Occupational Therapy Association Standards of Practice, and perform in a TO&E combat stress role as outlined in FM 8-51. Practice may be within the domains of neurodevelopment, biomechanics, education, cognition and/or psychosocial function.

Requested	Approved	
		Category I clinical privileges
		a. Administer and interpret functional independence measures
		b. Conduct work capacity evaluations
		c. Kohlman Evaluation of Living Skills
		d. Allen's Cognitive Levels
		e. Conduct problem identification assessments, design and provide remedial living skills training for psychiatric patients
		f. Conduct neurorehabilitation sensorimotor treatment procedures
		g. Perform interventions directed toward developing, improving, or restoring daily living skills, work readiness, work performance, or leisure capacities
		h. Conduct individual and group behavioral/cognitive treatment
		i. Establish and/or coordinate work therapy programs to promote functional performance
		j. Train in the use of manual and myoelectric upper extremity prosthetics
		k. Assess the need for, design, fabricate, and fit temporary orthotic devices
		l. Use continuous passive motion devices in treatment of musculoskeletal disorders
		m. Conduct ergonomic work site evaluations
		n. Identify ergonomic mismatches between human capabilities and limitations and job/military occupation requirements and recommend corrective/preventive interventions
		o. Apply ergonomic principles to promote health and wellness, and to improve functional performance
		p. Use electrical biofeedback (transcutaneous EMG, temperature, and galvanic skin resistance) in the treatment of neuromuscular and psychological stress disorders
		q. Perform wound care, dressing management, and suture removal
		r. Conduct iontophoresis, or electrical stimulation treatments
		s. Assess, treat, educate, and/or consult with the individual, family, or other persons/groups to promote health and wellness and to improve function
		t. Assess the need for and train in the use of assistive technology that promotes functional performance
		u. Conduct infant and pediatric developmental evaluations and treatment

Requested	Approved	<b>COMBAT STRESS</b>	
		a. Administer and interpret functional independence measures	
		b. Conduct work capacity evaluations	
		c. Provide command consultation on the prevention and management of combat stress casualties by assessing: soldier and unit current adaptation and coping skills, and the ability of each to adapt, as well as the soldier's environment in garrison and while deployed for potential risk factors that contribute to work-related dysfunction	
		d. Conduct unit stress and morale surveys and provide consultation and recommendations to command staff	
		e. Provide interventions that enhance communication, team building, motivation, and prevent suicide and misconduct stress behaviors	
		f. Design therapeutic occupational activity programs	
<b>Category II. Specialty Privileges. Includes Category I.</b>			
Conduct evaluation and treatment procedures or provide services in a subspecialty treatment area.			
Requested	Approved		
		Category II clinical privileges	
		a. Conduct evaluation procedures to diagnose, recommend, and provide treatment for minor upper extremity neuromusculoskeletal conditions	
		b. Request routine laboratory, radiographic, and electrodiagnostic studies of the upper extremity	
		c. Order bone scans, arthrograms, CT, and MRI	
		d. Assist in closed reduction of routine fractures of the wrist and hand	
		e. Apply and remove casts, as directed	
		f. Use physical agent modalities to include: ice, hot packs, paraffin, and fluid therapy in the treatment of musculoskeletal disorders	
		g. Recommend temporary limited duty profiles not to exceed 30 days	
		h. Prescribe P&T Committee approved analgesic and non-steroidal anti-inflammatory medications	
		i. Refer to specialty clinics, as appropriate	
		j. Conduct infant and pediatric feeding evaluations	
		k. Assist the radiologist and pediatrician in the evaluation of pediatric modified barium swallow studies	
COMMENTS			
		SIGNATURE OF PROVIDER	DATE (YYYYMMDD)

**SECTION II - SUPERVISOR'S RECOMMENDATION**

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*

SIGNATURE

DATE *(YYYYMMDD)*

**SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION**

Approval as requested

Approval with Modifications *(Specify below)*

Disapproval *(Specify below)*

COMMENTS

COMMITTEE CHAIRPERSON *(Name and rank)*

SIGNATURE

DATE *(YYYYMMDD)*