KALEIDA HEALTH

Name ___________________________________________  Date ____________________

SPORTS MEDICINE
DELINEATION OF PRIVILEGES
SUBSPECIALTY OF THE DEPARTMENT OF:
FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS OR REHABILITATION

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

<table>
<thead>
<tr>
<th>SPORTS MEDICINE LEVEL I (CORE) PRIVILEGES</th>
<th>PHYSICIAN REQUEST</th>
<th>Not Granted*</th>
<th>With Following Requirements**</th>
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</thead>
<tbody>
<tr>
<td>Applicants requesting privileges for Sports Medicine must have the following credentials:</td>
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<tr>
<td>● Subspecialty certification in sports medicine by the American Board of Family Medicine, American Board of Internal Medicine, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Osteopathic Board of Family Physicians or American Osteopathic Board of Internal Medicine OR</td>
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<tr>
<td>● Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in family medicine, internal medicine, pediatrics or physical medicine and rehabilitation followed by successful completion of an accredited fellowship in sports medicine; and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in sports medicine by the American Board of Family Medicine, American Board of Internal Medicine, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Osteopathic Board of Family Physicians, or American Osteopathic Board of Internal Medicine.</td>
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Admit, evaluate, diagnose, consult and provide care to patients of all ages with common sports injuries and illnesses. Integration of medical expertise with other healthcare providers, including medical specialists, athletic trainers and advanced practice providers. Provide education and counseling regarding nutrition, strength and conditioning, ergogenic aids, substance abuse including performance-enhancing and mood-altering drugs, and other medical problems that could affect athletes. May provide care to patients in the intensive care setting in conformance with Kaleida Health policies. Assess, stabilize and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges in this specialty include:

● Arthrocentesis, and joint and tendon injection
● Perform history and physical exam
● Prevention, diagnosis, treatment, management and disposition of common sports injuries and illnesses
● Management of medical problems in the athlete
● Rehabilitation of the ill or injured athlete
● Proper preparation for safe return to participation after an illness or injury
● Integration of medical expertise with other healthcare providers, including medical specialists, athletic trainers and advanced practice providers
● Counsel, educate and evaluate physical fitness and healthy lifestyles
● Splinting and casting of minimally displaced fractures and dislocations
● Order respiratory services
● Order rehab services
● Perform waived laboratory testing not requiring an instrument including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
**KEY**

<table>
<thead>
<tr>
<th><em>NOT GRANTED DUE TO:</em></th>
<th><strong>WITH FOLLOWING REQUIREMENTS</strong></th>
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<tbody>
<tr>
<td>Provide Details Below</td>
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<tr>
<td>1) Lack of Documentation</td>
<td>1) With Consultation</td>
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<tr>
<td>2) Lack of Required Training/Experience</td>
<td>2) With Assistance</td>
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<tr>
<td>3) Lack of Current Competence (Databank Reportable)</td>
<td>3) With Proctoring</td>
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<tr>
<td>4) Other (Please Define) (i.e., Exclusive Contract)</td>
<td>4) Other (Please Define)</td>
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</tbody>
</table>

**DETAILS:**

[participant's text]

**National Practitioner Databank Disclaimer Statement:** Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.))

/  
Signature of Applicant  Date

/  
Signature of Chief of Service  Date

**APPLICANT:** PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS