EVALUATION OF CLINICAL PRIVILEGES - CHIROPRACTIC For use of this form, see AR 40-68; the proponent agency is OTSG.								
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)						
		FROM	TO					
4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)							

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION							
CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABI			
	<ul> <li>a. Provide chiropractic health care and services, as taught in the core curriculum of a Council on Chiropractic Education (CCE) accredited chiropractic college, to eligible active duty DoD beneficiaries.</li> </ul>						
	b. Perform routine manual and mechanical, osseous and soft tissue chiropractic procedures for axial neuromusculoskeletal disorders or complaints.						
	c. Perform routine manual and mechanical, osseous and soft tissue chiropractic procedures for non-axial neuromusculoskeletal disorders or complaints.						
	d. Conduct psychosocial and biophysical patient history and chiropractic physical examination (excluding vaginal examination) using methods, techniques and instruments standard to all medical professions. This examination includes postural and spinal analysis unique to chiropractic diagnosis.						
	e. Order standard diagnostic plain film radiological examinations to include: spine (4 views), skull series, chest (PA and lateral views), rib series, and pelvis films.						
	f. Order standard diagnostic laboratory tests to include: electrolyte profile, CBC, ESR, urinalysis, urine culture/sensitivity, and stool for occult blood.						
	g. Utilize the therapeutic modalities of heat, cold, light, electricity, ultrasound, hydrotherapy, and other procedures in patient treatment, as appropriate, with referral to MTF specialty services as clinically indicated for specialty consultation and/or diagnostic studies.						
	h. Recommend temporary limited duty profiles for AD personnel IAW AR 40-501.						
	i. Assign AD patients to quarters as clinically indicated for up to 72 hours IAW AR 40-66.						
	j. Provide instruction and recommendations regarding hygiene, basic nutrition, exercise, life style changes, stress reduction, and modification of ergonomic factors in the activities of daily living.						
	k. Order orthotic devices, materials and appliances that are available through the MTF and commonly used in the chiropractic profession.						

SECTION II - COMMENTS (Explain any rating that is "Unacceptable".)					
NAME AND TITLE OF FLAVORED	CICNATURE	DATE			
NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)			
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